

Unum Long-Term Care Plan 2025-26 Plan Year

(no change from 2024-25 Plan Year)

Additional employee-paid increments of \$1,000 up to \$9,000 Benefit Duration Options 3 years, 6 years or unlimited Contract Basis Indemnity Covered Facilities Nursing Home, Assisted Living, Hospice, Rehabilitation, Alzheimer's and Residential Care Guarantee Issue Employees up to \$6,000 monthly benefit for 6 years Pre-existing Conditions No pre-existing condition exclusions will apply, but chronic illness' must occur on or after the coverage effective date. Optional Benefits Optional Benefits Total home care benefit Premium Waiver Included in plan. 9 0 days for stay in acute care facility 8 and days for other temporary absence Total of 90 days per calendar year International Benefit Coverage at 75% of the home care benefit for care received outside of the U.S. or Canada. Assisted Living 100% of monthly benefit Profressional Home Care Solve of monthly benefit Susue Ages 18 for employees and retirees 18 to 80 for family members War or act of war, whether declared or undeclared Chronic illness caused by intentionally self-inflicted injuries or attempted suicide, while sane. Chronic illness caused by intentionally self-inflicted injuries or attempted suicide, while sane. Chronic illness caused by the commission of a crime for which the insured has been convicted under law, or caused by the insured's attempt to commit a crime under law Chronic illness caused by the commission of a crime for which the insured has been convicted under law, or caused by the insured's attempt to commit a crime under law Chronic illness caused by experience of a hospital – does not apply to bed reservation benefit Any period of time while the insured is chronically ill and confined in a hospital, other than if the insured is confined to a long term care facility that is a distinctly separate part of a hospital – does not apply to bed reservation benefit Any period of time while the insured is chronically ill and outside of the U.S., its territories or possessions or Canada for 30 consecutive days or longer if home care benefits ar	Feature	Benefit
Base Plan 2: Employer-paid \$2,00	Elimination Period	90 Days (cumulative within 730 days)
Additional employee-paid increments of \$1,000 up to \$9,000 Benefit Duration Options 3 years, 6 years or unlimited Contract Basis Indemnity Covered Facilities Nursing Home, Assisted Living, Hospice, Rehabilitation, Alzheimer's and Residential Care Guarantee Issue Employees up to \$6,000 monthly benefit for 6 years Pre-existing Conditions No pre-existing condition exclusions will apply, but chronic illness' must occur on or after the coverage effective date. Optional Benefits Optional Benefits Total home care benefit Premium Waiver Included in plan. 9 0 days for stay in acute care facility 8 and days for other temporary absence Total of 90 days per calendar year International Benefit Coverage at 75% of the home care benefit for care received outside of the U.S. or Canada. Assisted Living 100% of monthly benefit Profressional Home Care Solve of monthly benefit Susue Ages 18 for employees and retirees 18 to 80 for family members War or act of war, whether declared or undeclared Chronic illness caused by intentionally self-inflicted injuries or attempted suicide, while sane. Chronic illness caused by intentionally self-inflicted injuries or attempted suicide, while sane. Chronic illness caused by the commission of a crime for which the insured has been convicted under law, or caused by the insured's attempt to commit a crime under law Chronic illness caused by the commission of a crime for which the insured has been convicted under law, or caused by the insured's attempt to commit a crime under law Chronic illness caused by experience of a hospital – does not apply to bed reservation benefit Any period of time while the insured is chronically ill and confined in a hospital, other than if the insured is confined to a long term care facility that is a distinctly separate part of a hospital – does not apply to bed reservation benefit Any period of time while the insured is chronically ill and outside of the U.S., its territories or possessions or Canada for 30 consecutive days or longer if home care benefits ar	Monthly Benefit Amount	Base Plan 1: Employee-paid \$2,000
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Employees up to \$6,000 monthly benefit for 6 years	Contract Basis	Indemnity
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Optional Benefits - 5% simple inflation, uncapped - Total home care benefit Premium Waiver Bed Reservation - 90 days for stay in acute care facility - 30 days for other temporary absence - Total of 90 days per calendar year International Benefit - 70 days for other temporary absence - Total of 90 days per calendar year International Benefit - 70 days per calendar year International Benefit - 85 down from this benefit - 100% of monthly benefit - 18+ for employees and retirees - 18+ for employees and retirees - 18+ for employees and retirees - 18 to 80 for family members - 18 to 80 for family members - 18 to 80 for family members - 18 to 80 for fam	Guarantee Issue	Employees up to \$6,000 monthly benefit for 6 years
Premium Waiver Included in plan.	Pre-existing Conditions	No pre-existing condition exclusions will apply, but chronic illness* must occur on or after the coverage effective date.
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Source	Bed Reservation	90 days for stay in acute care facility
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	Additional Care Benefit	
	Home Care by Relative	Available through Total Home Care provision.

"Chronic Illness" and "Chronically III" mean:

- · Members are unable to perform, without Substantial Assistance from another individual, two or more Activities of Daily Living; or
- · Members require Substantial Supervision by another individual to protect Members from threats to Member's health and safety due to Severe Cognitive Impairment.