Help protect your future from life’s uncertainties

Your Group Long Term Care Insurance Program

University of San Francisco benefits include group long term care insurance. Under this Voluntary Program, long term care insurance may be more affordable than you think.

The need
Long term care insurance enhances your benefit offerings by meeting a largely unrecognized need many of us may have. It helps pay covered expenses for long term care services whether they are received at home, in the community or in a nursing facility. Here are a few points to consider:

- These expenses aren’t typically covered by either health or disability income insurance.
- Relying on government programs may not be a viable solution.
- Without insurance, the costs of these services may have to come out of savings.

The cost
Today, a private room in California nursing facility is about $146,000 a year and costs are rising. Since the average long term care claim lasting longer than a year is 4.1 years, a long term care situation could cost almost $598,600.

Newly hired employees
As a newly hired employee, you have the opportunity to get coverage, with streamlined underwriting depending on your age, during the first 30 days after becoming benefit eligible.

Active or Retired Employees
As an active Group name employee, you and your spouse and other eligible family members can now buy this coverage at competitive group rates with full medical underwriting, depending on your age.

For more information or to apply:

Go to: genworth.com/USF
or Call: 800 416.3624 to speak with a program specialist

"Reduced underwriting offered to eligible employees only.
"Genworth Cost of Care Survey 2021, conducted by CareScout®, November 2021. CareScout® is a Genworth Company.
"Genworth Life Insurance Company, business operations information, 12/1974 through 12/2020

Group Long Term Care Insurance underwritten by
Genworth Life Insurance Company
What are your basic choices?

1. Choose a Monthly Benefit
   This is the maximum amount you’ll be reimbursed each month for covered long term care expenses. You have the following choices.

   - $1,500/month
   - $3,000/month
   - $4,500/month
   - $6,000/month

2. Select a Coverage Maximum
   Choose from one of the Coverage Maximums that corresponds to the Monthly Maximum you selected above. The Coverage Maximum is the total amount of money available to reimburse you for covered expenses for the life of your coverage. The Coverage Maximum corresponds to your Monthly Benefit selection above.

<table>
<thead>
<tr>
<th>Monthly Benefit Choices</th>
<th>Coverage Maximum Choices</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,500/month</td>
<td>$36,000</td>
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<tr>
<td></td>
<td>$54,000</td>
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<td></td>
<td>$72,000</td>
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<tr>
<td>$3,000/month</td>
<td>$72,000</td>
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<td></td>
<td>$108,000</td>
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<td></td>
<td>$144,000</td>
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<td>$4,500/month</td>
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<td></td>
<td>$162,000</td>
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<td></td>
<td>$216,000</td>
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<tr>
<td>$6,000/month</td>
<td>$144,000</td>
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<td></td>
<td>$216,000</td>
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<td></td>
<td>$288,000</td>
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</tbody>
</table>

3. Genworth Cost of Care Survey 2021, conducted by CareScout®, November 2021. CareScout® is a Genworth Company.
Choose a Benefit Increase Option
This program offers 3 Benefit Increase Options to help you protect against the rising cost of care:

- **Future Purchase Option**
  You have the option to "Buy More Coverage Over Time." Every three years, you will be offered additional coverage – as long as you’re not in claims status. If you accept the offer, both your Monthly Benefit and your Total Coverage Maximum will increase by 5%, compounded annually. This feature is automatically included in your plan.

- **Automatic 3% Increase for Life – Compound**
  Your Monthly Benefit and Total Coverage Maximum will automatically increase by 3% compound every year.

- **Automatic 5% Increase for Life – Compound**
  Your Monthly Benefit and Total Coverage Maximum will automatically increase by 5% compound every year.

A simple solution can fit your needs and budget
It’s easy to apply for coverage – and it may be more affordable than you think. You can tailor a plan to meet your individual needs and your budget. Go to the dedicated website to get a personalized quote.

<table>
<thead>
<tr>
<th>Monthly Benefit</th>
<th>$1,500</th>
<th>$3,000</th>
<th>$4,500</th>
<th>$6,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Coverage</td>
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<td>$72,000</td>
<td>$108,000</td>
<td>$144,000</td>
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<tr>
<td>Monthly Premium</td>
<td>$19.55</td>
<td>$39.11</td>
<td>$58.66</td>
<td>$78.21</td>
</tr>
</tbody>
</table>

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4Assumes the Future Purchase Option is included. The optional Non-Forfeiture Benefit is not included. These premiums are not guaranteed, and the insurer has the right to change rates in the future. While Genworth Life Insurance Company reserves the right to change future premiums for the Group Policy, your premiums will never increase solely due to changes in your age or your health status.
Benefit Eligibility, Limitations and Exclusions

To understand the benefits and features available to you under this Program go to genworth.com/USF or call 800 416.3624. The limitations and exclusions that apply to this coverage are listed below.

Premiums are not guaranteed and the insurer has the right to change rates in the future.

Eligibility for Benefits: Your Group Program can reimburse you, up to your plan limits, for the costs of covered long term care services. You qualify for reimbursement when you need assistance with two or more Activities of Daily Living which include bathing, continence, dressing, eating, toileting, and transferring out of a bed, chair or wheelchair, and the need is expected to last for at least 90 days; or when you need substantial supervision due to a cognitive impairment, such as Alzheimer's disease. A licensed health care professional must confirm your condition. The services must be part of your plan of care from a licensed health care professional.

Limitations and Exclusions: As with any insurance program, certain limitations apply. Charges that are not covered include those for services:

- for which no charge is made
- received outside of the United States, unless included in another benefit
- provided by your immediate family except as covered under the Informal Family Care benefit
- for which benefits are payable by a Worker's Compensation or occupational disease act or law
- provided by a Veteran's Administration or other federal government facility, unless a valid charge is made.

Charges are also not covered if they are for services that are required because of:

- war or an act of war
- attempted suicide or self-inflicted injury
- your participation in a felony, riot or insurrection
- service in the armed forces or units auxiliary thereto
- alcoholism or drug addiction.

Pre-Existing Conditions Limitation: Covered expenses incurred for any care or confinement that is a result of a pre-existing condition when the care or confinement begins within six months following your initial certificate effective date will not be covered. A pre-existing condition means a condition for which medical advice or treatment was recommended by, or received from, a provider of health care services within six months prior to your initial certificate effective date.

Other Limitations on Benefits: Benefits under the Program coordinate with other group long term care insurance meaning that the sum of all benefits you receive will not exceed the actual charges. And, benefits will not duplicate benefits received under another insurance program such as:

- Medicare
- any state or federal worker’s compensation, employer’s liability, or occupational disease law
- any other federal, state or government health care or long term care program, or law except Medicaid (Medi-Cal in California).

This is a summary of the limitations and exclusions. Check your Outline of Coverage for complete details.

Details about benefits, costs, limitations and exclusions can be found in the outline of coverage.