

## Physician Benefit Integration & Coordination of Claims

### Kaiser Foundation Health Plan, Supplemental Medical and Long-Term Care Insurance

	Kaiser Foundation Health Plan Coverage <i>(premiums paid by SCPMG)</i>	Supplemental Medical Coverage <i>(premiums paid by SCPMG)</i>	Long-Term Care Insurance Coverage <i>(premiums paid by Individual)</i>	
			New York Life Group Plan <i>(enrollment CLOSED to new applicants)</i>	Genworth Group Plan <i>(enrollment OPEN to new applicants)</i>
<b>Skilled Nursing Care in a Nursing Home</b>	Pays 100% of first 100 days	Pays 80% of medically-necessary care with denial letter from Kaiser Health Plan	Pays up to the maximum daily benefit according to the plan if <b>3 of 7</b> Activities of Daily Living* are lost	Subject to a 90 calendar day Elimination Period per lifetime  Pays up to the maximum monthly benefit amount you elected if <b>2 of 6</b> Activities of Daily Living are lost**  <ul style="list-style-type: none"> <li>• <b>Monthly Benefit Amounts:</b> \$2,250, \$3,000, \$4,500 or \$6,000</li> <li>• <b>Lifetime Maximums:</b> \$81,000 - \$360,000</li> </ul>
<b>Skilled Nursing Care at Home</b>	No charge if ordered by a Kaiser Health Plan physician, must be in Service Area	None	Pays up to the maximum daily benefit according to the plan if <b>2 of 7</b> Activities of Daily Living* are lost	Subject to a 90 calendar day Elimination Period per lifetime  Pays up to the maximum monthly benefit amount you elected if <b>2 of 6</b> Activities of Daily Living are lost**  <ul style="list-style-type: none"> <li>• <b>Monthly Benefit Amounts:</b> \$2,250, \$3,000, \$4,500 or \$6,000</li> <li>• <b>Lifetime Maximums:</b> \$81,000 - \$360,000</li> </ul>
<b>Respite Care</b>	None	None	If at home, pays up to \$50 per day for 21 days  If in nursing home, pays up to maximum daily benefit for nursing home	Pays up to 1X the Monthly Benefit Amount for up to 30 days per calendar year at home or nursing or residential care facility  <ul style="list-style-type: none"> <li>• <b>Monthly Benefit Amounts:</b> \$2,250, \$3,000, \$4,500 or \$6,000</li> <li>• <b>Lifetime Maximums:</b> \$81,000 - \$360,000</li> </ul>
<b>Custodial Care in a Nursing Home</b>	None	Pays 50% only if totally and permanently disabled  Health Plan denial letter required	Plan pays \$60-100 per day if <b>3 of 7</b> Activities of Daily Living* are lost  <ul style="list-style-type: none"> <li>• <b>Basic Plan</b> lifetime maximum of \$112,500 or \$187,500</li> <li>• <b>Deluxe Plan</b> grows to \$159 or \$265 per day (with lifetime maximums of \$198,125 or \$496,875)</li> </ul>	Subject to a 90 Calendar Day Elimination Period per lifetime  Pays up to the maximum monthly benefit amount you elected if <b>2 of 6</b> Activities of Daily Living are lost**  <ul style="list-style-type: none"> <li>• <b>Monthly Benefit Amounts:</b> \$2,250, \$3,000, \$4,500 or \$6,000</li> <li>• <b>Lifetime Maximums:</b> \$81,000 - \$360,000</li> </ul>

Custodial Care at Home	None	Pays 50% only if totally and permanently disabled  Health Plan denial letter required	Plan pays \$50 per day if 2 of 7 Activities of Daily Living* are lost <ul style="list-style-type: none"> <li>• <i>Basic Plan</i> lifetime maximum of \$45,000 or \$75,000</li> <li>• <i>Deluxe Plan</i> grows to \$132.50 per day (with lifetime maximum of \$119,250 or \$198,750)</li> <li>• <i>Deluxe Plan only - Informal Care covered: care can be provided by friend or family member, but they cannot be residing with you</i></li> </ul>	Subject to a 90 Calendar Day Elimination Period per lifetime  Pays up to the maximum monthly benefit amount you elected if 2 of 6 Activities of Daily Living are lost** <ul style="list-style-type: none"> <li>• <i>Monthly Benefit Amounts:</i> \$2,250, \$3,000, \$4,500 or \$6,000</li> <li>• <i>Lifetime Maximums:</i> \$81,000 - \$360,000</li> </ul>
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**New York Life Long Term Care Plan**

\* Activities of Daily Living under New York Life Long Term Care plan: ambulating, bathing, maintaining continence, dressing, feeding, toileting, transferring.

**Genworth Long Term Care Plan**

\*\* Activities of Daily Living under Genworth Life Long Term Care plan: bathing, dressing, toileting, transferring, continence, eating.

Benefits are payable if Genworth Life receives (1) a current eligibility certification, (2) ongoing proof that the care is required because the insured is a Chronically Ill Individual, and (3) the care received constitutes Qualified Long Term Care Services. The following conditions must also be met:

- Care is provided pursuant to a written Plan of Care prescribed by a Licensed Health Care Practitioner.
- Coverage is in force when the care is received and provides benefits for the care received.
- The Elimination Period has been satisfied.

A Chronically Ill Individual is a person, certified by a Licensed Health Care Practitioner (a physician, a registered professional nurse, or a licensed social worker) as:

- Unable to perform, without substantial assistance from another person, at least two out of six activities of daily living due to a loss of functional capacity (this loss must be expected to last for at least 90 consecutive days); or
- Needing substantial supervision due to a severe cognitive impairment.

**As with any insurance plan, please refer to your certificate of coverage for important terms, exclusions and limitations, including any coordination of benefits provisions.**

**Coordination of Benefits**

Any of your long term care coverages that do not have a coordination of coverage provision will pay first without any reduction in its benefits. For this and all other long term care coverage, the coverage with the earliest effective date will be deemed to be first to pay, and the later coverage(s) secondary, in order of effective date, from the earliest to the latest. The example below assumes the insured has coverage with the SCPMG Supplemental Medical Plan, a New York Life Insurance Company LTC plan, and the Genworth LTC plan; meets the eligibility criteria for all plans; incurs qualified long term care services; and has satisfied his/her 90 calendar day waiting period:

Order of payment based on the plan of coverage effective date:

- First to pay – SCPMG Supplemental Medical Plan (if the insured is deemed totally and permanently disabled)
- Second to pay – NYLIC Group LTCI Plan
- Third to pay – Genworth Life Insurance Company Group LTCI Plan

Example: Dr. Smith was deemed totally and permanently disabled and is receiving Home Health Care 7 days per week at a cost of \$150 per day. Assuming a 30 day month, the total monthly cost is \$4,500. Dr. Smith is enrolled in:

- SCPMG Supplemental Medical Plan, which pays 50% of cost<sup>1</sup>
- NYLIC \$60<sup>2</sup> per day plan, without inflation rider, which equals a monthly benefit of \$1,800;
- Genworth \$2,250 per month plan without inflation rider

In this example, benefit payments for Dr. Smith would be as follows:

- SCPMG Supplemental Medical Plan would pay 50% of cost<sup>1</sup>, or \$2,250
- NYLIC LTC Plan would pay \$60<sup>2</sup> per day for 30 days, or \$1,800
- The Genworth plan monthly benefit and would pay the remaining amount of \$450

<sup>1</sup> SCPMG Supplemental Benefits are subject to change in the future.

<sup>2</sup> If you are enrolled in the Deluxe Plan with NYLIC, the benefit used in this example would be higher due to 5% compound inflation adjustment.

For questions about an existing New York Life Long Term Care policy, contact Gerry Mille at 330-769-0690

For questions about Genworth Long Term Care Insurance or to apply for a new policy, contact Genworth at 1-800-416-3624

For questions about your SCPMG retiree benefits, contact PHR Shared Services at 1-877-608-0044 or PHRSharedServices@kp.org