

P E N N T R E A T Y N E T W O R K A M E R I C A



# IOWA

LONG TERM CARE  
PARTNERSHIP PLAN

A Comprehensive  
Long Term Care  
Plan to Cover Your  
Care at Home or in  
a Nursing/Assisted  
Living Facility.



Form Series PF2600(2)  
IAPART-PF2600-2-BR(12/00)

Kenneth Wheeler 60484



The Penn Treaty American<sup>SM</sup>  
Corporation Family of Companies

Penn Treaty Network America  
Insurance Company<sup>SM</sup>

American Network  
Insurance Company<sup>SM</sup>

American Independent Network  
Insurance Company of New York<sup>SM</sup>



## The Iowa Long Term Care Partnership is About Choices!

What would you do if tomorrow morning you woke up and couldn't get out of bed on your own or you needed help taking a bath, getting dressed or feeding yourself? Have you and your family members prepared for the emotionally and financially devastating costs of receiving Long Term Care? If you haven't, **now is the time.**

Advances in medical technology and changes in lifestyle have resulted in our living healthier and longer lives than any previous generation. This lengthening of our life span also means we are more likely to require some form of assistance with walking, bathing, dressing or eating, commonly referred to as activities of daily living, at some point in our lives. This assistance, which may last a few weeks, months or several years, has become known as Long Term Care.

Unfortunately, many Americans are unaware of the financial risks associated with needing Long Term Care Services, yet the Health Insurance Association of America currently shows nearly **1 out of 2 people turning age 65 will spend time in a Nursing Facility.**<sup>1</sup>

Furthermore, nearly **3 out of 4 of the same group will require care at home.**<sup>1</sup> Many incorrectly believe their traditional health coverage, Medicare, Medigap Insurance and most HMOs, should cover the cost of Long Term Care. However, these types of coverage are designed to provide benefits to cover the cost of acute care services, such as hospital stays and short term skilled nursing care. **They do not cover unskilled care at home or care in an Assisted Living Facility, Personal Care Facility or most lower level facilities.**

Long Term Care Services continue to evolve and adapt to our ever-changing needs. There are now many ways we can receive help when we need care/assistance. If you were to develop a condition which would require you to receive assistance in your home or in a facility, **the Iowa Long Term Care Partnership Plan pays for the full continuum of Long Term Care Services in the setting which will best suit your recovery.** Most importantly, it allows you to preserve your independence and quality of life, which gives you the freedom to be you.

<sup>1</sup> HIAA, "LONG TERM CARE: Knowing the risk, paying the price", 1997



## An Approved Partnership of the Iowa State Partnership for Long Term Care

### *Partnership Program*

Participating Iowa Long Term Care policies are certified by the Iowa State Insurance Department. The goal of this program is for you and the state to share responsibility in Long Term Care costs so you may maintain your financial security and independence.

### *Medicaid Asset Protection*

Medicaid is a state funded program available to pay for long term care only after you have exhausted most of your personal assets and income. This Iowa Long Term Care Partnership Plan allows you to protect your assets, once you meet the minimum requirements, and continue with Medicaid assistance.

### *Advantages of a Partnership Policy*

Benefits paid to you, or a provider of Long Term Care service on your behalf, under this policy care counts towards Medicaid Asset Protection.





## The Freedom of Choosing Benefits

### *Lifetime Maximum Benefit Amounts*

- \$75,000       \$150,000       \$250,000
- \$350,000       \$500,000       Unlimited

### *Maximum Daily Benefit Amounts*

- \$90 to \$300 First Day Coverage

The policy illustrated in this Outline of Coverage is approved under the Iowa Long Term Care Asset Preservation Program and, as such, is required to include an inflation protection feature.

The policy is available to all applicants and automatically inflates all the benefits of the policy at a rate of five percent (5%) compounded annually for the lifetime of the policy. This means that both the Maximum Lifetime Benefit and Maximum Daily Benefit under the policy will inflate at five percent (5%) compounded annually on the anniversary.

## How This Plan Works!

The **Iowa LTC Partnership Plan** offers a flexible benefit account which acts as a pool of money and may be allocated for care at home or in a facility. As you utilize benefits, money is deducted from your pool.

### *For Example:*

Lifetime Maximum Benefit Amount of:.....	\$250,000
Maximum Daily Benefit Amount of:.....	\$100/Day with First Day Coverage
Received care at: .....	\$85/Day for 30 Days
Total Cost of Care:.....	\$2,550
Amount remaining in pool for future care: .....	\$247,450



## Home Care & Community-Based Care Benefits

Our Home Care and Community-Based Care Benefits pay up to 100%\* of the Maximum Daily Benefit for all levels of care including:

**Unskilled Homemakers:** For assistance with Instrumental Activities of Daily Living such as family members, friends or religious organizations for assistance with: cooking, shopping, housekeeping, laundry, telephoning, bill paying, medication management.

**Family Members:** Who provide Home Health Care, Homemaker Care, and /or Personal Care may also be reimbursed for any training costs they may incur, in order to provide in-home care. (We will pay the lifetime maximum of up to five times the selected Maximum Daily Benefit. Benefits for Family Members must be pre-approved by us. Spouses and individuals living in your home prior to your needing care are not eligible.)

**Licensed Skilled Care:** Registered Nurses, Licensed Practical Nurses, Physical Therapists, Speech Therapists.

**Home Health Aides:** Who provide assistance with Activities of Daily Living: eating, bathing, dressing, transferring, toileting, ambulating, continence.

**Meals on Wheels:** Pays up to \$25.00 per day.

**Adult Day Care Facilities/Hospice Care/Respite Care:** Pays up to 100% of the Home Health Care, Homemaker Care if early notification of care is provided.

## Qualifications For Home Care and Community-Based Care Benefits

There must be the inability to perform **two of seven** "Activities of Daily Living" (eating, bathing, dressing, ambulating, transferring, toileting, continence).

**OR**

There must be cognitive impairment.

**OR**

There must be a complex, yet stable medical condition.

\* Pays Up To 80% if you do not notify us within 15 days of the start of care/assistance. If, however, you notify us once this 15 day period has passed, you will be eligible for up to 100% of the Maximum Daily Benefit for any care/assistance subsequently received.



## Assisted Living Facility Benefits

Assisted Living and Nursing Facility Care Benefits pays up to 100% of the Maximum Daily Benefit for all Levels of Care including:

**Assisted Living Facilities:** Personal Care Facility, Residential Care Facility, Adult Congregate Living Facility and Sheltered Living Facility.

**Nursing Facilities:** Custodial Care, Intermediate Care, Skilled Care.

**Bed Reservation:** Reserves your bed in the facility for up to thirty (30) days, per calendar year, if you become hospitalized during your stay.

## Qualifications for Assisted Living and Nursing Facility Benefits

There must be the inability to perform **three of seven** "Activities of Daily Living" (eating, bathing, dressing, ambulating, transferring, toileting, continence).

**OR**

There must be cognitive impairment.

**OR**

There must be a complex, yet stable medical condition.




## Optional Benefit Riders

### *Nonforfeiture Premium Benefit Rider*

This rider protects you in two ways:

1. If this policy lapses because you discontinue paying the premium, you will be entitled to keep a portion of the coverage offered by the policy even after it lapses. This reduced paid-up coverage shall remain valid and in force for as long as you shall live. This policy must be in force for a minimum of 3 years before this benefit is available.
2. A refund of premium will be paid to your estate if death occurs while this rider is in force. Your refund amount will be all or a portion (depending on how long the policy and rider are in force) of the premiums paid, from the inception date of this policy.

<b>Number of Years Policy Is In Force</b>	
	9 or more Years ..... 100%
	8 Years ..... 90%
	7 Years ..... 80%
	6 Years ..... 70%
	5 Years ..... 60%
	4 Years ..... 50%
	3 Years ..... 40%
	2 Years ..... 30%
	1 Year ..... 20%
	Less than 1 Year ..... 10%

## Features of This Plan

- Pre-existing Conditions Covered Immediately if listed on the Application
- No Prior Hospitalization Required
- 10% Marital Discount
- Waiver of Premium
- Alternative Plan of Care: Proposal for care must be requested prior to receiving care and must be approved by you, your physician and us
- Guaranteed Renewable



## Alternative Payment Options

*We offer a variety of payment plans to make this protection affordable for you.*

**Paid-Up Options:** Once paid, the policy is paid up for your entire life. No further or subsequent premium payments will be required to keep the policy in force.

**Single-Pay:** A One-Time Premium payment.

**Two-Pay:** Annual Premium\* will be required during the first two (2) years the policy is in force.

**Five-Pay:** Annual Premium\* will be required during the first five (5) years the policy is in force.

**Ten-Pay:** Annual Premium\* will be required during the first ten (10) years the policy is in force.

**Pay to Age 65:** Annual Premiums\* will be required until you reach the age of sixty-five (65).

**Pay As You Go Option:** Annual Premiums\* will be required to keep the policy in force.

\* You may choose other modal factors.

### Care Solutions<sup>SM</sup>

Who Will You Call If You Need Help Finding Care In Your Home? Penn Treaty Network America offers you Care Solutions.<sup>SM</sup> This service is provided free of charge, and will not reduce the benefits of your policy.

Should you need help setting up care or making arrangements for care, just make one phone call to our Care Solutions<sup>SM</sup> Unit at 1-800-362-0700. A Care Coordinator will work with you to design a plan of care suited to meet your individual needs.

Your Care Coordinator will handle all the details and can even help select a caregiver. They will also follow-up to ensure you are getting the care you need, when you need it.



## Regional Offices

### Home Office:

3440 Lehigh Street  
Allentown, PA 18103  
(800) 362-0700

### California Regional Office:

2291 West March Lane  
Suite D 205  
Stockton, CA 95207  
(800) 367-1987



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American Independent Network Insurance Company of New York<sup>SM</sup>

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## Receipt

Received from \_\_\_\_\_ a payment of \$ \_\_\_\_\_  
in connection with an application for insurance with Penn Treaty Network America Insurance  
Company<sup>SM</sup>. This receipt is not valid unless payment is made whether by check, draft or  
money order and is good and collectible.

***Please make checks payable to:***  
***Penn Treaty Network America Insurance Company<sup>SM</sup>***  
***NOT TO ANY INDIVIDUAL, AGENT, OR AGENCY!***

Dated at \_\_\_\_\_ on \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Agent Signature \_\_\_\_\_ Agent Number \_\_\_\_\_ 60484