

The **Federal** Long Term Care Insurance Program



BOOK ONE

Program Details and Rates



The **Federal** Long Term Care Insurance Program™

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Note: Glossary terms appear in **bold** at first usage. To look up a term, see the Glossary section in Book 2.

Have questions?

Visit us at **www.LTCFEDS.com**
or call us at **1-800-LTC-FEDS**
(1-800-582-3337) (TTY 1-800-843-3557)

The Federal Long Term Care Insurance Program is sponsored by the U.S. Office of Personnel Management, offered by John Hancock Life & Health Insurance Company, Boston, MA 02117, and administered by Long Term Care Partners, LLC

Eligibility

Federal and U.S. Postal Service employees and annuitants, active and retired members of the uniformed services, and their qualified relatives are eligible to apply for coverage under the Federal Long Term Care Insurance Program (FLTCIP). Specifically, persons in the following groups are eligible to apply for coverage:

Employees

- ▶ Federal employees in positions that convey eligibility for the Federal Employees Health Benefits Program (whether or not they are actually enrolled in FEHB)
- ▶ U.S. Postal Service (USPS) employees in positions that convey eligibility for the Federal Employees Health Benefits Program (whether or not they are actually enrolled in FEHB)
- ▶ Active members of the uniformed services who are on active duty or full-time National Guard duty for more than 30 days
- ▶ Active Members of the Selected Reserve (members of the Individual Ready Reserve are **not** eligible to apply)
- ▶ Tennessee Valley Authority employees (even though they may not be eligible for FEHB coverage)
- ▶ D.C. Government employees who were first employed by the D.C. Government before October 1, 1987
- ▶ D.C. Courts employees
- ▶ Navy Personnel Command (BUPERS) NAF employees

Annuitants

- ▶ Federal or USPS annuitants, including survivor annuitants and deferred annuitants (but not former spouses, even if receiving an apportionment of annuity)
- ▶ Retired members of the uniformed services who are entitled to retired or retainer pay
- ▶ Retired “Grey” Reservists, even if they are not yet receiving their retired pay
- ▶ Separated employees with title to a deferred annuity, even if they are not yet receiving that annuity
- ▶ Tennessee Valley Authority annuitants
- ▶ Compensationers receiving compensation from the Department of Labor
- ▶ D.C. Government annuitants first employed by the D.C. Government before October 1, 1987
- ▶ D.C. Courts annuitants
- ▶ Navy Personnel Command (BUPERS) NAF annuitants

Qualified relatives

If you are a qualified relative as described below, you can apply even if the person you’re related to does not apply, or even if the person you’re related to applies but is not approved for coverage.

- ▶ Spouses of employees listed above
- ▶ Spouses of annuitants listed above
- ▶ Surviving spouses of active and retired members of the uniformed services who are receiving a Federal survivor annuity
- ▶ Parents, parents-in-law, and stepparents of living employees listed above (parents, parents-in-law, and stepparents of annuitants and retired members of the uniformed services are **not** eligible)
- ▶ Adult children (at least 18 years old, including adopted or step children) of living employees or annuitants listed above
- ▶ Same-sex domestic partners of Federal or U.S. Postal Service employees or annuitants who have submitted (either directly or through their partner) a declaration form affirming this status to the partner’s employing agency or retirement system. This does not include a same-sex domestic partner of an active or retired member of the uniformed services.

Before you apply as a same-sex domestic partner, please visit www.LTCFEDS.com to download the declaration form and for important information about filing the form.

The **Federal Long Term Care Insurance Program**

The Federal Long Term Care Insurance Program—a smart choice

Long term care insurance is a smart way to protect your income and assets and remain financially independent should you need **long term care** services at home, in a **nursing home** or **assisted living facility**, or in other settings. Most health insurance programs, including the FEHB Program, TRICARE, and TRICARE For Life, provide little or no coverage for long term care. And long term care services can be very expensive. These are the current national averages for long term care services:¹

- ▶ \$19/hour for a home health aide
- ▶ \$62/day for care in an adult day care center
- ▶ \$2,962/month for care in an assisted living facility
- ▶ \$183/day for a semiprivate room in a nursing home
- ▶ \$204/day for a private room in a nursing home

Home care—which most people prefer—is generally more affordable than nursing home care but still can be expensive. When averaged nationally, the cost of a five-hour visit by a home health aide is \$95. That's \$24,700 per year for a home health aide visiting five hours per day, five days a week.

Is buying long term care insurance a smart financial move?

For many, it is, especially when you consider that approximately 70% of people over age 65 will require some long term care services at some point in their lives.² This does not mean you should assume you're too young to need the protection that long term care insurance provides if you're under age 65. Unexpected injury or illness, which can occur at any age, can also cause the need for long term care. That's why the U.S. Office of Personnel Management (OPM) sponsors the Federal Long Term Care Insurance Program (FLTCIP). It's important to see what may make this Federally sponsored program the right choice for you.

Sponsorship, strength, and stability

Sponsored by the U.S. Office of Personnel Management

The Long-Term Care Security Act (P.L. 106-265) authorizes OPM to sponsor a long term care insurance program designed exclusively for members of the Federal Family. OPM serves as regulator of the FLTCIP and plays an important role in ensuring that the FLTCIP remains up-to-date and competitive.

Supported by the strength and stability of John Hancock Life & Health Insurance Company

OPM selected John Hancock Life & Health Insurance Company (John Hancock) to provide insurance for the FLTCIP's second 7-year contract term, starting in 2009. John Hancock has experience offering long term care insurance for more than 20 years and provides the stability you need from an insurer. John Hancock consistently earns high ratings for financial strength and operating performance. For the most recent financial ratings, please visit www.LTCFEDS.com/JH/. Long Term Care Partners, LLC, administers the program on behalf of and is owned by John Hancock.

Benefits designed to meet your needs

You can choose your care setting

OPM has worked closely with John Hancock to ensure this insurance coverage offers the kind of **benefits** and features that are valuable to members of the Federal Family today and in the future. You'll find that with this program, you can choose to receive care at home, in an assisted living facility, in a nursing home, or in other settings.

¹ John Hancock Life Insurance Company, "John Hancock 2008 Cost of Care Survey," November 2008.

² U.S. Department of Health and Human Services, National Clearinghouse for Long-Term Care Information, www.longtermcare.gov (accessed September 9, 2009).

The Federal Long Term Care Insurance Program—a smart choice

Features and services

Home, assisted living, and nursing home care

The FLTCIP provides comprehensive coverage, regardless of whether you receive care at home, in an assisted living facility, in a nursing home, or in an inpatient **hospice care** environment. Additionally, the FLTCIP covers care provided in the home by friends, **family members**, and other unlicensed caregivers who did not normally live in your home at the time you became eligible for benefits. When **informal care** is provided by your family members, it is covered for up to 500 days.

Up to 100% of your daily benefit amount is available for:

Home care provided by a nurse, home health aide, therapist, or other authorized provider (including a friend or family member authorized to act as an informal caregiver).

Care provided in the **community**, such as **adult day care**.

Care, room and board, and other services provided in a **facility** setting, including assisted living and nursing home facilities.

Stay-at-home benefit

The ability to receive long term care at home can be an important factor in maintaining quality of life. So, the FLTCIP offers numerous options that support care in a home environment.

The stay-at-home benefit is a separate pool of money equal to 30 times your daily benefit amount. The **waiting period** does not apply to the stay-at-home benefit.

Except for care planning visits, you must be living at home in order to be eligible for the stay-at-home benefit. It can pay benefits for:

Care planning visits: a professional assists you in developing a plan to meet your long term care needs, including identifying helpful community resources.

Home safety checks: a professional evaluates your home environment in areas such as the need for safety bars in the bathroom, how furniture is arranged, doorway and hallway widths, and appliance and cabinet heights.

Home modifications: improvements that can help you better manage long term care in a home setting, such as adding handgrips in a bathtub or installing wheelchair ramps.

Emergency medical response system: a communication system can be installed in your home that can be used to call for assistance in a medical emergency (not a home security system).

Durable medical equipment: provided to assist you to safely perform the normal **activities of daily living**—includes wheelchairs, walkers, crutches, and hospital-style beds.

Caregiver training: pays training expenses for a family member or other informal caregiver to learn about how to care for you. The maximum amount payable in your lifetime for caregiver training is 7 times your **daily benefit amount**.

Benefits paid under the stay-at-home benefit will not reduce your **maximum lifetime benefit**.

Portability

Once you have coverage, it is **portable**. You can keep it as long as you continue to pay the required **premiums** and have not exhausted your maximum lifetime benefit, even if you are no longer a member of an eligible group (for example, if you leave government employment).

The Federal Long Term Care Insurance Program—a smart choice

Guaranteed renewable

Your insurance coverage is **guaranteed renewable**. It can never be canceled by the insurance carrier as long as you pay your **premiums**. It cannot be canceled due to your age or a change in your health.

Waiver of premium

Once you have completed your **waiting period**, you do not pay premiums while you are receiving benefits.

Convenience of payroll and annuity/pension deductions

The FLTCIP offers the convenience of payroll and annuity/pension deductions of premiums to employees and annuitants, for themselves and/or their qualified relatives. These automatic premium deductions can ensure that your premiums will be paid on time. (This service is available to most enrollees.)

Also available under the FLTCIP

Alternate plan of care

In certain circumstances, our care coordinators can authorize customized benefits for services that are not specifically covered under the FLTCIP. For example, under an **alternate plan of care**, we will consider a facility that is not normally covered under the program if it meets your needs. The flexibility of an alternate plan of care allows the program to provide you with benefits for cost-effective care and the services you want and need.

Generous informal caregiver provisions

The FLTCIP covers approved care provided at home by informal caregivers such as friends, family members, and other non-licensed caregivers. When informal care is provided by non-family members, it is covered for the **benefit period** you've selected (2 years, 3 years, 5 years, or unlimited). When informal care is provided by family members, it is covered for up to 500 days of care in your lifetime. Informal caregivers cannot have lived with you at the time you became eligible for benefits, but they can live in your home after you become eligible for benefits.

International benefits

Because this program was designed exclusively for the Federal Family, it features international benefits that provide coverage for enrollees who live or may require care outside the United States. When you receive such services, the FLTCIP pays benefits up to 80% of the benefit amounts shown on your Schedule of Benefits. If your Schedule of Benefits shows that you have a 2, 3, or 5 year benefit period, 80% of your maximum lifetime benefit (MLB) can be used for covered services you receive outside the United States; the remaining 20% will be available for covered services you receive in the United States. If your Schedule of Benefits shows that you have an unlimited MLB, benefits payable for any covered services you receive outside the United States will be limited to 10 years. For such services, your MLB will be equal to 3,650 days (10 years) x 80% of your daily benefit amount. Your MLB for covered services you receive in the United States will remain unlimited.

Bed reservations

If you are in an assisted living facility, nursing home, or hospice facility and need to leave that facility for any reason (for example, you need to be hospitalized), the bed reservations feature in your coverage will pay up to 100% of the daily benefit amount for up to 60 days per calendar year to hold your space.

The Federal Long Term Care Insurance Program—a smart choice

Respite care

This benefit provides you with temporary care if your caregiver (such as a family member) needs to take some time off. Respite care is covered up to 30 times the daily benefit amount per calendar year and there is no waiting period requirement. It includes:

- ▶ Respite care in a nursing home, assisted living facility, or hospice facility
- ▶ Respite care by a formal or informal caregiver at home
- ▶ Respite care at an adult day care center

No war exclusion

Unlike coverage under some other long term care insurance plans, coverage under the FLTCIP does not have a war exclusion. As a result, benefits may be payable for conditions due to war or acts of war, declared or undeclared, or service in the armed forces or auxiliary units. There is also no catastrophic event limitation.

Third-party review of claims

If we deny your appeal of benefits eligibility or of a claims decision due to our evaluation of your medical condition/functional capacity, you may request an independent third-party review. A third party, mutually agreed to by OPM and Long Term Care Partners, will review our evaluation of your medical condition or functional capacity and will provide a final and binding determination within 60 days after we receive your request for appeal.

Access to knowledgeable program representatives

Program consultants can assist you at every step

The FLTCIP has extremely knowledgeable program consultants who can help you every step of the way. Whether you're requesting information, reviewing benefits, or completing an application, these highly trained employees (who do not work on commission) can help you decide on a plan that will best meet your individual needs. One popular service requested of the program consultants is a personalized rate quote. Using the rate quote, program consultants can demonstrate the wide range of benefits you can apply for and the costs associated with each. Our program consultants take pride in providing the highest level of quality service to the Federal Family and adhere to the strictest service levels set forth by OPM. Should you have any questions, we are available to assist you. You can reach us at **1-800-LTC-FEDS** (1-800-582-3337) (TTY 1-800-843-3557) or visit us at **www.LTCFEDS.com**.

Care coordinators understand your individual care needs

If you are approved for coverage and enroll, you will have unlimited access to the FLTCIP's care coordinators. They are registered nurses who have worked extensively in the field of long term care. You can contact them to ask any questions you may have about long term care (even if you are not receiving benefits). If you initiate a claim and are approved for benefits, care coordinators will work with you and/or your family members to develop a **plan of care** to meet your individual care needs. They can also help you find high-quality care providers in your area and share the results of state survey reports about service availability, quality, costs, and licensing. Gaining access to this level of detailed information allows you to make a knowledgeable decision about which provider is best for you.

Care coordinators can also arrange for discounted services, monitor the care you're receiving, and assist with changing your plan of care as your needs change. This service is personal because you can talk to the same care coordinator who knows your particular situation each time you call. Unlike most long term care insurance plans, the FLTCIP also provides certain **care coordination** services to qualified relatives of enrollees at no cost. This can be invaluable in helping reduce the stress that may develop when a relative needs long term care.

For more details, see the Benefits Provided by the FLTCIP section of the FLTCIP 2.0 Outline of Coverage, which begins on page 16.

Key features

Because there is no one-size-fits-all when it comes to long term care insurance, the FLTCIP gives you the opportunity to choose among options in three areas:

- ▶ Daily benefit amount (DBA)
- ▶ Benefit period
- ▶ Inflation protection options

If you have any questions about your options, please call us at **1-800-LTC-FEDS** (1-800-582-3337) (TTY 1-800-843-3557) or visit us at **www.LTCFEDS.com**.

Daily benefit amount (DBA)

This is the maximum amount your insurance will pay in any single day. The FLTCIP offers eight DBAs from \$100 to \$450 in \$50 increments.

What DBA is right for me?

If you want your DBA to approximately match the 2008 national average daily cost of nursing home care, you may want to choose a \$200 DBA. If you are able to pay a portion of the cost of care out of your own pocket (for example, from your savings) or if you live in an area where the cost of care is lower than the national average, you may want to choose a lower DBA. On the other hand, you may want to choose a higher DBA if you live in an area where the cost of care is higher than the national average. It is important to keep in mind that services can be more costly in metropolitan areas. To find the average daily cost of care in your area (for home care, assisted living facilities, and nursing home care), you can call us at **1-800-LTC-FEDS** (1-800-582-3337) (TTY 1-800-843-3557) or visit us at **www.LTCFEDS.com/costofcare/**.

Benefit period

This is the length of time benefits will be paid if you receive benefits each and every day equal to your DBA. You can choose from a 2 year, 3 year, 5 year, or **unlimited benefit period**.

If you receive services that cost less than your DBA or you don't receive services every day, your benefits will last longer than your benefit period.

The benefit period is used together with the DBA to calculate the maximum lifetime benefit.

What benefit period is right for me?

According to the U.S. Department of Health and Human Services, the average length of stay in a nursing home is 2.4 years.³ Those who want a basic level of protection or who plan on paying out of pocket for a portion of their long term care needs may wish to consider the 2 year benefit period. The 3 year benefit period corresponds to the average length of stay in a nursing home. It is important to note that future advances in medical care could mean longer life expectancy and a greater chance of outliving your benefits. For this reason, you may wish to consider the 5 year benefit period or the unlimited benefit period.

What is a maximum lifetime benefit (MLB)?

The maximum lifetime benefit (MLB) is the maximum amount your coverage can pay. To calculate your MLB, multiply your DBA by your benefit period (in days).

FLTCIP benefit periods: 2 years (730 days), 3 years (1,095 days), 5 years (1,825 days), or the unlimited benefit period (no maximum lifetime benefit).

Example: The following is the MLB calculation for an enrollee with a DBA of \$150 and a 3 year benefit period:

$$\text{\$150} \times \text{1,095 days} = \text{\$164,250 maximum lifetime benefit}$$

³ U.S. Department of Health and Human Services, "The National Nursing Home Survey: 1999 Summary," June 2002.

Inflation protection options

To help make sure that your benefits keep pace with inflation and the rising costs of care, the FLTCIP offers two types of **inflation protection**: the **Automatic Compound Inflation Option** and the **Future Purchase Option**.

For complete information on inflation protection options, see the Relationship of Cost of Care and Benefit Selection sections in the FLTCIP 2.0 Outline of Coverage, which begins on page 16.

The Automatic Compound Inflation Option (ACIO)

With this option, your DBA and remaining portion of your maximum lifetime benefit will automatically increase by either 4% or 5% (depending on the percentage you choose when you apply) compounded every year. The increases under this option are made even if you are eligible for benefits, without regard to your age, claim status, claim history, or the length of time your coverage has been in effect. Your premium does not increase annually as a result of this annual increase in benefits. However, premiums are not guaranteed.*

With **long term care** costs continuing to rise almost every year, you may want to consider the Automatic Compound Inflation Option. The initial premiums are higher than the Future Purchase Option because you are prefunding automatic future benefit increases that are designed to help keep pace with inflation.

For additional information about changes in premiums, please see the FLTCIP 2.0 Outline of Coverage, When We May Increase Premiums subsection, page 17, and When Your Premium May Change section, page 32.

The Future Purchase Option (FPO)

With this option, you are given the opportunity to increase your DBA and maximum lifetime benefit every two years with a corresponding increase in your premium. Premiums are not guaranteed.* You may decline the increase an unlimited number of times. The increase in your benefits is based on the U.S. Department of Labor's Consumer Price Index for All Urban Consumers (CPI-U).

The amount of the increase to your DBA and the corresponding increase in your premium will be sent in a notice to you every two years in the fall. The increase will automatically take effect unless you tell us at that time you do not want the increase. Your coverage must be in effect for at least 12 months in order for you to receive your first increase under this option.

As your benefits increase, your Future Purchase Option premium increases and may eventually become greater than the Automatic Compound Inflation Option premium. You may want to consider if you can afford increased premiums for future increases to your benefits. If you do not plan to accept future increases, you may want to consider how you will pay for any long term care that exceeds the amount your insurance will cover.

You can change to the Automatic Compound Inflation Option at any time if you provide evidence of insurability (meaning you will be required to provide, at your expense, evidence of good health that is satisfactory to us).

For additional information about changes in premiums, please see the FLTCIP 2.0 Outline of Coverage, When We May Increase Premiums subsection, page 17, and When Your Premium May Change section, page 32.

* Premiums are set with the expectation that they will be sufficient, but they are not guaranteed. Your premium will not change because you get older or your health changes or for any other reason related solely to you. However, your premiums may increase if you are among a group of enrollees whose premium is determined to be inadequate. While the group policy is in effect, OPM must approve the change.

Prepackaged plans

The LTCIP offers four prepackaged plans that you can choose from. For the plan you select, you will need to choose an inflation protection option. Premiums for the prepackaged plans are listed on pages 11–14. If you prefer other plan designs, you can create a customized plan.

Plan A Consider this plan if you want protection but are looking for a lower-cost option, if you will be living in an area where long term care costs are low, or if you plan to pay out of pocket for some of the costs of long term care in the future, if needed.	<ul style="list-style-type: none">▶ Daily benefit amount: \$150▶ Benefit period: 2 years▶ Maximum lifetime benefit: \$109,500▶ Waiting period: 90 calendar days▶ Inflation protection options:<ul style="list-style-type: none">■ 4% Automatic Compound Inflation Option■ 5% Automatic Compound Inflation Option■ Future Purchase Option
Plan B Consider this plan if you want protection for at least three years, which corresponds to the current average length of stay in a nursing home, or if you will be living in an area where long term care costs are low.	<ul style="list-style-type: none">▶ Daily benefit amount: \$150▶ Benefit period: 3 years▶ Maximum lifetime benefit: \$164,250▶ Waiting period: 90 calendar days▶ Inflation protection options:<ul style="list-style-type: none">■ 4% Automatic Compound Inflation Option■ 5% Automatic Compound Inflation Option■ Future Purchase Option
Plan C Consider this plan if you want protection for at least three years, which corresponds to the current average length of stay in a nursing home, or if you will be living in an area where long term care costs are around the national average.	<ul style="list-style-type: none">▶ Daily benefit amount: \$200▶ Benefit period: 3 years▶ Maximum lifetime benefit: \$219,000▶ Waiting period: 90 calendar days▶ Inflation protection options:<ul style="list-style-type: none">■ 4% Automatic Compound Inflation Option■ 5% Automatic Compound Inflation Option■ Future Purchase Option
Plan D Consider this plan if you will be living in an area where long term care costs are around the national average but you want protection for a longer period of time.	<ul style="list-style-type: none">▶ Daily benefit amount: \$200▶ Benefit period: 5 years▶ Maximum lifetime benefit: \$365,000▶ Waiting period: 90 calendar days▶ Inflation protection options:<ul style="list-style-type: none">■ 4% Automatic Compound Inflation Option■ 5% Automatic Compound Inflation Option■ Future Purchase Option

Customized plans

If you choose to customize a plan, you can pick the options that best suit your needs. You must make a choice for each of the three key features, noted below. To find the premiums for your customized plan, visit www.LTCFEDS.com/rate/ to use the *Calculate FLTCIP Premiums tool* or call us at **1-800-LTC-FEDS** (1-800-582-3337) (TTY 1-800-843-3557).

1. Daily benefit amount (DBA):			
<input type="checkbox"/> \$100	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250
<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	<input type="checkbox"/> \$400	<input type="checkbox"/> \$450
2. Benefit period:			
<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 5 years	<input type="checkbox"/> Unlimited
3. Inflation protection option:			
<input type="checkbox"/> 4% Automatic Compound Inflation Option			
<input type="checkbox"/> 5% Automatic Compound Inflation Option			
<input type="checkbox"/> Future Purchase Option			



Options for paying premiums

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The FLTCIP offers three convenient options for paying your premiums:

1. Payroll or annuity/pension deduction

If you choose this option, premiums will be deducted from your pay or annuity/pension (or the pay or annuity/pension of the person you specify on your application). This option is available to most enrollees. If you are paid biweekly and choose this option, your premiums will be deducted biweekly. If you are paid monthly (or receive a monthly annuity), your premiums will be deducted each month.

2. Automatic bank withdrawal

If you choose this option, premiums will be deducted automatically on the third business day of every month from the checking or savings account you specify.

3. Direct bill

If you choose this option, you will receive a monthly bill at your designated mailing address the month before your premium is due.



Premiums

The following charts provide premiums for the prepackaged plans. Biweekly premiums are shown starting on page 13. Premiums are based on your age when we receive your application.

If you are customizing a plan or are over age 80, visit www.LTCFEDS.com/rate/ or call us at **1-800-LTC-FEDS** (1-800-582-3337) (TTY 1-800-843-3557) to get a customized rate quote..

Premiums are set with the expectation that they will be sufficient, but they are not guaranteed. Your premium will not change because you get older or your health changes or for any other reason related solely to you. However, your premiums may increase if you are among a group of enrollees whose premium is determined to be inadequate. While the group policy is in effect, OPM must approve the change.

Monthly premiums

Age	Plan A			Plan B			Plan C			Plan D		
	4% ACIO	5% ACIO	FPO	4% ACIO	5% ACIO	FPO	4% ACIO	5% ACIO	FPO	4% ACIO	5% ACIO	FPO
18–30	\$32.57	\$51.26	\$11.69	\$40.77	\$64.16	\$13.34	\$54.36	\$85.54	\$17.78	\$65.56	\$104.38	\$20.20
31	\$33.75	\$52.73	\$12.16	\$42.29	\$66.05	\$13.94	\$56.39	\$88.06	\$18.59	\$68.21	\$107.73	\$21.11
32	\$34.98	\$54.24	\$12.66	\$43.87	\$67.99	\$14.57	\$58.49	\$90.66	\$19.43	\$70.96	\$111.19	\$22.05
33	\$36.26	\$55.79	\$13.18	\$45.50	\$70.00	\$15.24	\$60.67	\$93.33	\$20.31	\$73.82	\$114.77	\$23.04
34	\$37.58	\$57.39	\$13.72	\$47.20	\$72.06	\$15.93	\$62.93	\$96.09	\$21.24	\$76.80	\$118.45	\$24.08
35	\$38.96	\$59.04	\$14.28	\$48.96	\$74.19	\$16.65	\$65.28	\$98.92	\$22.20	\$79.90	\$122.26	\$25.16
36	\$40.41	\$60.91	\$14.80	\$50.82	\$76.60	\$17.33	\$67.76	\$102.13	\$23.11	\$82.89	\$126.13	\$26.40
37	\$41.92	\$62.84	\$15.33	\$52.75	\$79.08	\$18.04	\$70.33	\$105.44	\$24.05	\$85.99	\$130.12	\$27.69
38	\$43.48	\$64.83	\$15.89	\$54.76	\$81.65	\$18.77	\$73.01	\$108.86	\$25.03	\$89.20	\$134.23	\$29.05
39	\$45.10	\$66.88	\$16.46	\$56.84	\$84.30	\$19.54	\$75.78	\$112.39	\$26.06	\$92.54	\$138.48	\$30.48
40	\$46.79	\$69.00	\$17.06	\$59.00	\$87.03	\$20.34	\$78.66	\$116.04	\$27.12	\$96.00	\$142.86	\$31.98
41	\$48.87	\$71.54	\$17.94	\$61.64	\$90.24	\$21.47	\$82.19	\$120.32	\$28.62	\$100.30	\$148.11	\$33.75
42	\$51.05	\$74.17	\$18.88	\$64.40	\$93.57	\$22.65	\$85.87	\$124.77	\$30.20	\$104.79	\$153.55	\$35.62
43	\$53.32	\$76.89	\$19.86	\$67.29	\$97.03	\$23.91	\$89.72	\$129.37	\$31.88	\$109.49	\$159.19	\$37.60
44	\$55.70	\$79.72	\$20.90	\$70.30	\$100.61	\$25.23	\$93.74	\$134.15	\$33.64	\$114.39	\$165.04	\$39.68
45	\$58.19	\$82.65	\$21.99	\$73.46	\$104.33	\$26.63	\$97.94	\$139.10	\$35.50	\$119.52	\$171.10	\$41.88
46	\$60.79	\$85.67	\$23.16	\$76.75	\$108.14	\$28.11	\$102.33	\$144.18	\$37.48	\$124.96	\$177.45	\$44.29
47	\$63.51	\$88.80	\$24.39	\$80.19	\$112.09	\$29.67	\$106.91	\$149.45	\$39.56	\$130.66	\$184.04	\$46.84
48	\$66.36	\$92.04	\$25.68	\$83.78	\$116.18	\$31.32	\$111.70	\$154.91	\$41.76	\$136.61	\$190.87	\$49.53
49	\$69.33	\$95.40	\$27.05	\$87.53	\$120.43	\$33.06	\$116.71	\$160.57	\$44.09	\$142.83	\$197.95	\$52.39
50	\$72.44	\$98.88	\$28.49	\$91.46	\$124.83	\$34.91	\$121.94	\$166.44	\$46.54	\$149.34	\$205.30	\$55.40
51	\$76.05	\$102.95	\$30.36	\$95.99	\$129.94	\$37.27	\$127.99	\$173.26	\$49.69	\$156.90	\$213.89	\$59.16
52	\$79.84	\$107.19	\$32.37	\$100.75	\$135.27	\$39.80	\$134.34	\$180.36	\$53.06	\$164.85	\$222.84	\$63.18

Monthly premiums

Age	Plan A			Plan B			Plan C			Plan D		
	4% ACIO	5% ACIO	FPO	4% ACIO	5% ACIO	FPO	4% ACIO	5% ACIO	FPO	4% ACIO	5% ACIO	FPO
53	\$83.82	\$111.61	\$34.51	\$105.75	\$140.81	\$42.49	\$141.00	\$187.74	\$56.66	\$173.20	\$232.16	\$67.47
54	\$88.00	\$116.20	\$36.78	\$111.00	\$146.58	\$45.37	\$148.00	\$195.43	\$60.50	\$181.97	\$241.88	\$72.05
55	\$92.39	\$120.99	\$39.21	\$116.51	\$152.58	\$48.45	\$155.34	\$203.44	\$64.60	\$191.18	\$252.00	\$76.94
56	\$97.08	\$126.09	\$41.75	\$122.37	\$158.95	\$51.64	\$163.17	\$211.93	\$68.85	\$200.68	\$262.31	\$82.26
57	\$102.01	\$131.40	\$44.45	\$128.54	\$165.58	\$55.04	\$171.39	\$220.78	\$73.38	\$210.65	\$273.05	\$87.95
58	\$107.19	\$136.94	\$47.32	\$135.02	\$172.50	\$58.66	\$180.02	\$230.00	\$78.21	\$221.12	\$284.22	\$94.03
59	\$112.63	\$142.71	\$50.38	\$141.82	\$179.70	\$62.52	\$189.09	\$239.60	\$83.36	\$232.11	\$295.85	\$100.53
60	\$118.35	\$148.73	\$53.64	\$148.97	\$187.20	\$66.63	\$198.62	\$249.60	\$88.84	\$243.64	\$307.96	\$107.48
61	\$125.33	\$156.16	\$57.79	\$157.59	\$196.36	\$71.75	\$210.12	\$261.82	\$95.67	\$257.73	\$323.00	\$115.74
62	\$132.72	\$163.97	\$62.25	\$166.72	\$205.98	\$77.26	\$222.29	\$274.64	\$103.02	\$272.64	\$338.78	\$124.64
63	\$140.54	\$172.17	\$67.07	\$176.38	\$216.06	\$83.20	\$235.17	\$288.08	\$110.94	\$288.41	\$355.32	\$134.23
64	\$148.83	\$180.77	\$72.25	\$186.59	\$226.64	\$89.60	\$248.79	\$302.19	\$119.46	\$305.09	\$372.68	\$144.55
65	\$157.61	\$189.81	\$77.84	\$197.40	\$237.74	\$96.48	\$263.20	\$316.98	\$128.64	\$322.74	\$390.88	\$155.66
66	\$160.29	\$191.55	\$84.12	\$200.66	\$239.79	\$104.32	\$267.55	\$319.72	\$139.09	\$328.04	\$394.18	\$168.32
67	\$163.02	\$193.30	\$90.91	\$203.97	\$241.86	\$112.79	\$271.96	\$322.48	\$150.38	\$333.43	\$397.50	\$182.00
68	\$165.80	\$195.07	\$98.26	\$207.34	\$243.95	\$121.95	\$276.45	\$325.27	\$162.60	\$338.90	\$400.85	\$196.80
69	\$168.62	\$196.86	\$106.19	\$210.76	\$246.06	\$131.85	\$281.02	\$328.08	\$175.80	\$344.46	\$404.23	\$212.80
70	\$171.50	\$198.66	\$114.77	\$214.25	\$248.19	\$142.56	\$285.66	\$330.92	\$190.08	\$350.12	\$407.64	\$230.10
71	\$189.68	\$217.88	\$129.13	\$236.85	\$272.07	\$160.37	\$315.81	\$362.76	\$213.82	\$387.62	\$447.45	\$259.19
72	\$209.79	\$238.95	\$145.29	\$261.85	\$298.26	\$180.40	\$349.13	\$397.67	\$240.53	\$429.13	\$491.14	\$291.96
73	\$232.04	\$262.07	\$163.47	\$289.48	\$326.96	\$202.93	\$385.98	\$435.94	\$270.57	\$475.09	\$539.11	\$328.88
74	\$256.65	\$287.42	\$183.92	\$320.03	\$358.42	\$228.27	\$426.71	\$477.89	\$304.36	\$525.97	\$591.75	\$370.46
75	\$283.86	\$315.23	\$206.94	\$353.81	\$392.91	\$256.79	\$471.74	\$523.88	\$342.38	\$582.30	\$649.54	\$417.30
76	\$309.18	\$342.17	\$228.64	\$385.19	\$426.30	\$283.64	\$513.59	\$568.40	\$378.19	\$634.31	\$705.12	\$461.39
77	\$336.76	\$371.41	\$252.61	\$419.37	\$462.53	\$313.31	\$559.16	\$616.70	\$417.75	\$690.97	\$765.45	\$510.13
78	\$366.80	\$403.16	\$279.09	\$456.58	\$501.83	\$346.08	\$608.77	\$669.11	\$461.44	\$752.69	\$830.94	\$564.03
79	\$399.53	\$437.62	\$308.35	\$497.08	\$544.48	\$382.28	\$662.78	\$725.97	\$509.71	\$819.92	\$902.04	\$623.62
80	\$435.17	\$475.02	\$340.68	\$541.19	\$590.75	\$422.27	\$721.58	\$787.66	\$563.02	\$893.16	\$979.22	\$689.50

Premiums

Biweekly premiums

Age	Plan A			Plan B			Plan C			Plan D		
	4% ACIO	5% ACIO	FPO	4% ACIO	5% ACIO	FPO	4% ACIO	5% ACIO	FPO	4% ACIO	5% ACIO	FPO
18–30	\$15.03	\$23.65	\$5.39	\$18.81	\$29.61	\$6.15	\$25.08	\$39.48	\$8.20	\$30.25	\$48.17	\$9.32
31	\$15.57	\$24.33	\$5.61	\$19.51	\$30.48	\$6.43	\$26.02	\$40.64	\$8.58	\$31.48	\$49.72	\$9.74
32	\$16.14	\$25.03	\$5.84	\$20.24	\$31.38	\$6.72	\$26.99	\$41.84	\$8.96	\$32.75	\$51.31	\$10.17
33	\$16.73	\$25.74	\$6.08	\$21.00	\$32.30	\$7.03	\$28.00	\$43.07	\$9.37	\$34.07	\$52.97	\$10.63
34	\$17.34	\$26.48	\$6.33	\$21.78	\$33.25	\$7.35	\$29.04	\$44.34	\$9.80	\$35.44	\$54.66	\$11.11
35	\$17.98	\$27.24	\$6.59	\$22.59	\$34.24	\$7.68	\$30.12	\$45.65	\$10.24	\$36.87	\$56.42	\$11.61
36	\$18.65	\$28.11	\$6.83	\$23.45	\$35.35	\$7.99	\$31.27	\$47.13	\$10.66	\$38.25	\$58.21	\$12.18
37	\$19.34	\$29.00	\$7.07	\$24.34	\$36.49	\$8.32	\$32.46	\$48.66	\$11.10	\$39.68	\$60.05	\$12.78
38	\$20.06	\$29.92	\$7.33	\$25.27	\$37.68	\$8.66	\$33.69	\$50.24	\$11.55	\$41.16	\$61.95	\$13.40
39	\$20.81	\$30.86	\$7.59	\$26.23	\$38.90	\$9.01	\$34.97	\$51.87	\$12.02	\$42.71	\$63.91	\$14.06
40	\$21.59	\$31.84	\$7.87	\$27.23	\$40.16	\$9.38	\$36.30	\$53.55	\$12.51	\$44.30	\$65.93	\$14.76
41	\$22.55	\$33.01	\$8.28	\$28.44	\$41.64	\$9.90	\$37.93	\$55.53	\$13.20	\$46.29	\$68.35	\$15.57
42	\$23.56	\$34.23	\$8.71	\$29.72	\$43.18	\$10.45	\$39.63	\$57.58	\$13.93	\$48.36	\$70.86	\$16.44
43	\$24.60	\$35.48	\$9.16	\$31.05	\$44.78	\$11.03	\$41.40	\$59.70	\$14.71	\$50.53	\$73.47	\$17.35
44	\$25.70	\$36.79	\$9.64	\$32.44	\$46.43	\$11.64	\$43.26	\$61.91	\$15.52	\$52.79	\$76.17	\$18.31
45	\$26.85	\$38.14	\$10.14	\$33.90	\$48.15	\$12.29	\$45.20	\$64.20	\$16.38	\$55.16	\$78.96	\$19.32
46	\$28.05	\$39.54	\$10.68	\$35.42	\$49.91	\$12.97	\$47.22	\$66.54	\$17.29	\$57.67	\$81.90	\$20.44
47	\$29.31	\$40.98	\$11.25	\$37.01	\$51.73	\$13.69	\$49.34	\$68.97	\$18.25	\$60.30	\$84.94	\$21.61
48	\$30.62	\$42.48	\$11.85	\$38.66	\$53.62	\$14.45	\$51.55	\$71.49	\$19.27	\$63.05	\$88.09	\$22.86
49	\$31.99	\$44.03	\$12.48	\$40.39	\$55.58	\$15.26	\$53.86	\$74.10	\$20.34	\$65.92	\$91.36	\$24.18
50	\$33.43	\$45.63	\$13.14	\$42.21	\$57.61	\$16.11	\$56.28	\$76.81	\$21.48	\$68.92	\$94.75	\$25.56
51	\$35.10	\$47.51	\$14.01	\$44.30	\$59.97	\$17.20	\$59.07	\$79.96	\$22.93	\$72.41	\$98.71	\$27.30
52	\$36.84	\$49.47	\$14.94	\$46.50	\$62.43	\$18.36	\$62.00	\$83.24	\$24.48	\$76.08	\$102.84	\$29.16
53	\$38.68	\$51.51	\$15.92	\$48.80	\$64.98	\$19.61	\$65.07	\$86.64	\$26.15	\$79.93	\$107.15	\$31.14
54	\$40.61	\$53.63	\$16.97	\$51.23	\$67.65	\$20.94	\$68.30	\$90.19	\$27.92	\$83.98	\$111.63	\$33.25
55	\$42.64	\$55.84	\$18.09	\$53.77	\$70.42	\$22.36	\$71.69	\$93.89	\$29.81	\$88.23	\$116.30	\$35.51
56	\$44.80	\$58.19	\$19.26	\$56.47	\$73.36	\$23.83	\$75.30	\$97.81	\$31.77	\$92.62	\$121.06	\$37.96
57	\$47.08	\$60.64	\$20.51	\$59.32	\$76.42	\$25.40	\$79.10	\$101.89	\$33.86	\$97.22	\$126.02	\$40.59
58	\$49.47	\$63.20	\$21.84	\$62.31	\$79.61	\$27.07	\$83.08	\$106.15	\$36.09	\$102.05	\$131.17	\$43.39
59	\$51.98	\$65.86	\$23.25	\$65.45	\$82.93	\$28.85	\$87.27	\$110.58	\$38.47	\$107.12	\$136.54	\$46.39
60	\$54.62	\$68.64	\$24.75	\$68.75	\$86.40	\$30.75	\$91.67	\$115.20	\$41.00	\$112.44	\$142.13	\$49.60
61	\$57.84	\$72.07	\$26.67	\$72.73	\$90.62	\$33.11	\$96.97	\$120.84	\$44.15	\$118.95	\$149.07	\$53.41

Biweekly premiums

Age	Plan A			Plan B			Plan C			Plan D		
	4% ACIO	5% ACIO	FPO	4% ACIO	5% ACIO	FPO	4% ACIO	5% ACIO	FPO	4% ACIO	5% ACIO	FPO
62	\$61.25	\$75.67	\$28.73	\$76.94	\$95.06	\$35.65	\$102.59	\$126.75	\$47.54	\$125.83	\$156.36	\$57.52
63	\$64.86	\$79.46	\$30.95	\$81.40	\$99.72	\$38.40	\$108.54	\$132.96	\$51.20	\$133.11	\$163.99	\$61.95
64	\$68.69	\$83.43	\$33.34	\$86.11	\$104.60	\$41.35	\$114.82	\$139.47	\$55.13	\$140.81	\$172.00	\$66.71
65	\$72.74	\$87.60	\$35.92	\$91.10	\$109.72	\$44.52	\$121.47	\$146.29	\$59.37	\$148.95	\$180.40	\$71.84
66	\$73.98	\$88.40	\$38.82	\$92.61	\$110.67	\$48.14	\$123.48	\$147.56	\$64.19	\$151.40	\$181.92	\$77.68
67	\$75.24	\$89.21	\$41.95	\$94.14	\$111.62	\$52.05	\$125.52	\$148.83	\$69.40	\$153.89	\$183.46	\$84.00
68	\$76.52	\$90.03	\$45.35	\$95.69	\$112.59	\$56.28	\$127.59	\$150.12	\$19.27	\$156.41	\$185.00	\$90.83
69	\$77.82	\$90.85	\$49.01	\$97.27	\$113.56	\$60.85	\$129.70	\$151.42	\$81.13	\$158.98	\$186.56	\$98.21
70	\$79.15	\$91.68	\$52.97	\$98.88	\$114.54	\$65.79	\$131.84	\$152.73	\$87.72	\$161.59	\$188.14	\$106.20
71	\$87.54	\$100.56	\$59.59	\$109.31	\$125.57	\$74.01	\$145.75	\$167.42	\$98.68	\$178.90	\$206.51	\$119.62
72	\$96.82	\$110.28	\$67.05	\$120.85	\$137.65	\$83.26	\$161.13	\$183.54	\$111.01	\$198.06	\$226.68	\$134.75
73	\$107.09	\$120.95	\$75.44	\$133.60	\$150.90	\$93.66	\$178.14	\$201.20	\$124.87	\$219.27	\$248.82	\$151.79
74	\$118.45	\$132.65	\$84.88	\$147.70	\$165.42	\$105.35	\$196.94	\$220.56	\$140.47	\$242.75	\$273.11	\$170.98
75	\$131.01	\$145.49	\$95.51	\$163.29	\$181.34	\$118.51	\$217.72	\$241.79	\$158.02	\$268.75	\$299.78	\$192.60
76	\$142.69	\$157.92	\$105.52	\$177.78	\$196.75	\$130.91	\$237.04	\$262.33	\$174.54	\$292.75	\$325.44	\$212.94
77	\$155.42	\$171.42	\$116.58	\$193.55	\$213.47	\$144.60	\$258.07	\$284.63	\$192.80	\$318.90	\$353.28	\$235.44
78	\$169.29	\$186.07	\$128.81	\$210.72	\$231.61	\$159.72	\$280.97	\$308.82	\$212.97	\$347.39	\$383.51	\$260.32
79	\$184.39	\$201.97	\$142.31	\$229.42	\$251.29	\$176.43	\$305.89	\$335.06	\$235.25	\$378.42	\$416.32	\$287.82
80	\$200.84	\$219.24	\$157.23	\$249.78	\$272.65	\$194.89	\$333.03	\$363.53	\$259.85	\$412.22	\$451.94	\$318.23



Qualifying for benefits

If you apply for coverage and are approved, you will be eligible for benefits after your coverage becomes effective and when a **licensed health care practitioner** certifies, and we agree, that you are unable to perform at least two of six activities of daily living without **substantial assistance** for a period expected to last at least 90 days *or* you require substantial supervision to protect yourself due to a **severe cognitive impairment**, such as **Alzheimer's disease**.

The six activities of daily living are:

- ▶ bathing
- ▶ dressing
- ▶ transferring (from bed to chair)
- ▶ continence
- ▶ eating
- ▶ toileting

Definitions of the activities of daily living are included in the FLTCIP 2.0 Outline of Coverage, which begins on page 16.

Benefits can begin (after the waiting period as described on page 23) as long as the covered services are part of a plan of care developed by a licensed health care practitioner and approved by us. You can initiate a claim by calling us at **1-800-LTC-FEDS** (1-800-582-3337) (TTY 1-800-843-3557).

What is *not* covered by the FLTCIP

Like most **long term care** insurance plans, the FLTCIP does not pay benefits for any of the following:

- ▶ Illness, treatment, or medical condition arising out of:
 - ▶ your participation in a felony, riot, or insurrection;
 - ▶ your attempted suicide, while sane or insane; or
 - ▶ injuries you intentionally inflict on yourself;
- ▶ Care or treatment for alcoholism or drug addiction;
- ▶ Care or treatment provided in a government facility, including a Department of Defense or Department of Veterans Affairs facility, unless otherwise required by law;
- ▶ Care you receive while in a hospital, except in a unit specifically designated as a nursing home or hospice facility;
- ▶ Any service or supply to the extent the expense for it is reimbursable under **Medicare** or would be so reimbursable except for the application of a deductible, coinsurance, or copayment amount. (This exclusion will not apply in those instances where Medicare is determined to be the secondary payor under applicable law);
- ▶ Services or supplies for which you are not obligated to pay in the absence of insurance; or
- ▶ Services provided by any person who normally lived in your home at the time you became eligible for benefits.



FLTCIP 2.0 Outline of Coverage

The Outline of Coverage provides a brief description of the most important features of coverage available under the FLTCIP. You should compare this Outline of Coverage to outlines of coverage for other policies available to you.

The Federal Long Term Care Insurance Program (FLTCIP)

P.O. Box 797
Greenland, New Hampshire 03840-0797
1-800-LTC-FEDS (1-800-582-3337) TTY 1-800-843-3557

Group Policyholder: United States Office of Personnel Management (OPM)

Insurer: John Hancock Life & Health Insurance Company

Administrator: Long Term Care Partners, LLC

Outline of Coverage FLTCIP 2.0

Group Policy Number: 900-003

Benefit Booklet—FLTCIP 2.0

1. Notices

Important: We will make our decision whether to issue your insurance coverage based on your responses to the questions on your application. We will send you a copy of your application. We may deny benefits or rescind your insurance coverage if: your answers are incorrect or untrue for any reason or the answers changed between the date you completed your application and the date your coverage would become effective. The best time to clear up any questions is before a claim arises! If for any reason, any of your answers is or becomes incorrect before the date your coverage would become effective, please contact: Federal Long Term Care Insurance Program, P.O. Box 797, Greenland, New Hampshire 03840-0797. You may also call **1-800-LTC-FEDS** (1-800-582-3337) (TTY 1-800-843-3557).

The Group Policy, including the Benefit Booklet, is designed to be a qualified long term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended. Subject to specified dollar limits that vary depending on your age, you may be able to include your premium in your itemized deductions on your Federal income tax return, if your total medical expenses, including the allowable portion of your premium, exceed 7½% of adjusted gross income. The allowable dollar limits are reviewed each year by the U.S. Treasury and adjusted accordingly. We have designed the Group Policy so that benefits you receive under the FLTCIP should be tax-free. Also, many states offer tax incentives for residents who purchase long term care insurance. Please remember that tax laws can change. It is important to consult your tax advisor if you have any questions or need further details.

The FLTCIP may not cover all of your long term care costs. Please review all coverage limitations and exclusions when you receive your Benefit Booklet, including the Schedule of Benefits.

Coverage under the FLTCIP is guaranteed renewable. This means we will not cancel your coverage as long as you pay your premium on time. However, this does not mean that premiums are guaranteed to remain unchanged. See the next paragraph.

FLTCIP 2.0 Outline of Coverage

When we may increase premiums. We reserve the right to increase premiums in the future. However, it is important to note that we cannot single you out and raise your premium because of your advancing age, declining health, claim status or for any other reason related solely to you. We may only increase premiums if you are among a group of enrollees whose premium is determined to be inadequate. While the Group Policy is in effect, OPM must approve the increase in premium. As a reminder, your premium may also increase if you voluntarily elect to increase your benefits. Please see the subsection When Your Premium May Change.

2. Purpose of Outline of Coverage

This outline provides a brief description of the most important features of coverage available under the FLTCIP. Since all long term care insurers are required to issue outlines of coverage, you should compare this outline to outlines of coverage for other policies you may be considering. This outline is not an insurance contract, but only a summary of coverage. If you apply for coverage and are approved, the Benefit Booklet and the Schedule of Benefits will contain the governing contractual provisions that relate specifically to **you**. Other rights are contained in the Group Policy that OPM has with us. OPM has reviewed and approved this outline to assure its accuracy. If you apply for the coverage offered under the FLTCIP and your application is approved, you will automatically receive a copy of the Benefit Booklet. It is important that you **read your Benefit Booklet carefully!**

Throughout this outline “we,” “us,” and “our” means John Hancock Life & Health Insurance Company.

3. Long Term Care Insurance Coverage

Long term care insurance coverage is designed to cover services you need when you are unable to perform certain activities of daily living or need care due to a severe cognitive impairment. The long term care insurance provided under the FLTCIP is designed to provide reimbursement for costs of necessary diagnostic, preventive, therapeutic, curative, rehabilitative, maintenance, or personal care services, provided in a setting such as an assisted living facility, a nursing home, an adult day care center, or your home, but not in an acute care unit of a hospital.

The FLTCIP provides reimbursement, based on the Daily Benefit Amount you select, for actual charges you incur for covered long term care expenses, subject to the limitations, exclusions, and waiting period described in this outline.

Medical insurance and Medicare are entirely different than long term care insurance. They are primarily designed to cover acute care, and not long term care services. If you are eligible for Medicare you need to know that the long term care insurance coverage under the Federal Long Term Care Insurance Program is not Medicare Supplement Coverage. If you want to learn about Medicare Supplement Coverage, ask us for the Guide To Health Insurance For People With Medicare.

4. Effective date of coverage and Actively at Work requirement

Coverage under the FLTCIP becomes effective on the first day of the month after the month in which you are approved. For example, if you are approved for coverage on April 15, your coverage becomes effective May 1. However, Employees and Members of the Uniformed Services who apply using the abbreviated underwriting application or the abbreviated underwriting section of the coverage change application must meet the actively at work requirement described below in order for their coverage to become effective.

If you are an Employee or a Member of the Uniformed Services who submitted an abbreviated underwriting application, you must be Actively at Work at least one day during the calendar week immediately prior to the week which contains the Original Effective Date shown on your Schedule of Benefits. From time to time, OPM may implement revised Actively at Work requirements for specified periods under the FLTCIP.

You must inform us if you do not meet this requirement. In the event you do not meet this requirement, we will issue you a revised Original Effective Date, which will be the 1st day of the next month. You also must meet the Actively at Work requirement for any revised Original Effective Date for coverage to become effective, or you will be issued another revised Original Effective Date in the same manner. You must notify us if you are not Actively at Work on your new Original Effective Date. In this case, your coverage will not go into effect until you are Actively at Work as required above.

Your Original Effective Date does not change under this Actively at Work requirement if you were involuntarily separated from Federal civilian service (for reasons other than your misconduct) or from the uniformed services (except for a dishonorable discharge) after your application date but before your Original Effective Date.

Actively at Work or Active Work means:

- ▶ for an Employee, that you meet all of the following conditions:
 - ▶ you are reporting for work at an approved location and work at least ½ of your regularly scheduled hours for that day; and
 - ▶ you are able to perform all the usual and customary duties of your employment on your regular work schedule;
- ▶ for a Member of the Uniformed Services, that you are on active duty and are physically able to perform the duties of your position.

5. Benefits provided by the FLTCIP

Covered Services

Covered Services under the FLTCIP are those you receive while in a Nursing Home, Assisted Living Facility, or Hospice facility, plus Covered Services you receive at home or an Adult Day Care Center. Coverage also includes Informal Caregiver services, Hospice Care, Respite Care, Bed Reservations and a Stay-At-Home Benefit which covers expenses for care planning visits, home modifications, emergency medical response systems, durable medical equipment, caregiver training, and home safety checks.

We will only pay benefits for covered services if:

- ▶ you are eligible for benefits and, where required, have satisfied the waiting period; and
- ▶ they are part of a written plan of care approved by us.

Benefit Amounts

You may select a Daily Benefit Amount from \$100-\$450 in \$50 increments. Your Daily Benefit Amount determines the most we will pay per day for covered services. It also determines your maximum lifetime benefit—see the maximum lifetime benefit subsection for more information.

FLTCIP 2.0 Outline of Coverage

The FLTCIP provides reimbursement for actual charges you incur for covered services up to the following percentages:

Covered services	Daily reimbursement up to
Nursing home, assisted living facility or hospice facility	▶ 100% of your Daily Benefit Amount
Bed reservations	▶ 100% of your Daily Benefit Amount benefits limited to 60 days per calendar year and will be reduced by any days you received Bed Reservation Benefits under any prior FLTCIP Benefit Booklet
Home care and adult day care	▶ 100% of your Daily Benefit Amount
Respite services	▶ 100% of your Daily Benefit Amount benefits limited to 30 times your Daily Benefit Amount per calendar year and will be reduced by any benefits you received for Respite Services under any prior FLTCIP Benefit Booklet
Formal caregiver services	▶ 100% of your Daily Benefit Amount
Informal caregiver services	▶ 100% of your Daily Benefit Amount ▶ benefits for informal caregiver services are limited to those individuals who did not normally live in your home at the time you became eligible for benefits ▶ benefits for care provided by family members are limited to 500 days in your lifetime and will be reduced by any benefits you received for informal caregiver services provided by family members under any prior FLTCIP Benefit Booklet.
Hospice care at home	▶ 100% of your Daily Benefit Amount
Stay-At-Home Benefit	▶ 30 times your Daily Benefit Amount

Maximum Lifetime Benefit

The benefit period is the length of time your coverage will last if we pay your Daily Benefit Amount each and every day. You may choose from a 2 year, 3 year, 5 year or unlimited benefit period. If you have a 2, 3 or 5 year benefit period, benefits will last longer than the benefit period if you do not receive covered services every day or if benefits paid for each day are less than your Daily Benefit Amount.

Your maximum lifetime benefit is the total amount of money that we may pay for charges you incur for covered services. It is equal to your benefit period (in days) multiplied by your Daily Benefit Amount. Your maximum lifetime benefit will be reduced by the amount of benefits that we pay, except for the Stay-at-Home Benefit. If you have an unlimited benefit period, your maximum lifetime benefit is also unlimited.

Your maximum lifetime benefit will be reduced by any benefit payments made under any prior Benefit Booklet issued to you under the FLTCIP.



Schedule of Benefits

Your Schedule of Benefits that we will send you will show, among other things, the covered services, the maximum we will pay for those services per day, the benefit period, the waiting period, and your maximum lifetime benefit.

Stay-At-Home Benefit

We will pay actual charges you incur for Stay-At-Home Services up to the Stay-At-Home Lifetime Benefit Amount. The Stay-At-Home Lifetime Benefit Amount is equal to 30 times your Daily Benefit Amount. The waiting period does not apply to the Stay-At-Home Benefit. Except for Care Planning Visits, you must be living at Home in order to be eligible for the Stay-At-Home Benefit. Stay-At-Home Services consist of expenses for:

- ▶ Care planning visits;
- ▶ Home modifications;
- ▶ Emergency medical response systems;
- ▶ Durable medical equipment;
- ▶ Caregiver training; and
- ▶ Home safety checks.

The maximum amount payable in your lifetime for Caregiver Training will be 7 times your Daily Benefit Amount.

Benefits paid under the Stay-At-Home Benefit will not reduce your maximum lifetime benefit. If you do not exhaust your Stay-At-Home Benefit initially, you may use any unused portion of this benefit amount for future Stay-At-Home Services and new episodes of care. You may receive the services of a Formal Caregiver or an Informal Caregiver, or Hospice Care at Home while receiving benefits under the Stay-At-Home Benefit.

International Benefits

The FLTCIP provides benefits for covered services you receive outside the United States, its territories and possessions (collectively referred to as the “United States”). When you receive such services, we will pay benefits up to 80% of the amounts listed in the Benefit Amounts subsection.

If you have a 2, 3 or 5 year benefit period, 80% of your maximum lifetime benefit can be used for covered services you receive outside the United States; the remaining 20% will be available for covered services you receive in the United States.

If you have an unlimited benefit period, your benefit period will be limited to 10 years for covered services you receive outside the United States. For such services, your maximum lifetime benefit will be equal to 3,650 days (10 years) times 80% of your Daily Benefit Amount. Your maximum lifetime benefit for covered services you receive in the United States will remain unlimited.

The Coordination of Benefits provision described in the section titled Exclusions and Limitations (Coordination of Benefits subsection) in this outline does not apply to international benefits.

Example 1: Let’s assume that you select a Daily Benefit Amount of \$150 and you have a 5 year benefit period. For purposes of determining international benefits, your Daily Benefit Amount is \$120 ($\$150 \times 80\%$) instead of \$150. We would pay up to \$120 per day for services provided to you. Out of your maximum lifetime benefit of \$273,750, you could use up to 80% (\$219,000) for all covered services you receive outside the United States. If you return to the United States and receive covered services, the remaining 20% (\$54,750) of your maximum lifetime benefit will be available for those services.



FLTCIP 2.0 Outline of Coverage

Example 2: Let's assume that you selected a Daily Benefit Amount of \$150 and that you have an unlimited Benefit Period. For purposes of determining international benefits, your Daily Benefit Amount is \$120 (\$150 times 80%) instead of \$150. We would pay up to \$120 per day for Covered Services. Your maximum lifetime benefit for Covered Services you receive outside the United States would be limited to \$438,000 (3,650 x \$120). If you return to the United States and receive Covered Services, your Maximum Lifetime Benefit would remain unlimited for those services.

Alternate Plan of Care

We may approve alternatives to your Written Plan of Care that we deem to be both appropriate for you and cost effective for the FLTCIP. An Alternate Plan of Care is one that:

- ▶ is designed specifically for you; and
- ▶ is primarily being made to improve your ability to perform one or more Activities of Daily Living; and
- ▶ is mutually agreed upon by you, a Licensed Health Care Practitioner and us; and
- ▶ contains recommendations for alternate services or supplies for you that are not otherwise covered under the Benefit Booklet; and
- ▶ may be modified as appropriate.

We will base our review of a request for an Alternate Plan of Care on the following: your medical status; current and future care plans; long-term cost projections for current and future care plans and the Alternate Plan of Care; and the suitability and effectiveness of the Alternate Plan of Care.

You may choose not to accept the final terms of the Alternate Plan of Care.

The Alternate Plan of Care may not be used:

- ▶ to pay for any charges for services or supplies described in the Exclusions section; or
- ▶ to supplement the maximum amount for any benefit under your Benefit Booklet; or
- ▶ to pay for expenses covered under the Stay-at-Home Benefit.

Benefits payable for charges incurred for services and supplies provided under the Alternate Plan of Care will not exceed the lesser of: the actual charges; or the appropriate charges for such services or supplies.

Your receipt of services for your care under an Alternate Plan of Care will be subject to the waiting period. The benefits we will pay for such services will be subject to the Maximum Benefit We Will Pay section.

Payment of Benefits

We pay benefits using the "expense-incurred method." This method reimburses you for actual charges you incur for covered services received up to a specific dollar amount. All benefits are paid in United States currency.

Eligibility for Benefits

You must be eligible for benefits and satisfy any required waiting period in order for benefits to be payable for covered services. You are eligible for benefits if you meet all of the following requirements after your coverage becomes effective:

- ▶ a licensed health care practitioner has certified within the last 12 months that:
 - ▶ you are unable to perform, without Substantial Assistance from another person, at least 2 Activities of Daily Living for an expected period of at least 90 days due to a loss of functional capacity; or
 - ▶ you need Substantial Supervision due to your Severe Cognitive Impairment; and
- ▶ we agree with that certification; and

- ▶ we approve a written plan of care established for you by a licensed health care practitioner or our care coordinator.

Activities of Daily Living means:

▶ **bathing:**

- ▶ getting into a tub or shower; and
- ▶ getting out of a tub or shower; and
- ▶ washing your body in a tub, shower or by sponge bath; and
- ▶ washing your hair in a tub, shower or sink.

(If you need Substantial Assistance from another person to complete any one of these activities, you are dependent for bathing);

▶ **dressing:**

- ▶ putting on any necessary item of clothing (including undergarments) and any necessary braces, fasteners or artificial limbs; and
- ▶ taking off any necessary item of clothing (including undergarments) and any necessary braces, fasteners or artificial limbs.

(If you need Substantial Assistance from another person to complete any one of these activities, you are dependent for dressing);

▶ **transferring:**

- ▶ getting into a bed, chair or wheelchair; and
- ▶ getting out of a bed, chair or wheelchair.

(If you need Substantial Assistance from another person to complete any one of these activities, you are dependent for transferring);

▶ **toileting:**

- ▶ getting to and from the toilet; and
- ▶ getting on and off the toilet; and
- ▶ performing associated personal hygiene.

(If you need Substantial Assistance from another person to complete any one of these activities, you are dependent for toileting);

▶ **continence:**

- ▶ maintaining control of bowel and bladder function; or
- ▶ when unable to maintain control of bowel or bladder function, performing associated personal hygiene (including caring for catheter or colostomy bag).

(If you cannot maintain control of bowel or bladder function and in addition you need Substantial Assistance from another person to perform the associated personal hygiene, you are dependent for continence);

▶ **eating:**

- ▶ feeding yourself by getting food into your mouth from a container (such as a plate or cup), including use of utensils when appropriate (such as a spoon or fork); or
- ▶ when unable to feed yourself from a container, feeding yourself by a feeding tube or intravenously.

(If you need Substantial Assistance from another person to complete any one of these activities, you are dependent for eating).



FLTCIP 2.0 Outline of Coverage

Severe Cognitive Impairment means a deterioration or loss in intellectual capacity (such as may occur with Alzheimer's disease) that (a) places a person in jeopardy of harming him/herself or others and, therefore, the person requires Substantial Supervision by another person; and (b) is measured by clinical evidence and standardized tests which reliably measure impairment in: (1) short or long term memory; (2) orientation to people, places or time; and (3) deductive or abstract reasoning.

Substantial Assistance means Hands-On Assistance or Standby Assistance. Hands-On Assistance means physical help by another person without which you would not be able to perform the Activities of Daily Living. Standby Assistance means that you require the presence of another person within arm's reach of you to prevent, by physical intervention or cueing, injury to you while you are performing the Activities of Daily Living.

Substantial Supervision means that you require continual monitoring by another person (which may include cueing by verbal prompting, gesture, or other demonstrations) to protect you from threats to your health and safety, for instance, while wandering.

Waiting Period

The waiting period is 90 days. The waiting period is the number of calendar days during which you must be eligible for benefits before we will pay benefits. We do not pay benefits for services you receive during your waiting period, except for Hospice Care, Respite Services and the Stay-At-Home Benefit. You only have to satisfy the waiting period once in your lifetime. Any days applied toward the waiting period under a prior Benefit Booklet will count toward the waiting period under this Benefit Booklet. Days applied toward satisfying the waiting period need not be consecutive, nor associated with the same episode of care.

Waiver of Premium

You will not have to pay your premium if you are eligible for benefits and have satisfied the waiting period. We will also waive your premium if you are eligible for benefits and receiving hospice care. If you satisfy the requirements for waiver of premium on the first day of a month, the waiver will take effect on that date. Otherwise, the waiver will take effect on the first day of the following month. If, at a later date, you are no longer eligible for benefits (e.g., you recover) and wish to maintain your coverage, you will have to resume paying your premium on the first day of the month following the month in which you are no longer eligible for benefits.

Care Coordination Services

Our care coordinators are licensed health care practitioners who provide the following services at no additional charge to you:

1. provide general information about long term care services; and
2. assess and approve your need for long term care services; and
3. develop a plan for long term care services; and
4. monitor and reassess from time to time the long term care services that you receive; and
5. provide access to discounts for services, when available.

Our care coordinators will provide the services described above for your qualified relatives, if you are enrolled in the program. These services will be provided regardless of whether your qualified relatives are enrolled in the FLTCIP, as long as you are enrolled.

You do not have to be eligible for benefits or satisfy the waiting period in order to receive care coordination services.



6. Exclusions and limitations

Exclusions

The FLTCIP does not pay benefits for any of the following:

- ▶ illness, treatment or medical condition arising out of:
 - ▶ your participation in a felony, riot or insurrection;
 - ▶ your attempted suicide, while sane or insane; or
 - ▶ injuries you intentionally inflict on yourself;
- ▶ care or treatment for alcoholism or drug addiction;
- ▶ care or treatment provided in a government facility, including a Department of Defense or Department of Veterans Affairs facility, unless otherwise required by law;
- ▶ care you receive while in a hospital, except in a unit specifically designated as a nursing home or hospice facility;
- ▶ any service or supply to the extent the expense for it is reimbursable under Medicare, or would be so reimbursable except for the application of a deductible, coinsurance or co-payment amount. (This exclusion will not apply in those instances where Medicare is determined to be the secondary payor under applicable law);
- ▶ services or supplies for which you are not obligated to pay in the absence of insurance; or
- ▶ services provided by any person who normally lived in your home at the time you became eligible for benefits.

This coverage does not have a War Exclusion

Coverage under the FLTCIP does not have a war exclusion. As a result, benefits may be payable under the FLTCIP for conditions due to war or acts of war, declared or undeclared, or service in the armed forces or auxiliary units.

Limitations

Benefits payable for covered services are subject to maximums and limitations. See the section titled Benefits Provided by the FLTCIP (Benefit Amounts and Maximum Lifetime Benefit subsections).

Coordination of Benefits

The FLTCIP includes a Coordination of Benefits (COB) provision that follows the guidelines set by the National Association of Insurance Commissioners (NAIC). In determining the amount of benefits we will pay under the FLTCIP, the COB provision allows us to look at other plans that might pay benefits for long term care services you receive. The other plans we look at include government programs (other than Medicaid), group medical benefits, and other employer-sponsored long term care insurance. We do not look at Medicaid, individual insurance policies or association group insurance policies. The COB provision does not apply to international benefits.

If the FLTCIP is primary (this means it pays first), we will pay benefits without coordinating with other plans. That means that we will pay benefits to the maximum extent permitted by your coverage. If another plan or program is primary, then it will pay first. In that case, we will pay no more than the difference between the amount payable by your other coverage(s) and your actual expenses up to the Daily Benefit Amount you select.

FLTCIP 2.0 Outline of Coverage

7. Relationship of cost of care and benefits

Because the costs of long term care services will likely increase over time, you should consider whether and how benefits under the FLTCIP may be adjusted. You have the choice of receiving benefit increases under the automatic compound inflation option or the future purchase option.

Automatic Compound Inflation Option

On each anniversary of your Original Effective Date of coverage (or the date you change to this option), your Daily Benefit Amount and the remaining portion of your maximum lifetime benefit (as well as other remaining Benefit Amounts listed in the Schedule of Benefits) will automatically increase at the Automatic Compound Inflation rate shown on your Schedule of Benefits, compounded annually. Increases under this option are made even if you are eligible for benefits, without regard to your age, claim status, claim history or the length of time your coverage has been in effect, and will not cause your premium to increase. Please see the When We May Increase Premiums subsection and the When Your Premium May Change section in this outline for additional information regarding changes in premiums.

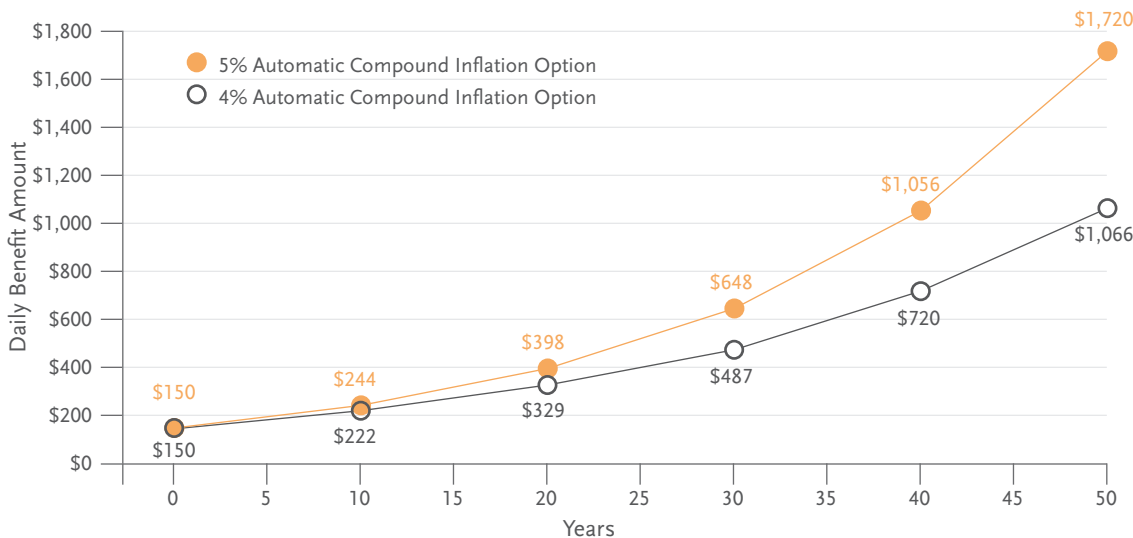
If we determine in the future that the cumulative actual rate of inflation in the cost of long term care services since the last increase under this provision is significantly higher than the Automatic Compound Inflation rate shown on your Schedule of Benefits, compounded annually, OPM and we will agree upon a method to allow you, at your option, to adjust your Daily Benefit Amount. This method will account for the higher rate of inflation for an additional premium if you are not then eligible for benefits.

You may request to change from the Automatic Compound Inflation Option to the Future Purchase Option. Please see the Other Benefit Changes in the following section.

Comparing 4% and 5% Automatic Compound Inflation

The FLTCIP offers both 4% and 5% Automatic Compound Inflation Options (ACIOs). We cannot recommend which rate may be best for you. That's a decision only you can make. The following is an example of how a \$150 Daily Benefit Amount increases over five decades at both 4% and 5% ACIO rates.

How a \$150 Daily Benefit Amount increases over time at 4% and 5% Automatic Compound Inflation rates



Future Purchase Option

Every two years we will increase your Daily Benefit Amount and the remaining portion of your maximum lifetime benefit (as well as other remaining Benefit Amounts listed in the Schedule of Benefits), except as described below. We will send notice of the first increase to enrollees with this option in the fall of 2011 for the increase that will apply on January 1, 2012. Increases will occur every two years on January 1st thereafter.

Your coverage must be in effect for at least 12 months in order for you to receive your first increase under this provision. The increase will be based upon the change in the Department of Labor's Consumer Price Index for All Urban Consumers (CPI-U), All Items, or another index mutually agreed upon by OPM and John Hancock. We will include the amount of the increase in the notice. Please see the When We May Increase Premiums subsection and the When Your Premium May Change section for information on how increases under this section affect your premium.

If you do not want the increase, we must receive your rejection before the date specified in the increase notice. If you want the increase, you do not have to take any action other than paying the additional premium. The increase will automatically take effect. Increases under this option will be made regardless of your age, but we will not increase your benefits under this option if you are eligible for benefits. Increases under this option do not require you to provide evidence of your good health.

You may request to change from the future purchase option to the automatic compound inflation option, and should you make such a request:

- ▶ you will be required to provide, at your expense, evidence of your good health that is satisfactory to us; and
- ▶ the effective date of all future automatic compound benefit increases will be the anniversary of the first day of the month that next follows the date of our approval of your request.

The Future Purchase Option and the Consumer Price Index

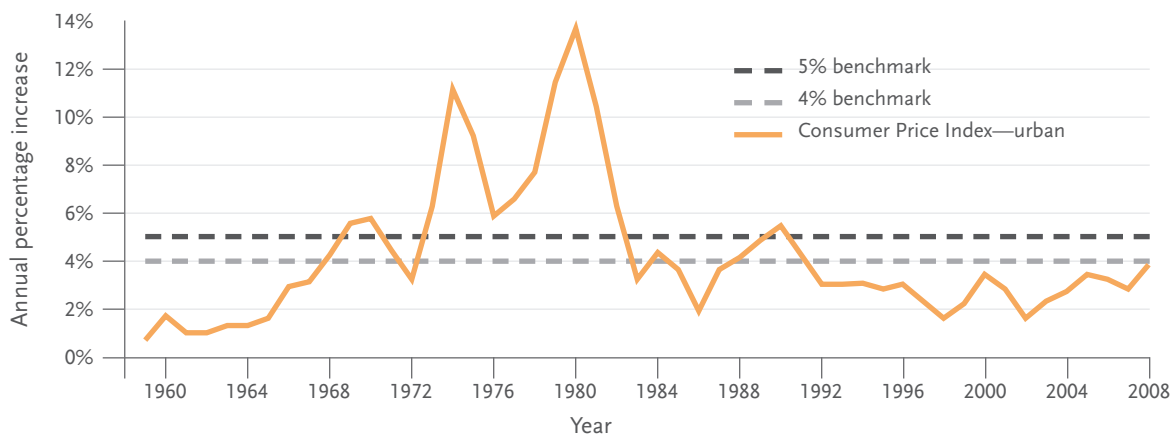
As previously mentioned, FPO increases will be based upon the change in the U.S. Department of Labor's Consumer Price Index for All Urban Consumers (CPI-U), All Items, or another index mutually agreed upon by OPM and John Hancock.

What is the CPI-U?

The CPI-U is a measure of the average change over time in the prices paid by urban consumers for a market basket of consumer goods and services, including food and beverages, housing, transportation, and medical care, among others. The underlying cost drivers for long term care are predominantly contained within this index, making the CPI-U one of the most suitable indices for tracking current and future changes in long term care costs.

While past performance is not a reliable indicator of future performance, it may be helpful to note historical CPI-U trends for those interested in the Future Purchase Option. The following chart compares historical changes in the CPI-U over time against 5% and 4% annual percentage increase benchmarks.

Annual Consumer Price Index increases—50 years 1959–2008



Source: Data from U.S. Department of Labor—Bureau of Labor Statistics, www.bls.gov/cpi/ [accessed 8/25/09].

FLTCIP 2.0 Outline of Coverage

Average Consumer Price Index increases for the past fifty years are as follows:

Average	Period	CPI-U
10 Year	1999–2008	2.8%
20 Year	1989–2008	3.0%
30 Year	1979–2008	4.1%
40 Year	1969–2008	4.7%
50 Year	1959–2008	4.1%

Source: Data from U.S. Department of Labor—Bureau of Labor Statistics. www.bls.gov/cpi/ [accessed 8/25/09].

Comparison of the Automatic Compound Inflation Option and the Future Purchase Option

The following graphs compare monthly premium and Daily Benefit Amounts over time for purchase ages 50 and 65 for the following inflation options:

- ▶ Automatic Compound Inflation Option at 5% (5% ACIO),
- ▶ Automatic Compound Inflation Option at 4% (4% ACIO), and
- ▶ Future Purchase Option (FPO).

Please read the following important assumptions about the graphs:

Important assumptions

- ▶ The following graphs assume an initial Daily Benefit Amount of \$150, a 90 day waiting period, and a 5 year benefit period.
- ▶ Horizontal ACIO premium lines in these graphs indicate that premiums will not automatically increase every year when benefits automatically increase. This **does not** mean that premiums will never increase for enrollees with ACIO. The underlying premium rates for both ACIO and FPO are **not** guaranteed.
- ▶ The graphs reflect two different scenarios: all FPO increases accepted and all FPO increases declined.
- ▶ For FPO and ACIO comparisons, we are assuming a similar annual rate of inflation increase for both: 5% or 4%. In reality, FPO increases can be higher or lower than ACIO rates under the FLTCIP in any given year. Actual FPO premiums and benefits will vary depending on actual future inflation rates.
- ▶ The graphs do not imply that your coverage will end after 30 years.

As the **Premium Comparison** graphs illustrate, a 5% or 4% ACIO premium does not increase automatically each year when the benefit increases. With FPO, premium starts out lower than with 5% or 4% ACIO. But, as the benefit increases, the FPO premium increases and eventually becomes greater than the 5% or 4% ACIO premium. Because the FPO premium increases steeply during normal retirement ages, you should consider whether you will be able to afford the higher premium under the FPO. If you decline an FPO increase, your coverage doesn't end, your Daily Benefit Amount just does not increase.

The **Daily Benefit Amount Comparison** graphs show how the Daily Benefit Amount increases over time under 5% ACIO and 4% ACIO and how it would increase under FPO if similar benefit increases were to take effect. However, if you decline an FPO increase, your FPO benefit will not increase and over time may become substantially less than the 5% or 4% ACIO benefit.

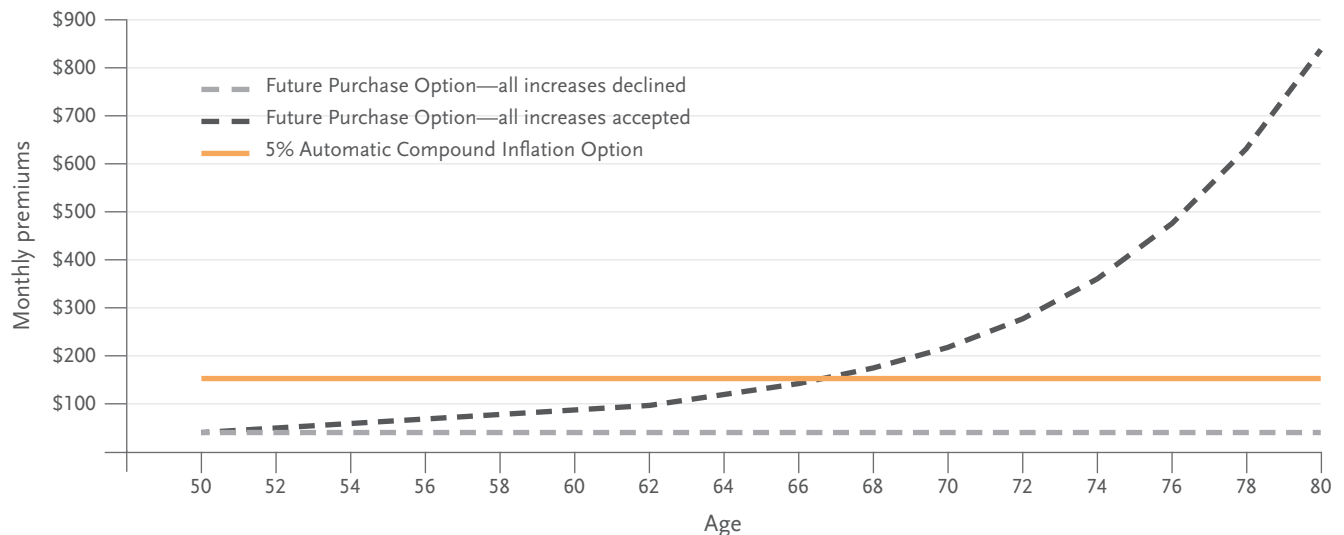
The effect of FPO on your premium and benefit cannot be predicted, since it is based on a variable rate (the CPI-U). It is important that you understand and are comfortable with this aspect of the Future Purchase Option before you elect it.

Purchase age 50—Examples

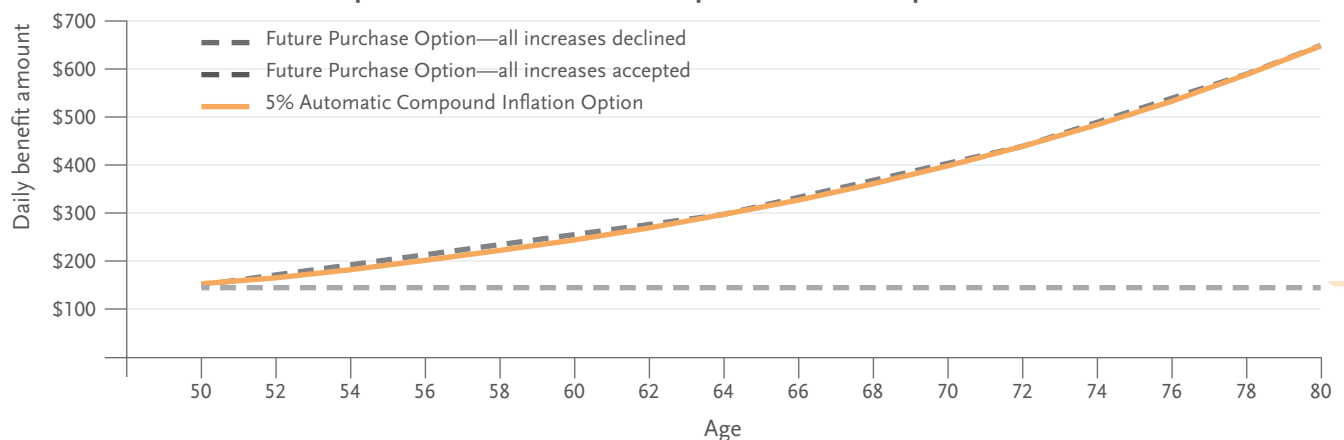
Please read the Important Assumptions above before reviewing the following graphs. The graphs below illustrate only the first 30 years of premium and benefits. The premium lines in these graphs are for comparison only and are meant to indicate that premiums will not automatically increase every year when benefits automatically increase. This **does not** mean that premiums will never increase for enrollees with ACIO. The underlying premium rates for both ACIO and FPO are **not** guaranteed.

FPO and 5% ACIO Comparisons

Premium comparison for purchase at age 50 Future Purchase Option vs 5% Automatic Compound Inflation Option



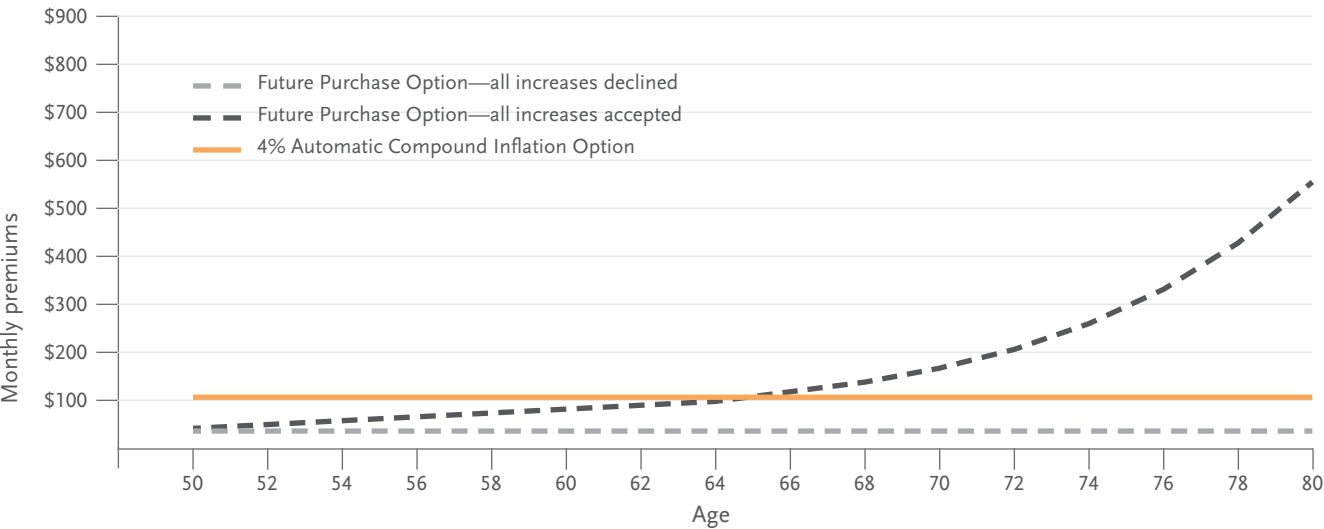
Daily Benefit Amount comparison for purchase at age 50 Future Purchase Option vs 5% Automatic Compound Inflation Option



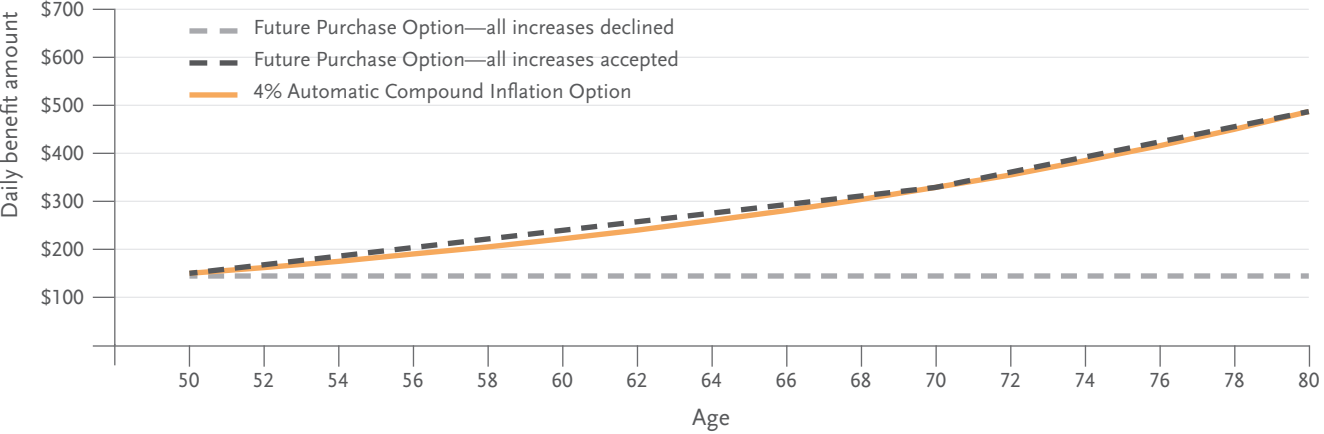
FLTCIP 2.0 Outline of Coverage

FPO and 4% ACIO Comparisons

Premium comparison for purchase at age 50
Future Purchase Option vs 4% Automatic Compound Inflation Option



Daily Benefit Amount comparison for purchase at age 50
Future Purchase Option vs 4% Automatic Compound Inflation Option

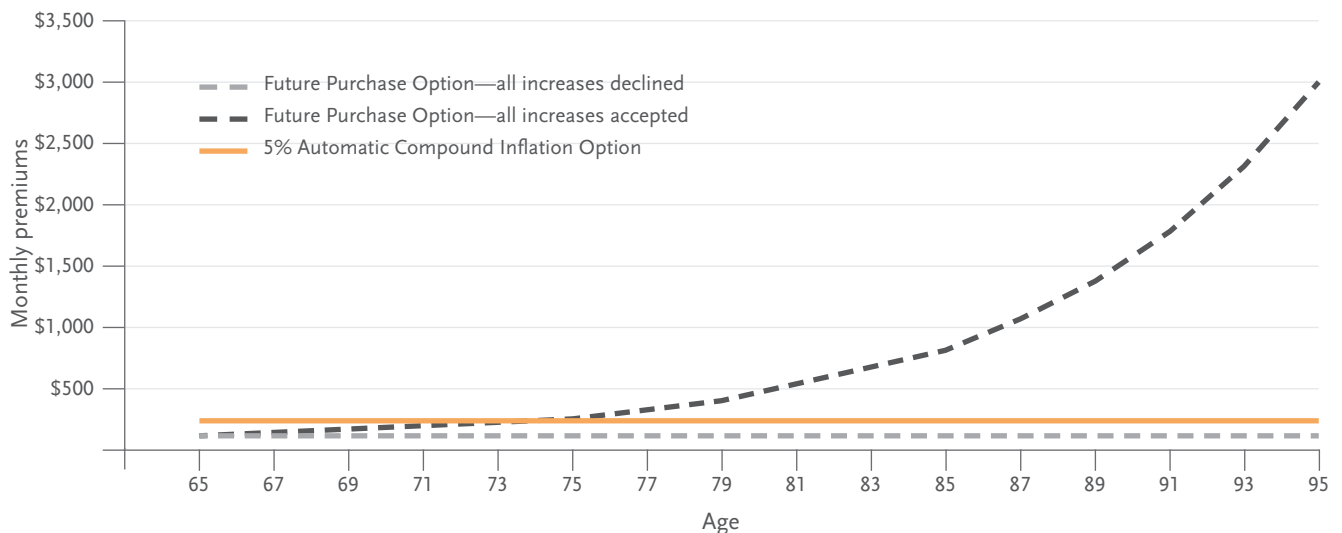


Purchase age 65—Examples

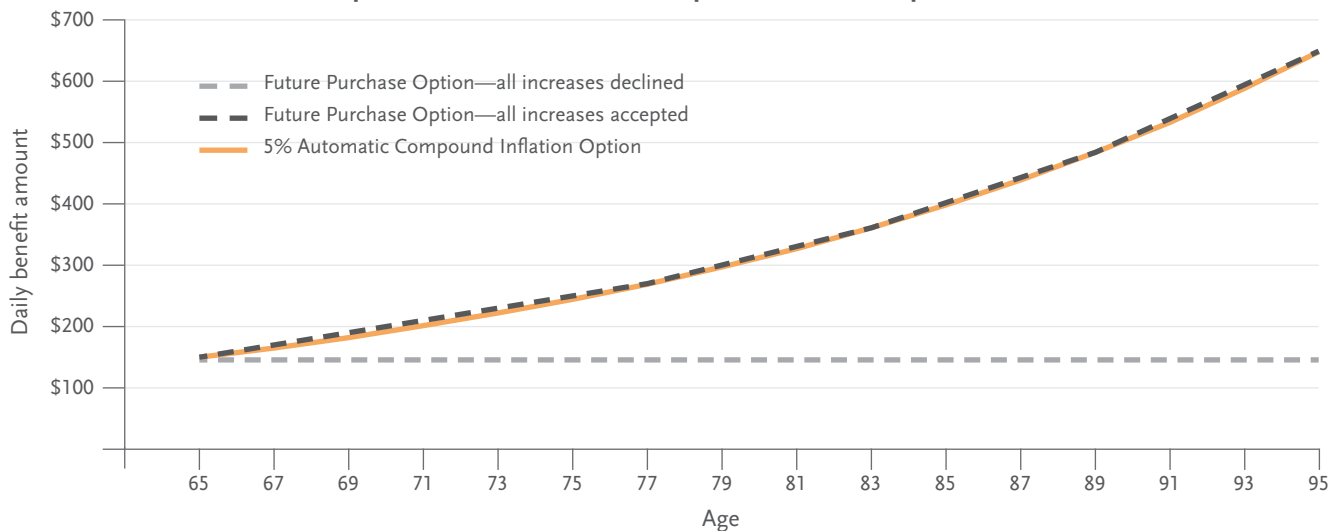
Please read the Important Assumptions above before reviewing the following graphs. The graphs below illustrate only the first 30 years of premium and benefits. The premium lines in these graphs are for comparison only and are meant to indicate that premiums will not automatically increase every year when benefits automatically increase. This **does not** mean that premiums will never increase for enrollees with ACIO. The underlying premium rates for both ACIO and FPO are **not** guaranteed.

FPO and 5% ACIO Comparisons

Premium comparison for purchase at age 65 Future Purchase Option vs 5% Automatic Compound Inflation Option



Daily Benefit Amount comparison for purchase at age 65 Future Purchase Option vs 5% Automatic Compound Inflation Option

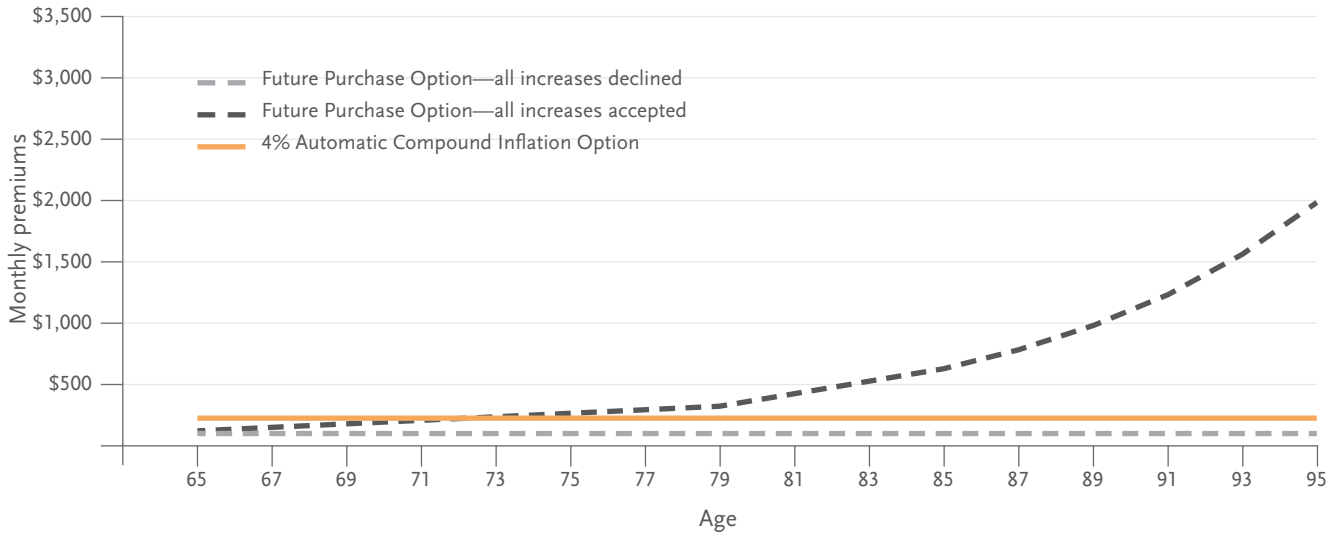




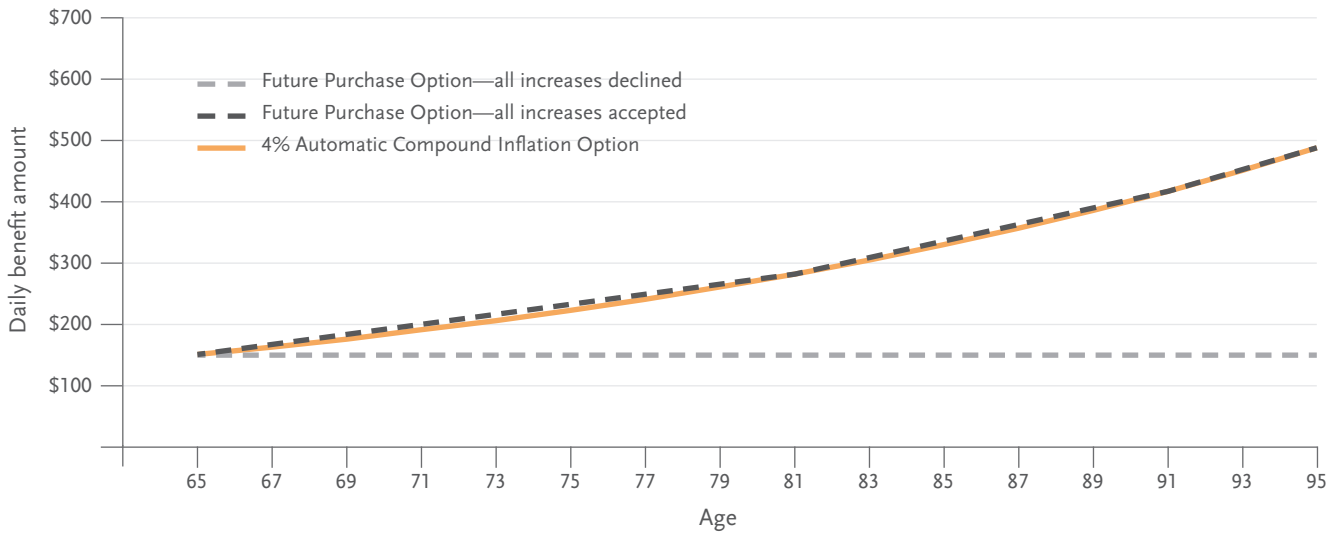
FLTCIP 2.0 Outline of Coverage

FPO and 4% ACIO Comparisons

Premium comparison for purchase at age 65 Future Purchase Option vs 4% Automatic Compound Inflation Option



Daily Benefit Amount comparison for purchase at age 65 Future Purchase Option vs 4% Automatic Compound Inflation Option



Other Benefit Changes (Upgrades and Downgrades)

At any time, you may request an increase (upgrade) or decrease (downgrade) in your coverage. If you make a request that we determine is an increase in coverage, you must provide, at your expense, evidence of your good health that is satisfactory to us. You do not have to provide evidence of your good health for a decrease. The amount of an increase or decrease is subject to FLTCIP options available under FLTCIP 2.0 at the time of your request.

Within 30 days after you receive approval of a request for an increase or a decrease in your coverage, you may cancel the increase or decrease in your coverage, and it will be as if the increase or decrease in your coverage was never issued. We will refund any premium that is due you within 30 days.

8. When your premium may change

If you select the automatic compound inflation option, your premium is designed to include all future inflation increases you will receive each year while you are insured. Your premium will not increase with each inflation increase under this option.

However, your premiums may still increase under the conditions described below as well as those described in the When We May Increase Premiums subsection.

If you select the future purchase option, your premium will increase for each inflation increase under this option; the additional premium for each increase will be based on your age and the premium rates in effect at the time the increase takes effect. If you change from the future purchase option to the automatic compound inflation option, your premium will increase based on your age and the premium rates in effect at the time that change goes into effect. This increase in premium is intended to pay for future increases under the automatic compound inflation option. Once you have changed, your premium will not increase for any subsequent inflation increase. Please note that your premiums may also increase under the conditions described in the When We May Increase Premiums section.

If you request and we approve any coverage increase other than an inflation increase, your premium for the additional coverage will be based on your age and the premium rates in effect at the time the increase takes effect. If you request a decrease in coverage consistent with available FLTCIP options, your premium will decrease. The amount of the decrease in premium associated with the decrease in coverage will be computed assuming that the levels of benefits purchased last are discontinued first.

See the section titled Relationship of Cost of Care and Benefits for a summary of these benefit change provisions.

Your premium will not change because you get older or your health changes or for any other reason related solely to you. We may only increase your premium if you are among a group of enrollees whose premium is determined to be inadequate. While the Group Policy is in effect, OPM must approve the change.

FLTCIP 2.0 Outline of Coverage

9. When you may receive a premium refund

30 day free look/cancellation of coverage

New enrollees:

Within 30 days after you receive your Benefit Booklet, you may cancel your coverage if you are not satisfied with it and receive a refund of any premium you paid. If you wish to do this, you must notify us within 30 days of receiving the Benefit Booklet. Then we will refund all of your premium paid for coverage under the Benefit Booklet within 30 days.

Existing Enrollees:

Within 30 days after you receive your new Benefit Booklet,

- ▶ you may cancel your new coverage if you are not satisfied with it and receive a refund of any premium paid for the new coverage; or
- ▶ you may cancel your new coverage if you are not satisfied with it and return to your prior coverage under the FLTCIP and receive a refund of any premium paid for the new coverage.

If you wish to do either of the above, you must notify us within 30 days of receiving your new Benefit Booklet. Then we will refund all of your premium paid for coverage under the new Benefit Booklet within 30 days. If you do not notify us that you wish to return to your prior coverage within 30 days of your receipt of your new Benefit Booklet, you will no longer be able to return to your prior coverage or any options that were available under that coverage that are not available under the new Benefit Booklet.

You may cancel your coverage at any other time; however, we will only refund premium that covers a period after the effective date of your cancellation.

Other Refunds of Premium

We will refund any premium that you paid to cover any period after the date of your death or during which your premium is waived.

10. When coverage may be continued or ended

When Your Coverage Will End

Your coverage will end on the earliest of the following:

- ▶ the date you specify to us that you wish your coverage to end; or
- ▶ the date of your death; or
- ▶ the end of the period covered by your last premium payment if you do not pay the required premium when due; or
- ▶ the date the Group Policy ends, subject to continuation of coverage as described below; or
- ▶ the date that you have exhausted your maximum lifetime benefit (in this event, care coordination services will continue).

Grace Period

There is a 30-day grace period for payment of your premium. This means that we must receive your premium payment by the 30th day after the date it is due. If we do not receive your premium by the end of this grace period, we will send you written notice of termination of your coverage by first class United States mail. You will have 35 days from the date of the termination letter to pay your premium; otherwise your coverage will end.

Portability

Long term care insurance coverage under the FLTCIP is portable. This means that once you have coverage under the FLTCIP and later are no longer a member of an eligible group, you can keep your coverage if you continue to pay the required premium and have not exhausted your maximum lifetime benefit.

Continuation of Coverage

If the Group Policy ends, OPM has stated that it intends to continue your insurance coverage by replacing the Group Policy with another that will:

- ▶ be effective on the day after the Group Policy ends; and
- ▶ provide coverage that is substantially the same as that provided by the Group Policy; and
- ▶ calculate your premium based on the same issue(s) as under the Group Policy.

In the unlikely event that the Group Policy ends and there is no replacement policy as described above, we will continue your coverage.

11. Premium

The premium required for coverage under the FLTCIP may be available in the enclosed materials; otherwise, premiums can be obtained by contacting Long Term Care Partners, the FLTCIP administrator. Premiums may change. See the section When Your Premium May Change.

12. Applying for coverage under the FLTCIP

Anyone who is eligible to apply for coverage under the FLTCIP and wishes to do so must complete the appropriate application. We must approve your application in order for your coverage to become effective. Certain medical conditions, or combinations of conditions, will prevent some people from being approved for coverage. You must apply to know if you are eligible to enroll.

The Federal Long Term Care Insurance Program Privacy Notice

This notice describes the privacy policy of John Hancock Life & Health Insurance Company (John Hancock) for the Federal Long Term Care Insurance Program (FLTCIP).

This notice refers to John Hancock as “us,” “we,” or “our,” and refers to any other company in the John Hancock family of companies as an “Affiliate.” Long Term Care Partners, LLC, which administers the FLTCIP, also follows the same privacy policy.

Why we need to know about you

We need to know about you so that we can provide the insurance or other products and services you’ve asked for. We may also need to know about you to administer your business with us, evaluate claims, process transactions, and run our business.

How we learn about you

We get most information about you, from you. The information you give us when applying for insurance or services is often all we need.

If we need to verify or get more information, we may need to contact:

- ▶ Health care providers
- ▶ Your employer
- ▶ Other insurers
- ▶ Your family members
- ▶ Consumer reporting agencies

The information may relate to your:

- ▶ Health
- ▶ Employment
- ▶ Finances (for example, your payroll/annuity information for billing)
- ▶ Personal characteristics

It may also relate to other dealings you have had with us or with others, including our Affiliates.

How we protect your information

We treat your information in a confidential manner. Our employees are required to protect your information. They access your information only when there is a reason to do so.

We also have physical and computer standards to protect your information. These standards comply with all applicable laws.

How we use and disclose what we know about you

We may use what we know about you to help us serve you better and to conduct our business. We may use and disclose it for any purpose allowed by law. For instance, we may use your information, and disclose it to others, in order to:

- ▶ Help us evaluate and process your request for insurance or benefits
- ▶ Help us process claims and other transactions
- ▶ Help us administer our products and services
- ▶ Offer you other products or services under the FLTCIP
- ▶ Audit our records or our services (including any audit by the U.S. Office of Personnel Management or the U.S. Government Accountability Office)
- ▶ Help prevent or find out about fraud or other crimes (including money laundering and terrorism)
- ▶ Help us run the FLTCIP

The Federal Long Term Care Insurance Program Privacy Notice

Other reasons we may disclose what we know about you include:

- ▶ Complying with an order of a court or government agency (including a search warrant or subpoena)
- ▶ In the event we are or may be selling all or any part of our business or merging with another company
- ▶ Coordinating benefits with other government programs
- ▶ Informing your health care provider about a medical condition you didn't include on your application
- ▶ Giving your applicable information to someone who has a legal interest in your insurance, such as an individual or entity to whom you have assigned benefits

Information may be disclosed to:

- ▶ Other companies, including our Affiliates, that provide services for us or for the FLTCIP
- ▶ Other insurers
- ▶ Law enforcement or regulatory agencies
- ▶ Entities that oversee or audit us or the FLTCIP
- ▶ Consumer reporting agencies

Companies that service the FLTCIP are required to protect your information in the same manner.

How to get and correct your information

Generally, if you ask us in writing, we will let you review your information. However, we may decide not to give you information we have that relates to an administrative action, lawsuit, or claim.

If you tell us that your information is incorrect, we will review it. If we agree, we will correct our records. If we do not agree, you may send us a written statement. We will include your statement in your file and with any future disclosure of your information.

If you have questions

We treat your information in accordance with applicable laws. You may have other rights under other laws, including the **Health Insurance Portability and Accountability Act (HIPAA)**. For additional information about your rights under HIPAA or if you have any questions about your privacy rights, please contact:

Long Term Care Partners, LLC
Attn: Privacy Office
100 Arboretum Drive
Portsmouth, NH 03801





The **Federal** Long Term Care Insurance Program™



The Federal Long Term Care Insurance Program is sponsored by the U.S. Office of Personnel Management, offered by John Hancock Life & Health Insurance Company, Boston, MA 02117, and administered by Long Term Care Partners, LLC

John Hancock



*A New Day
for the Civil Service*