



Consumer Glossary of Terms

Activities of Daily Living (ADL's)- Everyday activities that individuals can perform independently. Each of the following is an ADL:

Bathing- Washing oneself by sponge bath; in either a tub or shower, including the task of getting into or out of the tub or shower.

Dressing: Putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.

Eating: Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously.

Continence: The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

Toileting: Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.

Transferring: Moving into or out of a bed, chair or wheelchair.

Adult Day Care- means social and health-related services provided during the day in a community or group setting to six or more persons. Such services include a variety of community-based services including health, social, and related supportive services in a protective setting on a less than 24-hour basis. The purpose of the program is to support frail or impaired elderly, or other disabled adults who can benefit from care in a group setting outside the home. Must be provided by an Adult Day Care Center.

Adult Day Care Center- a place that is licensed to provide Adult Day Care by the jurisdiction in which the services are provided. If licensing is not required, Adult Day Care Center is a place that provides Adult Day Care, whose staff includes; a director, one full-time registered nurse, licensed vocational nurse or licensed practical nurse, and enough full-time staff to maintain no more than an 8 to 1 client-staff ratio. This facility has established procedures for obtaining appropriate aid in the event of a medical emergency. An Adult Day Care Center provides care for only part of the day.

Assisted Living Facility means a facility which:

- is licensed to provide Custodial Care according to the laws of the jurisdiction in which it is located; or
- if licensing is not required, meets all of the following --
- has a 24-hour on-site staff to provide Custodial Care (including at least one full-time registered nurse, licensed vocational nurse or licensed practical nurse; and enough trained and ready-to-respond employees such as nurse aides on duty to provide such care and services);
- provides Custodial Care services for a charge, including room and board;
- has established procedures for obtaining appropriate aid in the event of a medical

emergency;

- provides 3 meals a day and can accommodate special dietary needs;
- provides, at a minimum, assistance with Bathing and Dressing; and
- provides Custodial Care services to 10 or more persons.

Examples of such facilities may include Alzheimer facilities or Assisted Living Facilities that are either free standing facilities or part of a life-care community. They may also be met by some personal care and adult congregate care facilities.

An Assisted Living Facility does not mean:

- a hospital or clinic;
- a rest home (a home for the aged or a retirement home) which does not, as its primary function, provide Custodial Care;
- your home; or
- a facility for the treatment of alcoholism, drug addiction, or mental illness

Care Advisory Services means assessment and care planning by a Home Health Agency, a Care Management Organization or an Independent Care Manager. Care Advisory Services do not determine eligibility for benefits under this Policy. Use of the Care Advisory Services Benefit is entirely optional.

Care Advisory Services include:

- assessing your need for long-term care services;
- developing a recommendation for long-term care services that is consistent with your care needs based upon their assessment;
- coordinating delivery of long-term care and services; and
- monitoring the long-term care and services delivered.

Care Management Organization means an organization which:

- is licensed, (if required), and operated to provide Care Advisory Services according to the laws, if any, of the jurisdiction in which it is located;
- has a full-time administrator;
- maintains records of services provided to each client; and
- has a staff including at least one full-time registered nurse, one full-time licensed social worker, one full-time individual who holds the designation of a 'Care Manager' from the National Association of Professional Care Managers, or a full-time person with a Masters in Gerontology from an accredited school of Gerontology.

Cognitive Impairment means a deficiency in a person's short-term or long-term memory; orientation as to person, place, or time; deductive or abstract reasoning; or judgment as it relates to safety awareness. Your Cognitive Impairment must be established and reliably measured by clinical evidence and standardized tests. The need for Substantial Supervision due to the presence of Cognitive Impairment must be established by such clinical evidence and standardized tests.

Custodial Care non-skilled long-term care included in your Plan of Care and approved by a Licensed Health Care Practitioner: which is necessary due to your Cognitive Impairment; or to assist you in the Activities of Daily Living.

Covered Care- Only those who qualify for Long Term Care Services for which this policy pays benefits or would pay benefits in the absence of an elimination period.

Date of Service- a day that you are eligible for benefits under your Policy (including Dates of Service during the Elimination Period) on which You:

- are a resident in a Nursing Home or an Assisted Living Facility;
- receive Home Health Care or Hospice Care; or
- receive services covered under this Policy that are Medicare eligible (for which benefits are not payable under this Policy).

Elimination Period- The number of days that you must receive Covered Care before benefits are payable under those benefits that are subject to the elimination period.

The Schedule States:

- The number of days in the Elimination Period
- The benefits to which the Elimination period applies

The Elimination Period can be satisfied by days for which payment would otherwise be made under those benefits to which the elimination period applies. It can also be satisfied by days for which you receive payment under the Home Care Benefit in accordance with a Plan of Care developed by a Privileged Care Coordinator. Days used to satisfy the Elimination Period do not need to be consecutive and can be accumulated over time.

Immediate Family Member- Your spouse and anyone who is related to you or your spouse as a parent, grandparent, child, grandchild, brother, sister, aunt, uncle, first cousin, nephew, or niece.

Home- Your primary place of residence in the area you use principally for independent residential living. This could be a house, condominium, apartment, unit in congregate care community, or similar residential environment. Your home does not include a hospital, Nursing Home, or Assisted Care Facility.

Home Health Care- medical and non-medical professional or personal care services provided in your Home to assist You in the Activities of Daily Living or to give supervision needed because of your Cognitive Impairment. These services must be provided by a Home Health Care Provider. Home Health Care also includes the provision of special meals.

Hospice Care - a program for meeting your care needs if you are Terminally Ill. Terminally Ill means there is no reasonable prospect of cure and you have a life expectancy, as estimated by a Physician, of 12 months or less. Hospice Care includes services that are designed to provide palliative care, alleviate the physical, emotional, social, and spiritual discomforts of an individual who is experiencing the last phases of

life due to the existence of a terminal illness. Hospice Care must be provided by an organization (such as a hospice facility or Home Health Agency) that is licensed to provide such care according to the laws of the jurisdiction in which it is located. Hospice Care is limited to those services received by you. You must satisfy your Elimination Period before receiving benefits for Hospice Services. Hospice Care may be provided in your Home, a Nursing Home, an Assisted Living Facility, and Adult Day Care Center or in a Hospice Care facility.

Licensed Health Care Practitioner- Any of the following who is not an immediate family member:

- A physician, as defined in Section 1861(r)(1) of the Social Security Act;
- A registered professional nurse;
- A licensed social worker; or
- Any other individual who meets such requirements as may be prescribed by the Secretary of the Treasury, has any appropriate State license, and is acting within the scope of that license.

Lifetime Maximum- The maximum amount of benefits the Policy will pay. The schedule shows:

- The amount that applies on the Policy Effective Date;
- How it changes based on benefit payments and any Benefit Increases; and
- How to determine when it is exhausted

Medicaid- A joint/federal state program that pays for health care services for those with low incomes or very high medical bills relative to income and assets.

Medicare- Federal program that provides hospital and medical insurance to people aged

Nurse- Someone who is Licensed as a Registered Graduate Nurse (RN), Licensed Practical Nurse (LPN), or Licensed Vocational Nurse (LVN), and is operating within that scope of that license.

Nursing Home means a facility which:

- is licensed or certified and operated to provide Nursing Care for a charge (including room and board), according to the laws of the jurisdiction in which it is located; and
- has services performed by or under the continual, direct and immediate supervision of a registered nurse, licensed practical nurse or licensed vocational nurse, on-site twenty-four (24) hours per day. A Nursing Home may be a freestanding facility or it may be a distinct part of a facility, including a ward or a wing of a hospital or other facility.

Nursing Home does not mean:

- a hospital or clinic;
- a swing-bed in a hospital;

- a rest home (a home for the aged or a retirement home) which does not, as its primary function, provide Custodial Care;
- your Home; or
- a facility for the treatment of alcoholism, drug addiction, or mental illness.

Plan of Care a written plan for long-term care services designed especially for you. This Plan of Care must specify the type of care, cost, frequency and type of providers of all the services you require; and be in accordance with accepted medical and nursing standards of practice. A Licensed Health Care Practitioner must approve your Plan of Care. Your Plan of Care must be updated as your condition and needs change. We must be provided with a revised Plan of Care each time it is updated. We reserve the right to request periodic updates regarding your Plan of Care, but not more frequently than once every 30 days. No more than one Plan of Care may be in effect at a time.

Policy Limit- the total amount, as shown on the Policy Schedule, from which you will be paid benefits for all covered care and services. All benefits, except for the Stay at Home Benefit and Care Advisory Services Benefit, will be deducted from the Policy Limit. We will not pay benefits, except for the Stay at Home Benefit and Care Advisory Services Benefit, in excess of the Policy Limit as shown in the Policy Schedule.

Respite Care - the short-term care designed to provide temporary relief to your primary uncompensated caregiver from his or her care giving duties and provided in: a Nursing Home; an Assisted Living Facility; an Adult Day Care Center; Your Home; or a community-based program. Respite Care includes: confinement in a Nursing Home or Assisted Living Facility; Home Health Care; Adult Day Care; and Hospice Services.

Substantial Assistance - You need hands-on or standby assistance while you are performing an Activity of Daily Living.

- **Hands-on assistance** means the physical assistance of another person without which you would be unable to perform the Activity of Daily Living.

- **Standby assistance** means the presence of another person within arm's reach of you that is necessary to prevent, by physical intervention, injury to you while you are performing the Activity of Daily Living.

Substantial Supervision- You need continual supervision due to your Cognitive Impairment (which may include cueing by verbal prompting, gestures, or other demonstration) by another person that is necessary to protect you from threats to your health or safety (such as may result from wandering).

Policy Anniversary Date- The first day of each policy year while this policy is in force, beginning with the second Policy Year.

Policyholder- The Insured designated as such in the Schedule. The Policyholder will receive policy correspondence and is authorized to make policy changes when two signatures are not otherwise required.

Policy Year- Each twelve-month period beginning with the Policy Effective Date shown in the Schedule.

Qualified Long-Term Care Services- Means necessary diagnostic, preventive, curing, treating, mitigating, and rehabilitative services, and Maintenance or Personal Care Services which are required by a Chronically Ill Individual and are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

Maintenance or Personal Care Services- means any care the primary purpose of which is the provision of needed assistance with any of the disabilities as a result of which the person is a Chronically Ill Individual, including protection from threats to health and safety due to Severe Cognitive Impairment.

References: *A Shopper's Guide to Long-Term Care Insurance*. Kansas City. MO:
National Association of Insurance Companies, 2005.

Genworth, *General Policy*, 42434NY, 1/25/2011

John Hancock, *General Policy*, 1/25/2011