Unum LTC Wellness Program

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Why LTC Wellness Matters Now

Aging Population

75% of adults 50+ want to stay in their own homes as they age (AARP, 2024)

~70% of people turning 65 will need some long-term care (HHS/ACL)

3 years average duration of care; 1 in 5 will need it for more than 5 years

65% of care users receive care at home vs. 37% in facilities (ACL)

LTC Insurance Industry

Contact with members may start prior to a claim, establishing a relationship early

Carriers are in a role to **offer guidance** to members planning to age at home

Current health innovation initiatives target older adults and address **core LTC needs**

Members, the company, and partners all benefit, which makes this a rare **win-win-win** result

Aging Facts & Innovation

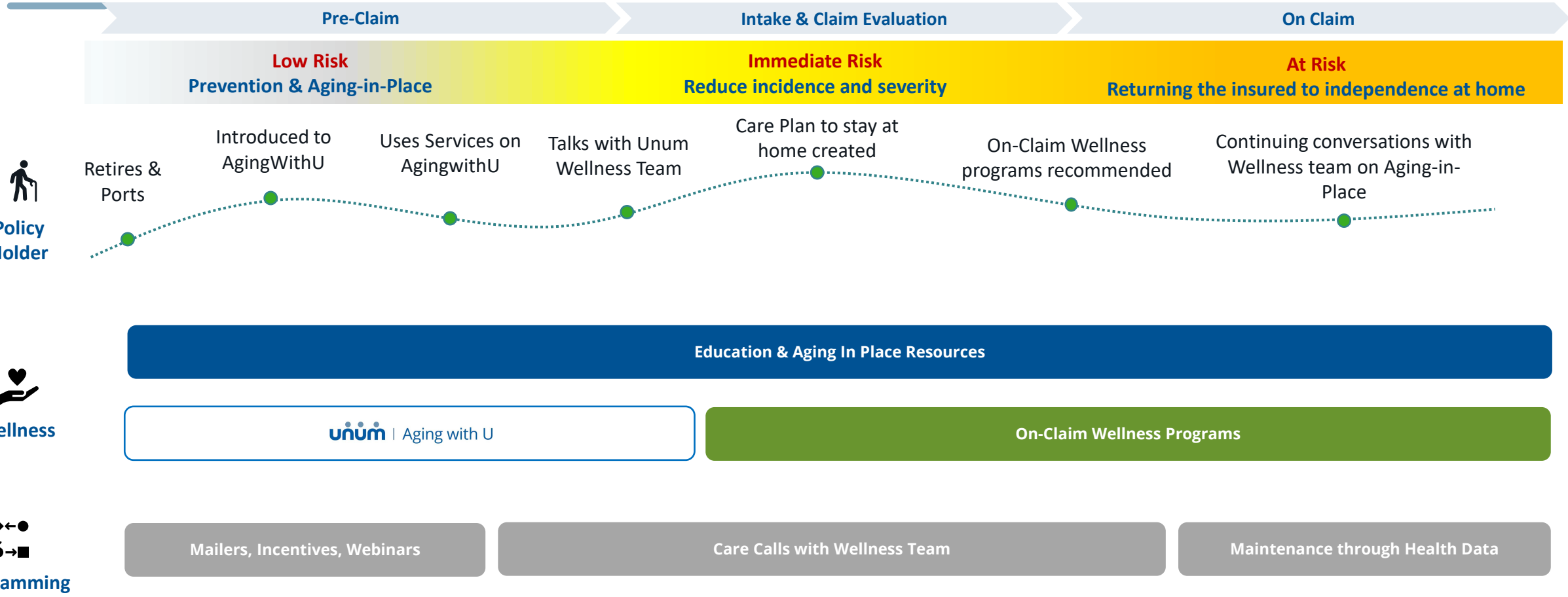
Unique facts

- **2034:** older adults projected to outnumber children for the first time (Census)
- **$45T** longevity market (AARP AgeTech Collaborative)

Innovation investment

- **$47M** Equitage AgeTech fund (2025); $30M Longevity Venture Partners aging-in-place fund (2023)
- **$50.3M** Enable Ventures debut fund, backed by UnitedHealth Group and Liberty Mutual (2026)
- **$35M** raised by Inspiren for AI-powered care monitoring

LTC Wellness Future State Blueprint



Spectrum of Care Needs: Maintenance to Prevention

Members' care needs span a continuum—from maintaining current health and independence to preventing decline before it starts. Supports range from education and service navigation to in-home safety tools and modifications, helping us match the right level of care to each member's needs.









Unum | Aging with U



Policy Holder	Engagement	Registration	Assessment	Services	Checkout	Follow-Up
	Mailers Webinars Seasonal Postcards	Simple Sign On Policy Matching	20 Questions Risk Scoring	Fall Risk Cognitive Support Hearing Care Guidance	$100 Credit Additional Products	Unum Call Feedback Additional Services

Engagement

OUTPUTS: audience files • tailored creative • mail/email drops • webinar campaigns • channel results

- Segment monthly cohorts by age, risk, prior engagement and available contact channels
- Plan quarterly webinars: topic, audience, invitations, registration, reminders and follow-up
- Build audience and contact-quality files; track response by segment and channel

Members Enroll

Member Data

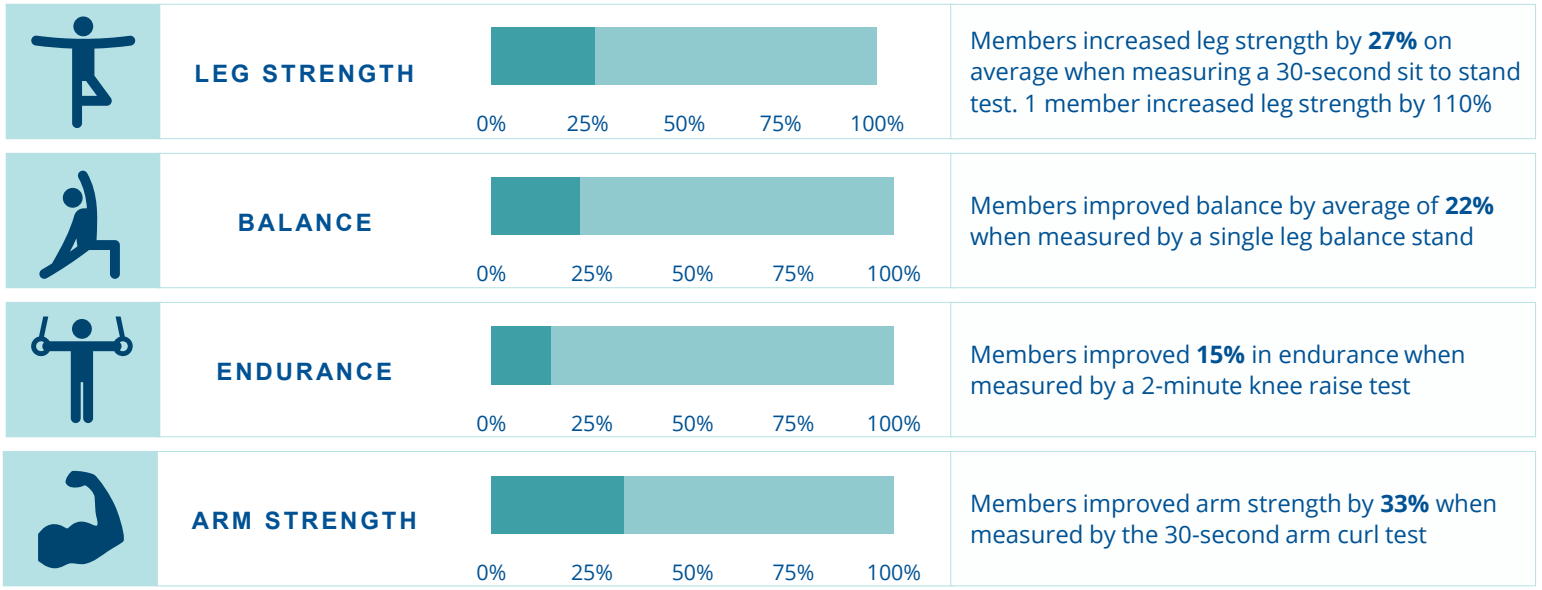
Programming

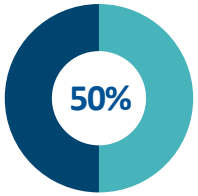
OUTPUTS: consultations • care plans • referrals • fulfillment • follow-up documentation • insights

- Build intervention plans and recommend vendors, resources or products to support additional care needs
- Document gaps in care services and leverage volume to add clinical vendors to address members needs
- Gather member feedback to ensure quality services and improve member experience

Case Study: Exercise Findings

Vendor provided data on members enrolled in an exercise program who completed a baseline assessment and then a reassessment.



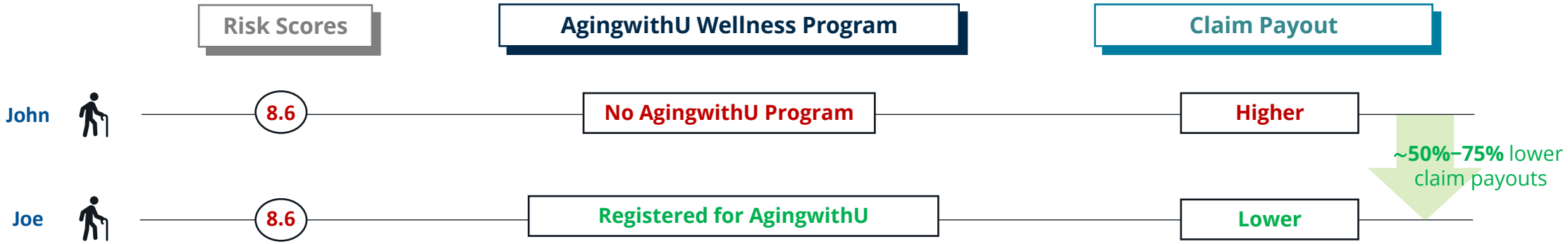


50% of Unum members who complete the program choose to continue participation at their own expense.

"One member reported that it is easier for her to walk any distance without shortness of breath and that after doing this, she is looser and in less pain. She's enjoyed it so much that her husband is also doing it!"

Another member reported "more endurance, less arthritic pain, better balance, improved daily performance such as getting up from a chair, and better able to perform daily chores."

Wellness Appears to Reduce Claim Severity After Onset



Potential Explanation	Supported?
Healthier pre-claim	❌ No
Cheaper policies	❌ No
Different diagnoses	❌ No
Shorter benefits	❌ No

🧩 So… Why Are Wellness Claims Lower?

The remaining plausible drivers become:

- ❓ Care navigation
- ❓ Earlier intervention
- ❓ Slower functional decline
- ❓ Lower site-of-care escalation
- ❓ Shorter high-acuity stays
- ❓ Fewer transitions into ALF/NH
- ❓ Better adherence to care plans

The difference appears **post-risk, post-policy**, and **post-diagnosis**

Measuring Success: Target vs. Control Group

Target Group (7,000)
Registered for AgingwithU

11%
engagement with the program

~10%
Decrease in incidence rate

- Registered for the AgingwithU wellness program
- Majority of members completed questionnaire
- Comparable pre-claim health, policy cost, diagnoses and benefit length
- Lower claim payouts after onset

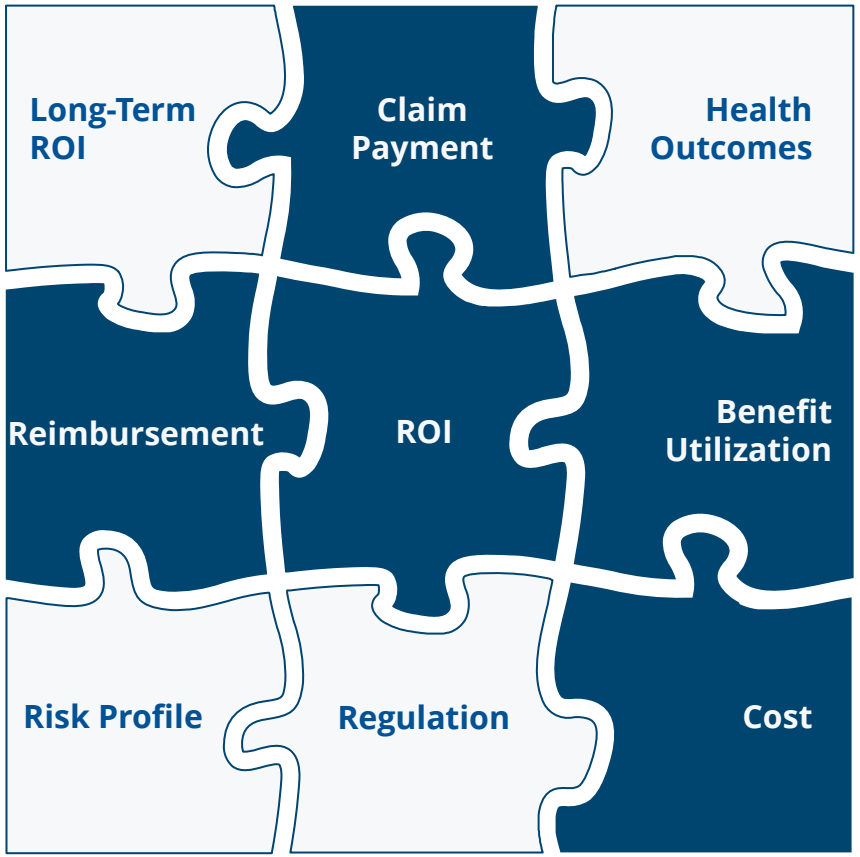
Control Group (10,000)
No AgingwithU program

None
program engagement

3.5%
Incidence Rate

- Did not register for the AgingwithU program
- No contact about any wellness related programs
- Comparable pre-claim health, policy cost, diagnoses and benefit length
- Higher claim payouts after onset

What the industry still needs to solve



Proving long-term ROI
Few multi-year studies link wellness engagement to lower claim costs.

Regulation
Work with states to standardize approach to LTC wellness and leverage additional wellness opportunities with Medicare

Risk Profile & Prediction Models
Learn how to leverage risk profiles and then create prediction models to improve the results from programs

Measuring health outcomes
The industry needs shared measures of risk and the impact of early intervention.



Contact Info

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