

SERFF Tracking #:

META-129009978

State Tracking #:

Company Tracking #:

CT12-191 (LTC97) CC

State: District of Columbia  
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified  
 Product Name: Individual Long-Term Care Insurance  
 Project Name/Number: 2012 Rate Increase/CT12-191 (LTC97)

Filing Company: Metropolitan Life Insurance Company

### Rate Information

Rate data applies to filing.

Filing Method: SERFF  
 Rate Change Type: Increase  
 Overall Percentage of Last Rate Revision: %  
 Effective Date of Last Rate Revision:  
 Filing Method of Last Filing: See section 16 of the actuarial memorandum

### Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Metropolitan Life Insurance Company	58.000%	58.000%	\$22,457	19	\$38,719	58.000%	58.000%

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Metropolitan Life Insurance Company

**TOI/Sub-TOI:**

LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:**

Individual Long-Term Care Insurance

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2012 Rate Increase/CT12-191 (LTC97)

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		LTC 97 rates	1LTC-97, 2LTC-97	Revised	Previous State Filing Number:  Percent Rate Change Request: 58	LTC_97_rates_DC part 1.pdf, LTC_97_rates_DC part 2.pdf,

**Policy Form 1LTC-97  
COMPREHENSIVE PLAN**

Optional Inflation Protection without Nonforfeiture

Assumes 20 Day Elimination Period

Standard Annual Premium Rates - \$10 Increments with 58% increase

TLB	730x	730x	730x	1,095x	1,095x	1,095x	1,460x	1,460x	1,460x	1,825x	1,825x	1,825x	Unlimited	Unlimited	Unlimited
HC	100%	80%	60%	100%	80%	60%	100%	80%	60%	100%	80%	60%	100%	80%	60%
Age	730x100	730x80	730x60	1095x100	1095x80	1095x60	1460x100	1460x80	1460x60	1825x100	1825x80	1825x60	Ux100	Ux80	Ux60
18	41.08	39.50	36.34	45.82	44.24	41.08	48.98	45.82	42.66	52.14	48.98	45.82	66.36	61.62	56.88
19	41.08	39.50	36.34	45.82	44.24	41.08	48.98	45.82	42.66	52.14	48.98	45.82	66.36	61.62	56.88
20	41.08	39.50	36.34	45.82	44.24	41.08	48.98	45.82	42.66	52.14	48.98	45.82	66.36	61.62	56.88
21	41.08	39.50	36.34	45.82	44.24	41.08	48.98	45.82	42.66	52.14	48.98	45.82	66.36	61.62	56.88
22	41.08	39.50	36.34	45.82	44.24	41.08	48.98	45.82	42.66	52.14	48.98	45.82	66.36	61.62	56.88
23	41.08	39.50	36.34	45.82	44.24	41.08	48.98	45.82	42.66	52.14	48.98	45.82	66.36	61.62	56.88
24	41.08	39.50	36.34	45.82	44.24	41.08	48.98	45.82	42.66	52.14	48.98	45.82	66.36	61.62	56.88
25	41.08	39.50	36.34	45.82	44.24	41.08	48.98	45.82	42.66	52.14	48.98	45.82	66.36	61.62	56.88
26	41.08	39.50	36.34	45.82	44.24	41.08	48.98	45.82	42.66	52.14	48.98	45.82	66.36	61.62	56.88
27	41.08	39.50	36.34	45.82	44.24	41.08	48.98	45.82	42.66	52.14	48.98	45.82	66.36	61.62	56.88
28	41.08	39.50	36.34	45.82	44.24	41.08	48.98	45.82	42.66	52.14	48.98	45.82	66.36	61.62	56.88
29	41.08	39.50	36.34	45.82	44.24	41.08	48.98	45.82	42.66	52.14	48.98	45.82	66.36	61.62	56.88
30	41.08	39.50	36.34	45.82	44.24	41.08	48.98	45.82	42.66	52.14	48.98	45.82	66.36	61.62	56.88
31	41.08	39.50	36.34	45.82	44.24	41.08	48.98	45.82	42.66	52.14	48.98	45.82	66.36	61.62	56.88
32	41.08	39.50	36.34	45.82	44.24	41.08	48.98	45.82	42.66	52.14	48.98	45.82	66.36	61.62	56.88
33	41.08	39.50	36.34	45.82	44.24	41.08	48.98	45.82	42.66	52.14	48.98	45.82	66.36	61.62	56.88
34	41.08	39.50	36.34	45.82	44.24	41.08	48.98	45.82	42.66	52.14	48.98	45.82	66.36	61.62	56.88
35	41.08	39.50	36.34	45.82	44.24	41.08	48.98	45.82	42.66	52.14	48.98	45.82	66.36	61.62	56.88
36	41.08	39.50	36.34	45.82	44.24	41.08	48.98	45.82	42.66	52.14	48.98	45.82	66.36	61.62	56.88
37	41.08	39.50	36.34	45.82	44.24	41.08	48.98	45.82	42.66	52.14	48.98	45.82	66.36	61.62	56.88
38	41.08	39.50	36.34	45.82	44.24	41.08	48.98	45.82	42.66	52.14	48.98	45.82	66.36	61.62	56.88
39	41.08	39.50	36.34	45.82	44.24	41.08	48.98	45.82	42.66	52.14	48.98	45.82	66.36	61.62	56.88
40	41.08	39.50	36.34	45.82	44.24	41.08	48.98	45.82	42.66	52.14	48.98	45.82	66.36	61.62	56.88
41	41.08	39.50	36.34	45.82	44.24	41.08	48.98	45.82	42.66	52.14	48.98	45.82	66.36	61.62	56.88
42	41.08	39.50	36.34	45.82	44.24	41.08	48.98	45.82	42.66	52.14	48.98	45.82	66.36	61.62	56.88
43	41.08	39.50	36.34	45.82	44.24	41.08	48.98	45.82	42.66	52.14	48.98	45.82	66.36	61.62	56.88
44	41.08	39.50	36.34	45.82	44.24	41.08	48.98	45.82	42.66	52.14	48.98	45.82	66.36	61.62	56.88
45	48.98	47.40	44.24	56.88	55.30	50.56	61.62	58.46	53.72	66.36	63.20	58.46	85.32	79.00	74.26
46	48.98	47.40	44.24	56.88	55.30	50.56	61.62	58.46	53.72	66.36	63.20	58.46	85.32	79.00	74.26
47	48.98	47.40	44.24	56.88	55.30	50.56	61.62	58.46	53.72	66.36	63.20	58.46	85.32	79.00	74.26
48	48.98	47.40	44.24	56.88	55.30	50.56	61.62	58.46	53.72	66.36	63.20	58.46	85.32	79.00	74.26
49	48.98	47.40	44.24	56.88	55.30	50.56	61.62	58.46	53.72	66.36	63.20	58.46	85.32	79.00	74.26
50	55.30	52.14	48.98	64.78	61.62	56.88	69.52	64.78	60.04	74.26	71.10	64.78	96.38	90.06	83.74
51	56.88	55.30	52.14	67.94	64.78	60.04	74.26	69.52	64.78	79.00	74.26	69.52	102.70	96.38	88.48
52	60.04	58.46	55.30	71.10	67.94	63.20	77.42	74.26	67.94	83.74	79.00	74.26	109.02	102.70	94.80
53	63.20	61.62	58.46	75.84	71.10	66.36	82.16	77.42	72.68	90.06	83.74	77.42	115.34	109.02	99.54
54	67.94	64.78	61.62	80.58	77.42	71.10	88.48	83.74	77.42	96.38	90.06	83.74	124.82	116.92	107.44
55	72.68	69.52	64.78	86.90	82.16	75.84	94.80	90.06	82.16	102.70	96.38	90.06	134.30	126.40	115.34
56	77.42	74.26	69.52	93.22	88.48	82.16	101.12	96.38	88.48	110.60	104.28	96.38	143.78	135.88	124.82
57	82.16	79.00	74.26	99.54	93.22	86.90	109.02	102.70	94.80	118.50	112.18	102.70	154.84	145.36	134.30
58	86.90	83.74	79.00	105.86	101.12	93.22	116.92	110.60	101.12	127.98	120.08	110.60	165.90	156.42	145.36
59	93.22	88.48	83.74	113.76	107.44	99.54	124.82	118.50	109.02	135.88	129.56	118.50	178.54	167.48	154.84
60	99.54	94.80	88.48	121.66	115.34	107.44	132.72	126.40	116.92	145.36	137.46	127.98	191.18	180.12	165.90
61	105.86	101.12	94.80	129.56	123.24	113.76	142.20	135.88	124.82	156.42	148.52	137.46	205.40	192.76	178.54
62	112.18	107.44	101.12	137.46	131.14	121.66	151.68	143.78	134.30	167.48	158.00	146.94	219.62	206.98	191.18
63	120.08	115.34	107.44	146.94	140.62	131.14	162.74	154.84	143.78	178.54	169.06	158.00	233.84	221.20	205.40
64	127.98	123.24	116.92	159.58	151.68	142.20	175.38	167.48	154.84	192.76	183.28	170.64	254.38	240.16	222.78
65	139.04	132.72	124.82	172.22	164.32	153.26	189.60	181.70	169.06	208.56	199.08	184.86	274.92	260.70	241.74
66	148.52	143.78	135.88	184.86	176.96	165.90	205.40	195.92	183.28	225.94	214.88	200.66	297.04	282.82	262.28
67	161.16	154.84	145.36	200.66	191.18	180.12	222.78	211.72	197.50	244.90	233.84	218.04	322.32	306.52	285.98
68	173.80	167.48	158.00	216.46	206.98	194.34	240.16	229.10	214.88	265.44	252.80	237.00	349.18	331.80	309.68
69	189.52	189.60	178.54	244.90	235.42	219.62	271.76	260.70	243.32	300.20	287.56	268.60	393.42	376.04	350.76
70	221.20	213.30	202.24	276.50	265.44	249.64	308.10	293.88	276.50	339.70	323.90	303.36	443.98	425.02	398.16
71	248.06	240.16	227.52	311.26	300.20	282.82	346.02	333.38	312.84	382.36	366.56	344.44	500.86	480.32	450.30
72	279.66	270.18	255.96	350.76	338.12	319.16	390.26	376.04	352.34	431.34	413.96	388.68	564.06	541.94	507.18
73	314.42	304.94	289.14	395.00	380.78	358.66	439.24	423.44	398.16	485.06	466.10	437.66	635.16	609.88	573.54
74	341.28	331.80	314.42	429.76	415.54	393.42	478.74	461.36	434.50	527.72	508.76	478.74	692.04	665.18	625.68
75	372.88	361.82	344.44	469.26	455.04	429.76	522.98	504.02	475.58	575.12	556.16	524.56	753.66	726.80	685.72
76	406.06	395.00	376.04	511.92	496.12	469.26	568.80	551.42	519.82	627.26	606.72	573.54	821.60	793.16	748.92
77	442.40	431.34	410.80	557.74	541.94	513.50	620.94	601.98	568.80	684.14	663.60	627.26	895.86	867.42	818.44
78	481.90	470.84	447.14	608.30	592.50	560.90	677.82	657.28	622.52	745.76	725.22	685.72	976.44	946.42	895.86
79	535.62	522.98	499.28	676.24	658.86	625.68	752.08	731.54	693.62	829.50	805.80	764.72	1,083.88	1,053.86	998.56
80	594.08	581.44	556.16	752.08	733.12	698.36	835.82	815.28	774.20	921.14	897.44	853.20	1,205.54	1,173.94	1,113.90
81	660.44	647.80	619.36	835.82	816.86	777.36	929.04	906.92	862.68	1,023.84	998.56	951.16	1,339.84	1,306.66	1,241.88
82	734.70	720.48	690.46	929.04	908.50	867.42	1,031.74	1,009.62	962.22	1,137.60	1,112.32	1,060.18	1,488.36	1,453.60	1,385.66
83	816.86	801.06	767.88	1,033.32	1,012.78	966.96	1,147.08	1,123.38	1,071.24	1,264.00	1,237.14	1,181.84	1,654.26	1,619.50	1,545.24
84	906.92	892.70	856.36	1,148.66	1,126.54	1,077.56	1,275.06	1,249.78	1,194.48	1,406.20	1,377.76	1,317.72	1,839.12	1,802.78	1,723.78
85	1,008.04	992.24	954.32	1,276.64	1,254.52	1,202.38	1,417.26	1,391.98	1,331.94	1,561.04	1,534.18	1,469.40	2,044.52	2,006.60	1,921.28
86	1,120.22	1,104.42	1,063.34	1,418.84	1										

**Policy Form 1LTC-97  
COMPREHENSIVE PLAN**

Optional Inflation Protection with Nonforfeiture

Assumes 20 Day Elimination Period

Standard Annual Premium Rates - \$10 Increments with 58% increase

TLB	730x	730x	730x	1,095x	1,095x	1,095x	1,460x	1,460x	1,460x	1,825x	1,825x	1,825x	Unlimited	Unlimited	Unlimited
HC	100%	80%	60%	100%	80%	60%	100%	80%	60%	100%	80%	60%	100%	80%	60%
Age	730x100	730x80	730x60	1095x100	1095x80	1095x60	1460x100	1460x80	1460x60	1825x100	1825x80	1825x60	Ux100	Ux80	Ux60
18	53.40	51.35	47.24	59.57	57.51	53.40	63.67	59.57	55.46	67.78	63.67	59.57	86.27	80.11	73.94
19	53.40	51.35	47.24	59.57	57.51	53.40	63.67	59.57	55.46	67.78	63.67	59.57	86.27	80.11	73.94
20	53.40	51.35	47.24	59.57	57.51	53.40	63.67	59.57	55.46	67.78	63.67	59.57	86.27	80.11	73.94
21	53.40	51.35	47.24	59.57	57.51	53.40	63.67	59.57	55.46	67.78	63.67	59.57	86.27	80.11	73.94
22	53.40	51.35	47.24	59.57	57.51	53.40	63.67	59.57	55.46	67.78	63.67	59.57	86.27	80.11	73.94
23	53.40	51.35	47.24	59.57	57.51	53.40	63.67	59.57	55.46	67.78	63.67	59.57	86.27	80.11	73.94
24	53.40	51.35	47.24	59.57	57.51	53.40	63.67	59.57	55.46	67.78	63.67	59.57	86.27	80.11	73.94
25	53.40	51.35	47.24	59.57	57.51	53.40	63.67	59.57	55.46	67.78	63.67	59.57	86.27	80.11	73.94
26	53.40	51.35	47.24	59.57	57.51	53.40	63.67	59.57	55.46	67.78	63.67	59.57	86.27	80.11	73.94
27	53.40	51.35	47.24	59.57	57.51	53.40	63.67	59.57	55.46	67.78	63.67	59.57	86.27	80.11	73.94
28	53.40	51.35	47.24	59.57	57.51	53.40	63.67	59.57	55.46	67.78	63.67	59.57	86.27	80.11	73.94
29	53.40	51.35	47.24	59.57	57.51	53.40	63.67	59.57	55.46	67.78	63.67	59.57	86.27	80.11	73.94
30	53.40	51.35	47.24	59.57	57.51	53.40	63.67	59.57	55.46	67.78	63.67	59.57	86.27	80.11	73.94
31	53.40	51.35	47.24	59.57	57.51	53.40	63.67	59.57	55.46	67.78	63.67	59.57	86.27	80.11	73.94
32	53.40	51.35	47.24	59.57	57.51	53.40	63.67	59.57	55.46	67.78	63.67	59.57	86.27	80.11	73.94
33	53.40	51.35	47.24	59.57	57.51	53.40	63.67	59.57	55.46	67.78	63.67	59.57	86.27	80.11	73.94
34	53.40	51.35	47.24	59.57	57.51	53.40	63.67	59.57	55.46	67.78	63.67	59.57	86.27	80.11	73.94
35	53.40	51.35	47.24	59.57	57.51	53.40	63.67	59.57	55.46	67.78	63.67	59.57	86.27	80.11	73.94
36	53.40	51.35	47.24	59.57	57.51	53.40	63.67	59.57	55.46	67.78	63.67	59.57	86.27	80.11	73.94
37	53.40	51.35	47.24	59.57	57.51	53.40	63.67	59.57	55.46	67.78	63.67	59.57	86.27	80.11	73.94
38	53.40	51.35	47.24	59.57	57.51	53.40	63.67	59.57	55.46	67.78	63.67	59.57	86.27	80.11	73.94
39	53.40	51.35	47.24	59.57	57.51	53.40	63.67	59.57	55.46	67.78	63.67	59.57	86.27	80.11	73.94
40	53.40	51.35	47.24	59.57	57.51	53.40	63.67	59.57	55.46	67.78	63.67	59.57	86.27	80.11	73.94
41	53.40	51.35	47.24	59.57	57.51	53.40	63.67	59.57	55.46	67.78	63.67	59.57	86.27	80.11	73.94
42	53.40	51.35	47.24	59.57	57.51	53.40	63.67	59.57	55.46	67.78	63.67	59.57	86.27	80.11	73.94
43	53.40	51.35	47.24	59.57	57.51	53.40	63.67	59.57	55.46	67.78	63.67	59.57	86.27	80.11	73.94
44	53.40	51.35	47.24	59.57	57.51	53.40	63.67	59.57	55.46	67.78	63.67	59.57	86.27	80.11	73.94
45	63.67	61.62	57.51	73.94	71.89	65.73	80.11	76.00	69.84	86.27	82.16	76.00	110.92	102.70	96.54
46	63.67	61.62	57.51	73.94	71.89	65.73	80.11	76.00	69.84	86.27	82.16	76.00	110.92	102.70	96.54
47	63.67	61.62	57.51	73.94	71.89	65.73	80.11	76.00	69.84	86.27	82.16	76.00	110.92	102.70	96.54
48	63.67	61.62	57.51	73.94	71.89	65.73	80.11	76.00	69.84	86.27	82.16	76.00	110.92	102.70	96.54
49	63.67	61.62	57.51	73.94	71.89	65.73	80.11	76.00	69.84	86.27	82.16	76.00	110.92	102.70	96.54
50	71.89	67.78	63.67	84.21	80.11	73.94	90.38	84.21	78.05	96.54	92.43	84.21	125.29	117.08	108.86
51	73.94	71.89	67.78	88.32	84.21	78.05	96.54	90.38	84.21	102.70	96.54	90.38	133.51	125.29	115.02
52	78.05	76.00	71.89	92.43	88.32	82.16	100.65	96.54	88.32	108.86	102.70	96.54	141.73	133.51	123.24
53	82.16	80.11	73.94	98.59	92.43	86.27	106.81	100.65	94.48	117.08	108.86	100.65	149.94	141.73	129.40
54	88.32	84.21	80.11	104.75	100.65	92.43	115.02	108.86	100.65	125.29	117.08	108.86	162.27	152.00	139.67
55	94.48	90.38	84.21	112.97	106.81	98.59	123.24	117.08	106.81	133.51	125.29	117.08	174.59	164.32	149.94
56	100.65	96.54	90.38	121.19	115.02	106.81	131.46	125.29	115.02	143.78	135.56	125.29	186.91	176.64	162.27
57	106.81	102.70	96.54	129.40	121.19	112.97	141.73	133.51	123.24	154.05	145.83	133.51	201.29	188.97	174.59
58	112.97	108.86	102.70	137.62	131.46	121.19	152.00	143.78	131.46	166.37	156.10	143.78	215.67	203.35	188.97
59	121.19	115.02	108.86	147.89	139.67	129.40	162.27	154.05	141.73	176.64	168.43	154.05	232.10	217.72	201.29
60	129.40	123.24	115.02	158.16	149.94	139.67	172.54	164.32	152.00	188.97	178.70	166.37	248.53	234.16	215.67
61	137.62	131.46	123.24	168.43	160.21	147.89	184.86	176.64	162.27	203.35	193.08	178.70	267.02	250.59	232.10
62	145.83	139.67	131.46	178.70	170.48	158.16	197.18	186.91	174.59	217.72	205.40	191.02	285.51	269.07	248.53
63	156.10	149.94	139.67	191.02	182.81	170.48	211.56	201.29	186.91	232.10	219.78	205.40	303.99	287.56	267.02
64	166.37	160.21	152.00	207.45	197.18	184.86	227.99	217.72	201.29	250.59	238.26	221.83	330.69	312.21	289.61
65	180.75	172.54	162.27	223.89	213.62	199.24	246.48	236.21	219.78	271.13	258.80	240.32	357.40	338.91	314.26
66	185.65	179.73	169.85	231.08	221.20	207.38	256.75	244.90	229.10	282.43	268.60	250.83	371.30	353.53	327.85
67	201.45	193.55	181.70	250.83	238.98	225.15	278.48	264.65	246.88	306.13	292.30	272.55	402.90	383.15	357.48
68	217.25	209.35	197.50	270.58	258.73	242.93	300.20	286.38	268.60	331.80	316.00	296.25	436.48	414.75	387.10
69	244.90	237.00	223.18	306.13	294.28	274.53	339.70	325.88	304.15	375.25	359.45	335.75	491.78	470.05	438.45
70	276.50	266.63	252.80	345.63	331.80	312.05	385.13	367.35	345.63	424.63	404.88	379.20	554.98	531.28	497.70
71	310.08	300.20	284.40	389.08	375.25	353.53	432.53	416.73	391.05	477.95	458.20	430.55	626.08	600.40	562.88
72	349.58	337.73	319.95	438.45	422.65	398.95	487.83	470.05	440.43	539.18	517.45	485.85	705.08	677.43	633.98
73	393.03	381.18	361.43	493.75	475.98	448.33	549.05	529.30	497.70	606.33	582.63	547.08	793.95	762.35	716.93
74	426.60	414.75	393.03	537.20	519.43	491.78	598.43	576.70	543.13	659.65	635.95	598.43	865.05	831.48	782.10
75	466.10	452.28	430.55	586.58	568.80	537.20	653.73	630.03	594.48	718.90	695.20	655.70	942.08	908.50	857.15
76	507.58	493.75	470.05	639.90	620.15	586.58	711.00	689.28	649.78	784.08	758.40	716.93	1,027.00	991.45	936.15
77	553.00	539.18	513.50	697.18	677.43	641.88	776.18	752.48	711.00	855.18	829.50	784.08	1,119.83	1,084.28	1,023.05
78	602.38	588.55	558.93	760.38	740.63	701.13	847.28	821.60	778.15	932.20	906.53	857.15	1,220.55	1,183.03	1,119.83
79	669.53	653.73	624.10	845.30	823.58	782.10	940.10	914.43	867.03	1,036.88	1,007.25	955.90	1,354.85	1,317.33	1,248.20
80	742.60	726.80	695.20	940.10	916.40	872.95	1,044.78	1,019.10	967.75	1,151.43	1,121.80	1,066.50	1,506.93	1,467.43	1,392.38
81	825.55	809.75	774.20	1,044.78	1,021.08	971.70	1,161.30	1,133.65	1,078.35	1,279.80	1,248.20	1,188.95	1,674.80	1,633.33	1,552.35
82	918.38	900.60	863.08	1,161.30	1,135.63	1,084.28	1,289.68	1,262.03	1,202.78	1,422.00	1,390.40	1,325.23	1,860.45	1,817.00	1,732.08
83	1,021.08	1,001.33	959.85	1,291.65	1,265.98	1,208.70	1,433.85	1,404.23	1,339.05	1,580.00	1,546.43	1,477.30	2,067.83	2,024.38	1,931.55
84	1,133.65	1,115.88	1,070.45	1,435.83	1,408.18	1,346.95	1,593.83	1,562.23	1,493.10	1,757.75	1,722.20	1,647.15	2,298.90	2,253.48	2,154.73
85	1,260.05	1,240.30	1,192.90	1,595.80	1,568.15	1,502.98	1,771.58	1,739.98	1,664.93	1,951.30</					

**Policy Form 1LTC-97  
COMPREHENSIVE PLAN**

Compound Inflation Protection without Nonforfeiture  
Assumes 20 Day Elimination Period

Standard Annual Premium Rates - \$10 Increments with 58% increase

TLB	730x	730x	730x	1,095x	1,095x	1,095x	1,460x	1,460x	1,460x	1,825x	1,825x	1,825x	Unlimited	Unlimited	Unlimited
HC	100%	80%	60%	100%	80%	60%	100%	80%	60%	100%	80%	60%	100%	80%	60%
Age	730x100	730x80	730x60	1095x100	1095x80	1095x60	1460x100	1460x80	1460x60	1825x100	1825x80	1825x60	Ux100	Ux80	Ux60
18	85.32	82.16	75.84	101.12	97.96	91.64	112.18	104.28	97.96	121.66	115.34	107.44	167.48	154.84	143.78
19	85.32	82.16	75.84	101.12	97.96	91.64	112.18	104.28	97.96	121.66	115.34	107.44	167.48	154.84	143.78
20	85.32	82.16	75.84	101.12	97.96	91.64	112.18	104.28	97.96	121.66	115.34	107.44	167.48	154.84	143.78
21	85.32	82.16	75.84	101.12	97.96	91.64	112.18	104.28	97.96	121.66	115.34	107.44	167.48	154.84	143.78
22	85.32	82.16	75.84	101.12	97.96	91.64	112.18	104.28	97.96	121.66	115.34	107.44	167.48	154.84	143.78
23	85.32	82.16	75.84	101.12	97.96	91.64	112.18	104.28	97.96	121.66	115.34	107.44	167.48	154.84	143.78
24	85.32	82.16	75.84	101.12	97.96	91.64	112.18	104.28	97.96	121.66	115.34	107.44	167.48	154.84	143.78
25	85.32	82.16	75.84	101.12	97.96	91.64	112.18	104.28	97.96	121.66	115.34	107.44	167.48	154.84	143.78
26	85.32	82.16	75.84	101.12	97.96	91.64	112.18	104.28	97.96	121.66	115.34	107.44	167.48	154.84	143.78
27	85.32	82.16	75.84	101.12	97.96	91.64	112.18	104.28	97.96	121.66	115.34	107.44	167.48	154.84	143.78
28	85.32	82.16	75.84	101.12	97.96	91.64	112.18	104.28	97.96	121.66	115.34	107.44	167.48	154.84	143.78
29	85.32	82.16	75.84	101.12	97.96	91.64	112.18	104.28	97.96	121.66	115.34	107.44	167.48	154.84	143.78
30	85.32	82.16	75.84	101.12	97.96	91.64	112.18	104.28	97.96	121.66	115.34	107.44	167.48	154.84	143.78
31	85.32	82.16	75.84	101.12	97.96	91.64	112.18	104.28	97.96	121.66	115.34	107.44	167.48	154.84	143.78
32	85.32	82.16	75.84	101.12	97.96	91.64	112.18	104.28	97.96	121.66	115.34	107.44	167.48	154.84	143.78
33	85.32	82.16	75.84	101.12	97.96	91.64	112.18	104.28	97.96	121.66	115.34	107.44	167.48	154.84	143.78
34	85.32	82.16	75.84	101.12	97.96	91.64	112.18	104.28	97.96	121.66	115.34	107.44	167.48	154.84	143.78
35	85.32	82.16	75.84	101.12	97.96	91.64	112.18	104.28	97.96	121.66	115.34	107.44	167.48	154.84	143.78
36	85.32	82.16	75.84	101.12	97.96	91.64	112.18	104.28	97.96	121.66	115.34	107.44	167.48	154.84	143.78
37	85.32	82.16	75.84	101.12	97.96	91.64	112.18	104.28	97.96	121.66	115.34	107.44	167.48	154.84	143.78
38	85.32	82.16	75.84	101.12	97.96	91.64	112.18	104.28	97.96	121.66	115.34	107.44	167.48	154.84	143.78
39	85.32	82.16	75.84	101.12	97.96	91.64	112.18	104.28	97.96	121.66	115.34	107.44	167.48	154.84	143.78
40	85.32	82.16	75.84	101.12	97.96	91.64	112.18	104.28	97.96	121.66	115.34	107.44	167.48	154.84	143.78
41	85.32	82.16	75.84	101.12	97.96	91.64	112.18	104.28	97.96	121.66	115.34	107.44	167.48	154.84	143.78
42	85.32	82.16	75.84	101.12	97.96	91.64	112.18	104.28	97.96	121.66	115.34	107.44	167.48	154.84	143.78
43	85.32	82.16	75.84	101.12	97.96	91.64	112.18	104.28	97.96	121.66	115.34	107.44	167.48	154.84	143.78
44	85.32	82.16	75.84	101.12	97.96	91.64	112.18	104.28	97.96	121.66	115.34	107.44	167.48	154.84	143.78
45	99.54	96.38	90.06	121.66	118.50	107.44	134.30	127.98	116.92	148.52	142.20	131.14	202.24	188.02	176.96
46	99.54	96.38	90.06	121.66	118.50	107.44	134.30	127.98	116.92	148.52	142.20	131.14	202.24	188.02	176.96
47	99.54	96.38	90.06	121.66	118.50	107.44	134.30	127.98	116.92	148.52	142.20	131.14	202.24	188.02	176.96
48	99.54	96.38	90.06	121.66	118.50	107.44	134.30	127.98	116.92	148.52	142.20	131.14	202.24	188.02	176.96
49	99.54	96.38	90.06	121.66	118.50	107.44	134.30	127.98	116.92	148.52	142.20	131.14	202.24	188.02	176.96
50	110.60	104.28	97.96	135.88	129.56	120.08	148.52	139.04	127.98	162.74	154.84	142.20	222.78	206.98	192.76
51	113.76	110.60	104.28	140.62	134.30	124.82	158.00	146.94	137.46	170.64	161.16	150.10	233.84	219.62	200.66
52	118.50	115.34	109.02	146.94	140.62	129.56	162.74	156.42	142.20	178.54	169.06	158.00	244.90	230.68	211.72
53	123.24	120.08	112.18	154.84	145.36	135.88	170.64	161.16	151.68	189.60	176.96	162.74	254.38	240.16	219.62
54	131.14	124.82	118.50	161.16	154.84	142.20	180.12	170.64	158.00	200.66	186.44	173.80	270.18	252.80	232.26
55	139.04	132.72	123.24	172.22	162.74	150.10	191.18	181.70	164.32	210.14	195.92	183.28	284.40	268.60	244.90
56	145.36	140.62	131.14	181.70	172.22	159.58	199.08	191.18	175.38	221.20	208.56	192.76	298.62	282.82	259.12
57	153.26	146.94	137.46	191.18	178.54	165.90	211.72	199.08	184.86	233.84	221.20	202.24	316.00	297.04	273.34
58	159.58	153.26	145.36	200.66	191.18	175.38	222.78	211.72	192.76	248.06	232.26	213.30	331.80	312.84	290.72
59	170.64	161.16	153.26	213.30	202.24	186.44	237.00	225.94	206.98	260.70	249.64	227.52	353.92	333.38	308.10
60	181.70	172.22	161.16	227.52	216.46	200.66	251.22	238.58	221.20	278.08	262.28	244.90	377.62	355.50	327.06
61	192.76	183.28	172.22	241.74	229.10	211.72	267.02	255.96	235.42	297.04	282.82	260.70	402.90	377.62	349.18
62	203.82	194.34	183.28	254.38	243.32	225.94	284.40	268.60	251.22	317.58	298.62	278.08	428.18	402.90	372.88
63	218.04	208.56	194.34	271.76	260.70	241.74	303.36	289.14	268.60	336.54	319.16	297.04	453.46	428.18	398.16
64	227.52	219.62	208.56	289.14	274.92	257.54	320.74	306.52	282.82	355.50	338.12	314.42	481.90	455.04	421.86
65	243.32	232.26	218.04	306.52	292.30	273.34	339.70	325.48	303.36	377.62	360.24	334.96	510.34	483.48	448.72
66	254.38	246.48	233.84	322.32	308.10	289.14	361.82	344.44	322.32	401.32	380.78	355.50	540.36	515.08	477.16
67	271.76	260.70	244.90	342.86	327.06	308.10	383.94	364.98	341.28	426.60	406.06	379.20	573.54	546.68	508.76
68	287.56	276.50	260.70	363.40	347.60	327.06	406.06	387.10	363.40	451.88	431.34	404.48	608.30	578.28	540.36
69	320.74	309.68	292.30	406.06	390.26	364.98	455.04	436.08	406.06	505.60	485.06	451.88	677.82	647.80	603.56
70	357.08	344.44	327.06	453.46	434.50	409.22	508.76	485.06	456.62	565.64	538.78	504.02	755.24	722.06	676.24
71	396.58	383.94	363.40	504.02	485.06	458.20	564.06	543.52	510.34	627.26	601.98	565.64	838.98	805.80	755.24
72	440.82	425.02	402.90	560.90	540.36	510.34	627.26	605.14	567.22	698.36	669.92	630.42	932.20	895.86	838.98
73	489.80	474.00	450.30	622.52	600.40	565.64	696.78	671.50	632.00	775.78	745.76	699.94	1,034.90	993.82	935.36
74	521.40	507.18	480.32	665.18	643.06	609.88	747.34	718.90	677.82	829.50	799.48	752.08	1,107.58	1,064.92	1,001.72
75	560.90	543.52	518.24	714.16	692.04	654.12	801.06	772.62	728.38	887.96	857.94	808.96	1,185.00	1,142.34	1,077.56
76	600.40	583.02	556.16	764.72	741.02	701.52	856.36	829.50	782.10	951.16	919.56	869.00	1,267.16	1,224.50	1,156.56
77	641.48	625.68	595.66	820.02	796.32	753.66	917.98	891.12	842.14	1,019.10	989.08	933.78	1,357.22	1,314.56	1,240.30
78	687.30	671.50	638.32	878.48	854.78	808.96	985.92	955.90	905.34	1,091.78	1,061.76	1,003.30	1,453.60	1,407.78	1,333.52
79	750.50	733.12	699.94	959.06	935.36	887.96	1,074.40	1,044.38	990.66	1,192.90	1,159.72	1,099.68	1,584.74	1,540.50	1,459.92
80	818.44	801.06	766.30	1,049.12	1,022.26	973.28	1,173.94	1,145.50	1,087.04	1,301.92	1,268.74	1,205.54	-	-	-
81	894.28	876.90	838.98	1,145.50	1,118.64	1,064.92	1,282.96	1,251.36	1,191.32	1,422.00	1,387.24	1,320.88	-	-	-
82	976.44	957.48	917.98	1,251.36	1,222.92	1,167.62	1,399.88	1,369.86	1,305.08	1,553.14	1,518.38	1,447.28	-	-	-
83	1,068.08	1,047.54	1,003.30	1,366.70	1,339.84	1,279.80	1,529.44	1,497.84	1,428.32	1,696.92	1,660.58	1,586.32	-	-	-
84	1,164.46	1,145.50	1,099.68	1,493.10	1,464.66	1,401.46	1								

**Policy Form 1LTC-97**

**COMPREHENSIVE PLAN**

Compound Inflation Protection with Nonforfeiture

Assumes 20 Day Elimination Period

Standard Annual Premium Rates - \$10 Increments with 58% increase

TLB	730x	730x	730x	1,095x	1,095x	1,095x	1,460x	1,460x	1,460x	1,825x	1,825x	1,825x	Unlimited	Unlimited	Unlimited
HC	100%	80%	60%	100%	80%	60%	100%	80%	60%	100%	80%	60%	100%	80%	60%
Age	730x100	730x80	730x60	1095x100	1095x80	1095x60	1460x100	1460x80	1460x60	1825x100	1825x80	1825x60	Ux100	Ux80	Ux60
18	110.92	106.81	98.59	131.46	127.35	119.13	145.83	135.56	127.35	158.16	149.94	139.67	217.72	201.29	186.91
19	110.92	106.81	98.59	131.46	127.35	119.13	145.83	135.56	127.35	158.16	149.94	139.67	217.72	201.29	186.91
20	110.92	106.81	98.59	131.46	127.35	119.13	145.83	135.56	127.35	158.16	149.94	139.67	217.72	201.29	186.91
21	110.92	106.81	98.59	131.46	127.35	119.13	145.83	135.56	127.35	158.16	149.94	139.67	217.72	201.29	186.91
22	110.92	106.81	98.59	131.46	127.35	119.13	145.83	135.56	127.35	158.16	149.94	139.67	217.72	201.29	186.91
23	110.92	106.81	98.59	131.46	127.35	119.13	145.83	135.56	127.35	158.16	149.94	139.67	217.72	201.29	186.91
24	110.92	106.81	98.59	131.46	127.35	119.13	145.83	135.56	127.35	158.16	149.94	139.67	217.72	201.29	186.91
25	110.92	106.81	98.59	131.46	127.35	119.13	145.83	135.56	127.35	158.16	149.94	139.67	217.72	201.29	186.91
26	110.92	106.81	98.59	131.46	127.35	119.13	145.83	135.56	127.35	158.16	149.94	139.67	217.72	201.29	186.91
27	110.92	106.81	98.59	131.46	127.35	119.13	145.83	135.56	127.35	158.16	149.94	139.67	217.72	201.29	186.91
28	110.92	106.81	98.59	131.46	127.35	119.13	145.83	135.56	127.35	158.16	149.94	139.67	217.72	201.29	186.91
29	110.92	106.81	98.59	131.46	127.35	119.13	145.83	135.56	127.35	158.16	149.94	139.67	217.72	201.29	186.91
30	110.92	106.81	98.59	131.46	127.35	119.13	145.83	135.56	127.35	158.16	149.94	139.67	217.72	201.29	186.91
31	110.92	106.81	98.59	131.46	127.35	119.13	145.83	135.56	127.35	158.16	149.94	139.67	217.72	201.29	186.91
32	110.92	106.81	98.59	131.46	127.35	119.13	145.83	135.56	127.35	158.16	149.94	139.67	217.72	201.29	186.91
33	110.92	106.81	98.59	131.46	127.35	119.13	145.83	135.56	127.35	158.16	149.94	139.67	217.72	201.29	186.91
34	110.92	106.81	98.59	131.46	127.35	119.13	145.83	135.56	127.35	158.16	149.94	139.67	217.72	201.29	186.91
35	110.92	106.81	98.59	131.46	127.35	119.13	145.83	135.56	127.35	158.16	149.94	139.67	217.72	201.29	186.91
36	110.92	106.81	98.59	131.46	127.35	119.13	145.83	135.56	127.35	158.16	149.94	139.67	217.72	201.29	186.91
37	110.92	106.81	98.59	131.46	127.35	119.13	145.83	135.56	127.35	158.16	149.94	139.67	217.72	201.29	186.91
38	110.92	106.81	98.59	131.46	127.35	119.13	145.83	135.56	127.35	158.16	149.94	139.67	217.72	201.29	186.91
39	110.92	106.81	98.59	131.46	127.35	119.13	145.83	135.56	127.35	158.16	149.94	139.67	217.72	201.29	186.91
40	110.92	106.81	98.59	131.46	127.35	119.13	145.83	135.56	127.35	158.16	149.94	139.67	217.72	201.29	186.91
41	110.92	106.81	98.59	131.46	127.35	119.13	145.83	135.56	127.35	158.16	149.94	139.67	217.72	201.29	186.91
42	110.92	106.81	98.59	131.46	127.35	119.13	145.83	135.56	127.35	158.16	149.94	139.67	217.72	201.29	186.91
43	110.92	106.81	98.59	131.46	127.35	119.13	145.83	135.56	127.35	158.16	149.94	139.67	217.72	201.29	186.91
44	110.92	106.81	98.59	131.46	127.35	119.13	145.83	135.56	127.35	158.16	149.94	139.67	217.72	201.29	186.91
45	129.40	125.29	117.08	158.16	154.05	139.67	174.59	166.37	152.00	193.08	184.86	170.48	262.91	244.43	230.05
46	129.40	125.29	117.08	158.16	154.05	139.67	174.59	166.37	152.00	193.08	184.86	170.48	262.91	244.43	230.05
47	129.40	125.29	117.08	158.16	154.05	139.67	174.59	166.37	152.00	193.08	184.86	170.48	262.91	244.43	230.05
48	129.40	125.29	117.08	158.16	154.05	139.67	174.59	166.37	152.00	193.08	184.86	170.48	262.91	244.43	230.05
49	129.40	125.29	117.08	158.16	154.05	139.67	174.59	166.37	152.00	193.08	184.86	170.48	262.91	244.43	230.05
50	143.78	135.56	127.35	176.64	168.43	156.10	193.08	180.75	166.37	211.56	201.29	184.86	289.61	269.07	250.59
51	147.89	143.78	135.56	182.81	174.59	162.27	205.40	191.02	178.70	221.83	209.51	195.13	303.99	285.51	260.86
52	154.05	149.94	141.73	191.02	182.81	168.43	211.56	203.35	184.86	232.10	219.78	205.40	318.37	299.88	275.24
53	160.21	156.10	145.83	201.29	188.97	176.64	221.83	209.51	197.18	246.48	230.05	211.56	330.69	312.21	285.51
54	170.48	162.27	154.05	209.51	201.29	184.86	234.16	221.83	205.40	260.86	242.37	225.94	351.23	328.64	301.94
55	180.75	172.54	160.21	223.89	211.56	195.13	248.53	236.21	213.62	273.18	254.70	238.26	369.72	349.18	318.37
56	188.97	182.81	170.48	236.21	223.89	207.45	258.80	248.53	227.99	287.56	271.13	250.59	388.21	367.67	336.86
57	199.24	191.02	178.70	248.53	232.10	215.67	275.24	258.80	240.32	303.99	287.56	262.91	410.80	386.15	355.34
58	207.45	199.24	188.97	260.86	248.53	227.99	289.61	275.24	250.59	322.48	301.94	277.29	431.34	406.69	377.94
59	221.83	209.51	199.24	277.29	262.91	242.37	308.10	293.72	269.07	338.91	324.53	295.78	460.10	433.39	400.53
60	236.21	223.89	209.51	295.78	281.40	260.86	326.59	310.15	287.56	361.50	340.96	318.37	490.91	462.15	425.18
61	250.59	238.26	223.89	314.26	297.83	275.24	347.13	332.75	306.05	386.15	367.67	338.91	523.77	490.91	453.93
62	264.97	252.64	238.26	330.69	316.32	293.72	369.72	349.18	326.59	412.85	388.21	361.50	556.63	523.77	484.74
63	283.45	271.13	252.64	353.29	338.91	314.26	394.37	375.88	349.18	437.50	414.91	386.15	589.50	556.63	517.61
64	295.78	285.51	271.13	375.88	357.40	334.80	416.96	398.48	367.67	462.15	439.56	408.75	626.47	591.55	548.42
65	316.32	301.94	283.45	398.48	379.99	355.34	441.61	423.12	394.37	490.91	468.31	435.45	663.44	628.52	583.34
66	317.98	308.10	292.30	402.90	385.13	361.43	452.28	430.55	402.90	501.65	475.98	444.38	675.45	643.85	596.45
67	339.70	325.88	306.13	428.58	408.83	385.13	479.93	456.23	426.60	533.25	507.58	474.00	716.93	683.35	635.95
68	359.45	345.63	325.88	454.25	434.50	408.83	507.58	483.88	454.25	564.85	539.18	505.60	760.38	722.85	675.45
69	400.93	387.10	365.38	507.58	487.83	456.23	568.80	545.10	507.58	632.00	606.33	564.85	847.28	809.75	754.45
70	446.35	430.55	408.83	566.83	543.13	511.53	635.95	606.33	570.78	707.05	673.48	630.03	944.05	902.58	845.30
71	495.73	479.93	454.25	630.03	606.33	572.75	705.08	679.40	637.93	784.08	752.48	707.05	1,048.73	1,007.25	944.05
72	551.03	531.28	503.63	701.13	675.45	637.93	784.08	756.43	709.03	872.95	837.40	788.03	1,165.25	1,119.83	1,048.73
73	612.25	592.50	562.88	778.15	750.50	707.05	870.98	839.38	790.00	969.73	932.20	874.93	1,293.63	1,242.28	1,169.20
74	651.75	633.98	600.40	831.48	803.83	762.35	934.18	898.63	847.28	1,036.88	999.35	940.10	1,384.48	1,331.15	1,252.15
75	701.13	679.40	647.80	892.70	865.05	817.65	1,001.33	965.78	910.48	1,109.95	1,072.43	1,011.20	1,481.25	1,427.93	1,346.95
76	750.50	728.78	695.20	955.90	926.28	876.90	1,070.45	1,036.88	977.63	1,188.95	1,149.45	1,086.25	1,583.95	1,530.63	1,445.70
77	801.85	782.10	744.58	1,025.03	995.40	942.08	1,147.48	1,113.90	1,052.68	1,273.88	1,236.35	1,167.23	1,696.53	1,643.20	1,550.38
78	859.13	839.38	797.90	1,098.10	1,068.48	1,011.20	1,232.40	1,194.88	1,131.68	1,364.73	1,327.20	1,254.13	1,817.00	1,759.73	1,666.90
79	938.13	916.40	874.93	1,198.83	1,169.20	1,109.95	1,343.00	1,305.48	1,238.33	1,491.13	1,449.65	1,374.60	1,980.93	1,925.63	1,824.90
80	1,023.05	1,001.33	957.88	1,311.40	1,277.83	1,216.60	1,467.43	1,431.88	1,358.80	1,627.40	1,585.93	1,506.93	-	-	-
81	1,117.85	1,096.13	1,048.73	1,431.88	1,398.30	1,331.15	1,603.70	1,564.20	1,489.15	1,777.50	1,734.05	1,651.10	-	-	-
82	1,220.55	1,196.85	1,147.48	1,564.20	1,528.65	1,459.53	1,749.85	1,712.33	1,631.35	1,941.43	1,897.				



Policy Form 1LTC-97

COMPREHENSIVE PLAN

Simple Inflation Protection with Nonforfeiture

Assumes 20 Day Elimination Period

Standard Annual Premium Rates - \$10 Increments with 58% increase

TLB	730x	730x	730x	1,095x	1,095x	1,095x	1,460x	1,460x	1,460x	1,825x	1,825x	1,825x	Unlimited	Unlimited	Unlimited
HC	100%	80%	60%	100%	80%	60%	100%	80%	60%	100%	80%	60%	100%	80%	60%
Age	730x100	730x80	730x60	1095x100	1095x80	1095x60	1460x100	1460x80	1460x60	1825x100	1825x80	1825x60	Ux100	Ux80	Ux60
18	82.16	78.05	71.89	94.48	90.38	84.21	102.70	96.54	90.38	110.92	104.75	98.59	149.94	137.62	127.35
19	82.16	78.05	71.89	94.48	90.38	84.21	102.70	96.54	90.38	110.92	104.75	98.59	149.94	137.62	127.35
20	82.16	78.05	71.89	94.48	90.38	84.21	102.70	96.54	90.38	110.92	104.75	98.59	149.94	137.62	127.35
21	82.16	78.05	71.89	94.48	90.38	84.21	102.70	96.54	90.38	110.92	104.75	98.59	149.94	137.62	127.35
22	82.16	78.05	71.89	94.48	90.38	84.21	102.70	96.54	90.38	110.92	104.75	98.59	149.94	137.62	127.35
23	82.16	78.05	71.89	94.48	90.38	84.21	102.70	96.54	90.38	110.92	104.75	98.59	149.94	137.62	127.35
24	82.16	78.05	71.89	94.48	90.38	84.21	102.70	96.54	90.38	110.92	104.75	98.59	149.94	137.62	127.35
25	82.16	78.05	71.89	94.48	90.38	84.21	102.70	96.54	90.38	110.92	104.75	98.59	149.94	137.62	127.35
26	82.16	78.05	71.89	94.48	90.38	84.21	102.70	96.54	90.38	110.92	104.75	98.59	149.94	137.62	127.35
27	82.16	78.05	71.89	94.48	90.38	84.21	102.70	96.54	90.38	110.92	104.75	98.59	149.94	137.62	127.35
28	82.16	78.05	71.89	94.48	90.38	84.21	102.70	96.54	90.38	110.92	104.75	98.59	149.94	137.62	127.35
29	82.16	78.05	71.89	94.48	90.38	84.21	102.70	96.54	90.38	110.92	104.75	98.59	149.94	137.62	127.35
30	82.16	78.05	71.89	94.48	90.38	84.21	102.70	96.54	90.38	110.92	104.75	98.59	149.94	137.62	127.35
31	82.16	78.05	71.89	94.48	90.38	84.21	102.70	96.54	90.38	110.92	104.75	98.59	149.94	137.62	127.35
32	82.16	78.05	71.89	94.48	90.38	84.21	102.70	96.54	90.38	110.92	104.75	98.59	149.94	137.62	127.35
33	82.16	78.05	71.89	94.48	90.38	84.21	102.70	96.54	90.38	110.92	104.75	98.59	149.94	137.62	127.35
34	82.16	78.05	71.89	94.48	90.38	84.21	102.70	96.54	90.38	110.92	104.75	98.59	149.94	137.62	127.35
35	82.16	78.05	71.89	94.48	90.38	84.21	102.70	96.54	90.38	110.92	104.75	98.59	149.94	137.62	127.35
36	82.16	78.05	71.89	94.48	90.38	84.21	102.70	96.54	90.38	110.92	104.75	98.59	149.94	137.62	127.35
37	82.16	78.05	71.89	94.48	90.38	84.21	102.70	96.54	90.38	110.92	104.75	98.59	149.94	137.62	127.35
38	82.16	78.05	71.89	94.48	90.38	84.21	102.70	96.54	90.38	110.92	104.75	98.59	149.94	137.62	127.35
39	82.16	78.05	71.89	94.48	90.38	84.21	102.70	96.54	90.38	110.92	104.75	98.59	149.94	137.62	127.35
40	82.16	78.05	71.89	94.48	90.38	84.21	102.70	96.54	90.38	110.92	104.75	98.59	149.94	137.62	127.35
41	82.16	78.05	71.89	94.48	90.38	84.21	102.70	96.54	90.38	110.92	104.75	98.59	149.94	137.62	127.35
42	82.16	78.05	71.89	94.48	90.38	84.21	102.70	96.54	90.38	110.92	104.75	98.59	149.94	137.62	127.35
43	82.16	78.05	71.89	94.48	90.38	84.21	102.70	96.54	90.38	110.92	104.75	98.59	149.94	137.62	127.35
44	82.16	78.05	71.89	94.48	90.38	84.21	102.70	96.54	90.38	110.92	104.75	98.59	149.94	137.62	127.35
45	98.59	94.48	88.32	117.08	115.02	104.75	129.40	123.24	112.97	141.73	133.51	125.29	188.97	174.59	164.32
46	98.59	94.48	88.32	117.08	115.02	104.75	129.40	123.24	112.97	141.73	133.51	125.29	188.97	174.59	164.32
47	98.59	94.48	88.32	117.08	115.02	104.75	129.40	123.24	112.97	141.73	133.51	125.29	188.97	174.59	164.32
48	98.59	94.48	88.32	117.08	115.02	104.75	129.40	123.24	112.97	141.73	133.51	125.29	188.97	174.59	164.32
49	98.59	94.48	88.32	117.08	115.02	104.75	129.40	123.24	112.97	141.73	133.51	125.29	188.97	174.59	164.32
50	110.92	104.75	98.59	133.51	127.35	117.08	145.83	135.56	125.29	158.16	149.94	137.62	211.56	197.18	184.86
51	112.97	110.92	104.75	139.67	133.51	123.24	156.10	145.83	135.56	166.37	156.10	147.89	225.94	211.56	193.08
52	121.19	117.08	110.92	145.83	139.67	129.40	162.27	154.05	141.73	176.64	166.37	156.10	238.26	223.89	207.45
53	127.35	123.24	115.02	156.10	145.83	137.62	170.48	162.27	152.00	188.97	176.64	162.27	250.59	238.26	215.67
54	135.56	129.40	123.24	164.32	158.16	145.83	182.81	172.54	160.21	201.29	188.97	174.59	269.07	252.64	232.10
55	143.78	137.62	129.40	176.64	166.37	154.05	195.13	184.86	168.43	213.62	201.29	186.91	287.56	271.13	246.48
56	154.05	147.89	137.62	188.97	178.70	166.37	207.45	197.18	180.75	227.99	215.67	199.24	306.05	287.56	264.97
57	162.27	156.10	145.83	201.29	186.91	174.59	221.83	209.51	193.08	242.37	230.05	211.56	326.59	306.05	283.45
58	170.48	164.32	156.10	211.56	203.35	186.91	236.21	223.89	203.35	260.86	244.43	225.94	345.07	326.59	303.99
59	184.86	174.59	164.32	227.99	215.67	199.24	252.64	240.32	219.78	277.29	262.91	240.32	371.77	349.18	322.48
60	197.18	186.91	174.59	244.43	232.10	215.67	269.07	254.70	236.21	295.78	279.34	260.86	398.48	375.88	345.07
61	209.51	201.29	186.91	260.86	248.53	227.99	287.56	275.24	252.64	318.37	301.94	279.34	427.23	400.53	371.77
62	223.89	213.62	201.29	277.29	262.91	244.43	308.10	291.67	271.13	340.96	322.48	299.88	458.04	431.34	398.48
63	240.32	230.05	213.62	295.78	283.45	264.97	330.69	314.26	291.67	363.56	345.07	322.48	486.80	460.10	427.23
64	252.64	242.37	230.05	318.37	301.94	283.45	351.23	336.86	310.15	388.21	369.72	345.07	523.77	495.01	458.04
65	271.13	258.80	244.43	340.96	324.53	301.94	375.88	361.50	334.80	416.96	396.42	369.72	558.69	529.93	490.91
66	276.50	268.60	252.80	347.60	331.80	312.05	387.10	369.33	345.63	428.58	408.83	381.18	574.73	547.08	507.58
67	296.25	286.38	268.60	373.28	355.50	333.78	416.73	395.00	369.33	460.18	438.45	408.83	616.20	584.60	545.10
68	317.98	306.13	288.35	398.95	381.18	357.48	444.38	422.65	396.98	493.75	470.05	440.43	659.65	626.08	584.60
69	357.48	345.63	323.90	448.33	430.55	402.90	499.68	479.93	448.33	554.98	531.28	497.70	738.65	707.05	659.65
70	400.93	387.10	367.35	503.63	483.88	456.23	564.85	539.18	507.58	626.08	596.45	558.93	829.50	795.93	744.58
71	448.33	432.53	410.80	564.85	545.10	513.50	632.00	608.30	570.78	701.13	671.50	632.00	932.20	894.68	837.40
72	501.65	485.85	460.18	633.98	610.28	576.70	709.03	681.38	639.90	786.05	754.45	709.03	1,044.78	1,003.30	938.13
73	562.88	545.10	517.45	709.03	683.35	643.85	791.98	764.33	718.90	878.88	845.30	793.95	1,169.20	1,121.80	1,054.65
74	602.38	586.58	554.98	764.33	738.65	699.15	853.20	823.58	776.18	946.03	912.45	859.13	1,258.08	1,208.70	1,137.60
75	651.75	632.00	602.38	823.58	799.88	754.45	922.33	888.75	839.38	1,019.10	985.53	930.23	1,354.85	1,305.48	1,232.40
76	701.13	681.38	649.78	888.75	861.10	813.70	991.45	961.83	906.53	1,098.10	1,062.55	1,005.28	1,459.53	1,408.18	1,329.18
77	754.45	736.68	701.13	957.88	930.23	880.85	1,070.45	1,036.88	979.60	1,185.00	1,149.45	1,086.25	1,572.10	1,522.73	1,435.83
78	813.70	793.95	754.45	1,030.95	1,005.28	951.95	1,155.38	1,119.83	1,060.58	1,277.83	1,242.28	1,175.13	1,694.55	1,641.23	1,554.33
79	892.70	870.98	831.48	1,131.68	1,104.03	1,048.73	1,265.98	1,230.43	1,167.23	1,402.25	1,362.75	1,293.63	1,856.50	1,805.15	1,710.35
80	977.63	955.90	914.43	1,244.25	1,212.65	1,155.38	1,390.40	1,354.85	1,287.70	1,538.53	1,499.03	1,425.95	-	-	-
81	1,072.43	1,052.68	1,005.28	1,364.73	1,333.13	1,269.93	1,524.70	1,489.15	1,416.08	1,688.63	1,647.15	1,570.13	-	-	-
82	1,179.08	1,155.38	1,107.98	1,499.03	1,465.45	1,398.30	1,672.83	1,637.28	1,560.25	1,854.53	1,813.05	1,728.13	-	-	-
83	1,293.63	1,267.95	1,216.60	1,645.18	1,613.58	1,540.50	1,836.75	1,799.23	1,716.28	2,034.25	1,990.80	1,901.93	-	-	-
84	1,418.05	1,396.33	1,339.05												



**Policy Form 2LTC-97**

**FACILITIES ONLY PLAN**

Optional Inflation Protection without Nonforfeiture

Assumes 20 Day Elimination Period

Standard Annual Premium Rates - \$10 Increments with 58% increase

TLB	730x	1,095x	1,460x	1,825x	Unlimited
Age	730x	1095x	1460x	1825x	Ux
18	26.86	30.02	31.60	34.76	41.08
19	26.86	30.02	31.60	34.76	41.08
20	26.86	30.02	31.60	34.76	41.08
21	26.86	30.02	31.60	34.76	41.08
22	26.86	30.02	31.60	34.76	41.08
23	26.86	30.02	31.60	34.76	41.08
24	26.86	30.02	31.60	34.76	41.08
25	26.86	30.02	31.60	34.76	41.08
26	26.86	30.02	31.60	34.76	41.08
27	26.86	30.02	31.60	34.76	41.08
28	26.86	30.02	31.60	34.76	41.08
29	26.86	30.02	31.60	34.76	41.08
30	26.86	30.02	31.60	34.76	41.08
31	26.86	30.02	31.60	34.76	41.08
32	26.86	30.02	31.60	34.76	41.08
33	26.86	30.02	31.60	34.76	41.08
34	26.86	30.02	31.60	34.76	41.08
35	26.86	30.02	31.60	34.76	41.08
36	26.86	30.02	31.60	34.76	41.08
37	26.86	30.02	31.60	34.76	41.08
38	26.86	30.02	31.60	34.76	41.08
39	26.86	30.02	31.60	34.76	41.08
40	26.86	30.02	31.60	34.76	41.08
41	26.86	30.02	31.60	34.76	41.08
42	26.86	30.02	31.60	34.76	41.08
43	26.86	30.02	31.60	34.76	41.08
44	26.86	30.02	31.60	34.76	41.08
45	33.18	36.34	39.50	42.66	52.14
46	33.18	36.34	39.50	42.66	52.14
47	33.18	36.34	39.50	42.66	52.14
48	33.18	36.34	39.50	42.66	52.14
49	33.18	36.34	39.50	42.66	52.14
50	36.34	41.08	44.24	47.40	58.46
51	37.92	42.66	47.40	50.56	61.62
52	39.50	45.82	48.98	53.72	66.36
53	41.08	47.40	52.14	55.30	69.52
54	42.66	50.56	55.30	60.04	74.26
55	45.82	53.72	60.04	64.78	80.58
56	48.98	56.88	63.20	69.52	86.90
57	52.14	61.62	67.94	74.26	93.22
58	55.30	66.36	72.68	79.00	99.54
59	60.04	71.10	80.58	86.90	109.02
60	64.78	79.00	86.90	94.80	118.50
61	71.10	85.32	94.80	104.28	129.56
62	75.84	93.22	104.28	113.76	142.20
63	82.16	101.12	113.76	123.24	154.84
64	90.06	109.02	123.24	134.30	169.06
65	96.38	118.50	134.30	145.36	183.28
66	104.28	129.56	145.36	159.58	199.08
67	113.76	140.62	158.00	172.22	216.46
68	121.66	151.68	172.22	188.02	235.42
69	135.88	169.06	191.18	210.14	262.28
70	151.68	188.02	213.30	233.84	292.30
71	167.48	210.14	237.00	259.12	325.48
72	186.44	233.84	263.86	289.14	361.82
73	206.98	259.12	293.88	320.74	401.32
74	227.52	285.98	323.90	353.92	442.40
75	251.22	316.00	357.08	390.26	488.22
76	276.50	347.60	393.42	429.76	537.20
77	304.94	383.94	434.50	474.00	590.92
78	334.96	423.44	478.74	522.98	650.96
79	369.72	466.10	527.72	576.70	717.32
80	407.64	515.08	583.02	636.74	790.00
81	448.72	567.22	643.06	701.52	870.58
82	494.54	625.68	707.84	772.62	959.06
83	543.52	690.46	782.10	853.20	1,057.02
84	598.82	761.56	861.10	940.10	1,164.46
85	660.44	838.98	949.58	1,036.48	1,282.96
86	728.38	925.88	1,047.54	1,142.34	1,412.52
87	801.06	1,020.68	1,154.98	1,260.84	1,556.30
88	883.22	1,124.96	1,275.06	1,390.40	1,714.30
89	973.28	1,240.30	1,406.20	1,532.60	1,888.10
90	1,071.24	1,368.28	1,549.98	1,689.02	2,079.28
91	1,180.26	1,508.90	1,709.56	1,862.82	2,291.00
92	1,300.34	1,663.74	1,884.94	2,054.00	2,523.26
93	1,433.06	1,834.38	2,079.28	2,264.14	2,779.22
94	1,578.42	2,022.40	2,292.58	2,497.98	3,060.46
95	1,738.00	2,230.96	2,528.00	2,753.94	3,371.72
96	1,914.96	2,460.06	2,787.12	3,036.76	3,714.58
97	2,109.30	2,712.86	3,074.68	3,348.02	4,090.62
98	2,324.18	2,990.94	3,390.68	3,690.88	4,506.16
99	2,559.60	3,297.46	3,738.28	4,070.08	4,964.36

**Policy Form 2LTC-97**

**FACILITIES ONLY PLAN**

Optional Inflation Protection with Nonforfeiture

Assumes 20 Day Elimination Period

Standard Annual Premium Rates - \$10 Increments with 58% increase

TLB	730x	1,095x	1,460x	1,825x	Unlimited
Age	730x	1095x	1460x	1825x	Ux
18	34.92	39.03	41.08	45.19	53.40
19	34.92	39.03	41.08	45.19	53.40
20	34.92	39.03	41.08	45.19	53.40
21	34.92	39.03	41.08	45.19	53.40
22	34.92	39.03	41.08	45.19	53.40
23	34.92	39.03	41.08	45.19	53.40
24	34.92	39.03	41.08	45.19	53.40
25	34.92	39.03	41.08	45.19	53.40
26	34.92	39.03	41.08	45.19	53.40
27	34.92	39.03	41.08	45.19	53.40
28	34.92	39.03	41.08	45.19	53.40
29	34.92	39.03	41.08	45.19	53.40
30	34.92	39.03	41.08	45.19	53.40
31	34.92	39.03	41.08	45.19	53.40
32	34.92	39.03	41.08	45.19	53.40
33	34.92	39.03	41.08	45.19	53.40
34	34.92	39.03	41.08	45.19	53.40
35	34.92	39.03	41.08	45.19	53.40
36	34.92	39.03	41.08	45.19	53.40
37	34.92	39.03	41.08	45.19	53.40
38	34.92	39.03	41.08	45.19	53.40
39	34.92	39.03	41.08	45.19	53.40
40	34.92	39.03	41.08	45.19	53.40
41	34.92	39.03	41.08	45.19	53.40
42	34.92	39.03	41.08	45.19	53.40
43	34.92	39.03	41.08	45.19	53.40
44	34.92	39.03	41.08	45.19	53.40
45	43.13	47.24	51.35	55.46	67.78
46	43.13	47.24	51.35	55.46	67.78
47	43.13	47.24	51.35	55.46	67.78
48	43.13	47.24	51.35	55.46	67.78
49	43.13	47.24	51.35	55.46	67.78
50	47.24	53.40	57.51	61.62	76.00
51	49.30	55.46	61.62	65.73	80.11
52	51.35	59.57	63.67	69.84	86.27
53	53.40	61.62	67.78	71.89	90.38
54	55.46	65.73	71.89	78.05	96.54
55	59.57	69.84	78.05	84.21	104.75
56	63.67	73.94	82.16	90.38	112.97
57	67.78	80.11	88.32	96.54	121.19
58	71.89	86.27	94.48	102.70	129.40
59	78.05	92.43	104.75	112.97	141.73
60	84.21	102.70	112.97	123.24	154.05
61	92.43	110.92	123.24	135.56	168.43
62	98.59	121.19	135.56	147.89	184.86
63	106.81	131.46	147.89	160.21	201.29
64	117.08	141.73	160.21	174.59	219.78
65	125.29	154.05	174.59	188.97	238.26
66	130.35	161.95	181.70	199.48	248.85
67	142.20	175.78	197.50	215.28	270.58
68	152.08	189.60	215.28	235.03	294.28
69	169.85	211.33	238.98	262.68	327.85
70	189.60	235.03	266.63	292.30	365.38
71	209.35	262.68	296.25	323.90	406.85
72	233.05	292.30	329.83	361.43	452.28
73	258.73	323.90	367.35	400.93	501.65
74	284.40	357.48	404.88	442.40	553.00
75	314.03	395.00	446.35	487.83	610.28
76	345.63	434.50	491.78	537.20	671.50
77	381.18	479.93	543.13	592.50	738.65
78	418.70	529.30	598.43	653.73	813.70
79	462.15	582.63	659.65	720.88	896.65
80	509.55	643.85	728.78	795.93	987.50
81	560.90	709.03	803.83	876.90	1,088.23
82	618.18	782.10	884.80	965.78	1,198.83
83	679.40	863.08	977.63	1,066.50	1,321.28
84	748.53	951.95	1,076.38	1,175.13	1,455.58
85	825.55	1,048.73	1,186.98	1,295.60	1,603.70
86	910.48	1,157.35	1,309.43	1,427.93	1,765.65
87	1,001.33	1,275.85	1,443.73	1,576.05	1,945.38
88	1,104.03	1,406.20	1,593.83	1,738.00	2,142.88
89	1,216.60	1,550.38	1,757.75	1,915.75	2,360.13
90	1,339.05	1,710.35	1,937.48	2,111.28	2,599.10
91	1,475.33	1,886.13	2,136.95	2,328.53	2,863.75
92	1,625.43	2,079.68	2,356.18	2,567.50	3,154.08
93	1,791.33	2,292.98	2,599.10	2,830.18	3,474.03
94	1,973.03	2,528.00	2,865.73	3,122.48	3,825.58
95	2,172.50	2,788.70	3,160.00	3,442.43	4,214.65
96	2,393.70	3,075.08	3,483.90	3,795.95	4,643.23
97	2,636.63	3,391.08	3,843.35	4,185.03	5,113.28
98	2,905.23	3,738.68	4,238.35	4,613.60	5,632.70
99	3,199.50	4,121.83	4,672.85	5,087.60	6,205.45









**Policy Form 1LTC-97  
COMPREHENSIVE PLAN**

Optional Inflation Protection without Nonforfeiture

Assumes 45 Day Elimination Period

Standard Annual Premium Rates - \$10 Increments with 58% increase

TLB	730x	730x	730x	1,095x	1,095x	1,095x	1,460x	1,460x	1,460x	1,825x	1,825x	1,825x	Unlimited	Unlimited	Unlimited
HC	100%	80%	60%	100%	80%	60%	100%	80%	60%	100%	80%	60%	100%	80%	60%
Age	730x100	730x80	730x60	1095x100	1095x80	1095x60	1460x100	1460x80	1460x60	1825x100	1825x80	1825x60	Ux100	Ux80	Ux60
18	39.23	37.73	34.71	43.77	42.25	39.23	46.78	43.77	40.75	49.80	46.78	43.77	63.37	58.86	54.32
19	39.23	37.73	34.71	43.77	42.25	39.23	46.78	43.77	40.75	49.80	46.78	43.77	63.37	58.86	54.32
20	39.23	37.73	34.71	43.77	42.25	39.23	46.78	43.77	40.75	49.80	46.78	43.77	63.37	58.86	54.32
21	39.23	37.73	34.71	43.77	42.25	39.23	46.78	43.77	40.75	49.80	46.78	43.77	63.37	58.86	54.32
22	39.23	37.73	34.71	43.77	42.25	39.23	46.78	43.77	40.75	49.80	46.78	43.77	63.37	58.86	54.32
23	39.23	37.73	34.71	43.77	42.25	39.23	46.78	43.77	40.75	49.80	46.78	43.77	63.37	58.86	54.32
24	39.23	37.73	34.71	43.77	42.25	39.23	46.78	43.77	40.75	49.80	46.78	43.77	63.37	58.86	54.32
25	39.23	37.73	34.71	43.77	42.25	39.23	46.78	43.77	40.75	49.80	46.78	43.77	63.37	58.86	54.32
26	39.23	37.73	34.71	43.77	42.25	39.23	46.78	43.77	40.75	49.80	46.78	43.77	63.37	58.86	54.32
27	39.23	37.73	34.71	43.77	42.25	39.23	46.78	43.77	40.75	49.80	46.78	43.77	63.37	58.86	54.32
28	39.23	37.73	34.71	43.77	42.25	39.23	46.78	43.77	40.75	49.80	46.78	43.77	63.37	58.86	54.32
29	39.23	37.73	34.71	43.77	42.25	39.23	46.78	43.77	40.75	49.80	46.78	43.77	63.37	58.86	54.32
30	39.23	37.73	34.71	43.77	42.25	39.23	46.78	43.77	40.75	49.80	46.78	43.77	63.37	58.86	54.32
31	39.23	37.73	34.71	43.77	42.25	39.23	46.78	43.77	40.75	49.80	46.78	43.77	63.37	58.86	54.32
32	39.23	37.73	34.71	43.77	42.25	39.23	46.78	43.77	40.75	49.80	46.78	43.77	63.37	58.86	54.32
33	39.23	37.73	34.71	43.77	42.25	39.23	46.78	43.77	40.75	49.80	46.78	43.77	63.37	58.86	54.32
34	39.23	37.73	34.71	43.77	42.25	39.23	46.78	43.77	40.75	49.80	46.78	43.77	63.37	58.86	54.32
35	39.23	37.73	34.71	43.77	42.25	39.23	46.78	43.77	40.75	49.80	46.78	43.77	63.37	58.86	54.32
36	39.23	37.73	34.71	43.77	42.25	39.23	46.78	43.77	40.75	49.80	46.78	43.77	63.37	58.86	54.32
37	39.23	37.73	34.71	43.77	42.25	39.23	46.78	43.77	40.75	49.80	46.78	43.77	63.37	58.86	54.32
38	39.23	37.73	34.71	43.77	42.25	39.23	46.78	43.77	40.75	49.80	46.78	43.77	63.37	58.86	54.32
39	39.23	37.73	34.71	43.77	42.25	39.23	46.78	43.77	40.75	49.80	46.78	43.77	63.37	58.86	54.32
40	39.23	37.73	34.71	43.77	42.25	39.23	46.78	43.77	40.75	49.80	46.78	43.77	63.37	58.86	54.32
41	39.23	37.73	34.71	43.77	42.25	39.23	46.78	43.77	40.75	49.80	46.78	43.77	63.37	58.86	54.32
42	39.23	37.73	34.71	43.77	42.25	39.23	46.78	43.77	40.75	49.80	46.78	43.77	63.37	58.86	54.32
43	39.23	37.73	34.71	43.77	42.25	39.23	46.78	43.77	40.75	49.80	46.78	43.77	63.37	58.86	54.32
44	39.23	37.73	34.71	43.77	42.25	39.23	46.78	43.77	40.75	49.80	46.78	43.77	63.37	58.86	54.32
45	46.78	45.27	42.25	54.32	52.82	48.28	58.86	55.84	51.30	63.37	60.36	55.84	81.48	75.45	70.93
46	46.78	45.27	42.25	54.32	52.82	48.28	58.86	55.84	51.30	63.37	60.36	55.84	81.48	75.45	70.93
47	46.78	45.27	42.25	54.32	52.82	48.28	58.86	55.84	51.30	63.37	60.36	55.84	81.48	75.45	70.93
48	46.78	45.27	42.25	54.32	52.82	48.28	58.86	55.84	51.30	63.37	60.36	55.84	81.48	75.45	70.93
49	46.78	45.27	42.25	54.32	52.82	48.28	58.86	55.84	51.30	63.37	60.36	55.84	81.48	75.45	70.93
50	52.82	49.80	46.78	61.87	58.86	54.32	66.39	61.87	57.34	70.93	67.91	61.87	92.05	86.02	79.98
51	54.32	52.82	49.80	64.89	61.87	57.34	70.93	66.39	61.87	75.45	70.93	66.39	98.09	92.05	84.50
52	57.34	55.84	52.82	67.91	64.89	60.36	73.94	70.93	64.89	79.98	75.45	70.93	104.12	98.09	90.53
53	60.36	58.86	54.32	72.43	67.91	63.37	78.46	73.94	69.41	86.02	79.98	73.94	110.16	104.12	95.07
54	64.89	61.87	58.86	76.96	73.94	67.91	84.50	79.98	73.94	92.05	86.02	79.98	119.21	111.66	102.61
55	69.41	66.39	61.87	83.00	78.46	72.43	90.53	86.02	78.46	98.09	92.05	86.02	128.26	120.71	110.16
56	73.94	70.93	66.39	89.03	84.50	78.46	96.57	92.05	84.50	105.62	99.59	92.05	137.32	129.77	119.21
57	78.46	75.45	70.93	95.07	89.03	83.00	104.12	98.09	90.53	113.18	107.14	98.09	147.87	138.82	128.26
58	83.00	79.98	75.45	101.10	96.57	89.03	111.66	105.62	96.57	122.23	114.68	105.62	158.44	149.39	138.82
59	89.03	84.50	79.98	108.64	102.61	95.07	119.21	113.18	104.12	129.77	123.73	113.18	170.51	159.94	147.87
60	95.07	90.53	84.50	116.19	110.16	102.61	126.75	120.71	111.66	138.82	131.28	122.23	182.58	172.01	158.44
61	101.10	96.57	90.53	123.73	117.69	108.64	135.80	129.77	119.21	149.39	141.84	131.28	196.16	184.09	170.51
62	107.14	102.61	96.57	131.28	125.25	116.19	144.85	137.32	128.26	159.94	150.89	140.34	209.75	197.67	182.58
63	114.68	110.16	102.61	140.34	134.30	125.25	155.42	147.87	137.32	170.51	161.46	150.89	223.32	211.25	196.16
64	122.23	117.69	111.66	152.41	144.85	135.80	167.50	159.94	147.87	184.09	175.03	162.96	242.94	229.35	212.76
65	132.78	126.75	119.21	164.48	156.93	146.37	181.07	173.53	161.46	199.17	190.12	176.55	262.55	248.98	230.87
66	141.84	137.32	129.77	176.55	169.00	158.44	196.16	187.10	175.03	215.78	205.21	191.64	283.67	270.10	250.48
67	153.91	147.87	138.82	191.64	182.58	172.01	212.76	202.19	188.62	233.89	223.32	208.23	307.82	292.73	273.12
68	165.98	159.94	150.89	206.73	197.67	185.60	229.35	218.80	205.21	253.50	241.42	226.34	333.47	316.87	295.74
69	181.10	181.07	170.51	233.89	224.83	209.75	259.53	248.98	232.37	286.69	274.62	256.51	375.72	359.12	334.98
70	211.25	203.71	193.14	264.07	253.50	238.41	294.24	280.66	264.07	324.42	309.33	289.71	424.01	405.90	380.24
71	236.91	229.35	217.28	297.26	286.69	270.10	330.46	318.39	298.76	365.15	350.06	328.94	478.33	458.71	430.04
72	267.08	258.03	244.44	334.98	322.90	304.80	372.71	359.12	336.49	411.94	395.33	371.19	538.69	517.56	484.36
73	300.28	291.23	276.14	377.23	363.65	342.53	419.47	404.39	380.24	463.24	445.13	417.97	606.58	582.44	547.74
74	325.92	316.87	300.28	410.42	396.85	375.72	457.20	440.60	414.96	503.97	485.87	457.20	660.90	635.25	597.52
75	356.10	345.55	328.94	448.15	434.56	410.42	499.45	481.35	454.19	549.24	531.13	500.95	719.75	694.09	654.86
76	387.80	377.23	359.12	488.88	473.79	448.15	543.20	526.61	496.44	599.04	579.42	547.74	784.63	757.47	715.22
77	422.49	411.94	392.31	532.65	517.56	490.40	593.01	574.90	543.20	653.36	633.74	599.04	855.55	828.39	781.61
78	460.22	449.65	427.03	580.93	565.85	535.67	647.33	627.70	594.51	712.20	692.59	654.86	932.50	903.84	855.55
79	511.53	499.45	476.81	645.81	629.22	597.52	718.24	698.63	662.42	792.18	769.54	730.31	1,035.11	1,006.44	953.62
80	567.35	555.28	531.13	718.24	700.13	666.93	798.22	778.59	739.36	879.70	857.06	814.81	1,151.30	1,121.12	1,063.78
81	630.72	618.65	591.49	798.22	780.11	742.38	887.23	866.11	823.86	977.77	953.62	908.36	1,279.55	1,247.87	1,186.00
82	701.65	688.06	659.40	887.23	867.63	828.39	985.32	964.20	918.93	1,086.41	1,062.27	1,012.48	1,421.38	1,388.19	1,323.31
83	780.11	765.02	733.33	986.82	967.21	923.45	1,095.46	1,072.84	1,023.03	1,207.12	1,181.48	1,128.66	1,579.83	1,546.63	1,475.70
84	866.11	852.54	817.82	1,096.98	1,075.85	1,029.07	1,217.69	1,193.55	1,140.73	1,342.92	1,315.76	1,258.42	1,756.36	1,721.66	1,646.22
85	962.68	947.59	911.38	1,219.19	1,198.07	1,148.28	1,353.49	1,329.35	1,272.01	1,490.79	1,465.15	1,403.28	1,952.52	1,916.30	1,834.82
86	1,069.82	1,054.73	1,015.50	1,354.99	1,333.87	1,279.55									

**Policy Form 1LTC-97**  
**COMPREHENSIVE PLAN**

Optional Inflation Protection with Nonforfeiture

Assumes 45 Day Elimination Period

Standard Annual Premium Rates - \$10 Increments with 58% increase

TLB	730x	730x	730x	1,095x	1,095x	1,095x	1,460x	1,460x	1,460x	1,825x	1,825x	1,825x	Unlimited	Unlimited	Unlimited
HC	100%	80%	60%	100%	80%	60%	100%	80%	60%	100%	80%	60%	100%	80%	60%
Age	730x100	730x80	730x60	1095x100	1095x80	1095x60	1460x100	1460x80	1460x60	1825x100	1825x80	1825x60	Ux100	Ux80	Ux60
18	51.00	49.04	45.11	56.88	54.92	51.00	60.81	56.88	52.96	64.73	60.81	56.88	82.38	76.50	70.61
19	51.00	49.04	45.11	56.88	54.92	51.00	60.81	56.88	52.96	64.73	60.81	56.88	82.38	76.50	70.61
20	51.00	49.04	45.11	56.88	54.92	51.00	60.81	56.88	52.96	64.73	60.81	56.88	82.38	76.50	70.61
21	51.00	49.04	45.11	56.88	54.92	51.00	60.81	56.88	52.96	64.73	60.81	56.88	82.38	76.50	70.61
22	51.00	49.04	45.11	56.88	54.92	51.00	60.81	56.88	52.96	64.73	60.81	56.88	82.38	76.50	70.61
23	51.00	49.04	45.11	56.88	54.92	51.00	60.81	56.88	52.96	64.73	60.81	56.88	82.38	76.50	70.61
24	51.00	49.04	45.11	56.88	54.92	51.00	60.81	56.88	52.96	64.73	60.81	56.88	82.38	76.50	70.61
25	51.00	49.04	45.11	56.88	54.92	51.00	60.81	56.88	52.96	64.73	60.81	56.88	82.38	76.50	70.61
26	51.00	49.04	45.11	56.88	54.92	51.00	60.81	56.88	52.96	64.73	60.81	56.88	82.38	76.50	70.61
27	51.00	49.04	45.11	56.88	54.92	51.00	60.81	56.88	52.96	64.73	60.81	56.88	82.38	76.50	70.61
28	51.00	49.04	45.11	56.88	54.92	51.00	60.81	56.88	52.96	64.73	60.81	56.88	82.38	76.50	70.61
29	51.00	49.04	45.11	56.88	54.92	51.00	60.81	56.88	52.96	64.73	60.81	56.88	82.38	76.50	70.61
30	51.00	49.04	45.11	56.88	54.92	51.00	60.81	56.88	52.96	64.73	60.81	56.88	82.38	76.50	70.61
31	51.00	49.04	45.11	56.88	54.92	51.00	60.81	56.88	52.96	64.73	60.81	56.88	82.38	76.50	70.61
32	51.00	49.04	45.11	56.88	54.92	51.00	60.81	56.88	52.96	64.73	60.81	56.88	82.38	76.50	70.61
33	51.00	49.04	45.11	56.88	54.92	51.00	60.81	56.88	52.96	64.73	60.81	56.88	82.38	76.50	70.61
34	51.00	49.04	45.11	56.88	54.92	51.00	60.81	56.88	52.96	64.73	60.81	56.88	82.38	76.50	70.61
35	51.00	49.04	45.11	56.88	54.92	51.00	60.81	56.88	52.96	64.73	60.81	56.88	82.38	76.50	70.61
36	51.00	49.04	45.11	56.88	54.92	51.00	60.81	56.88	52.96	64.73	60.81	56.88	82.38	76.50	70.61
37	51.00	49.04	45.11	56.88	54.92	51.00	60.81	56.88	52.96	64.73	60.81	56.88	82.38	76.50	70.61
38	51.00	49.04	45.11	56.88	54.92	51.00	60.81	56.88	52.96	64.73	60.81	56.88	82.38	76.50	70.61
39	51.00	49.04	45.11	56.88	54.92	51.00	60.81	56.88	52.96	64.73	60.81	56.88	82.38	76.50	70.61
40	51.00	49.04	45.11	56.88	54.92	51.00	60.81	56.88	52.96	64.73	60.81	56.88	82.38	76.50	70.61
41	51.00	49.04	45.11	56.88	54.92	51.00	60.81	56.88	52.96	64.73	60.81	56.88	82.38	76.50	70.61
42	51.00	49.04	45.11	56.88	54.92	51.00	60.81	56.88	52.96	64.73	60.81	56.88	82.38	76.50	70.61
43	51.00	49.04	45.11	56.88	54.92	51.00	60.81	56.88	52.96	64.73	60.81	56.88	82.38	76.50	70.61
44	51.00	49.04	45.11	56.88	54.92	51.00	60.81	56.88	52.96	64.73	60.81	56.88	82.38	76.50	70.61
45	60.81	58.86	54.92	70.61	68.65	62.77	76.50	72.59	66.69	82.38	78.46	72.59	105.92	98.09	92.19
46	60.81	58.86	54.92	70.61	68.65	62.77	76.50	72.59	66.69	82.38	78.46	72.59	105.92	98.09	92.19
47	60.81	58.86	54.92	70.61	68.65	62.77	76.50	72.59	66.69	82.38	78.46	72.59	105.92	98.09	92.19
48	60.81	58.86	54.92	70.61	68.65	62.77	76.50	72.59	66.69	82.38	78.46	72.59	105.92	98.09	92.19
49	60.81	58.86	54.92	70.61	68.65	62.77	76.50	72.59	66.69	82.38	78.46	72.59	105.92	98.09	92.19
50	68.65	64.73	60.81	80.42	76.50	70.61	86.32	80.42	74.54	92.19	88.27	80.42	119.65	111.82	103.96
51	70.61	68.65	64.73	84.34	80.42	74.54	92.19	86.32	80.42	98.09	92.19	86.32	127.51	119.65	109.84
52	74.54	72.59	68.65	88.27	84.34	78.46	96.11	92.19	84.34	103.96	98.09	92.19	135.34	127.51	117.69
53	78.46	76.50	70.61	94.15	88.27	82.38	102.00	96.11	90.23	111.82	103.96	96.11	143.20	135.34	123.57
54	84.34	80.42	76.50	100.05	96.11	88.27	109.84	103.96	96.11	119.65	111.82	103.96	154.97	145.15	133.38
55	90.23	86.32	80.42	107.88	102.00	94.15	117.69	111.82	102.00	127.51	119.65	111.82	166.74	156.93	143.20
56	96.11	92.19	86.32	115.74	109.84	102.00	125.55	119.65	109.84	137.32	129.47	119.65	178.51	168.70	154.97
57	102.00	98.09	92.19	123.57	115.74	107.88	135.34	127.51	117.69	147.11	139.28	127.51	192.24	180.47	166.74
58	107.88	103.96	98.09	131.42	125.55	115.74	145.15	137.32	125.55	158.88	149.07	137.32	205.97	194.20	180.47
59	115.74	109.84	103.96	141.24	133.38	123.57	154.97	147.11	135.34	168.70	160.84	147.11	221.66	207.93	192.24
60	123.57	117.69	109.84	151.05	143.20	133.38	164.78	156.93	145.15	180.47	170.66	158.88	237.35	223.62	205.97
61	131.42	125.55	117.69	160.84	153.01	141.24	176.55	168.70	154.97	194.20	184.39	170.66	255.01	239.31	221.66
62	139.28	133.38	125.55	170.66	162.80	151.05	188.30	178.51	166.74	207.93	196.16	182.43	272.66	256.97	237.35
63	149.07	143.20	133.38	182.43	174.57	162.80	202.03	192.24	178.51	221.66	209.89	196.16	290.31	274.62	255.01
64	158.88	153.01	145.15	198.12	188.30	176.55	217.74	207.93	192.24	239.31	227.54	211.85	315.81	298.16	276.58
65	172.62	164.78	154.97	213.81	204.01	190.28	235.39	225.58	209.89	258.93	247.16	229.51	341.31	323.66	300.12
66	177.29	171.64	162.20	220.68	211.25	198.04	245.20	233.89	218.80	269.72	256.51	239.54	354.60	337.61	313.09
67	192.38	184.84	173.53	239.54	228.22	215.02	265.95	252.74	235.77	292.35	279.15	260.29	384.78	365.91	341.39
68	207.47	199.93	188.62	258.39	247.08	231.99	286.69	273.48	256.51	316.87	301.78	282.91	416.84	396.09	369.69
69	233.89	226.34	213.13	292.35	281.03	262.17	324.42	311.21	290.47	358.36	343.27	320.65	469.64	448.89	418.72
70	264.07	254.63	241.42	330.08	316.87	298.00	367.79	350.82	330.08	405.52	386.66	362.14	530.00	507.37	475.31
71	296.12	286.69	271.60	371.57	358.36	337.61	413.06	397.97	373.45	456.45	437.58	411.18	597.90	573.38	537.55
72	333.84	322.53	305.56	418.72	403.63	381.00	465.88	448.89	420.61	514.91	494.16	463.98	673.35	646.95	605.44
73	375.34	364.02	345.17	471.54	454.55	428.15	524.34	505.49	475.31	579.04	556.41	522.46	758.23	728.05	684.66
74	407.40	396.09	375.34	513.03	496.06	469.64	571.50	550.76	518.68	629.96	607.34	571.50	826.12	794.06	746.91
75	445.13	431.92	411.18	560.17	543.20	513.03	624.31	601.68	567.73	686.56	663.92	626.20	899.68	867.63	818.58
76	484.73	471.54	448.89	611.11	592.25	560.17	679.01	658.26	620.53	748.79	724.27	684.66	980.79	946.83	894.03
77	528.12	514.91	490.40	665.80	646.95	612.99	741.24	718.62	679.01	816.69	792.18	748.79	1,069.44	1,035.48	977.01
78	575.26	562.07	533.77	726.15	707.30	669.57	809.15	784.63	743.14	890.25	865.73	818.58	1,165.63	1,129.79	1,069.44
79	639.39	624.31	596.02	807.27	786.51	746.91	897.80	873.28	828.01	990.22	961.92	912.89	1,293.88	1,258.04	1,192.03
80	709.18	694.09	663.92	897.80	875.16	833.67	997.75	973.25	924.21	1,099.62	1,071.32	1,018.52	1,439.11	1,401.40	1,329.71
81	788.40	773.32	739.36	997.75	975.13	927.98	1,109.05	1,082.63	1,029.83	1,222.21	1,192.03	1,135.45	1,599.43	1,559.82	1,482.50
82	877.04	860.07	824.24	1,109.05	1,084.53	1,035.48	1,231.64	1,205.24	1,148.64	1,358.01	1,327.83	1,265.60	1,776.73	1,735.24	1,654.13
83	975.13	956.26	916.65	1,233.52	1,209.00	1,154.32	1,369.32	1,341.04	1,278.79	1,508.90	1,476.84	1,410.83	1,974.78	1,933.27	1,844.63
84	1,082.63	1,065.66	1,022.28	1,371.22	1,344.80	1,286.34	1,522.11	1,491.93	1,425.92	1,678.66	1,644.70	1,573.03	2,195.46	2,152.07	2,057.76
85	1,203.34	1,184.49	1,139.23	1,523.99	1,497.59	1,435.34	1,691.85	1,661.67	1,590.00	1,863.50	1,831.43	1,754.10			



**Policy Form 1LTC-97  
COMPREHENSIVE PLAN**

Compound Inflation Protection without Nonforfeiture

Assumes 45 Day Elimination Period

Standard Annual Premium Rates - \$10 Increments with 58% increase

TLB	730x	730x	730x	1,095x	1,095x	1,095x	1,460x	1,460x	1,460x	1,825x	1,825x	1,825x	Unlimited	Unlimited	Unlimited
HC	100%	80%	60%	100%	80%	60%	100%	80%	60%	100%	80%	60%	100%	80%	60%
Age	730x100	730x80	730x60	1095x100	1095x80	1095x60	1460x100	1460x80	1460x60	1825x100	1825x80	1825x60	Ux100	Ux80	Ux60
18	81.48	78.46	72.43	96.57	93.55	87.52	107.14	99.59	93.55	116.19	110.16	102.61	159.94	147.87	137.32
19	81.48	78.46	72.43	96.57	93.55	87.52	107.14	99.59	93.55	116.19	110.16	102.61	159.94	147.87	137.32
20	81.48	78.46	72.43	96.57	93.55	87.52	107.14	99.59	93.55	116.19	110.16	102.61	159.94	147.87	137.32
21	81.48	78.46	72.43	96.57	93.55	87.52	107.14	99.59	93.55	116.19	110.16	102.61	159.94	147.87	137.32
22	81.48	78.46	72.43	96.57	93.55	87.52	107.14	99.59	93.55	116.19	110.16	102.61	159.94	147.87	137.32
23	81.48	78.46	72.43	96.57	93.55	87.52	107.14	99.59	93.55	116.19	110.16	102.61	159.94	147.87	137.32
24	81.48	78.46	72.43	96.57	93.55	87.52	107.14	99.59	93.55	116.19	110.16	102.61	159.94	147.87	137.32
25	81.48	78.46	72.43	96.57	93.55	87.52	107.14	99.59	93.55	116.19	110.16	102.61	159.94	147.87	137.32
26	81.48	78.46	72.43	96.57	93.55	87.52	107.14	99.59	93.55	116.19	110.16	102.61	159.94	147.87	137.32
27	81.48	78.46	72.43	96.57	93.55	87.52	107.14	99.59	93.55	116.19	110.16	102.61	159.94	147.87	137.32
28	81.48	78.46	72.43	96.57	93.55	87.52	107.14	99.59	93.55	116.19	110.16	102.61	159.94	147.87	137.32
29	81.48	78.46	72.43	96.57	93.55	87.52	107.14	99.59	93.55	116.19	110.16	102.61	159.94	147.87	137.32
30	81.48	78.46	72.43	96.57	93.55	87.52	107.14	99.59	93.55	116.19	110.16	102.61	159.94	147.87	137.32
31	81.48	78.46	72.43	96.57	93.55	87.52	107.14	99.59	93.55	116.19	110.16	102.61	159.94	147.87	137.32
32	81.48	78.46	72.43	96.57	93.55	87.52	107.14	99.59	93.55	116.19	110.16	102.61	159.94	147.87	137.32
33	81.48	78.46	72.43	96.57	93.55	87.52	107.14	99.59	93.55	116.19	110.16	102.61	159.94	147.87	137.32
34	81.48	78.46	72.43	96.57	93.55	87.52	107.14	99.59	93.55	116.19	110.16	102.61	159.94	147.87	137.32
35	81.48	78.46	72.43	96.57	93.55	87.52	107.14	99.59	93.55	116.19	110.16	102.61	159.94	147.87	137.32
36	81.48	78.46	72.43	96.57	93.55	87.52	107.14	99.59	93.55	116.19	110.16	102.61	159.94	147.87	137.32
37	81.48	78.46	72.43	96.57	93.55	87.52	107.14	99.59	93.55	116.19	110.16	102.61	159.94	147.87	137.32
38	81.48	78.46	72.43	96.57	93.55	87.52	107.14	99.59	93.55	116.19	110.16	102.61	159.94	147.87	137.32
39	81.48	78.46	72.43	96.57	93.55	87.52	107.14	99.59	93.55	116.19	110.16	102.61	159.94	147.87	137.32
40	81.48	78.46	72.43	96.57	93.55	87.52	107.14	99.59	93.55	116.19	110.16	102.61	159.94	147.87	137.32
41	81.48	78.46	72.43	96.57	93.55	87.52	107.14	99.59	93.55	116.19	110.16	102.61	159.94	147.87	137.32
42	81.48	78.46	72.43	96.57	93.55	87.52	107.14	99.59	93.55	116.19	110.16	102.61	159.94	147.87	137.32
43	81.48	78.46	72.43	96.57	93.55	87.52	107.14	99.59	93.55	116.19	110.16	102.61	159.94	147.87	137.32
44	81.48	78.46	72.43	96.57	93.55	87.52	107.14	99.59	93.55	116.19	110.16	102.61	159.94	147.87	137.32
45	95.07	92.05	86.02	116.19	113.18	102.61	128.26	122.23	111.66	141.84	135.80	125.25	193.14	179.57	169.00
46	95.07	92.05	86.02	116.19	113.18	102.61	128.26	122.23	111.66	141.84	135.80	125.25	193.14	179.57	169.00
47	95.07	92.05	86.02	116.19	113.18	102.61	128.26	122.23	111.66	141.84	135.80	125.25	193.14	179.57	169.00
48	95.07	92.05	86.02	116.19	113.18	102.61	128.26	122.23	111.66	141.84	135.80	125.25	193.14	179.57	169.00
49	95.07	92.05	86.02	116.19	113.18	102.61	128.26	122.23	111.66	141.84	135.80	125.25	193.14	179.57	169.00
50	105.62	99.59	93.55	129.77	123.73	114.68	141.84	132.78	122.23	155.42	147.87	135.80	212.76	197.67	184.09
51	108.64	105.62	99.59	134.30	128.26	119.21	150.89	140.34	131.28	162.96	153.91	143.35	223.32	209.75	191.64
52	113.18	110.16	104.12	140.34	134.30	123.73	155.42	149.39	135.80	170.51	161.46	150.89	233.89	220.30	202.19
53	117.69	114.68	107.14	147.87	138.82	129.77	162.96	153.91	144.85	181.07	169.00	155.42	242.94	229.35	209.75
54	125.25	119.21	113.18	153.91	147.87	135.80	172.01	162.96	150.89	191.64	178.05	165.98	258.03	241.42	221.82
55	132.78	126.75	117.69	164.48	155.42	143.35	182.58	173.53	156.93	200.69	187.10	175.03	271.60	256.51	233.89
56	138.82	134.30	125.25	173.53	164.48	152.41	190.12	182.58	167.50	211.25	199.17	184.09	285.19	270.10	247.46
57	146.37	140.34	131.28	182.58	170.51	158.44	202.19	190.12	176.55	223.32	211.25	193.14	301.78	283.67	261.05
58	152.41	146.37	138.82	191.64	182.58	167.50	212.76	202.19	184.09	236.91	221.82	203.71	316.87	298.76	277.64
59	162.96	153.91	146.37	203.71	193.14	178.05	226.34	215.78	197.67	248.98	238.41	217.28	337.99	318.39	294.24
60	173.53	164.48	153.91	217.28	206.73	191.64	239.92	227.85	211.25	265.57	250.48	233.89	360.64	339.51	312.35
61	184.09	175.03	164.48	230.87	218.80	202.19	255.01	244.44	224.83	283.67	270.10	248.98	384.78	360.64	333.47
62	194.66	185.60	175.03	242.94	232.37	215.78	271.60	256.51	239.92	303.30	285.19	265.57	408.92	384.78	356.10
63	208.23	199.17	185.60	259.53	248.98	230.87	289.71	276.14	256.51	321.40	304.80	283.67	433.06	408.92	380.24
64	217.28	209.75	199.17	276.14	262.55	245.96	306.31	292.73	270.10	339.51	322.90	300.28	460.22	434.56	402.88
65	232.37	221.82	208.23	292.73	279.15	261.05	324.42	310.83	289.71	360.64	344.03	319.89	487.38	461.72	428.53
66	242.94	235.39	223.32	307.82	294.24	276.14	345.55	328.94	307.82	383.26	363.65	339.51	516.04	491.90	455.69
67	259.53	248.98	233.89	327.44	312.35	294.24	366.67	348.56	325.92	407.40	387.80	362.14	547.74	522.08	485.87
68	274.62	264.07	248.98	347.05	331.96	312.35	387.80	369.69	347.05	431.55	411.94	386.28	580.93	552.26	516.04
69	306.31	295.74	279.15	387.80	372.71	348.56	434.56	416.46	387.80	482.85	463.24	431.55	647.33	618.65	576.40
70	341.01	328.94	312.35	433.06	414.96	390.81	485.87	463.24	436.08	540.19	514.54	481.35	721.25	689.58	645.81
71	378.74	366.67	347.05	481.35	463.24	437.58	538.69	519.06	487.38	599.04	574.90	540.19	801.23	769.54	721.25
72	420.99	405.90	384.78	535.67	516.04	487.38	599.04	577.92	541.70	666.93	639.77	602.06	890.25	855.55	801.23
73	467.76	452.67	430.04	594.51	573.38	540.19	665.43	641.29	603.56	740.88	712.20	668.45	988.34	949.11	893.27
74	497.94	484.36	458.71	635.25	614.13	582.44	713.72	686.56	647.33	792.18	763.50	718.24	1,057.75	1,017.00	956.64
75	535.67	519.06	494.92	682.02	660.90	624.68	765.02	737.86	695.61	848.00	819.34	772.56	1,131.68	1,090.94	1,029.07
76	573.38	556.79	531.13	730.31	707.68	669.95	817.82	792.18	746.91	908.36	878.18	829.90	1,210.14	1,169.41	1,104.51
77	612.61	597.52	568.86	783.13	760.49	719.75	876.68	851.02	804.25	973.25	944.57	891.77	1,296.15	1,255.40	1,184.49
78	656.38	641.29	609.60	838.95	816.32	772.56	941.55	912.89	864.61	1,042.66	1,013.98	958.16	1,388.19	1,344.44	1,273.51
79	716.74	700.13	668.45	915.91	893.27	848.00	1,026.05	997.39	946.09	1,139.23	1,107.53	1,050.19	1,513.43	1,471.19	1,394.22
80	781.61	765.02	731.82	1,001.91	976.27	929.48	1,121.12	1,093.96	1,038.12	1,243.33	1,211.65	1,151.30	-	-	-
81	854.04	837.45	801.23	1,093.96	1,068.30	1,017.00	1,225.23	1,195.05	1,137.71	1,358.01	1,324.81	1,261.44	-	-	-
82	932.50	914.39	876.68	1,195.05	1,167.89	1,115.09	1,336.89	1,308.22	1,246.35	1,483.26	1,450.06	1,382.15	-	-	-
83	1,020.02	1,000.41	958.16	1,305.21	1,279.55	1,222.21	1,460.62	1,430.44	1,364.05	1,620.56	1,585.86	1,514.94	-	-	-
84	1,112.07	1,093.96	1,050.19	1,425.92	1,398.76	1,338.40	1,596.42	1,564.74	1,495.33						

Policy Form 1LTC-97

COMPREHENSIVE PLAN

Compound Inflation Protection with Nonforfeiture

Assumes 45 Day Elimination Period

Standard Annual Premium Rates - \$10 Increments with 58% increase

TLB	730x	730x	730x	1,095x	1,095x	1,095x	1,460x	1,460x	1,460x	1,825x	1,825x	1,825x	Unlimited	Unlimited	Unlimited
HC	100%	80%	60%	100%	80%	60%	100%	80%	60%	100%	80%	60%	100%	80%	60%
Age	730x100	730x80	730x60	1095x100	1095x80	1095x60	1460x100	1460x80	1460x60	1825x100	1825x80	1825x60	Ux100	Ux80	Ux60
18	105.92	102.00	94.15	125.55	121.61	113.78	139.28	129.47	121.61	151.05	143.20	133.38	207.93	192.24	178.51
19	105.92	102.00	94.15	125.55	121.61	113.78	139.28	129.47	121.61	151.05	143.20	133.38	207.93	192.24	178.51
20	105.92	102.00	94.15	125.55	121.61	113.78	139.28	129.47	121.61	151.05	143.20	133.38	207.93	192.24	178.51
21	105.92	102.00	94.15	125.55	121.61	113.78	139.28	129.47	121.61	151.05	143.20	133.38	207.93	192.24	178.51
22	105.92	102.00	94.15	125.55	121.61	113.78	139.28	129.47	121.61	151.05	143.20	133.38	207.93	192.24	178.51
23	105.92	102.00	94.15	125.55	121.61	113.78	139.28	129.47	121.61	151.05	143.20	133.38	207.93	192.24	178.51
24	105.92	102.00	94.15	125.55	121.61	113.78	139.28	129.47	121.61	151.05	143.20	133.38	207.93	192.24	178.51
25	105.92	102.00	94.15	125.55	121.61	113.78	139.28	129.47	121.61	151.05	143.20	133.38	207.93	192.24	178.51
26	105.92	102.00	94.15	125.55	121.61	113.78	139.28	129.47	121.61	151.05	143.20	133.38	207.93	192.24	178.51
27	105.92	102.00	94.15	125.55	121.61	113.78	139.28	129.47	121.61	151.05	143.20	133.38	207.93	192.24	178.51
28	105.92	102.00	94.15	125.55	121.61	113.78	139.28	129.47	121.61	151.05	143.20	133.38	207.93	192.24	178.51
29	105.92	102.00	94.15	125.55	121.61	113.78	139.28	129.47	121.61	151.05	143.20	133.38	207.93	192.24	178.51
30	105.92	102.00	94.15	125.55	121.61	113.78	139.28	129.47	121.61	151.05	143.20	133.38	207.93	192.24	178.51
31	105.92	102.00	94.15	125.55	121.61	113.78	139.28	129.47	121.61	151.05	143.20	133.38	207.93	192.24	178.51
32	105.92	102.00	94.15	125.55	121.61	113.78	139.28	129.47	121.61	151.05	143.20	133.38	207.93	192.24	178.51
33	105.92	102.00	94.15	125.55	121.61	113.78	139.28	129.47	121.61	151.05	143.20	133.38	207.93	192.24	178.51
34	105.92	102.00	94.15	125.55	121.61	113.78	139.28	129.47	121.61	151.05	143.20	133.38	207.93	192.24	178.51
35	105.92	102.00	94.15	125.55	121.61	113.78	139.28	129.47	121.61	151.05	143.20	133.38	207.93	192.24	178.51
36	105.92	102.00	94.15	125.55	121.61	113.78	139.28	129.47	121.61	151.05	143.20	133.38	207.93	192.24	178.51
37	105.92	102.00	94.15	125.55	121.61	113.78	139.28	129.47	121.61	151.05	143.20	133.38	207.93	192.24	178.51
38	105.92	102.00	94.15	125.55	121.61	113.78	139.28	129.47	121.61	151.05	143.20	133.38	207.93	192.24	178.51
39	105.92	102.00	94.15	125.55	121.61	113.78	139.28	129.47	121.61	151.05	143.20	133.38	207.93	192.24	178.51
40	105.92	102.00	94.15	125.55	121.61	113.78	139.28	129.47	121.61	151.05	143.20	133.38	207.93	192.24	178.51
41	105.92	102.00	94.15	125.55	121.61	113.78	139.28	129.47	121.61	151.05	143.20	133.38	207.93	192.24	178.51
42	105.92	102.00	94.15	125.55	121.61	113.78	139.28	129.47	121.61	151.05	143.20	133.38	207.93	192.24	178.51
43	105.92	102.00	94.15	125.55	121.61	113.78	139.28	129.47	121.61	151.05	143.20	133.38	207.93	192.24	178.51
44	105.92	102.00	94.15	125.55	121.61	113.78	139.28	129.47	121.61	151.05	143.20	133.38	207.93	192.24	178.51
45	123.57	119.65	111.82	151.05	147.11	133.38	166.74	158.88	145.15	184.39	176.55	162.80	251.08	233.43	219.70
46	123.57	119.65	111.82	151.05	147.11	133.38	166.74	158.88	145.15	184.39	176.55	162.80	251.08	233.43	219.70
47	123.57	119.65	111.82	151.05	147.11	133.38	166.74	158.88	145.15	184.39	176.55	162.80	251.08	233.43	219.70
48	123.57	119.65	111.82	151.05	147.11	133.38	166.74	158.88	145.15	184.39	176.55	162.80	251.08	233.43	219.70
49	123.57	119.65	111.82	151.05	147.11	133.38	166.74	158.88	145.15	184.39	176.55	162.80	251.08	233.43	219.70
50	137.32	129.47	121.61	168.70	160.84	149.07	184.39	172.62	158.88	202.03	192.24	176.55	276.58	256.97	239.31
51	141.24	137.32	129.47	174.57	166.74	154.97	196.16	182.43	170.66	211.85	200.08	186.35	290.31	272.66	249.12
52	147.11	143.20	135.34	182.43	174.57	160.84	202.03	194.20	176.55	221.66	209.89	196.16	304.04	286.39	262.85
53	153.01	149.07	139.28	192.24	180.47	168.70	211.85	200.08	188.30	235.39	219.70	202.03	315.81	298.16	272.66
54	162.80	154.97	147.11	200.08	192.24	176.55	223.62	211.85	196.16	249.12	231.47	215.78	335.43	313.85	288.35
55	172.62	164.78	153.01	213.81	202.03	186.35	237.35	225.58	204.01	260.89	243.24	227.54	353.08	333.47	304.04
56	180.47	174.57	162.80	225.58	213.81	198.12	247.16	237.35	217.74	274.62	258.93	239.31	370.73	351.12	321.70
57	190.28	182.43	170.66	237.35	221.66	205.97	262.85	247.16	229.51	290.31	274.62	251.08	392.31	368.77	339.35
58	198.12	190.28	180.47	249.12	237.35	217.74	276.58	262.85	239.31	307.97	288.35	264.81	411.94	388.40	360.94
59	211.85	200.08	190.28	264.81	251.08	231.47	294.24	280.50	256.97	323.66	309.31	282.47	439.40	413.90	382.50
60	225.58	213.81	200.08	282.47	268.74	249.12	311.89	296.20	274.62	345.23	325.62	304.04	468.82	441.36	406.04
61	239.31	227.54	213.81	300.12	284.43	262.85	331.50	317.77	292.27	368.77	351.12	323.66	500.20	468.82	433.50
62	253.04	241.27	227.54	315.81	302.08	280.50	353.08	333.47	311.89	394.27	370.73	345.23	531.59	500.20	462.92
63	270.70	258.93	241.27	337.39	323.66	300.12	376.62	358.96	333.47	417.82	396.23	368.77	562.97	531.59	494.32
64	282.47	272.66	258.93	358.96	341.31	319.73	398.19	380.54	351.12	441.36	419.77	390.35	598.28	564.93	523.74
65	302.08	288.35	270.70	380.54	362.89	339.35	421.73	404.09	376.62	468.82	447.23	415.86	633.58	600.24	557.09
66	303.66	294.24	279.15	384.78	367.79	345.17	431.92	411.18	384.78	479.07	454.55	424.37	645.05	614.87	569.61
67	324.42	311.21	292.35	409.28	390.43	367.79	458.33	435.70	407.40	509.25	484.73	452.67	684.66	652.60	607.34
68	343.27	330.08	311.21	433.80	414.96	390.43	484.73	462.10	433.80	539.43	514.91	482.85	726.15	690.32	645.05
69	382.88	369.69	348.93	484.73	465.88	435.70	543.20	520.58	484.73	603.56	579.04	539.43	809.15	773.32	720.50
70	426.27	411.18	390.43	541.32	518.68	488.50	607.34	579.04	545.08	675.23	643.17	601.68	901.56	861.95	807.27
71	473.42	458.33	433.80	601.68	579.04	546.98	673.35	648.83	609.22	748.79	718.62	675.23	1,001.53	961.92	901.56
72	526.23	507.37	480.97	669.57	645.05	609.22	748.79	722.39	677.12	833.67	799.72	752.57	1,112.81	1,069.44	1,001.53
73	584.69	565.85	537.55	743.14	716.74	675.23	831.78	801.60	754.45	926.09	890.25	835.55	1,235.42	1,186.37	1,116.59
74	622.43	605.44	573.38	794.06	767.66	728.05	892.13	858.19	809.15	990.22	954.38	897.80	1,322.18	1,271.25	1,195.81
75	669.57	648.83	618.65	852.54	826.12	780.85	956.26	922.31	869.51	1,060.01	1,024.17	965.70	1,414.59	1,363.67	1,286.34
76	716.74	695.97	663.92	912.89	884.59	837.45	1,022.28	990.22	933.64	1,135.45	1,097.72	1,037.36	1,512.68	1,461.75	1,380.65
77	765.76	746.91	711.06	978.90	950.61	899.68	1,095.84	1,063.78	1,005.31	1,216.55	1,180.72	1,114.71	1,620.18	1,569.26	1,480.60
78	820.46	801.60	762.00	1,048.69	1,020.40	965.70	1,176.94	1,141.11	1,080.75	1,303.31	1,267.48	1,197.69	1,735.24	1,680.54	1,591.90
79	895.91	875.16	835.55	1,144.88	1,116.59	1,060.01	1,282.57	1,246.73	1,182.60	1,424.02	1,384.41	1,312.74	1,891.78	1,838.98	1,742.79
80	977.01	956.26	914.77	1,252.39	1,220.33	1,161.85	1,401.40	1,367.44	1,297.65	1,554.17	1,514.56	1,439.11	-	-	-
81	1,067.54	1,046.80	1,001.53	1,367.44	1,335.38	1,271.25	1,531.54	1,493.81	1,422.14	1,697.52	1,656.01	1,576.81	-	-	-
82	1,165.63	1,142.99	1,095.84	1,493.81	1,459.86	1,393.84	1,671.10	1,635.27	1,557.94	1,854.07	1,812.56	1,727.70	-	-</	



Policy Form 1LTC-97

COMPREHENSIVE PLAN

Simple Inflation Protection with Nonforfeiture

Assumes 45 Day Elimination Period

Standard Annual Premium Rates - \$10 Increments with 58% increase

TLB	730x	730x	730x	1,095x	1,095x	1,095x	1,460x	1,460x	1,460x	1,825x	1,825x	1,825x	Unlimited	Unlimited	Unlimited
HC	100%	80%	60%	100%	80%	60%	100%	80%	60%	100%	80%	60%	100%	80%	60%
Age	730x100	730x80	730x60	1095x100	1095x80	1095x60	1460x100	1460x80	1460x60	1825x100	1825x80	1825x60	Ux100	Ux80	Ux60
18	78.46	74.54	68.65	90.23	86.32	80.42	98.09	92.19	86.32	105.92	100.05	94.15	143.20	131.42	121.61
19	78.46	74.54	68.65	90.23	86.32	80.42	98.09	92.19	86.32	105.92	100.05	94.15	143.20	131.42	121.61
20	78.46	74.54	68.65	90.23	86.32	80.42	98.09	92.19	86.32	105.92	100.05	94.15	143.20	131.42	121.61
21	78.46	74.54	68.65	90.23	86.32	80.42	98.09	92.19	86.32	105.92	100.05	94.15	143.20	131.42	121.61
22	78.46	74.54	68.65	90.23	86.32	80.42	98.09	92.19	86.32	105.92	100.05	94.15	143.20	131.42	121.61
23	78.46	74.54	68.65	90.23	86.32	80.42	98.09	92.19	86.32	105.92	100.05	94.15	143.20	131.42	121.61
24	78.46	74.54	68.65	90.23	86.32	80.42	98.09	92.19	86.32	105.92	100.05	94.15	143.20	131.42	121.61
25	78.46	74.54	68.65	90.23	86.32	80.42	98.09	92.19	86.32	105.92	100.05	94.15	143.20	131.42	121.61
26	78.46	74.54	68.65	90.23	86.32	80.42	98.09	92.19	86.32	105.92	100.05	94.15	143.20	131.42	121.61
27	78.46	74.54	68.65	90.23	86.32	80.42	98.09	92.19	86.32	105.92	100.05	94.15	143.20	131.42	121.61
28	78.46	74.54	68.65	90.23	86.32	80.42	98.09	92.19	86.32	105.92	100.05	94.15	143.20	131.42	121.61
29	78.46	74.54	68.65	90.23	86.32	80.42	98.09	92.19	86.32	105.92	100.05	94.15	143.20	131.42	121.61
30	78.46	74.54	68.65	90.23	86.32	80.42	98.09	92.19	86.32	105.92	100.05	94.15	143.20	131.42	121.61
31	78.46	74.54	68.65	90.23	86.32	80.42	98.09	92.19	86.32	105.92	100.05	94.15	143.20	131.42	121.61
32	78.46	74.54	68.65	90.23	86.32	80.42	98.09	92.19	86.32	105.92	100.05	94.15	143.20	131.42	121.61
33	78.46	74.54	68.65	90.23	86.32	80.42	98.09	92.19	86.32	105.92	100.05	94.15	143.20	131.42	121.61
34	78.46	74.54	68.65	90.23	86.32	80.42	98.09	92.19	86.32	105.92	100.05	94.15	143.20	131.42	121.61
35	78.46	74.54	68.65	90.23	86.32	80.42	98.09	92.19	86.32	105.92	100.05	94.15	143.20	131.42	121.61
36	78.46	74.54	68.65	90.23	86.32	80.42	98.09	92.19	86.32	105.92	100.05	94.15	143.20	131.42	121.61
37	78.46	74.54	68.65	90.23	86.32	80.42	98.09	92.19	86.32	105.92	100.05	94.15	143.20	131.42	121.61
38	78.46	74.54	68.65	90.23	86.32	80.42	98.09	92.19	86.32	105.92	100.05	94.15	143.20	131.42	121.61
39	78.46	74.54	68.65	90.23	86.32	80.42	98.09	92.19	86.32	105.92	100.05	94.15	143.20	131.42	121.61
40	78.46	74.54	68.65	90.23	86.32	80.42	98.09	92.19	86.32	105.92	100.05	94.15	143.20	131.42	121.61
41	78.46	74.54	68.65	90.23	86.32	80.42	98.09	92.19	86.32	105.92	100.05	94.15	143.20	131.42	121.61
42	78.46	74.54	68.65	90.23	86.32	80.42	98.09	92.19	86.32	105.92	100.05	94.15	143.20	131.42	121.61
43	78.46	74.54	68.65	90.23	86.32	80.42	98.09	92.19	86.32	105.92	100.05	94.15	143.20	131.42	121.61
44	78.46	74.54	68.65	90.23	86.32	80.42	98.09	92.19	86.32	105.92	100.05	94.15	143.20	131.42	121.61
45	94.15	90.23	84.34	111.82	109.84	100.05	123.57	117.69	107.88	135.34	127.51	119.65	180.47	166.74	156.93
46	94.15	90.23	84.34	111.82	109.84	100.05	123.57	117.69	107.88	135.34	127.51	119.65	180.47	166.74	156.93
47	94.15	90.23	84.34	111.82	109.84	100.05	123.57	117.69	107.88	135.34	127.51	119.65	180.47	166.74	156.93
48	94.15	90.23	84.34	111.82	109.84	100.05	123.57	117.69	107.88	135.34	127.51	119.65	180.47	166.74	156.93
49	94.15	90.23	84.34	111.82	109.84	100.05	123.57	117.69	107.88	135.34	127.51	119.65	180.47	166.74	156.93
50	105.92	100.05	94.15	127.51	121.61	111.82	139.28	129.47	119.65	151.05	143.20	131.42	202.03	188.30	176.55
51	107.88	105.92	100.05	133.38	127.51	117.69	149.07	139.28	129.47	158.88	149.07	141.24	215.78	202.03	184.39
52	115.74	111.82	105.92	139.28	133.38	123.57	154.97	147.11	135.34	168.70	158.88	149.07	227.54	213.81	198.12
53	121.61	117.69	109.84	149.07	139.28	131.42	162.80	154.97	145.15	180.47	168.70	154.97	239.31	227.54	205.97
54	129.47	123.57	117.69	156.93	151.05	139.28	174.57	164.78	153.01	192.24	180.47	166.74	256.97	241.27	221.66
55	137.32	131.42	123.57	168.70	158.88	147.11	186.35	176.55	160.84	204.01	192.24	178.51	274.62	258.93	235.39
56	147.11	141.24	131.42	180.47	170.66	158.88	198.12	188.30	172.62	217.74	205.97	190.28	292.27	274.62	253.04
57	154.97	149.07	139.28	192.24	178.51	166.74	211.85	200.08	184.39	231.47	219.70	202.03	311.89	292.27	270.70
58	162.80	156.93	149.07	202.03	194.20	178.51	225.58	213.81	194.20	249.12	233.43	215.78	329.54	311.89	290.31
59	176.55	166.74	156.93	217.74	205.97	190.28	241.27	229.51	209.89	264.81	251.08	229.51	355.04	333.47	307.97
60	188.30	178.51	166.74	233.43	221.66	205.97	256.97	243.24	225.58	282.47	266.77	249.12	380.54	358.96	329.54
61	200.08	192.24	178.51	249.12	237.35	217.74	274.62	262.85	241.27	304.04	288.35	266.77	408.00	382.50	355.04
62	213.81	204.01	192.24	264.81	251.08	233.43	294.24	278.54	258.93	325.62	307.97	286.39	437.42	411.94	380.54
63	229.51	219.70	204.01	282.47	270.70	253.04	315.81	300.12	278.54	347.21	329.54	307.97	464.90	439.40	408.00
64	241.27	231.47	219.70	304.04	288.35	270.70	335.43	321.70	296.20	370.73	353.08	329.54	500.20	472.74	437.42
65	258.93	247.16	233.43	325.62	309.93	288.35	358.96	345.23	319.73	398.19	378.58	353.08	533.55	506.09	468.82
66	264.07	256.51	241.42	331.96	316.87	298.00	369.69	352.70	330.08	409.28	390.43	364.02	548.86	522.46	484.73
67	282.91	273.48	256.51	356.48	339.51	318.75	397.97	377.23	352.70	439.46	418.72	390.43	588.47	558.29	520.58
68	303.66	292.35	275.38	381.00	364.02	341.39	424.37	403.63	379.11	471.54	448.89	420.61	629.96	597.90	558.29
69	341.39	330.08	309.33	428.15	411.18	384.78	477.19	458.33	428.15	530.00	507.37	475.31	705.41	675.23	629.96
70	382.88	369.69	350.82	480.97	462.10	435.70	539.43	514.91	484.73	597.90	569.61	533.77	792.18	760.11	711.06
71	428.15	413.06	392.31	539.43	520.58	490.40	603.56	580.93	545.08	669.57	641.29	603.56	890.25	854.42	799.72
72	479.07	463.98	439.46	605.44	582.81	550.76	677.12	650.71	611.11	750.67	720.50	677.12	997.75	958.16	895.91
73	537.55	520.58	494.16	677.12	652.60	614.87	756.33	729.93	686.56	839.33	807.27	758.23	1,116.59	1,071.32	1,007.19
74	575.26	560.17	530.00	729.93	705.41	667.69	814.81	786.51	741.24	903.46	871.39	820.46	1,201.46	1,154.32	1,086.41
75	622.43	603.56	575.26	786.51	763.88	720.50	880.82	848.76	801.60	973.25	941.17	888.37	1,293.88	1,246.73	1,176.94
76	669.57	650.71	620.53	848.76	822.36	777.09	946.83	918.55	865.73	1,048.69	1,014.74	960.04	1,393.84	1,344.80	1,269.36
77	720.50	703.53	669.57	914.77	888.37	841.21	1,022.28	990.22	935.52	1,131.68	1,097.72	1,037.36	1,501.36	1,454.20	1,371.22
78	777.09	758.23	720.50	984.56	960.04	909.12	1,103.38	1,069.44	1,012.84	1,220.33	1,186.37	1,122.24	1,618.30	1,567.38	1,484.38
79	852.54	831.78	794.06	1,080.75	1,054.35	1,001.53	1,209.00	1,175.06	1,114.71	1,339.14	1,301.43	1,235.42	1,772.97	1,723.92	1,633.39
80	933.64	912.89	873.28	1,188.25	1,158.08	1,103.38	1,327.83	1,293.88	1,229.76	1,469.29	1,431.57	1,361.79	-	-	-
81	1,024.17	1,005.31	960.04	1,303.31	1,273.13	1,212.78	1,456.10	1,422.14	1,352.35	1,612.64	1,573.03	1,499.47	-	-	-
82	1,126.02	1,103.38	1,058.11	1,431.57	1,399.50	1,335.38	1,597.55	1,563.60	1,490.03	1,771.07	1,731.46	1,650.36	-	-	-
83	1,235.42	1,210.90	1,161.85	1,571.14	1,540.96	1,471.19	1,754.10	1,718.27	1,639.04	1,942.70	1,901.21	1,816.34	-	-	-
84	1,354.23	1,333.49	1,278.79	1,725.80	1,691.85	1,618.30	1,9								

**Policy Form 2LTC-97**

**FACILITIES ONLY PLAN**

Optional Inflation Protection without Nonforfeiture

Assumes 45 Day Elimination Period

Standard Annual Premium Rates - \$10 Increments with 58% increase

TLB	730x	1,095x	1,460x	1,825x	Unlimited
Age	730x	1095x	1460x	1825x	Ux
18	25.66	28.68	30.18	33.20	39.23
19	25.66	28.68	30.18	33.20	39.23
20	25.66	28.68	30.18	33.20	39.23
21	25.66	28.68	30.18	33.20	39.23
22	25.66	28.68	30.18	33.20	39.23
23	25.66	28.68	30.18	33.20	39.23
24	25.66	28.68	30.18	33.20	39.23
25	25.66	28.68	30.18	33.20	39.23
26	25.66	28.68	30.18	33.20	39.23
27	25.66	28.68	30.18	33.20	39.23
28	25.66	28.68	30.18	33.20	39.23
29	25.66	28.68	30.18	33.20	39.23
30	25.66	28.68	30.18	33.20	39.23
31	25.66	28.68	30.18	33.20	39.23
32	25.66	28.68	30.18	33.20	39.23
33	25.66	28.68	30.18	33.20	39.23
34	25.66	28.68	30.18	33.20	39.23
35	25.66	28.68	30.18	33.20	39.23
36	25.66	28.68	30.18	33.20	39.23
37	25.66	28.68	30.18	33.20	39.23
38	25.66	28.68	30.18	33.20	39.23
39	25.66	28.68	30.18	33.20	39.23
40	25.66	28.68	30.18	33.20	39.23
41	25.66	28.68	30.18	33.20	39.23
42	25.66	28.68	30.18	33.20	39.23
43	25.66	28.68	30.18	33.20	39.23
44	25.66	28.68	30.18	33.20	39.23
45	31.69	34.71	37.73	40.75	49.80
46	31.69	34.71	37.73	40.75	49.80
47	31.69	34.71	37.73	40.75	49.80
48	31.69	34.71	37.73	40.75	49.80
49	31.69	34.71	37.73	40.75	49.80
50	34.71	39.23	42.25	45.27	55.84
51	36.21	40.75	45.27	48.28	58.86
52	37.73	43.77	46.78	51.30	63.37
53	39.23	45.27	49.80	52.82	66.39
54	40.75	48.28	52.82	57.34	70.93
55	43.77	51.30	57.34	61.87	76.96
56	46.78	54.32	60.36	66.39	83.00
57	49.80	58.86	64.89	70.93	89.03
58	52.82	63.37	69.41	75.45	95.07
59	57.34	67.91	76.96	83.00	104.12
60	61.87	75.45	83.00	90.53	113.18
61	67.91	81.48	90.53	99.59	123.73
62	72.43	89.03	99.59	108.64	135.80
63	78.46	96.57	108.64	117.69	147.87
64	86.02	104.12	117.69	128.26	161.46
65	92.05	113.18	128.26	138.82	175.03
66	99.59	123.73	138.82	152.41	190.12
67	108.64	134.30	150.89	164.48	206.73
68	116.19	144.85	164.48	179.57	224.83
69	129.77	161.46	182.58	200.69	250.48
70	144.85	179.57	203.71	223.32	279.15
71	159.94	200.69	226.34	247.46	310.83
72	178.05	223.32	251.99	276.14	345.55
73	197.67	247.46	280.66	306.31	383.26
74	217.28	273.12	309.33	337.99	422.49
75	239.92	301.78	341.01	372.71	466.26
76	264.07	331.96	375.72	410.42	513.03
77	291.23	366.67	414.96	452.67	564.33
78	319.89	404.39	457.20	499.45	621.67
79	353.08	445.13	503.97	550.76	685.04
80	389.30	491.90	556.79	608.09	754.45
81	428.53	541.70	614.13	669.95	831.41
82	472.29	597.52	675.99	737.86	915.91
83	519.06	659.40	746.91	814.81	1,009.46
84	571.88	727.29	822.36	897.80	1,112.07
85	630.72	801.23	906.86	989.84	1,225.23
86	695.61	884.22	1,000.41	1,090.94	1,348.96
87	765.02	974.75	1,103.01	1,204.10	1,486.27
88	843.48	1,074.34	1,217.69	1,327.83	1,637.16
89	929.48	1,184.49	1,342.92	1,463.63	1,803.14
90	1,023.03	1,306.71	1,480.24	1,613.02	1,985.71
91	1,127.16	1,441.01	1,632.63	1,779.00	2,187.91
92	1,241.83	1,588.88	1,800.13	1,961.57	2,409.72
93	1,368.58	1,751.84	1,985.71	2,162.26	2,654.16
94	1,507.40	1,931.39	2,189.42	2,385.58	2,922.75
95	1,659.79	2,130.57	2,414.24	2,630.02	3,219.99
96	1,828.79	2,349.37	2,661.70	2,900.11	3,547.43
97	2,014.39	2,590.79	2,936.32	3,197.37	3,906.55
98	2,219.60	2,856.36	3,238.10	3,524.79	4,303.38
99	2,444.42	3,149.08	3,570.06	3,886.93	4,740.96

**Policy Form 2LTC-97**

**FACILITIES ONLY PLAN**

Optional Inflation Protection with Nonforfeiture

Assumes 45 Day Elimination Period

Standard Annual Premium Rates - \$10 Increments with 58% increase

TLB	730x	1,095x	1,460x	1,825x	Unlimited
Age	730x	1095x	1460x	1825x	Ux
18	33.35	37.27	39.23	43.15	51.00
19	33.35	37.27	39.23	43.15	51.00
20	33.35	37.27	39.23	43.15	51.00
21	33.35	37.27	39.23	43.15	51.00
22	33.35	37.27	39.23	43.15	51.00
23	33.35	37.27	39.23	43.15	51.00
24	33.35	37.27	39.23	43.15	51.00
25	33.35	37.27	39.23	43.15	51.00
26	33.35	37.27	39.23	43.15	51.00
27	33.35	37.27	39.23	43.15	51.00
28	33.35	37.27	39.23	43.15	51.00
29	33.35	37.27	39.23	43.15	51.00
30	33.35	37.27	39.23	43.15	51.00
31	33.35	37.27	39.23	43.15	51.00
32	33.35	37.27	39.23	43.15	51.00
33	33.35	37.27	39.23	43.15	51.00
34	33.35	37.27	39.23	43.15	51.00
35	33.35	37.27	39.23	43.15	51.00
36	33.35	37.27	39.23	43.15	51.00
37	33.35	37.27	39.23	43.15	51.00
38	33.35	37.27	39.23	43.15	51.00
39	33.35	37.27	39.23	43.15	51.00
40	33.35	37.27	39.23	43.15	51.00
41	33.35	37.27	39.23	43.15	51.00
42	33.35	37.27	39.23	43.15	51.00
43	33.35	37.27	39.23	43.15	51.00
44	33.35	37.27	39.23	43.15	51.00
45	41.19	45.11	49.04	52.96	64.73
46	41.19	45.11	49.04	52.96	64.73
47	41.19	45.11	49.04	52.96	64.73
48	41.19	45.11	49.04	52.96	64.73
49	41.19	45.11	49.04	52.96	64.73
50	45.11	51.00	54.92	58.86	72.59
51	47.08	52.96	58.86	62.77	76.50
52	49.04	56.88	60.81	66.69	82.38
53	51.00	58.86	64.73	68.65	86.32
54	52.96	62.77	68.65	74.54	92.19
55	56.88	66.69	74.54	80.42	100.05
56	60.81	70.61	78.46	86.32	107.88
57	64.73	76.50	84.34	92.19	115.74
58	68.65	82.38	90.23	98.09	123.57
59	74.54	88.27	100.05	107.88	135.34
60	80.42	98.09	107.88	117.69	147.11
61	88.27	105.92	117.69	129.47	160.84
62	94.15	115.74	129.47	141.24	176.55
63	102.00	125.55	141.24	153.01	192.24
64	111.82	135.34	153.01	166.74	209.89
65	119.65	147.11	166.74	180.47	227.54
66	124.49	154.67	173.53	190.50	237.65
67	135.80	167.86	188.62	205.59	258.39
68	145.23	181.07	205.59	224.45	281.03
69	162.20	201.81	228.22	250.86	313.09
70	181.07	224.45	254.63	279.15	348.93
71	199.93	250.86	282.91	309.33	388.54
72	222.56	279.15	314.99	345.17	431.92
73	247.08	309.33	350.82	382.88	479.07
74	271.60	341.39	386.66	422.49	528.12
75	299.90	377.23	426.27	465.88	582.81
76	330.08	414.96	469.64	513.03	641.29
77	364.02	458.33	518.68	565.85	705.41
78	399.87	505.49	571.50	624.31	777.09
79	441.36	556.41	629.96	688.44	856.30
80	486.62	614.87	695.97	760.11	943.07
81	535.67	677.12	767.66	837.45	1,039.26
82	590.35	746.91	844.98	922.31	1,144.88
83	648.83	824.24	933.64	1,018.52	1,261.82
84	714.84	909.12	1,027.93	1,122.24	1,390.07
85	788.40	1,001.53	1,133.56	1,237.30	1,531.54
86	869.51	1,105.27	1,250.51	1,363.67	1,686.19
87	956.26	1,218.43	1,378.76	1,505.12	1,857.83
88	1,054.35	1,342.92	1,522.11	1,659.79	2,046.45
89	1,161.85	1,480.60	1,678.66	1,829.55	2,253.92
90	1,278.79	1,633.39	1,850.29	2,016.27	2,482.15
91	1,408.93	1,801.25	2,040.79	2,223.74	2,734.89
92	1,552.29	1,986.09	2,250.14	2,451.97	3,012.14
93	1,710.71	2,189.79	2,482.15	2,702.81	3,317.70
94	1,884.24	2,414.24	2,736.77	2,981.97	3,653.42
95	2,074.75	2,663.22	3,017.80	3,287.52	4,024.99
96	2,285.99	2,936.70	3,327.13	3,625.14	4,434.29
97	2,517.98	3,238.48	3,670.40	3,996.70	4,883.18
98	2,774.50	3,570.44	4,047.63	4,405.99	5,379.24
99	3,055.53	3,936.35	4,462.57	4,858.66	5,926.20











Policy Form 1LTC-97  
**COMPREHENSIVE PLAN**

Optional Inflation Protection without Nonforfeiture

Assumes 100 Day Elimination Period

Standard Annual Premium Rates - \$10 Increments with 58% increase

TLB	730x	730x	730x	1,095x	1,095x	1,095x	1,460x	1,460x	1,460x	1,825x	1,825x	1,825x	Unlimited	Unlimited	Unlimited
HC	100%	80%	60%	100%	80%	60%	100%	80%	60%	100%	80%	60%	100%	80%	60%
Age	730x100	730x80	730x60	1095x100	1095x80	1095x60	1460x100	1460x80	1460x60	1825x100	1825x80	1825x60	Ux100	Ux80	Ux60
18	35.74	34.37	31.62	39.86	38.49	35.74	42.61	39.86	37.11	45.36	42.61	39.86	57.73	53.61	49.49
19	35.74	34.37	31.62	39.86	38.49	35.74	42.61	39.86	37.11	45.36	42.61	39.86	57.73	53.61	49.49
20	35.74	34.37	31.62	39.86	38.49	35.74	42.61	39.86	37.11	45.36	42.61	39.86	57.73	53.61	49.49
21	35.74	34.37	31.62	39.86	38.49	35.74	42.61	39.86	37.11	45.36	42.61	39.86	57.73	53.61	49.49
22	35.74	34.37	31.62	39.86	38.49	35.74	42.61	39.86	37.11	45.36	42.61	39.86	57.73	53.61	49.49
23	35.74	34.37	31.62	39.86	38.49	35.74	42.61	39.86	37.11	45.36	42.61	39.86	57.73	53.61	49.49
24	35.74	34.37	31.62	39.86	38.49	35.74	42.61	39.86	37.11	45.36	42.61	39.86	57.73	53.61	49.49
25	35.74	34.37	31.62	39.86	38.49	35.74	42.61	39.86	37.11	45.36	42.61	39.86	57.73	53.61	49.49
26	35.74	34.37	31.62	39.86	38.49	35.74	42.61	39.86	37.11	45.36	42.61	39.86	57.73	53.61	49.49
27	35.74	34.37	31.62	39.86	38.49	35.74	42.61	39.86	37.11	45.36	42.61	39.86	57.73	53.61	49.49
28	35.74	34.37	31.62	39.86	38.49	35.74	42.61	39.86	37.11	45.36	42.61	39.86	57.73	53.61	49.49
29	35.74	34.37	31.62	39.86	38.49	35.74	42.61	39.86	37.11	45.36	42.61	39.86	57.73	53.61	49.49
30	35.74	34.37	31.62	39.86	38.49	35.74	42.61	39.86	37.11	45.36	42.61	39.86	57.73	53.61	49.49
31	35.74	34.37	31.62	39.86	38.49	35.74	42.61	39.86	37.11	45.36	42.61	39.86	57.73	53.61	49.49
32	35.74	34.37	31.62	39.86	38.49	35.74	42.61	39.86	37.11	45.36	42.61	39.86	57.73	53.61	49.49
33	35.74	34.37	31.62	39.86	38.49	35.74	42.61	39.86	37.11	45.36	42.61	39.86	57.73	53.61	49.49
34	35.74	34.37	31.62	39.86	38.49	35.74	42.61	39.86	37.11	45.36	42.61	39.86	57.73	53.61	49.49
35	35.74	34.37	31.62	39.86	38.49	35.74	42.61	39.86	37.11	45.36	42.61	39.86	57.73	53.61	49.49
36	35.74	34.37	31.62	39.86	38.49	35.74	42.61	39.86	37.11	45.36	42.61	39.86	57.73	53.61	49.49
37	35.74	34.37	31.62	39.86	38.49	35.74	42.61	39.86	37.11	45.36	42.61	39.86	57.73	53.61	49.49
38	35.74	34.37	31.62	39.86	38.49	35.74	42.61	39.86	37.11	45.36	42.61	39.86	57.73	53.61	49.49
39	35.74	34.37	31.62	39.86	38.49	35.74	42.61	39.86	37.11	45.36	42.61	39.86	57.73	53.61	49.49
40	35.74	34.37	31.62	39.86	38.49	35.74	42.61	39.86	37.11	45.36	42.61	39.86	57.73	53.61	49.49
41	35.74	34.37	31.62	39.86	38.49	35.74	42.61	39.86	37.11	45.36	42.61	39.86	57.73	53.61	49.49
42	35.74	34.37	31.62	39.86	38.49	35.74	42.61	39.86	37.11	45.36	42.61	39.86	57.73	53.61	49.49
43	35.74	34.37	31.62	39.86	38.49	35.74	42.61	39.86	37.11	45.36	42.61	39.86	57.73	53.61	49.49
44	35.74	34.37	31.62	39.86	38.49	35.74	42.61	39.86	37.11	45.36	42.61	39.86	57.73	53.61	49.49
45	42.61	41.24	38.49	49.49	48.11	43.99	53.61	50.86	46.74	57.73	54.98	50.86	74.23	68.73	64.61
46	42.61	41.24	38.49	49.49	48.11	43.99	53.61	50.86	46.74	57.73	54.98	50.86	74.23	68.73	64.61
47	42.61	41.24	38.49	49.49	48.11	43.99	53.61	50.86	46.74	57.73	54.98	50.86	74.23	68.73	64.61
48	42.61	41.24	38.49	49.49	48.11	43.99	53.61	50.86	46.74	57.73	54.98	50.86	74.23	68.73	64.61
49	42.61	41.24	38.49	49.49	48.11	43.99	53.61	50.86	46.74	57.73	54.98	50.86	74.23	68.73	64.61
50	48.11	45.36	42.61	56.36	53.61	49.49	60.48	56.36	52.23	64.61	61.86	56.36	83.85	78.35	72.85
51	49.49	48.11	45.36	59.11	56.36	52.23	64.61	60.48	56.36	68.73	64.61	60.48	89.35	83.85	76.98
52	52.23	50.86	48.11	61.86	59.11	54.98	67.36	64.61	59.11	72.85	68.73	64.61	94.85	89.35	82.48
53	54.98	53.61	49.49	65.98	61.86	57.73	71.48	67.36	63.23	78.35	72.85	67.36	100.35	94.85	86.60
54	59.11	56.36	53.61	70.10	67.36	61.86	76.98	72.85	67.36	83.85	78.35	72.85	108.59	101.72	93.47
55	63.23	60.48	56.36	75.60	71.48	65.98	82.48	78.35	71.48	89.35	83.85	78.35	116.84	109.97	100.35
56	67.36	64.61	60.48	81.10	76.98	71.48	87.97	83.85	76.98	96.22	90.72	83.85	125.09	118.22	108.59
57	71.48	68.73	64.61	86.60	81.10	75.60	94.85	89.35	82.48	103.10	97.60	89.35	134.71	126.46	116.84
58	75.60	72.85	68.73	92.10	87.97	81.10	101.72	96.22	87.97	111.34	104.47	96.22	144.33	136.09	126.46
59	81.10	76.98	72.85	98.97	93.47	86.60	108.59	103.10	94.85	118.22	112.72	103.10	155.33	145.71	134.71
60	86.60	82.48	76.98	105.84	100.35	93.47	115.47	109.97	101.72	126.46	119.59	111.34	166.33	156.70	144.33
61	92.10	87.97	82.48	112.72	107.22	98.97	123.71	118.22	108.59	136.09	129.21	119.59	178.70	167.70	155.33
62	97.60	93.47	87.97	119.59	114.09	105.84	131.96	125.09	116.84	145.71	137.46	127.84	191.07	180.07	166.33
63	104.47	100.35	93.47	127.84	122.34	114.09	141.58	134.71	125.09	155.33	147.08	137.46	203.44	192.44	178.70
64	111.34	107.22	101.72	138.83	131.96	123.71	152.58	145.71	134.71	167.70	159.45	148.46	221.31	208.94	193.82
65	120.96	115.47	108.59	149.83	142.96	133.34	164.95	158.08	147.08	181.45	173.20	160.83	239.18	226.81	210.31
66	129.21	125.09	118.22	160.83	153.96	144.33	178.70	170.45	159.45	196.57	186.95	174.57	258.42	246.05	228.18
67	140.21	134.71	126.46	174.57	166.33	156.70	193.82	184.20	171.83	213.06	203.44	189.69	280.42	266.67	248.80
68	151.21	145.71	137.46	188.32	180.07	169.08	208.94	199.32	186.95	230.93	219.94	206.19	303.79	288.67	269.42
69	170.45	164.95	155.33	213.06	204.82	191.07	236.43	226.81	211.69	261.17	250.18	233.68	342.28	327.15	305.16
70	192.44	185.57	175.95	240.56	230.93	217.19	268.05	255.68	240.56	295.54	281.79	263.92	386.26	369.77	346.40
71	215.81	208.94	197.94	270.80	261.17	246.05	301.04	290.04	272.17	332.65	318.91	299.66	435.75	417.88	391.76
72	243.30	235.06	222.69	305.16	294.16	277.67	339.53	327.15	306.54	375.27	360.15	338.15	490.73	471.49	441.25
73	273.55	265.30	251.55	343.65	331.28	312.03	382.14	368.39	346.40	422.00	405.51	380.76	552.59	530.60	498.98
74	296.91	288.67	273.55	373.89	361.52	342.28	416.50	401.38	378.02	459.12	442.62	416.50	602.07	578.71	544.34
75	324.41	314.78	299.66	408.26	395.88	373.89	454.99	438.50	413.75	500.35	483.86	456.37	655.68	632.32	596.58
76	353.27	343.65	327.15	445.37	431.62	408.26	494.86	479.74	452.24	545.72	527.85	498.98	714.79	690.05	651.56
77	384.89	375.27	357.40	485.23	471.49	446.75	540.22	523.72	494.86	595.20	577.33	545.72	779.40	754.66	712.04
78	419.25	409.63	389.01	529.22	515.48	487.98	589.70	571.83	541.59	648.81	630.94	596.58	849.50	823.39	779.40
79	465.99	454.99	434.37	588.33	573.21	544.34	654.31	636.44	603.45	721.67	701.05	665.31	942.98	916.86	868.75
80	516.85	505.85	483.86	654.31	637.81	607.57	727.16	709.29	673.55	801.39	780.77	742.28	1,048.82	1,021.33	969.09
81	574.58	563.59	538.84	727.16	710.67	676.30	808.26	789.02	750.53	890.74	868.75	827.51	1,165.66	1,136.79	1,080.44
82	639.19	626.82	600.70	808.26	790.40	754.66	897.61	878.37	837.13	989.71	967.72	922.36	1,294.87	1,264.63	1,205.52
83	710.67	696.92	668.06	898.99	881.12	841.26	997.96	977.34	931.98	1,099.68	1,076.31	1,028.20	1,439.21	1,408.97	1,344.36
84	789.02	776.65	745.03	999.33	980.09	937.48	1,109.30	1,087.31	1,039.20	1,223.39	1,198.65	1,146.42	1,600.03	1,568.42	1,499.69
85	876.99	863.25	830.26	1,110.68	1,091.43	1,046.07	1,233.02	1,211.02	1,158.79	1,358.10	1,334.74	1,278.38	1,778.73	1,745.74	1,671.51
86	974.59	960.85	925.11	1,234.39	1,215.15	1,165.66	1,370.48	1,347.11	1,292.12	1,509					

**Policy Form 1LTC-97  
COMPREHENSIVE PLAN**

Optional Inflation Protection with Nonforfeiture

Assumes 100 Day Elimination Period

Standard Annual Premium Rates - \$10 Increments with 58% increase

TLB	730x	730x	730x	1,095x	1,095x	1,095x	1,460x	1,460x	1,460x	1,825x	1,825x	1,825x	Unlimited	Unlimited	Unlimited
HC	100%	80%	60%	100%	80%	60%	100%	80%	60%	100%	80%	60%	100%	80%	60%
Age	730x100	730x80	730x60	1095x100	1095x80	1095x60	1460x100	1460x80	1460x60	1825x100	1825x80	1825x60	Ux100	Ux80	Ux60
18	46.47	44.68	41.10	51.82	50.04	46.47	55.39	51.82	48.25	58.97	55.39	51.82	75.05	69.69	64.34
19	46.47	44.68	41.10	51.82	50.04	46.47	55.39	51.82	48.25	58.97	55.39	51.82	75.05	69.69	64.34
20	46.47	44.68	41.10	51.82	50.04	46.47	55.39	51.82	48.25	58.97	55.39	51.82	75.05	69.69	64.34
21	46.47	44.68	41.10	51.82	50.04	46.47	55.39	51.82	48.25	58.97	55.39	51.82	75.05	69.69	64.34
22	46.47	44.68	41.10	51.82	50.04	46.47	55.39	51.82	48.25	58.97	55.39	51.82	75.05	69.69	64.34
23	46.47	44.68	41.10	51.82	50.04	46.47	55.39	51.82	48.25	58.97	55.39	51.82	75.05	69.69	64.34
24	46.47	44.68	41.10	51.82	50.04	46.47	55.39	51.82	48.25	58.97	55.39	51.82	75.05	69.69	64.34
25	46.47	44.68	41.10	51.82	50.04	46.47	55.39	51.82	48.25	58.97	55.39	51.82	75.05	69.69	64.34
26	46.47	44.68	41.10	51.82	50.04	46.47	55.39	51.82	48.25	58.97	55.39	51.82	75.05	69.69	64.34
27	46.47	44.68	41.10	51.82	50.04	46.47	55.39	51.82	48.25	58.97	55.39	51.82	75.05	69.69	64.34
28	46.47	44.68	41.10	51.82	50.04	46.47	55.39	51.82	48.25	58.97	55.39	51.82	75.05	69.69	64.34
29	46.47	44.68	41.10	51.82	50.04	46.47	55.39	51.82	48.25	58.97	55.39	51.82	75.05	69.69	64.34
30	46.47	44.68	41.10	51.82	50.04	46.47	55.39	51.82	48.25	58.97	55.39	51.82	75.05	69.69	64.34
31	46.47	44.68	41.10	51.82	50.04	46.47	55.39	51.82	48.25	58.97	55.39	51.82	75.05	69.69	64.34
32	46.47	44.68	41.10	51.82	50.04	46.47	55.39	51.82	48.25	58.97	55.39	51.82	75.05	69.69	64.34
33	46.47	44.68	41.10	51.82	50.04	46.47	55.39	51.82	48.25	58.97	55.39	51.82	75.05	69.69	64.34
34	46.47	44.68	41.10	51.82	50.04	46.47	55.39	51.82	48.25	58.97	55.39	51.82	75.05	69.69	64.34
35	46.47	44.68	41.10	51.82	50.04	46.47	55.39	51.82	48.25	58.97	55.39	51.82	75.05	69.69	64.34
36	46.47	44.68	41.10	51.82	50.04	46.47	55.39	51.82	48.25	58.97	55.39	51.82	75.05	69.69	64.34
37	46.47	44.68	41.10	51.82	50.04	46.47	55.39	51.82	48.25	58.97	55.39	51.82	75.05	69.69	64.34
38	46.47	44.68	41.10	51.82	50.04	46.47	55.39	51.82	48.25	58.97	55.39	51.82	75.05	69.69	64.34
39	46.47	44.68	41.10	51.82	50.04	46.47	55.39	51.82	48.25	58.97	55.39	51.82	75.05	69.69	64.34
40	46.47	44.68	41.10	51.82	50.04	46.47	55.39	51.82	48.25	58.97	55.39	51.82	75.05	69.69	64.34
41	46.47	44.68	41.10	51.82	50.04	46.47	55.39	51.82	48.25	58.97	55.39	51.82	75.05	69.69	64.34
42	46.47	44.68	41.10	51.82	50.04	46.47	55.39	51.82	48.25	58.97	55.39	51.82	75.05	69.69	64.34
43	46.47	44.68	41.10	51.82	50.04	46.47	55.39	51.82	48.25	58.97	55.39	51.82	75.05	69.69	64.34
44	46.47	44.68	41.10	51.82	50.04	46.47	55.39	51.82	48.25	58.97	55.39	51.82	75.05	69.69	64.34
45	55.39	53.61	50.04	64.34	62.55	57.18	69.69	66.12	60.75	75.05	71.48	66.12	96.49	89.35	83.99
46	55.39	53.61	50.04	64.34	62.55	57.18	69.69	66.12	60.75	75.05	71.48	66.12	96.49	89.35	83.99
47	55.39	53.61	50.04	64.34	62.55	57.18	69.69	66.12	60.75	75.05	71.48	66.12	96.49	89.35	83.99
48	55.39	53.61	50.04	64.34	62.55	57.18	69.69	66.12	60.75	75.05	71.48	66.12	96.49	89.35	83.99
49	55.39	53.61	50.04	64.34	62.55	57.18	69.69	66.12	60.75	75.05	71.48	66.12	96.49	89.35	83.99
50	62.55	58.97	55.39	73.26	69.69	64.34	78.62	73.26	67.91	83.99	80.42	73.26	109.00	101.86	94.71
51	64.34	62.55	58.97	76.84	73.26	67.91	83.99	78.62	73.26	89.35	83.99	78.62	116.16	109.00	100.08
52	67.91	66.12	62.55	80.42	76.84	71.48	87.56	83.99	76.84	94.71	89.35	83.99	123.30	116.16	107.22
53	71.48	69.69	64.34	85.78	80.42	75.05	92.92	87.56	82.21	101.86	94.71	87.56	130.44	123.30	112.58
54	76.84	73.26	69.69	91.13	87.56	80.42	100.08	94.71	87.56	109.00	101.86	94.71	141.17	132.23	121.52
55	82.21	78.62	73.26	98.29	92.92	85.78	107.22	101.86	92.92	116.16	109.00	101.86	151.90	142.96	130.44
56	87.56	83.99	78.62	105.43	100.08	92.92	114.36	109.00	100.08	125.09	117.95	109.00	162.61	153.69	141.17
57	92.92	89.35	83.99	112.58	105.43	98.29	123.30	116.16	107.22	134.03	126.87	116.16	175.13	164.40	151.90
58	98.29	94.71	89.35	119.73	114.36	105.43	132.23	125.09	114.36	144.74	135.82	125.09	187.64	176.91	164.40
59	105.43	100.08	94.71	128.66	121.52	112.58	141.17	134.03	123.30	153.69	146.53	134.03	201.92	189.43	175.13
60	112.58	107.22	100.08	137.60	130.44	121.52	150.10	142.96	132.23	164.40	155.47	144.74	216.22	203.71	187.64
61	119.73	114.36	107.22	146.53	139.39	128.66	160.83	153.69	141.17	176.91	167.97	155.47	232.31	218.01	201.92
62	126.87	121.52	114.36	155.47	148.31	137.60	171.56	162.61	151.90	189.43	178.70	166.18	248.39	234.09	216.22
63	135.82	130.44	121.52	166.18	159.04	148.31	184.05	175.13	162.61	201.92	191.21	178.70	264.48	250.18	232.31
64	144.74	139.39	132.23	180.48	171.56	160.83	198.35	189.43	175.13	218.01	207.30	193.00	287.70	271.62	251.96
65	157.26	150.10	141.17	194.78	185.84	173.34	214.44	205.51	191.21	235.88	225.17	209.08	310.93	294.86	273.40
66	161.52	156.36	147.78	201.04	192.44	180.42	223.38	213.06	199.32	245.71	233.68	218.21	323.03	307.56	285.24
67	175.27	168.40	158.08	218.21	207.91	195.89	242.28	230.25	214.79	266.32	254.30	237.13	350.52	333.35	311.01
68	189.02	182.14	171.83	235.40	225.09	211.34	261.17	249.15	233.68	288.67	274.92	257.75	379.74	360.84	336.78
69	213.06	206.19	194.17	266.32	256.02	238.83	295.54	283.52	264.62	326.48	312.73	292.11	427.85	408.95	381.46
70	240.56	231.96	219.94	300.69	288.67	271.49	335.05	319.60	300.69	369.42	352.25	329.90	482.83	462.21	433.00
71	269.77	261.17	247.43	338.50	326.48	307.56	376.29	362.55	340.22	415.82	398.63	374.59	544.69	522.35	489.71
72	304.13	293.82	278.36	381.46	367.71	347.09	424.40	408.95	383.17	469.09	450.19	422.70	613.42	589.36	551.56
73	341.93	331.63	314.44	429.57	414.10	390.04	477.68	460.49	433.00	527.50	506.88	475.96	690.74	663.25	623.72
74	371.14	360.84	341.93	467.36	451.90	427.85	520.63	501.73	472.51	573.90	553.28	520.63	752.60	723.39	680.43
75	405.51	393.48	374.59	510.32	494.86	467.36	568.74	548.12	517.20	625.44	604.82	570.46	819.61	790.40	745.73
76	441.59	429.57	408.95	556.71	539.54	510.32	618.57	599.67	565.31	682.15	659.81	623.72	893.49	862.57	814.46
77	481.11	469.09	446.75	606.55	589.36	558.44	675.28	654.66	618.57	744.01	721.67	682.15	974.24	943.32	890.06
78	524.07	512.05	486.26	661.53	644.34	609.97	737.13	714.79	677.00	811.01	788.67	745.73	1,061.89	1,029.23	974.24
79	582.48	568.74	542.97	735.41	716.51	680.43	817.89	795.55	754.31	902.09	876.32	831.63	1,178.73	1,146.07	1,085.93
80	646.06	632.32	604.82	817.89	797.27	759.47	908.96	886.62	841.95	1,001.74	975.97	927.86	1,311.02	1,276.66	1,211.37
81	718.24	704.49	673.55	908.96	888.34	845.38	1,010.33	986.28	938.17	1,113.43	1,085.93	1,034.39	1,457.08	1,420.99	1,350.55
82	798.99	783.52	750.88	1,010.33	987.99	943.32	1,122.02	1,097.96	1,046.42	1,237.14	1,209.65	1,152.94	1,618.60	1,580.79	1,506.91
83	888.34	871.15	835.08	1,123.74	1,101.40	1,051.57	1,247.46	1,221.67	1,164.98	1,374.60	1,345.39	1,285.25	1,799.00	1,761.21	1,680.46
84	986.28	970.82	931.30	1,249.16	1,225.12	1,171.85	1,386.62	1,359.13	1,299.00	1,529.25	1,498.31	1,433.03	2,000.04	1,960.53	1,874.61
85	1,096.25	1,079.06	1,037.82	1,388.35	1,364.30	1,307.59	1,541.27	1,513.78	1,448.48	1,697.63	1,668.42	1,597.98	2,223.42	2,182.19	2,089.39
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Policy Form 1LTC-97

COMPREHENSIVE PLAN

Compound Inflation Protection with Nonforfeiture

Assumes 100 Day Elimination Period

Standard Annual Premium Rates - \$10 Increments with 58% increase

TLB	730x	730x	730x	1,095x	1,095x	1,095x	1,460x	1,460x	1,460x	1,825x	1,825x	1,825x	Unlimited	Unlimited	Unlimited
HC	100%	80%	60%	100%	80%	60%	100%	80%	60%	100%	80%	60%	100%	80%	60%
Age	730x100	730x80	730x60	1095x100	1095x80	1095x60	1460x100	1460x80	1460x60	1825x100	1825x80	1825x60	Ux100	Ux80	Ux60
18	96.49	92.92	85.78	114.36	110.79	103.65	126.87	117.95	110.79	137.60	130.44	121.52	189.43	175.13	162.61
19	96.49	92.92	85.78	114.36	110.79	103.65	126.87	117.95	110.79	137.60	130.44	121.52	189.43	175.13	162.61
20	96.49	92.92	85.78	114.36	110.79	103.65	126.87	117.95	110.79	137.60	130.44	121.52	189.43	175.13	162.61
21	96.49	92.92	85.78	114.36	110.79	103.65	126.87	117.95	110.79	137.60	130.44	121.52	189.43	175.13	162.61
22	96.49	92.92	85.78	114.36	110.79	103.65	126.87	117.95	110.79	137.60	130.44	121.52	189.43	175.13	162.61
23	96.49	92.92	85.78	114.36	110.79	103.65	126.87	117.95	110.79	137.60	130.44	121.52	189.43	175.13	162.61
24	96.49	92.92	85.78	114.36	110.79	103.65	126.87	117.95	110.79	137.60	130.44	121.52	189.43	175.13	162.61
25	96.49	92.92	85.78	114.36	110.79	103.65	126.87	117.95	110.79	137.60	130.44	121.52	189.43	175.13	162.61
26	96.49	92.92	85.78	114.36	110.79	103.65	126.87	117.95	110.79	137.60	130.44	121.52	189.43	175.13	162.61
27	96.49	92.92	85.78	114.36	110.79	103.65	126.87	117.95	110.79	137.60	130.44	121.52	189.43	175.13	162.61
28	96.49	92.92	85.78	114.36	110.79	103.65	126.87	117.95	110.79	137.60	130.44	121.52	189.43	175.13	162.61
29	96.49	92.92	85.78	114.36	110.79	103.65	126.87	117.95	110.79	137.60	130.44	121.52	189.43	175.13	162.61
30	96.49	92.92	85.78	114.36	110.79	103.65	126.87	117.95	110.79	137.60	130.44	121.52	189.43	175.13	162.61
31	96.49	92.92	85.78	114.36	110.79	103.65	126.87	117.95	110.79	137.60	130.44	121.52	189.43	175.13	162.61
32	96.49	92.92	85.78	114.36	110.79	103.65	126.87	117.95	110.79	137.60	130.44	121.52	189.43	175.13	162.61
33	96.49	92.92	85.78	114.36	110.79	103.65	126.87	117.95	110.79	137.60	130.44	121.52	189.43	175.13	162.61
34	96.49	92.92	85.78	114.36	110.79	103.65	126.87	117.95	110.79	137.60	130.44	121.52	189.43	175.13	162.61
35	96.49	92.92	85.78	114.36	110.79	103.65	126.87	117.95	110.79	137.60	130.44	121.52	189.43	175.13	162.61
36	96.49	92.92	85.78	114.36	110.79	103.65	126.87	117.95	110.79	137.60	130.44	121.52	189.43	175.13	162.61
37	96.49	92.92	85.78	114.36	110.79	103.65	126.87	117.95	110.79	137.60	130.44	121.52	189.43	175.13	162.61
38	96.49	92.92	85.78	114.36	110.79	103.65	126.87	117.95	110.79	137.60	130.44	121.52	189.43	175.13	162.61
39	96.49	92.92	85.78	114.36	110.79	103.65	126.87	117.95	110.79	137.60	130.44	121.52	189.43	175.13	162.61
40	96.49	92.92	85.78	114.36	110.79	103.65	126.87	117.95	110.79	137.60	130.44	121.52	189.43	175.13	162.61
41	96.49	92.92	85.78	114.36	110.79	103.65	126.87	117.95	110.79	137.60	130.44	121.52	189.43	175.13	162.61
42	96.49	92.92	85.78	114.36	110.79	103.65	126.87	117.95	110.79	137.60	130.44	121.52	189.43	175.13	162.61
43	96.49	92.92	85.78	114.36	110.79	103.65	126.87	117.95	110.79	137.60	130.44	121.52	189.43	175.13	162.61
44	96.49	92.92	85.78	114.36	110.79	103.65	126.87	117.95	110.79	137.60	130.44	121.52	189.43	175.13	162.61
45	112.58	109.00	101.86	137.60	134.03	121.52	151.90	144.74	132.23	167.97	160.83	148.31	228.74	212.65	200.14
46	112.58	109.00	101.86	137.60	134.03	121.52	151.90	144.74	132.23	167.97	160.83	148.31	228.74	212.65	200.14
47	112.58	109.00	101.86	137.60	134.03	121.52	151.90	144.74	132.23	167.97	160.83	148.31	228.74	212.65	200.14
48	112.58	109.00	101.86	137.60	134.03	121.52	151.90	144.74	132.23	167.97	160.83	148.31	228.74	212.65	200.14
49	112.58	109.00	101.86	137.60	134.03	121.52	151.90	144.74	132.23	167.97	160.83	148.31	228.74	212.65	200.14
50	125.09	117.95	110.79	153.69	146.53	135.82	167.97	157.26	144.74	184.05	175.13	160.83	251.96	234.09	218.01
51	128.66	125.09	117.95	159.04	151.90	141.17	178.70	166.18	155.47	193.00	182.27	169.77	264.48	248.39	226.95
52	134.03	130.44	123.30	166.18	159.04	146.53	184.05	176.91	160.83	201.92	191.21	178.70	276.99	260.91	239.45
53	139.39	135.82	128.67	175.13	164.40	153.69	193.00	182.27	171.56	214.44	200.14	184.05	287.70	271.62	248.39
54	148.31	141.17	134.03	182.27	175.13	160.83	203.71	193.00	178.70	226.95	210.87	196.57	305.57	285.92	262.69
55	157.26	150.10	139.39	194.78	184.05	169.77	216.22	205.51	185.84	237.66	221.58	207.30	321.66	303.79	276.99
56	164.40	159.04	148.31	205.51	194.78	180.48	225.17	216.22	198.35	250.18	235.88	218.01	337.74	319.87	293.06
57	173.34	166.18	155.47	216.22	201.92	187.64	239.45	225.17	209.08	264.48	250.18	228.74	357.40	335.96	309.14
58	180.48	173.34	164.40	226.95	216.22	198.35	251.96	239.45	218.01	280.56	262.69	241.25	375.27	353.83	328.80
59	193.00	182.27	173.34	241.25	228.74	210.87	268.05	255.53	234.09	294.86	282.35	257.32	400.28	377.05	348.47
60	205.51	194.78	182.27	257.32	244.82	226.95	284.13	269.83	250.18	314.51	296.65	276.99	427.09	402.08	369.91
61	218.01	207.30	194.78	273.40	259.12	239.45	302.00	289.49	266.26	335.96	319.87	294.86	455.69	427.09	394.92
62	230.52	219.79	207.30	287.70	275.19	255.53	321.66	303.79	284.13	359.18	337.74	314.51	484.27	455.69	421.73
63	246.61	235.88	219.79	307.36	294.86	273.40	343.10	327.01	303.79	380.62	360.97	335.96	512.87	484.27	450.32
64	257.32	248.39	235.88	327.01	310.93	291.27	362.75	346.67	319.87	402.08	382.41	355.61	545.04	514.65	477.13
65	275.19	262.69	246.61	346.67	330.60	309.14	384.21	368.12	343.10	427.09	407.43	378.84	577.19	546.82	507.50
66	276.64	268.05	254.30	350.52	335.05	314.44	393.48	374.59	350.52	436.44	414.10	386.61	587.65	560.16	518.92
67	295.54	283.52	266.32	372.86	355.67	335.05	417.53	396.91	371.14	463.94	441.59	412.38	623.72	594.52	553.28
68	312.73	300.69	283.52	395.21	378.02	355.67	441.59	420.98	395.21	491.43	469.09	439.87	661.53	628.89	587.65
69	348.80	336.78	317.88	441.59	424.40	396.91	494.86	474.24	441.59	549.84	527.50	491.43	737.13	704.49	656.38
70	388.33	374.59	355.67	493.13	472.51	445.02	553.28	527.50	496.58	615.14	585.93	548.12	821.33	785.24	735.41
71	431.28	417.53	395.21	548.12	527.50	498.30	613.42	591.08	554.99	682.15	654.66	615.14	912.39	876.32	821.33
72	479.39	462.21	438.15	609.97	587.65	554.99	682.15	658.09	616.85	759.47	728.54	685.58	1,013.78	974.24	912.39
73	532.67	515.48	489.71	677.00	652.94	615.14	757.75	730.26	687.30	843.66	811.01	761.18	1,125.45	1,080.78	1,017.20
74	567.03	551.56	522.35	723.39	699.32	663.25	812.74	781.80	737.13	902.09	869.44	817.89	1,204.50	1,158.11	1,089.38
75	609.97	591.08	563.59	776.65	752.60	711.36	871.15	840.23	792.12	965.66	933.01	879.74	1,288.70	1,242.29	1,171.85
76	652.94	634.04	604.82	831.63	805.86	762.90	931.30	902.09	850.53	1,034.39	1,000.03	945.05	1,378.04	1,331.64	1,257.76
77	697.62	680.43	647.78	891.77	866.00	819.61	998.31	969.09	915.83	1,108.28	1,075.63	1,015.48	1,475.97	1,429.58	1,348.83
78	747.43	730.26	694.17	955.35	929.58	879.74	1,072.19	1,039.55	984.56	1,187.31	1,154.66	1,091.08	1,580.79	1,530.96	1,450.20
79	816.16	797.27	761.18	1,042.97	1,017.20	965.66	1,168.41	1,135.77	1,077.34	1,297.27	1,261.20	1,195.90	1,723.40	1,675.29	1,587.66
80	890.06	871.15	833.36	1,140.92	1,111.70	1,058.44	1,276.66	1,245.74	1,182.16	1,415.84	1,379.75	1,311.02	-	-	-
81	972.54	953.62	912.39	1,245.74	1,216.52	1,158.11	1,395.22	1,360.85	1,295.57	1,546.43	1,508.63	1,436.46	-	-	-
82	1,061.89	1,041.27	998.31	1,360.85	1,329.93	1,269.78	1,522.38	1,489.72	1,419.28	1,689.04	1,651.24	1,573.92	-	-	-
83	1,161.54	1,139.20	1,091.08	1,486.29	1,457.08	1,3									



Policy Form 1LTC-97

COMPREHENSIVE PLAN

Simple Inflation Protection with Nonforfeiture

Assumes 100 Day Elimination Period

Standard Annual Premium Rates - \$10 Increments with 58% increase

TLB	730x	730x	730x	1,095x	1,095x	1,095x	1,460x	1,460x	1,460x	1,825x	1,825x	1,825x	Unlimited	Unlimited	Unlimited
HC	100%	80%	60%	100%	80%	60%	100%	80%	60%	100%	80%	60%	100%	80%	60%
Age	730x100	730x80	730x60	1095x100	1095x80	1095x60	1460x100	1460x80	1460x60	1825x100	1825x80	1825x60	Ux100	Ux80	Ux60
18	71.48	67.91	62.55	82.21	78.62	73.26	89.35	83.99	78.62	96.49	91.13	85.78	130.44	119.73	110.79
19	71.48	67.91	62.55	82.21	78.62	73.26	89.35	83.99	78.62	96.49	91.13	85.78	130.44	119.73	110.79
20	71.48	67.91	62.55	82.21	78.62	73.26	89.35	83.99	78.62	96.49	91.13	85.78	130.44	119.73	110.79
21	71.48	67.91	62.55	82.21	78.62	73.26	89.35	83.99	78.62	96.49	91.13	85.78	130.44	119.73	110.79
22	71.48	67.91	62.55	82.21	78.62	73.26	89.35	83.99	78.62	96.49	91.13	85.78	130.44	119.73	110.79
23	71.48	67.91	62.55	82.21	78.62	73.26	89.35	83.99	78.62	96.49	91.13	85.78	130.44	119.73	110.79
24	71.48	67.91	62.55	82.21	78.62	73.26	89.35	83.99	78.62	96.49	91.13	85.78	130.44	119.73	110.79
25	71.48	67.91	62.55	82.21	78.62	73.26	89.35	83.99	78.62	96.49	91.13	85.78	130.44	119.73	110.79
26	71.48	67.91	62.55	82.21	78.62	73.26	89.35	83.99	78.62	96.49	91.13	85.78	130.44	119.73	110.79
27	71.48	67.91	62.55	82.21	78.62	73.26	89.35	83.99	78.62	96.49	91.13	85.78	130.44	119.73	110.79
28	71.48	67.91	62.55	82.21	78.62	73.26	89.35	83.99	78.62	96.49	91.13	85.78	130.44	119.73	110.79
29	71.48	67.91	62.55	82.21	78.62	73.26	89.35	83.99	78.62	96.49	91.13	85.78	130.44	119.73	110.79
30	71.48	67.91	62.55	82.21	78.62	73.26	89.35	83.99	78.62	96.49	91.13	85.78	130.44	119.73	110.79
31	71.48	67.91	62.55	82.21	78.62	73.26	89.35	83.99	78.62	96.49	91.13	85.78	130.44	119.73	110.79
32	71.48	67.91	62.55	82.21	78.62	73.26	89.35	83.99	78.62	96.49	91.13	85.78	130.44	119.73	110.79
33	71.48	67.91	62.55	82.21	78.62	73.26	89.35	83.99	78.62	96.49	91.13	85.78	130.44	119.73	110.79
34	71.48	67.91	62.55	82.21	78.62	73.26	89.35	83.99	78.62	96.49	91.13	85.78	130.44	119.73	110.79
35	71.48	67.91	62.55	82.21	78.62	73.26	89.35	83.99	78.62	96.49	91.13	85.78	130.44	119.73	110.79
36	71.48	67.91	62.55	82.21	78.62	73.26	89.35	83.99	78.62	96.49	91.13	85.78	130.44	119.73	110.79
37	71.48	67.91	62.55	82.21	78.62	73.26	89.35	83.99	78.62	96.49	91.13	85.78	130.44	119.73	110.79
38	71.48	67.91	62.55	82.21	78.62	73.26	89.35	83.99	78.62	96.49	91.13	85.78	130.44	119.73	110.79
39	71.48	67.91	62.55	82.21	78.62	73.26	89.35	83.99	78.62	96.49	91.13	85.78	130.44	119.73	110.79
40	71.48	67.91	62.55	82.21	78.62	73.26	89.35	83.99	78.62	96.49	91.13	85.78	130.44	119.73	110.79
41	71.48	67.91	62.55	82.21	78.62	73.26	89.35	83.99	78.62	96.49	91.13	85.78	130.44	119.73	110.79
42	71.48	67.91	62.55	82.21	78.62	73.26	89.35	83.99	78.62	96.49	91.13	85.78	130.44	119.73	110.79
43	71.48	67.91	62.55	82.21	78.62	73.26	89.35	83.99	78.62	96.49	91.13	85.78	130.44	119.73	110.79
44	71.48	67.91	62.55	82.21	78.62	73.26	89.35	83.99	78.62	96.49	91.13	85.78	130.44	119.73	110.79
45	85.78	82.21	76.84	101.86	100.08	91.13	112.58	107.22	98.29	123.30	116.16	109.00	164.40	151.90	142.96
46	85.78	82.21	76.84	101.86	100.08	91.13	112.58	107.22	98.29	123.30	116.16	109.00	164.40	151.90	142.96
47	85.78	82.21	76.84	101.86	100.08	91.13	112.58	107.22	98.29	123.30	116.16	109.00	164.40	151.90	142.96
48	85.78	82.21	76.84	101.86	100.08	91.13	112.58	107.22	98.29	123.30	116.16	109.00	164.40	151.90	142.96
49	85.78	82.21	76.84	101.86	100.08	91.13	112.58	107.22	98.29	123.30	116.16	109.00	164.40	151.90	142.96
50	96.49	91.13	85.78	116.16	110.79	101.86	126.87	117.95	109.00	137.60	130.44	119.73	184.05	171.56	160.83
51	98.29	96.49	91.13	121.52	116.16	107.22	135.82	126.87	117.95	144.74	135.82	128.66	196.57	184.05	167.97
52	105.43	101.86	96.49	126.87	121.52	112.58	141.17	134.03	123.30	153.69	144.74	135.82	207.30	194.78	180.48
53	110.79	107.22	100.08	135.82	126.87	119.73	148.31	141.17	132.23	164.40	153.69	141.17	218.01	207.30	187.64
54	117.95	112.58	107.22	142.96	137.60	126.87	159.04	150.10	139.39	175.13	164.40	151.90	234.09	219.79	201.92
55	125.09	119.73	112.58	153.69	144.74	134.03	169.77	160.83	146.53	185.84	175.13	162.61	250.18	235.88	214.44
56	134.03	128.66	119.73	164.40	155.47	144.74	180.48	171.56	157.26	198.35	187.64	173.34	266.26	250.18	230.52
57	141.17	135.82	126.87	175.13	162.61	151.90	193.00	182.27	167.97	210.87	200.14	184.05	284.13	266.26	246.61
58	148.31	142.96	135.82	184.05	176.91	162.61	205.51	194.78	176.91	226.95	212.65	196.57	300.22	284.13	264.48
59	160.83	151.90	142.96	198.35	187.64	173.34	219.79	209.08	191.21	241.25	228.74	209.08	323.44	303.79	280.56
60	171.56	162.61	151.90	212.65	201.92	187.64	234.09	221.58	205.51	257.32	243.04	226.95	346.67	327.01	300.22
61	182.27	175.13	162.61	226.95	216.22	198.35	250.18	239.45	219.79	276.99	262.69	243.04	371.70	348.47	323.44
62	194.78	185.84	175.13	241.25	228.74	212.65	268.05	253.75	235.88	296.65	280.56	260.91	398.49	375.27	346.67
63	209.08	200.14	185.84	257.32	246.61	230.52	287.70	273.40	253.75	316.30	300.22	280.56	423.52	400.28	371.70
64	219.79	210.87	200.14	276.99	262.69	246.61	305.57	293.06	269.83	337.74	321.66	300.22	455.69	430.66	398.49
65	235.88	225.17	212.65	296.65	282.35	262.69	327.01	314.51	291.27	362.75	344.88	321.66	486.06	461.04	427.09
66	240.56	233.68	219.94	302.41	288.67	271.49	336.78	321.31	300.69	372.86	355.67	331.63	500.01	475.96	441.59
67	257.75	249.15	233.68	324.75	309.29	290.39	362.55	343.65	321.31	400.36	381.46	355.67	536.09	508.60	474.24
68	276.64	266.32	250.87	347.09	331.63	311.01	386.61	367.71	345.37	429.57	408.95	383.17	573.90	544.69	508.60
69	311.01	300.69	281.79	390.04	374.59	350.52	434.72	417.53	390.04	482.83	462.21	433.00	642.63	615.14	573.90
70	348.80	336.78	319.60	438.15	420.98	396.91	491.43	469.09	441.59	544.69	518.92	486.26	721.67	692.45	647.78
71	390.04	376.29	357.40	491.43	474.24	446.75	549.84	529.22	496.58	609.97	584.21	549.84	811.01	778.37	728.54
72	436.44	422.70	400.36	551.56	530.94	501.73	616.85	592.80	556.71	683.87	656.38	616.85	908.96	872.87	816.16
73	489.71	474.24	450.19	616.85	594.52	560.16	689.02	664.96	625.44	764.63	735.41	690.74	1,017.20	975.97	917.55
74	524.07	510.32	482.83	664.96	642.63	608.27	742.28	716.51	675.28	823.04	793.84	747.43	1,094.53	1,051.57	989.71
75	567.03	549.84	524.07	716.51	695.90	656.38	802.42	773.22	730.26	886.62	857.40	809.29	1,178.73	1,135.77	1,072.19
76	609.97	592.80	565.31	773.22	749.16	707.92	862.57	836.78	788.67	955.35	924.43	874.59	1,269.78	1,225.12	1,156.39
77	656.38	640.91	609.97	833.36	809.29	766.35	931.30	902.09	852.25	1,030.95	1,000.03	945.05	1,367.73	1,324.77	1,249.16
78	707.92	690.74	656.38	896.93	874.59	828.20	1,005.18	974.24	922.70	1,111.70	1,080.78	1,022.35	1,474.27	1,427.86	1,352.26
79	776.65	757.75	723.39	984.56	960.50	912.39	1,101.40	1,070.47	1,015.48	1,219.97	1,185.60	1,125.45	1,615.16	1,570.49	1,488.01
80	850.53	831.63	795.55	1,082.51	1,055.01	1,005.18	1,209.65	1,178.73	1,120.30	1,338.51	1,304.15	1,240.58	-	-	-
81	933.01	915.83	874.59	1,187.31	1,159.81	1,104.83	1,326.49	1,295.57	1,231.99	1,469.10	1,433.03	1,366.00	-	-	-
82	1,025.80	1,005.18	963.94	1,304.15	1,274.95	1,216.52	1,455.35	1,424.43	1,357.43	1,613.43	1,577.36	1,503.46	-	-	-
83	1,125.45	1,103.12	1,058.44	1,431.31	1,403.81	1,340.24	1,597.98	1,565.32	1,493.16	1,769.81	1,732.00	1,654.67	-	-	-
84	1,233.71	1,214.80	1,164.98	1,572.19	1,541.27	1,474.27	1,754.34	1,719.97	1,644.37	1,945.06	1,905.54	1,823.07	-	-	-
	-														



**Policy Form 2LTC-97**

**FACILITIES ONLY PLAN**

Optional Inflation Protection without Nonforfeiture

Assumes 100 Day Elimination Period

Standard Annual Premium Rates - \$10 Increments with 58% increase

TLB	730x	1,095x	1,460x	1,825x	Unlimited
Age	730x	1095x	1460x	1825x	Ux
18	23.37	26.12	27.49	30.24	35.74
19	23.37	26.12	27.49	30.24	35.74
20	23.37	26.12	27.49	30.24	35.74
21	23.37	26.12	27.49	30.24	35.74
22	23.37	26.12	27.49	30.24	35.74
23	23.37	26.12	27.49	30.24	35.74
24	23.37	26.12	27.49	30.24	35.74
25	23.37	26.12	27.49	30.24	35.74
26	23.37	26.12	27.49	30.24	35.74
27	23.37	26.12	27.49	30.24	35.74
28	23.37	26.12	27.49	30.24	35.74
29	23.37	26.12	27.49	30.24	35.74
30	23.37	26.12	27.49	30.24	35.74
31	23.37	26.12	27.49	30.24	35.74
32	23.37	26.12	27.49	30.24	35.74
33	23.37	26.12	27.49	30.24	35.74
34	23.37	26.12	27.49	30.24	35.74
35	23.37	26.12	27.49	30.24	35.74
36	23.37	26.12	27.49	30.24	35.74
37	23.37	26.12	27.49	30.24	35.74
38	23.37	26.12	27.49	30.24	35.74
39	23.37	26.12	27.49	30.24	35.74
40	23.37	26.12	27.49	30.24	35.74
41	23.37	26.12	27.49	30.24	35.74
42	23.37	26.12	27.49	30.24	35.74
43	23.37	26.12	27.49	30.24	35.74
44	23.37	26.12	27.49	30.24	35.74
45	28.87	31.62	34.37	37.11	45.36
46	28.87	31.62	34.37	37.11	45.36
47	28.87	31.62	34.37	37.11	45.36
48	28.87	31.62	34.37	37.11	45.36
49	28.87	31.62	34.37	37.11	45.36
50	31.62	35.74	38.49	41.24	50.86
51	32.99	37.11	41.24	43.99	53.61
52	34.37	39.86	42.61	46.74	57.73
53	35.74	41.24	45.36	48.11	60.48
54	37.11	43.99	48.11	52.23	64.61
55	39.86	46.74	52.23	56.36	70.10
56	42.61	49.49	54.98	60.48	75.60
57	45.36	53.61	59.11	64.61	81.10
58	48.11	57.73	63.23	68.73	86.60
59	52.23	61.86	70.10	75.60	94.85
60	56.36	68.73	75.60	82.48	103.10
61	61.86	74.23	82.48	90.72	112.72
62	65.98	81.10	90.72	98.97	123.71
63	71.48	87.97	98.97	107.22	134.71
64	78.35	94.85	107.22	116.84	147.08
65	83.85	103.10	116.84	126.46	159.45
66	90.72	112.72	126.46	138.83	173.20
67	98.97	122.34	137.46	149.83	188.32
68	105.84	131.96	149.83	163.58	204.82
69	118.22	147.08	166.33	182.82	228.18
70	131.96	163.58	185.57	203.44	254.30
71	145.71	182.82	206.19	225.43	283.17
72	162.20	203.44	229.56	251.55	314.78
73	180.07	225.43	255.68	279.04	349.15
74	197.94	248.80	281.79	307.91	384.89
75	218.56	274.92	310.66	339.53	424.75
76	240.56	302.41	342.28	373.89	467.36
77	265.30	334.03	378.02	412.38	514.10
78	291.42	368.39	416.50	454.99	566.34
79	321.66	405.51	459.12	501.73	624.07
80	354.65	448.12	507.23	553.96	687.30
81	390.39	493.48	559.46	610.32	757.40
82	430.25	544.34	615.82	672.18	834.38
83	472.86	600.70	680.43	742.28	919.61
84	520.97	662.56	749.16	817.89	1,013.08
85	574.58	729.91	826.13	901.74	1,116.18
86	633.69	805.52	911.36	993.84	1,228.89
87	696.92	887.99	1,004.83	1,096.93	1,353.98
88	768.40	978.72	1,109.30	1,209.65	1,491.44
89	846.75	1,079.06	1,223.39	1,333.36	1,642.65
90	931.98	1,190.40	1,348.48	1,469.45	1,808.97
91	1,026.83	1,312.74	1,487.32	1,620.65	1,993.17
92	1,131.30	1,447.45	1,639.90	1,786.98	2,195.24
93	1,246.76	1,595.91	1,808.97	1,969.80	2,417.92
94	1,373.23	1,759.49	1,994.54	2,173.24	2,662.60
95	1,512.06	1,940.94	2,199.36	2,395.93	2,933.40
96	1,666.02	2,140.25	2,424.79	2,641.98	3,231.68
97	1,835.09	2,360.19	2,674.97	2,912.78	3,558.84
98	2,022.04	2,602.12	2,949.89	3,211.07	3,920.36
99	2,226.85	2,868.79	3,252.30	3,540.97	4,318.99

**Policy Form 2LTC-97**

**FACILITIES ONLY PLAN**

Optional Inflation Protection with Nonforfeiture

Assumes 100 Day Elimination Period

Standard Annual Premium Rates - \$10 Increments with 58% increase

TLB	730x	1,095x	1,460x	1,825x	Unlimited
Age	730x	1095x	1460x	1825x	Ux
18	30.38	33.95	35.74	39.31	46.47
19	30.38	33.95	35.74	39.31	46.47
20	30.38	33.95	35.74	39.31	46.47
21	30.38	33.95	35.74	39.31	46.47
22	30.38	33.95	35.74	39.31	46.47
23	30.38	33.95	35.74	39.31	46.47
24	30.38	33.95	35.74	39.31	46.47
25	30.38	33.95	35.74	39.31	46.47
26	30.38	33.95	35.74	39.31	46.47
27	30.38	33.95	35.74	39.31	46.47
28	30.38	33.95	35.74	39.31	46.47
29	30.38	33.95	35.74	39.31	46.47
30	30.38	33.95	35.74	39.31	46.47
31	30.38	33.95	35.74	39.31	46.47
32	30.38	33.95	35.74	39.31	46.47
33	30.38	33.95	35.74	39.31	46.47
34	30.38	33.95	35.74	39.31	46.47
35	30.38	33.95	35.74	39.31	46.47
36	30.38	33.95	35.74	39.31	46.47
37	30.38	33.95	35.74	39.31	46.47
38	30.38	33.95	35.74	39.31	46.47
39	30.38	33.95	35.74	39.31	46.47
40	30.38	33.95	35.74	39.31	46.47
41	30.38	33.95	35.74	39.31	46.47
42	30.38	33.95	35.74	39.31	46.47
43	30.38	33.95	35.74	39.31	46.47
44	30.38	33.95	35.74	39.31	46.47
45	37.53	41.10	44.68	48.25	58.97
46	37.53	41.10	44.68	48.25	58.97
47	37.53	41.10	44.68	48.25	58.97
48	37.53	41.10	44.68	48.25	58.97
49	37.53	41.10	44.68	48.25	58.97
50	41.10	46.47	50.04	53.61	66.12
51	42.88	48.25	53.61	57.18	69.69
52	44.68	51.82	55.39	60.75	75.05
53	46.47	53.61	58.97	62.55	78.62
54	48.25	57.18	62.55	67.91	83.99
55	51.82	60.75	67.91	73.26	91.13
56	55.39	64.34	71.48	78.62	98.29
57	58.97	69.69	76.84	83.99	105.43
58	62.55	75.05	82.21	89.35	112.58
59	67.91	80.42	91.13	98.29	123.30
60	73.26	89.35	98.29	107.22	134.03
61	80.42	96.49	107.22	117.95	146.53
62	85.78	105.43	117.95	128.66	160.83
63	92.92	114.36	128.66	139.39	175.13
64	101.86	123.30	139.39	151.90	191.21
65	109.00	134.03	151.90	164.40	207.30
66	113.41	140.90	158.08	173.55	216.51
67	123.71	152.93	171.83	187.29	235.40
68	132.31	164.95	187.29	204.47	256.02
69	147.78	183.85	207.91	228.53	285.24
70	164.95	204.47	231.96	254.30	317.88
71	182.14	228.53	257.75	281.79	353.97
72	202.76	254.30	286.94	314.44	393.48
73	225.09	281.79	319.60	348.80	436.44
74	247.43	311.01	352.25	384.89	481.11
75	273.20	343.65	388.33	424.40	530.94
76	300.69	378.02	427.85	467.36	584.21
77	331.63	417.53	472.51	515.48	642.63
78	364.27	460.49	520.63	568.74	707.92
79	402.08	506.88	573.90	627.17	780.09
80	443.32	560.16	634.04	692.45	859.13
81	487.98	616.85	699.32	762.90	946.75
82	537.82	680.43	769.78	840.23	1,042.97
83	591.08	750.88	850.53	927.86	1,149.51
84	651.21	828.20	936.45	1,022.35	1,266.35
85	718.24	912.39	1,032.67	1,127.17	1,395.22
86	792.12	1,006.90	1,139.20	1,242.29	1,536.12
87	871.15	1,110.00	1,256.04	1,371.17	1,692.48
88	960.50	1,223.39	1,386.62	1,512.06	1,864.31
89	1,058.44	1,348.83	1,529.25	1,666.71	2,053.30
90	1,164.98	1,488.01	1,685.61	1,836.81	2,261.22
91	1,283.53	1,640.92	1,859.15	2,025.81	2,491.47
92	1,414.12	1,809.32	2,049.88	2,233.73	2,744.05
93	1,558.45	1,994.89	2,261.22	2,462.26	3,022.40
94	1,716.53	2,199.36	2,493.18	2,716.56	3,328.25
95	1,890.08	2,426.17	2,749.20	2,994.91	3,666.75
96	2,082.52	2,675.32	3,030.99	3,302.48	4,039.60
97	2,293.86	2,950.24	3,343.72	3,640.97	4,448.55
98	2,527.54	3,252.65	3,687.37	4,013.83	4,900.45
99	2,783.57	3,585.98	4,065.39	4,426.21	5,398.75









Policy Form 1LTC-97  
**COMPREHENSIVE PLAN**

Optional Inflation Protection without Nonforfeiture

Assumes 180 Day Elimination Period

Standard Annual Premium Rates - \$10 Increments with 58% increase

TLB	730x	730x	730x	1,095x	1,095x	1,095x	1,460x	1,460x	1,460x	1,825x	1,825x	1,825x	Unlimited	Unlimited	Unlimited
HC	100%	80%	60%	100%	80%	60%	100%	80%	60%	100%	80%	60%	100%	80%	60%
Age	730x100	730x80	730x60	1095x100	1095x80	1095x60	1460x100	1460x80	1460x60	1825x100	1825x80	1825x60	Ux100	Ux80	Ux60
18	32.66	31.41	28.90	36.43	35.17	32.66	38.95	36.43	33.92	41.46	38.95	36.43	52.76	49.00	45.22
19	32.66	31.41	28.90	36.43	35.17	32.66	38.95	36.43	33.92	41.46	38.95	36.43	52.76	49.00	45.22
20	32.66	31.41	28.90	36.43	35.17	32.66	38.95	36.43	33.92	41.46	38.95	36.43	52.76	49.00	45.22
21	32.66	31.41	28.90	36.43	35.17	32.66	38.95	36.43	33.92	41.46	38.95	36.43	52.76	49.00	45.22
22	32.66	31.41	28.90	36.43	35.17	32.66	38.95	36.43	33.92	41.46	38.95	36.43	52.76	49.00	45.22
23	32.66	31.41	28.90	36.43	35.17	32.66	38.95	36.43	33.92	41.46	38.95	36.43	52.76	49.00	45.22
24	32.66	31.41	28.90	36.43	35.17	32.66	38.95	36.43	33.92	41.46	38.95	36.43	52.76	49.00	45.22
25	32.66	31.41	28.90	36.43	35.17	32.66	38.95	36.43	33.92	41.46	38.95	36.43	52.76	49.00	45.22
26	32.66	31.41	28.90	36.43	35.17	32.66	38.95	36.43	33.92	41.46	38.95	36.43	52.76	49.00	45.22
27	32.66	31.41	28.90	36.43	35.17	32.66	38.95	36.43	33.92	41.46	38.95	36.43	52.76	49.00	45.22
28	32.66	31.41	28.90	36.43	35.17	32.66	38.95	36.43	33.92	41.46	38.95	36.43	52.76	49.00	45.22
29	32.66	31.41	28.90	36.43	35.17	32.66	38.95	36.43	33.92	41.46	38.95	36.43	52.76	49.00	45.22
30	32.66	31.41	28.90	36.43	35.17	32.66	38.95	36.43	33.92	41.46	38.95	36.43	52.76	49.00	45.22
31	32.66	31.41	28.90	36.43	35.17	32.66	38.95	36.43	33.92	41.46	38.95	36.43	52.76	49.00	45.22
32	32.66	31.41	28.90	36.43	35.17	32.66	38.95	36.43	33.92	41.46	38.95	36.43	52.76	49.00	45.22
33	32.66	31.41	28.90	36.43	35.17	32.66	38.95	36.43	33.92	41.46	38.95	36.43	52.76	49.00	45.22
34	32.66	31.41	28.90	36.43	35.17	32.66	38.95	36.43	33.92	41.46	38.95	36.43	52.76	49.00	45.22
35	32.66	31.41	28.90	36.43	35.17	32.66	38.95	36.43	33.92	41.46	38.95	36.43	52.76	49.00	45.22
36	32.66	31.41	28.90	36.43	35.17	32.66	38.95	36.43	33.92	41.46	38.95	36.43	52.76	49.00	45.22
37	32.66	31.41	28.90	36.43	35.17	32.66	38.95	36.43	33.92	41.46	38.95	36.43	52.76	49.00	45.22
38	32.66	31.41	28.90	36.43	35.17	32.66	38.95	36.43	33.92	41.46	38.95	36.43	52.76	49.00	45.22
39	32.66	31.41	28.90	36.43	35.17	32.66	38.95	36.43	33.92	41.46	38.95	36.43	52.76	49.00	45.22
40	32.66	31.41	28.90	36.43	35.17	32.66	38.95	36.43	33.92	41.46	38.95	36.43	52.76	49.00	45.22
41	32.66	31.41	28.90	36.43	35.17	32.66	38.95	36.43	33.92	41.46	38.95	36.43	52.76	49.00	45.22
42	32.66	31.41	28.90	36.43	35.17	32.66	38.95	36.43	33.92	41.46	38.95	36.43	52.76	49.00	45.22
43	32.66	31.41	28.90	36.43	35.17	32.66	38.95	36.43	33.92	41.46	38.95	36.43	52.76	49.00	45.22
44	32.66	31.41	28.90	36.43	35.17	32.66	38.95	36.43	33.92	41.46	38.95	36.43	52.76	49.00	45.22
45	38.95	37.68	35.17	45.22	43.97	40.20	49.00	46.48	42.71	52.76	50.24	46.48	67.83	62.81	59.04
46	38.95	37.68	35.17	45.22	43.97	40.20	49.00	46.48	42.71	52.76	50.24	46.48	67.83	62.81	59.04
47	38.95	37.68	35.17	45.22	43.97	40.20	49.00	46.48	42.71	52.76	50.24	46.48	67.83	62.81	59.04
48	38.95	37.68	35.17	45.22	43.97	40.20	49.00	46.48	42.71	52.76	50.24	46.48	67.83	62.81	59.04
49	38.95	37.68	35.17	45.22	43.97	40.20	49.00	46.48	42.71	52.76	50.24	46.48	67.83	62.81	59.04
50	43.97	41.46	38.95	51.51	49.00	45.22	55.27	51.51	47.73	59.04	56.53	51.51	76.63	71.61	66.58
51	45.22	43.97	41.46	54.02	51.51	47.73	59.04	55.27	51.51	62.81	59.04	55.27	81.65	76.63	70.34
52	47.73	46.48	43.97	56.53	54.02	50.24	61.56	59.04	54.02	66.58	62.81	59.04	86.68	81.65	75.37
53	50.24	49.00	45.22	60.29	56.53	52.76	65.32	61.56	57.78	71.61	66.58	61.56	91.70	86.68	79.14
54	54.02	51.51	49.00	64.07	61.56	56.53	70.34	66.58	61.56	76.63	71.61	66.58	99.24	92.95	85.41
55	57.78	55.27	51.51	69.09	65.32	60.29	75.37	71.61	65.32	81.65	76.63	71.61	106.78	100.49	91.70
56	61.56	59.04	55.27	74.12	70.34	65.32	80.39	76.63	70.34	87.93	82.90	76.63	114.31	108.02	99.24
57	65.32	62.81	59.04	79.14	74.12	69.09	86.68	81.65	75.37	94.22	89.19	81.65	123.10	115.56	106.78
58	69.09	66.58	62.81	84.17	80.39	74.12	92.95	87.93	80.39	101.75	95.46	87.93	131.90	124.36	115.56
59	74.12	70.34	66.58	90.44	85.41	79.14	99.24	94.22	86.68	108.02	103.00	94.22	141.95	133.15	123.10
60	79.14	75.37	70.34	96.73	91.70	85.41	105.51	100.49	92.95	115.56	109.29	101.75	152.00	143.20	131.90
61	84.17	80.39	75.37	103.00	97.98	90.44	113.05	108.02	99.24	124.36	118.07	109.29	163.29	153.24	141.95
62	89.19	85.41	80.39	109.29	104.26	96.73	120.59	114.31	106.78	133.15	126.61	116.83	174.61	164.56	152.00
63	95.46	91.70	85.41	116.83	111.80	104.26	129.39	123.10	114.31	141.95	134.41	126.61	185.90	175.85	163.29
64	101.75	97.98	92.95	126.87	120.59	113.05	139.44	133.15	123.10	153.24	145.71	136.66	202.24	190.93	177.12
65	110.54	105.51	99.24	136.92	130.63	121.85	150.73	144.46	134.41	165.81	158.27	146.97	218.56	207.26	192.19
66	118.07	114.31	108.02	146.97	140.68	131.90	163.29	155.76	145.71	179.63	170.83	159.53	236.15	224.85	208.51
67	128.12	123.10	115.56	159.53	152.00	143.20	177.12	168.32	157.02	194.70	185.90	173.34	256.24	243.68	227.36
68	138.17	133.15	125.61	172.09	164.56	154.51	190.93	182.14	170.83	211.02	200.98	188.42	277.61	263.78	246.20
69	155.76	150.73	141.95	194.70	187.17	174.61	216.05	207.26	193.44	238.66	228.61	213.54	312.78	298.95	278.85
70	175.85	169.58	160.78	219.83	211.02	198.46	244.95	233.63	219.83	270.07	257.51	241.17	352.97	337.90	316.54
71	197.22	190.93	180.88	247.46	238.66	224.85	275.09	265.05	248.71	303.98	291.42	273.83	398.19	381.85	358.00
72	222.34	214.80	203.49	278.85	268.81	253.73	310.26	298.95	280.12	342.92	329.10	309.00	448.44	430.85	403.22
73	249.97	242.44	229.87	314.03	302.73	285.14	349.20	336.63	316.54	385.63	370.56	347.95	504.95	484.85	455.97
74	271.32	263.78	249.97	341.66	330.36	312.78	380.61	366.78	345.44	419.54	404.46	380.61	550.17	528.83	497.42
75	296.44	287.65	273.83	373.07	361.76	341.66	415.78	400.70	378.09	457.22	442.15	417.03	599.17	577.81	545.15
76	322.83	314.03	298.95	406.98	394.42	373.07	452.20	438.39	413.26	498.68	482.34	455.97	653.17	630.56	595.39
77	351.71	342.92	326.59	443.41	430.85	408.24	493.66	478.58	452.20	543.90	527.56	498.68	712.22	689.61	650.66
78	383.12	374.32	355.48	483.61	471.05	445.92	538.87	522.54	494.90	592.88	576.56	545.15	776.27	752.41	712.22
79	425.83	415.78	396.93	537.61	523.80	497.42	597.90	581.58	551.44	659.46	640.61	607.95	861.68	837.83	793.86
80	472.29	462.24	442.15	597.90	582.83	555.20	664.48	648.15	615.49	732.31	713.46	678.29	958.41	933.29	885.56
81	525.05	515.00	492.39	664.48	649.41	618.00	738.59	721.00	685.83	813.95	793.86	756.17	1,065.17	1,038.80	987.29
82	584.09	572.78	548.92	738.59	722.27	689.61	820.24	802.66	764.97	904.39	884.29	842.85	1,183.25	1,155.61	1,101.61
83	649.41	636.85	610.46	821.49	805.17	768.73	911.93	893.10	851.64	1,004.88	983.53	939.56	1,315.14	1,287.51	1,228.47
84	721.00	709.70	680.81	913.19	895.61	856.66	1,013.68	993.58	949.61	1,117.93	1,095.32	1,047.59	1,462.10	1,433.22	1,370.41
85	801.39	788.83	758.68	1,014.93	997.34	955.90	1,126.73	1,106.63	1,058.90	1,241.03	1,219.68	1,168.17	1,625.39	1,595.25	1,527.42
86	890.58	878.02	845.36	1,127.98	1,110.39	1,065.17	1,252.34	1,230.98	1,180.73	1,379.20	1,356.59	1,301.32	1,806.		

**Policy Form 1LTC-97**  
**COMPREHENSIVE PLAN**

Optional Inflation Protection with Nonforfeiture

Assumes 180 Day Elimination Period

Standard Annual Premium Rates - \$10 Increments with 58% increase

TLB	730x	730x	730x	1,095x	1,095x	1,095x	1,460x	1,460x	1,460x	1,825x	1,825x	1,825x	Unlimited	Unlimited	Unlimited
HC	100%	80%	60%	100%	80%	60%	100%	80%	60%	100%	80%	60%	100%	80%	60%
Age	730x100	730x80	730x60	1095x100	1095x80	1095x60	1460x100	1460x80	1460x60	1825x100	1825x80	1825x60	Ux100	Ux80	Ux60
18	42.45	40.83	37.56	47.35	45.73	42.45	50.62	47.35	44.08	53.89	50.62	47.35	68.59	63.69	58.79
19	42.45	40.83	37.56	47.35	45.73	42.45	50.62	47.35	44.08	53.89	50.62	47.35	68.59	63.69	58.79
20	42.45	40.83	37.56	47.35	45.73	42.45	50.62	47.35	44.08	53.89	50.62	47.35	68.59	63.69	58.79
21	42.45	40.83	37.56	47.35	45.73	42.45	50.62	47.35	44.08	53.89	50.62	47.35	68.59	63.69	58.79
22	42.45	40.83	37.56	47.35	45.73	42.45	50.62	47.35	44.08	53.89	50.62	47.35	68.59	63.69	58.79
23	42.45	40.83	37.56	47.35	45.73	42.45	50.62	47.35	44.08	53.89	50.62	47.35	68.59	63.69	58.79
24	42.45	40.83	37.56	47.35	45.73	42.45	50.62	47.35	44.08	53.89	50.62	47.35	68.59	63.69	58.79
25	42.45	40.83	37.56	47.35	45.73	42.45	50.62	47.35	44.08	53.89	50.62	47.35	68.59	63.69	58.79
26	42.45	40.83	37.56	47.35	45.73	42.45	50.62	47.35	44.08	53.89	50.62	47.35	68.59	63.69	58.79
27	42.45	40.83	37.56	47.35	45.73	42.45	50.62	47.35	44.08	53.89	50.62	47.35	68.59	63.69	58.79
28	42.45	40.83	37.56	47.35	45.73	42.45	50.62	47.35	44.08	53.89	50.62	47.35	68.59	63.69	58.79
29	42.45	40.83	37.56	47.35	45.73	42.45	50.62	47.35	44.08	53.89	50.62	47.35	68.59	63.69	58.79
30	42.45	40.83	37.56	47.35	45.73	42.45	50.62	47.35	44.08	53.89	50.62	47.35	68.59	63.69	58.79
31	42.45	40.83	37.56	47.35	45.73	42.45	50.62	47.35	44.08	53.89	50.62	47.35	68.59	63.69	58.79
32	42.45	40.83	37.56	47.35	45.73	42.45	50.62	47.35	44.08	53.89	50.62	47.35	68.59	63.69	58.79
33	42.45	40.83	37.56	47.35	45.73	42.45	50.62	47.35	44.08	53.89	50.62	47.35	68.59	63.69	58.79
34	42.45	40.83	37.56	47.35	45.73	42.45	50.62	47.35	44.08	53.89	50.62	47.35	68.59	63.69	58.79
35	42.45	40.83	37.56	47.35	45.73	42.45	50.62	47.35	44.08	53.89	50.62	47.35	68.59	63.69	58.79
36	42.45	40.83	37.56	47.35	45.73	42.45	50.62	47.35	44.08	53.89	50.62	47.35	68.59	63.69	58.79
37	42.45	40.83	37.56	47.35	45.73	42.45	50.62	47.35	44.08	53.89	50.62	47.35	68.59	63.69	58.79
38	42.45	40.83	37.56	47.35	45.73	42.45	50.62	47.35	44.08	53.89	50.62	47.35	68.59	63.69	58.79
39	42.45	40.83	37.56	47.35	45.73	42.45	50.62	47.35	44.08	53.89	50.62	47.35	68.59	63.69	58.79
40	42.45	40.83	37.56	47.35	45.73	42.45	50.62	47.35	44.08	53.89	50.62	47.35	68.59	63.69	58.79
41	42.45	40.83	37.56	47.35	45.73	42.45	50.62	47.35	44.08	53.89	50.62	47.35	68.59	63.69	58.79
42	42.45	40.83	37.56	47.35	45.73	42.45	50.62	47.35	44.08	53.89	50.62	47.35	68.59	63.69	58.79
43	42.45	40.83	37.56	47.35	45.73	42.45	50.62	47.35	44.08	53.89	50.62	47.35	68.59	63.69	58.79
44	42.45	40.83	37.56	47.35	45.73	42.45	50.62	47.35	44.08	53.89	50.62	47.35	68.59	63.69	58.79
45	50.62	49.00	45.73	58.79	57.15	52.25	63.69	60.42	55.52	68.59	65.32	60.42	88.18	81.65	76.74
46	50.62	49.00	45.73	58.79	57.15	52.25	63.69	60.42	55.52	68.59	65.32	60.42	88.18	81.65	76.74
47	50.62	49.00	45.73	58.79	57.15	52.25	63.69	60.42	55.52	68.59	65.32	60.42	88.18	81.65	76.74
48	50.62	49.00	45.73	58.79	57.15	52.25	63.69	60.42	55.52	68.59	65.32	60.42	88.18	81.65	76.74
49	50.62	49.00	45.73	58.79	57.15	52.25	63.69	60.42	55.52	68.59	65.32	60.42	88.18	81.65	76.74
50	57.15	53.89	50.62	66.94	63.69	58.79	71.84	66.94	62.05	76.74	73.49	66.94	99.60	93.08	86.55
51	58.79	57.15	53.89	70.22	66.94	62.05	76.74	71.84	66.94	81.65	76.74	71.84	106.14	99.60	91.45
52	62.05	60.42	57.15	73.49	70.22	65.32	80.01	76.74	70.22	86.55	81.65	76.74	112.67	106.14	97.98
53	65.32	63.69	58.79	78.38	73.49	68.59	84.91	80.01	75.11	93.08	86.55	80.01	119.21	112.67	102.87
54	70.22	66.94	63.69	83.28	80.01	73.49	91.45	86.55	80.01	99.60	93.08	86.55	129.01	120.84	111.04
55	75.11	71.84	66.94	89.81	84.91	78.38	97.98	93.08	84.91	106.14	99.60	93.08	138.80	130.63	119.21
56	80.01	76.74	71.84	96.35	91.45	84.91	104.50	99.60	91.45	114.31	107.77	99.60	148.60	140.43	129.01
57	84.91	81.65	76.74	102.87	96.35	89.81	112.67	106.14	97.98	122.47	115.94	106.14	160.02	150.23	138.80
58	89.81	86.55	81.65	109.40	104.50	96.35	120.84	114.31	104.50	132.26	124.11	114.31	171.46	161.67	150.23
59	96.35	91.45	86.55	117.57	111.04	102.87	129.01	122.47	112.67	140.43	133.91	122.47	184.53	173.09	160.02
60	102.87	97.98	91.45	125.74	119.21	111.04	137.16	130.63	120.84	150.23	142.06	132.26	197.58	186.16	171.46
61	109.40	104.50	97.98	133.91	127.36	117.57	146.97	140.43	129.01	161.67	153.50	142.06	212.29	199.22	184.53
62	115.94	111.04	104.50	142.06	135.53	125.74	156.77	148.60	138.80	173.09	163.29	151.87	226.98	213.92	197.58
63	124.11	119.21	111.04	151.87	145.33	135.53	168.19	160.02	148.60	184.53	174.72	163.29	241.68	228.61	212.29
64	132.26	127.36	120.84	164.92	156.77	146.97	181.26	173.09	160.02	199.22	189.43	176.36	262.90	248.20	230.24
65	143.70	137.16	129.01	177.99	169.82	158.40	195.95	187.78	174.72	215.54	205.75	191.05	284.13	269.44	249.85
66	147.59	142.88	135.03	183.71	175.85	164.86	204.12	194.70	182.14	224.53	213.54	199.41	295.19	281.05	260.64
67	160.15	153.88	144.46	199.41	189.98	179.00	221.39	210.39	196.27	243.37	232.39	216.68	320.31	304.61	284.19
68	172.71	166.44	157.02	215.10	205.68	193.12	238.66	227.66	213.54	263.78	251.22	235.51	347.00	329.73	307.75
69	194.70	188.42	177.42	243.37	233.95	218.25	270.07	259.07	241.80	298.32	285.76	266.93	390.96	373.69	348.56
70	219.83	211.97	200.98	274.78	263.78	248.08	306.17	292.05	274.78	337.58	321.88	301.46	441.20	422.37	395.68
71	246.51	238.66	226.10	309.32	298.32	281.05	343.86	331.29	310.88	379.97	364.27	342.29	497.73	477.32	447.49
72	277.91	268.49	254.36	348.56	336.00	317.17	387.83	373.69	350.14	428.64	411.37	386.25	560.54	538.56	504.00
73	312.46	303.03	287.34	392.54	378.39	356.42	436.49	420.80	395.68	482.03	463.19	434.93	631.19	606.07	569.95
74	339.15	329.73	312.46	427.07	412.95	390.96	475.75	458.48	431.78	524.42	505.58	475.75	687.71	661.02	621.78
75	370.56	359.56	342.29	466.32	452.20	427.07	519.71	500.88	472.61	571.53	552.68	521.29	748.95	722.27	681.44
76	403.52	392.54	373.69	508.73	493.02	466.32	565.25	547.98	516.57	623.34	602.93	569.95	816.47	788.20	744.24
77	439.64	428.64	408.24	554.25	538.56	510.29	617.05	598.22	565.25	679.86	659.46	623.34	890.27	862.00	813.32
78	478.88	467.90	444.34	604.49	588.80	557.39	673.59	653.17	618.63	741.10	720.69	681.44	970.34	940.51	890.27
79	532.27	519.71	496.17	672.02	654.74	621.78	747.39	726.97	689.29	824.32	800.76	759.95	1,077.10	1,047.27	992.32
80	590.37	577.81	552.68	747.39	728.54	694.00	830.59	810.19	769.37	915.39	891.83	847.88	1,198.00	1,166.61	1,106.93
81	656.32	643.76	615.49	830.59	811.76	772.51	923.24	901.25	857.29	1,017.44	992.32	945.22	1,331.47	1,298.49	1,234.12
82	730.10	715.98	686.15	923.24	902.83	862.00	1,025.29	1,003.32	956.20	1,130.49	1,105.37	1,053.56	1,479.05	1,444.52	1,377.00
83	811.76	796.05	763.08	1,026.86	1,006.44	960.92	1,139.91	1,116.36	1,064.54	1,256.10	1,229.41	1,174.46	1,643.93	1,609.37	1,535.59
84	901.25	887.12	851.00	1,141.49	1,119.49	1,070.83	1,267.10	1,241.97	1,187.02	1,397.42	1,369.15	1,309.49	1,827.63	1,791.51	1,713.00
85	1,001.74	986.05	948.36	1,268.66	1,246.68	1,194.86	1,408.40	1,383.27	1,323.61	1,551.29	1,524.59	1,460.22	2,031.74	1,994.05	1,909.27
86	1,113.22	1,097.52	1,056.69	1,4											











**Policy Form 2LTC-97**

**FACILITIES ONLY PLAN**

Optional Inflation Protection without Nonforfeiture

Assumes 180 Day Elimination Period

Standard Annual Premium Rates - \$10 Increments with 58% increase

TLB	730x	1,095x	1,460x	1,825x	Unlimited
Age	730x	1095x	1460x	1825x	Ux
18	21.36	23.87	25.12	27.63	32.66
19	21.36	23.87	25.12	27.63	32.66
20	21.36	23.87	25.12	27.63	32.66
21	21.36	23.87	25.12	27.63	32.66
22	21.36	23.87	25.12	27.63	32.66
23	21.36	23.87	25.12	27.63	32.66
24	21.36	23.87	25.12	27.63	32.66
25	21.36	23.87	25.12	27.63	32.66
26	21.36	23.87	25.12	27.63	32.66
27	21.36	23.87	25.12	27.63	32.66
28	21.36	23.87	25.12	27.63	32.66
29	21.36	23.87	25.12	27.63	32.66
30	21.36	23.87	25.12	27.63	32.66
31	21.36	23.87	25.12	27.63	32.66
32	21.36	23.87	25.12	27.63	32.66
33	21.36	23.87	25.12	27.63	32.66
34	21.36	23.87	25.12	27.63	32.66
35	21.36	23.87	25.12	27.63	32.66
36	21.36	23.87	25.12	27.63	32.66
37	21.36	23.87	25.12	27.63	32.66
38	21.36	23.87	25.12	27.63	32.66
39	21.36	23.87	25.12	27.63	32.66
40	21.36	23.87	25.12	27.63	32.66
41	21.36	23.87	25.12	27.63	32.66
42	21.36	23.87	25.12	27.63	32.66
43	21.36	23.87	25.12	27.63	32.66
44	21.36	23.87	25.12	27.63	32.66
45	26.39	28.90	31.41	33.92	41.46
46	26.39	28.90	31.41	33.92	41.46
47	26.39	28.90	31.41	33.92	41.46
48	26.39	28.90	31.41	33.92	41.46
49	26.39	28.90	31.41	33.92	41.46
50	28.90	32.66	35.17	37.68	46.48
51	30.15	33.92	37.68	40.20	49.00
52	31.41	36.43	38.95	42.71	52.76
53	32.66	37.68	41.46	43.97	55.27
54	33.92	40.20	43.97	47.73	59.04
55	36.43	42.71	47.73	51.51	64.07
56	38.95	45.22	50.24	55.27	69.09
57	41.46	49.00	54.02	59.04	74.12
58	43.97	52.76	57.78	62.81	79.14
59	47.73	56.53	64.07	69.09	86.68
60	51.51	62.81	69.09	75.37	94.22
61	56.53	67.83	75.37	82.90	103.00
62	60.29	74.12	82.90	90.44	113.05
63	65.32	80.39	90.44	97.98	123.10
64	71.61	86.68	97.98	106.78	134.41
65	76.63	94.22	106.78	115.56	145.71
66	82.90	103.00	115.56	126.87	158.27
67	90.44	111.80	125.61	136.92	172.09
68	96.73	120.59	136.92	149.48	187.17
69	108.02	134.41	152.00	167.07	208.51
70	120.59	149.48	169.58	185.90	232.39
71	133.15	167.07	188.42	206.00	258.76
72	148.22	185.90	209.78	229.87	287.65
73	164.56	206.00	233.63	255.00	319.05
74	180.88	227.36	257.51	281.37	351.71
75	199.73	251.22	283.88	310.26	388.14
76	219.83	276.34	312.78	341.66	427.07
77	242.44	305.24	345.44	376.83	469.78
78	266.29	336.63	380.61	415.78	517.51
79	293.93	370.56	419.54	458.48	570.27
80	324.07	409.49	463.51	506.22	628.05
81	356.73	450.95	511.24	557.71	692.12
82	393.17	497.42	562.73	614.24	762.46
83	432.10	548.92	621.78	678.29	840.34
84	476.07	605.44	684.58	747.39	925.75
85	525.05	667.00	754.92	824.00	1,019.95
86	579.07	736.07	832.80	908.17	1,122.95
87	636.85	811.44	918.22	1,002.37	1,237.27
88	702.17	894.34	1,013.68	1,105.37	1,362.88
89	773.76	986.05	1,117.93	1,218.42	1,501.05
90	851.64	1,087.78	1,232.24	1,342.78	1,653.03
91	938.31	1,199.58	1,359.10	1,480.95	1,821.35
92	1,033.78	1,322.68	1,498.54	1,632.93	2,006.00
93	1,139.29	1,458.34	1,653.03	1,800.00	2,209.49
94	1,254.85	1,607.81	1,822.61	1,985.90	2,433.07
95	1,381.71	1,773.61	2,009.76	2,189.39	2,680.52
96	1,522.39	1,955.76	2,215.76	2,414.22	2,953.10
97	1,676.90	2,156.73	2,444.37	2,661.68	3,252.05
98	1,847.73	2,377.81	2,695.59	2,934.25	3,582.40
99	2,034.88	2,621.49	2,971.93	3,235.71	3,946.67

**Policy Form 2LTC-97**

**FACILITIES ONLY PLAN**

Optional Inflation Protection with Nonforfeiture

Assumes 180 Day Elimination Period

Standard Annual Premium Rates - \$10 Increments with 58% increase

TLB	730x	1,095x	1,460x	1,825x	Unlimited
Age	730x	1095x	1460x	1825x	Ux
18	27.76	31.03	32.66	35.93	42.45
19	27.76	31.03	32.66	35.93	42.45
20	27.76	31.03	32.66	35.93	42.45
21	27.76	31.03	32.66	35.93	42.45
22	27.76	31.03	32.66	35.93	42.45
23	27.76	31.03	32.66	35.93	42.45
24	27.76	31.03	32.66	35.93	42.45
25	27.76	31.03	32.66	35.93	42.45
26	27.76	31.03	32.66	35.93	42.45
27	27.76	31.03	32.66	35.93	42.45
28	27.76	31.03	32.66	35.93	42.45
29	27.76	31.03	32.66	35.93	42.45
30	27.76	31.03	32.66	35.93	42.45
31	27.76	31.03	32.66	35.93	42.45
32	27.76	31.03	32.66	35.93	42.45
33	27.76	31.03	32.66	35.93	42.45
34	27.76	31.03	32.66	35.93	42.45
35	27.76	31.03	32.66	35.93	42.45
36	27.76	31.03	32.66	35.93	42.45
37	27.76	31.03	32.66	35.93	42.45
38	27.76	31.03	32.66	35.93	42.45
39	27.76	31.03	32.66	35.93	42.45
40	27.76	31.03	32.66	35.93	42.45
41	27.76	31.03	32.66	35.93	42.45
42	27.76	31.03	32.66	35.93	42.45
43	27.76	31.03	32.66	35.93	42.45
44	27.76	31.03	32.66	35.93	42.45
45	34.29	37.56	40.83	44.08	53.89
46	34.29	37.56	40.83	44.08	53.89
47	34.29	37.56	40.83	44.08	53.89
48	34.29	37.56	40.83	44.08	53.89
49	34.29	37.56	40.83	44.08	53.89
50	37.56	42.45	45.73	49.00	60.42
51	39.18	44.08	49.00	52.25	63.69
52	40.83	47.35	50.62	55.52	68.59
53	42.45	49.00	53.89	57.15	71.84
54	44.08	52.25	57.15	62.05	76.74
55	47.35	55.52	62.05	66.94	83.28
56	50.62	58.79	65.32	71.84	89.81
57	53.89	63.69	70.22	76.74	96.35
58	57.15	68.59	75.11	81.65	102.87
59	62.05	73.49	83.28	89.81	112.67
60	66.94	81.65	89.81	97.98	122.47
61	73.49	88.18	97.98	107.77	133.91
62	78.38	96.35	107.77	117.57	146.97
63	84.91	104.50	117.57	127.36	160.02
64	93.08	112.67	127.36	138.80	174.72
65	99.60	122.47	138.80	150.23	189.43
66	103.63	128.75	144.46	158.58	197.83
67	113.05	139.74	157.02	171.15	215.10
68	120.90	150.73	171.15	186.85	233.95
69	135.03	168.00	189.98	208.83	260.64
70	150.73	186.85	211.97	232.39	290.47
71	166.44	208.83	235.51	257.51	323.44
72	185.27	232.39	262.22	287.34	359.56
73	205.68	257.51	292.05	318.73	398.81
74	226.10	284.19	321.88	351.71	439.64
75	249.66	314.03	354.85	387.83	485.17
76	274.78	345.44	390.96	427.07	533.85
77	303.03	381.54	431.78	471.05	587.22
78	332.87	420.80	475.75	519.71	646.90
79	367.41	463.19	524.42	573.10	712.83
80	405.10	511.86	579.37	632.76	785.07
81	445.92	563.68	639.05	697.14	865.14
82	491.44	621.78	703.42	767.79	953.07
83	540.12	686.15	777.22	847.88	1,050.42
84	595.08	756.80	855.71	934.22	1,157.18
85	656.32	833.73	943.64	1,030.00	1,274.95
86	723.83	920.10	1,041.00	1,135.20	1,403.69
87	796.05	1,014.30	1,147.76	1,252.96	1,546.57
88	877.71	1,117.93	1,267.10	1,381.71	1,703.59
89	967.20	1,232.54	1,397.42	1,523.03	1,876.30
90	1,064.54	1,359.73	1,540.29	1,678.47	2,066.29
91	1,172.88	1,499.47	1,698.88	1,851.18	2,276.69
92	1,292.22	1,653.34	1,873.15	2,041.17	2,507.49
93	1,424.10	1,822.91	2,066.29	2,249.98	2,761.86
94	1,568.56	2,009.76	2,278.25	2,482.37	3,041.33
95	1,727.15	2,217.02	2,512.20	2,736.73	3,350.64
96	1,903.00	2,444.69	2,769.71	3,017.78	3,691.37
97	2,096.12	2,695.91	3,055.47	3,327.10	4,065.06
98	2,309.66	2,972.25	3,369.49	3,667.81	4,478.00
99	2,543.61	3,276.86	3,714.91	4,044.64	4,933.33











SERFF Tracking #:

META-129009978

State Tracking #:

Company Tracking #:

CT12-191 (LTC97) CC

State:

District of Columbia

Filing Company:

Metropolitan Life Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

Individual Long-Term Care Insurance

Project Name/Number:

2012 Rate Increase/CT12-191 (LTC97)

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Actuarial Justification
<b>Comments:</b>	Attached is the Actuarial Justification
<b>Attachment(s):</b>	LTC97_2012_ActMemo_LossRatio_DC.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	NAIC Transmittal Form
<b>Comments:</b>	Attached is the NAIC Transmittal Form
<b>Attachment(s):</b>	MET NAIC Transmittal_DC_LTC97.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Policies
<b>Comments:</b>	Attached is the Policies
<b>Attachment(s):</b>	1LTC-97.pdf 2LTC-97.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Policyholder Letter
<b>Comments:</b>	Attached is the Policyholder Letter
<b>Attachment(s):</b>	IB PH Letter with LD number.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

# METROPOLITAN LIFE INSURANCE COMPANY

New York, NY

## Actuarial Memorandum for LTC97 Series

March 15, 2013

### Policy Forms

The premium rate schedule increase for which we are seeking approval will apply to the following individual long-term care policy forms:

- 1LTC-97
- 2LTC-97

These forms were developed as part of a nationwide series and were issued in DC from December, 1999 to July, 2003, but are no longer being marketed in any state. Nationwide, the last policies under this series were issued in 2006.

Policy forms 1LTC-97 and 2LTC-97 (subsequently referred to as 1LTC-97 and 2LTC-97, respectively) are existing individual tax-qualified policy forms and were previously approved in 1998, along with any rider or endorsement forms that were contemporaneously or subsequently approved for use with these policy forms. Policy form 1LTC-97 provides comprehensive coverage. Policy form 2LTC-97 provides coverage for long-term care services received in a nursing home, assisted living facility (ALF), or hospice facility.

### 1. Purpose of Filing

This actuarial memorandum has been prepared for the purpose of demonstrating that the anticipated loss ratio standard of this product meets the minimum requirements of your state and may not be suitable for other purposes. Section 5 of this memorandum demonstrates compliance with District of Columbia Bulletin 03-PPI-005-11/24.

### 2. Description of Benefits

1LTC-97 and 2LTC-97 are part of a nationwide series of individually underwritten policy forms which reimburses 100% of charges, up to a maximum facility benefit amount, for confinement in a licensed nursing home or assisted living facility. Benefits are payable under skilled, intermediate, or custodial levels of care, as well as inpatient hospice care.

1LTC-97 also includes a home/community-based care benefit which reimburses 100% of charges from formal caregivers, up to a maximum home/community-based care benefit amount, for services received at home or at an adult day care center for maintenance or personal care, including hospice care.

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## Actuarial Memorandum for LTC97 Series

March 15, 2013

For both policy forms, the daily benefit amount, home care/adult day care percentage, and maximum benefit period are selected at issue. Additional benefits for initial care advisory service and transition expenses are also provided. In addition, 1LTC-97 provides benefits for respite care, caregiver training, chore/transportation services, and alternate services.

Benefit eligibility is based on the inability to perform at least two of six activities of daily living (ADLs) including bathing, continence, dressing, eating, toileting, and transferring, for a period of at least 90 days due to loss of functional capacity; or due to severe cognitive impairment.

Benefit payments commence after a specified number of days in a waiting period, selected at issue, which accumulate over the lifetime of the policy. The waiting period need not be satisfied before receiving coverage for hospice care, respite care, caregiver training, or initial care advisory services; however, receipt of these services does not count towards satisfying the waiting period. Waiver of premium is provided beginning on the first day of the policy month coincident with or following the day the insured becomes eligible for benefit payments (includes completion of the waiting period).

At issue, the insured chose one of three inflation options: Automatic Simple Inflation Protection, Automatic Compound Inflation Protection, or Optional Inflation Protection. The insured could also elect nonforfeiture coverage at issue. For married couples that each had a primary policy, a Survivorship/Joint Waiver of Premium Rider was also available that provides for premiums to be waived when premiums are being waived on the spouse's policy and for a policy to become paid up when the spouse's policy is terminated due to death or exhaustion of the total lifetime benefit.

### 3. Renewability

These policy forms are guaranteed renewable for life.

### 4. Applicability

This filing is applicable to in-force policies only, as these policy forms are no longer being sold in the market. The premium changes will apply to the base forms as well as all applicable riders.

### 5. Actuarial Assumptions

- a. Expected Claim Costs are the product of attained age frequency rates and continuance curves, adjusted by utilization factors and underwriting selection factors based on actual experience through September 2011.

**METROPOLITAN LIFE INSURANCE COMPANY**

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**Actuarial Memorandum for LTC97 Series**

**March 15, 2013**

- b. Voluntary Termination Rates. Original pricing voluntary termination rates vary by duration and issue age as shown in the following table:

Voluntary Termination Rates

Duration	Lapse Rate
1	10.0%
2	9.0%
3	8.0%
4	7.5%
5	7.0%
6	6.5%
7	6.0%
8	5.5%
9	5.0%
10+	4.5%

In the year of rate increase implementation, it is assumed that an additional 2.5% of policies lapse and there is 2.5% net reduction to future premiums and benefits due to benefit downgrades. There is no adverse selection assumed due to the additional lapse rates.

- c. Mortality. 88% of Annuity 2000 Basic Table with selection consistent with experience.
- d. Expenses. Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate.

The above assumptions for mortality and morbidity are based on actual in-force experience of MetLife and are deemed reasonable for these particular policy forms. The assumptions used in this filing for mortality and morbidity were developed from the actual experience on these forms and supplemented, as needed, based on the experience of other forms. In accordance with District of Columbia Bulletin 03-PPI-005-11/24, the assumptions for persistency and interest rate (6.0%) have been set to the originally filed pricing assumptions used for determination of the expected loss ratio as they are not to be used as justification for the rate increase.

In establishing the assumptions described in this section, the policy design, underwriting, and claims adjudication practices for the above-referenced policy forms were taken into consideration.

**METROPOLITAN LIFE INSURANCE COMPANY**

**New York, NY**

**Actuarial Memorandum for LTC97 Series**

**March 15, 2013**

**6. Marketing Method**

These policy forms were marketed by agents and brokers of MetLife.

**7. Underwriting Description**

These policy forms were fully underwritten with the use of various underwriting tools in addition to the application, which may have included medical records, an attending physician's statement, telephone interview and/or face-to-face assessment.

**8. Premiums**

Premiums are unisex, level and payable for life. The premiums vary by issue age, the benefit period, the initial daily benefit, the waiting period, the home and community care percentage, the inflation protection option, and the selection of any other options or riders.

**9. Issue Age Range**

The issue ages are from 20 to 85 except for the unlimited benefit period option which was only issued to age 81.

**10. Area Factors**

Area factors are not used for this product.

**11. Premium Modalization Rules**

The following modal factors are applied to the annual premium (AP):

Semi-annual premium rates are 51% of the annual premium rates. Monthly (electronic funds transfer) premium rates are 9% of the annual premium rates.

**12. Reserves**

Active life reserves have not been used in this rate increase analysis. Claim reserves as of June 30, 2012 have been discounted to the incurral date of each respective claim and included in historical incurred claims. Incurred but not reported reserve balances as of June 30, 2012 have been allocated to a calendar year of incurral and included in historical incurred claims.

# METROPOLITAN LIFE INSURANCE COMPANY

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### 13. Trend Assumptions

As this is not medical insurance, we have not included any explicit medical cost trends in the projections.

### 14. Past and Future Policy Experience

Nationwide experience for policy form series 1LTC-97 and 2LTC-97 is shown in Exhibit I. DC experience for policy form series 1LTC-97 and 2LTC-97 is shown in Exhibit II. Please note that MetLife does not view DC only experience as credible, but is providing it as required.

Historical experience is shown by claim incurral year. Claim payments and reserves were discounted to the mid-point of the year of incurral at the original pricing interest rate of 6.0%. Incurred but not reported reserve balances as of June 30, 2012 have been allocated to a calendar year of incurral and included in historical incurred claims.

Annual loss ratios are calculated, with and without interest, as incurred claims divided by earned premiums.

A lifetime loss ratio as of 6/30/2012 is calculated as the sum of accumulated past experience and discounted future experience where accumulation and discounting occur at the original pricing interest rate of 6.0%.

### 15. Projected Earned Premiums and Incurred Claims

Earned premiums with no increase for projection years 2012 through 2072 shown in the first page of Exhibit I and II are developed by multiplying each prior period's earned premium (starting with June 30, 2012 actual earned premium) by a persistency factor on a seriatim basis. For each year in which the rate increase is projected to be effective, the earned premium with increase shown in the second page of Exhibit I and II is equal to the earned premium with no increase plus the earned premium with no increase times the rate increase percent times an effectiveness factor that reflects what portion of the rate increase is projected to be effective by that year.

Each projection year claim amount is calculated by multiplying incidence, continuance and utilization factors by the policy and rider benefits on a seriatim basis.

Present and accumulated values in the lifetime projections in Exhibit I and II are determined at the original pricing interest rate of 6.0%.



# METROPOLITAN LIFE INSURANCE COMPANY

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March 15, 2013

The assumptions used for mortality and morbidity in the projections in Exhibit I and II were developed from the company's LTC insurance experience.

### 16. History of Previous In-force Rate Increases

There have been no previous in-force rate revisions on these policy forms.

### 17. Requested Rate Increase

The company is requesting an increase of 58% for the policy forms listed above. Although a larger premium rate increase is currently supportable under loss ratio regulation, an increase of only 58% is being requested at this time to help mitigate the impact on the policyholder. Corresponding rate tables reflecting the 58% increase are included with this filing. Also note that the actual rates implemented may vary slightly from those filed due to implementation rounding algorithms. In accordance with District of Columbia Bulletin 03-PPI-005-11/24, the increase is to be implemented in two stages whereby we request an initial 25% increase to be followed by a second increase of 26.4% compounded upon the first increase such that the total increase is 58% ( $1.25 * 1.264 = 1.58$ ). The second increase will be implemented one year after the first.

Policyholders will be notified of the entire increase at the time of notification of the first increase.

### 18. Analysis Performed

The initial premium schedule was based on pricing assumptions believed to be appropriate, given the information available, at the time the initial rate schedule was developed. The original pricing assumptions for claim costs, voluntary termination rates and mortality were as follows:

- a. Incidence and continuance rates: The original pricing expected claim costs for nursing home care were derived from the 1985 National Nursing Home Survey (TSA, 88-90 Reports). The incidence rates and lengths of stay vary by age and sex. The effects of selection at issue were assumed to reduce nursing home admission rates for the first seven policy durations.

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Home Care prevalence rates were derived from the 1982-1984 National Long-Term Care Surveys. These prevalence rates vary by age and sex. The effects of selection were assumed to reduce home care prevalence rates for the first nine policy durations.

The original pricing expected claim costs for nursing home, home and community care, and additional benefits were also adjusted to reflect the benefits available under these policy forms.

- b. The original pricing expected voluntary termination rates varied by duration as shown in the following table:

Duration	Lapse Rate
1	10.0%
2	9.0%
3	8.0%
4	7.5%
5	7.0%
6	6.5%
7	6.0%
8	5.5%
9	5.0%
10+	4.5%

- c. The original pricing expected mortality rates were based on the 1983 Group Annuity Mortality Table, adjusted to remove loading. These mortality rates vary by age and sex. The effects of selection at issue were assumed to reduce mortality rates for the first six durations.

As part of the in-force management of its long-term care insurance business, MetLife monitors its performance by completing periodic analyses of lapse rates, mortality rates, claim incidence rates, claim continuance rates and claim utilization rates. The findings from these analyses were used to determine the current experience assumptions. A model of this business was developed for use in the cash flow testing that is part of the company's annual statutory reporting requirements. Using this model, a future projection of these policies under the new experience assumptions was performed and the projected lifetime loss ratio for these policies was determined. For these policies, the past experience and future projections based on current experience assumptions combine to a resulting loss ratio that far exceeds both original pricing expectations and state minimum requirements.

# METROPOLITAN LIFE INSURANCE COMPANY

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Actual voluntary lapse and mortality rates have been lower than that assumed in pricing although original pricing lapse rates have been used in the projection as required by District of Columbia Bulletin 03-PPI-005-11/24.

The experience analysis, management's view of when a change to the original rate schedule may be considered, and the seriatim in-force and claim data used in developing the projections in Exhibit I and II have been relied upon by the actuary in the development of this memorandum.

### 19. Loss Ratio Requirement Compliance Demonstration

Projected experience assuming the increase is implemented is shown in Exhibit I and II. As shown in Exhibit I and II, the expected lifetime loss ratio exceeds the minimum loss ratio requirements, both with and without the requested rate increase.

### 20. Average Annual Premium

The average premiums, on a nationwide basis, before and after the requested increase are:

Before increase:	\$1,979
After increase:	\$3,127

The average premiums, for DC, before and after the requested increase are:

Before increase:	\$2,038
After increase:	\$3,220

### 21. Proposed Effective Date

This rate increase will become effective on each policy's modal premium due date (monthly, quarterly, semi-annually and annually) following at least a 60 day advance written notification to the policyholder.

**METROPOLITAN LIFE INSURANCE COMPANY**

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**March 15, 2013**

**22. Nationwide Distribution of Business as of 6/30/2012 (based on in-force count)**

By Issue Age:

<b>Issue Age</b>	<b>%</b>
<45	3%
45-49	7%
50-54	17%
55-59	22%
60-64	22%
65-69	16%
70-74	8%
75+	4%
Total	100%

By Benefit Period:

<b>Benefit Period</b>	<b>%</b>
1 Year	0%
2 Year	4%
3 Year	18%
4 Year	14%
5 Year	19%
6 Year	0%
7 Year	0%
Lifetime	45%
Total	100%

By Inflation Option:

<b>Inflation Type</b>	<b>%</b>
Compound 5%	37%
Optional Compound 5%	32%
Simple 5%	30%
FPO	1%
None	0%
Total	100%

**METROPOLITAN LIFE INSURANCE COMPANY**

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**March 15, 2013**

By Home Care Percentage:

<b>Home Care Percentage</b>	<b>%</b>
0	6%
50%	1%
60%	11%
80%	11%
100%	70%
<b>Total</b>	<b>100%</b>

By Gender:

<b>Gender</b>	<b>%</b>
Female	62%
Male	38%
<b>Total</b>	<b>100%</b>

**23. Number of Policyholders**

As of 6/30/2012, the number of policies in-force and annualized premium that will be affected by this increase are:

	<b>Number of Insureds</b>	<b>Annualized Premium</b>
DC	19	38,719
Nationwide	19,310	\$38,217,457

**24. New Nonforfeiture Option**

Concurrent with this rate filing is a form filing for a new nonforfeiture feature (the Limited Coverage Upon Lapse Following Contribution Increase Endorsement) that will provide limited coverage to policyholders whose policies do not currently provide a substantially equivalent nonforfeiture feature in the event they lapse their coverage within 120 days of the first due date of the increased premium for their coverage.

**METROPOLITAN LIFE INSURANCE COMPANY**

**New York, NY**

**Actuarial Memorandum for LTC97 Series**

**March 15, 2013**

**25. Actuarial Certification**

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and to render the actuarial opinion contained herein.

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of DC.

I further certify that:

- the analysis described in Section 18 of this memorandum was used in determining the need for a rate increase;
- the policy design, underwriting and claims adjudication practices have been taken into consideration in this rate increase request; and
- the actuarial assumptions are appropriate and the gross premiums bear reasonable relationship to the benefits.



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William P. Bigelow, FSA, MAAA  
Vice President and Actuary, Metropolitan Life Insurance Company











**Life, Accident & Health, Annuity, Credit Transmittal Document**

<b>1.</b>	<b>Prepared for the State of</b>	<b>DISTRICT OF COLUMBIA</b>
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<b>2.</b>	<b>Department Use Only</b>
	<b>State Tracking ID</b>

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Metropolitan Life Insurance Company 1095 Avenue of the Americas New York, NY 10036-6796	NY		241	65978	13-5581829	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Gina Jisonna Metropolitan Life Insurance Co. 1300 Hall Blvd. 3D-305C Bloomfield, CT 06002	(860) 656-3809	(860) 656-8315	gjisonna@metlife.com

<b>5.</b>	<b>Requested Filing Mode</b>	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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<b>6.</b>	<b>Company Tracking Number</b>	<b>CT12-191 (LTC97)</b>
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<b>7.</b>	<input checked="" type="checkbox"/> <b>New Submission</b> <input type="checkbox"/> <b>Resubmission</b>	Previous file # _____
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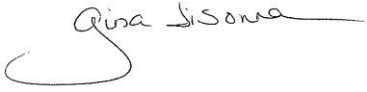
<b>8.</b>	<b>Market</b>	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise  <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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<b>9.</b>	<b>Type of Insurance (TOI)</b>	LTC031- Individual Long-Term Care Insurance
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<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	LTC031.001 – Qualified
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<b>11.</b>	<b>Submitted Documents</b>	<input type="checkbox"/> <b>FORMS</b> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Rate Disclosure & Personal Worksheet <b>Rates</b> <input type="checkbox"/> New Rate <input checked="" type="checkbox"/> Revised Rate  <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____  <b>SUPPORTING DOCUMENTATION</b> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____
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12.	<b>Filing Submission Date</b>	<b>May 1, 2013</b>
13	<b>Filing Fee (If required)</b>	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	<b>Date of Domiciliary Approval</b>	
15.	<b>Filing Description:</b>	
	<p><b>This is a premium rate schedule increase filing for individual long-term care insurance policies. Please see our filing letter for details.</b></p>	

16.	<b>Certification (If required)</b>	
	<p><b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>District of Columbia</u>.</p> <p>Print Name <u>Gina Jisonna</u> Title <u>Sr. Product Consultant</u></p> <p>Signature  Date <u>May 1, 2013</u></p>	

<b>17.</b>	<b>Form Filing Attachment</b>
<b>This filing transmittal is part of company tracking number</b>	
<b>This filing corresponds to rate filing company tracking number</b>	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

18. Rate Filing Attachment				
This filing transmittal is part of company tracking number		CT12-191 (LTC97)		
This filing corresponds to form filing company tracking number		CT12-191 (LTC97)		
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		58%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Actuarial Memorandum/Rates	1LTC-97	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request +58% - ____% <input type="checkbox"/> Other _____	
02	Actuarial Memorandum/Rates	2LTC-97	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request +58% - ____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	

LH RFA-1



# Metropolitan Life Insurance Company

A Mutual Company Incorporated in New York State

050302001

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Metropolitan Life Insurance Company (MetLife) will pay the benefits of this policy according to its provisions.

## Long-Term Care Insurance Policy


- \* **RENEWABILITY: THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE. PREMIUMS ARE SUBJECT TO CHANGE.** This means you have the right, subject to the terms of your policy, to continue this policy as long as you pay your premiums on time. We cannot change any of the terms of your policy without your consent, except that we may change the premium rates. Any change will apply to all policies in the same class as yours in the state where this policy was issued.
- \* The SCHEDULE OF BENEFITS provided by this policy is shown on page 3.
- \* This policy is not eligible for dividends.


**CAUTION:** We issued this policy on the basis of your responses to the questions on your application. A copy of your application is attached. If your answers are incorrect or untrue, we have the right to deny benefits or rescind your policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact us at this address: Metropolitan Life Insurance Company, P. O. Box 937, Westport, CT 06881-0937.

**NOTICE TO THE BUYER:** This Policy may not cover all of the costs associated with long-term care incurred by the Buyer during the period of coverage. The Buyer is advised to review carefully ALL policy limitations.

**THIS POLICY IS INTENDED TO BE A QUALIFIED LONG-TERM CARE INSURANCE CONTRACT UNDER SECTION 7702B(b) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED.**

INSURED	JOHN A. DOE
INITIAL ANNUAL PREMIUM	\$XXX.XX
POLICY NUMBER	SPECIMEN LTC
PLAN	LONG-TERM CARE INSURANCE
PLAN NUMBER	95401

  
 Louis J. Ragusa  
 Vice-President and Secretary

  
 Harry P. Kamen  
 Chairman, President & Chief Executive Officer

**30-Day Right to Examine Policy.** Please read this policy carefully. It is a legal contract between you and MetLife. If you are not satisfied for any reason, you may return this policy to us or to the account representative from whom you bought it within 30 days from the date you receive it. If you return it within the 30-day period, this policy will be void from the beginning. We will refund any premium paid.

See Table of Contents on the last page.

Metropolitan Life Insurance Company  
P O Box 937  
Westport, CT 06881-0937

Toll Free Number: 1-888-687-0977

050302001768

**POLICY SPECIFICATIONS**

Effective Date of Policy  
Insured's Age  
Policy Number  
Plan  
Rating Class  
Waiting Period

January 1, 1998  
65  
Specimen LTC  
Long Term Care Insurance  
Standard  
20 Days

**INSURED**

John A. Doe

**SCHEDULE OF BENEFITS**

TOTAL LIFETIME BENEFIT\*

\$182,500

**COVERED SERVICES**

**BENEFIT AMOUNTS\***

**BASIC SERVICES**

Nursing Home/Hospice Facility Benefits  
Assisted Living Facility Benefits  
Respite Care Benefits (Up to 21 Days Per Year)  
Home Care And Community Care Benefits

**DAILY BENEFIT AMOUNT**

Up to \$100/day  
Up to \$100/day  
Up to \$100/day  
Up to \$60/day

**ADDITIONAL SERVICES**

Initial Care Advisory Service  
Informal Caregiver Training  
Transition Expense Allowance  
Chore Services and Specialized Transportation

**MAXIMUM BENEFIT AMOUNT**

Free or Up to \$250/lifetime  
\$500/lifetime  
\$1,500/lifetime  
Up to \$60/month

**OPTIONAL FEATURES**

**OPTION SELECTED**

NONFORFEITURE COVERAGE  
INFLATION PROTECTION

Included or Not Included  
Compound Increase or  
Simple Increase or  
Optional Increase

\*The benefit amounts will increase in accordance with the Inflation Protection option you have selected.

**PREMIUM SCHEDULE**

PREMIUMS ARE DUE AND PAYABLE ON THE EFFECTIVE DATE OF POLICY  
AND EVERY XX MONTH(S) THEREAFTER

[ANNUAL, SEMI-ANNUAL, OR MONTHLY] PREMIUM BEFORE DISCOUNT \$X,XXX  
[ANNUAL, SEMI-ANNUAL, OR MONTHLY] PREMIUM LESS SPOUSE DISCOUNT\* (if applicable) \$X,XXX

\*Spouse discount will apply as long as both policies stay inforce. However, if one spouse dies, discount will continue.



## Definitions of Policy Terms

050302001176

**"Activities of Daily Living" ("ADL")** means any of the following:

- \* **Bathing:** Washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
- \* **Dressing:** Putting on and taking off all items of clothing and any required braces, fasteners, or artificial limbs.
- \* **Transferring:** Moving into or out of a bed, chair or wheelchair.
- \* **Toileting:** Getting to and from the toilet, getting on and off the toilet, and performing related personal hygiene.
- \* **Continence:** Ability to maintain control of bowel and bladder function; or, when not able to maintain control of bowel or bladder function, the ability to perform related personal hygiene (including caring for catheter or colostomy bag).
- \* **Eating:** Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.

**"Adult Day Care"** means a program, for six (6) or more clients, of Qualified Long-Term Care Services furnished at an Adult Day Care Center.

**"Adult Day Care Center"** means a facility run, licensed and/or certified as an Adult Day Care Center under the laws where it is located; or any other organization that meets ALL of the following:

- \* provides a program of Adult Day Care; and
- \* keeps a written record of services furnished to each client; and
- \* has established procedures to obtain emergency medical care; and
- \* is not a place which chiefly provides services for recreation or social activities; and
- \* maintains a client-to-staff ratio of 8 (or less) to 1, which staff includes: a full-time director; 1 or more Nurses present at least 4 hours a day during operating hours; and at least 2 staff members present whenever clients are present.

**"Assisted Living Facility"** means a facility that meets ALL of the following:

- \* maintains all appropriate licensing required under the laws where it is located to provide Maintenance or Personal Care; and
- \* provides 24 hours a day Maintenance or Personal Care services sufficient to assist clients with needs which result from the inability to perform Activities of Daily Living or from Severe Cognitive Impairment; and
- \* has at least 6 clients; and
- \* uses aides trained or certified to provide Maintenance or Personal Care in accordance with any laws which apply to the provision of such care; and

## Definitions of Policy Terms (Continued)

05030200178

- \* provides 24 hour supervision of clients by a trained and awake staff; and
- \* has formal arrangements for emergency medical care; and
- \* maintains written records of services furnished to each client; and
- \* serves clients 3 meals a day; and
- \* has appropriate methods and procedures to assist in administering prescribed drugs where allowed by law.

An Assisted Living Facility is not, other than incidentally, a hotel, motel, a place for rest or a place for drug addicts or alcoholics. Retirement homes, congregate living, senior housing, or other facilities chiefly intended to provide residential services but not Maintenance or Personal Care do not typically qualify as an Assisted Living Facility. If an institution has more than one license or purpose, only that section of the institution specifically meeting the definition of Assisted Living facility will qualify as an Assisted Living Facility.

**"Bed Reservation Benefits"** means the Benefits we will pay for charges you incur to reserve a space in a Nursing Home, Hospice, or Assisted Living Facility if, while confined in such institution, you are transferred to a Hospital for acute care on a short term basis.

**"Benefits"** means the payment by us for a Covered Service.

**"Care Advisor"** means a health care professional from a Care Management Organization.

**"Care Advisory Services"** means any of the following services performed by a Care Advisor:

- \* assessing long-term care service needs;
- \* developing a long-term care service plan;
- \* requisitioning and coordinating long-term care services;
- \* implementing the long-term care service plan; and
- \* monitoring and reassessing long-term care services as needed from time to time.

**"Care Management Organization"** means an organization operated and licensed as a Care Management Organization under the laws where it is located; or any other organization that meets ALL of the following:

- \* provides Care Advisory Services; and
- \* has a full-time administrator; and
- \* maintains written records of services performed for each client; and
- \* has a staff which includes at least 1 Nurse and 1 Social Worker.

## Definitions of Policy Terms (Continued)

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**"Chronically Ill"** means:

- \* you are unable to perform, without substantial assistance from another individual, at least two Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or
- \* you require substantial supervision to protect you from threats to health and safety due to Severe Cognitive Impairment.

**"Community Care"** means care furnished outside of a Nursing Home/ Hospice Facility or Assisted Living Facility.

**"Covered Services"** means Qualified Long-Term Care Services that are specifically provided under and subject to the terms of this policy.

**"Custodial Care"** means services provided on an extended basis to a person who is Chronically Ill, which are aimed at maintaining a person's health and/or keeping the person's functional status from getting worse. Custodial Care does not include any transportation or other service which is chiefly for personal convenience or companionship.

**"Daily Benefit Amount"** means the most we will pay for one day of a Basic Service as shown in the SCHEDULE OF BENEFITS on page 3, plus any increase to this amount under the terms of this policy.

**"Designated Care Management Organization"** means a Care Management Organization we choose, to whom we make direct payment for your Initial Care Advisory Service.

**"Formal Caregiver"** means any of the following: a Nurse, Care Advisor, Therapist, Social Worker, Home Health Aide, or Homemaker. Members of the Insured's Immediate Family can not be Formal Caregivers.

**"Home Health Aide"** means a person whose services are arranged and supervised through a Home Health Care Agency and whose main function is to assist with Activities of Daily Living. If state or local licensing or certification is required, the person must be licensed or certified as a Home Health Aide where the service is performed.

**"Home Health Care Agency"** means a Hospital or other organization that:

- \* is licensed or certified as a Home Health Care Agency, under the laws where it is located, under a public health law or similar law, if licensing or certification is required, to provide Home Health Care Services; or
- \* is recognized as a home health agency by Medicare; or
- \* is a Hospital or other organization that meets ALL of the following:

## Definitions of Policy Terms (Continued)

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1. is licensed or certified where it is located to provide Home Health Care Services; and
2. develops and reviews long-term care service plans at appropriate intervals; and
3. uses Home Health Aides trained or certified to provide Maintenance or Personal Care in accordance with any laws which apply to such care; and
4. provides on-site supervision of Home Health Aides by a Nurse or Social Worker; and
5. has a Nurse or a Physician on call for a medical emergency during the hours that the Home Health Aide is in the client's home; and
6. maintains a written record of services performed for each client.

**"Home Health Care Services"** means medical and nonmedical services, provided to ill, disabled or infirm persons in their residences. Such Services may include Homemaker Services, assistance with Activities of Daily Living and Respite Care.

**"Homemaker"** means a skilled or unskilled person whose services are arranged and supervised through a Home Health Care Agency and who provides Homemaker Services.

**"Homemaker Services"** means Maintenance or Personal Care services that are necessary to or consistent with the Chronically Ill person's ability to stay in his or her home. Such services may include light housekeeping, meal preparation or shopping for items needed for Qualified Long-Term Care Services, which are incidental to the need for Maintenance or Personal Care services.

**"Hospice"** means a facility, unit of a facility, public or private agency or unit of a public or private agency that meets federal certification requirements as a Hospice, or is comparably licensed under state laws, to provide care or management of the Terminally Ill.

**"Hospice Care"** means services furnished by a Hospice for the care or management of a Terminal Illness.

**"Hospital"** means a facility that is licensed as a hospital, and provides:

- \* a broad range of 24 hour a day medical and surgical services for sick and injured persons by, or under the supervision of, a staff of Physicians; and
- \* Nursing Care 24 hours a day.

**"Immediate Family"** means your spouse, child (natural, step or adopted), parent, sibling, grandchild, or in-law. It also includes anyone who normally lives in your home.

**"Informal Caregiver"** means a person who provides Maintenance or Personal Care, not as a Formal Caregiver. Members of the Insured's Immediate Family qualify as Informal Caregivers.

**"Insured"** means the person named on page 3 of this policy.

## Definitions of Policy Terms (Continued)

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**"Lapse"** means termination of this policy because of failure to pay premiums.

**"Licensed Health Care Practitioner"** means: a Physician; any registered professional Nurse; a licensed Social Worker, which includes any Social Worker who has been issued a license, certificate, or similar authorization to act as a Social Worker by a state or a body authorized by a state to issue such authorization; or other individual who meets such requirements as may be prescribed by the U.S. Secretary of the Treasury.

**"Maintenance or Personal Care"** means any care with the primary purpose of providing needed assistance with any of the disabilities that result in your being Chronically Ill (including protection from threats to health and safety due to Severe Cognitive Impairment). Maintenance or Personal Care services may include Custodial Care and needed assistance with ADL's.

**"Medicaid"** means any state medical assistance program under Title XIX of the Social Security Act, as amended.

**"Medicare"** means the Health Insurance for the Aged and Disabled provisions of Title XVIII of the Social Security Act, as amended.

**"Nurse"** means a registered professional Nurse (R.N.), licensed practical Nurse (L.P.N.) or licensed vocational Nurse (L.V.N.) who is licensed in the state in which the services are performed.

**"Nursing Care"** means services: requiring the professional skills of a Nurse; performed by a Nurse; under the orders of a Physician; and to improve or maintain your health.

**"Nursing Home"** means a licensed nursing facility under the laws where it is located; or any other facility that meets ALL of the following:

- \* has appropriate licensure for a business where it is located, to provide Maintenance or Personal Care; and
- \* has 24 hours a day Nursing Care; and
- \* has 24 hours a day Maintenance or Personal Care performed by a trained/certified and awake staff supervised by a Nurse; and
- \* keeps a written record of services performed for each client; and
- \* has formal arrangements for emergency medical care; and
- \* services are not limited to provision of food, shelter and other residential services such as laundry; and

## Definitions of Policy Terms (Continued)

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- \* is not, other than incidentally, a Hospital (except a distinct part of a Hospital which is a nursing facility), residential facility, hotel, motel, place for rest, home for the aged, sheltered living accommodation, facility for the treatment of mental illness, continuing care retirement community or similar entity, or place for drug addicts or alcoholics.

**"Physician"** means a Physician as defined in section 186(r)(1) of the Social Security Act, as amended.

**"Plan of Care"** means a written plan prescribed by a Licensed Health Care Practitioner that identifies ways of meeting the Qualified Long-Term Care Service needs of a person who is Chronically Ill.

**"Policy Anniversaries", "Policy Years" and "Policy Months"** mean dates measured from the Effective Date of the Policy. For example, if the Effective Date of the Policy is May 1, 2001, the first Policy Anniversary is May 1, 2002; the first Policy Year ends April 30, 2002; and the Policy Month starts on the first day of each Policy Month, e.g. May 1, 2001.

**"Qualified Long-Term Care Services"** means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, and maintenance or personal care services which: (a) are required by a Chronically Ill individual; and (b) are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

**"Representative"** means the person named by you or by a court of law to represent you.

**"Severe Cognitive Impairment"** means a deterioration or loss in intellectual capacity that places a person in jeopardy of harming self or others and, therefore, the person requires substantial supervision by another individual. Deterioration or loss must be 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.

**"Social Worker"** means a licensed Social Worker, including any Social Worker who has a license, certificate or similar permit to act as a Social Worker from a state or a body authorized by a state to issue such permits, or a person with a Masters in Social Work from an accredited university.

**"Terminal Illness" or "Terminally Ill"** means an illness or injury which a Physician states is likely to result in a person's death within 6 months.

**"Therapist"** means a person who has a license or appropriate professional certificate to provide Therapy Services in the jurisdiction in which services are being provided.

**"Therapy Services"** means physical, respiratory, speech or occupational Therapy Services rendered by a Therapist.

**"Total Lifetime Benefit"** means the most we will pay under this policy during your lifetime for charges you incur for Covered Services, not including Benefits for the Initial Care Advisory Service. This amount is shown in the SCHEDULE OF BENEFITS on page 3 and will change if your Daily Benefit Amounts are changed.

**"We," "us" and "our"** mean Metropolitan Life Insurance Company (MetLife).

**"You" and "your"** mean the Insured named on page 3 of this policy.

## Eligibility for Benefits

### Initial Eligibility

You or someone acting for you must call the toll-free number shown on page 3 to request that we determine whether you are eligible for Benefits.

You will be eligible for Benefits only if we are given proof, satisfactory to us, that: (1) you are Chronically Ill; and (2) a Licensed Health Care Practitioner has certified in writing, within the last 12 months, that you are Chronically Ill. In order to receive certain Benefits, you must also complete a Waiting Period as described below.

Chronically Ill means you are unable to perform, without substantial assistance from another individual, at least two Activities of Daily Living ("ADL") for a period of at least 90 days due to a loss of functional capacity; or you require substantial supervision to protect you from threats to health and safety due to Severe Cognitive Impairment.

To help us determine if you are eligible for benefits, we may require that:

1. we or a person we name contact you, your Representative, your Physician or other persons familiar with your condition; and
2. you provide us or a person we name with access to your medical records to obtain information about your condition (we may not be able to determine your eligibility for Benefits if we do not have access to these records); and
3. you be examined, at our expense, by a healthcare provider and an on-site assessment be conducted.

### Continuing Eligibility

To continue to be eligible for Benefits, you must submit proof satisfactory to us, that: (1) you continue to be Chronically Ill; and (2) a Licensed Health Care Practitioner has certified in writing, at least once in the past 12 months, that you are Chronically Ill.

### Notice of Eligibility or Denial

We will send written notice as to whether you are eligible for Benefits as soon as reasonably possible, but no later than 10 working days after we have received all the information we need to assess your condition. If we deny your eligibility, you may ask us to more fully explain our denial. Within 60 days of the date we receive such a written request, we will send you a written explanation of the reasons for the denial; and make available all information directly relating to such denial. You may appeal our denial as indicated in the "Appeals of Eligibility for Benefits or Claims Decisions" section on page 21.

## Waiting Period

**"Waiting Period"** is the number of days after the Effective Date of this Policy during which you are both Chronically Ill and receive Basic Services (other than Respite Care Services) before you can receive Benefits. These days need not be consecutive. The Waiting Period for this policy is shown in the SCHEDULE OF BENEFITS on page 3. Except as stated below, Benefits will not be paid for Covered Services you receive during the Waiting Period.

## Waiting Period (Continued)

No Waiting Period is required for Benefits for Respite Care, the Initial Care Advisory Service or Informal Caregiver Training. Receipt of these services does not count toward the Waiting Period.

You have only to complete one Waiting Period in your lifetime. If you cease to be Chronically Ill, or cease to receive Basic Services other than Respite Care services, before you complete the Waiting Period, we will credit the portion of the Waiting Period you did complete to a future claim.

Once you complete the Waiting Period, you will be eligible to receive the Transition Expense Allowance for expenses for Qualified Long-Term Care Services received during the Waiting Period.

### Covered Services

We will pay for Covered Services only if:

1. They are Qualified Long-Term Care Services; and
2. They are received after the Effective Date of this Policy; and
3. They are received after completing any required Waiting Period; and
4. You are eligible for Benefits; and
5. The Total Lifetime Benefit has not been paid.

However, Covered Services shall not include any service or supply which is primarily for personal convenience or companionship.

There are two types of Covered Services under this policy: Basic Services and Additional Services.

### Covered Services - Basic Services

#### Basic Services

On any day you may receive one or more Covered Services-Basic Services: in a Nursing Home/Hospice facility, in an Assisted Living Facility, as Respite Care, and as Home Care and Community Care. The most we will pay for that day will be the Nursing Home/Hospice facility Daily Benefit Amount shown in the SCHEDULE OF BENEFITS on page 3. However, if the only services you receive are Home Care/Community Care, the most we will pay for that day is the Home Care/Community Care Daily Benefit Amount shown in the SCHEDULE OF BENEFITS on page 3.

#### Nursing Home and Hospice Facility Benefits

We will pay up to the Daily Benefit Amount shown for Nursing Home/Hospice facility in the SCHEDULE OF BENEFITS on page 3, for charges you incur for the following Covered Services received on any day in a Nursing Home or Hospice facility:

1. Room and board; and



## Covered Services-Basic Services (Continued)

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2. Nursing Care, Maintenance or Personal Care, Therapy Services, and Hospice Care, from a Formal Caregiver; and
3. Bed Reservation Benefits up to 21 days per Policy Year. The amount we will pay for the Bed Reservation Benefits will not be more than the Benefits we would have paid if you had been confined in the Nursing Home or Hospice facility on those days.

### Assisted Living Facility Benefits

We will pay up to the Daily Benefit Amount shown for Assisted Living Facility in the SCHEDULE OF BENEFITS on page 3, for charges you incur for the following Covered Services received on any day in an Assisted Living Facility:

1. Room and board; and
2. Nursing Care, Maintenance or Personal Care, Therapy Services and Hospice Care, from a Formal Caregiver; and
3. Bed Reservation Benefits up to 21 days per Policy Year. The amount we will pay for the Bed Reservation Benefits will not be more than the Benefits we would have paid if you had been confined in the Assisted Living Facility on those days.

### Respite Care Benefits

We will pay up to the Daily Benefit Amount shown for Respite Care in the SCHEDULE OF BENEFITS on page 3, for a maximum of 21 days per Policy Year, for charges you incur for Respite Care. You do not need to complete the Waiting Period to receive these Benefits. Respite Care means Covered Services: in a Nursing Home/Hospice facility, Assisted Living Facility or as Home Care/Community Care that temporarily relieves the Informal Caregiver.

### Home Care and Community Care Benefits

We will pay up to the Daily Benefit Amount shown for Home Care and Community Care in the SCHEDULE OF BENEFITS on page 3, for charges you incur for the following Covered Services:

1. Home Health Care Services performed by a Nurse or by a Therapist; and
2. Home Health Care Services performed by a Home Health Aide from a Home Health Care Agency; and
3. Homemaker Services performed by a Homemaker from a Home Health Care Agency; and
4. Care Advisory Services performed by a Care Advisor; and
5. At-home Hospice Care; and
6. Adult Day Care.

## Covered Services-Basic Services (Continued)

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### Alternate Service Benefits

We will pay for charges you incur for Covered Services which are furnished by a facility or person not defined in this policy, if we determine, in our sole discretion, that the alternate service meets ALL of the following:

1. the service falls within guidelines we establish as an approved alternate service; and
2. it is a type of service described in your Plan of Care; and
3. it effectively meets your long-term care service needs; and
4. it is, for you, a cost-effective alternative to Basic Services which would have been covered under this policy; and
5. it is not provided by a member of your Immediate Family.

The Benefits we will pay for an alternate service will be the lesser of:

1. the charges you incur for the services received; or
2. the Daily Benefit Amount for the most closely defined Basic Service, as we determine.

## Covered Services-Additional Services

### Additional Services

Covered Services - Additional Services may be received on the same day as Covered Services - Basic Services, without affecting the Daily Benefit Amount. The maximum we will pay for covered Additional Services is shown in the SCHEDULE OF BENEFITS on page 3.

### Initial Care Advisory Service

You can receive, at no extra charge to you, one Initial Care Advisory Service from a Designated Care Management Organization by calling the toll-free number shown on page 3. If you choose not to use a Designated Care Management Organization, you may select a Care Management Organization to conduct one Initial Care Advisory Service and we will pay as a Covered Service charges you incur up to the Maximum Benefit Amount shown for Initial Care Advisory Service in the SCHEDULE OF BENEFITS on page 3. Payment of these Benefits will not reduce your Total Lifetime Benefit shown on page 3. You do not need to complete the Waiting Period for these Benefits.

### Informal Caregiver Training

We will pay up to the Maximum Benefit Amount shown for Informal Caregiver Training in the SCHEDULE OF BENEFITS on page 3 for charges you incur to train an Informal Caregiver to perform Maintenance or Personal Care Services for you in your home. We will also cover training while you are in a Hospital, Nursing Home, or Assisted Living Facility, to make it possible for you to return home and be cared for by the person who received the training. We will not pay for training someone who will be paid to care for you. You do not need to complete the Waiting Period for these Benefits.

## Covered Services- Additional Services (Continued)

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### Transition Expense Allowance

After you have completed the Waiting Period we will pay up to the Maximum Benefit Amount shown for Transition Expense Allowance in the SCHEDULE OF BENEFITS on page 3, for charges you incur for Qualified Long-Term Care Services during or after the Waiting Period, if the expense was incurred on a day you were eligible for Benefits. Transition Expense Allowance may also include any items required pursuant to a Plan of Care, such as personal emergency response systems, durable medical equipment, or home modifications required by a Chronically Ill person in order to continue to live at home. We will not pay for changes to your home that would increase the value of your living quarters.

### Chore Services/ Specialized Transportation

We will pay up to the Maximum Benefit Amount shown for Chore Services and Specialized Transportation in the SCHEDULE OF BENEFITS on page 3 for charges you incur for the following Covered Services required to promote your health and safety while Chronically Ill:

1. Chore Services, which is shopping for items you need. These services can be performed by an Informal Caregiver; and
2. Specialized Transportation, which is the cost of hiring a vehicle, with ramps, lifts or other alterations, to assist you to get in and out of it, to enable you to receive Qualified Long-Term Care Services.

### Nonforfeiture Coverage

(available only if included in the SCHEDULE OF BENEFITS at issue)

#### How to Qualify

If premiums for this policy have been paid for at least 3 years and your policy ends because of nonpayment of premiums or your written request to cancel the policy, you will receive Nonforfeiture Coverage.

#### When It Begins

Nonforfeiture Coverage takes effect on the Nonforfeiture Date. Nonforfeiture Date means the 1st day after the end of the period covered by your last paid premium. Once you receive Nonforfeiture Coverage, you cannot change your benefit amounts.

#### Level of Coverage

The same Benefits as those payable while the policy is in full force will be payable under Nonforfeiture Coverage except that the Total Lifetime Benefit will be the greater of: (a) the sum of all premiums as defined below; or (b) 30 times the Daily Benefit Amount for Nursing Home/Hospice facility in effect immediately prior to the Nonforfeiture Date. The total Benefits paid prior to and after the Nonforfeiture Date will not be more than the Total Lifetime Benefit in effect immediately prior to the Nonforfeiture Date.

Premiums include all premiums paid for this policy or waived under its terms.

## Inflation Protection

There are three Inflation Protection options available to you. The option you chose is shown in the SCHEDULE OF BENEFITS on page 3.

The following increases are made without regard to your age, claim status, claim history, health, or the length of time you have been covered under this policy. However, no increase will be made while Nonforfeiture Coverage is in effect under the policy.

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### **Compound Increase**

If this Inflation Protection option is shown in the SCHEDULE OF BENEFITS on page 3: your benefit amounts will automatically increase each year with no corresponding increase in premium. The amounts of the increases are equal to 5% of the benefit amounts in the prior Policy Year. If you have received any Benefits under this policy, then with regard to the Total Lifetime Benefit, Transition Expense Allowance, and the Informal Caregiver Training benefit amounts, the 5% increase will be applied to their remaining portions. The benefit amount increases will occur on each Policy Anniversary for the lifetime of your policy, even when you are receiving Benefits.

### **Simple Increase**

If this Inflation Protection option is shown in the SCHEDULE OF BENEFITS on page 3: your benefit amounts will automatically increase each year with no corresponding increase in premium. The amounts of the increases are equal to 5% of the benefit amounts shown in the SCHEDULE OF BENEFITS on page 3. If you have received any Benefits under this policy, then with regard to the Total Lifetime Benefit, Transition Expense Allowance, and the Informal Caregiver Training benefit amounts, the actual percentage increase in your Nursing Home/Hospice Facility Daily Benefit Amount from your prior Policy Year will be applied to their remaining portions. The benefit amount increases will occur on each Policy Anniversary for the lifetime of your policy, even when you are receiving Benefits.

### **Optional Increase**

If this Inflation Protection option is shown in the SCHEDULE OF BENEFITS on page 3: we will offer you an inflation protection Optional Increase as of each Policy Anniversary, but only if you accepted our offer for an inflation protection Optional Increase at least once during the last two consecutive times this offer was made to you. If you accept this offer and we receive your acceptance within the time specified in the offer, your benefit amounts will increase on the Policy Anniversary after the offer was made. The amount of the increases are equal to 5% of the benefit amounts in the prior Policy Year. If you have received any Benefits under this policy, then with regard to the Total Lifetime Benefit, Transition Expense Allowance, and the Informal Caregiver Training benefit amounts, the 5% increase will be applied to their remaining portions.

The extra premium for the inflation protection Optional Increase will be based on your age and the premium rates at the time the increase takes effect. We will send you a written notice of the increase in benefit amounts and their effective date.

## Changing Benefit Amounts

While you are insured, you may change benefit amounts so long as Nonforfeiture Coverage is not in effect for you. As stated in the Premiums section of this policy, a change in benefit amounts may change the amount of policy premium.

We will send you a written notice of any change in benefit amounts and the date it takes effect. If we deny a benefit amount change, we will send you a form which tells you how to appeal our denial.

### **Benefit Increase With Proof of Good Health**

You may, at any time, ask for an increase in your benefit amounts in writing or by calling our toll-free telephone number shown on page 3. We will approve the request only if you provide us, at your expense, proof satisfactory to us of your good health. Increases in amounts are subject to limits in effect at the time of your request. If you have received any Benefits under this policy, then with regard to the Total Lifetime Benefit, Transition Expense Allowance, and the Informal Caregiver Training benefit amounts, the percentage increase in your benefit amounts will be applied to their remaining portions.

The extra premium for this benefit increase will be based on your age, the premium rates, and your rating class at the time the increase takes effect.

The increase will take effect on the first day of the Policy Month, starting with or next following the date we approve the request. We will send you a written notice of the increase in benefit amounts, the effective date and the amount of premium due.

### **Benefit Decreases**

You may, at any time, request a decrease in your benefit amounts in writing or by calling our toll-free telephone number shown on page 3. Decreases in amounts are subject to limits which apply at the time of the request. If you have received any Benefits under this policy, then with regard to the Total Lifetime Benefit, Transition Expense Allowance, and the Informal Caregiver Training benefit amounts, the percentage decrease in your benefit amounts will be applied to the remaining portions.

The decrease will take effect on the day we receive the request if it is the 1st day of a Policy Month; if not, on the 1st day of the Policy Month following the date we received your request. Any premium overpayment will be applied toward any future premiums due.

## Extension of Benefits

If as of the date your policy Lapses or as of the date we receive a written request to cancel, you are Chronically Ill and are confined in a Nursing Home/Hospice facility or Assisted Living Facility, we will extend the payment of Benefits for Covered Services received in those facilities so long as, without interruption, you remain Chronically Ill and confined. Subject to the Waiting Period and the terms of this policy, Benefits will be extended only until the first of the date:

1. you are no longer Chronically Ill; or
2. you are no longer confined in the Nursing Home/ Hospice facility or Assisted Living Facility; or
3. the Total Lifetime Benefit has been paid.

## Limitations and Exclusions

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### What is not Covered Under This Policy

No payment will be made for any of the following:

1. Treatment of alcoholism or drug addiction, unless such drug(s) was taken on the advice of a Physician.
2. Any care received while in a Hospital, except in a unit specifically designated as a Nursing Home or Hospice.
3. Any injury or sickness that results from:
  - a. any war, or warlike action in time of peace; or
  - b. participation in a felony, riot or insurrection; or
  - c. aviation, except for fare paying passengers.
4. Any intentionally self-inflicted injury.
5. Care received outside the United States or its territories.
6. Services, other than Chore Services, performed by a member of the Insured's Immediate Family.
7. Any service or supply to the extent the expense for it is reimbursable under Medicare, or would be reimbursable but for the application of a deductible, coinsurance or co-payment amount. This exclusion will not apply where Medicare is the secondary payer under applicable law.
8. Treatment received in a government facility (unless otherwise required by law); services for which benefits are available under a government program (except Medicaid); or services for which no charge is normally made in the absence of insurance.

## Premiums

### Premium Payment

The premium is due and payable on the premium due dates shown in the SCHEDULE OF BENEFITS on page 3. The premium must be paid in U.S. currency.

You may change the frequency of payment with our approval.

The amount of the premium for your initial coverage is based on your age and rating class as of the Effective Date of the Policy as shown in the SCHEDULE OF BENEFITS on page 3.

We reserve the right to change premium rates on a class basis. The premium will not increase because you get older or your health changes. Your premiums will change if we change your benefit amounts as a result of your request, including any Inflation Protection Optional Increase.

## Premiums (Continued)

If you have the Compound Increase or Simple Increase Inflation Protection options, the premium is not expected to increase as a result of benefit amount increases. We reserve the right to adjust premium rates, on a class basis, for those who choose these Inflation Protection options.

Premiums will increase for each: (a) inflation protection Optional Increase or (b) increase in benefit amount approved by us with proof of your good health.

The premium will decrease as of the effective date of any decrease in your benefit amounts. The amount of the reduction will be computed assuming that the benefit amounts purchased last are discontinued first.

### Grace Period

You have a grace period of 30 days to pay each premium due after the first premium. If the premium is not paid within the grace period, we will send a written notice of Lapse of the policy to you and to any person named to receive such notice at the addresses given to us. You have 35 days after we have mailed this notice to pay the premium. The policy will stay in force during this time unless we receive a written request from you to cancel the policy. If we do not receive the premium within 35 days of mailing the notice, the policy will then Lapse.

If a claim is payable for services incurred prior to Lapse, any unpaid premiums due will be deducted from the claim payment.

You have the right to name a person to receive notice of Lapse at the same time we send such notice to you. The person so named will not be responsible for payment of the premium. You are responsible to inform us of any change in the person named. We will inform you of your right to change the person named (at least once every two years).

### Waiver of Premiums

We will waive your premium starting on the first day of the Policy Month which starts on or follows the later of the day you: become eligible for Benefits; and complete the Waiting Period. You must resume payment of your premium starting on the first day of the Policy Month which starts on or follows the month in which you are no longer eligible for Benefits. Any advance premium payment will be applied to future premiums.

### Reinstatement

If your policy Lapses, we will reinstate your policy back to the date it ended, if within 12 months of that date you or someone acting for you:

1. request reinstatement; and
2. submit proof of good health, acceptable to us, at your expense; and
3. pay all past due premiums to us.

If we reinstate your policy, your premium will be what it would have been had your coverage not been interrupted.

## Premiums (Continued)

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### Reinstatement for Cognitive Impairment or Loss of Functional Capacity

If your policy Lapses, we will reinstate your policy back to the date it ended, without proof of your good health, if within 5 months of that date, you or someone acting for you:

1. request reinstatement; and
2. submit proof acceptable to us that you suffered a cognitive impairment or loss of functional capacity at the time your policy Lapsed; and
3. you pay all past due premiums to us.

The standard of proof we will use will be no more restrictive than that described under "Eligibility for Benefits" on page 10.

If we reinstate your policy, your premium will be what it would have been had your coverage not been interrupted.

## Claims

### Written Notice of Claim

Once we have determined that you are eligible for Benefits (see "Eligibility for Benefits" on page 10), you may submit claims. We will pay Benefits only upon receipt of written proof satisfactory to us that you have incurred charges for Covered Services.

You must submit written proof of claim to us, at the address stated on the claim form we provide you, no later than 90 days after the end of the calendar year in which the charges were incurred. Failure to submit proof of claim within this time limit will result in a claim denial unless it is shown that:

1. it was not reasonably possible to provide proof of claim within the time period; and
2. proof of claim was submitted as soon as reasonably possible.

### Proof of Claim

To help us determine whether you have incurred charges for Covered Services:

1. we or a person we name may contact you, your Representative, your Physician or other persons familiar with the services you received; and
2. you may need to provide us, or a person we name, with access to your medical records to obtain information about your condition or the services you received (we may not be able to approve a claim for Benefits if we do not have access to these records); and
3. we have the right to have you examined, at our expense, by a healthcare provider and to conduct an on-site assessment; and
4. we have the right to require you to submit to us your Explanation(s) of Benefits from Medicare or records from any other source from whom you may have received reimbursement for the same Covered Service.

### Approval or Denial of Claim

We will send you a written notice of our decision to approve or deny a claim as soon as reasonably possible. In no event will we send this notice later than 10 working days after we have received all the information we need to assess your claim.



## Claims (Continued)

If we deny your claim for Benefits, in whole or in part, you or someone acting for you may ask us to more fully explain our denial. Within 60 days of the date we receive such a written request: (a) we will provide a written explanation of the reasons for the denial; and (b) make available all information directly relating to such denial.

You or someone acting for you may appeal our denial of your claim by following the instructions in the "Appeals of Eligibility for Benefits or Claims Decisions" section on page 21.

### **Payment of Claims**

If we approve your claim, we will pay the Benefits under the terms of this policy. All Benefits will be paid to you unless they are assigned. Any Benefits or premium refund unpaid at your death will be paid to your estate unless assigned. If such Benefits are not more than \$1,000, we may pay them to anyone related to you by blood or marriage whom we find entitled to payment. Any payment made by us in good faith will fully discharge us to the extent of the payment.

## General Provisions

### **The Contract**

This policy, with any riders, endorsements and written application attached, make up the entire contract.

### **Assignment; No Cash Value; Premium Refunds**

The policy has no cash surrender value or other money that can be paid, assigned, borrowed, or pledged as collateral for a loan.

The Benefits payable under the policy may not be assigned prior to a loss.

Any refund of premiums, (except refunds on the death of the Insured or on complete surrender or cancellation of this policy) shall be applied at our option against future premiums or to increase future benefits.

### **Limitation on Account Representative or Other Person's Authority**

No account representative or other person except our President, our Secretary or a Vice-President may: (a) make or change any contract of insurance; or (b) change or waive any of the terms of this policy. Any change or waiver must be in writing and signed by our President, Secretary or Vice-President.

### **Statements Made By You Relating to Insurability**

Any statement made by you in the application will be deemed a representation and not a warranty. No such statement made by you which relates to insurability can be used by us to: (a) contest the validity of your policy; or (b) deny an otherwise valid claim, unless the application was signed by you, and a copy of the application has been attached to the policy.

If your policy has been in force for less than six (6) months, we may contest the validity of your policy or deny an otherwise valid claim upon a showing of misrepresentation by you that was material to the acceptance for coverage.

## General Provisions (Continued)

If your policy has been in force for at least six (6) months but less than two (2) years, we may contest the validity of your policy or deny an otherwise valid claim upon a showing of misrepresentation by you that is both material to the acceptance for coverage and which pertains to the condition for which Benefits are sought.

If your policy has been in force for two (2) years or more, we may contest the validity of your policy or deny an otherwise valid claim only upon a showing that you knowingly and intentionally misrepresented relevant facts about your health.

### **Misstatement of Age**

If your date of birth is not correct as shown on your application, an adjustment in premium and/or amounts of coverage may be made, at our option, based on the correct information.

### **Legal Actions**

No legal action may be brought until 60 days after written proof of claim has been given. No such action may be brought after 6 years from the time written proof of claim is required to be given.

### **Termination of Policy**

Your policy will remain in force and will not terminate because of your age or a deterioration in your mental or physical health. Your policy will only terminate if:

1. We receive a written request to cancel the policy (the policy will terminate on the last day of the Policy Month in which such request was received);
2. your Total Lifetime Benefit under the policy, including any increases or decreases due to any change in benefit amounts, is paid;
3. your policy Lapses; or
4. your death.

We will refund any premium paid beyond the policy month in which you die or in which you ask to surrender this policy. The premium refund will be paid to your estate, or to you if you are alive.

### **Conformity With State Statutes**

Any provision in this policy which, on the Effective Date of the Policy, conflicts with the laws of the state in which you reside on that date, is amended to meet the minimum requirements of such laws.

### **Appeals of Eligibility for Benefits or Claims Decisions**

We will review our denial of your eligibility for Benefits or your claim for Benefits, in whole or in part, if you or someone acting for you:

1. make a written request to us for a review of our decision; and
2. send this request to us within 60 days after you receive our denial.

We will, within 60 days of the date we receive your request, review the denial and make a final decision. Our final decision will be in writing, and if a denial, will state our specific reasons.

Copy of application is attached

# Metropolitan Life Insurance Company

A Mutual Company Incorporated in New York State

Metropolitan Life Insurance Company (MetLife) will pay the benefits of this policy according to its provisions.

## Long -Term Care Insurance Policy - Facilities Only

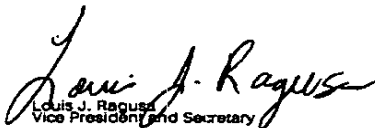
- \* **RENEWABILITY: THIS POLICY IS GUARANTEED RENEWABLE FOR LIFE. PREMIUMS ARE SUBJECT TO CHANGE.** This means you have the right, subject to the terms of your policy, to continue this policy as long as you pay your premiums on time. We cannot change any of the terms of your policy without your consent, except that we may change the premium rates. Any change will apply to all policies in the same class as yours in the state where this policy was issued.
- \* The SCHEDULE OF BENEFITS provided by this policy is shown on page 3.
- \* This policy is not eligible for dividends.

**CAUTION:** We issued this policy on the basis of your responses to the questions on your application. A copy of your application is attached. If your answers are incorrect or untrue, we have the right to deny benefits or rescind your policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact us at this address: Metropolitan Life Insurance Company, P.O. Box 937, Westport, CT 06881-0937.

**NOTICE TO THE BUYER:** This policy may not cover all of the costs associated with long-term care incurred by the Buyer during the period of coverage. The Buyer is advised to review carefully ALL policy limitations.

**THIS POLICY IS INTENDED TO BE A QUALIFIED LONG-TERM CARE INSURANCE CONTRACT UNDER SECTION 7702B(b) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED.**

INSURED	JOHN A. DOE
INITIAL ANNUAL PREMIUM	\$XXX.XX
POLICY NUMBER	SPECIMEN LTC
PLAN	FACILITIES ONLY INSURANCE
PLAN NUMBER	95401



Louis J. Ragusa  
Vice President and Secretary



Robert H. Benmosche  
President and Chief Operating Officer

**30-Day Right to Examine Policy.** Please read this policy carefully. It is a legal contract between you and MetLife. If you are not satisfied for any reason, you may return this policy to us or to the account representative from whom you bought it within 30 days from the date you receive it. If you return it within the 30-day period, this policy will be void from the beginning. We will refund any premium paid.

See Table of Contents on the last page.

Metropolitan Life Insurance Company  
PO Box 937  
Westport, CT 06881-0937

Toll Free Number: 1-888-687-0977

**POLICY SPECIFICATIONS**

Effective Date of Policy	January 1, 1998
Insured's Age	65
Policy Number	Specimen LTC
Plan	Facilities Only Insurance
Rating Class	Standard
Waiting Period	20 Days

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**INSURED**

John A. Doe

**SCHEDULE OF BENEFITS**

TOTAL LIFETIME BENEFIT*	\$182,500
<b>COVERED SERVICES</b>	<b>BENEFIT AMOUNTS*</b>
<b>BASIC SERVICES</b>	<b>DAILY BENEFIT AMOUNT</b>
Nursing Home/Hospice Facility Benefits	Up to \$100/day
Assisted Living Facility Benefits	Up to \$100/day
<b>ADDITIONAL SERVICES</b>	<b>MAXIMUM BENEFIT AMOUNT</b>
Initial Care Advisory Service	Free or Up to \$250/lifetime
Transition Expense Allowance	\$1,500/lifetime
<b>OPTIONAL FEATURES</b>	<b>OPTION SELECTED</b>
<b>NONFORFEITURE COVERAGE</b>	Included or Not Included
<b>INFLATION PROTECTION</b>	Compound Increase or Simple Increase or Optional Increase or

\*The benefit amounts will increase in accordance with the Inflation Protection option you have selected.

**PREMIUM SCHEDULE**

PREMIUMS ARE DUE AND PAYABLE ON THE EFFECTIVE DATE OF POLICY  
AND EVERY XX MONTH(S) THEREAFTER

[ANNUAL, SEMI-ANNUAL, OR MONTHLY] PREMIUM BEFORE DISCOUNT	\$X,XXX
[ANNUAL, SEMI-ANNUAL, OR MONTHLY] PREMIUM LESS SPOUSE DISCOUNT* (IF APPLICABLE)	\$X,XXX

\*SPOUSE DISCOUNT APPLIES AS LONG AS BOTH POLICIES STAY IN FORCE. HOWEVER, IF ONE SPOUSE DIES, DISCOUNT CONTINUES.

## Definitions of Policy Terms

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"**Activities of Daily Living**" ("ADL") means any of the following:

- 1 **Bathing:** Washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
- 2 **Dressing:** Putting on and taking off all items of clothing and any required braces, fasteners, or artificial limbs.
- 3 **Transferring:** Moving into or out of a bed, chair or wheelchair.
- 4 **Toileting:** Getting to and from the toilet, getting on and off the toilet, and performing related personal hygiene.
- 5 **Contenance:** Ability to maintain control of bowel and bladder function; or, when not able to maintain control of bowel or bladder function, the ability to perform related personal hygiene (including caring for catheter or colostomy bag).
- 6 **Eating:** Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.

"**Assisted Living Facility**" means a facility that meets ALL of the following:

- 1 maintains all appropriate licensing required under the laws where it is located to provide Maintenance or Personal Care; and
- 2 provides 24 hours a day Maintenance or Personal Care services sufficient to assist clients with needs which result from the inability to perform Activities of Daily Living or from Severe Cognitive Impairment; and
- 3 has at least 6 clients; and
- 4 uses aides trained or certified to provide Maintenance or Personal Care in accordance with any laws which may apply to the provision of such care; and
- 5 provides 24 hour supervision of clients by a trained and awake staff; and
- 6 has formal arrangements for emergency medical care; and
- 7 maintains written records of services furnished to each client; and
- 8 serves clients 3 meals a day; and
- 9 has appropriate methods and procedures to assist in administering prescribed drugs where allowed by law.

An Assisted Living Facility is not, other than incidentally, a hotel, motel, a place for rest or a place for drug addicts or a coholics. Retirement homes, congregate living, senior housing, or other facilities chiefly intended to provide residential services but not Maintenance or Personal Care do not typically qualify as an Assisted Living Facility. If an institution has more than one license or purpose, only that section of the institution specifically meeting the definition of Assisted Living Facility will qualify as an Assisted Living Facility.

"**Bed Reservation Benefits**" means the Benefits we will pay for charges you incur to reserve a space in a Nursing Home, Hospice, or Assisted Living Facility if, while confined in such institution, you are transferred to a Hospital for acute care on a short term basis.

## Definitions of Policy Terms (Continued)

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"**Benefits**" means the payment by us for a Covered Service.

"**Care Advisor**" means a health care professional from a Care Management Organization.

"**Care Advisory Services**" means any of the following services performed by a Care Advisor:

- assessing long-term care service needs;
- developing a long-term care service plan;
- requisitioning and coordinating long-term care services;
- implementing the long-term care service plan; and
- monitoring and reassessing long-term care services as needed from time to time.

"**Care Management Organization**" means an organization operated and licensed as a Care Management Organization under the laws where it is located; or any other organization that meets ALL of the following:

- provides Care Advisory Services; and
- has a full-time administrator; and
- maintains written records of services performed for each client; and
- has a staff which includes at least 1 Nurse and 1 Social Worker.

"**Chronically Ill**" means:

- you are unable to perform, without substantial assistance from another individual, at least two Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or
- you require substantial supervision to protect you from threats to health and safety due to Severe Cognitive Impairment.

"**Covered Services**" means Qualified Long-Term Care Services that are specifically provided under and subject to the terms of this policy.

"**Custodial Care**" means services provided on an extended basis to a person who is Chronically Ill, which are aimed at maintaining a person's health and/or keeping the person's functional status from getting worse. Custodial Care does not include any transportation or other service which is chiefly for personal convenience or companionship.

"**Daily Benefit Amount**" means the most we will pay for one day of a Basic Service as shown in the SCHEDULE OF BENEFITS on page 3, plus any increase to this amount under the terms of this policy.

"**Designated Care Management Organization**" means a Care Management Organization we choose, to whom we make direct payment for your Initial Care Advisory Service.

"**Formal Caregiver**" means any of the following: a Nurse, Care Advisor, Therapist or Social Worker. Members of the Insured's Immediate Family can not be Formal Caregivers.

## Definitions of Policy Terms (Continued)

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"**Hospice**" means a facility or a unit of a facility that meets federal certification requirements as a Hospice, or is comparably licensed under state laws, to provide care or management of the Terminally Ill.

"**Hospice Care**" means services furnished by a Hospice for the care or management of a Terminal Illness.

"**Hospital**" means a facility that is licensed as a hospital, and provides:

- 1 a broad range of 24 hour a day medical and surgical services for sick and injured persons by, or under the supervision of, a staff of Physicians; and
- 1 Nursing Care 24 hours a day.

"**Immediate Family**" means your spouse, child (natural, step or adopted), parent, sibling, grandchild, or in-law. It also includes anyone who normally lives in your home.

"**Insured**" means the person named on page 3 of this policy.

"**Lapse**" means termination of this policy because of failure to pay premiums.

"**Licensed Health Care Practitioner**" means: a Physician; any registered professional Nurse; a licensed Social Worker, which includes any Social Worker who has been issued a license, certificate, or similar authorization to act as a Social Worker by a state or a body authorized by a state to issue such authorization; or other individual who meets such requirements as may be prescribed by the U.S. Secretary of the Treasury.

"**Maintenance or Personal Care**" means any care with the primary purpose of providing needed assistance with any of the disabilities that result in your being Chronically Ill (including protection from threats to health and safety due to Severe Cognitive Impairment.) Maintenance or Personal Care services may include Custodial Care and needed assistance with ADL's.

"**Medicaid**" means any state medical assistance program under Title XIX of the Social Security Act, as amended.

"**Medicare**" means the Health Insurance for the Aged and Disabled provisions of Title XVIII of the Social Security Act, as amended.

"**Nurse**" means a registered professional Nurse (R.N.), licensed practical Nurse (L.P.N.) or licensed vocational Nurse (L.V.N.) who is licensed in the state in which the services are performed.

"**Nursing Care**" means services: requiring the professional skills of a Nurse; performed by a Nurse; under the orders of a Physician; and to improve or maintain your health.

"**Nursing Home**" means a licensed nursing facility under the laws where it is located; or any other facility that meets ALL of the following:

- 1 has appropriate licensure for a business where it is located, to provide Maintenance or Personal Care; and
- 1 has 24 hours a day Nursing Care; and
- 1 has 24 hours a day Maintenance or Personal Care performed by a trained/certified and awake staff supervised by a Nurse; and
- 1 keeps a written record of services performed for each client; and

## Definitions of Policy Terms (Continued)

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- \* has formal arrangements for emergency medical care; and
- \* services are not limited to provision of food, shelter and other residential services such as laundry; and
- \* is not, other than incidentally, a Hospital (except a distinct part of a Hospital which is a nursing facility), residential facility, hotel, motel, place for rest, home for the aged, sheltered living accommodation, facility for the treatment of mental illness, continuing care retirement community or similar entity, or place for drug addicts or alcoholics.

"**Physician**" means a Physician as defined in section 1861(r)(1) of the Social Security Act, as amended.

"**Plan of Care**" means a written plan prescribed by a Licensed Health Care Practitioner that identifies ways of meeting the Qualified Long-Term Care Service needs of a person who is Chronically III.

"**Policy Anniversaries**", "**Policy Years**" and "**Policy Months**" means dates measured from the Effective Date of the Policy. For example, if the Effective Date of the Policy is May 1, 2001, the first Policy Anniversary is May 1, 2002; the first Policy Year ends April 30, 2002; and the Policy Month starts on the first day of each Policy Month, e.g. May 1, 2001.

"**Qualified Long-Term Care Services**" means necessary diagnostic, preventative, therapeutic, curing, treating, mitigating and rehabilitative services, and maintenance or personal care services which: (a) are required by a Chronically III individual; and (b) are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

"**Representative**" means the person named by you or by a court of law to represent you.

"**Severe Cognitive Impairment**" means a deterioration or loss in intellectual capacity that places a person in jeopardy of harming self or others and, therefore, the person requires substantial supervision by another individual. Deterioration or loss must be 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.

"**Social Worker**" means a licensed Social Worker, including any Social Worker who has a license, certificate or similar permit to act as a Social Worker from a state or a body authorized by a state to issue such permits, or a person with a Masters in Social Work from an accredited university.

"**Terminal Illness**" or "**Terminally III**" means an illness or injury which a Physician states is likely to result in a person's death within 6 months.

"**Therapist**" means a person who has a license or appropriate professional certificate to provide Therapy Services in the jurisdiction in which services are being provided.

"**Therapy Services**" means physical, respiratory, speech, or occupational Therapy Services rendered by a Therapist.

"**Total Lifetime Benefit**" means the most we will pay under this policy during your lifetime for charges you incur for Covered Services, not including Benefits for the Initial Care Advisory Service. This amount is shown in the SCHEDULE OF BENEFITS on page 3 and will change if your Daily Benefit Amounts are changed.

"**We**," "**us**" and "**our**" mean Metropolitan Life Insurance Company (MetLife).

"**You**" and "**your**" mean the Insured named on page 3 of this policy.



## Eligibility for Benefits

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### Initial Eligibility

You or someone acting for you must call the toll-free number shown on page 3 to request that we determine whether you are eligible for Benefits.

You will be eligible for Benefits only if we are given proof, satisfactory to us, that: (1) you are Chronically Ill; and (2) a Licensed Health Care Practitioner has certified in writing, within the last 12 months, that you are Chronically Ill. In order to receive Benefits, you must also complete a Waiting Period as described below.

Chronically Ill means you are unable to perform, without substantial assistance from another individual, at least two Activities of Daily Living ("ADL") for a period of at least 90 days due to a loss of functional capacity; or you require substantial supervision to protect you from threats to health and safety due to Severe Cognitive Impairment.

To help us determine if you are eligible for benefits, we may require that:

1. we or a person we name contact you, your Representative, your Physician or other persons familiar with your condition; and
2. you provide us or a person we name with access to your medical records to obtain information about your condition (we may not be able to determine your eligibility for Benefits if we do not have access to these records); and
3. you be examined, at our expense, by a healthcare provider and an on-site assessment be conducted.

### Continuing Eligibility

To continue to be eligible for Benefits, you must submit proof satisfactory to us, that: (1) you continue to be Chronically Ill; and (2) a Licensed Health Care Practitioner has certified in writing, at least once in the past 12 months, that you are Chronically Ill.

### Notice of Eligibility or Denial

We will send written notice as to whether you are eligible for Benefits as soon as reasonably possible, but no later than 10 working days after we have received all the information we need to assess your condition. If we deny your eligibility, you may ask us to more fully explain our denial. Within 60 days of the date we receive such a written request, we will send you a written explanation of the reasons for the denial; and make available all information directly relating to such denial. You may appeal our denial as indicated in the "Appeals of Eligibility for Benefits or Claims Decisions" section on page 17.

## Waiting Period

"Waiting Period" is the number of days after the Effective Date of this Policy during which you are both Chronically Ill and receive Basic Services before you can receive Benefits. These days need not be consecutive. The Waiting Period for this policy is shown in the SCHEDULE OF BENEFITS on page 3. Except as stated below, Benefits will not be paid for Covered Services you receive during the Waiting Period.

No Waiting Period is required for Benefits for the Initial Care Advisory Service. Receipt of this service does not count toward the Waiting Period.

## Waiting Period (Continued)

You have only to complete one Waiting Period in your lifetime. If you cease to be Chronically Ill, or cease to receive Basic Services before you complete the Waiting Period, we will credit the portion of the Waiting Period you did complete to a future claim.

Once you complete the Waiting Period, you will be eligible to receive the Transition Expense Allowance for expenses for Qualified Long-Term Care Services received during the Waiting Period.

## Covered Services

We will pay for Covered Services only if:

1. They are Qualified Long-Term Care Services; and
2. They are received after the Effective Date of this Policy; and
3. They are received after completing any required Waiting Period; and
4. You are eligible for Benefits; and
5. The Total Lifetime Benefit has not been paid.

However, Covered Services shall not include any service or supply which is primarily for personal convenience or companionship.

There are two types of Covered Services under this policy: Basic Services and Additional Services.

## Covered Services - Basic Services

### Basic Services

On any day you may receive one or more Covered Services-Basic Services: in a Nursing Home/Hospice facility and in an Assisted Living Facility. The most we will pay for that day will be the Nursing Home/Hospice Facility Daily Benefit Amount shown in the SCHEDULE OF BENEFITS on page 3.

### Nursing Home and Hospice Facility Benefits

We will pay up to the Daily Benefit Amount shown for Nursing Home/Hospice Facility in the SCHEDULE OF BENEFITS on page 3, for charges you incur for the following Covered Services received on any day in a Nursing Home or Hospice facility:

1. Room and board; and
2. Nursing Care, Maintenance or Personal Care, Therapy Services, and Hospice Care from a Formal Caregiver; and
3. Bed Reservation Benefits up to 21 days per Policy Year. The amount we will pay for the Bed Reservation Benefits will not be more than the Benefits we would have paid if you had been confined in the Nursing Home or Hospice facility on those days.

## Covered Services - Basic Services (Continued)

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### Assisted Living Facility Benefits

We will pay up to the Daily Benefit Amount shown for Assisted Living Facility in the SCHEDULE OF BENEFITS on page 3, for charges you incur for the following Covered Services received on any day in an Assisted Living Facility:

1. Room and board; and
2. Nursing Care, Maintenance or Personal Care, and Therapy Services from a Formal Caregiver; and
3. Bed Reservation Benefits up to 21 days per Policy Year. The amount we will pay for the Bed Reservation Benefits will not be more than the Benefits we would have paid if you had been confined in the Assisted Living Facility on those days.

## Covered Services - Additional Services

### Additional Services

Covered Services - Additional Services may be received on the same day as Covered Services - Basic Services, without affecting the Daily Benefit Amount. The maximum we will pay for covered Additional Services is shown in the SCHEDULE OF BENEFITS on page 3.

### Initial Care Advisory Service

You can receive, at no extra charge to you, one Initial Care Advisory Service from a Designated Care Management Organization by calling the toll-free number shown on page 3. If you choose not to use a Designated Care Management Organization, you may select a Care Management Organization to conduct one Initial Care Advisory Service and we will pay as a Covered Service charges you incur up to the Maximum Benefit Amount shown for Initial Care Advisory Service in the SCHEDULE OF BENEFITS on page 3. Payment of these Benefits will not reduce your Total Lifetime Benefit shown on page 3. You do not need to complete the Waiting Period for these Benefits.

### Transition Expense Allowance

After you have completed the Waiting Period we will pay up to the Maximum Benefit Amount shown for Transition Expense Allowance in the SCHEDULE OF BENEFITS on page 3, for charges you incur for Qualified Long-Term Care Services during or after the Waiting Period, if the expense was incurred on a day you were eligible for Benefits.

## Nonforfeiture Coverage

(available only if included in the SCHEDULE OF BENEFITS at issue)

### How to Qualify

If premiums for this policy have been paid for at least 3 years and your policy ends because of nonpayment of premiums or your written request to cancel the policy, you will receive Nonforfeiture Coverage.

### When it Begins

Nonforfeiture Coverage takes effect on the Nonforfeiture Date. Nonforfeiture Date means the 1st day after the end of the period covered by your last paid premium. Once you receive Nonforfeiture Coverage, you cannot change your benefit amounts.

## Nonforfeiture Coverage (Continued)

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**Level of Coverage**

The same Benefits as those payable while the policy is in full force will be payable under Nonforfeiture Coverage except that the Total Lifetime Benefit will be the greater of: (a) the sum of all premiums as defined below; or (b) 30 times the Daily Benefit Amount for Nursing Home/Hospice facility in effect immediately prior to the Nonforfeiture Date. The total Benefits paid prior to and after the Nonforfeiture Date will not be more than the Total Lifetime Benefit in effect immediately prior to the Nonforfeiture Date.

Premiums include all premiums paid for this policy or waived under its terms.

### Inflation Protection

There are three Inflation Protection options available to you. The option you chose is shown in the SCHEDULE OF BENEFITS on page 3.

The following increases are made without regard to your age, claim status, claim history, health, or the length of time you have been covered under this policy. However, no increase will be made while Nonforfeiture Coverage is in effect under the policy

**Compound Increase**

If this Inflation Protection option is shown in the SCHEDULE OF BENEFITS on page 3: your benefit amounts will automatically increase each year with no corresponding increase in premium. The amounts of the increases are equal to 5% of the benefit amounts in the prior Policy Year. If you have received any Benefits under this policy, then with regard to the Total Lifetime Benefit and Transition Expense Allowance benefit amounts, the 5% increase will be applied to their remaining portions. The benefit amount increases will occur on each Policy Anniversary for the lifetime of your policy, even when you are receiving Benefits.

**Simple Increase**

If this Inflation Protection option is shown in the SCHEDULE OF BENEFITS on page 3: your benefit amounts will automatically increase each year with no corresponding increase in premium. The amounts of the increases are equal to 5% of the benefit amounts shown in the SCHEDULE OF BENEFITS on page 3. If you have received any Benefits under this policy, then with regard to the Total Lifetime Benefit and Transition Expense Allowance benefit amounts, the actual percentage increase in your Nursing Home/Hospice facility Daily Benefit Amount from your prior Policy Year will be applied to their remaining portions. The benefit amount increases will occur on each Policy Anniversary for the lifetime of your policy, even when you are receiving Benefits.

**Optional Increase**

If this Inflation Protection option is shown in the SCHEDULE OF BENEFITS on page 3: we will offer you an inflation protection Optional Increase as of each Policy Anniversary, but only if you accepted our offer for an inflation protection Optional Increase at least once during the last two consecutive times this offer was made to you. If you accept this offer and we receive your acceptance within the time specified in the offer, your benefit amounts will increase on the Policy Anniversary after the offer was made. The amount of the increases are equal to 5% of the benefit amounts in the prior Policy Year. If you have received any Benefits under this policy, then with regard to the Total Lifetime Benefit and Transition Expense Allowance benefit amounts, the 5% increase will be applied to their remaining portions.

The extra premium for the inflation protection Optional Increase will be based on your age and the premium rates at the time the increase takes effect. We will send you a written notice of the increase in benefit amounts and their effective date.

## Changing Benefit Amounts

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While you are insured, you may change benefit amounts so long as Nonforfeiture Coverage is not in effect for you. As stated in the premiums section of this policy, a change in benefit amounts may change the amount of policy premium.

We will send you a written notice of any change in benefit amounts and the date it takes effect. If we deny a benefit amount change, we will send you a form which tells you how to appeal our denial.

### **Benefit Increase With Proof of Good Health**

You may, at any time, ask for an increase in your benefit amounts in writing or by calling our toll-free telephone number shown on page 3. We will approve the request only if you provide us, at your expense, proof satisfactory to us of your good health. Increases in amounts are subject to limits in effect at the time of your request. If you have received any Benefits under this policy, then with regard to the Total Lifetime Benefit and Transition Expense Allowance benefit amounts, the percentage increase in your benefit amounts will be applied to their remaining portions.

The extra premium for this benefit increase will be based on your age, the premium rates, and your rating class at the time the increase takes effect.

The increase will take effect on the first day of the Policy Month, starting with or next following the date we approve the request. We will send you a written notice of the increase in benefit amounts, the effective date and the amount of premium due.

### **Benefit Decreases**

You may, at any time, request a decrease in your benefit amounts in writing or by calling our toll-free telephone number shown on page 3. Decreases in amounts are subject to limits which apply at the time of the request. If you have received any Benefits under this policy, then with regard to the Total Lifetime Benefit and Transition Expense Allowance benefit amounts, the percentage decrease in your benefit amounts will be applied to the remaining portions.

The decrease will take effect on the day we receive the request if it is the 1st day of a Policy Month; if not, on the 1st day of the Policy Month following the date we received your request. Any premium overpayment will be applied toward any future premiums due.

## Extension of Benefits

If as of the date your policy Lapses or as of the date we receive a written request to cancel, you are Chronically Ill and are confined in a Nursing Home/Hospice facility or Assisted Living Facility, we will extend the payment of Benefits for Covered Services received in those facilities so long as, without interruption, you remain Chronically Ill and confined. Subject to the Waiting Period and the terms of this policy, Benefits will be extended only until the first of the date:

1. you are no longer Chronically Ill; or
2. you are no longer confined in the Nursing Home/Hospice facility or Assisted Living Facility; or
3. the Total Lifetime Benefit has been paid.

## Limitations and Exclusions

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### What is not Covered Under This Policy

No payment will be made for any of the following:

1. Treatment of alcoholism or drug addiction, unless such drug(s) was taken on the advice of a Physician.
2. Any care received while in a Hospital, except in a unit specifically designated as a Nursing Home or Hospice.
3. Any injury or sickness that results from:
  - a. any war, or warlike action in time of peace; or
  - b. participation in a felony, riot or insurrection; or
  - c. aviation, except for fare paying passengers.
4. Any intentionally self-inflicted injury.
5. Care received outside the United States or its territories.
6. Services performed by a member of the Insured's Immediate Family.
7. Any service or supply to the extent the expense for it is reimbursable under Medicare, or would be reimbursable but for the application of a deductible, coinsurance or co-payment amount. This exclusion will not apply where Medicare is the secondary payer under applicable law.
8. Treatment received in a government facility (unless otherwise required by law); services for which benefits are available under a government program (except Medicaid); or services for which no charge is normally made in the absence of insurance.

## Premiums

### Premium Payment

The premium is due and payable on the premium due dates shown in the SCHEDULE OF BENEFITS on page 3. The premium must be paid in U.S. currency.

You may change the frequency of payment with our approval.

The amount of the premium for your initial coverage is based on your age and rating class as of the Effective Date of the Policy as shown in the SCHEDULE OF BENEFITS on page 3.

We reserve the right to change premium rates on a class basis. The premium will not increase because you get older or your health changes. Your premiums will change if we change your benefit amounts as a result of your request, including any Inflation Protection Optional Increase.

## Premiums (Continued)

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If you have the Compound Increase or Simple Increase Inflation Protection options, the premium is not expected to increase as a result of benefit amount increases. We reserve the right to adjust premium rates, on a class basis, for those who choose these Inflation Protection options.

Premiums will increase for each: (a) inflation protection Optional Increase or (b) increase in benefit amount approved by us with proof of your good health.

The premium will decrease as of the effective date of any decrease in your benefit amounts. The amount of the reduction will be computed assuming that the benefit amounts purchased last are discontinued first.

### Grace Period

You have a grace period of 30 days to pay each premium due after the first premium. If the premium is not paid within the grace period, we will send a written notice of Lapse of the policy to you and to any person named to receive such notice at the addresses given to us. You have 35 days after we have mailed this notice to pay the premium. The policy will stay in force during this time unless we receive a written request from you to cancel the policy. If we do not receive the premium within 35 days of mailing the notice, the policy will then Lapse.

If a claim is payable for services incurred prior to Lapse, any unpaid premiums due will be deducted from the claim payment.

You have the right to name a person to receive notice of Lapse at the same time we send such notice to you. The person so named will not be responsible for payment of the premium.

You are responsible to inform us of any change in the person named. We will inform you of your right to change the person named ( at least once every two years).

### Waiver of Premiums

We will waive your premium starting on the first day of the Policy Month which starts on or follows the later of the day you: become eligible for Benefits; and complete the Waiting Period. You must resume payment of your premium starting on the first day of the Policy Month which starts on or follows the month in which you are no longer eligible for Benefits. Any advance premium payment will be applied to future premiums.

### Reinstatement

If your policy Lapses, we will reinstate your policy back to the date it ended, if within 12 months of that date you or someone acting for you:

1. request reinstatement; and
2. submit proof of good health, acceptable to us, at your expense; and
3. pay all past due premiums to us.

If we reinstate your policy, your premium will be what it would have been had your coverage not been interrupted.

## Premiums (Continued)

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### Reinstatement for Cognitive Impairment or Loss of Functional Capacity

If your policy Lapses, we will reinstate your policy back to the date it ended, without proof of your good health, if within 5 months of that date, you or someone acting for you:

1. request reinstatement; and
2. submit proof acceptable to us that you suffered a cognitive impairment or loss of functional capacity at the time your policy Lapsed; and
3. you pay all past due premiums to us.

The standard of proof we will use will be no more restrictive than that described under "Eligibility for Benefits" on page 8.

If we reinstate your policy, your premium will be what it would have been had your coverage not been interrupted.

## Claims

### Written Notice of Claim

Once we have determined that you are eligible for Benefits (see "Eligibility for Benefits" on page 8), you may submit claims. We will pay Benefits only upon receipt of written proof satisfactory to us that you have incurred charges for Covered Services.

You must submit written proof of claim to us, at the address stated on the claim form we provide you, no later than 90 days after the end of the calendar year in which the charges were incurred. Failure to submit proof of claim within this time limit will result in a claim denial unless it is shown that:

1. it was not reasonably possible to provide proof of claim within the time period; and
2. proof of claim was submitted as soon as reasonably possible.

### Proof of Claim

To help us determine whether you have incurred charges for Covered Services:

1. we or a person we name may contact you, your Representative, your Physician or other persons familiar with the services you received; and
2. you may need to provide us, or a person we name, with access to your medical records to obtain information about your condition or the services you received (we may not be able to approve a claim for Benefits if we do not have access to these records); and
3. we have the right to have you examined, at our expense, by a healthcare provider and to conduct an on-site assessment; and
4. we have the right to require you to submit to us your Explanation(s) of Benefits from Medicare or records from any other source from whom you may have received reimbursement for the same Covered Service.



## Claims (Continued)

### Approval or Denial of Claim

We will send you a written notice of our decision to approve or deny a claim as soon as reasonably possible. In no event will we send this notice later than 10 working days after we have received all the information we need to assess your claim.

If we deny your claim for Benefits, in whole or in part, you or someone acting for you may ask us to more fully explain our denial. Within 60 days of the date we receive such a written request: (a) we will provide a written explanation of the reasons for the denial; and (b) make available all information directly relating to such denial.

You or someone acting for you may appeal our denial of your claim by following the instructions in the "Appeals of Eligibility for Benefits or Claims Decisions" section on page 17.

### Payment of Claims

If we approve your claim, we will pay the Benefits under the terms of this policy. All Benefits will be paid to you unless they are assigned. Any Benefits or premium refund unpaid at your death will be paid to your estate unless assigned. If such Benefits are not more than \$1,000, we may pay them to anyone related to you by blood or marriage whom we find entitled to payment. Any payment made by us in good faith will fully discharge us to the extent of the payment.

## General Provisions

### The Contract

This policy, with any riders, endorsements and written application attached, make up the entire contract.

### Assignment;

The policy has no cash surrender value or other money that can be paid, assigned, borrowed, or pledged as collateral for a loan.

### No Cash Value; Premium Refunds

The Benefits payable under the policy may not be assigned prior to a loss.

Any refund of premiums, (except refunds on the death of the Insured or on complete surrender or cancellation of this policy) shall be applied at our option against future premiums or to increase future benefits.

### Limitation on Account Representative or Other Person's Authority

No account representative or other person except our President, our Secretary or a Vice-President may: (a) make or change any contract of insurance; or (b) change or waive any of the terms of this policy. Any change or waiver must be in writing and signed by our President, Secretary or Vice-President.

### Statements Made by You Relating to Insurability

Any statement made by you in the application will be deemed a representation and not a warranty. No such statement made by you which relates to insurability can be used by us to: (a) contest the validity of your policy; or (b) deny an otherwise valid claim, unless the application was signed by you, and a copy of the application has been attached to the policy.

If your policy has been in force for less than six (6) months, we may contest the validity of your policy or deny an otherwise valid claim upon a showing of misrepresentation by you that was material to the acceptance for coverage.

## General Provisions (Continued)

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If your policy has been in force for at least six (6) months but less than two (2) years, we may contest the validity of your policy or deny an otherwise valid claim upon a showing of misrepresentation by you that is both material to the acceptance for coverage and which pertains to the condition for which Benefits are sought.

If your policy has been in force for two (2) years or more, we may contest the validity of your policy or deny an otherwise valid claim only upon a showing that you knowingly and intentionally misrepresented relevant facts about your health.

### **Misstatement of Age**

If your date of birth is not correct as shown on your application, an adjustment in premium and/or amounts of coverage may be made, at our option, based on the correct information.

### **Legal Actions**

No legal action may be brought until 60 days after written proof of claim has been given. No such action may be brought after 6 years from the time written proof of claim is required to be given.

### **Termination of Policy**

Your policy will remain in force and will not terminate because of your age or a deterioration in your mental or physical health. Your policy will only terminate if:

1. We receive a written request to cancel the policy (the policy will terminate on the last day of the Policy Month in which such request was received);
2. your Total Lifetime Benefit under the policy, including any increases or decreases due to any change in benefit amounts, is paid;
3. your policy Lapses; or
4. your death.

We will refund any premium paid beyond the policy month in which you die or in which you ask to surrender this policy. The premium refund will be paid to your estate, or to you if you are alive.

### **Conformity With State Statutes**

Any provision in this policy which, on the Effective Date of the Policy, conflicts with the laws of the state in which you reside on that date, is amended to meet the minimum requirements of such laws.

### **Appeals of Eligibility for Benefits or Claims Decisions**

We will review our denial of your eligibility for Benefits or your claim for Benefits, in whole or in part, if you or someone acting for you:

1. make a written request to us for a review of our decision; and
2. send this request to us within 60 days after you receive our denial.

We will, within 60 days of the date we receive your request, review the denial and make a final decision. Our final decision will be in writing, and if a denial, will state our specific reasons.

Copy of application is attached



[DATE]

[First Name][Last Name]

[Address]

[Address2]

[City, State, Zip]

**Re: Notice of Long Term Care Insurance Premium Adjustment for Policy [#####]**

Dear [First Name][Last Name]:

When you purchased your long term care insurance policy from MetLife, you made a responsible decision to protect yourself and your family from the potential cost of needing long term care, which can be significant. Part of our commitment to you as our customer is to pay future benefits under your policy in the event you become eligible to receive them. As such, it is critical that policies are priced at an appropriate level.

I am sending you this letter to inform you that we are implementing a [58%] premium increase on your long term care insurance policy which was issued in [STATE]. This premium increase will affect a broad group of policyholders and is not based on any individual's personal factors such as age, health status or claims history. We understand how important your long term care insurance policy is to your personal financial plan. The decision to implement a premium increase was a difficult one and not taken lightly.

Please note that while a larger increase was justified and could have been requested, MetLife requested a 58% increase and received approval (note that some states may use a different term for approval) from [STATE DOI] for the [XX]% increase on your policy indicated above. It is important that you be aware that as explained in the renewability statement on the first page of your policy and subject to any applicable regulatory approval, **MetLife has the right to increase rates in the future.** As you consider your options, please see the section at the end of this letter for details about MetLife's Long-Term Care Inforce Rate Increase History.

This letter explains the change to your premium, which is scheduled to take place on the date indicated below which coincides with a premium bill due date. [Should you prefer to reduce your policy benefits rather than pay an increased premium, we are providing you with an option (or options) to consider.]

**Your current and new premium amount**

The premium amount for your MetLife Long Term Care Insurance policy is scheduled to increase as follows, on the date indicated below:

**Current Premium Amount**

[\$0.00]/[mode]

**New Premium Amount beginning on [COMPLETE DATE]**

[\$0.00]/[mode]

[Please note that if you are on waiver of premium at the time the increase becomes effective, there will be no impact to your coverage or premiums unless and until your premium payments resume.]

**Options to consider**

[Please note that the current coverage and premium information provided in this letter is as of [DATE]. This may not reflect any coverage changes that have occurred or are scheduled to occur between this date and the effective date of your increase. ]

**1. Continue your current coverage by paying the new premium amount when due.**

No additional action is required by you.

**2. Reduce your coverage:**

- **Reduce your Daily Benefit Amount from [\$\$\$] to [\$\$\$].** This will bring you to a revised premium of approximately [\$\$\$]/[mode].
- **Reduce your Benefit Duration from [years] to [years].** This will bring you to a revised premium of approximately [\$\$\$]/[mode].

(Please note that these benefit durations do not reflect claims paid or payable}. In addition, if you currently qualify for the paid-up survivorship feature of this policy, or if you have purchased the shared care rider, both policyholders must maintain identical coverage for either of these to remain in effect.)

**3. Cancel your coverage:**

**[Insert for insureds with no nonforfeiture feature:**

If your coverage lapses due to cancellation or nonpayment of premium within 120 days following the first due date of the increased premium, you will be issued a Limited Coverage Upon Lapse Following Premium Increase Endorsement (“LCUL”) which provides limited coverage as described below. *(Please note that this limited coverage does not provide the same level of coverage you currently have.)* Under LCUL, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse; **or** 30 times the Nursing Home Daily Benefit Amount in effect immediately prior to your date of lapse. However, if you have already received benefit payments under your policy, please note that the reduced Total Lifetime Benefit payable under LCUL as described above will not exceed the remaining Total Lifetime Benefit of your policy immediately prior to your date of lapse. Once LCUL goes into effect, your policy will be considered “paid-up” with no further premiums due, and you will no longer receive increases under any inflation option. ]

**[Insert for insureds with no nonforfeiture feature (applies to insureds with CBUL):**

If your coverage lapses due to cancellation or nonpayment of premium within 120 days following the first due date of the increased premium, you will be issued a Limited Coverage Upon Lapse Following Premium Increase Endorsement (“LCUL”) which provides limited coverage as described below. *(Please note that this limited coverage does not provide the same level of coverage you currently have.)* Under LCUL, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse; **or** 30 times the Nursing Home Daily Benefit Amount in effect immediately prior to your date of lapse. However, if you have already received benefit payments under your policy, please note that the reduced Total Lifetime Benefit payable under LCUL as described above will not exceed the remaining Total Lifetime Benefit of your policy immediately prior to your date of lapse. Once LCUL goes into effect, your policy will be considered “paid-up” with no further premiums due, and you will no longer receive increases under any inflation option.

Note: For policyholders who are eligible for and meet the requirements for payment of benefits under the Contingent Benefit Upon Lapse Nonforfeiture Feature (“CBUL”) as a result of this rate increase, we will instead provide coverage under LCUL, which provides a benefit that is equal to the benefit payable under CBUL. We will not pay benefits under both CBUL and LCUL. ]

**[Insert for letters to insureds who have an existing NF benefit:**

Our records indicate your policy includes a nonforfeiture feature providing for reduced or limited coverage in the event that your policy lapses due to cancellation or nonpayment of premium. Please refer to your policy for additional information. If you elect to cancel your coverage you are eligible for the limited coverage as described in your policy under the nonforfeiture feature. *(Please note that this limited coverage is not intended to replace coverage you currently have.)*]]

**4. Call your producer or the customer service team at (888) 285-8140** between the hours of 8:30 a.m. and 6:30 p.m. Eastern Time, Monday through Friday, to discuss other available options.

#### **Next Steps**

- If you choose to maintain your current coverage at the new premium, you do not need to take any action at this time. Simply pay your new premium when it becomes due.
- As you consider any coverage changes, it is important that you review the current costs of long term care in your area. We have enclosed information to help you with this process.
- If you choose to decrease your coverage, please complete the enclosed Coverage Change Form and return to us in the enclosed postage-paid envelope. We will need to receive your form by [COMPLETE DATE] to ensure that changes take effect on the date coinciding with the premium increase.

Please note that any changes in your coverage between now and the date when the new premium goes into effect may be calculated at the new rates. Please call customer service at the number listed above for more details. We want to thank you for choosing MetLife for your long term care insurance needs.

Sincerely,



Jodi Anatole  
Vice President, Long-Term Care  
Encl: [Coverage Change Form, Cost of Care Chart, Business Reply Envelope]

## MetLife's Long-Term Care Inforce Rate Increase History

MetLife has ceased marketing its individual and group Long-Term Care products. Please be advised that with respect to premium rates for existing policyholders, MetLife has or is about to raise rates on the LTC policy series noted below.

Policy Type	Individual Policy Series*	Years Available	Years Increase Began	Percentage of Increase
Individual LTC	1LTC-97, 2LTC-97	1997 – 2001	2009 2013	0-18% 0-58%
Individual LTC	LTC-VAL, LTC-IDEAL, LTC-PREM, LTC-FAC	2002-2006	2009 2013	0-42% 0-58%
Individual LTC	LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC	2005-2011	2013	0-58%
Individual LTC	LTC2007	2008-2010	2013	0-58%
Individual LTC	LTC-TIAA-02	1991-2001	2012	0-41%
Individual LTC	LTC-TIAA-03	1992-2003	2012	0-41%
Individual LTC	LTC-TCLI-O4	2000-2004	2012	0-41%
Group LTC	G.LTC197	1998 – 2003**	2012	0-45%
Group LTC	GPNP99-LTC	2000 – 2010***	2012	0-45%

\*Please note some policy forms may be followed by a state abbreviation or a state abbreviation and an ML.

\*\*While the group policy stopped being offered to group policyholders in the year noted, certificates under the group policy continued to be issued through 12/31/12.

\*\*\*While the group policy stopped being offered to group policyholders in the year noted, certificates under the group policy continued to be issued through 6/31/11.