

Plan Options, Features and Benefits



The CalPERS Long-Term Care Program 2005

"Peace of mind begins with a plan."



Coverage You Can Count On!

Why Choose the CalPERS Long-Term Care Program?

CalPERS offers the nation's only self-funded, not-for-profit long-term care program. It is one of the most successful Programs of its kind. There are many options to choose from so that you have the most flexibility when it comes to receiving your long-term care services. If you have not seriously considered applying in the past, complete your application today because *"peace of mind begins with a plan."*

THIS BOOKLET COVERS

- A** Types of Plans
- B** Daily Benefit Amounts
- C** Total Coverage Amounts
- D** Inflation Protection
- E** When Benefits Begin
- F** Features and Benefits
- G** Partnership Plan Details

If you have not already viewed the interactive DVD included in this application kit, you may want to take a moment to review the helpful tools it contains. There is a “Create My Plan” function that provides information and allows you to compare plans as well as a cost of care by geography and savings calculator. You can also view an educational piece that is presented at seminars.



If at any time you are unsure of the meaning of a word, please refer to the Glossary in this application kit.

A

TYPES OF PLANS

The CalPERS Long-Term Care Program offers three types of plans:

1. **Comprehensive Plan** — Covers both care *at home* and in a facility. Some people select this plan because they want to make sure their care needs are covered wherever they decide to receive care.
2. **Facilities Only Plan** — Covers care in any licensed facility of your choice — **but does NOT pay for care at home**. This is the major distinction of this plan from the Comprehensive Plan. Some people prefer this option because they have family or friends who could provide in-home care until they require care in a facility. Or perhaps they do not mind paying for some of the care on their own if they need care at home. This plan is more affordable than the Comprehensive Plan because it does not cover home care. However, this plan does pay for the most costly type of long-term care expense — care in a nursing home or in an assisted living facility.
3. **Partnership Plan** — Covers care both at home and in a facility. This plan is different than the Comprehensive Plan in that it was designed for Californians who want coverage for a shorter duration than offered in the other plans. This plan includes built-in inflation protection, a 30-day deductible period, and Medi-Cal “spend down protection”. For more details about the Partnership Plan, please refer to page 13.

This table summarizes the type of services covered by each of the three plan types. The Outline of Coverage found in the application kit provides more details about covered services and plan features.

Service	Comprehensive and Partnership Plans	Facilities Only Plan
Nursing Home Care	✓	✓
Assisted Living Facility/Residential Care Facility	✓	✓
Respite Care	✓	✓ (in a facility only)
Hospice Care	✓	✓ (in a facility only)
Personal Care	✓	NOT COVERED
Homemaker Services as part of Personal Care	✓	NOT COVERED
Adult Day Care	✓	NOT COVERED
Home & Community Care	✓	NOT COVERED

B

DAILY BENEFIT AMOUNT (DBA)

Nursing Home Daily Benefit Amount (DBA)

The costs of care vary based on where you live and the services you choose. That is why CalPERS lets you select the Daily Benefit Amount (DBA) you prefer. The Daily Benefit Amount is the maximum dollar amount that the coverage will pay for each day that you receive care in a nursing home.

The following table shows the choices you have for a nursing home DBA.

NURSING HOME DBA CHOICES				
\$130	\$150	\$170	\$200	\$250

When you need nursing home care, CalPERS Long-Term Care Program pays 100% of your covered expenses up to the DBA you have selected. Covered expenses include room and board and ancillary services you receive in the nursing home. If the costs of your care exceed the DBA you have chosen, then you pay the balance of those expenses on your own. In contrast, if the costs of your care are less than the DBA, then the "savings" or "differences" remain so that you can use the remaining amount for other care or services you may need in the future.



Benefits For Assisted Living Facility And Care At Home

The Daily Benefit Amount you chose for nursing home care determines how much the plan pays for your care in an Assisted Living Facility or for care at home (if covered by the plan you select). An important advantage of the CalPERS Long-Term Care Program is that both of these benefits are based on a **monthly allowance**, and are not subject to a daily limit. In other words, if you require more services on a given day, you can receive more covered services on that day and perhaps less on another day of the month. Benefits based on a monthly allowance provide you with the flexibility to use your benefits for care outside of a nursing home.

The tables below show the benefit amounts for Assisted Living Facility Care and for Home Care that is associated with each of the nursing home DBAs you can choose.

Benefit Amounts — Comprehensive and Partnership Plans		
Nursing Home DBA	Assisted Living Facility Monthly Allowance (21 x DBA)	Home Care Monthly Allowance (21 x DBA)
\$130/day	\$2,730	\$2,730
\$150/day	\$3,150	\$3,150
\$170/day	\$3,570	\$3,570
\$200/day	\$4,200	\$4,200
\$250/day	\$5,250	\$5,250

As with the nursing home benefit, the plan pays 100% of your covered expenses up to the monthly maximum for care at home (if covered) and in an assisted living facility. If the costs of your care are less than the allowable monthly maximum, the difference can be used for care in the future. In this way, your coverage will last longer. See page 6 to learn more about stretching your benefits.

Benefit Amounts — Facilities Only Plan	
Nursing Home DBA	Assisted Living Facility Monthly Allowance (21 x DBA)
\$130/day	\$2,730
\$150/day	\$3,150
\$170/day	\$3,570
\$200/day	\$4,200
\$250/day	\$5,250

To determine the Daily Benefit Amount that is appropriate for your needs, refer to the cost of care section on the DVD. It lists the average daily costs for nursing home care in each county within California and for all the states. You can decide whether you want to select a DBA that covers the entire cost or whether you want to pay for some of the costs on your own.





TOTAL COVERAGE AMOUNT

The Total Coverage Amount is the total dollar amount of benefits available to you as long as your coverage is in force. You can choose between a Maximum Benefit and Lifetime Coverage.

The **Maximum Benefit** pays benefits when you need care up to a maximum dollar amount, which you choose when you apply. Benefit payments continue as long as you need care and have not exhausted the dollar limit of your Total Coverage Amount. There are several Maximum Benefit amounts that you can choose. How the Maximum Benefit is derived is described below.

Lifetime Coverage pays benefits for as long as you need care. *There is no specific dollar limit to the amount of benefits paid over your lifetime.* Lifetime coverage is available with all DBA choices offered under the Comprehensive and Facilities Only Plans. **Lifetime Coverage is NOT available with the Partnership Plan.**

Total Coverage Amount (Options)	Comprehensive and Facilities Only Plan	Partnership Plan
365 days x DBA ("1 year plan")	Not Available	✓
730 days x DBA ("2 year plan")	Not Available	✓
1,095 x DBA ("3 year plan")	✓	Not Available
2,190 x DBA ("6 year plan")	✓	Not Available
Lifetime	✓	Not Available

To determine the dollar value of the Total Coverage Amount, the DBA is multiplied by the number of days in the Maximum Benefit selected as illustrated in this table:

Total Coverage Amount						
Comprehensive and Facilities Only Plan				Partnership Plan		
DBA	Maximum Benefit		Lifetime	DBA	Maximum Benefit	
	3 Years (1095 days)	6 Years (2190 days)			1 Year (365 days)	2 Years (730 days)
\$130	\$142,350	\$284,700	Unlimited	\$130	\$47,450	\$94,900
\$150	\$164,250	\$328,500	Unlimited	\$150	\$54,750	\$109,500
\$170	\$186,150	\$372,300	Unlimited	\$170	\$62,050	\$124,100
\$200	\$219,000	\$438,000	Unlimited	\$200	\$73,000	\$146,000
\$250	\$273,750	\$547,500	Unlimited	\$250	\$91,250	\$182,500

How Long Does The Maximum Benefit Last?

It depends upon which Plan you select, the costs of your care and how often you receive care.

Comprehensive Plan

If you selected this plan with a DBA of \$150 and a "3 year" Maximum Benefit, you would have a Total Coverage Amount that equates to \$164,250. You can use this to receive covered care in any combination you prefer. If you receive care in a nursing home every single day, and if that care costs exactly \$150/day, then your Total Coverage Amount would last for 3 years of nursing home care. That is because the cost of care you receive exactly matches the daily benefit amount of your plan.

However, if your cost of care is less than \$150/day in a nursing home or less than the monthly maximum of \$3,150 for assisted living facility or home care, then the difference can be used for future care.

Facilities Only Plan

This Plan works just like the Comprehensive Plan described above but *it does not cover Home and Community Care.*

Partnership Plan

Your choice is a Maximum Benefit based on either "1-year" or "2-years." The "1-year" plan with a nursing home daily benefit of \$150/day would provide a Total Coverage Amount of \$54,750. How long coverage lasts with this plan works just like the Comprehensive Plan.

Stretching Your Maximum Benefit

Your maximum benefit can last longer if the cost of care you receive is less than the maximum daily (or monthly) amount of the benefit for the care you are receiving. You can also stretch how long your coverage lasts if you do not receive services every single day, as is often the case with Home and Community Care.

By deciding on the type of care you prefer, as well as where and when you receive care, you have more control of your long-term care services.





INFLATION PROTECTION

Inflation is an accepted fact of life that most of us do not think about. But it is important to consider how inflation affects the cost of long-term care and the value of the coverage you buy today.

Most people buy long-term care coverage many years in advance of when they might need it. Experts estimate that the cost of long-term care will continue to increase by five percent (5%) annually. So if you do not plan for inflation, you might find your coverage is inadequate in the future.

For example, assume you purchase coverage today that pays for care in a nursing home up to \$47,450 per year (\$130/day). Twenty years from now, at an inflation rate of 5% per year, that same year in a nursing home will cost about \$125,925 (\$345/day). If your coverage did not “grow” with the rate of inflation, you would only have enough coverage to pay for just under 5 month’s worth of care or about 38% of the projected annual costs of your care. You would have to pay the difference of nearly \$78,475 per year out of your own pocket.

Protecting The Value Of Your Coverage — Two Ways To Protect Against Inflation

The CalPERS Program offers two options to protect against the rising cost of long-term care. Both options can help keep pace with inflation, but they work differently, so you may find one approach meets your needs better than the other.

Option 1: Built-In Inflation Protection (BIIP) increases your Total Coverage Amount, Nursing Home Daily Benefit Amount (DBA), and the monthly amounts paid for assisted living facility care and home care (if it is covered in the plan you choose). All increase automatically by 5% of the previous year’s amount. These **increases continue even while you are receiving benefits**. Your premium is designed to remain level.*

How Coverage Amounts Increase With Built-In Inflation Protection				
Year	Nursing Home	Assisted Living	Home Care	Total Coverage Amount
2005	\$130/day	\$2,730/mo.	\$2,730/mo.	\$142,350
2015	\$212/day	\$4,406/mo.	\$4,406/mo.	\$231,873
2025	\$345/day	\$7,112/mo.	\$7,112/mo.	\$377,697
2035	\$562/day	\$11,471/mo.	\$11,471/mo.	\$615,228

This example is based on the Comprehensive Plan with a DBA of \$130/day, 3 year or \$142,350 Total Coverage Amount, and 5% compounded annually Built-In Inflation Protection.

While plans with BIIP cost more initially, they are more predictable and may be more cost effective in the long run. The table above shows how your coverage amounts will automatically increase if you choose this option.

*A Special Note About Premiums and Inflation Protection

Buying inflation protection can help ensure that your benefits will keep pace with the rising costs of long-term care. However, premiums may increase should the CalPERS Board determine it necessary to ensure adequate funding to pay future benefits. This increase would take place for all members of the same age with similar coverage. Should a rate increase occur, all members would receive a 60-day written notice and would have the option to adjust their coverage in order to maintain the premium amount they had been paying, if that is more affordable for them.

Option 2: Benefit Increase Option (BIO) lets you increase your Daily Benefit Amount (DBA), Monthly Maximums and Total Coverage Amount on a periodic basis. You can purchase additional coverage **without having to provide proof of insurability**. The option *requires an additional premium* based on your age at the time the BIO is offered.

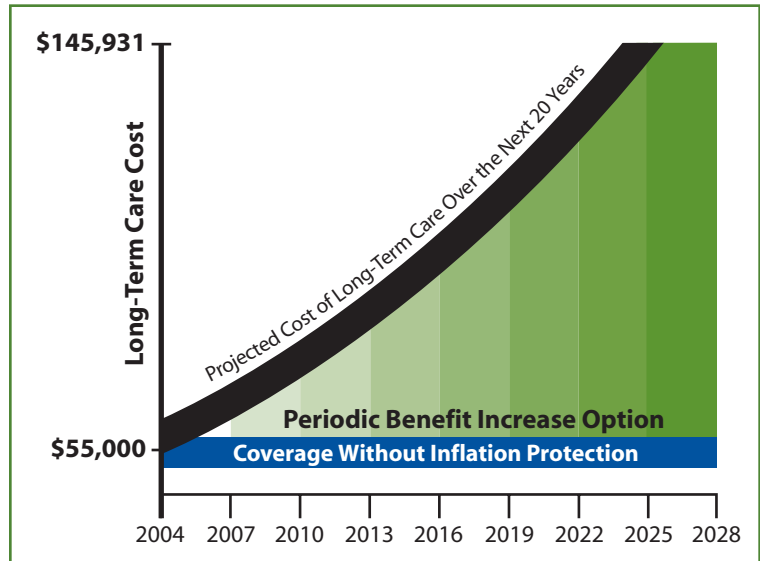
Since these increase offers are voluntary, you can decide whether or not to accept them when they are offered. **However, once you have refused two upgrade offers, you are ineligible to purchase future benefit increases.**

The advantage of the BIO is that the monthly premium will be lower initially than with the Built-in Inflation Protection Option (BIIP). However, you may end up paying more over the long run because of the additional premium cost you pay each time you accept a BIO coverage increase offer. Also, the BIO may provide less complete inflation protection because you are **ineligible to increase your coverage once you are eligible for or begin to receive benefits**. Therefore, should your cost of care increase while you are receiving care, your benefits will not increase under this option.

You may want to consider the Benefit Increase Option (BIO) if you:

- are willing to pay some of your long-term care expenses out-of-pocket
- expect your income or assets will increase
- expect reduced financial obligations in the future.

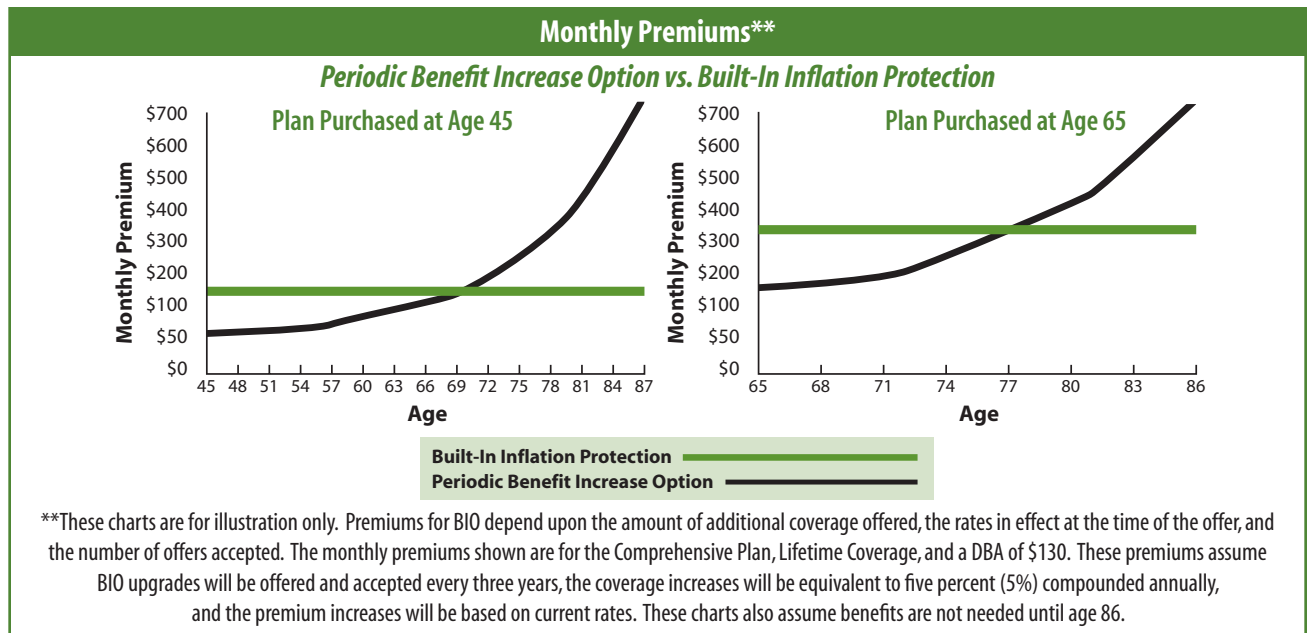
Earlier we discussed what would happen if you did not have inflation protection and your benefits remained the same. You would have to pay the difference between the cost of your care and your benefit amount out of your own pocket. This graph shows the anticipated cost of nursing home care over the next 20 years and compares coverage with Built-In Inflation Protection (BIIP), with the Benefit Increase Option (BIO), and one with no inflation protection at all.



For additional assistance in determining which option will suit your needs, please contact our Long-Term Care Specialists at 1-800-908-9119.

How Your Inflation Protection Choice Impacts Your Premium

Before deciding which inflation protection option is right for you, consider the impact each will have on your premiums. The graphs below illustrate how monthly premiums over time will differ for the BIO (black line) compared with the BIIP (green line). There are two illustrations — one for someone who enrolls at age 45 and the other for someone enrolling at age 65. The monthly premiums for the BIO start out lower than the premiums for the BIIP, but they rise over time as each upgrade offer is accepted. In contrast, premiums for the BIIP are initially higher than premiums for the BIO but are designed to remain the same even as benefit amounts increase every year to keep pace with inflation.*



How To Choose Inflation Protection

If you are still not sure which option is best for you, consider the table below. It summarizes the differences between the two options:

	Built-In Inflation Protection (BIIP)	Benefit Increase Option (BIO)
<i>How much will coverage increase?</i>	5% compounded annually	The amount depends on how much care costs have increased since the last upgrade offer.
<i>How often will coverage increase?</i>	Yearly, automatic increases	Every three years (as long as you have not declined two BIO offers.)
<i>Do increases continue while I receive benefits?</i>	Yes	No
<i>Do my premiums increase as coverage increases?</i>	No*	Yes

*A Special Note About Premiums and Inflation Protection

Buying inflation protection can help ensure that your benefits will keep pace with the rising costs of long-term care. However, premiums may increase should the CalPERS Board determine it necessary to ensure adequate funding to pay future benefits. This increase would take place for all members of the same age with similar coverage. Should a rate increase occur, all members would receive a 60-day written notice and would have the option to adjust their coverage in order to maintain the premium amount they had been paying, if that is more affordable for them.



WHEN BENEFITS BEGIN

The Informational Guide introduced the terms “Activities of Daily Living” and “Severe Cognitive Impairment.” These terms are important because, when someone is unable to perform their Activities of Daily Living (ADLs) or when they suffer from Severe Cognitive Impairment that is when they need long-term care.

With the CalPERS Long-Term Care Program, you are eligible to receive benefits when you need help with 2 out of the 6 ADLs or when you have Severe Cognitive Impairment.

This qualifies you for benefits. However, you must first satisfy the one-time deductible period before benefit payments begin.

One-Time Calendar Day Deductible Period

A deductible (or elimination period) helps to keep premiums more affordable. The CalPERS Long-Term Care Program takes a unique approach — with a one-time calendar day deductible period that can help to minimize your out-of-pocket expenses. “Calendar day” means that, after the first day on which you receive a covered service, every consecutive day on which you continue to be impaired counts toward satisfying that deductible. This is true even if you do not receive paid or covered care during that time. So if you are getting care from your family or still recuperating in the hospital, those days can count toward the one-time deductible (as long as you meet the eligibility requirement described above).

Comprehensive and Facilities Only Plans have a 90 Day Deductible

Partnership Plan has a 30 Day Deductible

Q. When does the deductible period start?

A. It starts once you are impaired and receive a single day of any covered services. It does not matter if it is a covered service that is paid by you or by another party, like Medicare.

Q. Who pays for long-term care expenses during the deductible period?

A. Your health plan or Medicare may pay some or all of the costs of care during this brief period. But keep in mind that you may not have any out-of-pocket expenses during the deductible period or may have limited expenses because you may be able to rely on family or other unpaid care providers during that time.

Q. How are the days counted towards the deductible period?

A. Each consecutive day that you need long-term care, after the first day of paid covered services, is counted as one day toward satisfying the deductible period. It does not matter whether you receive paid care or care from family or friends during the deductible period; those days still count as long as you need help with ADLs or have Severe Cognitive Impairment during that time.

Q. How many times does the deductible period need to be satisfied?

A. It applies only once in your lifetime, therefore once it is satisfied you never have to do it again.

Q. Does the deductible period need to be satisfied for all types of long-term care?

A. No. Unlike some other plans, you do not have to satisfy the deductible period to receive Respite Care, Hospice Care or Care Advisory Services from the CalPERS Long-Term Care Program.

Q. Why is the CalPERS deductible period unique?

A. Many other plans require that for a day to count towards the deductible period, you have to incur an expense for care. Or they may require that you satisfy the deductible period for each episode of care.



FEATURES AND BENEFITS

The CalPERS Long-Term Care Program offers a number of other important features and benefits.

Alternative Care Payment

The Program can consider paying for services, providers, or treatments not otherwise covered under your plan, if they are cost-effective and offer you an equal or greater quality of care.

Bed Reservation

The Program pays to reserve your bed if you are temporarily hospitalized during a covered nursing home or assisted living facility stay.

Premium Waiver

You do not pay premiums while you are receiving benefits. (Premium waiver does not apply to Respite Care or Care Advisory Services.)

Guaranteed Renewable

We can never cancel your coverage as long as you continue paying your premiums when due.

Premiums can change on a class basis by action of the CalPERS Board of Administration to ensure

adequate funding to pay future benefits. (Rates for the Program were increased in 2003.)

Tax Qualified

Benefits you receive are tax-free. Your premiums may be tax deductible if you itemize your deductions and your health care deductions exceed 7.5 percent of your adjusted gross income. There are additional tax advantages for self-employed persons. Consult your tax attorney or accountant for additional details.

30-Day Money Back Guarantee

You can cancel your coverage without obligation within the first 30 days.

No Pre-Existing Condition Exclusions

Once you are accepted for coverage, there are no limits or exclusions on your coverage based on your health prior to acceptance.

No Prior Care Requirements

The plan provides benefits without requiring that you must first be in a hospital, a nursing home, or have received skilled care.

Portability

Your long-term care coverage goes with you even when you move, retire, change employers or leave public employment. Your coverage “goes with you” without change.



Return of Premium at Death Benefit

With the Comprehensive and Facilities Only Plans, some or all of your premiums — less any benefits paid — will be returned to your spouse or your estate if you die before age 75 while your coverage is in force. Note: This benefit is not available with the Partnership Plan.

Care Advisory Services

This important resource can help identify appropriate services and providers of care to meet your needs. An experienced nurse or social worker is available to provide advice and support to you and your family when you need care.

Non-forfeiture Option

This option provides for continuation of your coverage on a limited basis if your coverage lapses due to nonpayment of premium after paying premiums for at least ten years. This option is available for an additional premium and may only be elected at the time of application. For more information call 1-800-908-9119.

What To Think About When Selecting A Plan:

- Consider the benefits from CalPERS Long-Term Care Program as a supplement to money from Social Security, a pension or portfolio income to pay for care. You do not have to select a plan that pays for the entire amount of your long-term care expenses.
- Coverage that pay lifetime benefits, while the most expensive, might be the smartest choice if your family has a history of Alzheimer's or some other form of dementia that can require care for many years.
- Save money by selecting a plan that provides benefits for a duration shorter than lifetime.
- Consider coverage for both you and your spouse, especially if your family history suggests that you both might need care at some point.

A Unique Feature of the CalPERS Long-Term Care Program

Care Advisory Services Provide Help and Support When You Need Them Most

When the time comes that you need care, you may not know what to do, what your options are or who to call. That is why Care Advisors are an important element of our Program. They can:

- answer your questions,
- provide options,
- offer guidance and reassurance at a difficult time,
- help find and arrange for the type of care and providers you prefer and
- help you get the most out of your care.

A Care Advisor is a nurse or social worker who is trained in long-term care. They work with you, your family and your care providers to objectively assess your care needs and help you determine the most appropriate care options for your own situation. You decide which services and providers you prefer, but having professional advice can really help.

"The biggest rewards of my job as a CalPERS care advisor have to do with the compassion and caring I'm able to show over the telephone with a newly



approved claimant and their family. At times that's very challenging, because it's a time that's very stressful for claimants and it can be very stressful for families. But to be able to work as partners with the claimant and with the family members as we develop a plan of care is truly rewarding.

Many claimants stay in care for many, many years, while others are just in care for a short period of time. So whatever it is that we can do as care advisors to intervene on behalf of the claimant and their family is very service-oriented, and in fact it's very pleasing as a care advisor."

"We advocate on behalf of the CalPERS individual who now needs long-term care. It's all about maintaining independence, as we get older, and that has a different meaning for all of us."

Carole Leomporra, Care Advisor



PARTNERSHIP PLAN DETAILS

What is the Partnership Plan?

- It offers coverage for both facility and home care but with a lower Total Coverage Amount than the other CalPERS Plans. The Partnership Plan offers only a “1-year” and “2-year” Maximum Benefit Amount.
- It includes a shorter deductible period of 30 days
- Built-In Inflation Protection is automatically included
- Unique “spend down” protection feature

This plan is offered through a “partnership” between the State of California’s Medi-Cal Program and CalPERS. With a “California Partnership Plan,” once you use up your coverage, you can qualify for Medi-Cal without meeting Medi-Cal’s usual “spend down” rules. Specifically, if you use up the Total Coverage Amount under your CalPERS Long-Term Care Partnership Plan and still require long-term care, you can protect some or all of your remaining assets from Medi-Cal’s “spend down” rules if you need to rely on Medi-Cal assistance to continue to receive care.

How does “Spend Down Protection” work?

You choose a Total Coverage Amount for your Partnership Plan that approximates the amount of assets you wish to protect. (Coverage amounts ranging from \$47,450 to \$182,500, are available.) If you need long-term care, you first use the benefits of your CalPERS Partnership Plan to pay for the care you need. If you use up the Total Coverage Amount of your Partnership Plan benefits and still need long-term care, you may apply for Medi-Cal under special asset rules applicable only to persons with a Partnership Plan.

In qualifying for Medi-Cal, you will be allowed to keep the assets Medi-Cal normally allows*, plus an additional amount of your assets **equal to the amount of benefits the Partnership Plan already paid out for your care**. Each dollar the Partnership Plan pays out in benefits for your long-term care entitles you to protect one dollar of your assets, so you will not have to “spend down” these protected assets to qualify for Medi-Cal.

These assets are also protected in your estate so your loved ones will receive them.

Keep in mind that the Total Coverage Amount and, therefore, the “spend down protection” you choose when selecting your Partnership Plan increases in value by five percent (5%) compounded annually, allowing the amount you are protecting to keep pace with inflation. This is because the CalPERS Partnership Plan includes an automatic inflation protection feature.

*In qualifying for benefits under current law, Medi-Cal allows an individual to keep \$2,000 in assets (or \$3,000 for a couple when both need care) plus a home, car and some personal possessions. In 2005, if either you or your spouse go into a nursing facility or medical institution, the spouse at home may keep up to \$95,100 in assets and at least \$2,378 in monthly income. Medi-Cal can recover the amount it has paid for your care from your estate, after your death. However, the amount of assets protected by the Partnership Plan is also disregarded by Medi-Cal in estate recovery. Asset amounts above protected levels may be subject to estate recovery. You may wish to consult with a tax advisor to determine if the asset protection would be adequate in your particular situation.



Benefits under Medi-Cal may not be the same as those with the Partnership Plan

Once you are eligible for Medi-Cal you can receive the services the Medi-Cal program provides at that time. These may or may not be the same services you received under the Partnership Plan. Medi-Cal currently does not pay for care in an Assisted Living Facility and provides only limited home care benefits.

Can I use the Partnership Plan to obtain care outside of California?

Absolutely. The Partnership Plan will pay benefits anywhere in the United States and its possessions. All benefit payments you receive will count towards “spend down protection”. However, you must reside in California to take advantage of your “spend down protection” under Medi-Cal and to receive Medi-Cal benefits.



Before deciding if the Partnership Plan is right for you, keep in mind:

- The Partnership Plan only protects assets, not income, when you apply for Medi-Cal coverage. If your income exceeds the level specified by Medi-Cal, you will be required to apply a portion of your income toward paying the cost of your care.
- If you have assets that exceed the amount protected by the Partnership Plan (plus the normal Medi-Cal exemptions), you will have to “spend down” these unprotected assets to qualify for Medi-Cal. Therefore, if you select this Plan Type, you need to choose a plan with coverage equal to the amount of assets you want to protect. If you want to preserve assets in excess of \$182,500, you should consider one of the other CalPERS Long-Term Care Plans that offers a larger Total Coverage Amount, or a plan with Lifetime/Unlimited coverage.
- Should you need to rely on Medi-Cal, it does not cover care in an assisted living facility and provides limited home care. Also, not all nursing homes accept Medi-Cal (or receive the same level of payment from Medi-Cal as they do from private insurance), so your choice of nursing homes may be somewhat limited.
- You must reside in California in order to take advantage of the “spend down protection” under Medi-Cal, and to receive Medi-Cal benefits once your private coverage has reached its maximum.
- The Return of Premium Death Benefit is not available with this Plan.

This brochure provides only a summary of the benefits, coverage terms, limitations and other requirements. The enclosed Outline of Coverage booklet provides definitions and details of the plans and their features and limitations.

The brochure in no way changes or affects the coverage as issued. In the event of any discrepancy between this brochure and the Evidence of Coverage (EOC), the terms of the EOC apply. You will receive the EOC once your application has been approved.