



Long-Term Care Insurance Program

Dear City Employee:

The City of New York is pleased to offer the Long-Term Care (“LTC”) Insurance Program, insured by Metropolitan Life Insurance Company (“MetLife”), to eligible City employees, retirees and their family members.

Enrolling in the LTC Insurance Program is important for all employees to consider because:

- LTC insurance covers costs you may incur if you become unable to care for yourself and are not covered by your health insurance.
- Premiums are based on your age as of the date your LTC Insurance policy becomes effective and will not increase as you get older. Actively at work employees will pay premiums for themselves, as well as their spouse or domestic partner, through convenient payroll deductions.
(Note: Premiums are paid on a post-tax basis.)
- Your coverage is completely portable and can be taken with you if you leave City service.

Enclosed you will find basic information on the LTC Insurance Program. You may obtain more detailed information, including premium rates, by requesting a personalized Enrollment Kit directly from MetLife. Please visit the MetLife Web site at www.metlife.com/mybenefits and enter “City of New York” under Company Name. You may also contact MetLife at 1-866-414-7076.

New employees may enroll in the LTC Insurance Program (without having to provide evidence of insurability) within 90 days of becoming eligible to receive City health benefits. After 90 days, you may enroll as a late entrant; however, you must complete a medical underwriting questionnaire and may or may not be approved for coverage. All current employees and their eligible family members must provide evidence of insurability at all times.

We hope you will carefully consider enrolling in the LTC Insurance Program. If you have any questions, please contact MetLife directly at 1-866-414-7076, or visit the City of New York LTC Insurance Program web site at www.nyc.gov/olr.

Sincerely,

The City of New York
Long-Term Care Insurance Program

FREQUENTLY ASKED QUESTIONS

What is Long-Term Care (LTC)?

Most of us think of LTC as just nursing home care, but it encompasses much more. LTC refers to the kind of care you or your family members might need for conditions related to the natural course of aging, or to an accident, disability, chronic illness or cognitive impairment such as Alzheimer's disease. It is the type of care you need when you are unable to care for yourself and includes both institutional and home-based services.

What services does LTC insurance cover?

LTC insurance covers services that might not be medically necessary; for example, custodial care provided by a home health aide, or room and board in a nursing facility, or assisted living facility.

Am I already covered for Long-Term Care through my health insurance?

The common misconception today is that everyone is covered for long-term care. Unless you are already enrolled in a long-term care program, chances are you have little or no coverage. Health insurance plans generally cover services that are medically necessary, such as hospitalization, physician services and prescription drugs.

Who is eligible to enroll in the LTC Insurance Program?

Active employees who are eligible to receive City health benefits, retirees, and their eligible family members including spouses/domestic partners, parents, parents-in-law, grandparents, grandparents-in-law and adult children over 18 are eligible to enroll.

Must evidence of good health be provided in order to enroll in the LTC Insurance Program?

New employees who enroll within 90 days of becoming eligible to receive City health benefits do not have to provide evidence of insurability. All other applicants, including active employees more than 90 days after becoming eligible for City health benefits, must provide evidence of insurability.

What is the cost of LTC insurance?

Premium rates depend on your age as of the date your LTC insurance policy becomes effective and do not increase as you get older. For example, if you enroll at age 40, you will always pay the rate assigned to a 40-year-old. Please contact MetLife at 1-866-414-7076 for premium rates. You can also calculate the cost of your premium by using the premium calculator at www.metlife.com/mybenefits.

How will I pay my premiums?

Active employees pay premiums for themselves and their spouse/domestic partner through mandatory payroll deductions on a post-tax basis. All other participants will be billed directly by MetLife for their premiums.

<i>Available Plans*</i>			
	Plan A	Plan B	Plan C
Total Lifetime Benefit: Your total amount of benefit dollars available to pay for covered services	\$73,000	\$164,250	\$365,000
Daily Benefit Amount (“DBA”): The maximum dollar amount the plan will pay in any single day. If the benefit you receive for a single day is less than your DBA, the difference is carried over for you to use later.	\$100/day	\$150/day	\$200/day
Duration of Benefits: If you receive the maximum benefit each day you receive services, your total lifetime benefit will last for this length of time. If you receive services that are reimbursable at less than the maximum daily benefit amount, your benefits will last longer.	2 years	3 years	5 years
*You may customize a plan if you do not wish to purchase one of the above pre-packaged plans. Please contact MetLife at 1-866-414-7076 for premium rates.			

<i>Covered Services</i>	
Home Care: Benefits provided by professional caregivers or care in a licensed Adult Day Care facility.	75% of your DBA
	Example: If you have a \$100 DBA, you will receive a maximum of \$75 per day for this service.
Nursing Home Care / Alzheimer’s facility: Benefits provided in a custodial setting for individuals who are unable to care for themselves.	100% of your DBA
	Example: If you have a \$100 DBA, you will receive a maximum of \$100 per day for this service.
Assisted Living facility: Benefits provided in a residential community for individuals who are unable to live by themselves.	75% of your DBA (Residents in the state of Kansas will be reimbursed up to 100% of DBA.)
	Example: If you have a \$100 DBA, you will receive a maximum of \$75 per day for this service.
Respite Care: For up to 21 days per calendar year for long-term care services provided by an alternate caregiver such as a friend or a family member, (not including informal care providers) to temporarily relieve the primary caregiver.	100% of your DBA
	Example: If you have a \$100 DBA, you will receive a maximum of \$100 per day for this service.
Informal Care by home health aides and other personnel: Unlimited days for care provided in your home by a person who is not a nurse or therapist, or whose services are not provided and supervised by a home health care agency or long-term care facility.	25% of your DBA
	Example: If you have a \$100 DBA, you will receive a maximum of \$25 per day for this service.

<i>Benefits & Features</i>	
<i>Waiting Period</i>	You can begin receiving LTC benefits 90 days after you have been certified as chronically ill.
<i>Transition Benefit</i>	You are eligible to be reimbursed for expenses incurred during the Waiting Period, such as emergency response system, wheelchair ramp, and durable medical equipment, up to 15 times your DBA. This benefit will not reduce your lifetime benefit.
<i>Care Advisory Services</i>	Independent care advisors can assess your need for various types of long-term care services, develop options for your care, and discuss those options with you.
<i>Alternate Plan of Service</i>	MetLife may approve benefits for services not included under your basic plan. Services must meet your needs and be a cost-effective alternative.
<i>Waiver of Premium</i>	Once you are certified as chronically ill and have satisfied the Waiting Period, you do not have to pay premiums while receiving LTC benefits.
<i>Portability</i>	If you leave City service, you can continue paying for your coverage on a direct billing basis and will receive the same benefits.
<i>International Coverage</i>	You are eligible to receive a per diem benefit of 50% of your Home Care benefit if you are outside of the United States and meet the requirements for payment of benefits.
<i>Restoration of Benefits</i>	Your total lifetime benefit may be restored if: (a) your total lifetime benefit has not been exhausted, (b) you have made premium payments for 2 continuous years from the date you were no longer chronically ill, and (c) you have provided satisfactory proof stating you have not been chronically ill at any time during a specified time period.
<i>Return of Contributions on Death</i>	All premiums due and paid up to age 65 will be returned to your estate upon death, less any benefits received. The amount of the refund will decline 10% per year from age 65 up to age 75.

<i>Optional Features</i>	
<i>Periodic Inflation Protection</i>	Every three years you will have the option to increase your coverage by at least 5% compounded annually on a guaranteed coverage basis. In order to continue to take advantage of the offer, you must accept at least one offer every six years. If you accept the offer, your premium rates will increase based on the incremental increase you elect.
<i>Automatic Inflation Protection</i>	You will pay more initially in premiums but will lock into a rate which will never increase. Your benefits will increase by 5% compounded annually for the life of your coverage. (NOTE: If you do not select the Automatic Inflation Option, you will still have the option to increase your coverage every three years with the Periodic Inflation Options.) This feature is available at an increased premium rate.
<i>Nonforfeiture Option</i>	If you pay premiums for three years and then cancel or lapse your coverage, you will receive a reduced level of benefits which will be the greater of the (a) total premiums you have paid, or (b) 30 times your DBA. (NOTE: the Nonforfeiture option is not included in Plans A, B or C. If you would like the Nonforfeiture feature, you must customize a plan.) This feature is available at an increased premium rate.