In the event a person has continuing long-term care needs beyond the minimum duration of a plan, he/she may apply for Medicaid Extended Coverage (MEC) which allows for the disregard of all or some of his/her assets. The last row of the table shows the level of asset disregard for each plan.

<table>
<thead>
<tr>
<th>Total Asset 50</th>
<th>Total Asset 50</th>
<th>Total Asset 100</th>
<th>Dollar for Dollar 50</th>
<th>Dollar for Dollar 100</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/4/50</td>
<td>3/6/50</td>
<td>4/4/100</td>
<td>1.5/3/50</td>
<td>2/2/100</td>
</tr>
<tr>
<td><strong>Nursing home coverage</strong></td>
<td>2 years at a minimum daily benefit amount of $361 (2022)</td>
<td>3 years at a minimum daily benefit amount of $361 (2022)</td>
<td>4 years at a minimum daily benefit amount of $361 (2022)</td>
<td>1.5 years at a minimum daily benefit amount of $361 (2022)</td>
</tr>
<tr>
<td>or</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Home care coverage</strong></td>
<td>4 years at a minimum daily benefit amount of $180 (2022)</td>
<td>6 years at a minimum daily benefit amount of $180 (2022)</td>
<td>4 years at a minimum daily benefit amount of $180 (2022)</td>
<td>3 years at a minimum daily benefit amount of $180 (2022)</td>
</tr>
<tr>
<td>or</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Residential care facility coverage</strong></td>
<td>4 years at a minimum daily benefit amount of $180 (2022)</td>
<td>6 years at a minimum daily benefit amount of $180 (2022) (at a minimum, includes home care services received in an assisted living residence)</td>
<td>4 years at a minimum daily benefit amount of $180 (2022) (at a minimum, includes home care services received in an assisted living residence)</td>
<td>3 years at a minimum daily benefit amount of $180 (2022) (at a minimum, includes home care services received in an assisted living residence)</td>
</tr>
</tbody>
</table>

In the event both nursing home coverage & home care or residential care facility coverage are used, 2 home care/residential care facility days equal 1 nursing home day for the purpose of meeting Partnership utilization requirements.

**Other basic coverage (shared by all plans)**
- 3.5% or 5% annual compounded inflation protection required at purchase ages 79 and younger
- Care management services
- 14 days of respite care per year
- Nursing home bed reservation, 20 days per year
- 60 day grace period to ensure the premium is paid if you have designated someone to be notified when you fail to pay your premium on time
- Hospice care
- Coverage of alternate level of care status in a hospital while awaiting nursing home placement or at-home services
- Review of denied benefit authorization requests
- Guaranteed renewable

Optional coverage
Optional coverage is available depending on the type of plan. Check with your insurance carrier for more options.

Asset protection if meet the minimum duration requirement of policy & apply for MEC
- Total
- Total
- Partial depending on the amount of benefit paid
- Partial depending on the amount of benefit paid

This chart illustrates the core benefits as well as the minimum daily benefit amounts associated with each Partnership policy type.