



## LIFESTYLE PROTECTION<sup>sm</sup> LONG-TERM CARE INSURANCE

### Fact Sheet

**Purpose of Plan:** This plan is designed to provide financial assistance to you for chronic illnesses or disabilities caused by cognitive impairment or the loss of activities of daily living (ADLs): eating, dressing, bathing, transferring and walking, toileting and maintaining continence.

**Eligibility:** If you are a member of the California Judges Association, active or retired, this plan is available to you and your family: spouse, domestic partner, children, siblings, parents, grandparents and in-laws. You do not have to participate in the plan in order for your family members to be eligible.

**Premiums:** The premium is based on the insured's age at time of issue and does not increase as you age. See the outline of coverage for the circumstances regarding possible rate increases (pages O-8, Right to Change Premiums"). Premiums are paid quarterly and are collected from your bank account on or about January 5<sup>th</sup>, April 5<sup>th</sup>, July 5<sup>th</sup>, and October 5<sup>th</sup>. There are no provisions for individual billing.

**Coverage:** Coverage is guaranteed renewable for life provided you pay your premium due on time.

**Carrier:** *UNUM Life Insurance Company of America* is fully insuring this plan. UNUM is the nation's largest and oldest disability underwriter and is rated **A** (Excellent) by A.M. Best's, **A** (Strong) by Fitch & Co., **A** (Strong) by Standard & Poors, and **A2** (Strong) by Moody's as of July 2019.

#### **Monthly Benefits:**

*Long-Term Care Facility Benefit (Nursing Home)* — You can select a monthly benefit maximum ranging from **\$3000 to \$6000** (in increments of \$1000).

*Assisted Living Facility Benefit* — The plan pays a benefit equal to 60% of the monthly Nursing Home benefit for care received in an Assisted Living Facility.

*Home Care Option* — This optional benefit pays 50% of the LTC facility benefit. This option pays for care provided by professionals or informal caregivers (even family or friends). This option can be selected anytime within three years of the original effective date on a guaranteed issue basis. The cost of this increased coverage is based on the age at time of increase (attained age).

**Lifetime Maximum:** This is the maximum amount of total benefit UNUM will pay to an individual covered at the time of disability, no matter the duration of disability. There are three options to choose from:

- 1) A lifetime maximum of 36 times the monthly benefit which provides 3 years of nursing home coverage or 6 years of home care.
- 2) A lifetime maximum of 60 times the monthly benefit which provides 5 years of nursing home coverage or 10 years of home care.
- 3) An unlimited lifetime maximum, whether or not the individual is cared for in a facility or in a home.

**Elimination Period:** After 60 days of continuous disability, UNUM will begin paying the benefit. The 60-day elimination period applies to the first disability period only and will not apply to subsequent periods of disability.

**Benefit Trigger:** The inability to perform 2 or more activities of daily living (ADLs) or cognitive impairment will begin the claims process. Sixty days after the loss of ADLs, benefits will be payable according to the level of care received (nursing home, assisted living facility or home care).

**Inflation Protection Option:** With this option, an increase equal to 5% of your original benefit will be added to the current monthly benefit, annually on January 1. Both your long-term care facility and home care monthly benefits will increase automatically. At the same time, an increase of 5% will be added to the current lifetime maximum benefit.

Both your monthly benefit and lifetime maximum benefit will increase with inflation protection.

**Medical Qualifications:** Individual medical underwriting is required for all applicants. Medical underwriting consists of a medical questionnaire, and attending physician's statement, and, if age 65 or older, a face to face assessment\*. Individuals will either be accepted or rejected based on their medical history. There will be no riders or ratings associated with this policy.

**Exclusions:** This plan will not pay benefits for losses caused by war, suicide attempts or self-destruction, committing or attempting to commit a felony, alcoholism or substance abuse, care outside the United States, or losses caused by psychological or psychiatric conditions.

*\*Face to Face Assessment – A face to face assessment is an in-home interview conducted by a health professional trained to ask pertinent questions of an applicant's medical history and to evaluate both physical and mental functioning. The assessment is required for all applicants age 65 and older but may also be ordered on younger individuals. The assessment process will take approximately 90 minutes to complete.*

***This outline of coverage briefly describes the plan available and is not a contract. A complete description will be found in the policy certificate.***

*For further information, contact:*

David R. Lucas, ChFC (800) 548-2671 Ext 2629 or (925) 277-2629 [dlucas@dwassociates.com](mailto:dlucas@dwassociates.com)

or

CJA Insurance Administrators, (916) 239-4068 [insurance@caljudges.org](mailto:insurance@caljudges.org)

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## LONG TERM CARE INSURANCE PROPOSAL REQUEST

**This is not an application**

In order to receive an accurate proposal for long-term care insurance, please complete this questionnaire to the best of your knowledge. **Please Print Legibly.**

| <b>Member's</b>                |        |             | <b>Spouse/Relative/Partner's</b> |        |             |
|--------------------------------|--------|-------------|----------------------------------|--------|-------------|
| Name (M)                       | _____  |             | Name (S)                         | _____  |             |
| DOB                            | Height | Weight      | DOB                              | Height | Weight      |
| _____                          | _____  | _____       | _____                            | _____  | _____       |
| Home Address: Street _____     |        |             |                                  |        |             |
| City _____                     |        | State _____ | Zip _____                        |        | Email _____ |
| Daytime telephone (    ) _____ |        |             | Evening telephone (    ) _____   |        |             |

If not a CJA member, how are you related to a member of CJA? \_\_\_\_\_  
(CJA member need not apply for family members to be eligible.)

If you answer **Yes** to any of the following questions, **circle the condition** for which your **Yes** answer applies.

1. Have you ever:

|   | <b>(M)</b> | <b>(S/R/P)</b> |
|---|------------|----------------|
| Had or been treated by a doctor or consulted with a health advisor for:   |            |                |
| a. High blood pressure, heart murmur, chest pain, palpitations, heart attack, stroke, or other cardiovascular disease?  | Y-N        | Y-N            |
| b. Kidney disorder or other disorder of the genitourinary tract?  | Y-N        | Y-N            |
| c. Diabetes, thyroid disorder other endocrine gland disorder?   | Y-N        | Y-N            |
| d. Ulcers or disorders of the pancreas, liver or intestines?  | Y- N       | Y-N            |
| e. Cancer, tumors, degenerative muscle disease, arthritis, disorders of the bones or joint or disorders of the eyes or ears?  | Y-N        | Y-N            |
| f. Disorders of the blood, lymph glands or respiratory system?  | Y-N        | Y-N            |
| g. A mental, nervous system or brain disorder; Parkinson's disease; Alzheimer's disease; anxiety or depression; alcoholism or other "drug addiction" or been advised to seek counseling for alcoholism or drug use? | Y-N        | Y-N            |
| h. An immune deficiency disorder, AIDS or the AIDS-related Complex?   | Y-N        | Y-N            |

2. Have you ever consulted for any reason a doctor, health professional or mental health advisor within the last five years? Y-N      Y-N

3. Have you ever had or been advised to have medical care, surgery, an electrocardiogram, x-ray, blood test or other special diagnostic test? Y-N      Y-N

4. Do you need:

|   |     |     |
|---|-----|-----|
| a. Assistance or supervision of any kind to perform everyday activities (bathing, continence, dressing, feeding, toileting, transferring or walking)? | Y-N | Y-N |
| b. Any special appliance (walker, cane, catheter, oxygen tank, etc.)?   | Y-N | Y-N |

5. Are you taking prescription or nonprescription medication for any reason? Y-N      Y-N

6. Do you currently have long-term care insurance that this will replace? Y-N      Y-N

**TURN FORM OVER FOR FURTHER INSTRUCTIONS**

[illegible]

▪ David R. Lucas, ChFC ▪ CJA Long Term Care Insurance ▪  
▪ 3150 Crow Canyon Place, Suite 200 ▪ San Ramon, CA 94583 ▪  
▪ [dlucas@dwassociates.com](mailto:dlucas@dwassociates.com) ▪



## PLAN HIGHLIGHTS / SCHEDULE OF BENEFITS

Your Long - Term Care (LTC) insurance plan is listed below.

**Elimination Period:** Your plan's Elimination Period of 60 consecutive days is the amount of time you must wait before benefits become payable. This time period must be satisfied only once during the life of your plan.

**Medical Underwriting Effective Date:** The effective date for those applicants passing medical underwriting between the 1<sup>st</sup> and 15<sup>th</sup> of the month is the first of the month following their date of approval. For those approved between the 16<sup>th</sup> and the end of the month, their effective date is the first of the second month following their date of approval.

*Medical Underwriting means that you must answer all questions on a medical questionnaire. In some cases, an interview may also be necessary.*

**Medical Underwriting:** You may choose from the plans listed below. The Long – Term Care Insurance Application (medical questionnaire) and Benefit Election Form must be completed and approved to enroll in this Long – Term Care Plan. **All** Medical Questionnaires must accompany a signed return of the Authorization to request Medical Information Form #6720-03-CA located in the kit.

| Benefit Duration  | 3 Years               | 5 Years               | Unlimited Duration    |
|---|-----------------------|-----------------------|-----------------------|
| Facility Benefit Amount<br>Per \$1,000 Increments             | \$3,000<br>to \$6,000 | \$3,000<br>to \$6,000 | \$3,000<br>to \$6,000 |
| Assisted Living Facility Percent                              | 60%                   | 60%                   | 60%                   |
| Lifetime Maximum<br>Per \$1,000 Increments                    | \$36,000              | \$60,000              | Unlimited             |
| Total Home Care – Option<br>(Includes Professional Home Care) | 50%                   | 50%                   | 50%                   |
| Inflation Protection* - Option                                | Simple<br>Uncapped    | Simple<br>Uncapped    | Simple<br>Uncapped    |

*\* If you selected an inflation option, and you terminate that inflation option at a future date, you can purchase the inflated coverage amount at your original age.*

**Lifetime Maximum:** The Lifetime Maximum is the maximum benefit dollar amount UNUM will pay over the life of your coverage. This dollar amount is based on the Facility Benefit Amount and Benefit Duration. For Example: If you choose \$3,000 Facility Monthly Benefit Amount & 3 Year Duration, your Lifetime Maximum is calculated as follows, \$3,000 per Month X 12 Months X 3 Years = \$108,000.

**Insurance Age:** Insurance Age is used to determine the cost of your coverage. Insurance Age is determined by subtracting your year of birth from the year in which you apply. Insurance Age is established on the date you sign the application for coverage.

**Questions:** Please call 1-800-227-4165 with questions regarding your UNUM Long – Term Care Insurance or you may contact your broker, David R. Lucas, ChFC at 1-800-548-2671, ext. 2629.