

LONG-TERM CARE INSURANCE APPROVED POLICIES IN WISCONSIN

September 2010

This booklet provides a brief description of long-term care and a list of companies currently offering long-term care insurance policies in Wisconsin.



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1-800-242-1060

The Medigap Helpline is a statewide toll-free number set up by the Wisconsin Board on Aging and Long Term Care to answer questions about health insurance and other health care benefits for the elderly. It has no connection with any insurance company.

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State of Wisconsin
Office of the Commissioner of Insurance
P.O. Box 7873
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INTRODUCTION TO LONG-TERM CARE

In general, the phrase “long-term care” refers to a broad range of services you may need for an extended period of time because of a chronic illness or disability. It usually does not include the type of care you receive on a short-term basis following a hospitalization or an acute illness.

Whether you require long-term care depends on your level of disability. The chances of needing long-term care usually increase as you age, but long-term care may be needed at any age.

It is important to recognize that at some time in your life you may require long-term care services. Therefore, you should think about how to pay for this care.

The costs for long-term care vary depending on the service. For example, in 2008, the average cost for a day in a nursing home in Wisconsin was approximately \$190*. Home health care can also be costly. A home health visit by a registered nurse can cost approximately \$100, depending on the length of the visit. Home health aide personal care services provided by a home health agency can cost \$50 to \$60 per hour.

Other types of long-term care services can also be expensive if they are provided frequently or for a long period of time.

PAYING FOR LONG-TERM CARE

Private Individuals

Most long-term care is paid for by those individuals receiving the care or by their families. Other sources of payment include Medicaid (Medical Assistance), Medicare, veterans’ payments, and private insurance. Many individuals who require extensive long-term care eventually “spend-down” their savings and other resources and become eligible for Medicaid.

Medicare

Medicare is the federal program that helps pay hospital and medical costs for those who are 65 or older and some disabled persons. **It provides very limited coverage for short periods of time for nursing home and home health care but does not cover any long-term care services for extended periods of time.**

Nursing Home Care

If a nursing home stay is approved by Medicare, then Medicare pays in full for up to 20 days of skilled nursing care in a skilled nursing facility approved by

* U.S. Department of Health and Human Services Services.

Medicare. However, Medicare will pay for your nursing home stay only if it follows a hospitalization of at least three days and you enter a Medicare-certified nursing home within 30 days after hospital discharge. From the 21st to the 100th day, Medicare pays part of the cost if the stay is still approved by Medicare. Medicare pays **nothing** beyond the 100th day. **Very few nursing home stays are covered by Medicare.** This is both because many nursing homes do not participate in the Medicare program and because Medicare defines "skilled care" in a very restrictive way.

Home Health Care

Medicare covers only those home health care visits **that Medicare considers to be medically necessary.** Medically necessary care is defined quite narrowly and you must meet certain other criteria before Medicare will pay for the care. For example:

- The care must include part-time skilled nursing care, physical therapy, or speech therapy;
- The recipient must be **confined** to home;
- The doctor must set up a home health plan; and
- The agency providing services must participate in Medicare.

Many home health care visits do not meet Medicare's definition of medically necessary care. Therefore, Medicare will not pay for them.

Medicaid

Medicaid, also known as Medical Assistance or Title XIX, is a government health care program paid for by state and federal governments. To be eligible for Medicaid:

- You must be 65 or over, or disabled, or in a family with dependent children;
- and**
- You must have low income and few assets; or
 - You must be paying so much money for health care that you have very little income left.

If you are eligible, Medicaid will pay for most health care costs, including nursing home and community-based care.

Nursing Home Care

Medicaid is a major source of payment for nursing home care. About 64% of all nursing home residents in Wisconsin receive help with their nursing home costs. To qualify for Medicaid nursing home benefits, you must require medical, nursing, and/or therapeutic care on a daily basis and be under a doctor's plan of treatment. Even if you become eligible for Medicaid, most of your income must be used to pay nursing home bills, with Medicaid paying remaining costs.*

When first admitted, many residents of nursing homes are able to pay for their care themselves. Over the course of a long nursing home stay, many people use most of their savings to pay for their care and then become eligible for Medicaid.

Home Health Care

Medicaid may pay for services you receive in your home. However, you must be under a doctor's plan of care, have medical needs that can be met in your own home, and receive services from a home health care agency certified by Medicaid.

Personal Care

Medicaid also pays for personal care, such as assistance with bathing, dressing, eating, or getting in and out of bed. To be paid by Medicaid, you must be under a doctor's plan of care and you must receive services from a personal care agency certified by Medicaid. You may also be eligible for a limited amount of necessary household help, such as grocery shopping, meal preparation, or laundry.

Community Options Program

In Wisconsin, the Community Options Program (COP) provides community-based long-term care services to some individuals who would otherwise need nursing home care. If you qualify based on limited income and assets, all or part of the cost of the care can be paid by a special state funding program or, in some cases, Medicaid. The COP offers a wide range of services including personal care, respite care, adult day care, transportation, and even necessary help with household chores. Information on eligibility for the COP may be obtained from your county or tribal aging office (www.dhs.wisconsin.gov/aging/contacts/COAGOF.HTM).

* Wisconsin Department of Health Services.

SPOUSAL IMPOVERISHMENT PROTECTIONS

The special provisions in Medicaid law give married people some financial protection when one of them enters a nursing home or becomes a participant in a community waiver program. Community waiver programs, such as the Community Options Program (COP Waiver) or Community Integration Programs (CIP), provide a home care alternative to a nursing home. You may obtain more information on-line at www.dhs.wisconsin.gov/medicaid/Publications/p-10063.htm or by contacting your county or tribal aging office (www.dhs.wisconsin.gov/aging/contacts/COAGOF.HTM).

Estate Recovery Program

Wisconsin has an estate recovery program through which the state seeks repayment of Medicaid payments for care received while the recipient resided in a nursing home. The program also seeks recovery of certain noninstitutional Medicaid benefits for recipients over age 55. The recovery is made from the estate of a recipient or the estate of the recipient's spouse. An estate includes all assets owned by an individual at the time of death.

More information about the Estate Recovery Program is available from your county or tribal aging office (www.dhs.wisconsin.gov/aging/contacts/COAGOF.HTM).

Medicare Supplement Insurance

Medicare supplement insurance policies do not provide coverage for long-term care. They are designed to supplement Medicare and provide very limited coverage for nursing home and home health care.

For more information on the benefits included in Medicare supplement insurance policies, consult the booklet, *Wisconsin Guide to Health Insurance for People with Medicare* which is available from the Office of the Commissioner of Insurance.

Long-Term Care, Nursing Home, and Home Health Care Insurance Policies

There are three types of insurance policies sold in Wisconsin to cover long-term care expenses. They are:

1. Long-Term Care Insurance Policies

These policies cover both institutional (nursing home or other facility) care and care in the community (home health care or other community-based services).

2 Nursing Home Insurance Policies

These policies cover **only** institutional care, such as in a nursing home. These policies may or may not cover care in an assisted living facility.

3 Home Health Care Insurance Policies

These policies cover **only** community care, such as home health care. These policies may or may not cover other community-based services, such as adult day care.

NOTE

Only those policies that provide coverage for both institutional and community-based care may be advertised or sold as long-term care insurance policies.

Information on long-term care insurance policies is explained in the booklet, [Guide to Long-Term Care](#), which is available from the Office of the Commissioner of Insurance. This guide has been prepared by the Wisconsin Office of the Commissioner of Insurance and must be given to all prospective buyers of long-term care insurance at the time of solicitation.

WISCONSIN MINIMUM STANDARDS FOR POLICIES

The Wisconsin Office of the Commissioner of Insurance has set minimum standards for each of the three types of policies covering long-term care expenses.

All three types of policies must:

- Provide at least one year of benefits.
- Provide a minimum \$60 a day benefit.
- Provide benefits based on the level of care only if the lowest limit of daily benefits is not less than 50% of the highest limit of daily benefits. For example, benefits provided for home health care or community care would have to be at least 50% of those provided for nursing home care.
- Provide coverage whether or not care is medically necessary. The policy may require that the care be provided in accordance with a plan of care.
- Pay benefits without requiring you to be in a hospital before getting the covered service.

- Pay benefits if you are unable to perform three or more activities of daily living (ADLs) (listed on [page 13](#)) or if you have a cognitive impairment. The assessment of ADLs and cognitive impairment needs to be performed by licensed or certified professionals, such as physicians, nurses, or social workers.
- Pay benefits for "irreversible dementia" (Alzheimer's disease) provided you have met the waiting periods under the policy and need the type of care covered by the policy. This does not prevent an insurance company from refusing to accept an application from you if you have Alzheimer's or a similar disease.
- Offer an inflation protection option that increases the maximum daily benefit and lifetime benefit amounts in an amount at least equal to 5% compounded annually.
- Offer a nonforfeiture benefits option that provides paid-up insurance if your policy lapses.
- Describe the benefit appeal procedure. This procedure requires the insurance company to review the appeal and make a decision within 30 days.

Policies that include home health care benefits must pay for community-based (home health) care:

- Whether or not you have an acute medical problem.
- Even if the services are not provided by a Medicare-certified agency or provider.
- Even if you were not previously in a hospital or nursing home.

NOTE

Policies that cover only nursing home care or only home health care provide limited benefits for long-term care services and may not be adequate for your needs. If you want coverage both for nursing home and home health care, you are better off buying a comprehensive long-term care insurance policy. Even a comprehensive policy may not cover all the types of services that you may need or want.

WISCONSIN LONG-TERM CARE INSURANCE PARTNERSHIP PROGRAM

The Wisconsin legislature passed legislation that allowed for the creation of a long-term care insurance partnership program in Wisconsin. Beginning January 1, 2009, insurance companies may offer in Wisconsin long-term care insurance policies that are certified for partnership program status. Long-term care insurance policies that qualify for partnership program status are intended to allow you to protect some or all of your assets and still qualify for Medicaid if your long-term care needs extend beyond the period covered by your qualified long-term care partnership insurance policy.

Some insurance companies with long-term care policies that qualify for partnership program status may offer existing long-term care policyholders the option of exchanging their existing long-term care policy for a qualified long-term care partnership policy. You are not required to accept the exchange option offer, nor are long-term care insurers required to offer an exchange option.

All long-term care partnership policies are intended to be federally tax-qualified long-term care insurance policies as defined by federal Internal Revenue Code.

Purchasing a qualified long-term care partnership policy does not guarantee you benefits, coverage eligibility, or asset protection under the Medicaid program. For example:

- States may withdraw from the partnership program.
- If you exhaust your long-term care insurance benefits under a policy that qualified for partnership program status, you may find that the long-term care services you are receiving are not covered services under Wisconsin's Medicaid program, i.e., *assisted living* coverage.
- If you exhaust your long-term care insurance benefits under a policy that qualified for partnership program status, you may find that the facility in which you are receiving care does not accept Medicaid.
- If you move to another state, you may find that that state does not participate in the long-term care partnership program and that it does not recognize your long-term care policy's partnership program status in reference to qualifying for Medicaid.

FEDERALLY TAX-QUALIFIED LONG-TERM CARE INSURANCE POLICIES

Congress passed a law in 1996 called the Health Insurance Portability and Accountability Act (HIPAA). HIPAA allows for certain federal income tax advantages for long-term care insurance policies that are designated as "tax-qualified" or "qualified." If you have a tax-qualified policy, you may be able to deduct part or all of the premium you pay for the policy. You can include the premiums with other annual uncompensated medical expenses in

excess of 7.5% of your adjusted gross income. The amount of the premium that you can claim as a deduction depends on your age.

Long-term care insurance policies sold on or after January 1, 1997, as tax-qualified policies must meet certain standards. These policies must contain a caption on the face page of the policy, similar to:

This policy is intended to be a tax-qualified long-term care insurance contract under Section 7702B (b) of the Internal Revenue Code.

At the time you apply for long-term care insurance, you must receive an Outline of Coverage that contains a notice on the face page that indicates the policy is intended to be a tax-qualified policy.

Tax-qualified long-term care insurance policies are required to cover services for a chronically ill individual. These services are given according to a plan of care prescribed by a licensed health care practitioner. You are considered chronically ill if you are unable to perform a certain number of activities of daily living without substantial help from another person for at least 90 days. You also may be considered chronically ill if you need substantial supervision to protect your health and safety because you have a cognitive impairment.

The benefits paid by a tax-qualified long-term care insurance policy are generally not taxable as income. Benefits you receive from a nontax-qualified long-term insurance policy may or may not be taxable as income. The U.S. Department of the Treasury has not yet ruled on this issue.

STATE INCOME TAX DEDUCTION

Beginning in the January 1998 taxable year, you can subtract the amount paid for long-term care insurance from your Wisconsin income tax. This subtraction applies to both policies designated for federal income tax purposes as tax-qualified and policies that are non-tax-qualified. The instruction booklet you receive with your Wisconsin income tax forms includes information on the subtraction for long-term care insurance.

LIFE INSURANCE - LONG-TERM CARE POLICIES

Another way to cover long-term care expenses is through a rider attached to a life insurance policy. Long-term care riders attached to life insurance policies differ from long-term care policies in several respects. For example, monthly benefits for a stay in a covered nursing home are typically based on a percentage of the life insurance amount. A \$100,000 policy with a 2% benefit would give you \$2,000 a month. A monthly benefit for home health care, when covered under the rider, is usually half of the nursing home benefit.

Long-term care benefits under these riders are tied directly to the amount of life insurance in force. These benefits will be reduced by any loans or withdrawals against the policy. Using the long-term care benefits will also reduce life insurance coverage under the policy.

A long-term care rider has a separate insurance charge that usually increases each year in a manner similar to the cost of the life insurance under the basic policy. The annual charge for the rider will not exceed the guaranteed cost and will normally be less.

You may check with a life insurance agent to see if the company markets a life policy with a long-term care rider.

WHAT SHOULD I LOOK FOR IN COMPARING POLICIES?

Type of Coverage

You should review how the policy pays benefits as policies pay benefits in different ways. For example, some policies pay a fixed amount for each day you are confined in a nursing home or each day you receive community-based care, regardless of the actual cost of the care. Other policies pay according to the provider's actual charges up to a fixed daily amount or a percent of the charges. Policies paying benefits based on a usual and customary charge basis or prevailing charge basis contain a notice to this effect on the face page of the policy.

You should also examine the period of time benefits are paid. Benefits may last for only one year or for the rest of your life, depending on the policy. In general, plans that provide payments for longer periods of time are more expensive. You may select from several options when you first buy the policy. You may not be able to increase the benefit amounts at a later date without proving insurability.

You should compare similar policies. For instance, compare nursing home only policies to nursing home only policies.

Policies frequently limit benefits to specific types of services provided by specific types of facilities or agencies. For example, services provided in the home may be limited to those provided by a licensed home health agency. Other types of personal care, help with household chores, or other services may not be covered. In other words, it is important to check each policy to be sure you know exactly what services are covered. The kind of long-term care services you may need or want may not be covered under the policy.

You should review the policy's definitions regarding the types of facilities that are covered. The state of Wisconsin has licensed, certified, and registered facilities that provide differing levels of supportive care, personal care, and nursing services. Policies that provide coverage for nursing care in a licensed facility will cover care in a nursing home. However, the policies that provide coverage for nursing care in a licensed facility will not

cover care in an assisted living facility. Assisted living facilities are certified or registered to provide assisted living services. They are not licensed to provide nursing care. Long term care policies usually do not cover any care in a community based residential facility.

You should determine whether premium payments are based on **issue age** or **attained age**. Attained age premiums automatically increase as one ages. Issue age premiums will increase only if premiums are increased for everyone insured under the policy form.

You should compare prices when you compare policies. Ask questions. Check to see if the policy you are considering is a lot less or a lot more expensive than other policies with similar benefits.

Standards for Benefit Triggers

Policies are required to pay benefits based on benefit triggers called activities of daily living (ADLs). Policies must base benefits on at least six ADLs. They are:

- 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.
- Contenance—The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for a catheter or colostomy bag.
- Dressing—Putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
- Eating—Feeding oneself by getting food into the body from a receptacle (such as a plate, cup, or table) or by feeding tube or intravenously.
- Toileting—Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- Transferring—Moving into or out of a bed, chair, or wheelchair.

Some policies pay benefits based on seven ADLs.

Policies must pay benefits when you require assistance to perform three of the activities of daily living or have a cognitive impairment. Many policies listed in this booklet pay benefits when you are unable to perform two of the ADLs. A cognitive impairment is a deficiency in short-term or long-term memory, orientation as to person, place, and time, deductive or abstract reasoning, or judgment as it relates to safety awareness. Assessment of ADLs and cognitive impairment can be performed by licensed or certified professionals, such as physicians, nurses, or social workers. You would be considered unable to perform an

activity of daily living if you need hands-on assistance to perform the activity or, in the case of a cognitive impairment, must have supervision or verbal cueing to protect yourself and others.

Elimination Period

Policies frequently have elimination periods. This is the number of days you must be in a nursing home or other facility receiving the care covered by the policy or the number of home care visits that must be received before benefits are paid. You will pay all of the cost of care during the elimination period. The longest elimination period permitted under Wisconsin law is 365 days. Usually, the longer the elimination period, the lower the premium. The longer the elimination period, the less chance there is that you will collect benefits. Elimination periods do not begin until the preexisting condition waiting period has been satisfied. Wisconsin law allows insurance companies to offer elimination periods up to 365 days, but the company must also sell the same type of policy that offers elimination periods for 180 days or less.

Free-Look Periods

Policies must include a “free-look” period. You will have at least 30 days from the time you receive the policy to look it over and decide if you want to keep it. If you decide to return the policy to the company within the “free-look” period, you will receive a full refund of your premiums.

However, if you decide to keep the policy, be sure that your application is correct and complete. The application is a part of the policy.

Health Questions

When you apply for long-term care insurance, you may be asked questions relating to health status, including prior hospitalization and nursing home confinements. Each insurance company has its own standards for deciding who is eligible for a policy. If the questions are not answered accurately, the insurance company may refuse to pay benefits, terminate the contract, and return your premium at the time you make a claim. Since the application is part of the policy, check it again when you receive the policy to make sure all questions have been answered accurately.

Inflation Protection

If your long-term care policy does not include a way for benefits to increase as long-term care costs increase, **you may have a benefit that is too low by the time you need care**. For example, a nursing home that costs \$100 a day in 1995 could cost \$200 or more in the year 2010. All policies must offer the option to purchase inflation protection at 5% compounded annually. Some policies may allow you to purchase additional coverage at a later date. Policies that express the maximum benefits as a dollar amount and include

inflation protection must also increase maximum benefits in addition to daily benefits at the rate of 5% compounded annually. Adding an inflation protection rider to a policy will increase the cost of the policy.

LTCI partnership policies are required to provide inflation protection if the person is under age 76.

Policy Exclusions

Long-term care policies may have certain exclusions. The most common are for mental and nervous disorders, preexisting conditions, care received outside the USA, and care needed as a result of self-inflicted injury.

NOTE

Under Wisconsin law once you are insured and have satisfied any waiting periods, including any elimination period, policies may not refuse benefits for irreversible dementia such as Alzheimer's disease, provided you need the services covered by the policy. Policies may exclude coverage for other conditions or situations. The exclusions are listed on the Outline of Coverage that you receive when you are solicited for the policy.

Cancellation

You have the right to request cancellation of the policy at any time and the insurance company must issue a prorated premium refund. If you die while the policy is in force, the insurance company will issue a refund of premiums to your estate.

Preexisting Condition Waiting Period

If you are sick or under a doctor's care for a particular condition when you purchase the policy, you may **not** be eligible for benefits for that condition until a certain period of time has passed. This is called a **preexisting condition waiting period**. Preexisting condition waiting periods vary from company to company. The longest waiting period permitted in Wisconsin is six months. This waiting period can be applied only to conditions that you have **not** been asked about on the application and for which you have seen or been treated by a doctor in the six months before you take out the policy. However, if you have preexisting medical problems at the time you apply for coverage, the insurance company is not required to accept your application or to issue coverage.

Renewability

All policies **currently on the market** are “guaranteed renewable for life.” This means that your coverage will continue as long as you pay the premium. The renewal provision of a policy is on the first page of the policy and in the Outline of Coverage. The insurance company may raise premiums, but only if it raises them for all individuals who have the same policy. This does not mean that your coverage will continue if you have exhausted the benefits in the policy. If you buy a policy with a one-year benefit period, your benefits will end after one year of the insurance company paying benefits. You will not be able to renew these benefits.

Reinstatement

Policies also include reinstatement provisions. If you fail to pay premiums, the insurance company is required to give notice to you and your designee that the policy will lapse in 30 days. If your policy lapses and you provide proof of cognitive impairment or inability to perform activities of daily living, your policy can be reinstated if you request reinstatement within at least five months after lapse and pay the past due premiums.

Waiver of Premium

Many policies provide for a waiver of premium. This means that after a specified period of time of **receiving** benefits under the policy, you may apply to have your premiums waived until you are no longer receiving covered care or the lifetime maximum benefit has been paid.

Nonforfeiture Benefits

All policies must offer the option to purchase a shortened benefit period nonforfeiture benefit option. The nonforfeiture benefit provides paid-up long-term care, nursing home only, or home care only insurance coverage after you have paid premiums for three years but no longer continue to do so. The maximum benefit under the paid-up policy is the greater of 100% of the sum of all premiums paid for the policy, including premiums paid prior to any change in benefits, or 30 times the daily benefit amount in effect on the lapse date. As with the inflation protection option, a nonforfeiture benefit rider adds to the cost of the policy.

Long-Term Care Rate Increase Standards

If you have a policy that was issued between **August 1, 1996, and December 31, 2001**, your policy is subject to certain standards that restrict the number and amount of premium increases. Your initial premium may not increase for the first three years that the policy is in force, and after that the rate is guaranteed for at least two years. It is important for you to know that if the company increases premiums on its long-term care policy forms by more than 50% in any three-year period, it will be restricted from selling policies in Wisconsin.

Although rate increases are applied to everyone having the same policy form, it is possible that categories of individuals covered under the policy form will see different amounts of increase based on the riders they purchased and the amount of risk associated with their age category.

If you have a policy that was issued on or after **January 1, 2002**, your policy is subject to Wisconsin insurance laws that were amended to provide added protections, including rating practice and consumer protection provisions. Insurance companies are required to establish initial premium rates that are sufficient and are expected to remain the same over the life of the policy. However, policies may be subject to increase due to factors such as increased and unexpected utilization. The insurance company is required to disclose to you your policy's past premium rate increases.

You should consider whether you can afford the premiums for long-term care insurance now and in the future. Premiums for long-term care insurance have been rising and will continue to do so. You will be asked to complete a Personal Worksheet at the time you apply for long-term care insurance. A copy of the Personal Worksheet is included at the back of this booklet. A general guideline is that you may not be able to afford a policy if the premiums will be more than 7% of your income. Can you afford to pay the premiums for the next 15, 20, or 25 years? Will you be able to afford the premiums if they increase 10%, 15%, or 20% or more?

Women may find that their incomes decrease when they lose their spouse. This may make it difficult for you to continue paying long-term care insurance premiums. However, women also tend to outlive their spouse. You may find that you have less family support and caregiving available as you age, which may require that you pay out-of-pocket for home health care or nursing home services.

Contingent Nonforfeiture Benefit

Policies issued after January 1, 2002, must include a contingent benefit upon lapse requirement. The benefit will be triggered if your policy is subject to a substantial premium increase and you did not buy a shortened benefit nonforfeiture option. A contingent benefit upon lapse requirement will provide added protection to you in the event of lapse. For example, if you are 70 years old and you had rejected the insurance company's offer of a nonforfeiture benefit, and the premium rises to 40% more than the original premium you paid when you first bought the policy, you will be offered two options. The options will allow you to keep paying the original premium amount so you do not have to lapse the policy and lose your coverage. You will have the choice to reduce your benefit amount, or convert to paid-up status with a shorter benefit period. Of course, you may also choose to keep your policy and continue to pay the higher premium.

Other Ways To Pay For Long-Term Care

Long-term care insurance is only one way of paying for potential home health or nursing home care. You may be able to rely on family support and caregiving. There may also

be organizations in your community that have volunteers who provide support and caregiving services, or you may be eligible for veteran benefits and services. You may consider as part of your personal financial plan relying on personal savings, such as savings accounts, certificates of deposit, money market accounts, IRAs, 401Ks, life insurance accumulation options, or pension benefits. You may want to consider a reverse mortgage or a continuing care contract. Additional information regarding long-term care payment options is available at www.medicare.gov/LongTermCare/Static/Home.asp.

POLICY BENEFITS AND COST COMPARISONS

The following pages contain summaries of information on each company selling long-term care insurance policies approved by the Office of the Commissioner of Insurance.

The policies in this booklet have met the minimum requirements of Wisconsin insurance law. This does not mean that the Office of the Commissioner of Insurance endorses the policies or recommends that you buy a long-term care insurance policy. This booklet is provided to help consumers who want to buy long-term care insurance choose a policy that is appropriate for their needs.

Annual premiums are given for a \$150 per day nursing home benefit for a person buying the policy at ages 50, 65, 70, 75, and 80. The annual premiums listed are for the benefit periods and elimination periods indicated at the top of the section and may not be current on the date you purchase a policy. The companies may offer options other than those listed here.

The policy comparison section summarizes material submitted by the insurers. Some information may not be current at the time you read this publication. The policy itself becomes the contract between you and the insurance company and is the final description of benefit payments or premium schedules.

Although major benefits and costs are summarized here, it is impossible to describe all variations available. In choosing a policy, you should consider factors other than price or benefits. These include claims handling and a company's reputation for service. Talk to friends and family members about their experience with various companies.

In comparing policies be sure to check on the premium, health history requested, waiting period, and level of coverage. Listed below are some of the items included in the information on each company.

Health history requested Whenever an application includes health questions, the company may use this information to refuse to issue a policy, to limit or exclude the coverage for a specific named condition, or void the policy because of misinformation on the application. Make sure all the information on the application is complete and accurate.

Claim payment method Policies pay benefits in different ways. For example, some policies pay a fixed amount for each day you are confined in a nursing home or each day you receive community-based care, regardless of the actual cost of the care. Other policies pay according to the provider's actual charges up to a fixed daily amount or a percent of the charges. Policies paying benefits based on a usual and customary charge basis or prevailing charge basis contain a notice to this effect on the face page of the policy.

Preexisting condition waiting periods Preexisting condition waiting periods may be applied **only** to conditions for which you were treated in the six months before you applied for this policy and that have **not** been disclosed on the application or excluded from your policy by specific description. However, if you have preexisting medical problems at the time you apply for coverage, the insurance company is not required to accept your application or to issue coverage.

First-Year Commission The first-year commission is the amount of your first year's premium that the insurance company pays to the agent who sells its policy.

Be careful about replacing existing policies. There may be restrictions placed on your benefits.

DEFINITIONS

Activities of Daily Living (ADLs)—Activities that are a normal part of everyday life, such as bathing, continence, dressing, eating, toileting, and transferring.

Adult Day Care—Care given in a nonresidential, community-based group program designed to meet the needs of functionally impaired adults. It is a structured, comprehensive program that may provide a variety of health, social, and related support services during any part of a day.

Alternative Plan of Care—If you otherwise qualify for benefits, this provision allows you to qualify for benefits not specifically listed in the policy upon the agreement of you, your physician, and the company.

Assisted Living Facility—A facility certified or registered by the Department of Health Services (DHS). These facilities exist to bridge the gap between independent living and nursing homes and provide a variety of services depending on the needs of the residents.

Bed Reservation—This benefit is payable if you are receiving nursing home care and need to spend time in a hospital. The company will cover any charge made by the nursing home for reserving your bed during your hospitalization.

Benefit Triggers—A term used to describe when to pay benefits. One type of benefit trigger is an activity of daily living (ADL). Insurance companies may use different events or types of benefit triggers to determine when benefits will begin to be paid. The triggers are described in the eligibility criteria of the policy.

Care Coordination—Services provided by a licensed or certified health care professional designated by the insurance company to perform an assessment and develop a plan to meet your long-term care needs.

Caregiver Training—Training provided in order to assist an informal and unpaid caregiver to care for you at home.

Case Management—Services provided by a licensed or certified health care professional to assist in arranging, monitoring, or coordinating long-term care services.

Cognitive Impairment—A deficiency in your short-term or long-term memory, orientation as to person, place and time, deductive or abstract reasoning, or judgment as it relates to safety awareness.

Community Based Residential Facility (CBRF)—These facilities are licensed, registered, or certified by the Department of Health Services (DHS). CBRFs are covered only if your policy identifies these facilities as a covered benefit and the facility has been licensed as a CBRF by DHS.

Contingent Nonforfeiture or Contingent Benefit Upon Lapse—If you reject the mandatory offer of a nonforfeiture benefit, the insurance company must provide a “contingent benefit upon lapse.” This means that when the premiums increase to a certain level (based on a table of increase provided to you in the policy information), the benefit will take effect. You will then be offered, within 120 days of the due date of the new premium, the opportunity to accept **one** of the following options: 1) reduce your benefits provided by the current policy so that your premium will stay the same, or 2) convert your policy to a paid-up status with a shorter benefit period.

Elimination Period—The number of days you must wait after receiving long-term care before receiving insurance benefits.

Exclusion—Any condition or expense that the policy will not pay.

Guaranteed Purchase—A rider to a policy that allows you to increase the benefits during specific periods of time without proof of insurability.

Home Health Care—Care including skilled nursing services, such as providing therapy treatments or administering medication; home health aide services, such as checking temperature and blood pressure; personal care such as help with bathing, dressing, walking, exercise; and physical, occupational, respiratory, or speech therapy.

Hospice Care—A specially designed package of social and medical services that primarily provides pain relief, symptom management, and supportive services to terminally ill people and their families.

Instrumental Activities of Daily Living—Basic functional activities necessary for you to remain in your home, such as meal preparation, shopping, light housekeeping, laundry, telephoning, and handling money and paying bills.

Licensed Health Care Practitioner—Any physician, registered nurse, licensed or certified social worker, or any other individual who meets such requirements as may be prescribed by the Secretary of the Treasury.

Outline of Coverage—A summary of a policy's benefits and limitations that makes it easier to understand a policy and compare it to others. Insurance companies must provide you with this summary before you purchase a long-term care insurance policy.

Paid-up Survivor—A rider that, in the event of the death of your spouse, waives the premiums for life if both you and your spouse had coverage for a specified time with the same company.

Partnership Program (long-term care insurance [LTCI] partnership program)—A program that allows individuals that purchase qualified LTCI partnership policies to protect a portion of their assets should they need to apply for Medicaid after using up their LTCI benefits.

Plan of Care—A plan outlining the care you need and the length of time the care will be needed.

Residential Care Apartment Complexes (RCAC)—These facilities are certified or registered by the Department of Health Services (DHS). RCACs are covered only if your policy identifies these facilities as a covered benefit and the facility has been certified or registered as an RCAC by DHS.

Respite Care—The provision of personal care, supervision, or other services to a functionally impaired person to relieve a family member or other primary caregiver from caregiving duties. Respite care services are usually provided in the impaired person's home or in another home or homelike setting, but may also be provided in a nursing home.

Restoration of Benefits—If you collect benefits from a policy, and then recover to the point where you are not receiving care qualifying you for benefits for a certain period of time, you can have those benefits restored back to their original level. Look to see if this is a provision in the policy or if it is available as a rider for an additional premium.

Return of Premium—A rider that provides that if you die after being insured for a specified period or if you have paid premiums for a specified period, the company will return premiums paid minus any benefits paid.

Waiver of Premium—The suspension of premium payments after you have been receiving benefits from the policy for the period of time specified in the policy.

WHAT IF I HAVE QUESTIONS OR COMPLAINTS?

If you have questions or complaints about:

Medicare

Contact your local Social Security office or your county or tribal aging office (www.dhs.wisconsin.gov/aging/contacts/COAGOF.HTM), or you may contact the Social Security Administration by calling toll-free **1-800-772-1213**.

Medicaid

Contact the county Social Service Agency or the recipient hotline at **1-800-362-3002**.

Long-Term Care

Contact the National Clearinghouse for Long-Term Care Information (www.longtermcare.gov/LTC/Main_Site/index.aspx).

Insurance

Contact the agent or company involved. If you do not get satisfactory answers, contact the Office of the Commissioner of Insurance, P. O. Box 7873, Madison, Wisconsin 53707-7873. Phone: **1-800-236-8517**. Deaf, hearing, or speech impaired callers may reach OCI through WI TRS.

OCI's World Wide Web Home Page

oci.wi.gov

NOTE

The following policies have been approved for sale by the Office of the Commissioner of Insurance as of September 2010. This may not be a complete list. For more current information, check our Web site, oci.wi.gov.

**INDIVIDUAL NONTAX-QUALIFIED
LONG-TERM CARE INSURANCE POLICIES**

Physicians Mutual Insurance Company
2600 Dodge Street
Omaha, NE 68131
(www.physiciansmutual.com)

Consumer Service Telephone No. 1-800-228-9100

Form No. P145 DD

First-Year Commission: Ages: 18-54 70% 70-74 50%
 55-59 65% 75-79 45%
 60-64 60% 80+ 35%
 65-69 55%

Preexisting Condition
Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges up to monthly benefit

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$4,500/Month Nursing Home Benefit* and \$2,250/Month Home Health Care* (Optional Benefits Not Included)					
3-Year Benefit Period			Lifetime Benefit Period		
Elimination Period					
Age	30 Days		90 Days		
Age	30 Days		90 Days		
50	\$ 831.00	\$ 711.00	50	\$ 1,363.00	\$ 1,165.00
65	2,014.00	1,721.00	65	3,301.00	2,822.00
70	3,227.00	2,758.00	70	5,290.00	4,522.00
75	5,607.00	4,793.00	75	9,193.00	7,857.00
80	N/A	N/A	80	N/A	N/A

Premiums are based on issue age.
 * Nursing home benefit is \$4,500/month; home health care benefit is \$2,250/month.

	Nursing Home Care	Home Health Care
Monthly Benefit Amount	\$1,500 - \$12,000 per month	\$750 - \$12,000 per month
Benefit Period	2, 3, 4, 5, 8 years or lifetime	2, 3, 4, 5, 8 years or lifetime
Elimination Period	0, 30, 60, 90, 180, or 365 days	0, 30, 60, 90, 180, or 365 days

Must be met once per lifetime.

Other Benefits Included in Basic Policy	Optional Benefits for Additional Premium
Adult Day Care	Home Modification
Alternative Plan of Care	Hospice Care
Ambulance	International Coverage
Assisted Living Facility	Nonforfeiture Benefit
Bed Reservation	Respite Care
Care Coordination	Restoration of Benefits
Caregiver Training	Waiver of Premium
Equipment Purchase	
	Guaranteed Purchase
	Inflation Protection
	Paid-up Survivor
	Return of Premium
	Spousal Discount

**INDIVIDUAL TAX-QUALIFIED
LONG-TERM CARE INSURANCE POLICIES**

Individual long-term care insurance partnership program policies are shown on page 36.

Assurity Life Insurance Company
Long-Term Care Administration Office
P.O. Box 4243
Woodland Hills, CA 91365-4243
(www.assurity.com)

Consumer Service Telephone No. 1-800-276-7619

Form No. AL2100-P-WI

First-Year Commission: 56% Average

**Preexisting Condition
 Waiting Period:** None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges up to fixed amount (Indemnity option available)

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$150/Day Nursing Home Benefit and \$150/Day Home Health Care* (Optional Benefits Not Included)					
3-Year Benefit Period			Lifetime Benefit Period		
Age	Elimination Period		Age	Elimination Period	
	30 Days	90 Days		30 Days	90 Days
50	\$ 654.88	\$ 545.74	50	\$ 1,039.50	\$ 866.25
65	1,488.38	1,240.31	65	2,362.50	1,968.75
70	2,194.29	1,828.57	70	3,483.00	2,902.50
75	4,380.07	3,650.06	75	6,952.50	5,793.75
80	6,574.36	5,478.64	80	10,435.50	8,696.25

Premiums are based on issue age.
 * Home health care benefit is \$150/day.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$300 per day	\$60 - \$300 per day
Benefit Period	2, 3, 4, 5, 6, 10 years or lifetime	2, 3, 4, 5, 6, 10 years or lifetime
Elimination Period	0, 30, 90, or 180 days	0, 30, 90, or 180 days
	Must be met once per lifetime.	

Other Benefits Included in Basic Policy	Optional Benefits for Additional Premium
Adult Day Care	Hospice Care
Alternative Plan of Care	Instrumental Activities of Daily Living
Assisted Living Facility	International Coverage (30 days)
Alzheimer's Units	Respite Care
Bed Reservation	Waiver of Premium
Care Coordination	
Caregiver Training	
Equipment Purchase	
	Inflation Protection
	Nonforfeiture Benefit
	Paid-up Survivor
	Restoration of Benefits
	Return of Premium
	Spousal Discount

Auto-Owners Life Insurance Company
P.O. Box 30325
Lansing, MI 48909-8160
(www.auto-owners.com)

Consumer Service Telephone No. 1-517-323-1200

Form No. 50382 (10-02)

First-Year Commission: 30%

Preexisting Condition
Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Daily benefit

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$150/Day Nursing Home Benefit and \$75/Day Home Health Care (Optional Benefits Not Included)						
2-Year Benefit Period			Lifetime Benefit Period			
Elimination Period			Elimination Period			
Age	30 Days	90 Days	Age	30 Days	90 Days	
50	\$ 649.50	\$ 579.00	50	N/A	N/A	
65	1,423.50	1,230.00	65	N/A	N/A	
70	2,019.00	1,726.50	70	N/A	N/A	
75	3,250.50	2,740.50	75	N/A	N/A	
80	5,073.00	4,218.00	80	N/A	N/A	

Premiums are based on issue age, female rate.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$250 per day	\$60 - \$250 per day
Benefit Period	2, 4, 6, or 10 years	2, 4, 6, or 10 years
Elimination Period	30, 60, or 90 days	30, 60, or 90 days
Must be met once per lifetime.		

**Other Benefits Included
in Basic Policy**
 Adult Day Care
 Assisted Living Facility
 Bed Reservation
 Hospice Care
 Spousal Discount
 Waiver of Premium

**Optional Benefits for
Additional Premium**
 Inflation Protection
 Nonforfeiture Benefit

Berkshire Life Insurance Company of America
Long-Term Care Administrative Office
P.O. Box 4243
Woodland Hills, CA 91365-4243
(www.theberkshire.com)

Consumer Service Telephone No. 1-800-819-2468 **Form No.** BGO1P(01/09)-WI
First-Year Commission: 42% Average **Preexisting Condition Waiting Period:** None
Health History Requested: Detailed health history
Claim Payment Method: Actual charges up to fixed amount (Indemnity option available)
Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$150/Day Nursing Home Benefit and \$150/Day Home Health Care* (Optional Benefits Not Included)					
3-Year Benefit Period			Lifetime Benefit Period		
Age	Elimination Period		Age	Elimination Period	
	30 Days	90 Days		30 Days	90 Days
50	\$ 592.88	\$ 515.55	50	\$ 988.14	\$ 859.25
65	1,585.52	1,378.71	65	2,642.53	2,297.86
70	2,777.19	2,414.95	70	4,628.66	4,024.92
75	5,581.91	4,853.83	75	9,303.18	8,089.72
80	9,487.15	8,249.70	80	15,811.92	13,749.50

Premiums are based on issue age.
 * Home health care benefit is \$150/day.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$400 per day	\$60 - \$400 per day
Benefit Period	3, 4, 5, 6 years or lifetime	3, 4, 5, 6 years or lifetime
Elimination Period	0, 30, 90, or 180 days	0, 30, 90, or 180 days
Must be met once per lifetime.		

Other Benefits Included in Basic Policy	Optional Benefits for Additional Premium
Adult Day Care	Nonforfeiture Benefit
Alternative Plan of Care	Paid-up Survivor
Alzheimer's Units	Restoration of Benefits
Assisted Living Facility	Return of Premium
Bed Reservation	Shared Benefits
Care Coordination	Spousal Discount
Caregiver Training	Waiver of Premium
Emergency Response System	(Home Health Care)
Hospice Care	
Inflation Protection	
Instrumental Activities of Daily Living	
International Coverage (30 days)	
Respite Care	
Waiver of Premium	

CUNA Mutual Insurance Society
2000 Heritage Way
Waverly, IA 50677
(www.membersproducts.com)

Consumer Service Telephone No. 1-800-443-6003 **Form No.** 2006-LTC-COMP(WI)

First-Year Commission: Ages: 18-59 51% **Preexisting Condition**
 60-74 48% **Waiting Period:** None
 75-85 28%

Health History Requested: General health questions

Claim Payment Method: Actual charges up to monthly benefit

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$4,500/Month Nursing Home Benefit* and \$2,250/Month Home Health Care* (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	90 Days
50	\$ 726.00	\$ 605.00	50	\$ 1,531.00	\$ 1,276.00	
65	1,701.00	1,418.00	65	3,515.00	2,930.00	
70	2,778.00	2,315.00	70	5,840.00	4,867.00	
75	4,933.00	4,111.00	75	10,433.00	8,694.00	
80	8,051.00	6,710.00	80	16,897.00	14,081.00	

Premiums are based on issue age.
 * Nursing home benefit is \$4,500/month; home health care benefit is \$2,250/month.

	Nursing Home Care	Home Health Care
Monthly Benefit Amount	\$1,800 - \$15,000 per month	50%, 75%, 100%, 150%, or 200% of nursing home benefit
Benefit Period	1, 2, 3, 4, 5 years or lifetime	1, 2, 3, 4, 5 years or lifetime
Elimination Period	30, 60, 90, 100, or 180 days	10, 30, 60, 90, 100, or 180 days
Must be met once per lifetime.		

Other Benefits Included in Basic Policy	Optional Benefits for Additional Premium
Adult Day Care	Future Purchase Option
Alternative Plan of Care	Home Care
Alzheimer's Facility	Homemaker Services
Assisted Living Facility	Hospice Care
Bed Reservation	Respite Care
Care Coordination	Spousal Discount
Caregiver Training	Spousal Waiver of Premium
Case Management	Waiver of Premium
Equipment Purchase	Worldwide Coverage
	Inflation Protection
	Nonforfeiture Benefit
	Paid-up Survivor
	Restoration of Benefits
	Return of Premium

Guarantee Trust Life Insurance Company
1275 Milwaukee Avenue
Glenview, IL 60025
(www.gtlic.com)

Consumer Service Telephone No. 1-800-338-7452

Form No. G0600-WI

First-Year Commission: Ages: Under 65 90%
 65-69 88%
 70-74 80%
 75-79 70%
 80-84 50%

Preexisting Condition
Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Daily benefit

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$150/Day Nursing Home Benefit and \$150/Day Home Health Care* (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Elimination Period			Elimination Period			
Age	30 Days	90 Days	Age	30 Days	90 Days	
50	\$ 837.30	\$ 720.00	50	\$1,242.71	\$1,066.50	
65	1,878.02	1,609.50	65	2,939.79	2,517.00	
70	2,911.71	2,493.00	70	4,568.43	3,909.00	
75	5,138.81	4,396.50	75	8,074.92	6,906.00	
80	7,985.42	6,829.50	80	N/A	N/A	

Premiums are based on issue age.
 * Home health care benefit is \$150/day.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$300 per day	\$60 - \$300 per day
Benefit Period	2, 3, 4, 5 years or lifetime	2 years maximum
Elimination Period	0, 30, 60, 90, 180, or 365 days	0, 30, 60, 90, 180, or 365 days
	Must be met once per lifetime.	

Other Benefits Included in Basic Policy	Optional Benefits for Additional Premium
Adult Day Care	Inflation Protection
Alternative Plan of Care	Limited Premium
Ambulance	Payment
Assisted Living Facility	Option
Bed Reservation	Nonforfeiture Benefit
Care Coordination	Paid-up Survivor
Caregiver Training	Return of Premium
Emergency Medical Alert	
Family Care	
Equipment Purchase	

**Knights of Columbus
 One Columbus Plaza
 New Haven, CT 06510
 (www.kofc.org)**

Consumer Service Telephone No. 1-800-214-9825 **Form No.** LTC01-WI 6-99

First-Year Commission: 20% **Preexisting Condition Waiting Period:** None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$150/Day Nursing Home Benefit and \$150/Day Home Health Care* (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
	Elimination Period			Elimination Period		
Age	30 Days	90 Days	Age	30 Days	90 Days	
50	\$ 610.00	\$ 545.00	50	\$1,022.00	\$ 913.00	
65	1,563.00	1,396.00	65	2,649.00	2,374.00	
70	2,519.00	2,249.00	70	4,302.00	3,841.00	
75	4,620.00	4,125.00	75	6,582.00	5,877.00	
80	6,641.00	5,930.00	80	9,485.00	8,468.00	

Premiums are based on issue age.
 * Home health care benefit is \$150/day.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$400 per day	\$60 - \$400 per day
Benefit Period	3, 5 years or lifetime	3, 5 years or lifetime
Elimination Period	30, 60, 90, or 180 days	30, 60, 90, or 180 days
	Must be met once per lifetime.	

Other Benefits Included in Basic Policy	Optional Benefits for Additional Premium
Adult Day Care	Equipment Purchase
Alternative Plan of Care	Future Purchase
Ambulance	Guaranteed Purchase
Assisted Living Facility	Hospice Care
Bed Reservation	Respite Care
Care Coordination	Spousal Discount
Caregiver Training	Waiver of Premium
Case Management	
	Inflation Protection
	Nonforfeiture Benefit
	Return of Premium

LifeSecure Insurance Company
10559 Citation Drive, Suite 300
Brighton, MI 48116
(www.YourLifeSecure.com)

Consumer Service Telephone No. 1-866-582-7702 **Form No.** LS-0002 WI 05/09

First-Year Commission: Ages: 18-74 50% - 60% Average **Preexisting Condition**
 75-84 40% - 50% Average **Waiting Period:** None

Health History Requested: Yes

Claim Payment Method: Actual charges, plus usual and customary determinaton for informal care

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$150/Day Nursing Home Benefit and \$150/Day Home Health Care* (Optional Benefits Not Included)						
\$4,500 Monthly Benefit/ \$150,000 Benefit Bank			\$4,500 Monthly Benefit/ \$450,000 Benefit Bank			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	90 Days
50	N/A	\$ 796.80	50	N/A	\$ 1,032.24	
65	N/A	1,818.84	65	N/A	2,415.96	
70	N/A	3,154.56	70	N/A	4,234.32	
75	N/A	5,839.32	75	N/A	7,930.68	
80	N/A	7,949.04	80	N/A	10,690.32	

Premiums are based on issue age.
 * Home health care benefit is \$150/day.

	Nursing Home Care	Home Health Care
Monthly Benefit Amount	1%, 2%, or 3% of Benefit Bank	1%, 2%, or 3% of Benefit Bank
Benefit Bank	\$75,000 to \$1,000,000	\$75,000 to \$1,000,000
Elimination Period	90 days	90 days
	Must be met once per lifetime.	

Other Benefits Included in Basic Policy	Optional Benefits for Additional Premium
Adult Day Care	Inflation Protection
Alternative Plan of Care	Nonforfeiture Benefit
Assisted Living Facility	Return of Premium
Bed Reservation	
Care Coordination	
Caregiver Training	
Case Management	
Equipment Purchase	
Family Care	
Guaranteed Purchase	
Home Modification	
Hospice Care	
Respite Care	
Spousal Discount	
Waiver of Premium	

Massachusetts Mutual Life Insurance Company
Long-term Care Administrative Office
P.O. Box 4243
Woodland Hills, CA 91365-4243
(www.massmutual.com)

Consumer Service Telephone No. 1-800-272-2216 **Form No.** MM500-P-WI
First-Year Commission: 50% Average **Preexisting Condition**
Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges up to fixed amount (Indemnity option available)

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$150/Day Nursing Home Benefit and \$150/Day Home Health Care* (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	
50	\$ 760.59	\$ 633.83	50	\$ 1,462.68	\$ 1,218.90	
65	1,681.10	1,400.92	65	3,232.89	2,694.08	
70	2,753.57	2,294.64	70	5,295.33	4,412.78	
75	4,753.71	3,961.42	75	9,141.75	7,618.13	
80	6,753.05	5,627.54	80	12,986.64	10,822.20	

Premiums are based on issue age.
 * Home health care benefit is \$150/day.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$400 per day	\$60 - \$400 per day
Benefit Period	2, 3, 4, 5, 6, 10 years or lifetime	2, 3, 4, 5, 6, 10 years or lifetime
Elimination Period	30, 60, 90, or 180 days	30, 60, 90, or 180 days
	Must be met once per lifetime.	

Other Benefits Included in Basic Policy	Optional Benefits for Additional Premium
Adult Day Care	Inflation Protection
Alternative Plan of Care	Nonforfeiture Benefit
Alzheimer's Units	Paid-up Survivor
Ambulance	Restoration of Benefits
Assisted Living Facility	Return of Premium
Bed Reservation	Waiver of Premium
Care Coordination	(Covered Partner)
Caregiver Training	
Emergency Response System	
Equipment Purchase	
Hospice Care	
International Coverage	
Prescription Drugs	
Respite Care	
Spousal Discount	
Waiver of Premium	

Metropolitan Life Insurance Company
P.O. Box 937
Westport, CT 06881-0937
(www.metlife.com)

Consumer Service Telephone No. 1-888-565-3761

Form No. LTC2-VAL

First-Year Commission: 45% Average

**Preexisting Condition
 Waiting Period:** None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges up to daily benefit

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$150/Day Nursing Home Benefit and \$75/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	20 Days	100 Days		20 Days	100 Days	100 Days
50	\$ 742.10	\$ 645.30	50	N/A	N/A	N/A
65	1,637.37	1,423.80	65	N/A	N/A	N/A
70	2,381.54	2,070.90	70	N/A	N/A	N/A
75	3,616.12	3,144.45	75	N/A	N/A	N/A
80	5,296.27	4,605.45	80	N/A	N/A	N/A

Premiums based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$400 per day	50%, 75%, or 100% of nursing home benefit
Benefit Period	2, 3, 4, 5, or 7 years	2, 3, 4, 5, or 7 years
Elimination Period	20, 45, or 100 days	20, 45, or 100 days
	Must be met once per lifetime.	

Other Benefits Included in Basic Policy	Optional Benefits for Additional Premium
Adult Day Care	Future Purchase Option
Alternative Plan of Care	Inflation Protection
Alzheimer's Facility	Nonforfeiture Benefit
Assisted Living Facility	Paid-up Survivor
Bed Reservation	Restoration of Benefits
Care Coordination	Return of Premium
Caregiver Training	Ten-Year Premium Payment
Case Management	
Hospice Care	
International Coverage	
Respite Care	
Waiver of Premium	

Northwestern Long Term Care Insurance Company
720 East Wisconsin Avenue
Milwaukee, WI 53202
(www.nmfn.com)

Consumer Service Telephone No. 1-800-890-6704

Form No. RS.LTC.(0708)

First-Year Commission: Ages: 40-75 35.0%
 76 34.5%
 77 34.0%
 78 33.5%
 79 33.0%

Preexisting Condition
Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$150/Day Nursing Home Benefit and \$75/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Elimination Period			Elimination Period			
Age	30 Days	12 Weeks	Age	30 Days	12 Weeks	
50	N/A	\$ 576.00	50	N/A	\$ 778.50	
65	N/A	1,302.00	65	N/A	1,828.50	
70	N/A	2,136.00	70	N/A	3,027.00	
75	N/A	3,561.00	75	N/A	5,065.50	
80	N/A	N/A	80	N/A	N/A	

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$400 per day	\$30 - \$400 per day
Benefit Period	3, 6 years or lifetime	3, 6 years or lifetime
Elimination Period	6, 12, or 25 weeks	6, 12, or 25 weeks
	Must be met once per lifetime.	

Other Benefits Included in Basic Policy	Optional Benefits for Additional Premium
Adult Day Care	Guaranteed Purchase
Alternative Plan of Care	Inflation Protection
Assisted Living Facility	Nonforfeiture Benefit
Bed Reservation	Paid-up Survivor
Care Coordinator	
Caregiver Training	
	Companion Discount
	Hospice Care
	Respite Care
	Spousal Discount
	Waiver of Premium

State Farm Mutual Automobile Insurance Company
One State Farm Plaza
Bloomington, IL 61710
(www.statefarm.com)

Consumer Service Telephone No. Call State Farm Agent

Form No. 97059WI

First-Year Commission: 40%

Preexisting Condition

Waiting Period: 6 months

Health History Requested: Detailed health history

Claim Payment Method: Actual charges

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$150/Day Nursing Home Benefit and \$150/Day Home Health Care* (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
	Elimination Period			Elimination Period		
Age	30 Days	90 Days	Age	30 Days	90 Days	
50	\$ 681.00	\$ 604.50	50	\$ 1,167.00	\$1,039.50	
65	1,789.50	1,593.00	65	3,172.50	2,824.50	
70	3,177.00	2,829.00	70	5,445.00	4,845.00	
75	5,191.50	4,599.00	75	9,222.00	8,101.50	
80	N/A	N/A	80	N/A	N/A	

Premiums are based on issue age.
* Home health care benefit is \$150/day.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$100 - \$500 per day	\$100 - \$500 per day
Benefit Period	2, 3, 5, 10 years or lifetime	2, 3, 5, 10 years or lifetime
Elimination Period	30, 90, or 180 days	30, 90, or 180 days
	Must be met once per lifetime.	

Other Benefits Included in Basic Policy		Optional Benefits for Additional Premium
Adult Day Care	Guaranteed Purchase	Inflation Protection
Alternate Plan of Care	Home Modification	Nonforfeiture Benefit
Assisted Living Facility	Hospice Care	
Bed Reservation	Respite Care	
Care Coordination	Restoration of Benefits	
Caregiver Training	Spousal Discount	
Case Management	Waiver of Premium	
Equipment Purchase		

**INDIVIDUAL LONG-TERM CARE INSURANCE
PARTNERSHIP PROGRAM POLICIES**

American General Life Insurance Company
2727-A Allen Parkway
Houston, TX 77019
(www.americangeneralltc.com)

Consumer Service Telephone No. 1-888-565-3769

Form No. 08000-WI

First-Year Commission: 45% Average

**Preexisting Condition
 Waiting Period:** None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges up to monthly maximum benefit

Activities of Daily Living (ADLs) Required: 2

Annual Premium for Nursing Home Benefit and Home Health Care (Optional Benefits Not Included)						
\$5,000 Monthly Benefit Amount \$250,000 Lifetime Benefit			\$5,000 Monthly Benefit Amount \$250,000 Lifetime Benefit			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	
50	\$ 1,261.50	\$ 1,110.00	50	\$ 1,690.50	\$ 1,470.00	
65	2,892.25	2,515.00	65	3,812.25	3,315.00	
70	4,761.00	4,140.00	70	6,233.00	5,420.00	
75	8,521.50	7,410.00	75	11,022.75	9,585.00	
80	14,835.00	12,900.00	80	N/A	N/A	

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Monthly Benefit Amount	\$2,000 - \$12,000 per month	\$2,000 - \$12,000 per month
Lifetime Benefit Amount	\$100,000, \$250,000, \$400,000, \$500,000, \$600,000, \$750,000, or \$1,000,000	\$100,000, \$250,000, \$400,000, \$500,000, \$600,000, \$750,000, or \$1,000,000
Elimination Period	30, 90, or 180 days	30, 90, or 180 days
	Must be met once per lifetime.	

Other Benefits Included in Basic Policy	
Adult Day Care	Equipment Purchase
Alternative Plan of Care	Home Modifications
Assisted Living Facility	Hospice Care
Bed Reservation	Respite Care
Care Coordination	Spousal Discount
Caregiver Training	Waiver of Premium

Optional Benefits for Additional Premium
Inflation Protection
Joint Survivor Benefit
Joint Waiver of Premium
Nonforfeiture Benefit
Paid-up Survivor
Restoration of Benefits
Return of Premium

**Assurity Life Insurance Company
 Long-Term Care Administration Office
 P.O. Box 4243
 Woodland Hills, CA 91365-4243
 (www.assurity.com)**

Consumer Service Telephone No. 1-800-276-7619

Form No. AL2100P-WI

First-Year Commission: 56% Average

**Preexisting Condition
 Waiting Period:** None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges up to fixed amount (Indemnity option available)

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$150/Day Nursing Home Benefit and \$150/Day Home Health Care* (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	90 Days
50	\$1,800.93	\$1,500.78	50	\$ 2,858.62	\$2,382.19	
65	2,232.56	1,860.47	65	3,543.75	2,953.13	
70	3,072.01	2,560.00	70	4,876.20	4,063.50	
75	5,913.10	4,927.58	75	9,385.88	7,821.56	
80	6,574.36	5,478.64	80	10,435.50	8,696.25	

Premiums are based on issue age.
 * Home health care benefit is \$150/day.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$300 per day	\$60 - \$300 per day
Benefit Period	2, 3, 4, 5, 6, 10 years or lifetime	2, 3, 4, 5, 6, 10 years or lifetime
Elimination Period	0, 30, 90, or 180 days	0, 30, 90, or 180 days
	Must be met once per lifetime.	

Other Benefits Included in Basic Policy		Optional Benefits for Additional Premium
Adult Day Care	Hospice Care	Monthly Benefit (Home Health Care)
Alternative Plan of Care	Inflation Protection	Nonforfeiture Benefit
Assisted Living Facility	Instrumental Activities of Daily Living	Paid-up Survivor
Alzheimer's Units	International Coverage (30 days)	Restoration of Benefits
Bed Reservation	Respite Care	Return of Premium
Care Coordination	Waiver of Premium	Shared Benefits
Caregiver Training		Spousal Discount
Equipment Purchase		Waiver of Premium (Home Health Care)

Bankers Life and Casualty Company
600 West Chicago Avenue
Chicago, IL 60654-2800
(www.bankerslife.com)

Consumer Service Telephone No. 1-800-231-9150

Form No. GR-N620

First-Year Commission: Ages: Under 55 44%
 60-64 40%
 65-74 36%
 75-84 32%
 85-89 22%

Preexisting Condition
Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges up to daily benefit

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$150/Day Nursing Home Benefit and \$75/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	30 Days
50	\$ 810.81	\$ 693.00	50	\$ 1,438.65	\$ 1,251.00	
65	2,074.41	1,773.00	65	3,736.35	3,249.00	
70	3,253.77	2,781.00	70	5,827.05	5,067.00	
75	5,054.40	4,320.00	75	9,004.50	7,830.00	
80	8,097.57	6,921.00	80	14,117.23	12,275.85	

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	Ages 18-79: \$60 - \$400 per day Ages 80-84: \$60 - \$250 per day Ages 85-89: \$60 - \$200 per day	50% of nursing home benefit
Benefit Period	365 - 2,920 days or lifetime	365 - 2,920 days or lifetime
Elimination Period	0, 15, 30, 60, 90, 180 or 365 days	0, 15, 30, 60, 90, 180 or 365 days
Must be met once per lifetime.		

Bankers Life and Casualty Company (continued)

**Other Benefits Included
in Basic Policy**

Adult Day Care
Assisted Living Facility
Care Coordination
Guaranteed Purchase
International Coverage
(30 days)
Spousal Discount
Waiver of Premium

**Optional Benefits for
Additional Premium**

Alternative Plan of Care
Ambulance
Bed Reservation
Caregiver Training
Equipment Purchase
Home Modification
Hospice Care
Inflation Protection
Nonforfeiture Benefit
Paid-up Survivor
Respite Care
Restoration of Benefits
Return of Premium
Shortened Benefit
Nonforfeiture
Spousal Paid-up Survivor

Bankers Life and Casualty Company
600 West Chicago Avenue
Chicago, IL 60654-2800
(www.bankerslife.com)

Consumer Service Telephone No. 1-800-231-9150

Form No. GR-N650

First-Year Commission: Ages: 54 and Under 44%
 60-64 40%
 65-74 36%
 75-84 32%
 85-89 22%

Preexisting Condition
Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges up to daily benefit

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$150/Day Nursing Home Benefit and \$75/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	
50	\$ 916.11	\$ 783.00	50	\$ 1,645.65	\$ 1,431.00	
65	2,358.72	2,016.00	65	4,336.65	3,771.00	
70	3,696.03	3,159.00	70	6,779.25	5,895.00	
75	5,749.38	4,914.00	75	10,505.08	9,134.96	
80	9,276.93	7,929.00	80	16,570.18	14,408.85	

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	Ages 18-79: \$60 - \$400 per day Ages 80-84: \$60 - \$250 per day Ages 85-89: \$60 - \$200 per day	50% or 100% of nursing home benefit
Benefit Period	365 - 2,920 days or lifetime	365 - 2,920 days or lifetime
Elimination Period Must be met once per lifetime.	0, 15, 30, 60, 90, 180, or 365 days	0, 15, 30, 60, 90, 180, or 365 days

Bankers Life and Casualty Company (continued)

**Other Benefits Included
in Basic Policy**

Adult Day Care
Assisted Living Facility
Care Coordination
Guaranteed Purchase
Spousal Discount
Waiver of Premium

**Optional Benefits for
Additional Premium**

Alternative Plan of Care
Ambulance
Bed Reservation
Caregiver Training
Equipment Purchase
Home Modification
Hospice Care
Inflation Protection
Limited Premium Payment
Nonforfeiture Benefit
Paid-up Survivor
Respite Care
Restoration of Benefits
Return of Premium
Shortened Benefit
Nonforfeiture
Spousal Paid-up Survivor

Berkshire Life Insurance Company of America
Long-Term Care Administrative Office
P.O. Box 4243
Woodland Hills, CA 91365-4243
(www.theberkshire.com)

Consumer Service Telephone No. 1-800-819-2468 **Form No.** BGO1P(01/09)-WI

First-Year Commission: 42% Average **Preexisting Condition Waiting Period:** None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges up to fixed amount (Indemnity option available)

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$150/Day Nursing Home Benefit and \$150/Day Home Health Care* (Optional Benefits Not Included)					
3-Year Benefit Period			Lifetime Benefit Period		
Age	Elimination Period		Age	Elimination Period	
	30 Days	90 Days		30 Days	90 Days
50	\$1,505.33	\$1,308.98	50	\$ 2,508.88	\$ 2,181.63
65	2,853.94	2,481.68	65	4,756.56	4,136.14
70	4,249.11	3,694.88	70	7,081.85	6,158.13
75	7,535.58	6,552.67	75	12,559.29	10,921.12
80	9,487.15	8,249.70	80	15,811.92	13,749.50

Premiums are based on issue age.
 * Home health care benefit is \$150/day.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$400 per day	\$60 - \$400 per day
Benefit Period	3, 4, 5, 6 years or lifetime	3, 4, 5, 6 years or lifetime
Elimination Period	0, 30, 90, or 180 days	0, 30, 90, or 180 days
Must be met once per lifetime.		

Other Benefits Included in Basic Policy	Optional Benefits for Additional Premium
Adult Day Care	Nonforfeiture Benefit
Alternative Plan of Care	Paid-up Survivor
Alzheimer's Units	Personal Caregiver
Assisted Living Facility	Restoration of Benefits
Bed Reservation	Return of Premium
Care Coordination	Shared Benefits
Caregiver Training	Spousal Discount
Emergency Response System	Waiver of Premium (Home Health Care)
Hospice Care	
Inflation Protection	
Instrumental Activities of Daily Living	
International Coverage (30 days)	
Respite Care	
Waiver of Premium	

Country Life Insurance Company
1701 North Towanda Avenue
P.O. Box 2000
Bloomington, IL 61702-2000
(www.countryfinancial.com)

Consumer Service Telephone No. 1-866-856-4760 **Form No.** LTC-500(WI 12/03)

First-Year Commission: 33% **Preexisting Condition Waiting Period:** None

Health History Requested: General health questions

Claim Payment Method: Actual charges up to fixed amount

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$150/Day Nursing Home Benefit and \$75/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
	Elimination Period			Elimination Period		
Age	30 Days	90 Days	Age	30 Days	90 Days	
50	\$ 744.65	\$ 636.45	50	\$ 1,173.57	\$ 1,003.05	
65	1,775.88	1,517.85	65	2,937.35	2,510.55	
70	2,957.36	2,527.65	70	5,007.02	4,279.50	
75	4,799.06	4,101.75	75	8,357.66	7,143.30	
80	7,109.85	6,076.80	80	12,559.49	10,734.60	

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$350 per day	50% or 100% of nursing home benefit
Benefit Period	2, 3, 4, 5 years or lifetime	2, 3, 4, 5 years or lifetime
Elimination Period	30, 90, 180, or 365 days	30, 90, 180, or 365 days
	Must be met once per lifetime.	

Other Benefits Included in Basic Policy		Optional Benefits for Additional Premium
Adult Day Care	Case Management	Indemnity Benefit
Alternative Plan of Care	Equipment Purchase	Inflation Protection
Assisted Living Facility	Hospice Care	Monthly Home Care
Bed Reservation	Respite Care	Nonforfeiture Benefit
Care Coordination	Spousal Discount	Paid-up at Age 65
Caregiver Training	Waiver of Premium	Paid-up Survivor
		Restoration of Benefits
		Return of Premium
		Ten-year Premium Payment

Country Life Insurance Company
 1701 North Towanda Avenue
 P.O. Box 2000
 Bloomington, IL 61702-2000
 (www.countryfinancial.com)

Consumer Service Telephone No. 1-866-856-4760 **Form No.** LTC-540(WI 12/03)

First-Year Commission: 33% **Preexisting Condition Waiting Period:** None

Health History Requested: General health questions

Claim Payment Method: Actual charges up to fixed amount

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$150/Day Nursing Home Benefit and \$75/Day Home Health Care (Optional Benefits Not Included)						
6-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	90 Days
50	\$ 1,251.02	\$ 1,069.24	50	N/A	N/A	N/A
65	2,983.48	2,549.98	65	N/A	N/A	N/A
70	4,968.36	4,246.46	70	N/A	N/A	N/A
75	8,062.42	6,890.94	75	N/A	N/A	N/A
80	11,944.54	10,209.02	80	N/A	N/A	N/A

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$350 per day	50% or 100% of nursing home benefit
Benefit Period	6, 8 or 10 years	6, 8 or 10 years
Elimination Period	30, 90, 180, or 365 days	30, 90, 180, or 365 days
	Must be met once per lifetime for each insured person.	

Other Benefits Included in Basic Policy	Optional Benefits for Additional Premium
Adult Day Care	Indemnity Benefit
Alternative Plan of Care	Inflation Protection
Assisted Living Facility	Monthly Home Care
Bed Reservation	Nonforfeiture Benefit
Care Coordination	Paid-up Survivor
Caregiver Training	Ten-year Premium Payment
Case Management	
Equipment Purchase	
Hospice Care	
Respite Care	
Waiver of Premium	

Genworth Life Insurance Company
6620 West Broad Street
Richmond, VA 23230
(www.genworth.com)

Consumer Service Telephone No. 1-888-436-9678

Form No. 7042WI Rev.

First-Year Commission: 60%

Preexisting Condition Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges up to fixed amount

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$150/Day Nursing Home Benefit and \$75/Day Home Health Care (Optional Benefits Not Included)					
3-Year Benefit Period			Lifetime Benefit Period		
Age	Elimination Period		Age	Elimination Period	
	30 Days	90 Days		30 Days	90 Days
50	\$ 885.00	\$ 720.00	50	\$1,515.00	\$1,260.00
65	1,845.00	1,545.00	65	3,345.00	2,775.00
70	2,985.00	2,490.00	70	5,490.00	4,575.00
75	5,325.00	4,455.00	75	9,720.00	8,100.00
80	N/A	N/A	80	N/A	N/A

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$400 per day	\$60 - \$400 per day
Benefit Period	2, 3, 4, 5, 6, 8, 10 years or lifetime	2, 3, 4, 5, 6, 8, 10 years or lifetime
Elimination Period	30, 90, 180, or 365 days	30, 90, 180, or 365 days
	Must be met once per lifetime.	

- | Other Benefits Included in Basic Policy | |
|--|---|
| Adult Day Care | Hospice Care |
| Alternative Plan of Care | Instrumental Activities of Daily Living |
| Assisted Living Facility | Respite Care |
| Bed Reservation | Spousal Discount |
| Care Coordination | Waiver of Premium |
| Caregiver Training | |
| Equipment Purchase | |

- Optional Benefits for Additional Premium**
- Inflation Protection
 - Nonforfeiture Benefit
 - Paid-up Survivor
 - Restoration of Benefits
 - Return of Premium

Genworth Life Insurance Company
6620 West Broad Street
Richmond, VA 23230
(www.genworth.com)

Consumer Service Telephone No. 1-888-436-9678

Form No. 7044WI Rev.

First-Year Commission: 60%

Preexisting Condition Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges up to fixed amount

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$4,500/Month Nursing Home Benefit* and \$4,500/Month Home Health Care* (Optional Benefits Not Included)					
3-Year Benefit Period			Lifetime Benefit Period		
Age	Elimination Period**		Age	Elimination Period**	
	30 Days	90 Days		30 Days	90 Days
50	\$1,125.00	\$ 990.00	50	\$ 1,935.00	\$ 1,755.00
65	2,340.00	2,115.00	65	4,230.00	3,825.00
70	3,780.00	3,420.00	70	6,930.00	6,300.00
75	6,750.00	6,120.00	75	12,240.00	11,115.00
80	N/A	N/A	80	N/A	N/A

Premiums are based on issue age.
 * Nursing home benefit and home health care benefit are \$4,500/month.
 ** Elimination period applies only to facility benefits.

	Nursing Home Care	Home Health Care
Monthly Benefit Amount	\$1,800 - \$12,000 per month	\$1,800 - \$12,000 per month
Benefit Period	2, 3, 4, 5, 6, 8, 10 years or lifetime	2, 3, 4, 5, 6, 8, 10 years or lifetime
Elimination Period	30, 90, or 180 days	0 days
	Must be met once per lifetime.	

Other Benefits Included in Basic Policy	
Adult Day Care	Hospice Care
Alternative Plan of Care	Instrumental Activities of Daily Living
Assisted Living Facility	Paid-up Survivor
Bed Reservation	Respite Care
Care Coordination	Spousal Discount
Caregiver Training	Waiver of Premium
Equipment Purchase	

Optional Benefits for Additional Premium
Inflation Protection
Nonforfeiture Benefit
Restoration of Benefits
Return of Premium

John Hancock Life Insurance Company
P.O. Box 111
Boston, MA 02117
(www.johnhancocklongtermcare.com)

Consumer Service Telephone No. 1-800-377-7311

Form No. LTC-03 WI

First-Year Commission: 52.4% Average

Preexisting Condition
Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges up to fixed amount

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$150/Day Nursing Home Benefit and \$100/Day Home Health Care* (Optional Benefits Not Included)					
3-Year Benefit Period			10-Year Benefit Period		
Age	Elimination Period		Age	Elimination Period	
	30 Days	90 Days		30 Days	90 Days
50	\$1,176.36	\$ 982.80	50	\$2,021.76	\$1,684.80
65	2,122.85	1,769.04	65	3,672.86	3,060.72
70	2,965.25	2,471.04	70	5,559.84	4,633.20
75	4,784.83	3,987.36	75	8,053.34	6,711.12
80	N/A	6,683.04	80	N/A	N/A

Premiums are based on issue age.
 * Home health care benefit is \$100/day.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	Ages 18-79: \$60 - \$500 per day Ages 80-84: \$60 - \$250 per day	100% of nursing home benefit
Benefit Period	2, 3, 4, 5, 6, or 10 years Ages: 80-84: 2 or 3 years	2, 3, 4, 5, 6, or 10 years Ages: 80-84: 2 or 3 years
Elimination Period	30, 60, 90, 180, or 365 days Must be met once per lifetime.	30, 60, 90, 180, or 365 days

Other Benefits Included in Basic Policy	
Adult Day Care	Inflation Protection
Assisted Living Facility	Instrumental Activities of Daily Living
Bed Reservation	Respite Care
Care Coordination	Return of Premium
Caregiver Training	Spousal Discount
Case Management	Waiver of Premium
Guaranteed Purchase	
Hospice Care	

Optional Benefits for Additional Premium
5% Compound Inflation
Family Care
Nonforfeiture Benefit
Paid-up Survivor

Massachusetts Mutual Life Insurance Company
Long-term Care Administrative Office
P.O. Box 4243
Woodland Hills, CA 91365-4243
(www.massmutual.com)

Consumer Service Telephone No. 1-800-272-2216

Form No. MM500-P-WI

First-Year Commission: 50% Average

Preexisting Condition
Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges up to fixed amount (Indemnity option available)

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$150/Day Nursing Home Benefit and \$150/Day Home Health Care* (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	90 Days
50	\$1,941.80	\$1,618.16	50	\$ 3,734.22	\$ 3,111.85	
65	2,778.86	2,315.72	65	5,343.97	4,453.31	
70	4,290.06	3,575.05	70	8,250.12	6,875.10	
75	7,097.29	5,914.41	75	13,648.63	11,373.86	
80	6,753.05	5,627.54	80	12,986.64	10,822.20	

Premiums are based on issue age.
 * Home health care benefit is \$150/day.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$400 per day	\$60 - \$400 per day
Benefit Period	2, 3, 4, 5, 6, 10 years or lifetime	2, 3, 4, 5, 6, 10 years or lifetime
Elimination Period	30, 60, 90, or 180 days	30, 60, 90, or 180 days
	Must be met once per lifetime.	

Other Benefits Included in Basic Policy	Optional Benefits for Additional Premium
Adult Day Care	Nonforfeiture Benefit
Alternative Plan of Care	Paid-up Survivor
Alzheimer's Units	Restoration of Benefits
Ambulance	Return of Premium
Assisted Living Facility	Waiver of Premium
Bed Reservation	(Covered Partner)
Care Coordination	
Caregiver Training	
Emergency Response System	
Equipment Purchase	
Hospice Care	
Inflation Protection	
International Coverage	
Prescription Drugs	
Respite Care	
Spousal Discount	
Waiver of Premium	

MedAmerica Insurance Company
Foster Plaza, Building 5
651 Holiday Drive, Suite 300
Pittsburgh, PA 15220
(www.MedAmericaLTC.com)

Consumer Service Telephone No. 1-800-544-0327

Form No. SPL2-336-WI-1008

First-Year Commission: Ages: 18-85 60%

Preexisting Condition
Waiting Period: None

Health History Requested: General health questions (Detailed health history as warranted)

Claim Payment Method: Monthly benefit

Activities of Daily Living (ADLs) Required: 2

Annual Premium* (Optional Benefits Not Included)						
\$100,000 Cash Benefit Account \$4,000/month for facilities \$3,000/month for home care			\$1,000,000 Cash Benefit Account \$8,000/month for facilities \$6,000/month for home care			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	90 Days
50	\$ 654.64	\$ 569.25	50	\$ 2,497.45	\$ 2,171.70	
65	1,922.80	1,672.00	65	7,171.18	6,235.80	
70	2,835.18	2,465.38	70	10,524.05	9,151.35	
75	4,968.29	4,320.25	75	18,612.92	16,185.15	
80	7,087.16	6,162.75	80	26,510.06	23,052.22	

Premiums are based on issue age.
 * Premium calculations have been changed to fit into product design.

Nursing Home Care

Home Health Care

Monthly Benefit Amount \$3,000, \$4,000, \$6,000, \$7,500,
 \$8,000, \$9,000, \$10,000,
 \$12,000, or \$16,000

75% or 100% of nursing
 home benefit

Cash Benefit Account \$100,000, \$200,000, \$300,000,
 \$500,000, or \$1,000,000

\$100,000, \$200,000, \$300,000,
 \$500,000, or \$1,000,000

Elimination Period 30, 60, 90, or 180 days
 Must be met once per lifetime.

30, 60, 90, or 180 days

**Other Benefits Included
 in Basic Policy**

Adult Day Care	Case Management
Adult Foster Care	Equipment Purchase
Alternative Plan of Care	Family Care
Assisted Living Facility	Home Modification
Bed Reservation	Hospice Care
Care Coordination	Respite Care
Caregiver Training	Waiver of Premium

**Optional Benefits for
 Additional Premium**

Inflation Protection
 Nonforfeiture Benefit
 Paid-up Survivor
 Restoration of Benefits
 Return of Premium

Metropolitan Life Insurance Company
P.O. Box 937
Westport, CT 06881-0937
(www.metlife.com)

Consumer Service Telephone No. 1-888-565-3761

Form No. LTC2-IDEAL-WI

First-Year Commission: 45% Average

Preexisting Condition

Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges up to monthly benefit

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$150/Day Nursing Home Benefit and \$75/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	20 Days	100 Days		20 Days	100 Days	100 Days
50	\$ 805.58	\$ 700.50	50	N/A	N/A	N/A
65	1,811.94	1,575.60	65	N/A	N/A	N/A
70	2,636.84	2,292.90	70	N/A	N/A	N/A
75	4,012.70	3,489.30	75	N/A	N/A	N/A
80	5,907.44	5,136.90	80	N/A	N/A	N/A

Premiums based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$400 per day	50%, 75%, or 100% of nursing home benefit
Benefit Period	2, 3, 4, 5, or 7 years	2, 3, 4, 5, or 7 years
Elimination Period	20, 45, or 100 days	20, 45, or 100 days
	Must be met once per lifetime.	

Other Benefits Included in Basic Policy		Optional Benefits for Additional Premium
Adult Day Care	Equipment Purchase	Future Purchase Option
Alternative Plan of Care	Hospice Care	Inflation Protection
Alzheimer's Facility	Instrumental Activities	Nonforfeiture Benefit
Assisted Living Facility	of Daily Living	Restoration of Benefits
Bed Reservation	International Coverage	Return of Premium
Care Coordination	Paid-up Survivor	Ten-Year Premium Payment
Caregiver Training	Respite Care	
Case Management	Waiver of Premium	

Metropolitan Life Insurance Company
P.O. Box 937
Westport, CT 06881-0937
(www.metlife.com)

Consumer Service Telephone No. 1-888-565-3761

Form No. LTC2007-WI

First-Year Commission: 45% Average

Preexisting Condition
Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges up to daily benefit

Activities of Daily Living (ADLs) Required: 2

Annual Premium for Nursing Home Benefit and Home Health Care (Optional Benefits Not Included)						
\$3,000 Monthly Benefit Amount \$200,000 Total Benefit Amount			\$6,000 Monthly Benefit Amount \$400,000 Total Benefit Amount			
Age	Elimination Period		Age	Elimination Period		
	30 Days	100 Days		30 Days	100 Days	
50	N/A	\$ 699.71	50	N/A	\$ 1,399.41	
65	N/A	1,600.41	65	N/A	3,200.82	
70	N/A	2,312.30	70	N/A	4,624.60	
75	N/A	3,568.50	75	N/A	7,137.01	
80	N/A	5,354.38	80	N/A	10,708.76	

Premiums based on issue age.

Monthly Benefit Amount \$3,000, \$4,500, \$6,000, \$9,000, \$12,000, or \$15,000

Total Benefit Amount \$75,000, \$100,000, \$200,000, \$300,000, \$400,000,
\$500,000, or \$1,000,000

Elimination Period 100 days
 Must be met once per lifetime.

**Other Benefits Included
in Basic Policy**

Adult Day Care	Case Management
Alzheimer's Facility	Home Care
Assisted Living Facility	Hospice Care
Bed Reservation	Return of Premium

**Optional Benefits for
Additional Premium**

Future Purchase Option
 Inflation Protection
 Nonforfeiture Benefit
 Ten-Year Premium Payment

Mutual of Omaha Insurance Company
Mutual of Omaha Plaza
Omaha, NE 68175
(www.mutualofomaha.com)

Consumer Service Telephone No. 1-800-775-6000

Form No. LTC09M

First-Year Commission: 50% Average

Preexisting Condition
Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$150/Day Nursing Home Benefit and \$75/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	90 Days
50	\$ 898.76	\$ 719.01	50	\$ 1,829.37	\$1,463.50	
65	1,958.73	1,562.98	65	3,990.05	3,192.03	
70	3,474.95	2,779.95	70	7,004.70	5,603.76	
75	5,809.81	4,647.85	75	11,488.93	9,191.14	
80	N/A	N/A	80	N/A	N/A	

Premiums are based on attained age.

	Nursing Home Care	Home Health Care
Monthly Benefit Amount	\$1,500 - \$15,000 per month	50%, 75%, or 100% of nursing home benefit
Benefit Period	2, 3, 4, 5, 6, 8 years or lifetime	2, 3, 4, 5, 6, 8 years or lifetime
Elimination Period	0, 30, 60, 90, 180, or 365 days	0, 30, 60, 90, 180, or 365 days

Must be met once per lifetime.

Other Benefits Included in Basic Policy	Optional Benefits for Additional Premium
Adult Day Care	Equipment Purchase
Alternative Plan of Care	Hospice Care
Assisted Living Facility	Instrumental Activities of Daily Living
Bed Reservation	Respite Care
Care Coordination	Waiver of Premium
Caregiver Training	
Case Management	Future Purchase
	Inflation Protection
	Nonforfeiture Benefit
	Paid-up Survivor
	Restoration of Benefits
	Return of Premium
	Spousal Discount

New York Life Insurance Company
6200 Bridge Point Parkway, Suite 400
Austin, TX 78730-5006
(www.newyorklifeltc.com)

Consumer Service Telephone No. 1-800-224-4582 **Form No.** ILTC-5000(WI)(0305)

First-Year Commission: 42% **Preexisting Condition Waiting Period:** None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges except per diem for informal care

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$150/Day Nursing Home Benefit and \$75/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	20 Days	90 Days		20 Days	90 Days	90 Days
50	\$ 605.00	\$ 414.39	50	\$1,045.11	\$ 715.77	
65	1,855.04	1,270.56	65	3,107.63	2,128.48	
70	2,849.65	1,951.84	70	4,722.98	3,234.87	
75	4,839.95	3,314.99	75	8,005.23	5,483.03	
80	N/A	N/A	80	N/A	N/A	

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$400 per day	50%, 60%, 70%, 80%, 90%, or 100% of nursing home benefit
Benefit Period	2, 3, 4, 5, 7, 10 years or lifetime	2, 3, 4, 5, 7, 10 years or lifetime
Elimination Period	20, 90, 180, or 365 days	20, 90, 180, or 365 days
	Must be met once per lifetime.	

Other Benefits Included in Basic Policy		Optional Benefits for Additional Premium
Adult Day Care	Hospice Care	Future Purchase
Alternative Plan of Care	Respite Care	Inflation Protection
Assisted Living Facility	Restoration of Benefits	Nonforfeiture Benefit
Bed Reservation	Return of Premium	Paid-up Survivor
Care Coordination	Spousal Discount	
Caregiver Training	Waiver of Premium	
Equipment Purchase	World Wide Coverage	

Physicians Mutual Insurance Company
2600 Dodge Street
Omaha, NE 68131
(www.physiciansmutual.com)

Consumer Service Telephone No. 1-800-228-9100

Form No. P146 DD

First-Year Commission: Ages: 18-54 70% 70-74 50%
 55-59 65% 75-79 45%
 60-64 60% 80+ 35%
 65-69 55%

Preexisting Condition
Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges up to monthly benefit

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$4,500/Month Nursing Home Benefit* and \$2,250/Month Home Health Care* (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	90 Days
50	\$ 742.00	\$ 634.00	50	\$ 1,217.00	\$1,040.00	
65	1,795.00	1,534.00	65	2,943.00	2,515.00	
70	2,879.00	2,461.00	70	4,720.00	4,034.00	
75	5,007.00	4,279.00	75	8,208.00	7,076.00	
80	N/A	N/A	80	N/A	N/A	

Premiums are based on issue age.
 * Nursing home benefit is \$4,500/month; home health care benefit is \$2,250/month.

	Nursing Home Care	Home Health Care
Monthly Benefit Amount	\$1,500 - \$12,000 per month	\$750 - \$12,000 per month
Benefit Period	2, 3, 4, 5, 8 years or lifetime	2, 3, 4, 5, 8 years or lifetime
Elimination Period	0, 30, 60, 90, 180, or 365 days	0, 30, 60, 90, 180, or 365 days

Must be met once per lifetime.

Other Benefits Included in Basic Policy	Optional Benefits for Additional Premium
Adult Day Care	Guaranteed Purchase
Alternative Plan of Care	Inflation Protection
Ambulance	Paid-up Survivor
Assisted Living Facility	Return of Premium
Bed Reservation	Spousal Discount
Care Coordination	
Caregiver Training	
Equipment Purchase	
Home Modification	
Hospice Care	
International Coverage	
Nonforfeiture Benefit	
Respite Care	
Restoration of Benefits	
Waiver of Premium	

Physicians Mutual Insurance Company
2600 Dodge Street
Omaha, NE 68131
(www.physiciansmutual.com)

Consumer Service Telephone No. 1-800-228-9100

Form No. P148 DD

First-Year Commission: Ages: 18-54 70% 70-74 50%
 55-59 65% 75-79 45%
 60-64 60% 80+ 35%
 65-69 55%

Preexisting Condition
Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges up to monthly benefit

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$4,500/Month Nursing Home Benefit* and \$75/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	90 Days
50	\$ 620.00	\$ 530.00	50	\$1,016.00	\$ 868.00	
65	1,499.00	1,281.00	65	2,457.00	2,100.00	
70	2,403.00	2,064.00	70	3,940.00	3,368.00	
75	4,176.00	3,570.00	75	6,847.00	5,852.00	
80	N/A	N/A	80	N/A	N/A	

Premiums are based on issue age.
 * Nursing home benefit is \$4,500/month.

	Nursing Home Care	Home Health Care
Monthly Benefit Amount	\$900 - \$9,000 per month	\$0 - \$9,000 per month or \$0 - \$300 per day
Benefit Period	1, 2, 3, 4, 5, 8 years or lifetime	1, 2, 3, 4, 5, 8 years or lifetime
Elimination Period	0, 30, 60, 90, 180, or 365 days	0, 30, 60, 90, 180, or 365 days

Must be met once per lifetime.

**Other Benefits Included
in Basic Policy**

Ambulance
 Assisted Living Facility
 Bed Reservation
 Care Coordination
 Caregiver Training
 Home Modification
 Nonforfeiture Benefit
 Waiver of Premium

**Optional Benefits for
Additional Premium**

Adult Day Care
 Alternative Plan of Care
 Equipment Purchase
 Guaranteed Purchase
 Hospice Care
 Inflation Protection
 Paid-up Survivor
 Respite Care
 Restoration of Benefits
 Return of Premium
 Spousal Discount

The Prudential Insurance Company of America
751 Broad Street
Newark, NJ 07102
(www.prudential.com)

Consumer Service Telephone No. 1-800-732-0416

Form No. GRP113096

First-Year Commission: 22.8%-65.2%

Preexisting Condition
Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$150/Day Nursing Home Benefit and \$75/Day Home Health Care (Optional Benefits Not Included)					
3-Year Benefit Period			Lifetime Benefit Period		
Age	Elimination Period		Age	Elimination Period	
	30 Days	90 Days		30 Days	90 Days
50	\$ 815.73	\$ 652.59	50	\$1,394.32	\$1,115.46
65	1,902.78	1,522.23	65	3,252.44	2,601.95
70	3,181.67	2,545.32	70	5,438.42	4,350.73
75	5,639.60	4,511.69	75	9,639.78	7,711.81
80	N/A	N/A	80	N/A	N/A

Premiums based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$500 per day	50%, 75%, 100%, or 150% of nursing home benefit
Benefit Period	2, 3, 4, 5, 6, 10 years or lifetime	2, 3, 4, 5, 6, 10 years or lifetime
Elimination Period	30, 60, 90, 120, 180, or 365 days	30, 60, 90, 120, 180, or 365 days
Must be met once per lifetime.		

Other Benefits Included in Basic Policy		Optional Benefits for Additional Premium
Adult Day Care	Equipment Purchase	Guaranteed Purchase
Alternative Plan of Care	Home Modification	Inflation Protection
Ambulance	Homemaker Services	Joint Waiver of Premium
Assisted Living Facility	Hospice Care	Monthly Benefit
Bed Reservation	International Coverage	Nonforfeiture Benefit
Care Coordination	Respite Care	Paid-up Survivor
Caregiver Training	Restoration of Benefits	Return of Premium
Case Management	Spousal Discount	Shortened Benefit
Emergency Medical Alert	Waiver of Premium	Nonforfeiture

Transamerica Life Insurance Company
P.O. Box 95302
Hurst, TX 76053-5302
(www.TransamericaLTC.com)

Consumer Service Telephone No. 1-800-338-0257

Form No. TLC 1-FP(WI) 808

First-Year Commission: 70%-90%

Preexisting Condition
Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$150/Day Nursing Home Benefit and \$75/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	90 Days
50	\$ 511.00	\$ 420.00	50	\$ 1,064.00	\$ 874.00	
65	1,134.00	931.00	65	2,509.00	2,060.00	
70	1,775.00	1,458.00	70	3,972.00	3,262.00	
75	2,987.00	2,453.00	75	7,222.00	5,931.00	
80	N/A	N/A	80	N/A	N/A	

Premiums are based on attained age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$400 per day	\$60 - \$400 per day
Benefit Period	2, 3, 4, 5, 6 years or lifetime	2, 3, 4, 5, 6 years or lifetime
Elimination Period	0, 30, 60, 90, or 180 days	0, 30, 60, 90, or 180 days
	Must be met once per lifetime.	

Other Benefits Included in Basic Policy		Optional Benefits for Additional Premium
Adult Day Care	Equipment Purchase	Future Purchase
Assisted Living Facility	Home Care	Guaranteed Purchase
Bed Reservation	Home Modification	Inflation Protection
Care Coordination	Hospice Care	Joint Waiver of Premium
Caregiver Training	Respite Care	Nonforfeiture Benefit
Emergency Medical Alert	Spousal Discount	Restoration of Benefits
	Waiver of Premium	Shortened Benefit
		Nonforfeiture
		Return of Premium

United of Omaha Life Insurance Company
Mutual of Omaha Plaza
Omaha, NE 68175
(www.mutualofomaha.com)

Consumer Service Telephone No. 1-800-775-6000

Form No. LTC09U-AG-WI

First-Year Commission: 50% Average

Preexisting Condition
Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$150/Day Nursing Home Benefit and \$75/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	365 Days
50	\$ 931.83	\$ 745.46	50	\$ 1,969.90	\$1,575.92	
65	1,929.43	1,543.54	65	4,110.14	3,288.11	
70	3,445.45	2,756.36	70	7,215.54	5,772.44	
75	5,735.58	4,589.26	75	11,834.74	9,467.79	
80	N/A	N/A	80	N/A	N/A	

Premiums are based on attained age.

	Nursing Home Care	Home Health Care
Monthly Benefit Amount	\$1,500 - \$9,000 per month	100% or 200% of nursing home benefit
Total Benefit Amount	\$50,000 - \$500,000 or lifetime	\$50,000 - \$500,000 or lifetime
Elimination Period	0, 30, 60, 90, 180, or 365 days	0, 30, 60, 90, 180, or 365 days
Must be met once per lifetime.		

Other Benefits Included in Basic Policy	Optional Benefits for Additional Premium
Adult Day Care	Future Purchase
Alternative Plan of Care	Inflation Protection
Assisted Living Facility	Nonforfeiture Benefit
Bed Reservation	Paid-up Survivor
Care Coordination	Return of Premium
Caregiver Training	
Case Management	
	Equipment Purchase
	Hospice Care
	Instrumental Activities of Daily Living
	Respite Care
	Restoration of Benefits
	Waiver of Premium

United of Omaha Life Insurance Company
Mutual of Omaha Plaza
Omaha, NE 68175
(www.mutualofomaha.com)

Consumer Service Telephone No. 1-800-775-6000

Form No. LTC09U-AG-WI

First-Year Commission: 50% Average

Preexisting Condition
Waiting Period: None

Health History Requested: Detailed health history

Claim Payment Method: Actual charges

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$150/Day Nursing Home Benefit and \$75/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	90 Days
50	\$ 903.21	\$ 722.57	50	\$ 1,838.43	\$1,470.74	
65	1,963.40	1,570.57	65	4,009.80	3,207.84	
70	3,492.15	2,793.72	70	7,039.39	5,631.51	
75	5,838.57	4,670.85	75	11,545.81	9,236.65	
80	N/A	N/A	80	N/A	N/A	

Premiums are based on attained age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$1,500 - \$15,000 per month	50%, 75% or 100% of nursing home benefit
Benefit Period	2, 3, 4, 5, 6, 8 years or lifetime	2, 3, 4, 5, 6, 8 years or lifetime
Elimination Period	0, 30, 60, 90, 180, or 365 days	0, 30, 60, 90, 180, or 365 days
Must be met once per lifetime.		

Other Benefits Included in Basic Policy	Optional Benefits for Additional Premium
Adult Day Care	Equipment Purchase
Alternative Plan of Care	Hospice Care
Assisted Living Facility	Instrumental Activities of Daily Living
Bed Reservation	Respite Care
Care Coordination	Restoration of Benefits
Caregiver Training	Waiver of Premium
Case Management	
	Future Purchase
	Inflation Protection
	Nonforfeiture Benefit
	Paid-up Survivor
	Return of Premium

GROUP LONG-TERM CARE INSURANCE POLICIES

This includes both tax-qualified and nontax-qualified plans.

Group long-term care insurance partnership program policies are shown on page 65.

MedAmerica Insurance Company
Foster Plaza, Building 5
651 Holiday Drive, Suite 300
Pittsburgh, PA 15220
(www.MedAmericaLTC.com)

Consumer Service Telephone No. 1-800-544-0327 **Form No.** GRPSPL-341-WI

First-Year Commission: 15%

Preexisting Condition Waiting Period: None

Health History Requested: General health questions (detailed health history as warranted)

Claim Payment Method: Monthly benefit

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$4,500/Month Nursing Home Benefit and \$2,700/Month Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days*		30 Days	90 Days*	
50	\$ 460.23	\$ 400.20	50	\$ 872.85	\$ 759.00	
65	1,587.00	1,380.00	65	3,031.17	2,635.80	
70	2,555.07	2,221.80	70	4,856.22	4,222.80	
75	4,903.83	4,264.20	75	9,522.00	8,280.00	
80	7,728.69	6,720.60	80	N/A	N/A	

Premiums are based on issue age.
 * Premium calculations have been changed to fit into product design (60% HHC).

	Nursing Home Care	Home Health Care
Monthly Benefit Amount	\$2,100 - \$12,000 per month	60%, 80%, or 100% of nursing home benefit
Benefit Period	24, 36, 48, 60, 84 months or lifetime	24, 36, 48, 60, 84 months or lifetime
Elimination Period	30, 60, 90, or 180 days	30, 60, 90, or 180 days
	Must be met once per lifetime.	

Other Benefits Included in Basic Policy		Optional Benefits for Additional Premium
Adult Day Care	Case Management	Inflation Protection
Adult Foster Care	Equipment Purchase	Nonforfeiture Benefit
Alternative Plan of Care	Family Care	Paid-up Survivor
Assisted Living Facility	Home Modification	Restoration of Benefits
Bed Reservation	Hospice Care	Return of Premium
Care Coordination	Respite Care	
Caregiver Training	Waiver of Premium	

The Prudential Insurance Company of America
751 Broad Street
Newark, NJ 07102
(www.prudential.com)

Consumer Service Telephone No. 1-800-732-0416 **Form No.** 83500 COV 5022 et al

First-Year Commission: Under 5,000 lives = 0 - 20% **Preexisting Condition**
Waiting Period: 6 months if not fully underwritten

Health History Requested: Guaranteed issue during open enrollment

Claim Payment Method: Actual charges

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$150/Day Nursing Home Benefit and \$75/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
	Elimination Period			Elimination Period		
Age	30 Days	90 Days	Age	30 Days	90 Days	
50	\$ 502.00	\$ 408.00	50	\$ 888.00	\$ 722.00	
65	1,644.00	1,337.00	65	2,909.00	2,365.00	
70	2,472.00	2,010.00	70	4,374.00	3,556.00	
75	3,959.00	3,219.00	75	7,006.00	5,696.00	
80	6,865.00	5,581.00	80	12,147.00	9,876.00	

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$500 per day	\$60 - \$500 per day
Benefit Period	2, 3, 4, 5, 6, or 10 years or fixed dollar amount or unlimited	2, 3, 4, 5, 6, or 10 years or fixed dollar amount or unlimited
Elimination Period	30, 60, 90, 120, 180, or 365 days	30, 60, 90, 120, 180, or 365 days

Must be met once per lifetime.

Other Benefits Included in Basic Policy		Optional Benefits for Additional Premium
Adult Day Care	Equipment Purchase	5% Compound Inflation
Alternative Plan of Care	Guaranteed Purchase	Inflation Protection
Ambulance	Hospice Care	Monthly Benefit
Assisted Living Facility	International Coverage	Nonforfeiture Benefit
Bed Reservation	Respite Care	Paid-up Survivor
Care Coordination	Restoration of Benefits	Return of Premium
Caregiver Training	Waiver of Premium	Shortened Benefit Period
Case Management		Spousal Discount

**GROUP LONG-TERM CARE INSURANCE
PARTNERSHIP PROGRAM POLICIES**

UNUM Life Insurance Company of America
2211 Congress Street
Portland, ME 04122
(www.unum.com)

Consumer Service Telephone No. 1-800-558-6224

Form No. GLTC04

First-Year Commission: 15% **Preexisting Condition Waiting Period:** 6 months

Health History Requested: No health questions asked for employees; general health questions asked for family members and retirees

Claim Payment Method: Daily benefit

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$150/Day Nursing Home Benefit and \$75/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	90 Days
50	\$ 507.60	\$ 406.08	50	\$ 755.76	\$ 603.48	
65	1,556.64	1,246.44	65	2,436.48	1,945.80	
70	2,363.16	1,889.40	70	3,728.04	2,983.56	
75	3,981.84	3,186.60	75	6,243.48	4,991.40	
80	6,751.08	5,403.12	80	10,439.64	8,352.84	

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$300 per day	\$30 - \$300 per day
Benefit Period	2, 3, 4, 5, 6, 10 years or lifetime	2, 3, 4, 5, 6, 10 years or lifetime
Elimination Period	20, 30, 60, 90, 180, or 365 days	20, 30, 60, 90, 180, or 365 days

Must be met once per lifetime.

Other Benefits Included in Basic Policy

- Adult Day Care
- Alternative Plan of Care
- Assisted Living Facility
- Bed Reservation
- Equipment Purchase
- Hospice Care
- Respite Care
- Waiver of Premium

Optional Benefits for Additional Premium

- Guaranteed Purchase
- Inflation Protection
- Nonforfeiture Benefit
- Restoration of Benefits
- Return of Premium

UNUM Life Insurance Company of America
2211 Congress Street
Portland, ME 04122
(www.unum.com)

Consumer Service Telephone No. 1-800-558-6224

Form No. RGLTC04

First-Year Commission: 15%

Preexisting Condition Waiting Period: 6 months

Health History Requested: No health questions asked for employees; general health questions asked for family members and retirees

Claim Payment Method: Actual charges

Activities of Daily Living (ADLs) Required: 2

Annual Premium for \$150/Day Nursing Home Benefit and \$75/Day Home Health Care (Optional Benefits Not Included)						
3-Year Benefit Period			Lifetime Benefit Period			
Age	Elimination Period		Age	Elimination Period		
	30 Days	90 Days		30 Days	90 Days	90 Days
50	\$ 485.04	\$ 389.16	50	\$ 721.92	\$ 575.28	
65	1,483.32	1,190.04	65	2,318.04	1,855.56	
70	2,250.36	1,799.16	70	3,553.20	2,842.56	
75	3,790.08	3,034.32	75	5,944.56	4,754.52	
80	6,429.60	5,143.68	80	9,943.32	7,958.04	

Premiums are based on issue age.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	\$60 - \$300 per day	\$30 - \$300 per day
Benefit Period	2, 3, 4, 5, 6, 10 years or lifetime	2, 3, 4, 5, 6, 10 years or lifetime
Elimination Period	20, 30, 60, 90, 180, or 365 days	20, 30, 60, 90, 180, or 365 days

Must be met once per lifetime.

Other Benefits Included in Basic Policy

- Adult Day Care
- Alternative Plan of Care
- Assisted Living Facility
- Bed Reservation
- Equipment Purchase
- Hospice Care
- Respite Care
- Waiver of Premium

Optional Benefits for Additional Premium

- Guaranteed Purchase
- Inflation Protection
- Nonforfeiture Benefit
- Restoration of Benefits
- Return of Premium

WEA Insurance Corporation
45 Nob Hill Road
Madison, WI 53713
(www.weatrust.com)

Consumer Service Telephone No. 1-608-276-4000 **Form No.** IC LGL 3435-255-0108

First-Year Commission: 0 **Preexisting Condition Waiting Period:** None

Health History Requested: No health questions for employees; health questions asked for employees' spouses

Claim Payment Method: Indemnity; 75% of actual charges up to benefit limit

Activities of Daily Living (ADLs) Required: 3

Annual Premium		
	Elimination Period	
	30 Days	90 Days
As part of the WEACARE Package	\$855.60	\$786.00
As part of the WEACARE II Package	922.80	849.60
As a freestanding policy	988.80	908.40

Premium is not rated on age, sex, or benefit period. Premium cited is cost per employee (including spouse if spouse qualifies).
 Maximum lifetime benefit for each covered participant is \$379,044.00.

	Nursing Home Care	Home Health Care
Daily Benefit Amount	75% of actual charges up to a maximum of \$253.22 per day	75% of actual charges up to \$253.22 per day
Benefit Period	Lifetime	Lifetime
Elimination Period	30, 60, or 90 days	30, 60, or 90 days
	Must be met once per lifetime.	

Other Benefits Included in Basic Policy

- Adult Day Care
- Alternative Plan of Care
- Assisted Living Facility
- Bed Reservation
- Care Coordination
- Case Management
- Guaranteed Purchase
- Hospice Care
- Inflation Protection
- Respite Care
- Spousal Discount
- Waiver of Premium

Optional Benefits for Additional Premium

- Domestic Partner (no additional premium)
- Nonforfeiture Benefit

LONG-TERM CARE INSURANCE PERSONAL WORKSHEET

People buy long-term care insurance for a variety of reasons. These reasons include avoiding spending assets for long-term care, to make sure there are choices regarding the type of care received, to protect family members from having to pay for care, or to decrease the chances of going on Medicaid. However, long-term care insurance can be expensive and is not appropriate for everyone. State law requires the insurance company to ask you to complete this worksheet to help you and the insurance company determine whether you should buy this policy.

Premium

Policy Form Number(s) _____

The premium for the coverage you are considering will be [\$_____ per month, or \$_____ per year,] [a one-time single premium of \$_____.]

Type of Policy (noncancellable/guaranteed renewable): _____

[The company cannot raise your rates on this policy.] [The company has a right to increase premiums on this policy form in the future, provided it raises rates for all policies in the same class in this state.]

[Insurers shall use appropriate bracketed statement. Rate guarantees shall not be shown on this form.]

Note: The insurer shall use the bracketed sentence or sentence applicable to the product offered. If a company includes a statement regarding not having raised rates, it must disclose the company's rate increases under prior policies providing essentially similar coverage.

Rate Increase History

The company has sold long-term care insurance since [year] and has sold this policy since [year]. [The company has never raised its rates for any long-term care policy it has sold in this state or any other state.] [The company has not raised its rates for this policy form or similar policy forms in this state or any other state in the last 10 years.] [The company has raised its premium rates on this policy form or similar policy forms in the last 10 years. Following is a summary of the rate increase(s).]

Questions Related to Your Income

How will you pay each year's premium?

Income Savings Family members

[Have you considered whether you could afford to keep this policy if the premiums were raised, for example, by 20%?]

Note: The insurer shall use the bracketed sentence unless the policy is fully paid up or is a noncancellable policy.

What is your annual income? (check one)

Under \$10,000 \$[10,000-20,000] \$[20,000-30,000] \$[30,000-50,000] Over \$[50,000]

Note: The insurer may choose the numbers to put in the brackets to fit its suitability standards.

How do you expect your income to change over the next 10 years? (check one)

No change Increase Decrease

If you will be paying premiums with money received only from your own income, a rule of thumb is that you may not be able to afford this policy if the premiums will be more than 7% of your income.

Will you buy inflation protection? (check one) Yes No

If not, have you considered how you will pay for the difference between future costs and your daily benefit amount?

From my Income From my Savings \ Investments My Family will Pay

The national average annual cost of care in [insert year] was [insert \$ amount], but this figure varies across the country. In ten years the national average annual cost would be about [insert \$ amount] if costs increase 5% annually.

What elimination period are you considering? Number of days _____ Approximate cost \$ _____ for that period of care.

How are you planning to pay for your care during the elimination period? (check one)

- From my Income From my Savings \ Investments My Family will Pay

Questions Related to Your Savings and Investments

Not counting your home, what is the approximate value of all of your assets (savings and investments)? (check one)

- Under \$20,000 \$20,000-30,000 \$30,000-50,000 Over \$50,000

How do you expect your assets to change over the next ten years? (check one)

- Stay about the same Increase Decrease

If you are buying this policy to protect your assets and your assets are less than \$30,000, you may wish to consider other options for financing your long-term care.

Disclosure Statement

(Check one.)

- The answers to the questions above describe my financial situation.
or
 I choose not to complete this information.

(This box must be checked)

- I acknowledge that the carrier and/or its agent (below) has reviewed this form with me including the premium, premium rate increase history and potential for premium increases in the future. [For direct mail situations, use the following: I acknowledge that I have reviewed this form including the premium, premium rate increase history and potential for premium increases in the future.] I understand the above disclosures. **I understand that the rates for this policy may increase in the future.**

Signed: _____ (Applicant) _____ (Date)

[I explained to the applicant the importance of completing this information.

Signed: _____ (Agent) _____ (Date)

Agent's Printed Name: _____]

Note: In order for us to process your application, please return this signed statement to [name of company], along with your application.

[My agent has advised me that this policy does not appear to be suitable for me. However, I still want the company to consider my application.

Signed: _____ (Applicant) _____ (Date)]