

PSE The Standard Life + LTC FAQ

Enrollment

Who is eligible for the plan?

Employees ages 18-70 as of the effective date of 6/1/2026 and working 20+ hours per week are eligible to enroll. Spouses and domestic partners ages 18-70 are also eligible to enroll. Other family members/dependents are not eligible under the policy terms.

Are family members covered?

Spouses and domestic partners may enroll in coverage. Children and other family members are not included in this benefit.

Do you consider a spouse - someone one you are not married to?

Spouses and domestic partners may enroll in coverage. A spouse is someone you are legally married to. A domestic partner can be of the same or opposite sex and must meet the qualifying criteria including:

- Share a common legal residence for at least 12 months
- Neither is married to anyone else
- Both are at least 18 years of age
- Are financially interdependent
- Not related by blood to a degree that would prohibit legal marriage
- Not in the relationship solely for the purpose of obtaining benefits

Are there any restrictions on adding a spouse or dependents if they were not included at the time of initial individual enrollment? For example, future marriage, newborn children.

A future spouse can be added as a Qualifying Life Event. The spouse will receive an opportunity to enroll with no health questions. Children and other family members are not included in this benefit.

If both spouses work at PSE, are they both eligible for the \$225,000 coverage?

Yes, if both spouses are employed by PSE, then they are both eligible for the employee guaranteed issue limit of \$225,000

Can my spouse apply even if he gets his other benefits through his company?

Yes, a working spouse can enroll with no health questions up to \$75,000 and up to \$150,000 with health questions. The employee must apply for the spouse to apply, and the spouse coverage cannot exceed the employee coverage amount.

If the employee is already covered under PSE's plan, can the spouse apply?

The employee must apply for this benefit for the spouse to apply. Employees are eligible to be covered under both plans.

Are there any options (e.g. undergoing underwriting) that could provide LTC/life for those (spouses) older than 70?

This Life+LTC benefit is only available for employees and their spouses ages 18-70.

If I already have LTC insurance, do I need this as well? Or would I replace it with this?

You should look at your current coverage and decide if it will cover potential LTC expenses. If you wish to increase your coverage, enrolling now with no health questions is

the perfect time. If you are considering replacing your current coverage, we recommend you speak to an expert to compare plans. Please contact LTC Solutions LTCiBenefitsTeam@lcsolutions.com or (877) 286-2852.

If I already am enrolled in a private insurance plan for LTC, would that affect eligibility or payout for this additional plan?

There is no coordination of care which means that you can be covered by multiple LTC plans and use them at the same time.

Any restrictions on co-insurance or concurrent long-term coverage policies that we may have?

There is no restriction. If you already have LTC coverage, you may enroll in this benefit as additional coverage.

I have life insurance through PSE already. Does the life insurance piece of this policy work concurrently?

This benefit is separate from all other benefits. If you have multiple life insurance policies, the death benefits will be paid out separately.

Does the current life insurance offered through PSE remain in place?

The current life insurance offered is not affected by this new plan. This benefit is being offered as a way of bringing long-term care insurance to you since the Unum plan is now closed to new entrants.

Current enrollment entails no health-related questions? Isn't smoker status such a question?

Tobacco status is asked to determine which rates are applicable to you. You will not be denied coverage if you are a tobacco user. Health questions can involve medical records and blood tests, and you can be denied coverage based on the results.

Do we need to 'Apply' in order to get the details of the different policies?

You can access most details on the website prior to applying: www.my LTCguide.com/pse

- [Brochure](#)
- [Sample Outline of Coverage](#)
- [Sample Rates](#)

To access rates for all plan designs, you will need to login into the enrollment portal by clicking the [Apply](#) button.

I cancelled my Unum plan. Can I sign up for this now or is that disqualifying?

Prior or current coverage with any other company is not disqualified and you are eligible to enroll in this benefit.

If you say "Decline" when initially looking at the rate sheet, will we have any issues going back in to Apply if we do decide to sign up?

You are welcome to change your mind and enroll after initially declining. You will need to enroll by April 24, 2026, to receive coverage with no health questions. If you wish to enroll in a future enrollment, health question will be required.

Can you elect to have the monthly fee from payroll?

No, the premiums will be directly billed to the bank account of your choice. Bank information will be required at the time of application.

If I were to enroll my spouse, could the PSE employee also pay for the spouse monthly premium.

Both employee and spouse monthly premiums will be paid via ACH bank withdrawal.

Benefits

It appears this is for both Life Insurance and LTC...is LTC only available as an option without Life Insurance?

This is a Term Life insurance policy with an Accelerated Death Benefit rider which allows you to access the funds during your living years for LTC expenses. They are combined and cannot be separated.

How long do I need to pay into this plan before I can use the benefits?

The policy becomes effective 6/1/2026 and will remain active as long as premiums are paid. The policy terms at age 100.

Is there a vesting period for which we must have contributed to the plan before becoming eligible for benefits?

The policy will be effective 6/1/26. After this date, a doctor needs to certify that you need care with at least 2 out of the 6 activities of daily living (bathing, continence, dressing, eating, transferring and toileting) OR need assistance due to a cognitive impairment. When you complete the 90-day elimination period during which the cost of care is paid for by you, you can submit a claim and use the benefit.

When does the 90-day waiting period kick in? For example, a person gets into an accident and has a brain or spinal injury. Other insurance cover care for 30-90 days. It becomes clear sometime during that period that recovery isn't possible, and long-term care will be required. Does the 90 days start when the injury was incurred? Or when the determination is made that recovery isn't possible? The 90-day waiting period starts on the date of the first invoice for LTC. The Standard will ask for invoices to show that 90 days of care have been needed prior to initiating the claim payments.

Is there a 'Median Length of Stay' comparison to the 'Average Length of Stay' data shared? How much are the extreme ends of that bell curve affecting the average? The median length of stay could be shorter than the average length due to outliers, but typically the outliers are claimants that require long-term care due to cognitive impairment such as Alzheimer's or dementia. It is important to consider your family history when estimating potential LTC costs.

Are Adult Day care facilities accepted?

Yes, adult day care is considered qualified non-confined care. The facility must be appropriately licensed or certified to provide such services (if required by the jurisdiction in which it is operating.)

Can the LTC benefit be used if you must spend time in a rehab center, for example after a stroke or car accident?

Qualified long-term care services mean services that meet the requirements of Section 7702B(c)(1) of the Internal Revenue Code of 1986, as amended, as follows: necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services, and maintenance or personal care services, which are required by a chronically ill individual; and are provided pursuant to a plan of care prescribed by a licensed health care practitioner.

If the policy has \$6000 monthly payment, but actual LTC fees are \$5000, will the monthly payout be \$6000 or \$5000?

This is an indemnity policy, meaning the full monthly benefit will be paid regardless of actual expenses.

Is there an inflation option to allow the LTC monthly benefit to increase over time based on cost-of-living increases?

Inflation protection is not included in this policy. The life insurance face value remains fixed and there is no inflation increase to the policy.

It appears the maximum length of benefits (34 months) is roughly equal to the average length of time care is needed. Any options for a more extended benefit?

The monthly benefit for LTC is 6% of the life insurance face value. This amount lasts for 17 months. The policy has a built-in extension of benefits to add an additional 17 months for a total of 34 months. For example, if you have a \$100,000 policy it would pay \$6,000 for 17 months, then the extension would allow 17 more months for a total of \$200,000 to be paid for LTC. The extension of benefits doubles the life insurance value for LTC.

If I'm paid \$100K for LTC, will my estate still receive \$100K when I die?

Based on the example above if you have a \$100,000 life insurance policy, it will pay out \$200,000 for LTC, then the Restoration of Benefits will allow the original \$100,000 to be paid to your beneficiary upon your death.

Does the Extension of Benefits kick in automatically?

Yes, upon using the first 17 months of benefits, you can continue receiving another 17 months of benefits automatically.

If you use 10 months of LTC and then don't need anything, then later use another 7 months, does the extension still kick in after those 7 months or does it only apply if you use all 17 months at once?

Benefits would continue to be paid for another 17 months after the completion of the 7 months of care.

If someone opens a claim, uses it for 6 months, then closes it as they no longer need the care, can they open a new claim later? If so, does the claim value start over or does the next claim only pull from the remaining amount of the plan?

A new claim can be opened later and if approved, the remaining months of benefits can be used.

Could you clarify the amount available as a death benefit, if an employee uses all the LTC benefit.

If the policy was exhausted for LTC, the Restoration of Benefits allows the initial death benefit to be paid.

How does the Restoration of Benefits work?

If you do exhaust the benefits for Long Term Care, the policy does have a Restoration of Benefits rider which restores the death benefit to the pre-acceleration amount therefore assuring a death benefit available up to the insured's age 100. Premiums are waived while LTC benefits are being paid and do not resume once the LTC benefits are exhausted.

How long does it take to restore the death benefit?

The death benefit is restored monthly as benefits are used.

"Restoration of Death Benefit" - most hybrid Life+LTC policies provide "Either Or" benefits, meaning you'll get either the LTC or the Death benefit. Is this Standard benefit "Both And"? Meaning you'll receive both the LTC benefit AND the Restoration of Death/ Life benefit up to the Life Benefit value (e.g. \$50k Life AND up to 34 mo. of LTC).

Yes, this is a "Both And" combo Life + LTC policy.

Are any long-term care benefits used deducted from the life insurance benefit? Meaning the coverage functions as one pool of money rather than two separate benefits?

Due to the Restoration of Benefits, as you use the policy for LTC, the death benefit will be restored monthly to the pre-accelerated value.

Is it valid only in US? If someone is traveling and needs this insurance outside the country, what are the options?

This benefit is designed to cover long-term care after a 90-day elimination period, not emergent care. LTC claims are available for payout in the US, Canada or US territories.

Is the benefit (either monthly or lump sum) considered taxable income?

It is best to consult your tax advisor on your specific situation.

How does the Pre-Existing Conditions work?

Benefits are not paid for a period of care resulting from a pre-existing condition that begins within the first 6 months after the effective date of coverage if the pre-existing condition causes the insured to be chronically ill. This does not apply to a period of care beginning 6 months after the rider effective date. A pre-existing condition is a condition for which medical advice or treatment was recommended or received from a physician or other member of the medical profession within 6 months before the rider effective date.

Is any chronic illness (say Type 1 diabetes diagnosed 20 years ago for which you receive regular care like insulin and Dexcom) a pre-existing condition, or ONLY one where you have received assistance to do daily tasks in the last 12 months?

Pre-Existing Review

LTC services that begin in the first 6 months following the effective date are subject to pre-existing review. If symptoms existed or treatment was provided in the 6 months prior to the effective date, benefit will be limited by the pre-existing condition.

LTC services that begin after the first 6 months following the effective date are not subject to a pre-existing review.

Example Scenarios:

Effective date 6/1/2026

Symptoms existed prior to 6/1/26 – LTC services begin prior to 12/1/25 – limitation applies

Symptoms existed prior to 12/1/25 – LTC services begin during 12/1/25 and 5/31/26 – limitation applies

Symptoms existed prior to 12/1/25 – LTC services begin after 5/31/26 – no limitation

Symptoms begin 12/1/25 – 5/31/26 – LTC services begin during 12/1/25 – 5/31/26 – limitation applies

Symptoms begin 12/1/25 – 5/31/26 – LTC services begin during 6/1/26 – 11/30/26 - limitation applies

Symptoms begin 12/1/25 – 5/31/26 – LTC services begin after 12/1/26 – no limitation

Symptoms begin anytime - LTC services begin after 11/30/26 – no limitation

Symptoms begin after 11/30/26 - LTC services begin after 11/30/26 – no limitation

If limitation applies, benefits for these costs are not covered

At what point will the monthly (Option 1) or lump sum (Option 2) decision need to be made?

This option is made when filing a claim.

It's not a 'if you don't use it, you lose it' policy so how will you get benefits in some way?

The policy will pay out as either a LTC benefit and a death benefit or if you never need it for LTC, your beneficiary will receive a death benefit. The policy expires at age 100, however The Standard will not stop paying an ongoing LTC claim after coverage terminates if that claim started before coverage was terminated.

To clarify, if you use the LTC benefit, you then lose the death benefit?

No, you retain the death benefit due to the Restoration of Benefits.

The [Sample Outline of Coverage](#) notes that after year 5, there is a “Minimum death benefit” which may be lower than the benefit amount we initially sign up for. How is this determined?

After 5 years the death benefit could reduce. To trigger a death benefit decrease, mortality experience would need to deteriorate by more than 20% over current pricing levels and continue for at least three years. After year 5, a declaration will be issued to the policyholder each year reaffirming the death benefit by showing that the death benefit has not decreased. If the policy experience does not live up to The Standard's expectations, this feature allows the policy to be decreased instead of the rates to be increased. The Long-Term Care rider will never decrease, even if the death benefit does decrease. Each policyholder will receive a Welcome Letter with Illustration. An illustration will be provided annually starting in the 6th year.

So, if I don't die by 100, I get nothing?

If you die before age 100, your beneficiary will receive the death benefit. If you die after age 100, the policy will be termed, and no death benefit will be paid.

The exclusions state no care for mental or emotional disorders except Alzheimer's.

Who is determining if my care is related to a "mental or emotional" issue?

When you initiate a claim, you will be provided with a claim application to document your need for a long-term care claim. This and any requested medical records will be reviewed by The Standard's claim representative to determine eligibility.

Where can I find the difference between the three options listed on the website?

The [website](#) shows three life insurance options \$25,000, \$50,000 or \$100,000 so you can view the rates easily. Plans are available in the enrollment portal between \$10,000 to \$250,000.

Is the monthly premium fixed?

Yes, the monthly premium is based on your tobacco status and age as of the effective date of 6/1/26. Life + LTC rates cannot be increased.

Is the "guaranteed pricing" factoring in general risk factors? Would a lower rate be possible with a health review?

The group rates are much lower than you will find on the individual market and are based on your tobacco status and age as of the effective date of 6/1/26. Medical underwriting is only needed for plans applied for above Guarantee Issue, and underwriting does not decrease rates.

Can we get a rate sheet for someone to send to their financial advisor?

[Click here](#) to view the full rate sheet.

Are premiums tax exempt?

The premiums for not tax exempt.

What is the Non-Forfeiture Credit?

This credit is available if the rider terminates due to non-payment of premium starting at the end of the third year. The paid-up credit is equal to the sum of all premiums paid for the rider or a one-time monthly payment of the monthly accelerated death benefit (whichever is greater), subject to the maximum remaining death benefit amount, and is payable while receiving qualified LTC services. The restoration of accelerated death benefits and the monthly extension of accelerated death benefits are not available under this non-forfeiture benefit.

If I enroll and decide to cancel later, is that possible?

Cancellations can take place anytime. Cancellations received within the first 30 days are subject to the 30-day free look and premiums paid will be refunded. Cancellations received after the first 30 days will not result in premium refund.

Where is the calculator that shows the future cost of care?

[Cost of Long Term Care by State | Cost of Care Report | Carescout](#)

If I Leave PSE

Is there any lapse or discontinuation in coverage or policy participation if/when an individual employee leaves PSE (either via retirement or for other reasons)?

When you leave PSE for any reason, this coverage stays with you. The premiums are paid via ACH bank withdrawal, and this will stay the same when you leave employment.

Will the premiums be the same after retirement or another job after PSE?

If you leave employment, the premiums will remain the same.

How long does one have to pay premium?

Premiums remain level to age 100 unless coverage changes are made. At age 100, the plan expires.

Do I have to pay the premium after I retire?

The policy will remain active as long as premiums are paid. If you stop paying your premium, then your plan benefit lapses, and you have no plan benefit. Premiums are paid to age 100 and premiums are waived if you have an approved and open Long Term Care claim.

What happens to the policy if someone leaves PSE and or leaves Washington State?

As long as premiums are continued to be paid, the policy remains active and can be used in all states.

Say you have a stroke and need care for 6 months, then recover. Then say 5 years later you need care again - what is the benefit?

If you have not exhausted your LTC benefits during the first claim, the remainder is available for a future claim. If more than 17 months of benefits are used, and you are in the extension and no longer need care, the remaining months of benefits in the extension are forfeited.

How does the policy work if I retire internationally?

LTC claims: Claims are available for payout in the US, Canada or US territories.

Life insurance claims: A claim would not be denied solely on the bases that it occurred outside of U.S. The Standard would need supporting documents as with any death claim such as proof of death in the form of a death certificate or other lawful evidence providing equivalent information. One of the important items to consider in death claims that occur outside of the US is that the supporting documents need to be provided in English.

Can this benefit transfer states? If you move out of state, will this come with you?

Yes, you may use this benefit in all US states and territories and Canada.

The Standard

Since this is private insurance, please discuss the impacts and likelihood of the provider becoming insolvent or otherwise failing.

Insurance companies are regulated by each state's insurance laws. As a result, their financial position is evaluated by the state insurance commissioner and is checked regularly with respect to specific capital thresholds required for independent operation. If their capital levels were to fall into a range that would threaten their ability to maintain operations and meet obligations to their customers, the state insurance commissioner would have the ability to step in to protect policyholders. The Standard's financial A.M. Best rating is A+. [The Standard: Built on a Foundation of Financial Strength | The Standard](#)

Unum Policyholders

How is this any different from the existing LTC insurance PSE made available previously? This new benefit through The Standard includes Life insurance and Long-Term Care and is open to new applicants. The existing Unum policy is Long Term Care only and is closed to new applicants.

Is this Life+LTC additive to existing private LTC (through Unum for example)?

Yes, this new benefit is in addition to any coverage that you already have in force.

How does this benefit compare with the existing Unum coverage?

Click here to view a [Plan Comparison Chart](#).

Is there a way to see my existing UNUM plan on-line, with coverage details.

If you are a Unum policyholder and would like information on your current policy to make your decision, please contact LTC Solutions LTC:BenefitsTeam@ltc-solutions.com or (877) 286-2852.

Although Unum said that the rates would stay the same, they increased the rates across the board for a variety of reasons. How likely is it that the rates would increase with this new plan (even though the rates are supposed to stay the same)?

Life insurance rates are guaranteed to stay the same for the life of the policy.

If Standard does not coordinate with other carriers, why do I need to include the policy number of other existing plans when I try to sign up for Standard?

The state requires that any group coverage be disclosed at the time of application. This does not disqualify you from enrolling, nor will there be coordination of care between the policies.

WA Cares

Will this replace the mandated WA state LTC?

No, this will not replace the WA Cares payroll tax. If you are paying the payroll tax, you will receive \$35,000 for LTC through the state. Knowing that LTC can cost much more than that, you may consider purchasing this additional coverage to protect your savings and assets.

If LTC were needed, would the WA benefit need to be exhausted before coverage on this benefit would begin?

There is no coordination of care between the two benefits, so you can submit a claim to both at the same time.

How do we request exemption from WA Cares LTC if we sign up for this benefit?

The cut-off to receive a tax exemption was November 1st, 2021. The state is no longer accepting exemptions.

The WA Cares program will be offering private supplemental LTC insurance after legislation that was passed in 2025. I assume this does not qualify as supplemental LTC insurance under WA Cares? How do we compare this offering to what will be available as supplemental insurance under WA Cares?

As of this date, SPLTCI (Supplemental Private Long-Term Care Insurance) policies are still in the design and approval stage.

Visit the website for more [Frequently Asked Questions](#)