



## Long-Term Care Plan Information



Continental Casualty Company

**CNA**

# Reasons to Consider Independent Solutions™ Group Long-Term Care Insurance



## Why Should I Consider Long-Term Care Insurance Now?

Disabling accidental injuries can strike at any age. In fact, accidents occurring in the home alone account for a disabling injury every four seconds in this country.<sup>1</sup>

Some common disabling illnesses and injuries include:

- Multiple Sclerosis
- Parkinson's Disease
- Stroke
- Head Trauma

A disabling illness or injury might mean needing help to do basic

activities, such as bathing and dressing. In other words, you might need long-term care.

## Long-Term Care Is Expensive

The cost of long-term care can add up quickly. Costs vary by locality, but here are some averages.

- The average cost for a home health aide to give you daily personal care is over \$20,000 per year.<sup>2</sup>
- If you needed skilled home health services, they could cost at least \$36,000 per year.<sup>3</sup>
- The average cost for nursing home care in Utah is \$137 per day, which is over \$50,000 per year<sup>4</sup>

## You're Not Covered

If you receive treatment in a hospital for an injury and you have a typical health insurance plan, it will pay benefits for your treatment and hospitalization. However, your health insurance probably will not pay anything for long-term care services, such as visits from a nurse or a home health aide.

If you have long-term disability insurance you may think that you are covered for long-term care. Unfortunately, that's a misperception. Disability insurance pays you a percentage of your regular weekly or monthly salary while you are disabled and not receiving a paycheck. It can help you pay your

normal living expenses, such as rent, car payment and food bills. But you probably won't have much left over to pay for long-term care services. Only long-term care insurance is specifically designed to help you pay the costs of long-term care.

Without long-term care insurance, you might be forced to use money earmarked for savings to pay for the long-term care services you would need if you have a disabling injury or disease. Enrolling now in your employer's group long-term care program is an excellent way to help make the future more secure for you and your family.



# Benefits of Enrolling Now

## Why Buy Now?—The Cost of Putting Off Your Decision

The younger you are when you buy long-term care insurance, the lower your premium rate will be. The premium is based on your age at time of purchase and the coverage you select. Because of that, the total amount you pay over the years will probably be less than if you buy at an older age, even though you pay for more years.

The example that follows compares premiums paid by a 40-year-old with those paid by a 60-year-old. Not only did the 40-year-old pay a lower rate per month, he also paid over 30% less in total premiums than the 60-year-old who put off his decision to buy.

Age	Semi-Monthly Rate <sup>5</sup>	Years Paid	Total Paid to Age 75
40	\$9.48	35	\$7,963
50	\$16.32	25	\$9,792
60	\$30.44	16	\$11,689

## Can I Keep the Coverage If I Leave My Current Employer?

Even if you leave your employer or retire, you can take your long-term care plan with you, as long as you keep paying the premiums. Your rates and plan design will stay the same. You will be billed directly for the premiums.

## Are There Any Tax Benefits For Group Long-Term Care Insurance?

Because CNA Independent Solutions™ is a tax qualified plan, premiums and benefits under this plan qualify for favorable federal tax deductions. Many states also offer tax incentives and credits for long-term care insurance. Call your tax advisor to see how this may help you.

## Affordable, Stable Premiums

The CNA Independent Solutions™ Group Long-Term Care Insurance program has been designed to offer surprisingly affordable premiums that are not likely to increase over time, unless you add to your coverage.<sup>5</sup> In fact, CNA has not increased premiums for any of its Group Long-Term Care plans since the product was introduced in 1988.

## How Can I Find Out More?

For detailed information about your group long-term care plan, please refer to the Outline of Coverage, which is included in this enrollment kit.

**For more information, call 1-800-528-4582 or visit, [www.ltcbenefits.com](http://www.ltcbenefits.com), password: uofutahgltc**



<sup>1</sup>Source: Report on Injuries in America, 2001. National Safety Council.

<sup>2</sup>Source: US Department of Labor, Bureau of Labor Statistics, 2006.

<sup>3</sup>Sources: A Shopper's Guide to Long-Term Care Insurance, 1999. National Association of Insurance Commissioners; and Guide to Long-Term Care Insurance, 1999. HIAA.

<sup>4</sup>Source: 2006 CNA Cost of Nursing Care Study, room and board costs only.

<sup>5</sup>Premiums shown are based on a \$109,500 lifetime maximum benefit, a \$150 daily Nursing Home Care Benefit and 75% Community-based Care Benefit. These rates are for illustration purposes only and are not premiums for your plan. For your actual premium amounts, please refer to the Rate Sheet, which is included in this enrollment kit.

Independent Solutions™ Group Long-Term Care plans may be underwritten on form #GLTC-3-P-01-SERIES by Continental Casualty Company. CNA is a registered service mark, trade name and domain name of CNA Financial Corporation.

This brochure is for illustrative purposes only and is not a contract. It is intended to provide a general overview of the services described. Please remember that only the insurance policy can give actual terms, coverage, amounts, conditions and exclusions. Program availability is subject to state insurance department approval. ©2008 CNA Financial Corporation

## The Amount of Insurance You Can Purchase

When you enroll in the Independent Solutions plan you can choose one of several benefit levels. This table shows the options available to you. Other benefit levels and features of the Independent Solutions plan are described in greater detail below.

### Benefits Levels Available to You

	Option 1	Option 2	Option 3	Option 4
Daily Facility Care Benefit	\$100	\$150	\$200	\$250
Daily Home Based Care Benefit	\$75	\$112.50	\$150	\$187.50
Lifetime Maximum Benefit(Choose one)				
Two Year Lifetime Maximum	\$73,000	\$109,500	\$146,000	\$182,500
Five Year Lifetime Maximum	\$182,500	\$273,750	\$365,000	\$456,250
Ten Year Lifetime Maximum	\$365,000	\$547,500	\$730,000	\$912,500

Optional Choice: Future Benefit Guarantee (Nonforfeiture)

This optional benefit is available for all options. See detail in the Option Features section of this brochure.

## Who is Eligible for the Plan

- Employees – employees who are actively at work on the day coverage takes effect
- Spouses of Employees
- Parents, parents-in-law, grandparents, or grandparents-in-law
- Retirees and their spouses

## Standard Plan Features

**Lifetime Maximum Benefit** – Your Lifetime Maximum Benefit is the total amount of insurance you purchase. It is the total available pool of money you can use to pay for long-term care services.

**Daily Facility Care Benefit** – Pays the actual cost of services you receive, up to the amount shown in the table above, for care in the following facilities:

- Nursing Homes
- Assisted Living Facilities
- Hospice Facilities

**Daily Home Based Care Benefit** – Pays the actual cost of services you receive, up to the amount shown in the table, for care in the following settings:

- Your own home
- Adult Day Care facility

**Alternate Plan of Care** – The Alternate Plan of Care feature allows coverage for long-term care services, special devices or other needs not otherwise covered by the contract. It applies to care received in non-standard facilities or settings, or care or non-standard services received at home. Benefit payments for the Alternate Plan of Care feature depend on the specific plan of care developed but cannot exceed the Daily Facility Care Maximum.



# Highlights of Your Plan

**Bed Reservation** – The Bed Reservation benefit pays up to the Daily Facility Care Benefit, 60 days per year, to hold your place in a nursing home or other facility if you need to be away temporarily.

**Caregiver Benefit** – This benefit makes a cash payment equal to ten times your Daily Facility Care Benefit each year when you receive unpaid care. This benefit is payable in addition to the Home Based Care benefit.

**Caregiver Training** – The Caregiver Training benefit pays up to three times your Daily Home Based Care Benefit to train an informal caregiver or an independent provider to care for you in your residence. It also pays for training required to license or certify an independent provider, if required. You do not need to satisfy the waiting period to receive this benefit.

**Contingent Nonforfeiture** – If you do not choose the Future Benefit Guarantee, and if your premiums increase, this feature will automatically provide you with options to maintain your premium level and still have coverage. See the Outline of Coverage for details.

**Home Medical Technology** – The Home Medical Technology benefit pays up to \$1,000 each year for assistive devices, medical monitoring or communications technology, medication compliance equipment, and emergency response systems used in your residence. It also covers home modifications necessary to accommodate this kind of equipment or as needed to allow you to remain at home. The Alternate Plan of Care feature may supplement this benefit.

## Inflation Protection

**Guaranteed Benefit Increase** – Every three years, CNA will offer you the chance to increase your benefits to help you keep up with inflation. Premiums for increased coverage will be based on your age on the effective date of the offer, and will be at least equal to a compound 5% rate of increase. Actively-at-work employees and their spouses are guaranteed acceptance regardless of whether a previous offer was rejected. All others are guaranteed acceptance as long as they continue to accept offers.

**Respite Care** – Respite Care is the temporary use of paid long-term care services to relieve family members and other “informal” caregivers of their duties so they can take needed time off. The Respite Care benefit pays up to either the Daily Facility Care Benefit or Daily Home Based Care Benefit, up to 14 days per year, depending on where benefits are used. You do not need to satisfy the waiting period to receive this benefit.

**Restoration of the Lifetime Maximum Benefit** – This feature restores your lifetime maximum benefit if you have not received medical care or treatment for two consecutive years for a condition requiring long-term care services.

**Return of Premium at Death** – This feature refunds all or part of the premium you have paid to your beneficiaries if you die before age 75. The amount we refund is the premium you have paid, less any benefits you received. The refund amount decreases 10% of the total premiums paid each year beginning at age 65.

**Waiting Period** – You will need to satisfy a 90 calendar day waiting period before benefits can be paid. You must only satisfy this waiting period once in your lifetime. You do not need to incur any paid services during this time.

**Waiver of Premium** – After you satisfy the waiting period, your premiums will be waived while you are receiving benefits.



The University of Utah

Independent Solutions<sup>SM</sup> Group Long-Term Care plans may be underwritten on form #GLTC-3-P-01-SERIES by Continental Casualty Company. CNA is a registered service mark, trade name and domain name of CNA Financial Corporation.

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**World Wide Coverage** – If you are living or travelling outside the United States and become eligible to receive benefits, reimbursement will be based on a cash payment equal to the Home Based Care Maximum, but not more than 75% of the Facility Care Maximum Benefit. Any caregiver may provide services. To receive benefits, a Licensed Health Care Practitioner (as defined by that particular country) must certify that you are chronically ill and have a plan of care. Your benefits will be paid in United States currency.

## Optional Features

These are extra, add-on features that can be purchased with your policy. These features can be used to customize your plan even further. The optional features available to you are:

**Future Benefit Guarantee (Nonforfeiture)** – There may come a time when you either cannot, or no longer want to, continue paying premiums. If you stop paying premiums after having coverage for at least three years, the Future Benefit Guarantee keeps your daily benefits the same but reduces your lifetime maximum benefit. Your reduced lifetime maximum benefit equals the total premiums paid or 30 times the Daily Facility Care Benefit, whichever is higher, less any benefits paid.

## Other Important Elements of Your Plan

**Qualifying for Benefits** – You qualify to receive benefits when a licensed healthcare practitioner has certified that either of the following conditions exists and is likely to last more than 90 days:

1. You are unable to perform two of the following six activities of daily living (ADLs): Bathing, dressing, eating, maintaining continence, transferring, and toileting.

**OR**

2. You have a cognitive impairment (confusion, memory or orientation problems, lack of reasoning or judgement) that causes safety concerns for you or another person.

**Exclusions** – Long-term care insurance protects against catastrophic losses. Exclusions help keep the cost of the plan affordable. Your plan will not pay benefits for the following:

- 1) Long-term care that results from war.
- 2) Long-term care covered by Worker's Compensation or other group insurance.
- 3) Long-term care normally provided without charge.
- 4) Care in a facility that primarily treats substance abuse or mental illness.
- 5) Services covered by Medicare (or covered except for application of a deductible or coinsurance).



# Your Group Long-Term Care Plan Rates

## semi-monthly rates

The premiums shown are for payroll deduction and are semi-monthly amounts.

The actual amount that will be deducted from each paycheck will depend on the frequency of your payroll cycle.

Premiums are per person and based on the individual's age on the effective date of coverage.

### Two Year Lifetime Maximum

AGE	Option 1 \$100 Benefit	Option 2 \$150 Benefit	Option 3 \$200 Benefit	Option 4 \$250 Benefit
< 24	3.15	4.72	6.29	7.87
25	3.33	5.00	6.66	8.33
26	3.43	5.14	6.85	8.56
27	3.54	5.30	7.07	8.84
28	3.66	5.49	7.32	9.16
29	3.80	5.72	7.62	9.52
30	3.96	5.93	7.91	9.88
31	4.12	6.18	8.23	10.30
32	4.29	6.43	8.58	10.72
33	4.48	6.73	8.96	11.21
34	4.69	7.03	9.38	11.72
35	4.93	7.38	9.85	12.31
36	5.18	7.76	10.35	12.94
37	5.44	8.16	10.89	13.61
38	5.73	8.59	11.45	14.32
39	6.02	9.02	12.04	15.04
40	6.31	9.48	12.64	15.80
41	6.64	9.95	13.27	16.58
42	6.98	10.46	13.95	17.44
43	7.34	11.01	14.68	18.35
44	7.74	11.61	15.48	19.35
45	8.18	12.27	16.37	20.46
46	8.68	13.01	17.35	21.69
47	9.22	13.84	18.44	23.06
48	9.78	14.67	19.56	24.45
49	10.32	15.48	20.64	25.80
50	10.88	16.32	21.76	27.20
51	11.46	17.20	22.93	28.66
52	12.11	18.17	24.22	30.27
53	12.82	19.23	25.63	32.04
54	13.63	20.44	27.25	34.06
55	14.54	21.80	29.06	36.34
56	15.58	23.38	31.17	38.96
57	16.77	25.15	33.54	41.92
58	18.00	26.99	35.98	44.98
59	19.13	28.69	38.26	47.82
60	20.29	30.44	40.58	50.73
61	21.49	32.23	42.98	53.73
62	22.85	34.28	45.71	57.14
63	24.40	36.60	48.80	61.00
64	26.24	39.35	52.48	65.59
65	28.41	42.62	56.82	71.03
66	30.98	46.46	61.95	77.44
67	33.99	50.99	67.98	84.98
68	37.49	56.24	74.98	93.73
69	41.33	61.99	82.65	103.32
70	45.41	68.11	90.81	113.52
71	49.81	74.73	99.63	124.54
72	54.57	81.86	109.15	136.43
73	59.69	89.53	119.37	149.21
74	65.02	97.51	130.02	162.53
75	70.45	105.68	140.91	176.13
76	76.19	114.27	152.36	190.46
77	82.04	123.06	164.09	205.11
78	88.16	132.25	176.33	220.41
79	94.68	142.01	189.36	236.69
80	101.49	152.24	202.98	253.73
81	108.54	162.80	217.08	271.34
82	115.73	173.60	231.46	289.34
83	123.01	184.52	246.03	307.53
84	130.29	195.43	260.58	325.72
85	137.49	206.24	274.99	343.73
86	144.54	216.81	289.08	361.35
87	151.36	227.04	302.72	378.41
88	158.09	237.13	316.17	395.22
89	164.87	247.30	329.74	412.18
90	171.86	257.78	343.71	429.64





# Your Group Long-Term Care Plan Rates

Independent Solutions<sup>SM</sup>

## semi-monthly rates

The premiums shown are for payroll deduction and are semi-monthly amounts.

The actual amount that will be deducted from each paycheck will depend on the frequency of your payroll cycle.

Premiums are per person and based on the individual's age on the effective date of coverage.

### Five Year Lifetime Maximum

AGE	Option 1 \$100 Benefit	Option 2 \$150 Benefit	Option 3 \$200 Benefit	Option 4 \$250 Benefit
< 24	4.10	6.15	8.20	10.25
25	4.35	6.52	8.70	10.87
26	4.47	6.71	8.94	11.18
27	4.62	6.94	9.25	11.56
28	4.80	7.19	9.59	11.99
29	4.99	7.48	9.96	12.45
30	5.18	7.76	10.35	12.94
31	5.39	8.09	10.79	13.49
32	5.62	8.44	11.24	14.05
33	5.89	8.82	11.77	14.71
34	6.17	9.25	12.33	15.42
35	6.49	9.73	12.98	16.22
36	6.85	10.28	13.70	17.12
37	7.23	10.86	14.48	18.10
38	7.66	11.49	15.32	19.15
39	8.10	12.15	16.21	20.25
40	8.57	12.85	17.13	21.41
41	9.06	13.59	18.12	22.65
42	9.58	14.38	19.17	23.96
43	10.15	15.23	20.30	25.37
44	10.76	16.15	21.53	26.92
45	11.44	17.16	22.88	28.60
46	12.18	18.26	24.35	30.44
47	12.98	19.46	25.95	32.44
48	13.80	20.70	27.59	34.49
49	14.58	21.87	29.16	36.45
50	15.39	23.09	30.78	38.48
51	16.23	24.35	32.46	40.58
52	17.16	25.74	34.32	42.90
53	18.18	27.27	36.36	45.45
54	19.33	29.00	38.66	48.34
55	20.64	30.96	41.27	51.59
56	22.13	33.20	44.27	55.34
57	23.84	35.75	47.68	59.60
58	25.56	38.34	51.12	63.90
59	27.09	40.64	54.18	67.73
60	28.64	42.95	57.27	71.58
61	30.23	45.33	60.44	75.56
62	32.06	48.09	64.12	80.15
63	34.20	51.30	68.40	85.50
64	36.83	55.25	73.66	92.07
65	40.02	60.04	80.05	100.06
66	43.90	65.85	87.80	109.75
67	48.56	72.85	97.13	121.40
68	54.07	81.10	108.14	135.17
69	60.19	90.29	120.39	150.49
70	66.77	100.15	133.53	166.92
71	73.89	110.84	147.79	184.73
72	81.60	122.39	163.19	203.98
73	89.83	134.76	179.68	224.59
74	98.41	147.62	196.83	246.04
75	107.14	160.71	214.28	267.85
76	116.27	174.40	232.53	290.67
77	125.53	188.29	251.05	313.82
78	135.15	202.73	270.31	337.89
79	145.35	218.03	290.70	363.38
80	155.99	234.00	312.00	389.99
81	166.98	250.48	333.97	417.46
82	178.19	267.28	356.38	445.47
83	189.50	284.25	379.00	473.75
84	200.80	301.20	401.60	501.99
85	211.98	317.96	423.95	529.93
86	222.90	334.36	445.81	557.27
87	233.48	350.23	466.97	583.71
88	243.90	365.85	487.80	609.75
89	254.38	381.58	508.77	635.96
90	264.87	397.31	529.75	662.18



# Your Group Long-Term Care Plan Rates

## semi-monthly rates

The premiums shown are for payroll deduction and are semi-monthly amounts.

The actual amount that will be deducted from each paycheck will depend on the frequency of your payroll cycle.

Premiums are per person and based on the individual's age on the effective date of coverage.

### Ten Year Lifetime Maximum

AGE	Option 1 \$100 Benefit	Option 2 \$150 Benefit	Option 3 \$200 Benefit	Option 4 \$250 Benefit
< 24	4.90	7.34	9.78	12.23
25	5.22	7.83	10.44	13.05
26	5.37	8.06	10.75	13.44
27	5.56	8.35	11.14	13.91
28	5.78	8.67	11.55	14.45
29	6.01	9.01	12.02	15.01
30	6.25	9.38	12.49	15.62
31	6.51	9.77	13.03	16.29
32	6.80	10.19	13.59	16.99
33	7.11	10.67	14.22	17.78
34	7.46	11.18	14.91	18.64
35	7.84	11.76	15.68	19.61
36	8.27	12.40	16.54	20.68
37	8.73	13.11	17.47	21.84
38	9.23	13.85	18.45	23.07
39	9.74	14.61	19.48	24.36
40	10.27	15.40	20.53	25.67
41	10.83	16.25	21.66	27.07
42	11.42	17.14	22.85	28.57
43	12.09	18.13	24.17	30.21
44	12.80	19.20	25.60	32.00
45	13.60	20.39	27.19	33.99
46	14.48	21.72	28.96	36.21
47	15.47	23.20	30.93	38.65
48	16.50	24.74	32.99	41.23
49	17.51	26.26	35.02	43.77
50	18.58	27.87	37.17	46.45
51	19.70	29.55	39.39	49.25
52	20.92	31.39	41.85	52.31
53	22.25	33.38	44.50	55.63
54	23.73	35.60	47.46	59.32
55	25.36	38.05	50.72	63.41
56	27.20	40.80	54.41	68.00
57	29.25	43.86	58.48	73.10
58	31.24	46.85	62.46	78.08
59	32.93	49.39	65.85	82.31
60	34.58	51.87	69.16	86.45
61	36.27	54.40	72.53	90.66
62	38.25	57.37	76.50	95.62
63	40.62	60.92	81.23	101.55
64	43.60	65.41	87.21	109.01
65	47.34	71.01	94.69	118.35
66	51.98	77.96	103.94	129.93
67	57.65	86.48	115.31	144.14
68	64.45	96.68	128.91	161.13
69	72.09	108.13	144.17	180.21
70	80.33	120.50	160.66	200.83
71	89.29	133.94	178.58	223.23
72	98.98	148.47	197.96	247.45
73	109.35	164.03	218.69	273.37
74	120.12	180.17	240.23	300.29
75	131.06	196.59	262.11	327.65
76	142.46	213.69	284.91	356.13
77	153.98	230.96	307.95	384.94
78	165.90	248.84	331.79	414.74
79	178.48	267.72	356.95	446.20
80	191.59	287.38	383.17	478.97
81	205.10	307.65	410.19	512.74
82	218.87	328.30	437.74	547.18
83	232.79	349.17	465.56	581.96
84	246.70	370.05	493.39	616.75
85	260.49	390.73	520.99	651.23
86	274.03	411.03	548.05	685.05
87	287.16	430.75	574.33	717.92
88	300.14	450.20	600.28	750.34
89	313.20	469.79	626.39	782.99
90	326.26	489.40	652.53	815.66



# Your Group Long-Term Care Plan Rates

Independent Solutions<sup>SM</sup>

## semi-monthly rates

The premiums shown are for payroll deduction and are semi-monthly amounts.

The actual amount that will be deducted from each paycheck will depend on the frequency of your payroll cycle.

Premiums are per person and based on the individual's age on the effective date of coverage.

### Two Year Lifetime Maximum with Optional Future Benefit Guarantee

AGE	Option 1 \$100 Benefit	Option 2 \$150 Benefit	Option 3 \$200 Benefit	Option 4 \$250 Benefit
< 24	3.32	4.99	6.65	8.31
25	3.51	5.27	7.02	8.77
26	3.60	5.41	7.22	9.02
27	3.73	5.59	7.46	9.32
28	3.86	5.79	7.72	9.65
29	4.02	6.02	8.02	10.04
30	4.17	6.25	8.33	10.41
31	4.34	6.50	8.68	10.84
32	4.52	6.78	9.03	11.30
33	4.72	7.07	9.44	11.80
34	4.94	7.40	9.87	12.33
35	5.18	7.77	10.36	12.95
36	5.44	8.16	10.89	13.61
37	5.73	8.59	11.45	14.32
38	6.03	9.04	12.05	15.06
39	6.33	9.51	12.68	15.84
40	6.66	9.98	13.31	16.63
41	6.99	10.49	13.98	17.48
42	7.35	11.03	14.71	18.38
43	7.74	11.62	15.49	19.36
44	8.16	12.25	16.33	20.41
45	8.65	12.97	17.29	21.61
46	9.17	13.75	18.33	22.91
47	9.74	14.62	19.49	24.37
48	10.34	15.51	20.68	25.85
49	10.92	16.38	21.84	27.30
50	11.51	17.27	23.02	28.78
51	12.14	18.22	24.29	30.36
52	12.83	19.23	25.64	32.06
53	13.58	20.36	27.14	33.93
54	14.45	21.67	28.89	36.11
55	15.41	23.11	30.81	38.52
56	16.52	24.77	33.04	41.29
57	17.77	26.66	35.55	44.43
58	19.07	28.61	38.14	47.68
59	20.27	30.42	40.55	50.68
60	21.49	32.23	42.98	53.73
61	22.76	34.14	45.51	56.89
62	24.18	36.28	48.37	60.45
63	25.82	38.73	51.63	64.54
64	27.74	41.60	55.47	69.34
65	30.00	45.01	60.01	75.01
66	32.71	49.06	65.42	81.78
67	35.86	53.79	71.72	89.65
68	39.51	59.27	79.03	98.79
69	43.56	65.33	87.11	108.90
70	47.82	71.72	95.64	119.54
71	52.40	78.61	104.81	131.02
72	57.36	86.04	114.72	143.39
73	62.73	94.09	125.46	156.82
74	68.26	102.39	136.53	170.65
75	73.91	110.86	147.81	184.76
76	79.92	119.88	159.84	199.80
77	85.98	128.97	171.96	214.95
78	92.40	138.59	184.79	231.00
79	99.13	148.69	198.26	247.82
80	106.26	159.39	212.52	265.65
81	113.53	170.30	227.06	283.82
82	121.06	181.59	242.11	302.65
83	128.68	193.01	257.35	321.68
84	136.15	204.23	272.31	340.38
85	143.68	215.52	287.36	359.20
86	151.05	226.56	302.09	377.61
87	158.17	237.26	316.35	395.44
88	165.05	247.57	330.09	412.61
89	172.12	258.19	344.25	430.31
90	179.42	269.13	358.83	448.55



# Your Group Long-Term Care Plan Rates

## semi-monthly rates

The premiums shown are for payroll deduction and are semi-monthly amounts.

The actual amount that will be deducted from each paycheck will depend on the frequency of your payroll cycle.

Premiums are per person and based on the individual's age on the effective date of coverage.

### Five Year Lifetime Maximum with Optional Future Benefit Guarantee

AGE	Option 1 \$100 Benefit	Option 2 \$150 Benefit	Option 3 \$200 Benefit	Option 4 \$250 Benefit
< 24	4.33	6.49	8.65	10.81
25	4.58	6.87	9.17	11.45
26	4.71	7.06	9.43	11.78
27	4.88	7.31	9.75	12.19
28	5.06	7.59	10.12	12.64
29	5.25	7.87	10.50	13.12
30	5.45	8.17	10.90	13.63
31	5.68	8.52	11.36	14.20
32	5.92	8.88	11.84	14.80
33	6.19	9.29	12.37	15.48
34	6.49	9.73	12.98	16.22
35	6.83	10.24	13.65	17.06
36	7.20	10.81	14.41	18.01
37	7.62	11.42	15.23	19.04
38	8.06	12.09	16.12	20.15
39	8.53	12.80	17.06	21.33
40	9.01	13.53	18.04	22.55
41	9.55	14.32	19.10	23.87
42	10.11	15.15	20.21	25.25
43	10.70	16.06	21.42	26.77
44	11.36	17.04	22.71	28.40
45	12.09	18.13	24.16	30.21
46	12.87	19.30	25.74	32.17
47	13.72	20.57	27.43	34.28
48	14.58	21.87	29.16	36.45
49	15.43	23.14	30.85	38.56
50	16.29	24.42	32.57	40.72
51	17.19	25.79	34.38	42.97
52	18.18	27.26	36.35	45.43
53	19.25	28.87	38.50	48.13
54	20.49	30.74	40.99	51.24
55	21.87	32.81	43.74	54.69
56	23.46	35.19	46.92	58.66
57	25.27	37.90	50.54	63.17
58	27.09	40.64	54.19	67.74
59	28.72	43.08	57.43	71.80
60	30.32	45.48	60.65	75.81
61	32.00	48.00	64.01	80.01
62	33.92	50.87	67.84	84.79
63	36.18	54.27	72.37	90.46
64	38.93	58.39	77.85	97.32
65	42.27	63.40	84.53	105.67
66	46.36	69.54	92.72	115.89
67	51.24	76.84	102.47	128.08
68	56.99	85.48	113.98	142.48
69	63.45	95.17	126.89	158.61
70	70.31	105.46	140.62	175.77
71	77.73	116.60	155.47	194.33
72	85.76	128.63	171.51	214.38
73	94.42	141.63	188.84	236.05
74	103.34	155.00	206.67	258.34
75	112.39	168.59	224.78	280.98
76	121.96	182.94	243.92	304.91
77	131.55	197.33	263.10	328.88
78	141.65	212.46	283.29	354.11
79	152.19	228.27	304.37	380.45
80	163.33	245.00	326.66	408.32
81	174.67	262.00	349.33	436.67
82	186.38	279.58	372.77	465.97
83	198.22	297.32	396.43	495.54
84	209.83	314.75	419.67	524.59
85	221.52	332.27	443.03	553.79
86	232.94	349.41	465.87	582.34
87	243.99	365.99	487.98	609.97
88	254.64	381.95	509.26	636.58
89	265.57	398.37	531.16	663.94
90	276.53	414.79	553.06	691.32



# Your Group Long-Term Care Plan Rates

Independent Solutions<sup>SM</sup>

## semi-monthly rates

The premiums shown are for payroll deduction and are semi-monthly amounts.

The actual amount that will be deducted from each paycheck will depend on the frequency of your payroll cycle.

Premiums are per person and based on the individual's age on the effective date of coverage.

### Ten Year Lifetime Maximum with Optional Future Benefit Guarantee

AGE	Option 1 \$100 Benefit	Option 2 \$150 Benefit	Option 3 \$200 Benefit	Option 4 \$250 Benefit
< 24	5.16	7.74	10.33	12.91
25	5.50	8.25	11.00	13.76
26	5.67	8.50	11.33	14.16
27	5.87	8.80	11.73	14.67
28	6.09	9.14	12.18	15.23
29	6.33	9.50	12.66	15.82
30	6.58	9.87	13.15	16.45
31	6.86	10.29	13.72	17.15
32	7.15	10.73	14.31	17.89
33	7.48	11.23	14.96	18.71
34	7.84	11.77	15.68	19.61
35	8.25	12.37	16.50	20.63
36	8.70	13.05	17.40	21.75
37	9.19	13.79	18.38	22.98
38	9.70	14.56	19.41	24.27
39	10.26	15.39	20.52	25.64
40	10.81	16.22	21.62	27.02
41	11.41	17.12	22.83	28.54
42	12.05	18.07	24.09	30.11
43	12.75	19.12	25.49	31.87
44	13.51	20.25	27.01	33.76
45	14.36	21.54	28.71	35.89
46	15.31	22.96	30.61	38.27
47	16.35	24.51	32.69	40.86
48	17.43	26.15	34.87	43.58
49	18.52	27.79	37.06	46.31
50	19.66	29.49	39.32	49.15
51	20.86	31.29	41.73	52.16
52	22.16	33.24	44.32	55.40
53	23.56	35.35	47.13	58.92
54	25.15	37.73	50.31	62.88
55	26.89	40.32	53.77	67.21
56	28.83	43.25	57.67	72.09
57	31.00	46.49	61.99	77.49
58	33.10	49.65	66.21	82.76
59	34.90	52.34	69.80	87.25
60	36.62	54.93	73.24	91.55
61	38.40	57.61	76.81	96.01
62	40.47	60.70	80.93	101.16
63	42.97	64.46	85.95	107.43
64	46.10	69.14	92.19	115.23
65	49.99	74.99	99.99	124.98
66	54.88	82.33	109.76	137.21
67	60.83	91.24	121.65	152.06
68	67.93	101.90	135.87	169.84
69	75.98	113.97	151.96	189.94
70	84.59	126.88	169.17	211.47
71	93.94	140.90	187.87	234.84
72	104.03	156.04	208.05	260.07
73	114.92	172.38	229.85	287.31
74	126.12	189.18	252.25	315.30
75	137.48	206.21	274.96	343.69
76	149.44	224.15	298.87	373.58
77	161.36	242.05	322.74	403.42
78	173.86	260.79	347.72	434.65
79	186.87	280.30	373.74	467.17
80	200.59	300.89	401.18	501.48
81	214.53	321.80	429.06	536.32
82	228.94	343.41	457.87	572.35
83	243.49	365.24	486.98	608.73
84	257.80	386.70	515.61	644.50
85	272.22	408.32	544.43	680.53
86	286.35	429.53	572.70	715.88
87	300.09	450.13	600.18	750.22
88	313.34	470.02	626.69	783.36
89	326.98	490.46	653.95	817.44
90	340.62	510.93	681.23	851.55



**Notes:**

**CNA**

**If you have any questions about the University of Utah's  
Group Long Term Care Program, please:**

**Call CNA Customer Service at 1-800-528-4582 or**

**Visit the web site at: [www.ltcbenefits.com](http://www.ltcbenefits.com)  
Use password: uofutahglc**



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