Filing at a Glance

Company:	MetLife Insurance Company USA
Product Name:	Long-Term Care
State:	Virginia
TOI:	LTC04I Individual Long Term Care - Nursing Home
Sub-TOI:	LTC04I.001 Qualified
Filing Type:	Rate
Date Submitted:	03/26/2015
SERFF Tr Num:	MILL-129963593
SERFF Status:	Closed-Approved and Filed
State Tr Num:	MILL-129963593
State Status:	Approved & Filed
Co Tr Num:	LTC4 TQ FO
Implementation Date Requested:	On Approval
Author(s):	Mike Bergerson, John Hebig, Travis Reisch, Michael Emmert, Alex Moore, Michael McNutt, Samuel Scheevel
Reviewer(s):	Janet Houser (primary), Elsie Andy
Disposition Date:	01/20/2016
Disposition Status:	Approved and Filed
Implementation Date:	

General Information

Project Name: 2013 Rate Increase
Project Number: 145GEC01-30
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: Resubmission
Individual Market Type:
Filing Status Changed: 01/20/2016
State Status Changed: 01/20/2016
Created By: Rolan Manderson-Jones
Corresponding Filing Tracking Number:
State TOI: LTC04I Individual Long Term Care - Nursing Home

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 02/25/2014
Domicile Status Comments: A 25.0% rate increase was approved in Delaware on 02/25/2014

Market Type: Individual
Previous Filing Number: MILL-129257032
Overall Rate Impact: 25.7%

Deemer Date:
Submitted By: John Hebig
State Sub-TOI: LTC04I.001 Qualified

Filing Description:

Milliman, Inc. has been retained by GNA Corporation (Genworth), a reinsurer of this business, to submit the referenced rate filing on behalf of MetLife USA for your review. In preparing this rate filing, I relied on data provided to me by Union Fidelity Life Insurance Company (UFLIC), the retrocessionaire on this business, and Genworth.

H-LTC4JFQ and H-LTC4JFQ20 are existing tax-qualified individual facility only long term care policies of insurance previously approved in 1998. These forms were issued in Virginia from February 1999 through September 2000 and are no longer being marketed in any state. Nationwide, the last policies were issued in 2001.

This is a resubmission of a prior filing, SERFF tracking number MILL-129257032, that was withdrawn on February 13, 2015. The actuarial memorandum and supplement provided in this filing are similar to those provided in MILL-129257032. Any revisions or adjustments resulting from correspondence with the Bureau with respect to that prior filing are reflected in the appendix of this filing. The only substantive change from the prior filing is the company name.

The company is requesting the approval of a premium rate increase on the above listed forms and all associated riders. The increase is needed due to morbidity and persistency levels which produce lifetime loss ratios in excess of original pricing and the minimum requirement. As noted in the attached actuarial memorandum, two prior increases have been approved and implemented on these forms and associated riders. A 20.0% increase was approved on May 6, 2005 and implemented on each contract's next billing anniversary beginning August 27, 2005. A 30.0% increase was approved on May 4, 2011 and implemented on each contract's next billing anniversary beginning August 5, 2011. A premium rate increase of 25.7% is being requested at this time.

The company will offer insureds affected by the premium increase the option of reducing their policy daily benefit, where possible, to provide flexibility of choice for those insureds who wish to maintain a premium level reasonably similar to what they were paying prior to the rate increase.

Concurrent with this filing, the company is filing a limited nonforfeiture endorsement for approval. If the endorsement is approved, for policyholders who do not have a nonforfeiture benefit as part of their policy, the company is making a limited nonforfeiture option available for those who wish to elect a limited paid-up long term care insurance benefit. This option provides a paid-up policy with benefits equal to the total of premiums paid, less any claims paid. While the company is strongly encouraging policyholders to keep or reduce their existing coverage, it believes it is important to provide a comprehensive set of options to policyholders.

State:	*Virginia*	**Filing Company:**	*MetLife Insurance Company USA*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*2013 Rate Increase/145GEC01-30*		

Company and Contact

Filing Contact Information

Amy Pahl, Consulting Actuary
8500 Normandale Lake Blvd.,
Suite 1850
Minneapolis, MN 55437-3830

amy.pahl@milliman.com
952-820-2419 [Phone]
952-897-5301 [FAX]

Filing Company Information

(This filing was made by a third party - millimaninc)

MetLife Insurance Company USA	CoCode: 87726	State of Domicile: Delaware
1209 Orange Street	Group Code: 241	Company Type:
Wilmington, DE 19801	Group Name: Metropolitan Group	Life/Accident/Health
(860) 768-0328 ext. [Phone]	FEIN Number: 06-0566090	State ID Number:

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved and Filed	Janet Houser	01/20/2016	01/20/2016

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Janet Houser	12/11/2015	12/11/2015
Disapproved	Elsie Andy	11/20/2015	11/20/2015
Info has been requested from company	Janet Houser	08/18/2015	08/25/2015

Response Letters

Responded By	Created On	Date Submitted
John Hebig	12/21/2015	12/21/2015
Michael Emmert	12/09/2015	12/09/2015
Michael Emmert	11/04/2015	11/04/2015

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Long Term Care Insurance Rate Request Summary	Alex Moore	01/14/2016	01/14/2016
Form	Contingent Benefit Upon Lapse Endorsement	Alex Moore	01/13/2016	01/13/2016
Rate	Rate Tables	Alex Moore	01/12/2016	01/13/2016
Rate	Rate Tables	Alex Moore	01/12/2016	01/13/2016
Rate	Rate Tables	Alex Moore	01/12/2016	01/13/2016
Rate	Rate Tables	Alex Moore	01/12/2016	01/13/2016
Rate	Rate Tables	Alex Moore	01/12/2016	01/13/2016
Rate	Rate Tables	Alex Moore	01/12/2016	01/13/2016
Rate	Rate Tables	Alex Moore	01/12/2016	01/13/2016
Supporting Document	L&H Actuarial Memorandum	Alex Moore	01/13/2016	01/13/2016
Supporting Document	Certificates of Compliance	Alex Moore	01/13/2016	01/13/2016
Supporting Document	Readability Certifications	Alex Moore	01/13/2016	01/13/2016

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Long Term Care Insurance Rate Request Summary	Alex Moore	01/12/2016	01/13/2016

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
75 day notice	Note To Filer	Janet Houser	12/11/2015	12/11/2015
Additional detail regarding the policyholder letters	Note To Filer	Janet Houser	10/29/2015	10/29/2015
8/25/2015 phone message	Note To Filer	Janet Houser	08/25/2015	08/25/2015
RRS	Reviewer Note	Janet Houser	01/19/2016	
act review	Reviewer Note	Janet Houser	04/03/2015	

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Disposition

Disposition Date: 01/20/2016
Implementation Date:
Status: Approved and Filed

Comment: The Virginia State Corporation Commission earlier this year adopted revisions to the Rules Governing Long-Term Care Insurance set forth in Chapter 200 of Title 14 of the Virginia Administrative Code. Except as specifically provided in the regulation, the changes are effective September 1, 2015. The Order adopting the revisions to the long term care insurance regulation and all related documents are located on the commission's website at http://www.scc.virginia.gov/DocketSearch#/caseDetails/132748. As a reminder, several changes within the revised regulations have an immediate impact on both new and existing policies; and the company should take appropriate action to ensure its full compliance with such changes in the revised regulations.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
MetLife Insurance Company USA	374.600%	11.700%	$3,610	11	$30,858	11.700%	11.700%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document (revised)	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document	Cover Letter	Received & Acknowledged	Yes
Supporting Document	Supplement to the Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document	Rate Revision Review Requirements Checklist	Received & Acknowledged	Yes
Supporting Document	Letter of Authorization	Received & Acknowledged	Yes
Supporting Document	Appendix	Received & Acknowledged	Yes
Supporting Document	Response to August 25, 2015 Phone Call	Received & Acknowledged	Yes
Supporting Document (revised)	Certificates of Compliance	Received & Acknowledged	Yes
Supporting Document (revised)	Readability Certifications	Received & Acknowledged	Yes
Supporting Document (revised)	Statement of Variability	Received & Acknowledged	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	Yes

State: Virginia **Filing Company:** MetLife Insurance Company USA
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2013 Rate Increase/145GEC01-30

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	Yes
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	Yes
Supporting Document	Certificates of Compliance	Withdrawn	Yes
Supporting Document	Certificates of Compliance	Withdrawn	Yes
Supporting Document	Certificates of Compliance	Withdrawn	Yes
Supporting Document	Readability Certifications	Withdrawn	Yes
Supporting Document	Readability Certifications	Withdrawn	Yes
Supporting Document	Readability Certifications	Withdrawn	Yes
Supporting Document	Statement of Variability	Withdrawn	Yes
Supporting Document	Statement of Variability	Withdrawn	Yes
Form (revised)	Policyholder Rate Increase Notification Letter	Filed	Yes
Form	Virginia Rate Increase Filing History	Filed	Yes
Form	Coverage Amendment Rider	Approved	Yes
Form (revised)	Contingent Benefit Upon Lapse Endorsement	Approved	Yes
Form (revised)	Frequently Asked Questions (now included in notification letter)	Withdrawn	Yes
Form	Policyholder Rate Increase Notification Letter	Withdrawn	Yes
Form	Policyholder Rate Increase Notification Letter	Withdrawn	Yes
Form	Contingent Benefit Upon Lapse Endorsement	Withdrawn	Yes
Form	Contingent Nonforfeiture Benefit Endorsement	Withdrawn	Yes
Form	Frequently Asked Questions	Withdrawn	Yes
Rate (revised)	Rate Tables	Approved	Yes
Rate (revised)	Rate Tables	Withdrawn	Yes
Rate (revised)	Rate Tables	Withdrawn	Yes
Rate (revised)	Rate Tables	Withdrawn	Yes
Rate (revised)	Rate Tables	Withdrawn	Yes
Rate (revised)	Rate Tables	Withdrawn	Yes
Rate (revised)	Rate Tables	Withdrawn	Yes
Rate	Rate Tables	Withdrawn	Yes
Rate	Rate Tables	Withdrawn	Yes
Rate	Rate Tables	Withdrawn	Yes
Rate	Rate Tables	Withdrawn	Yes

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate	Rate Tables	Withdrawn	Yes
Rate	Rate Tables	Withdrawn	Yes
Rate	Rate Tables	Withdrawn	Yes
Rate	Rate Tables	Withdrawn	Yes
Rate	Rate Tables	Withdrawn	Yes
Rate	Rate Tables	Withdrawn	Yes
Rate	Rate Tables	Withdrawn	Yes
Rate	Rate Tables	Withdrawn	Yes
Rate	Rate Tables	Withdrawn	Yes
Rate	Rate Tables	Withdrawn	Yes

State:	*Virginia*	**Filing Company:**	*MetLife Insurance Company USA*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*2013 Rate Increase/145GEC01-30*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/11/2015
Submitted Date	12/11/2015
Respond By Date	

Dear Amy Pahl,

Introduction:

Thank you for providing an updated policyholder letter as requested. There is a concern following another review that the explanation as to why higher claims are contributing to a rate increase may be unclear to the policyholder.

Keep in mind LTC is basically an indemnity benefit. For the average consumer who has never filed a claim and continues keep his policy in force by paying premiums, it is difficult to understand why his premium rate goes up when his benefit does not. Regardless of whatever amount of claims he may submit, his daily/monthly benefit would remain the same. The company should include an explanation as to how higher claims drive the rate increase. For example, the paragraph could be expanded to state something to the effect that higher claims are due in part to individuals living longer and keeping their policies longer, which has resulted in more claims being filed anticipated than when the policy was priced. As a result, premiums need to be adjusted to ensure there is adequate funding to pay current and anticipated future claims.

The FAQ should be amended accordingly. Also, since the FAQ will be considered a "filed" form, please include the full and proper corporate name of the company on the form for compliance with 14VAC5-100-50 2. I apologize for not bringing this to your attention previously.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned at 80-371-9390.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State:	*Virginia*	**Filing Company:**	*MetLife Insurance Company USA*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*2013 Rate Increase/145GEC01-30*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	11/20/2015
Submitted Date	11/20/2015
Respond By Date	

Dear Amy Pahl,

Introduction:

MetLife Insurance Company USA
SERFF Tracking No: MILL-129963593
Form Nos.: MICC RIL VA 10/29/2015, et al.

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Policyholder Rate Increase Notification Letter, MICC RIL VA 10/29/2015 (Form)
- Contingent Nonforfeiture Benefit Endorsement, MICC CNF VA 09/01/2015 (Form)
Comments: We have the following concerns with form MICC CNF VA 09/01/2015.

For consistency with the 14 VAC 5-200-185 C, the endorsement should be captioned as Contingent Benefit Upon Lapse Endorsement. All references in the endorsement to Contingent Nonforfeiture Benefit should be similarly revised. This objection also applies to form MICC RIL VA 10/29/2015.

For consistency with 14 VAC 5-200-185 D 3, the table should be captioned as Triggers for a Substantial Premium Increase. The percent columns should be captioned as Percent Increase over Initial Premium.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned. Upon subsequent review, other concerns may require attention.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Elsie Andy
Senior Insurance Market Examiner

Sincerely,
Elsie Andy

State:	*Virginia*	**Filing Company:**	*MetLife Insurance Company USA*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*2013 Rate Increase/145GEC01-30*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	08/25/2015
Submitted Date	08/25/2015
Respond By Date	

Dear Amy Pahl,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

As indicated in our conference call August 18 with John Hebig, the Virginia State Corporation Commission recently adopted revisions to the Rules Governing Long-Term Care Insurance set forth in Chapter 200 of Title 14 of the Virginia Administrative Code. Except as specifically provided in the regulation, the changes are effective September 1, 2015. The Order adopting the revisions to the long term care insurance regulation and all related documents are located on the commission's website at http://www.scc.virginia.gov/DocketSearch#/caseDetails/132748.

As part of the revisions, the commission revised the requirements for policyholder notifications regarding rate increases as stated in 14 VAC5-200-75 D. A summary of the new requirements are:

• The notice is required to be filed with the commission at the time the premium rate increase is filed;

• The insurer is required to provide the notice at least 75 days prior to the implementation of the premium rate schedule increase;

• The notice is required to include at least the following information:

1. All applicable information identified in 14VAC5-200-75 including A 1 which requires a statement indicating the policy may be subject to future rate increases; A 2 which requires a statement that should there be future rate increases, options similar to those being offered will be available; A 3 which requires a statement indicating the premium rate or rate schedules that will be effect; A 4 a which requires a statement as to when the premium rate or or rate schedule adjustments will be effective; and A 4 b which requires a statement that the insured has a right to a revised premium rate or rate schedule upon request.
2. A clear explanation of options available to the policyholder as alternatives to paying the increased premium amount, including:
a. An offer to reduce policy benefits provided by the current coverage consistent with the requirements of 14VAC5-200-183;
b. A disclosure stating that all options available to the policyholder may not be of equal value;
c. In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections. If no such policies are in effect, please indicate so in your response; and
d. Contact information that will allow the policyholder to contact the insurer for additional options available;
3. A clear identification of the driving factors of the premium rate increase; and
4. A statement substantially similar to the following:

The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI.

As a result, the company will need to submit for review a policyholder notification letter in compliance with the requirements of 14VAC5-200-75, as revised. Because the letter must be "filed", please attach the amended letter to the Form Schedule in SERFF in compliance with the requirements of Chapter 100 of Title 14 of the Virginia Administrative Code including a Certification of Compliance. The letter will require a form number. Please include a Statement of Variability, if applicable. This letter should only be attached to one submission for filing purposes based on the assumption the same letter will be used for all eight filings. If there should be a reason the same letter will not be used, please attach the each letter to the appropriate filing with a different form number

for review.

It is our understanding from previous correspondence from the company, that when any benefit changes are processed on a policy, the company will send an amendment to the schedule page. The template of this form (MetLife Insurance Company US Amendment) is attached to the Appendix section in Supporting Documentation. Please advise if this form has been reviewed and approved for use in Virginia. If so, please provide the SERFF tracking number and date of approval. If not, please attach the amendment (with a form number) to the Form Schedule in SERFF. The company would need to submit a Certification of Compliance as noted above, a Readability Certification in compliance with 14VAC5-100-60, and a Statement of Variability, if appropriate. This form should only be attached to one of the eight filings for review and approval.

The policyholder letter provides the insured may exercise the Nonforfeiture Rider if the policy includes such rider or may select the Contingent Nonforfeiture Benefit Endorsement. How is the policy updated in those situations? If forms are used, please provide a copy of the form and the SERFF tracking number it was submitted under and its approval date. If the form(s) has not been approved, please attach the form to the Form Schedule with the Certification of Compliance, Readability Certification and Statement of Variability, if applicable, for review and approval.

If the policyholder accepts the optional limited benefit, an endorsement will serve as proof of the change and the company will send a confirmation letter once it is processed. Our records indicate endorsement form MICC OLB 3/24/2015 VA, Optional Limited Benefit Endorsement, was approved under SERFF tracking number MILL-129914690. This option provides a limited paid-up long term care insurance benefit. The Bureau of Insurance has contacted the company expressing concerns with this benefit option. The resolution of this matter may or may not have an impact the the policyholder letter and will be addressed at that time, if necessary.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned at 804-371-9390.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/21/2015
Submitted Date	12/21/2015

Dear Janet Houser,

Introduction:

Please see below.

Response 1

Comments:

Please see the attached documents. These documents have been updated per the requests in the December 11, 2015 objection letter. The policyholder notification letters will be sent 75 days prior to each insureds premium increasing.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability 20151218.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*Statement of Variability.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*Statement of Variability.pdf*

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability 20151218.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*Statement of Variability.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*Statement of Variability.pdf*

Satisfied - Item:	Certificates of Compliance
Comments:	
Attachment(s):	MetLife Insurance Company USA Amendment Certification of Compliance_20151104.pdf VA RIH 09222015 Certification of Compliance_20151104.pdf MICC CNF VA 11232015 Certification of Compliance_20151209.pdf MICC RIL VA 121815 Certification of Compliance_20151221.pdf
Previous Version	
Satisfied - Item:	*Certificates of Compliance*
Comments:	
Attachment(s):	*MetLife Insurance Company USA Amendment Certification of Compliance_20151104.pdf* *VA RIH 09222015 Certification of Compliance_20151104.pdf* *MICC CNF VA 11232015 Certification of Compliance_20151209.pdf* *MICC FAQ VA 11232015 Certification of Compliance_20151209.pdf* *MICC RIL VA 112315 Certification of Compliance_20151209.pdf*
Previous Version	
Satisfied - Item:	*Certificates of Compliance*
Comments:	
Attachment(s):	*MetLife Insurance Company USA Amendment Certification of Compliance_20151104.pdf* *MICC CNF VA 09012015 Certification of Compliance_20151104.pdf* *MICC RIL VA 102915 Certification of Compliance_20151104.pdf* *VA RIH 09222015 Certification of Compliance_20151104.pdf*

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability 20151218.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*Statement of Variability.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*Statement of Variability.pdf*

Satisfied - Item:	Certificates of Compliance
Comments:	
Attachment(s):	MetLife Insurance Company USA Amendment Certification of Compliance_20151104.pdf VA RIH 09222015 Certification of Compliance_20151104.pdf MICC CNF VA 11232015 Certification of Compliance_20151209.pdf MICC RIL VA 121815 Certification of Compliance_20151221.pdf
Previous Version	
Satisfied - Item:	*Certificates of Compliance*
Comments:	
Attachment(s):	*MetLife Insurance Company USA Amendment Certification of Compliance_20151104.pdf* *VA RIH 09222015 Certification of Compliance_20151104.pdf* *MICC CNF VA 11232015 Certification of Compliance_20151209.pdf* *MICC FAQ VA 11232015 Certification of Compliance_20151209.pdf* *MICC RIL VA 112315 Certification of Compliance_20151209.pdf*
Previous Version	
Satisfied - Item:	*Certificates of Compliance*
Comments:	
Attachment(s):	*MetLife Insurance Company USA Amendment Certification of Compliance_20151104.pdf* *MICC CNF VA 09012015 Certification of Compliance_20151104.pdf* *MICC RIL VA 102915 Certification of Compliance_20151104.pdf* *VA RIH 09222015 Certification of Compliance_20151104.pdf*

State: Virginia **Filing Company:** MetLife Insurance Company USA
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2013 Rate Increase/145GEC01-30

Satisfied - Item:	Readability Certifications
Comments:	
Attachment(s):	MetLife Insurance Company USA Amendment Readability Certification_20151104.pdf VA RIH 09222015 Readability Certification_20151104.pdf MICC CNF VA 11232015 Readability Certification_20151209.pdf MICC RIL VA 121815 Readability Certification_20151221.pdf
Previous Version	
Satisfied - Item:	*Readability Certifications*
Comments:	
Attachment(s):	*MetLife Insurance Company USA Amendment Readability Certification_20151104.pdf* *VA RIH 09222015 Readability Certification_20151104.pdf* *MICC CNF VA 11232015 Readability Certification_20151209.pdf* *MICC FAQ VA 11232015 Readability Certification_20151209.pdf* *MICC RIL VA 112315 Readability Certification_20151209.pdf*
Previous Version	
Satisfied - Item:	*Readability Certifications*
Comments:	
Attachment(s):	*MetLife Insurance Company USA Amendment Readability Certification_20151104.pdf* *MICC CNF VA 09012015 Readability Certification_20151104.pdf* *MICC RIL VA 102915 Readability Certification_20151104.pdf* *VA RIH 09222015 Readability Certification_20151104.pdf*

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Rate Increase Notification Letter	MICC RIL VA 12/18/2015	OTH	Initial		44.600	MICC RIL VA 121815.pdf	Date Submitted: 12/21/2015 By: John Hebig
Previous Version								
1	*Policyholder Rate Increase Notification Letter*	*MICC RIL VA 11/23/2015*	*OTH*	*Initial*		*46.200*	*MICC RIL VA 112315.pdf*	*Date Submitted: 12/09/2015 By: John Hebig*
Previous Version								
1	*Policyholder Rate Increase Notification Letter*	*MICC RIL VA 10/29/2015*	*OTH*	*Initial*		*46.100*	*MICC RIL VA 102915.pdf*	*Date Submitted: 11/04/2015 By: John Hebig*
2	Frequently Asked Questions (now included in notification letter)		OTH	Initial				Date Submitted: 12/21/2015 By: John Hebig
Previous Version								
2	*Frequently Asked Questions*	*MICC FAQ VA 11/23/2015*	*OTH*	*Initial*		*45.200*	*MICC FAQ VA 11232015.pdf*	*Date Submitted: 12/09/2015 By: John Hebig*

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your assistance with this filing.

Sincerely,

John Hebig

State: Virginia **Filing Company:** MetLife Insurance Company USA
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2013 Rate Increase/145GEC01-30

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/09/2015
Submitted Date	12/09/2015

Dear Janet Houser,

Introduction:

Please see below.

Response 1

Comments:

Please see the attached documents. These documents have been updated per the requests in the November 20, 2015 objection letter and other communications with the Bureau.

Related Objection 1

Applies To:

- *Policyholder Rate Increase Notification Letter, MICC RIL VA 10/29/2015 (Form)*
- *Contingent Nonforfeiture Benefit Endorsement, MICC CNF VA 09/01/2015 (Form)*

Comments: We have the following concerns with form MICC CNF VA 09/01/2015.

For consistency with the 14 VAC 5-200-185 C, the endorsement should be captioned as Contingent Benefit Upon Lapse Endorsement. All references in the endorsement to Contingent Nonforfeiture Benefit should be similarly revised. This objection also applies to form MICC RIL VA 10/29/2015.

For consistency with 14 VAC 5-200-185 D 3, the table should be captioned as Triggers for a Substantial Premium Increase. The percent columns should be captioned as Percent Increase over Initial Premium.

Changed Items:

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificates of Compliance
Comments:	
Attachment(s):	MetLife Insurance Company USA Amendment Certification of Compliance_20151104.pdf VA RIH 09222015 Certification of Compliance_20151104.pdf MICC CNF VA 11232015 Certification of Compliance_20151209.pdf MICC FAQ VA 11232015 Certification of Compliance_20151209.pdf MICC RIL VA 112315 Certification of Compliance_20151209.pdf
Previous Version	
Satisfied - Item:	*Certificates of Compliance*
Comments:	
Attachment(s):	*MetLife Insurance Company USA Amendment Certification of Compliance_20151104.pdf* *MICC CNF VA 09012015 Certification of Compliance_20151104.pdf* *MICC RIL VA 102915 Certification of Compliance_20151104.pdf* *VA RIH 09222015 Certification of Compliance_20151104.pdf*

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificates of Compliance
Comments:	
Attachment(s):	MetLife Insurance Company USA Amendment Certification of Compliance_20151104.pdf VA RIH 09222015 Certification of Compliance_20151104.pdf MICC CNF VA 11232015 Certification of Compliance_20151209.pdf MICC FAQ VA 11232015 Certification of Compliance_20151209.pdf MICC RIL VA 112315 Certification of Compliance_20151209.pdf
Previous Version	
Satisfied - Item:	*Certificates of Compliance*
Comments:	
Attachment(s):	*MetLife Insurance Company USA Amendment Certification of Compliance_20151104.pdf* *MICC CNF VA 09012015 Certification of Compliance_20151104.pdf* *MICC RIL VA 102915 Certification of Compliance_20151104.pdf* *VA RIH 09222015 Certification of Compliance_20151104.pdf*

Satisfied - Item:	Readability Certifications
Comments:	
Attachment(s):	MetLife Insurance Company USA Amendment Readability Certification_20151104.pdf VA RIH 09222015 Readability Certification_20151104.pdf MICC CNF VA 11232015 Readability Certification_20151209.pdf MICC FAQ VA 11232015 Readability Certification_20151209.pdf MICC RIL VA 112315 Readability Certification_20151209.pdf
Previous Version	
Satisfied - Item:	*Readability Certifications*
Comments:	
Attachment(s):	*MetLife Insurance Company USA Amendment Readability Certification_20151104.pdf* *MICC CNF VA 09012015 Readability Certification_20151104.pdf* *MICC RIL VA 102915 Readability Certification_20151104.pdf* *VA RIH 09222015 Readability Certification_20151104.pdf*

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certificates of Compliance
Comments:	
Attachment(s):	MetLife Insurance Company USA Amendment Certification of Compliance_20151104.pdf VA RIH 09222015 Certification of Compliance_20151104.pdf MICC CNF VA 11232015 Certification of Compliance_20151209.pdf MICC FAQ VA 11232015 Certification of Compliance_20151209.pdf MICC RIL VA 112315 Certification of Compliance_20151209.pdf
Previous Version	
Satisfied - Item:	*Certificates of Compliance*
Comments:	
Attachment(s):	*MetLife Insurance Company USA Amendment Certification of Compliance_20151104.pdf* *MICC CNF VA 09012015 Certification of Compliance_20151104.pdf* *MICC RIL VA 102915 Certification of Compliance_20151104.pdf* *VA RIH 09222015 Certification of Compliance_20151104.pdf*

Satisfied - Item:	Readability Certifications
Comments:	
Attachment(s):	MetLife Insurance Company USA Amendment Readability Certification_20151104.pdf VA RIH 09222015 Readability Certification_20151104.pdf MICC CNF VA 11232015 Readability Certification_20151209.pdf MICC FAQ VA 11232015 Readability Certification_20151209.pdf MICC RIL VA 112315 Readability Certification_20151209.pdf
Previous Version	
Satisfied - Item:	*Readability Certifications*
Comments:	
Attachment(s):	*MetLife Insurance Company USA Amendment Readability Certification_20151104.pdf* *MICC CNF VA 09012015 Readability Certification_20151104.pdf* *MICC RIL VA 102915 Readability Certification_20151104.pdf* *VA RIH 09222015 Readability Certification_20151104.pdf*

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability*
Comments:	
Attachment(s):	*Statement of Variability.pdf*

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Rate Increase Notification Letter	MICC RIL VA 11/23/2015	OTH	Initial		46.200	MICC RIL VA 112315.pdf	Date Submitted: 12/09/2015 By: John Hebig
Previous Version								
1	*Policyholder Rate Increase Notification Letter*	*MICC RIL VA 10/29/2015*	*OTH*	*Initial*		*46.100*	*MICC RIL VA 102915.pdf*	*Date Submitted: 11/04/2015 By: John Hebig*
2	Contingent Benefit Upon Lapse Endorsement	MICC CNF VA 11/23/2015	POLA	Initial		45.800	MICC CNF VA 11232015.pdf	Date Submitted: 12/09/2015 By: John Hebig
Previous Version								
2	*Contingent Nonforfeiture Benefit Endorsement*	*MICC CNF VA 09/01/2015*	*POLA*	*Initial*		*49.900*	*MICC CNF VA 09012015.pdf*	*Date Submitted: 11/04/2015 By: John Hebig*
3	Frequently Asked Questions	MICC FAQ VA 11/23/2015	OTH	Initial		45.200	MICC FAQ VA 11232015.pdf	Date Submitted: 12/09/2015 By: John Hebig

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your assistance with this filing.

Sincerely,

John Hebig

State: Virginia **Filing Company:** MetLife Insurance Company USA
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2013 Rate Increase/145GEC01-30

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/04/2015
Submitted Date	11/04/2015

Dear Janet Houser,

Introduction:

On behalf of Amy Pahl, please see below.

Response 1

Comments:

Please see the attached response letter. The status listing, which is as of August 17, 2015 and included in the enclosed Excel file, corresponds to the time of the Bureaus offer. If an updated version of the status listing were provided it would include additional approvals, thus justifying a larger rate increase.

The enclosed policyholder notification letter is also in compliance with the requirements provided in the October 29, 2015 Note to Filer. However, as this product nor any product this letter corresponds to in Virginia is a Partnership policy, no references have been added to the letter to clarify Partnership status.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to August 25, 2015 Phone Call
Comments:	
Attachment(s):	VA_LTC4 TQ FO_Response to 20150825 Phone Call_20151104.pdf VA_LTC4 TQ FO_State Status Listing_20151104.xlsb

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to August 25, 2015 Phone Call
Comments:	
Attachment(s):	VA_LTC4 TQ FO_Response to 20150825 Phone Call_20151104.pdf VA_LTC4 TQ FO_State Status Listing_20151104.xlsb

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	The Overall % Indicated Change was determined by targeting the greater of the minimum required loss ratio or that from original pricing, absent any additional regulatory restrictions, assuming the rate increase is fully implemented on January 1, 2014. This calculation was performed using nationwide experience, current best-estimate assumptions, and without regard to any shock lapse, reduced benefit option election, or adverse selection resulting from the increase.
Attachment(s):	AM_LTC4_TQ_FO_VA_20151104.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	*The Overall % Indicated Change was determined by targeting the greater of the minimum required loss ratio or that from original pricing, absent any additional regulatory restrictions, assuming the rate increase is fully implemented on January 1, 2014. This calculation was performed using nationwide experience, current best-estimate assumptions, and without regard to any shock lapse, reduced benefit option election, or adverse selection resulting from the increase.*
Attachment(s):	*AM_LTC4_TQ_FO_VA_20150326.pdf*

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to August 25, 2015 Phone Call
Comments:	
Attachment(s):	VA_LTC4 TQ FO_Response to 20150825 Phone Call_20151104.pdf VA_LTC4 TQ FO_State Status Listing_20151104.xlsb

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	The Overall % Indicated Change was determined by targeting the greater of the minimum required loss ratio or that from original pricing, absent any additional regulatory restrictions, assuming the rate increase is fully implemented on January 1, 2014. This calculation was performed using nationwide experience, current best-estimate assumptions, and without regard to any shock lapse, reduced benefit option election, or adverse selection resulting from the increase.
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Attachment(s):	*AM_LTC4_TQ_FO_VA_20150326.pdf*

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	The document “MICC FAQ 10152013.pdf” enclosed with the “Supplement to the Actuarial Memorandum” provides a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.
Attachment(s):	Long Term Care Insurance Rate Request Summary Part 1_LTC4 TQ FO_20151104.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	*The document “MICC FAQ 10152013.pdf” enclosed with the “Supplement to the Actuarial Memorandum” provides a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.*
Attachment(s):	*Long Term Care Insurance Rate Request Summary Part 1_LTC4 TQ FO_20150326.pdf*

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to August 25, 2015 Phone Call
Comments:	
Attachment(s):	VA_LTC4 TQ FO_Response to 20150825 Phone Call_20151104.pdf VA_LTC4 TQ FO_State Status Listing_20151104.xlsb

Satisfied - Item:	L&H Actuarial Memorandum
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Attachment(s):	*Long Term Care Insurance Rate Request Summary Part 1_LTC4 TQ FO_20150326.pdf*

Satisfied - Item:	Certificates of Compliance
Comments:	
Attachment(s):	MetLife Insurance Company USA Amendment Certification of Compliance_20151104.pdf MICC CNF VA 09012015 Certification of Compliance_20151104.pdf MICC RIL VA 102915 Certification of Compliance_20151104.pdf VA RIH 09222015 Certification of Compliance_20151104.pdf

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to August 25, 2015 Phone Call
Comments:	
Attachment(s):	VA_LTC4 TQ FO_Response to 20150825 Phone Call_20151104.pdf VA_LTC4 TQ FO_State Status Listing_20151104.xlsb

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	The Overall % Indicated Change was determined by targeting the greater of the minimum required loss ratio or that from original pricing, absent any additional regulatory restrictions, assuming the rate increase is fully implemented on January 1, 2014. This calculation was performed using nationwide experience, current best-estimate assumptions, and without regard to any shock lapse, reduced benefit option election, or adverse selection resulting from the increase.
Attachment(s):	AM_LTC4_TQ_FO_VA_20151104.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	*The Overall % Indicated Change was determined by targeting the greater of the minimum required loss ratio or that from original pricing, absent any additional regulatory restrictions, assuming the rate increase is fully implemented on January 1, 2014. This calculation was performed using nationwide experience, current best-estimate assumptions, and without regard to any shock lapse, reduced benefit option election, or adverse selection resulting from the increase.*
Attachment(s):	*AM_LTC4_TQ_FO_VA_20150326.pdf*

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
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Comments:	*The document “MICC FAQ 10152013.pdf” enclosed with the “Supplement to the Actuarial Memorandum” provides a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.*
Attachment(s):	*Long Term Care Insurance Rate Request Summary Part 1_LTC4 TQ FO_20150326.pdf*

Satisfied - Item:	Certificates of Compliance
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Attachment(s):	MetLife Insurance Company USA Amendment Certification of Compliance_20151104.pdf MICC CNF VA 09012015 Certification of Compliance_20151104.pdf MICC RIL VA 102915 Certification of Compliance_20151104.pdf VA RIH 09222015 Certification of Compliance_20151104.pdf

Satisfied - Item:	Readability Certifications

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Comments:	
Attachment(s):	MetLife Insurance Company USA Amendment Readability Certification_20151104.pdf MICC CNF VA 09012015 Readability Certification_20151104.pdf MICC RIL VA 102915 Readability Certification_20151104.pdf VA RIH 09222015 Readability Certification_20151104.pdf

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to August 25, 2015 Phone Call
Comments:	
Attachment(s):	VA_LTC4 TQ FO_Response to 20150825 Phone Call_20151104.pdf VA_LTC4 TQ FO_State Status Listing_20151104.xlsb

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	The Overall % Indicated Change was determined by targeting the greater of the minimum required loss ratio or that from original pricing, absent any additional regulatory restrictions, assuming the rate increase is fully implemented on January 1, 2014. This calculation was performed using nationwide experience, current best-estimate assumptions, and without regard to any shock lapse, reduced benefit option election, or adverse selection resulting from the increase.
Attachment(s):	AM_LTC4_TQ_FO_VA_20151104.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	*The Overall % Indicated Change was determined by targeting the greater of the minimum required loss ratio or that from original pricing, absent any additional regulatory restrictions, assuming the rate increase is fully implemented on January 1, 2014. This calculation was performed using nationwide experience, current best-estimate assumptions, and without regard to any shock lapse, reduced benefit option election, or adverse selection resulting from the increase.*
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Satisfied - Item:	Long Term Care Insurance Rate Request Summary
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Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	*The document “MICC FAQ 10152013.pdf” enclosed with the “Supplement to the Actuarial Memorandum” provides a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.*
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Satisfied - Item:	Certificates of Compliance
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Satisfied - Item:	Readability Certifications

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Comments:	
Attachment(s):	MetLife Insurance Company USA Amendment Readability Certification_20151104.pdf MICC CNF VA 09012015 Readability Certification_20151104.pdf MICC RIL VA 102915 Readability Certification_20151104.pdf VA RIH 09222015 Readability Certification_20151104.pdf

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability.pdf

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Virginia Rate Increase Filing History	VA RIH	OTH	Initial		46.300	VA RIH 09222015.pdf	Date Submitted: 11/04/2015 By: John Hebig
2	Coverage Amendment Rider	MICC CAR 09/29/15	POLA	Initial		65.300	MetLife Insurance Company USA Amendment.pdf	Date Submitted: 11/04/2015 By: John Hebig
3	Policyholder Rate Increase Notification Letter	MICC RIL VA 10/29/2015	OTH	Initial		46.100	MICC RIL VA 102915.pdf	Date Submitted: 11/04/2015 By: John Hebig
4	Contingent Nonforfeiture Benefit Endorsement	MICC CNF VA 09/01/2015	POLA	Initial		49.900	MICC CNF VA 09012015.pdf	Date Submitted: 11/04/2015 By: John Hebig

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Tables	H-LTC4JFQ	Revised	Previous State Filing Number: MILL-129257032 Percent Rate Change Request: 11.7	Prem_Current_LTC4_TQ_FO_VA_20150326.pdf, Prem_LTC4_TQ_FO_VA_11.7_20151104.pdf,	11/04/2015 By: John Hebig
Previous Version						
1	*Rate Tables*	*H-LTC4JFQ*	*Revised*	*Previous State Filing Number: MILL-129257032 Percent Rate Change Request: 25.7*	*Prem_Current_LTC4_TQ_FO_VA_20150326.pdf, Prem_LTC4_TQ_FO_VA_25.7_20150326.pdf,*	*03/26/2015 By: John Hebig*
2	Rate Tables	H-LTC4JFQ20	Revised	Previous State Filing Number: MILL-129257032 Percent Rate Change Request: 11.7	Prem_Current_LTC4_TQ_FO_VA_20150326.pdf, Prem_LTC4_TQ_FO_VA_11.7_20151104.pdf,	11/04/2015 By: John Hebig
Previous Version						
2	*Rate Tables*	*H-LTC4JFQ20*	*Revised*	*Previous State Filing Number: MILL-129257032 Percent Rate Change Request: 25.7*	*Prem_Current_LTC4_TQ_FO_VA_20150326.pdf, Prem_LTC4_TQ_FO_VA_25.7_20150326.pdf,*	*03/26/2015 By: John Hebig*
3	Rate Tables	H-5AICFO	Revised	Previous State Filing Number: MILL-129257032 Percent Rate Change Request: 11.7	Prem_Current_LTC4_TQ_FO_VA_20150326.pdf, Prem_LTC4_TQ_FO_VA_11.7_20151104.pdf,	11/04/2015 By: John Hebig
Previous Version						
3	*Rate Tables*	*H-5AICFO*	*Revised*	*Previous State Filing Number: MILL-129257032 Percent Rate Change*	*Prem_Current_LTC4_TQ_FO_VA_20150326.pdf, Prem_LTC4_TQ_FO_*	*03/26/2015 By: John Hebig*

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Rate/Rule Schedule Item Changes

				Request: 25.7	*VA_25.7_20150326.pdf,*	
4	Rate Tables	H-5AISFO	Revised	Previous State Filing Number: MILL-129257032 Percent Rate Change Request: 11.7	Prem_Current_LTC4_TQ_FO_VA_20150326.pdf, Prem_LTC4_TQ_FO_VA_11.7_20151104.pdf,	11/04/2015 By: John Hebig
Previous Version						
4	*Rate Tables*	*H-5AISFO*	*Revised*	*Previous State Filing Number: MILL-129257032 Percent Rate Change Request: 25.7*	*Prem_Current_LTC4_TQ_FO_VA_20150326.pdf, Prem_LTC4_TQ_FO_VA_25.7_20150326.pdf,*	*03/26/2015 By: John Hebig*
5	Rate Tables	H-COLFO	Revised	Previous State Filing Number: MILL-129257032 Percent Rate Change Request: 11.7	Prem_Current_LTC4_TQ_FO_VA_20150326.pdf, Prem_LTC4_TQ_FO_VA_11.7_20151104.pdf,	11/04/2015 By: John Hebig
Previous Version						
5	*Rate Tables*	*H-COLFO*	*Revised*	*Previous State Filing Number: MILL-129257032 Percent Rate Change Request: 25.7*	*Prem_Current_LTC4_TQ_FO_VA_20150326.pdf, Prem_LTC4_TQ_FO_VA_25.7_20150326.pdf,*	*03/26/2015 By: John Hebig*
6	Rate Tables	H-COLFO-3	Revised	Previous State Filing Number: MILL-129257032 Percent Rate Change Request: 11.7	Prem_Current_LTC4_TQ_FO_VA_20150326.pdf, Prem_LTC4_TQ_FO_VA_11.7_20151104.pdf,	11/04/2015 By: John Hebig
Previous Version						
6	*Rate Tables*	*H-COLFO-3*	*Revised*	*Previous State Filing Number: MILL-129257032 Percent Rate Change Request: 25.7*	*Prem_Current_LTC4_TQ_FO_VA_20150326.pdf, Prem_LTC4_TQ_FO_VA_25.7_20150326.pdf,*	*03/26/2015 By: John Hebig*
7	Rate Tables	H-NF3-6	Revised	Previous State Filing	Prem_Current_LTC4_	11/04/2015

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Rate/Rule Schedule Item Changes

				Number: MILL-129257032 Percent Rate Change Request: 11.7	TQ_FO_VA_20150326.pdf, Prem_LTC4_TQ_FO_VA_11.7_20151104.pdf,	By: John Hebig
Previous Version						
7	*Rate Tables*	*H-NF3-6*	*Revised*	*Previous State Filing Number: MILL-129257032 Percent Rate Change Request: 25.7*	*Prem_Current_LTC4_TQ_FO_VA_20150326.pdf, Prem_LTC4_TQ_FO_VA_25.7_20150326.pdf,*	*03/26/2015 By: John Hebig*

Conclusion:

Thank you for your assistance with this filing.

Sincerely,

John Hebig

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Amendment Letter

Submitted Date: 01/14/2016

Comments:

On behalf of Amy Pahl, please see the revised Long Term Care Insurance Rate Request Summary. Thank you for your assistance with this filing.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	Long Term Care Insurance Rate Request Summary Part 1_LTC4 TQ FO_20160114.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	*The document "MICC RIL VA 121815.pdf" enclosed with the "Supplement to the Actuarial Memorandum" provides a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.*
Attachment(s):	*Long Term Care Insurance Rate Request Summary Part 1_LTC4 TQ FO_20151104.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	*The document "MICC FAQ 10152013.pdf" enclosed with the "Supplement to the Actuarial Memorandum" provides a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.*
Attachment(s):	*Long Term Care Insurance Rate Request Summary Part 1_LTC4 TQ FO_20151104.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	*The document "MICC FAQ 10152013.pdf" enclosed with the "Supplement to the Actuarial Memorandum" provides a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.*
Attachment(s):	*Long Term Care Insurance Rate Request Summary Part 1_LTC4 TQ FO_20150326.pdf*

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Amendment Letter

Submitted Date: 01/13/2016

Comments:

On behalf of Amy Pahl, this filing has been revised according to our January 7 phone call. Thank you for your assistance with this filing.

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Contingent Benefit Upon Lapse Endorsement	MICC CNF VA 1/11/2016	POLA	Initial		49.000	MICC CNF VA 1112016.pdf	Date Submitted: 01/13/2016 By:
Previous Version								
1	*Contingent Benefit Upon Lapse Endorsement*	*MICC CNF VA 11/23/2015*	*POLA*	*Initial*		*45.800*	*MICC CNF VA 11232015.pdf*	*Date Submitted: 12/09/2015 By: John Hebig*
Previous Version								
1	*Contingent Nonforfeiture Benefit Endorsement*	*MICC CNF VA 09/01/2015*	*POLA*	*Initial*		*49.900*	*MICC CNF VA 09012015.pdf*	*Date Submitted: 11/04/2015 By: John Hebig*

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Tables	H-LTC4JFQ, H-LTC4JFQ20, H-5AICFO, H-5AISFO, H-COLFO, H-COLFO-3, H-NF3-6	Revised	Previous State Filing Number: MILL-126439293 Percent Rate Change Request: 11.7	Prem_LTC4_TQ_FO_VA_11.7_20151104.pdf,	01/13/2016 By:
Previous Version						
1	*Rate Tables*	*H-LTC4JFQ*	*Revised*	*Previous State Filing Number: MILL-129257032 Percent Rate Change Request: 11.7*	*Prem_Current_LTC4_TQ_FO_VA_20150326.pdf, Prem_LTC4_TQ_FO_VA_11.7_20151104.pdf,*	*11/04/2015 By: John Hebig*
Previous Version						
1	*Rate Tables*	*H-LTC4JFQ*	*Revised*	*Previous State Filing Number: MILL-129257032 Percent Rate Change Request: 25.7*	*Prem_Current_LTC4_TQ_FO_VA_20150326.pdf, Prem_LTC4_TQ_FO_VA_25.7_20150326.pdf,*	*03/26/2015 By: John Hebig*
2	Rate Tables		Other	Previous State Filing Number: Rate Action Other Explanation: Removed		01/13/2016 By:
Previous Version						
2	*Rate Tables*	*H-LTC4JFQ20*	*Revised*	*Previous State Filing Number: MILL-129257032 Percent Rate Change Request: 11.7*	*Prem_Current_LTC4_TQ_FO_VA_20150326.pdf, Prem_LTC4_TQ_FO_VA_11.7_20151104.pdf,*	*11/04/2015 By: John Hebig*
Previous Version						
2	*Rate Tables*	*H-LTC4JFQ20*	*Revised*	*Previous State Filing Number:*	*Prem_Current_LTC4_TQ_FO_VA_20150326*	*03/26/2015 By: John Hebig*

State: Virginia **Filing Company:** MetLife Insurance Company USA
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2013 Rate Increase/145GEC01-30

Rate/Rule Schedule Item Changes

				MILL-129257032 Percent Rate Change Request: 25.7	*.pdf, Prem_LTC4_TQ_FO_VA_25.7_20150326.pdf,*	
3	Rate Tables		Other	Previous State Filing Number: Rate Action Other Explanation: Removed		01/13/2016 By:
Previous Version						
3	*Rate Tables*	*H-5AICFO*	*Revised*	*Previous State Filing Number: MILL-129257032 Percent Rate Change Request: 11.7*	*Prem_Current_LTC4_TQ_FO_VA_20150326.pdf, Prem_LTC4_TQ_FO_VA_11.7_20151104.pdf,*	*11/04/2015 By: John Hebig*
Previous Version						
3	*Rate Tables*	*H-5AICFO*	*Revised*	*Previous State Filing Number: MILL-129257032 Percent Rate Change Request: 25.7*	*Prem_Current_LTC4_TQ_FO_VA_20150326.pdf, Prem_LTC4_TQ_FO_VA_25.7_20150326.pdf,*	*03/26/2015 By: John Hebig*
4	Rate Tables		Other	Previous State Filing Number: Rate Action Other Explanation: Removed		01/13/2016 By:
Previous Version						
4	*Rate Tables*	*H-5AISFO*	*Revised*	*Previous State Filing Number: MILL-129257032 Percent Rate Change Request: 11.7*	*Prem_Current_LTC4_TQ_FO_VA_20150326.pdf, Prem_LTC4_TQ_FO_VA_11.7_20151104.pdf,*	*11/04/2015 By: John Hebig*
Previous Version						
4	*Rate Tables*	*H-5AISFO*	*Revised*	*Previous State Filing Number: MILL-129257032 Percent Rate Change*	*Prem_Current_LTC4_TQ_FO_VA_20150326.pdf, Prem_LTC4_TQ_FO_*	*03/26/2015 By: John Hebig*

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Rate/Rule Schedule Item Changes

				Request: 25.7	*VA_25.7_20150326.pdf,*	
5	Rate Tables		Other	Previous State Filing Number: Rate Action Other Explanation: Removed		01/13/2016 By:
Previous Version						
5	*Rate Tables*	*H-COLFO*	*Revised*	*Previous State Filing Number: MILL-129257032 Percent Rate Change Request: 11.7*	*Prem_Current_LTC4_TQ_FO_VA_20150326.pdf, Prem_LTC4_TQ_FO_VA_11.7_20151104.pdf,*	*11/04/2015 By: John Hebig*
Previous Version						
5	*Rate Tables*	*H-COLFO*	*Revised*	*Previous State Filing Number: MILL-129257032 Percent Rate Change Request: 25.7*	*Prem_Current_LTC4_TQ_FO_VA_20150326.pdf, Prem_LTC4_TQ_FO_VA_25.7_20150326.pdf,*	*03/26/2015 By: John Hebig*
6	Rate Tables		Other	Previous State Filing Number: Rate Action Other Explanation: Removed		01/13/2016 By:
Previous Version						
6	*Rate Tables*	*H-COLFO-3*	*Revised*	*Previous State Filing Number: MILL-129257032 Percent Rate Change Request: 11.7*	*Prem_Current_LTC4_TQ_FO_VA_20150326.pdf, Prem_LTC4_TQ_FO_VA_11.7_20151104.pdf,*	*11/04/2015 By: John Hebig*
Previous Version						
6	*Rate Tables*	*H-COLFO-3*	*Revised*	*Previous State Filing Number: MILL-129257032 Percent Rate Change Request: 25.7*	*Prem_Current_LTC4_TQ_FO_VA_20150326.pdf, Prem_LTC4_TQ_FO_VA_25.7_20150326.pdf,*	*03/26/2015 By: John Hebig*

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Rate/Rule Schedule Item Changes

7	Rate Tables		Other	Previous State Filing Number: Rate Action Other Explanation: Removed		01/13/2016 By:
Previous Version						
7	*Rate Tables*	*H-NF3-6*	*Revised*	*Previous State Filing Number: MILL-129257032 Percent Rate Change Request: 11.7*	*Prem_Current_LTC4_TQ_FO_VA_20150326.pdf, Prem_LTC4_TQ_FO_VA_11.7_20151104.pdf,*	*11/04/2015 By: John Hebig*
Previous Version						
7	*Rate Tables*	*H-NF3-6*	*Revised*	*Previous State Filing Number: MILL-129257032 Percent Rate Change Request: 25.7*	*Prem_Current_LTC4_TQ_FO_VA_20150326.pdf, Prem_LTC4_TQ_FO_VA_25.7_20150326.pdf,*	*03/26/2015 By: John Hebig*

State: Virginia **Filing Company:** MetLife Insurance Company USA
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2013 Rate Increase/145GEC01-30

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	The Overall % Indicated Change was determined by targeting the greater of the minimum required loss ratio or that from original pricing, absent any additional regulatory restrictions, assuming the rate increase is fully implemented on January 1, 2014. This calculation was performed using nationwide experience, current best-estimate assumptions, and without regard to any shock lapse, reduced benefit option election, or adverse selection resulting from the increase.
Attachment(s):	AM_LTC4_TQ_FO_VA_20160113.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	*The Overall % Indicated Change was determined by targeting the greater of the minimum required loss ratio or that from original pricing, absent any additional regulatory restrictions, assuming the rate increase is fully implemented on January 1, 2014. This calculation was performed using nationwide experience, current best-estimate assumptions, and without regard to any shock lapse, reduced benefit option election, or adverse selection resulting from the increase.*
Attachment(s):	*AM_LTC4_TQ_FO_VA_20151104.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	*The Overall % Indicated Change was determined by targeting the greater of the minimum required loss ratio or that from original pricing, absent any additional regulatory restrictions, assuming the rate increase is fully implemented on January 1, 2014. This calculation was performed using nationwide experience, current best-estimate assumptions, and without regard to any shock lapse, reduced benefit option election, or adverse selection resulting from the increase.*
Attachment(s):	*AM_LTC4_TQ_FO_VA_20150326.pdf*

Satisfied - Item:	Certificates of Compliance
Comments:	
Attachment(s):	MetLife Insurance Company USA Amendment Certification of Compliance_20151104.pdf VA RIH 09222015 Certification of Compliance_20151104.pdf MICC RIL VA 121815 Certification of Compliance_20151221.pdf MICC CNF VA 1112016 Certification of Compliance_20160113.pdf
Previous Version	
Satisfied - Item:	*Certificates of Compliance*
Comments:	
Attachment(s):	*MetLife Insurance Company USA Amendment Certification of Compliance_20151104.pdf* *VA RIH 09222015 Certification of Compliance_20151104.pdf* *MICC CNF VA 11232015 Certification of Compliance_20151209.pdf* *MICC RIL VA 121815 Certification of Compliance_20151221.pdf*
Previous Version	
Satisfied - Item:	*Certificates of Compliance*

State: Virginia **Filing Company:** MetLife Insurance Company USA
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2013 Rate Increase/145GEC01-30

Comments:	
Attachment(s):	*MetLife Insurance Company USA Amendment Certification of Compliance_20151104.pdf* *VA RIH 09222015 Certification of Compliance_20151104.pdf* *MICC CNF VA 11232015 Certification of Compliance_20151209.pdf* *MICC FAQ VA 11232015 Certification of Compliance_20151209.pdf* *MICC RIL VA 112315 Certification of Compliance_20151209.pdf*
Previous Version	
Satisfied - Item:	*Certificates of Compliance*
Comments:	
Attachment(s):	*MetLife Insurance Company USA Amendment Certification of Compliance_20151104.pdf* *MICC CNF VA 09012015 Certification of Compliance_20151104.pdf* *MICC RIL VA 102915 Certification of Compliance_20151104.pdf* *VA RIH 09222015 Certification of Compliance_20151104.pdf*

Satisfied - Item:	Readability Certifications
Comments:	In completing these certifications, we relied on data and other information provided by Union Fidelity Life Insurance Company, the retrocessionaire on this business, and Genworth, a reinsurer of this business. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, these certifications may likewise be inaccurate or incomplete. In that event, our certifications may not be suitable for the intended purpose.
Attachment(s):	MetLife Insurance Company USA Amendment Readability Certification_20151104.pdf VA RIH 09222015 Readability Certification_20151104.pdf MICC RIL VA 121815 Readability Certification_20151221.pdf MICC CNF VA 1112016 Readability Certification_20160113.pdf
Previous Version	
Satisfied - Item:	*Readability Certifications*
Comments:	
Attachment(s):	*MetLife Insurance Company USA Amendment Readability Certification_20151104.pdf* *VA RIH 09222015 Readability Certification_20151104.pdf* *MICC CNF VA 11232015 Readability Certification_20151209.pdf* *MICC RIL VA 121815 Readability Certification_20151221.pdf*
Previous Version	
Satisfied - Item:	*Readability Certifications*
Comments:	
Attachment(s):	*MetLife Insurance Company USA Amendment Readability Certification_20151104.pdf* *VA RIH 09222015 Readability Certification_20151104.pdf* *MICC CNF VA 11232015 Readability Certification_20151209.pdf* *MICC FAQ VA 11232015 Readability Certification_20151209.pdf* *MICC RIL VA 112315 Readability Certification_20151209.pdf*
Previous Version	

State: Virginia **Filing Company:** MetLife Insurance Company USA
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2013 Rate Increase/145GEC01-30

Satisfied - Item:	*Readability Certifications*
Comments:	
Attachment(s):	*MetLife Insurance Company USA Amendment Readability Certification_20151104.pdf* *MICC CNF VA 09012015 Readability Certification_20151104.pdf* *MICC RIL VA 102915 Readability Certification_20151104.pdf* *VA RIH 09222015 Readability Certification_20151104.pdf*

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	The document “MICC RIL VA 121815.pdf” enclosed with the “Supplement to the Actuarial Memorandum” provides a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.
Attachment(s):	Long Term Care Insurance Rate Request Summary Part 1_LTC4 TQ FO_20151104.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	*The document “MICC FAQ 10152013.pdf” enclosed with the “Supplement to the Actuarial Memorandum” provides a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.*
Attachment(s):	*Long Term Care Insurance Rate Request Summary Part 1_LTC4 TQ FO_20151104.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	*The document “MICC FAQ 10152013.pdf” enclosed with the “Supplement to the Actuarial Memorandum” provides a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.*
Attachment(s):	*Long Term Care Insurance Rate Request Summary Part 1_LTC4 TQ FO_20150326.pdf*

State:	*Virginia*	**Filing Company:**	*MetLife Insurance Company USA*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*2013 Rate Increase/145GEC01-30*		

Note To Filer

Created By:

Janet Houser on 12/11/2015 11:08 AM

Last Edited By:

Janet Houser

Submitted On:

12/11/2015 11:08 AM

Subject:

75 day notice

Comments:

I should have included this in my objection letter just sent - Please confirm the company will provide a policyholder notice at least 75 days prior to implementation of the rate increase.

Thanks!

State:	*Virginia*	**Filing Company:**	*MetLife Insurance Company USA*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*2013 Rate Increase/145GEC01-30*		

Note To Filer

Created By:

Janet Houser on 10/29/2015 06:40 AM

Last Edited By:

Janet Houser

Submitted On:

10/29/2015 06:40 AM

Subject:

Additional detail regarding the policyholder letters

Comments:

Below is additional detail concerning several items needed in the policyholder notification letter for compliance with 14VAC5-200-75 D:

1. There are two disclosures required in the letter: 1) options may not be of equal value and 2) there may be a loss of partnership status. Each disclosure should be stated in a manner that brings attention to it such as highlighting the statement, bolding the statement or using larger print.

2. In addition to stating should there be future rate increases, options similar to those being offered will be available, the insured should be reminded that benefits may be changed at any time and not just when there is a rate increase.

Hopefully, you will find this information helpful in completing the requirements as noted in our August 25, 2015 letter.

Should you have any questions or concerns, please feel free to contact me at 804-371-9390.

Janet Houser

State:	*Virginia*	**Filing Company:**	*MetLife Insurance Company USA*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*2013 Rate Increase/145GEC01-30*		

Note To Filer

Created By:

Janet Houser on 08/25/2015 12:30 PM

Last Edited By:

Janet Houser

Submitted On:

08/25/2015 12:30 PM

Subject:

8/25/2015 phone message

Comments:

This note is to document our conversation of today. The company will need to provide an updated Actuarial Memorandum reflecting the revised rate increase and provide supporting documentation for each filing.

In addition, the company will need to update the Rate/Rule Schedule tab in SERFF and attach revised rate schedules. If the company determines that certain rate increases will be implemented over more than one year, please attach a rate schedule for each implementation period.

The company will also need to amend its Long Term Care Insurance Rate Request Summary. This can be done closer to when the filing is ready for approval.

If you have any questions or concerns, please feel free to contact me.

Thanks.

State:	*Virginia*	**Filing Company:**	*MetLife Insurance Company USA*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*2013 Rate Increase/145GEC01-30*		

Reviewer Note

Created By:

Janet Houser on 01/19/2016 09:07 AM

Last Edited By:

Janet Houser

Submitted On:

01/20/2016 07:35 AM

Subject:

RRS

Comments:

Rate Summaries

Reset Form

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Company Name and NAIC Number: MetLife Insurance Company USA, NAIC # 87726

SERFF Tracking Number: MILL-129963593

Effective Date: On Approval

(Projected) Number of Insureds Affected: 11

New Rates

Average Annual Premium Per Member: 2,805

Revised Rates

Average Annual Premium Per Member: 3,133

Average Requested Percentage Rate Change Per Member: 11.7%

Minimum Requested Percentage Rate Change Per Member: 11.7%

Maximum Requested Percentage Rate Change Per Member: 11.7%

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
H-LTC4JFQ	Nursing Facility Insurance
H-LTC4JFQ20	Nursing Facility Insurance
H-5AICFO	Annual 5% Compound Benefit Inflation Rider
H-5AISFO	Annual 5% Simple Benefit Inflation Rider
H-COLFO	Cost of Living (CPI) Benefit Rider
H-COLFO-3	Cost of Living (CPI) Benefit Rider
H-NF3-6	Nonforfeiture Benefit Rider

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

Rate Increase Driver Narrative

The premium increase is not based upon a change in your age, health, claims history or any other individual characteristic. Rather, the increase is based on the experience of all policies that are similar to your policy and issued for delivery in Virginia. Our decision to increase premiums is primarily based upon the fact that expected claims are significantly higher today than we originally anticipated when your policy was priced. Policyholders are utilizing more benefits than was actuarially anticipated when the policy form was originally priced, as well as our anticipation of higher than expected claims costs in the future. Therefore, the company will be exposed to higher than actuarially anticipated claims costs, which is a class-wide risk as opposed to its risk on a single policy. Our decision to increase premiums was not determined based upon the current economic environment.

Long Term Care Insurance Rate Request Summary
Part 2 –To Be Completed By Bureau of Insurance

Company Name and NAIC Number: MetLife Insurance Company USA 87726

SERFF Tracking Number: MILL-129963593

Disposition: Approve

Approval Date: **1/20/2016**

Revised Rates

Average Annual Premium Per Member: $3133

Average Requested Percentage Rate Change Per Member: 11.7%

Minimum Requested Percentage Rate Change Per Member: 11.7%

Maximum Requested Percentage Rate Change Per Member: 11.7%

Number of Policy Holders Affected: 11

Summary of the Bureau of Insurance's review of the rate request:

METLIFE Insurance Company USA (the company) requested a 25.7% rate increase. The company did, however, reduce the requested rate increase to 11.7% after discussions with the Bureau. The primary drivers of the rate increase are insureds being sicker (morbidity) and keeping the policies (persistency) longer than originally anticipated. This has resulted in significantly higher loss ratios than assumed in the original pricing, and as required by Virginia law.

The Bureau reviewed the rate increase in accordance with the requirements of 14VAC5-200-150, which requires that the filing demonstrate that both the future and lifetime loss ratios will be at least 60% after application of the rate increase. The Bureau's review, based on the requirements of Virginia law and regulation and using actuarially accepted and justified assumptions, indicated that the future loss ratio will be 242.2% and the lifetime loss ratio will be 95.7 %. Since the filing met the requirements of 14VAC5-200-150 after implementation of the rate increase, approval was recommended.

These forms were issued in Virginia from 1999 through 2000, and are subject to the pre-rate stability requirements of 14VAC5-200-150 and 14VAC5-130. Two prior increases were previously approved: 20% in 2005 and 30% in 2011. The Bureau's review is based on the requirements of Virginia law and regulations and the use of actuarially accepted and justified assumptions. The vast majority (83%) of the premiums for this block have already been collected, causing the loss ratio to be extremely insensitive to rate increases. For example, the Company reports that they could increase rates by 374.6% and still meet the minimum loss ratio standard. In addition, the requested increase would cause the Virginia rate level to be well above the cumulative average increases that have been approved on a nationwide basis. In order to alleviate this concern and due to the limited credibility of the aggregate loss data, the company proposed to reduce the rate increase to 11.7%.

The Company is offering all policyholders the option to reduce the premium increase by reducing their coverage. These reductions could be in the form of lower daily benefits, a shorter benefit period, a longer elimination period, the termination of riders or any combination of these reductions.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

State:	*Virginia*	**Filing Company:**	*MetLife Insurance Company USA*
TOI/Sub-TOI:	*LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*2013 Rate Increase/145GEC01-30*		

Reviewer Note

Created By:

Janet Houser on 04/03/2015 01:48 PM

Last Edited By:

Janet Houser

Submitted On:

01/20/2016 07:35 AM

Subject:

act review

Comments:

sent to Shawn 3.30.15; due date 4.13.15

7.10.15 - filing in compliance w/ factors SCC should consider

ACTUARIAL RESOURCES CORPORATION
CONSULTANTS • ACTUARIES
SHAWN D. PARKS, FSA, MAAA
1114 CATAWBA RIVER RD • GREAT FALLS, SC 29055
(803) 994 - 9895 • SHAWN.PARKS@ARCGA.COM

July 10, 2015

Ms. Janet Houser
Life and Health Division
State Corporation Commission, Bureau of Insurance
P. O. Box 1157
Richmond, VA 23218

Subject: **Actuarial Report for Long Term Care Rate Increase Filing**
MetLife Insurance Company USA
SERFF Tracking # MILL-129963593
Form H-LTC4JFQ and H-LTC4JFQ20

Dear Janet:

We have completed our review of the filing for the above captioned submission from MetLife Insurance Company USA (the "Company"). This is a rate increase filing pursuant to the requirements of 14VAC5-200-150 for a block of Individual Long Term Care Insurance plans. This block of business is not available for new issues.

Recommendation

Our review of this filing was performed according to the provisions of 14VAC5-200 et seq. Applicable Actuarial Standards of Practice were considered, including Actuarial Standard of Practice No. 18, "Long-Term Care Insurance" and Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans". After review of the Company's submission, we believe that the Company has demonstrated that the request is in compliance with all applicable regulations and standards. However, there are several factors that the Virginia SCC Bureau of Insurance (the "Bureau") may want to consider in determining whether to approve the rate increase as proposed. These factors are detailed in the Analysis section, but summarized here.

The vast majority (83%) of the premiums for this block have already been collected, causing the loss ratio to be extremely insensitive to rate increases. For example, the Company reports that they could increase rates by 374% and still meet the minimum loss ratio standard. In addition, the requested increase would cause the Virginia rate level to be well above the cumulative average increases that have been approved on a nationwide basis. In order to alleviate this concern and due to the limited credibility of the aggregate loss data, we recommend that the Bureau encourage the Company to consider revising their request to be no greater than 13.1%.

Historical Background

This filing was originally submitted as MILL-129257032 under previous company name, MetLife Insurance Company of Connecticut. There have been two previous rate increases: 20.0% approved in 2005 and 30.0% approved in 2011. The Company is now requesting a 25.7% rate increase which will apply to all policies.

These forms were issued in Virginia from 1999 through 2000, and therefore are subject to the pre-rate stability requirements of 14VAC5-200-150 and 14VAC5-130.

As of 12/31/2012, there were 11 policies with $31k premium in force in Virginia, and 410 policies with annual premiums of $710k nationwide, making Virginia's block approximately 4.3% of the total.

Several requests were sent to the Company for additional information and the Company's responses clarified issues which arose during the course of our review. The Bureau was involved in all correspondence between us and the Company.

Methodology

Our approach was to a) review the filing materials, b) check the filing contents and assumptions for compliance with all relevant regulations, c) verify the calculations in the supplied exhibits, d) review the assumptions and projections for reasonableness, e) analyze the current increase and cumulative increase in Virginia relative to other states and f) analyze the request in light of the Model Bulletin adopted by the NAIC Exec/Plenary on December 18, 2013 (the "Bulletin").

Assumptions

Morbidity – The business was assumed in 2000 by General Electric Capital Assurance ("GECA") and the morbidity assumptions are equal to the claim costs expected by GECA at that time, modified by A/E factors by duration. When compared to the factors used in the 2010 rate filing, the future A/E factors in this filing start about 49% higher, grading down over 20 years to 2% lower. In addition, morbidity was increased by 0.9% due to adverse selection from the rate increase.

The A/E factors applied to the base morbidity table are derived from the actual experience on these plans and other plans issued in the same underwriting era smoothed and grading back to an ultimate factor of 105% of the base table. We believe these factors are reasonable based on the historical results.

One often-quoted basis for measuring credibility is the June 12, 2003 letter from the American Academy of Actuaries Long-Term Care Reserving Work Group to the Accident and Health Working Group of the NAIC Life and Health Actuarial Task Force which recommended a "Rule of Thumb" standard for full credibility of incidence rates of 1,082 claims (within 5% of the true claims with 90% confidence). The letter also reports

that the standard for aggregate loss is a multiple of the standard for incidence, in the range of 3 to 5 times (3,246 to 5,410 claims). The Company's experience data on these forms includes 53 claims. The Company has chosen to use 1,082 claims as the standard for full credibility which would result in 22% credibility. Use of a 3-5X multiple as recommended by the working group would result in credibility between 10%-13%. Even though this policy form is only partially credible, it should be noted that the experience of this form was combined with other similar products offered by the Company in each underwriting era to arrive at the morbidity assumption used.

Voluntary Lapse – Shown in table below are the lapses assumed in the 2010 rate increase filing, the current 2014 assumed lapses, and the actual lapse rate experience; in addition, shock lapses and benefit reductions are assumed in the year of a rate increase. Generally, a higher lapse rate will produce a lower loss ratio. Therefore, the current lapse rate assumptions which are higher than the assumptions used in the 2010 rate filing should be favorable to the Company.

Policy Duration	Orig Lapse Assump	2005 Lapse Assump	2010 Lapse Assump	2014 Lapse Assump	Raw Lapse Exper
1	4.25%	5.00%	6.00%	6.00%	6.07%
2	4.25%	3.00%	4.00%	4.00%	4.20%
3	4.25%	2.00%	2.50%	2.50%	2.46%
4	4.25%	0.80%	1.50%	1.50%	1.60%
5	4.25%	0.80%	1.30%	1.30%	1.30%
6	4.25%	0.75%	1.10%	1.10%	1.10%
7-13	4.25%	0.75%	0.90%	1.00%	1.00%
8-13	4.25%	0.75%	0.80%	1.00%	1.00%
14-19	4.25%	0.75%	0.95%	1.40%	1.40%
20+	4.25%	0.75%	1.25%	1.75%	N/A

Mortality – 1983 Individual Annuitant Mortality Table with selection factors grading from 30% to 95% over 20 years, based on past experience.

Interest – the original pricing interest rate was reported to be 6.5% for these plans.

Loss Ratio Projections

The Company has provided projections for both nationwide and Virginia only policies as of 12/31/2013. We have reviewed both sets of projections but base our recommendations on the nationwide projections adjusted for rate differences to the Virginia rate level.

The lifetime loss ratio utilizing the original pricing interest rate is projected to drop from 92.4% to 88.0% with the requested rate increase. Using the active life reserve balance confirmed by the Company, the anticipated future loss ratio is projected to be 102.4%. These ratios exceed the minimum required loss ratio of 60%.

It should be noted that approximately 83% of the total present value of premium will have been collected by the end of 2014 and therefore the lifetime loss ratio is relatively insensitive to changes in future premium. In other words, the 25.7% rate increase requested only moves the expected loss ratio from 92% to 88%. For this reason, we requested the Company provide a projection of future loss ratios based on original assumptions and actual distribution of business sold. The results of those projections are shown below. The allowable increase is calculated on both a percentage loss ratio basis and a dollar present value basis. In either case, we calculated the percentage rate increase that would equate either the PV of future loss or the future loss ratio to the same measure using the original pricing assumptions. We believe that it is more appropriate to concentrate on the present value of future loss on a dollar basis if the Bureau wishes to recommend that the Company cap the rate increase based on this particular analysis.

	No Increase	With Requested Increase	With Original Assumptions	Allowable Increase
PV Future Loss	9,154,141	7,984,670	5,189,645	87.1%
Future LR	284.0%	237.5%	300.5%	**-9.1%**

The other measure that the Bureau has used at times to analyze the reasonableness of a particular rate increase is the lifetime loss ratio assuming the proposed rates had been charged from inception. The result of this analysis was a loss ratio of 56.2%. In order to keep this ratio above 60%, the rate increase would need to be no more than **19.6%**.

The Bureau has expressed a general concern about Virginia's policyholders providing some subsidization of the nationwide results in situations where the cumulative rate increase in Virginia exceeds the nationwide average rate increase level. The Company has submitted a list of the increases requested in 32 states plus D.C. with premiums in force. The Company has filed for a rate increase in all but one of those 33 jurisdictions and decided not to file in the other. Final dispositions have been reached in 27 of those 33 jurisdictions representing approximately 72% of total annual premium. The average cumulative rate increase across those 27 jurisdictions is 76.4%. For comparison, if the requested 25.7% rate increase is approved, the cumulative rate increase in Virginia would be 96.1%. A rate increase of **13.1%** would cause Virginia's cumulative increase to match the nationwide average of 76.4%. If all pending rate increases are approved as

requested, the nationwide cumulative average rate increase would be 94.5%, which would be matched in Virginia with a rate increase of 24.7%.

Analysis of Bulletin

Our analysis focuses on the actuarial aspects of the Bulletin as follows:

- Actuarial Assumptions for Establishing Rate Increase Requests
- Approval of Rate Increases
- Application of New Loss Ratio Standards

Actuarial Assumptions for Establishing Rate Increase Requests
The assumptions used by the Company in support of this rate increase appear to be reasonable based on the data provided by the Company. The assumptions and the present and accumulated values are also consistent with the three requirements spelled out in the Bulletin.

Approval of Rate Increases
Two scenarios are laid out in the Bulletin: 1) a single rate increase with a three year moratorium on future rate increases, or 2) an actuarially equivalent series of increases. The Company has agreed to a three year guarantee period if the full 25.7% rate increase is approved. The Company also agreed that the Bureau may approve a series of increases but did not volunteer to modify their request.

Application of New Loss Ratio Standards
The submitted calculations in Attachment 17 show that the dual loss ratio test is met.

Reliance and Qualifications

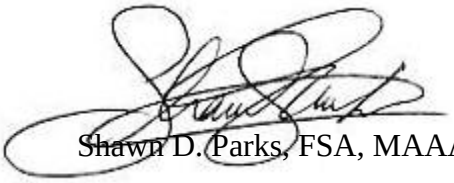
We are providing this letter to you to communicate our findings regarding the filing under consideration. Distribution of this letter to parties other than the Bureau by us or any other party does not constitute advice by us to those parties. The reliance of parties other than the Bureau on any aspect of our work is not authorized by us and is done at their own risk.

In arriving at our opinion, we used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, our findings and conclusions may need to be revised. While we have relied on the data provided without independent investigation or verification, we have reviewed the data for consistency and reasonableness. Where we found the data inconsistent or unreasonable, we have requested clarification.

We have utilized generally accepted actuarial methodologies in arriving at our opinion. I am a member of the American Academy of Actuaries and meet that body's Qualification Standards to render this opinion.

If you have any questions regarding this filing, please call me at 803-994-9895.

Sincerely,



Shawn D. Parks, FSA, MAAA

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Post Submission Update Request Processed On 11/05/2015

Status:	Allowed
Created By:	Michael Emmert
Processed By:	Janet Houser
Comments:	

Company Rate Information:

Company Name:MetLife Insurance Company USA

Field Name	Requested Change	Prior Value
Overall % Rate Impact	11.700%	25.700%
Written Premium Change for this Program	$3610	$7931
Maximum %Change (where required)	11.700%	25.700%
Minimum %Change (where required)	11.700%	25.700%

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Filed 01/20/2016	Policyholder Rate Increase Notification Letter	MICC RIL VA 12/18/2015	OTH	Initial		44.600	MICC RIL VA 121815.pdf
2	Filed 01/20/2016	Virginia Rate Increase Filing History	VA RIH	OTH	Initial		46.300	VA RIH 09222015.pdf
3	Approved 01/20/2016	Coverage Amendment Rider	MICC CAR 09/29/15	POLA	Initial		65.300	MetLife Insurance Company USA Amendment.pdf
4	Approved 01/20/2016	Contingent Benefit Upon Lapse Endorsement	MICC CNF VA 1/11/2016	POLA	Initial		49.000	MICC CNF VA 1112016.pdf
5	Withdrawn 01/14/2016	Frequently Asked Questions (now included in notification letter)		OTH	Initial			

Form Type Legend:

ADV	Advertising	**AEF**	Application/Enrollment Form
CER	Certificate	**CERA**	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	**FND**	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	**NOC**	Notice of Coverage
OTH	Other	**OUT**	Outline of Coverage
PJK	Policy Jacket	**POL**	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	**SCH**	Schedule Pages

MetLife

Long Term Care Insurance

Premium Change Implementation
[Document date]
from MetLife Insurance Company USA

MetLife
PO Box 40006
Lynchburg, VA 24506

[mailing_name]
[mailing_address1]
[mailing_address2]
[mailing_address3]
[mailing_address4]
[mailing_address5]
[mailing_address6]
[mailing_address7]

Insured
[Insured_name1]
[Insured_name2]

[Agent]
[servicing_agent name]
[servicing_agent_address1]
[servicing_agent_address2]
[servicing_agent_address3]
[servicing_agent_address4]
[servicing_agent_address5]
[servicing_agent_address6]

Policy number
[policy_number]

Customer service
[company_phone]
[company_hours1]
[company_hours2]

Dear [salutation name],

We are writing to notify you that the premium of your long term care insurance policy will increase as outlined below. If you have any questions or would like to modify your benefits to reduce your premium, please contact your insurance agent or our dedicated Customer Service Team at [999 999.9999] to review your options.

We are committed to providing long term care insurance benefits to our policyholders when they need them most. As part of our commitment to meet the future needs of our policyholders, we routinely monitor the experience of our long term care insurance policies. Based on our analysis, we have determined that a premium increase is necessary on certain long term care insurance policies and your policy is among those affected.

We understand that a premium increase may be difficult for policyholders and that certain policyholders may be unable, or unwilling, to pay the increased premium. Therefore, we are offering various options to help policyholders maintain their premium at approximately its current level to help minimize the effect of the premium increase. In addition, there may be a nonforfeiture option available that you may wish to consider. The “What are my options” and the “Frequently Asked Questions” sections of this letter provide detailed information about these options, including contact information for our Customer Service Team, which can assist in reviewing your options.

About the premium increase
It is important to note that this premium increase was reviewed by Virginia’s State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance’s webpage at www.scc.virginia.gov/BOI.

The premium increase is not based upon a change in your age, health, claims history or any other individual characteristic. Rather, the increase is based on the experience of all policies that are similar to your policy and issued for delivery in Virginia. Our decision to increase premiums is primarily based upon the fact that expected claims are significantly higher today than we originally anticipated when your policy was priced. Policyholders are utilizing more benefits than was actuarially anticipated when the policy form was originally priced, as well as our anticipation of higher than expected claims costs in the future. Therefore, the company will be exposed to higher than actuarially anticipated claims costs, which is a class-wide risk as opposed to its risk on a single policy. Our decision to increase premiums was not determined based upon the current economic environment.

A history of premium rate increases previously implemented on all eight long term care insurance products issued in Virginia by MetLife Insurance Company USA is enclosed. If you have additional questions about your particular policy or this chart, please contact us at the phone number shown above.

Effect on your premium rate

[<if not phased>

The [monthly **<or>** quarterly **<or>** semiannual **<or>**annual] premium for your long term care insurance policy is scheduled to increase from $[current premium] to $[new premium] on your next Billing Anniversary Date, which is [mm/dd/yyyy]. This amount represents a [999.999%] increase in premium for your policy. **]**

[<if phased>

The [monthly **<or>** quarterly **<or>** semiannual **<or>**annual] premium for your long term care insurance policy is scheduled to increase from $[current premium] to $[new premium on billing anniversary date of final phase] in a phased manner beginning on your next Billing Anniversary Date, [mm/dd/yyyy]. The total amount will be phased in on the Billing Anniversary Dates according to the schedule below. The total amount of the premium increase represents a [999.99%] increase in premium for your policy. **]**

In addition, please note that in accordance with the terms of your policy, we reserve the right to change premiums. It is likely that your premium will increase again in the future, possibly as early as twelve months from now.

<if phased>

Billing anniversary date	Premium prior to billing anniversary date	New premium on billing anniversary date
[01/01/2011]	[$99,999.99]	[$99,999.99]
[01/01/2012]	[$99,999.99]	[$99,999.99]
[01/01/2013]	[$99,999.99]	[$99,999.99]
[01/01/2014]	[$99,999.99]	[$99,999.99]

The information above illustrates how your long term care insurance policy premium increase will be phased in over time, based on your current coverage and payment mode. **[<if CPI>**These amounts do not reflect increases in your premium that may occur as a result of your acceptance of the Cost of Inflation benefit offers that you may receive. As a result, the premium amounts may vary based on benefit increases actually accepted.]

What are my options?

1. **You may continue your current coverage by paying the new premium.** You will need to make this payment on or before [billing anniversary date]. [**<if not monthly EFT>** This letter is not a bill. You will receive a premium notice prior to your Billing Anniversary Date.]
    - If you are currently paying your premium by automatic deduction from a designated account, please be aware that the transfer from that account will be at the new premium amount.[**<if monthly EFT>** You will not receive a premium notice prior to this deduction.]
    - If your payment is made via a third-party account or online banking, please make appropriate arrangements, if necessary, prior to [billing anniversary date] to revise the payment amount and ensure that your coverage is not disrupted.
    - If you are currently on claim and are not paying premium due to the Waiver of Premium provision in your policy (if applicable), you do not need to pay the new premium at this time, however this letter is notifying you of the increase that will be payable when the Waiver of Premium provision is no longer in effect.
2. **You may keep your premium at approximately its current level by electing available options that may help minimize the effect of the premium increase, including the following**:
    - You may choose to reduce your maximum daily benefit, or
    - You may choose to adjust your benefit period, inflation protection option or elimination period.

    Please note: By reducing your maximum daily benefit or benefit period, your lifetime maximum is also reduced. In addition, other benefits may be proportionately reduced. Any benefits paid will be deducted from the reduced lifetime maximum. If you have previously been on claim, adjusting your elimination period may not be appropriate. Please note that some states require a minimum benefit level. This requirement may limit your options to reduce benefits. We will advise you of any such limitations applicable to your policy in the event you contact us for this information.

    Important: If you choose to decrease your benefits, you may change your decision in writing within 60 days of the date printed on our written confirmation of your benefit reduction. Following this, you cannot reinstate your original benefits. Depending on the specific provisions of your policy, you may be able to apply for an increase in benefits. We will require you to meet current underwriting criteria in order to qualify for additional benefits. If your application is approved, the premium for an increase in benefits will be based on your current age.

[<if NFO Rider on Policy>

3. **You may exercise the Nonforfeiture Rider**. Your policy includes a Nonforfeiture Rider which you may elect to exercise at any time. This Rider allows you to have a paid-up long term care insurance benefit as outlined in the Rider.

   Please note: Your election to exercise this Rider could significantly reduce your policy benefits. Please review the Nonforfeiture Rider in your policy for more detailed information prior to making this election.**]**

[<if CBUL applies>

3. **You may select a Contingent Benefit Upon Lapse Endorsement**. This premium increase qualifies you to receive a Contingent Benefit Upon Lapse. This Endorsement allows you to reduce your policy benefit by converting your coverage to a paid-up status with a shortened benefit period and reduced benefit plan. A policy lapse at any time during the 120-day period following the due date of the premium increase will be deemed as the election of this Endorsement.

   Please note: Your election of this endorsement could significantly reduce the policy benefit. Please review the enclosed Contingent Benefit Upon Lapse Endorsement for more detailed information prior to making this election.**]**

Tell us what decision is right for you.
Please note that all options available to you may not be of equal value. Please carefully evaluate your individual situation before selecting one of these options. We believe that long term care insurance should be considered in every financial plan and encourage you to maintain your policy to retain the valuable protection it provides.

As you evaluate what is best for you, we also encourage you to review the current and projected cost of care in your area, as well as how much of that amount you are willing and able to pay. In the event of a future rate increase, similar options will be available to you and the option to reduce your benefits is available at any time. You have the right to a revised premium rate or a rate schedule.

We will be happy to review each of these options with you. If you would like to modify your benefits in order to reduce your premium, please contact your insurance agent or our Customer Service Team at the phone number shown above to review your options.

Sincerely,

Your Customer Service Team

[cc: [cc_name1]
[cc_name2]]

[enclosure[s]: [enclosure1], [enclosure2]…]

FREQUENTLY ASKED QUESTIONS

Q: Why are rates increasing?

A: Our decision to increase premiums is primarily based upon the fact that the expected claims over the life of your policy form are significantly higher today that we originally anticipated when this policy form was priced. The principle basis for the rate increase is that a greater number of policyholders than were actuarially assumed when the original premium level was set are retaining their valuable coverage and claiming for benefits. Therefore, the company will be exposed to higher than actuarially anticipated claims costs on a class-wide basis. The premium increase is not based upon a change in your age, claims history or any other individual characteristic. Our decision to increase premiums was not determined based upon the current economic conditions.

Additionally, applicable state regulations require us to support our request for a rate increase with actuarial justification. It is important to note that this premium increase was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI.

Q: The letter states that you "reserve the right to change premiums and it is likely that your premium will increase again in the future." What does this mean?

A: Your policy gives us the right to increase premium on a class-wide basis. Therefore, we reserve the right to change premiums again in the future, on a class-wide basis, if our experience warrants an increase. The expected claims over the life of your policy form are significantly higher today than we originally anticipated when your policy was priced. It is likely that your premium will increase again in the future, possibly as early as twelve months from now.

[**<if Phased>**

Q: Why is my premium increase being phased in over several years?

A: In accordance with the requirements of the state where your policy was issued for delivery, the increase is being phased-in over the period of years indicated in the letter.]

Q: But, I've never filed a claim. Why am I getting a rate increase?

A: Premiums are increasing for all policies in your policy class (i.e., all policies that are similar to your policy) and are not increasing due to a change in your age, health or claim activity.

Q: I am currently on claim. Am I affected by this rate increase?

A: Where the premium rate increase is applicable to your policy, and your policy provides for a Waiver of Premium benefit, you will not be required to pay the increased premium until such time as the Waiver of Premium benefit no longer applies, as provided in your policy. If your policy does not provide for a Waiver of Premium benefit, you will be required to pay the increased premium. Please contact one of our customer service representatives toll free at [xxx xxx.xxxx] so we may answer your questions based on your specific situation. Please note, however, that reducing benefits while on claim is generally not advisable.

<If CBUL available>

Q: I can't afford to pay higher premiums.

A: With this premium increase you may have the option of choosing from several reduced benefit options in order to maintain approximately the same premium level. If your premium payment mode is more frequent than annual, consider changing your premium mode to annual. Additionally, you are eligible for a Contingent Benefit Upon Lapse. Please refer to the enclosed Contingent Benefit Upon Lapse Endorsement for specific information about this benefit. We encourage you to contact us, your insurance agent, or your financial advisor to evaluate your particular situation in order to help you select the option that you believe is best suited to your individual needs.

Q: What is a Contingent Benefit Upon Lapse Endorsement?

A: A Contingent Benefit Upon Lapse Endorsement, if exercised, allows you to have a paid-up policy with benefits equal to the greater of 30 days of the daily benefit or the total amount of premiums paid over the life of the policy, excluding waived premium (except for policies issued for delivery in Maine.) The Contingent Benefit Upon Lapse Endorsement is available to you only during the 120 days after the premium increase is effective.

As this Endorsement could significantly reduce your policy benefits, we encourage you to keep or reduce your existing coverage rather than elect the Contingent Benefit Upon Lapse Endorsement. Please review the Contingent Benefit Upon Lapse Endorsement for more detailed information prior to making this election. Please note that a

policy lapse at any time within 120 days following the premium increase will be deemed as the election of this Endorsement.

<If NFO is available>

Q: I can't afford to pay higher premiums.

A: With this rate increase you may have the option of choosing from several reduced benefit options in order to maintain approximately the same premium level. If your premium payment mode is more frequent than annual, consider changing your premium payment mode to annual. Additionally, your policy includes a Nonforfeiture benefit, which may be exercised at any time.

Q: What is the Nonforfeiture Rider?

A: The Nonforfeiture Rider, if exercised, allows you to have a paid-up policy according to its terms.

Because the election of this Rider could significantly reduce your policy benefits, we encourage you to keep or reduce your existing coverage rather than elect the Nonforfeiture Option. Please review the Nonforfeiture Rider in your long term care contract for more detailed information prior to making this election.

Q: If I decrease my benefits now, can I change my mind and increase my benefits in the future?

A: Once you decrease your benefits, you may change your decision in writing within 60 days of the date printed on our benefit change confirmation of your benefit reduction. Following this, you cannot reinstate your original benefits. Depending on the specific provisions of your policy, you may be able to apply for an increase in benefits. We will require you to meet current underwriting criteria in order to qualify for additional benefits. If your application is approved, the premium for an increase in benefits will be based on your current age.

Q: If I wish to cancel my policy, what steps do I take?

A: We encourage you to keep this important coverage. There may be options available for you to reduce your benefits in order to keep your premium at approximately the same amount as before the premium increase. Depending on your policy, you may also be able to exercise an option which would provide a paid up policy with a shortened benefit period. We encourage you to consult with your family, your insurance agent, or financial advisor before making a decision to reduce or cancel your coverage. If you choose to cancel your policy, we will be happy to do so upon receipt of your signed and dated request.

Q: If I cancel my policy, can I reinstate it at a later date?

A: If you cancel your policy, reinstatement is available upon our receipt, within 60 days of the date printed on our written confirmation of this cancellation, of a signed, written request. Unfortunately, after this 60 day period, your policy cannot be reinstated. Accordingly, we encourage you to consult with your family, insurance agent, or financial advisor before making a decision to reduce or cancel your coverage.

Virginia Rate Increase Filing History

The following chart lists all premium rate increases that have been previously implemented on all long term care products sold in Virginia. If you have additional questions about your specific policy or this chart, please contact us.

[insert current table]

Product	Dates Sold	2005 Increase	2011 Increase
LTC2 Non-Tax Qualified Comprehensive	8/1990-2/1995	N/A	39.00%
LTC3 Non-Tax Qualified Comprehensive	4/1993-9/1994	N/A	39.00%
LTC3+ Non-Tax Qualified Comprehensive	4/1994-10/1997	33.00%	30.00%
LTC3+ Non-Tax Qualified Facility Only	5/1994-4/1997	39.00%	27.90%
LTC3+ Tax Qualified Comprehensive	1/1997-8/1998	N/A	39.00%
LTC3+ Tax Qualified Facility Only	1/1997-2/1999	N/A	39.00%
LTC4 Tax Qualified Comprehensive	1/1998-1/2001	N/A	30.30%
LTC4 Tax Qualified Facility Only	2/1999-9/2000	20.00%	30.00%

MetLife Insurance Company USA
Long Term Care Insurance Division
Policyholder Services
PO Box 40005
Lynchburg, VA 24506-4005

COVERAGE AMENDMENT RIDER

Contract Number	Name of Insured	Certificate No. (If any)
[LTCXXXXXXX]	[NAME]	

Effective Date of Change	Revised Premium and Payment Mode (If applicable)
[xx/xx/xxxx]	[The premium on the Policy has changed to $xxx.xx per xx month(s)]

It is understood and agreed that the Contract is changed as indicated below:

[Based on your current benefits, the Lifetime Payment Maximum is now [$xxx,xxx.xx].

[The Daily Benefit Amount for the Nursing Home Benefit is changed from $xxx to $xxx.]

[The Nursing Home Benefit Limit is changed from [period] to [period].]

[The Nursing Home Benefit Elimination Period/Deductible Period is changed from xx days to xxx days.]

[The Benefit Increase Option is changed to [inflation protection] on the Policy.]

The premium on the coverage has changed to $[$xxx.xx.]

The premium payment mode is changed from [xxxxxx to xxxxx.]

This Rider is to be attached to and forms a part of the Contract cited above. Following acceptance by the Insured, this Rider takes effect on the date stated above.

Signed for MetLife Insurance Company USA

[Secretary]

[SIGNATURE]

METLIFE INSURANCE COMPANY USA

Insured/Policyholder: [Name] **Policy Number: [policy]**

CONTINGENT BENEFIT UPON LAPSE ENDORSEMENT

This Endorsement is to be attached to, and adds the following Contingent Benefit Upon Lapse to the above identified Policy.

The Benefit

This Benefit allows you to convert to a Shortened Benefit Period, as described below, if We make a substantial increase in the premium for the Policy.

How This Benefit Works

If we make a substantial increase in Your premium, as determined by the following Table, we will do all of the following at least 75 days prior to the date of the premium increase is to take effect:

- offer to reduce Your current level of Coverage without proof of insurability so that the premium for the Policy is not increased;
- offer to convert the Policy to a paid-up status with a Shortened Benefit Period if you have reached, or will reach during the implementation of a rate increase, the twentieth anniversary of your policy's Effective Date, or as described below. This option may be elected at any time during the 120-day period following the date of the premium increase; and
- notify You that a default or lapse at any time during the 120-day period following the date of the premium increase will be deemed to be the election of the preceding offer to convert. A default or lapse is Your failure to pay the required premium within the Grace Period.

Triggers For a Substantial Premium Increase*

Issue Age	Percent Increase Over Initial Premium	Issue Age	Percent Increase Over Initial Premium	Issue Age	Percent Increase Over Initial Premium
54 and under	100%	69	42%	80	20%
55-59	90%	70	40%	81	19%
60	70%	71	38%	82	18%
61	66%	72	36%	83	17%
62	62%	73	34%	84	16%
63	58%	74	32%	85	15%
64	54%	75	30%	86	14%
65	50%	76	28%	87	13%
66	48%	77	26%	88	12%
67	46%	78	24%	89	11%
68	44%	79	22%	90 and over	10%

*Percentage increase is cumulative from date of original issue. It does NOT include any increases attributed to later changes or Your election of additional or increased benefit levels.

Shortened Benefit Period

If you convert in accordance with the above, the Policy will continue with a reduced Coverage Maximum. It will have the same Benefits, Elimination Period requirements and other payment limits that were in effect at the time of lapse or election to convert. These limits will not be affected by any Benefit Increases provision. The amount of reduced Coverage Maximum will be the greater of:

- 100% of all premiums paid for this Policy, excluding any waived premium; or
- The maximum amount in effect at the time of default or lapse for one month (30 days) under the Nursing Facility Benefit.

It will not be reduced by any Benefits previously paid under the Policy.

Payment Limitations

Payment is subject to the limits determined above for the Shortened Benefit Period plan. In addition, the total amount payable under this Benefit and the Policy, while it was in force prior to conversion, is limited to the maximum amount that would have been paid if the Policy had remained in premium paying status. This Benefit will not apply if the Policy is continued in accordance with any other Nonforfeiture Benefit.

In all other respects the provisions and conditions of the Policy remain the same.

Signed for MetLife Insurance Company USA

Jacob Jenkelowitz
Secretary

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Rate Information

Rate data applies to filing.

Filing Method: Review and Approval
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 30.000%
Effective Date of Last Rate Revision: 08/05/2011
Filing Method of Last Filing: Review and Approval

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
MetLife Insurance Company USA	374.600%	11.700%	$3,610	11	$30,858	11.700%	11.700%

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Tables	H-LTC4JFQ, H-LTC4JFQ20, H-5AICFO, H-5AISFO, H-COLFO, H-COLFO-3, H-NF3-6	Revised	Previous State Filing Number: MILL-126439293 Percent Rate Change Request: 11.7	Prem_LTC4_TQ_FO_VA_11.7_20151104.pdf,
2		Rate Tables		Other	Previous State Filing Number: Rate Action Other Explanation: Removed	
3		Rate Tables		Other	Previous State Filing Number: Rate Action Other Explanation: Removed	
4		Rate Tables		Other	Previous State Filing Number: Rate Action Other Explanation: Removed	
5		Rate Tables		Other	Previous State Filing Number: Rate Action Other Explanation: Removed	
6		Rate Tables		Other	Previous State Filing Number: Rate Action Other Explanation: Removed	
7		Rate Tables		Other	Previous State Filing Number: Rate Action Other Explanation: Removed	

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	156.83	148.11	139.40	18-39	15.68	14.81	13.94
40	156.83	148.11	139.40	40	15.68	14.81	13.94
41	165.54	156.83	148.11	41	16.55	15.68	14.81
42	165.54	156.83	148.11	42	16.55	15.68	14.81
43	174.25	165.54	156.83	43	17.43	16.55	15.68
44	182.96	174.25	156.83	44	18.30	17.43	15.68
45	182.96	174.25	165.54	45	18.30	17.43	16.55
46	191.68	182.96	165.54	46	19.17	18.30	16.55
47	200.39	191.68	174.25	47	20.04	19.17	17.43
48	200.39	191.68	182.96	48	20.04	19.17	18.30
49	209.10	200.39	182.96	49	20.91	20.04	18.30
50	217.82	209.10	191.68	50	21.78	20.91	19.17
51	226.53	217.82	200.39	51	22.65	21.78	20.04
52	243.95	235.24	217.82	52	24.40	23.52	21.78
53	261.38	243.95	226.53	53	26.14	24.40	22.65
54	270.09	252.67	235.24	54	27.01	25.27	23.52
55	287.52	270.09	252.67	55	28.75	27.01	25.27
56	304.94	287.52	261.38	56	30.49	28.75	26.14
57	322.37	304.94	278.80	57	32.24	30.49	27.88
58	348.50	322.37	296.23	58	34.85	32.24	29.62
59	365.93	339.79	304.94	59	36.59	33.98	30.49
60	392.07	357.22	322.37	60	39.21	35.72	32.24
61	426.92	392.07	348.50	61	42.69	39.21	34.85
62	453.06	418.20	374.64	62	45.31	41.82	37.46
63	496.62	453.06	409.49	63	49.66	45.31	40.95
64	531.47	487.91	444.34	64	53.15	48.79	44.43
65	575.03	531.47	479.19	65	57.50	53.15	47.92
66	627.31	575.03	522.76	66	62.73	57.50	52.28
67	688.30	627.31	566.32	67	68.83	62.73	56.63
68	749.28	679.58	609.88	68	74.93	67.96	60.99
69	818.98	740.57	662.16	69	81.90	74.06	66.22

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	897.40	810.27	723.15	70	89.74	81.03	72.31
71	993.24	897.40	792.85	71	99.32	89.74	79.28
72	1,106.50	993.24	871.26	72	110.65	99.32	87.13
73	1,228.48	1,097.79	958.39	73	122.85	109.78	95.84
74	1,367.88	1,211.05	1,054.22	74	136.79	121.11	105.42
75	1,515.99	1,341.74	1,158.78	75	151.60	134.17	115.88
76	1,690.24	1,489.85	1,289.46	76	169.02	148.99	128.95
77	1,890.63	1,672.82	1,446.29	77	189.06	167.28	144.63
78	2,117.16	1,864.50	1,611.83	78	211.72	186.45	161.18
79	2,361.11	2,082.31	1,794.80	79	236.11	208.23	179.48
80		2,326.26	2,003.90	80	263.99	232.63	200.39
81		2,570.22	2,213.00	81	291.87	257.02	221.30
82		2,840.31	2,448.24	82	323.24	284.03	244.82
83		3,145.25	2,709.62	83	357.22	314.52	270.96
84		3,476.33	2,997.13	84	394.68	347.63	299.71
				85	436.50	384.23	331.95
				86	491.39	433.02	373.77
				87	553.25	487.03	420.82
				88	622.08	547.15	473.09
				89	699.62	615.98	532.34
				90	791.98	692.65	598.56
				91	885.20	779.78	673.48
				92	995.85	876.49	757.12
				93	1,120.44	986.27	852.09
				94	1,260.71	1,109.11	958.39
				95	1,417.54	1,248.52	1,078.62
				96	1,595.28	1,404.47	1,212.79
				97	1,794.80	1,579.59	1,364.39
				98	2,018.71	1,777.37	1,535.16
				99	2,270.50	1,998.67	1,726.84

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	200.39	191.68	174.25	18-39	20.04	19.17	17.43
40	200.39	191.68	174.25	40	20.04	19.17	17.43
41	209.10	200.39	182.96	41	20.91	20.04	18.30
42	209.10	200.39	182.96	42	20.91	20.04	18.30
43	217.82	209.10	191.68	43	21.78	20.91	19.17
44	226.53	217.82	200.39	44	22.65	21.78	20.04
45	235.24	217.82	200.39	45	23.52	21.78	20.04
46	243.95	226.53	209.10	46	24.40	22.65	20.91
47	243.95	235.24	217.82	47	24.40	23.52	21.78
48	252.67	235.24	217.82	48	25.27	23.52	21.78
49	261.38	243.95	226.53	49	26.14	24.40	22.65
50	270.09	252.67	235.24	50	27.01	25.27	23.52
51	278.80	261.38	243.95	51	27.88	26.14	24.40
52	296.23	278.80	252.67	52	29.62	27.88	25.27
53	313.65	287.52	261.38	53	31.37	28.75	26.14
54	322.37	304.94	278.80	54	32.24	30.49	27.88
55	339.79	313.65	287.52	55	33.98	31.37	28.75
56	365.93	339.79	304.94	56	36.59	33.98	30.49
57	383.35	357.22	331.08	57	38.34	35.72	33.11
58	409.49	383.35	348.50	58	40.95	38.34	34.85
59	444.34	409.49	374.64	59	44.43	40.95	37.46
60	470.48	435.63	400.78	60	47.05	43.56	40.08
61	505.33	470.48	435.63	61	50.53	47.05	43.56
62	548.89	514.04	470.48	62	54.89	51.40	47.05
63	592.46	557.61	514.04	63	59.25	55.76	51.40
64	644.73	601.17	557.61	64	64.47	60.12	55.76
65	697.01	653.45	609.88	65	69.70	65.34	60.99
66	758.00	714.43	662.16	66	75.80	71.44	66.22
67	818.98	775.42	723.15	67	81.90	77.54	72.31
68	888.69	836.41	784.13	68	88.87	83.64	78.41
69	958.39	906.11	853.83	69	95.84	90.61	85.38

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,036.80	984.52	923.54	70	103.68	98.45	92.35
71	1,158.78	1,097.79	1,036.80	71	115.88	109.78	103.68
72	1,289.46	1,228.48	1,158.78	72	128.95	122.85	115.88
73	1,428.87	1,367.88	1,298.18	73	142.89	136.79	129.82
74	1,594.41	1,524.71	1,446.29	74	159.44	152.47	144.63
75	1,777.37	1,698.96	1,620.54	75	177.74	169.90	162.05
76	1,977.76	1,890.63	1,803.51	76	197.78	189.06	180.35
77	2,204.29	2,108.45	2,012.61	77	220.43	210.84	201.26
78	2,465.67	2,361.11	2,247.85	78	246.57	236.11	224.79
79	2,744.47	2,622.49	2,500.52	79	274.45	262.25	250.05
				80	305.81	292.74	278.80
				81	338.05	323.24	308.43
				82	373.77	357.22	340.66
				83	417.33	395.55	377.26
				84	456.54	444.34	416.46
				85	504.46	482.68	460.90
				86	568.06	543.67	519.27
				87	638.63	611.62	583.74
				88	718.79	687.42	656.93
				89	808.53	773.68	738.83
				90	909.60	870.39	831.18
				91	1,022.86	979.30	937.48
				92	1,150.93	1,101.27	1,051.61
				93	1,294.69	1,238.93	1,183.17
				94	1,456.75	1,394.02	1,330.41
				95	1,638.84	1,568.27	1,496.82
				96	1,843.59	1,763.43	1,684.15
				97	2,073.60	1,983.86	1,894.99
				98	2,333.23	2,232.17	2,131.10
				99	2,624.24	2,510.97	2,397.71

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	226.53	217.82	200.39	18-39	22.65	21.78	20.04
40	226.53	217.82	200.39	40	22.65	21.78	20.04
41	235.24	226.53	209.10	41	23.52	22.65	20.91
42	243.95	235.24	217.82	42	24.40	23.52	21.78
43	252.67	243.95	226.53	43	25.27	24.40	22.65
44	261.38	252.67	235.24	44	26.14	25.27	23.52
45	270.09	261.38	243.95	45	27.01	26.14	24.40
46	287.52	270.09	252.67	46	28.75	27.01	25.27
47	296.23	278.80	261.38	47	29.62	27.88	26.14
48	304.94	287.52	270.09	48	30.49	28.75	27.01
49	322.37	304.94	278.80	49	32.24	30.49	27.88
50	331.08	313.65	287.52	50	33.11	31.37	28.75
51	339.79	322.37	296.23	51	33.98	32.24	29.62
52	357.22	331.08	304.94	52	35.72	33.11	30.49
53	365.93	339.79	313.65	53	36.59	33.98	31.37
54	383.35	357.22	322.37	54	38.34	35.72	32.24
55	392.07	365.93	331.08	55	39.21	36.59	33.11
56	418.20	392.07	357.22	56	41.82	39.21	35.72
57	453.06	418.20	374.64	57	45.31	41.82	37.46
58	487.91	444.34	400.78	58	48.79	44.43	40.08
59	522.76	479.19	435.63	59	52.28	47.92	43.56
60	557.61	514.04	461.77	60	55.76	51.40	46.18
61	609.88	557.61	505.33	61	60.99	55.76	50.53
62	670.87	609.88	548.89	62	67.09	60.99	54.89
63	731.86	662.16	592.46	63	73.19	66.22	59.25
64	792.85	723.15	644.73	64	79.28	72.31	64.47
65	871.26	792.85	705.72	65	87.13	79.28	70.57
66	940.96	853.83	758.00	66	94.10	85.38	75.80
67	1,019.37	923.54	818.98	67	101.94	92.35	81.90
68	1,106.50	993.24	879.97	68	110.65	99.32	88.00
69	1,193.63	1,071.65	949.67	69	119.36	107.16	94.97

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,289.46	1,158.78	1,019.37	70	128.95	115.88	101.94
71	1,428.87	1,289.46	1,141.35	71	142.89	128.95	114.14
72	1,585.69	1,428.87	1,272.04	72	158.57	142.89	127.20
73	1,759.95	1,585.69	1,411.44	73	175.99	158.57	141.14
74	1,951.62	1,768.66	1,576.98	74	195.16	176.87	157.70
75	2,160.72	1,960.34	1,759.95	75	216.07	196.03	175.99
76	2,404.68	2,186.86	1,960.34	76	240.47	218.69	196.03
77	2,683.48	2,439.53	2,186.86	77	268.35	243.95	218.69
78	2,988.42	2,718.33	2,439.53	78	298.84	271.83	243.95
79	3,328.21	3,023.27	2,718.33	79	332.82	302.33	271.83
				80	371.16	337.18	303.20
				81	409.49	372.03	334.56
				82	453.06	412.11	370.29
				83	500.10	454.80	408.62
				84	552.38	501.85	452.18
				85	609.88	554.12	498.36
				86	686.55	623.82	561.09
				87	771.94	701.36	646.47
				88	868.65	789.36	710.08
				89	977.55	887.81	798.95
				90	1,099.53	999.34	898.27
				91	1,237.19	1,123.93	1,010.66
				92	1,391.40	1,264.20	1,136.99
				93	1,565.65	1,421.90	1,279.01
				94	1,760.82	1,599.63	1,439.32
				95	1,981.25	1,800.02	1,618.80
				96	2,228.68	2,024.81	1,820.93
				97	2,506.62	2,277.47	2,048.33
				98	2,820.27	2,562.38	2,304.48
				99	3,173.13	2,883.00	2,592.87

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	270.09	261.38	243.95	18-39	27.01	26.14	24.40
40	270.09	261.38	243.95	40	27.01	26.14	24.40
41	278.80	270.09	252.67	41	27.88	27.01	25.27
42	296.23	278.80	261.38	42	29.62	27.88	26.14
43	304.94	287.52	270.09	43	30.49	28.75	27.01
44	313.65	296.23	278.80	44	31.37	29.62	27.88
45	331.08	313.65	287.52	45	33.11	31.37	28.75
46	339.79	322.37	296.23	46	33.98	32.24	29.62
47	357.22	331.08	304.94	47	35.72	33.11	30.49
48	374.64	348.50	313.65	48	37.46	34.85	31.37
49	383.35	357.22	331.08	49	38.34	35.72	33.11
50	400.78	374.64	339.79	50	40.08	37.46	33.98
51	418.20	383.35	348.50	51	41.82	38.34	34.85
52	435.63	400.78	365.93	52	43.56	40.08	36.59
53	453.06	418.20	383.35	53	45.31	41.82	38.34
54	470.48	435.63	392.07	54	47.05	43.56	39.21
55	487.91	453.06	409.49	55	48.79	45.31	40.95
56	522.76	487.91	444.34	56	52.28	48.79	44.43
57	566.32	522.76	479.19	57	56.63	52.28	47.92
58	609.88	566.32	514.04	58	60.99	56.63	51.40
59	662.16	609.88	557.61	59	66.22	60.99	55.76
60	714.43	662.16	601.17	60	71.44	66.22	60.12
61	775.42	714.43	653.45	61	77.54	71.44	65.34
62	853.83	784.13	705.72	62	85.38	78.41	70.57
63	932.25	853.83	766.71	63	93.22	85.38	76.67
64	1,010.66	923.54	827.70	64	101.07	92.35	82.77
65	1,106.50	1,001.95	897.40	65	110.65	100.19	89.74
66	1,184.91	1,080.36	975.81	66	118.49	108.04	97.58
67	1,272.04	1,167.49	1,054.22	67	127.20	116.75	105.42
68	1,359.17	1,254.61	1,141.35	68	135.92	125.46	114.14
69	1,455.00	1,350.45	1,237.19	69	145.50	135.05	123.72

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,559.56	1,455.00	1,341.74	70	155.96	145.50	134.17
71	1,742.52	1,620.54	1,489.85	71	174.25	162.05	148.99
72	1,942.91	1,803.51	1,655.39	72	194.29	180.35	165.54
73	2,160.72	2,003.90	1,838.36	73	216.07	200.39	183.84
74	2,413.39	2,230.43	2,038.75	74	241.34	223.04	203.87
75	2,692.19	2,483.09	2,265.28	75	269.22	248.31	226.53
76	2,997.13	2,761.89	2,526.65	76	299.71	276.19	252.67
77	3,336.93	3,075.55	2,814.17	77	333.69	307.55	281.42
78	3,720.28	3,432.76	3,136.54	78	372.03	343.28	313.65
79	4,147.20	3,824.83	3,493.75	79	414.72	382.48	349.38
				80	461.77	426.05	389.45
				81	509.69	469.61	429.53
				82	562.83	518.40	473.97
				83	622.08	573.29	523.63
				84	686.55	632.53	577.65
				85	758.00	697.88	637.76
				86	852.96	785.88	717.92
				87	960.13	883.46	807.66
				88	1,079.49	994.11	908.72
				89	1,214.54	1,127.41	1,021.99
				90	1,366.14	1,258.10	1,150.06
				91	1,536.90	1,414.93	1,292.95
				92	1,729.45	1,591.79	1,455.00
				93	1,945.52	1,791.31	1,637.10
				94	2,188.61	2,015.22	1,840.97
				95	2,462.18	2,267.02	2,071.86
				96	2,769.74	2,550.18	2,330.62
				97	3,115.63	2,869.06	2,621.62
				98	3,505.08	3,227.15	2,949.22
				99	3,943.32	3,630.54	3,317.76

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	235.24	226.53	209.10	18-39	23.52	22.65	20.91
40	235.24	226.53	209.10	40	23.52	22.65	20.91
41	243.95	235.24	217.82	41	24.40	23.52	21.78
42	252.67	243.95	226.53	42	25.27	24.40	22.65
43	261.38	252.67	235.24	43	26.14	25.27	23.52
44	270.09	261.38	243.95	44	27.01	26.14	24.40
45	278.80	270.09	252.67	45	27.88	27.01	25.27
46	296.23	278.80	261.38	46	29.62	27.88	26.14
47	304.94	287.52	270.09	47	30.49	28.75	27.01
48	313.65	296.23	278.80	48	31.37	29.62	27.88
49	331.08	313.65	287.52	49	33.11	31.37	28.75
50	339.79	322.37	296.23	50	33.98	32.24	29.62
51	348.50	331.08	304.94	51	34.85	33.11	30.49
52	365.93	348.50	322.37	52	36.59	34.85	32.24
53	383.35	357.22	331.08	53	38.34	35.72	33.11
54	392.07	365.93	339.79	54	39.21	36.59	33.98
55	409.49	383.35	357.22	55	40.95	38.34	35.72
56	435.63	409.49	374.64	56	43.56	40.95	37.46
57	470.48	435.63	400.78	57	47.05	43.56	40.08
58	496.62	461.77	426.92	58	49.66	46.18	42.69
59	531.47	496.62	453.06	59	53.15	49.66	45.31
60	566.32	522.76	479.19	60	56.63	52.28	47.92
61	609.88	566.32	514.04	61	60.99	56.63	51.40
62	653.45	609.88	557.61	62	65.34	60.99	55.76
63	697.01	653.45	601.17	63	69.70	65.34	60.12
64	749.28	697.01	644.73	64	74.93	69.70	64.47
65	801.56	749.28	697.01	65	80.16	74.93	69.70
66	871.26	818.98	758.00	66	87.13	81.90	75.80
67	949.67	888.69	818.98	67	94.97	88.87	81.90
68	1,036.80	967.10	888.69	68	103.68	96.71	88.87
69	1,123.93	1,045.51	967.10	69	112.39	104.55	96.71

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,228.48	1,141.35	1,045.51	70	122.85	114.14	104.55
71	1,350.45	1,254.61	1,150.06	71	135.05	125.46	115.01
72	1,489.85	1,385.30	1,272.04	72	148.99	138.53	127.20
73	1,646.68	1,524.71	1,402.73	73	164.67	152.47	140.27
74	1,812.22	1,681.53	1,550.84	74	181.22	168.15	155.08
75	1,995.19	1,855.78	1,707.67	75	199.52	185.58	170.77
76	2,247.85	2,091.02	1,925.48	76	224.79	209.10	192.55
77	2,526.65	2,352.40	2,169.44	77	252.67	235.24	216.94
78	2,840.31	2,648.63	2,448.24	78	284.03	264.86	244.82
79	3,188.81	2,979.71	2,761.89	79	318.88	297.97	276.19
80		3,354.35	3,110.40	80		335.44	311.04
81		3,755.13	3,485.04	81		375.51	348.50
82		4,199.47	3,903.24	82		419.95	390.32
83		4,704.80	4,373.73	83		470.48	437.37
84		5,262.41	4,896.48	84		526.24	489.65

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	287.52	270.09	252.67	18-39	28.75	27.01	25.27
40	287.52	270.09	252.67	40	28.75	27.01	25.27
41	296.23	278.80	261.38	41	29.62	27.88	26.14
42	304.94	287.52	270.09	42	30.49	28.75	27.01
43	322.37	304.94	278.80	43	32.24	30.49	27.88
44	331.08	313.65	287.52	44	33.11	31.37	28.75
45	339.79	322.37	296.23	45	33.98	32.24	29.62
46	357.22	339.79	313.65	46	35.72	33.98	31.37
47	365.93	348.50	322.37	47	36.59	34.85	32.24
48	383.35	357.22	331.08	48	38.34	35.72	33.11
49	392.07	374.64	348.50	49	39.21	37.46	34.85
50	409.49	383.35	357.22	50	40.95	38.34	35.72
51	426.92	400.78	374.64	51	42.69	40.08	37.46
52	444.34	418.20	383.35	52	44.43	41.82	38.34
53	461.77	435.63	400.78	53	46.18	43.56	40.08
54	487.91	453.06	418.20	54	48.79	45.31	41.82
55	505.33	470.48	435.63	55	50.53	47.05	43.56
56	540.18	505.33	461.77	56	54.02	50.53	46.18
57	575.03	540.18	496.62	57	57.50	54.02	49.66
58	609.88	575.03	531.47	58	60.99	57.50	53.15
59	653.45	609.88	566.32	59	65.34	60.99	56.63
60	697.01	653.45	609.88	60	69.70	65.34	60.99
61	749.28	705.72	653.45	61	74.93	70.57	65.34
62	801.56	749.28	697.01	62	80.16	74.93	69.70
63	862.55	810.27	749.28	63	86.25	81.03	74.93
64	932.25	871.26	801.56	64	93.22	87.13	80.16
65	1,001.95	932.25	862.55	65	100.19	93.22	86.25
66	1,089.08	1,019.37	940.96	66	108.91	101.94	94.10
67	1,184.91	1,106.50	1,028.09	67	118.49	110.65	102.81
68	1,280.75	1,202.34	1,123.93	68	128.08	120.23	112.39
69	1,394.02	1,306.89	1,219.76	69	139.40	130.69	121.98

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,515.99	1,428.87	1,333.03	70	151.60	142.89	133.30
71	1,672.82	1,576.98	1,472.43	71	167.28	157.70	147.24
72	1,847.07	1,742.52	1,629.26	72	184.71	174.25	162.93
73	2,030.04	1,916.77	1,794.80	73	203.00	191.68	179.48
74	2,239.14	2,108.45	1,977.76	74	223.91	210.84	197.78
75	2,474.38	2,334.98	2,186.86	75	247.44	233.50	218.69
76	2,770.61	2,613.78	2,448.24	76	277.06	261.38	244.82
77	3,092.97	2,918.72	2,735.76	77	309.30	291.87	273.58
78	3,458.90	3,258.51	3,058.12	78	345.89	325.85	305.81
79	3,868.39	3,650.58	3,424.05	79	386.84	365.06	342.41

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	348.50	331.08	304.94	18-39	34.85	33.11	30.49
40	348.50	331.08	304.94	40	34.85	33.11	30.49
41	365.93	339.79	313.65	41	36.59	33.98	31.37
42	374.64	357.22	331.08	42	37.46	35.72	33.11
43	392.07	365.93	339.79	43	39.21	36.59	33.98
44	409.49	383.35	357.22	44	40.95	38.34	35.72
45	426.92	400.78	365.93	45	42.69	40.08	36.59
46	444.34	418.20	383.35	46	44.43	41.82	38.34
47	461.77	435.63	400.78	47	46.18	43.56	40.08
48	479.19	444.34	409.49	48	47.92	44.43	40.95
49	496.62	461.77	426.92	49	49.66	46.18	42.69
50	514.04	479.19	444.34	50	51.40	47.92	44.43
51	531.47	496.62	461.77	51	53.15	49.66	46.18
52	557.61	522.76	479.19	52	55.76	52.28	47.92
53	575.03	540.18	496.62	53	57.50	54.02	49.66
54	592.46	557.61	514.04	54	59.25	55.76	51.40
55	618.59	575.03	531.47	55	61.86	57.50	53.15
56	662.16	618.59	566.32	56	66.22	61.86	56.63
57	705.72	662.16	609.88	57	70.57	66.22	60.99
58	758.00	705.72	653.45	58	75.80	70.57	65.34
59	810.27	758.00	697.01	59	81.03	75.80	69.70
60	871.26	810.27	749.28	60	87.13	81.03	74.93
61	940.96	871.26	801.56	61	94.10	87.13	80.16
62	1,010.66	940.96	862.55	62	101.07	94.10	86.25
63	1,089.08	1,010.66	923.54	63	108.91	101.07	92.35
64	1,176.20	1,089.08	993.24	64	117.62	108.91	99.32
65	1,263.33	1,167.49	1,062.94	65	126.33	116.75	106.29
66	1,376.59	1,272.04	1,158.78	66	137.66	127.20	115.88
67	1,498.57	1,385.30	1,263.33	67	149.86	138.53	126.33
68	1,629.26	1,507.28	1,385.30	68	162.93	150.73	138.53
69	1,777.37	1,646.68	1,507.28	69	177.74	164.67	150.73

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,934.20	1,794.80	1,646.68	70	193.42	179.48	164.67
71	2,134.59	1,977.76	1,812.22	71	213.46	197.78	181.22
72	2,343.69	2,169.44	1,995.19	72	234.37	216.94	199.52
73	2,587.64	2,395.97	2,195.58	73	258.76	239.60	219.56
74	2,849.02	2,639.92	2,422.10	74	284.90	263.99	242.21
75	3,136.54	2,901.30	2,666.06	75	313.65	290.13	266.61
76	3,485.04	3,241.09	2,988.42	76	348.50	324.11	298.84
77	3,868.39	3,615.73	3,354.35	77	386.84	361.57	335.44
78	4,304.02	4,033.93	3,763.84	78	430.40	403.39	376.38
79	4,774.50	4,495.70	4,216.90	79	477.45	449.57	421.69

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	444.34	426.92	400.78	18-39	44.43	42.69	40.08
40	444.34	426.92	400.78	40	44.43	42.69	40.08
41	461.77	444.34	418.20	41	46.18	44.43	41.82
42	487.91	461.77	435.63	42	48.79	46.18	43.56
43	505.33	479.19	453.06	43	50.53	47.92	45.31
44	522.76	496.62	470.48	44	52.28	49.66	47.05
45	548.89	522.76	487.91	45	54.89	52.28	48.79
46	575.03	548.89	514.04	46	57.50	54.89	51.40
47	601.17	566.32	531.47	47	60.12	56.63	53.15
48	627.31	592.46	557.61	48	62.73	59.25	55.76
49	653.45	618.59	575.03	49	65.34	61.86	57.50
50	679.58	644.73	601.17	50	67.96	64.47	60.12
51	705.72	670.87	627.31	51	70.57	67.09	62.73
52	740.57	697.01	644.73	52	74.06	69.70	64.47
53	766.71	723.15	670.87	53	76.67	72.31	67.09
54	801.56	749.28	697.01	54	80.16	74.93	69.70
55	836.41	784.13	723.15	55	83.64	78.41	72.31
56	897.40	836.41	775.42	56	89.74	83.64	77.54
57	958.39	897.40	827.70	57	95.84	89.74	82.77
58	1,028.09	958.39	879.97	58	102.81	95.84	88.00
59	1,097.79	1,019.37	940.96	59	109.78	101.94	94.10
60	1,176.20	1,089.08	1,001.95	60	117.62	108.91	100.19
61	1,263.33	1,167.49	1,071.65	61	126.33	116.75	107.16
62	1,350.45	1,254.61	1,158.78	62	135.05	125.46	115.88
63	1,455.00	1,350.45	1,237.19	63	145.50	135.05	123.72
64	1,559.56	1,446.29	1,333.03	64	155.96	144.63	133.30
65	1,672.82	1,550.84	1,428.87	65	167.28	155.08	142.89
66	1,803.51	1,681.53	1,559.56	66	180.35	168.15	155.96
67	1,942.91	1,820.93	1,698.96	67	194.29	182.09	169.90
68	2,091.02	1,977.76	1,855.78	68	209.10	197.78	185.58
69	2,256.56	2,143.30	2,030.04	69	225.66	214.33	203.00

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,430.82	2,326.26	2,213.00	70	243.08	232.63	221.30
71	2,683.48	2,561.50	2,430.82	71	268.35	256.15	243.08
72	2,953.57	2,814.17	2,674.77	72	295.36	281.42	267.48
73	3,258.51	3,101.69	2,944.86	73	325.85	310.17	294.49
74	3,598.30	3,424.05	3,241.09	74	359.83	342.41	324.11
75	3,964.23	3,763.84	3,563.45	75	396.42	376.38	356.35
76	4,417.29	4,182.05	3,946.81	76	441.73	418.20	394.68
77	4,913.91	4,643.82	4,373.73	77	491.39	464.38	437.37
78	5,471.51	5,166.57	4,852.92	78	547.15	516.66	485.29
79	6,090.11	5,732.89	5,375.67	79	609.01	573.29	537.57

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	339.79	322.37	304.94	18-39	33.98	32.24	30.49
40	339.79	322.37	304.94	40	33.98	32.24	30.49
41	348.50	331.08	313.65	41	34.85	33.11	31.37
42	357.22	339.79	322.37	42	35.72	33.98	32.24
43	374.64	357.22	331.08	43	37.46	35.72	33.11
44	383.35	365.93	339.79	44	38.34	36.59	33.98
45	392.07	374.64	348.50	45	39.21	37.46	34.85
46	400.78	383.35	357.22	46	40.08	38.34	35.72
47	418.20	392.07	365.93	47	41.82	39.21	36.59
48	426.92	409.49	383.35	48	42.69	40.95	38.34
49	444.34	418.20	392.07	49	44.43	41.82	39.21
50	453.06	426.92	400.78	50	45.31	42.69	40.08
51	470.48	444.34	409.49	51	47.05	44.43	40.95
52	479.19	453.06	426.92	52	47.92	45.31	42.69
53	496.62	470.48	435.63	53	49.66	47.05	43.56
54	505.33	479.19	453.06	54	50.53	47.92	45.31
55	522.76	496.62	461.77	55	52.28	49.66	46.18
56	548.89	522.76	487.91	56	54.89	52.28	48.79
57	583.74	548.89	514.04	57	58.37	54.89	51.40
58	618.59	583.74	540.18	58	61.86	58.37	54.02
59	653.45	609.88	566.32	59	65.34	60.99	56.63
60	688.30	644.73	592.46	60	68.83	64.47	59.25
61	731.86	688.30	636.02	61	73.19	68.83	63.60
62	784.13	731.86	670.87	62	78.41	73.19	67.09
63	836.41	784.13	723.15	63	83.64	78.41	72.31
64	888.69	827.70	766.71	64	88.87	82.77	76.67
65	949.67	888.69	818.98	65	94.97	88.87	81.90
66	1,019.37	949.67	879.97	66	101.94	94.97	88.00
67	1,097.79	1,028.09	949.67	67	109.78	102.81	94.97
68	1,184.91	1,106.50	1,028.09	68	118.49	110.65	102.81
69	1,280.75	1,193.63	1,106.50	69	128.08	119.36	110.65

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,376.59	1,289.46	1,193.63	70	137.66	128.95	119.36
71	1,507.28	1,411.44	1,306.89	71	150.73	141.14	130.69
72	1,655.39	1,550.84	1,437.58	72	165.54	155.08	143.76
73	1,820.93	1,698.96	1,576.98	73	182.09	169.90	157.70
74	1,995.19	1,864.50	1,733.81	74	199.52	186.45	173.38
75	2,186.86	2,047.46	1,899.35	75	218.69	204.75	189.93
76	2,456.95	2,300.13	2,134.59	76	245.70	230.01	213.46
77	2,761.89	2,578.93	2,395.97	77	276.19	257.89	239.60
78	3,101.69	2,901.30	2,700.91	78	310.17	290.13	270.09
79	3,485.04	3,258.51	3,031.98	79	348.50	325.85	303.20
80		3,668.00	3,406.63	80		366.80	340.66
81		4,077.50	3,789.98	81		407.75	379.00
82		4,547.98	4,225.61	82		454.80	422.56
83		5,062.02	4,704.80	83		506.20	470.48
84		5,637.05	5,236.27	84		563.71	523.63

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	426.92	400.78	365.93	18-39	42.69	40.08	36.59
40	426.92	400.78	365.93	40	42.69	40.08	36.59
41	435.63	409.49	374.64	41	43.56	40.95	37.46
42	453.06	418.20	383.35	42	45.31	41.82	38.34
43	461.77	435.63	400.78	43	46.18	43.56	40.08
44	479.19	444.34	409.49	44	47.92	44.43	40.95
45	487.91	453.06	418.20	45	48.79	45.31	41.82
46	505.33	470.48	435.63	46	50.53	47.05	43.56
47	514.04	479.19	444.34	47	51.40	47.92	44.43
48	531.47	496.62	461.77	48	53.15	49.66	46.18
49	540.18	505.33	470.48	49	54.02	50.53	47.05
50	557.61	522.76	487.91	50	55.76	52.28	48.79
51	575.03	540.18	505.33	51	57.50	54.02	50.53
52	592.46	557.61	514.04	52	59.25	55.76	51.40
53	609.88	575.03	531.47	53	60.99	57.50	53.15
54	627.31	592.46	548.89	54	62.73	59.25	54.89
55	644.73	609.88	566.32	55	64.47	60.99	56.63
56	679.58	644.73	601.17	56	67.96	64.47	60.12
57	723.15	679.58	627.31	57	72.31	67.96	62.73
58	766.71	714.43	662.16	58	76.67	71.44	66.22
59	810.27	758.00	705.72	59	81.03	75.80	70.57
60	862.55	801.56	740.57	60	86.25	80.16	74.06
61	914.82	853.83	792.85	61	91.48	85.38	79.28
62	975.81	914.82	845.12	62	97.58	91.48	84.51
63	1,045.51	975.81	897.40	63	104.55	97.58	89.74
64	1,115.21	1,036.80	958.39	64	111.52	103.68	95.84
65	1,184.91	1,106.50	1,019.37	65	118.49	110.65	101.94
66	1,280.75	1,193.63	1,106.50	66	128.08	119.36	110.65
67	1,385.30	1,289.46	1,193.63	67	138.53	128.95	119.36
68	1,498.57	1,394.02	1,289.46	68	149.86	139.40	128.95
69	1,620.54	1,515.99	1,402.73	69	162.05	151.60	140.27

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,751.23	1,637.97	1,515.99	70	175.12	163.80	151.60
71	1,916.77	1,794.80	1,664.11	71	191.68	179.48	166.41
72	2,108.45	1,969.05	1,829.65	72	210.84	196.90	182.96
73	2,308.84	2,160.72	2,003.90	73	230.88	216.07	200.39
74	2,535.37	2,369.83	2,204.29	74	253.54	236.98	220.43
75	2,779.32	2,605.07	2,422.10	75	277.93	260.51	242.21
76	3,092.97	2,892.58	2,692.19	76	309.30	289.26	269.22
77	3,441.48	3,223.66	2,997.13	77	344.15	322.37	299.71
78	3,833.54	3,580.88	3,328.21	78	383.35	358.09	332.82
79	4,269.17	3,990.37	3,702.86	79	426.92	399.04	370.29

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	531.47	496.62	453.06	18-39	53.15	49.66	45.31
40	531.47	496.62	453.06	40	53.15	49.66	45.31
41	548.89	514.04	470.48	41	54.89	51.40	47.05
42	566.32	522.76	479.19	42	56.63	52.28	47.92
43	575.03	540.18	496.62	43	57.50	54.02	49.66
44	592.46	557.61	514.04	44	59.25	55.76	51.40
45	609.88	566.32	522.76	45	60.99	56.63	52.28
46	627.31	583.74	540.18	46	62.73	58.37	54.02
47	644.73	601.17	557.61	47	64.47	60.12	55.76
48	670.87	627.31	575.03	48	67.09	62.73	57.50
49	688.30	644.73	592.46	49	68.83	64.47	59.25
50	705.72	662.16	609.88	50	70.57	66.22	60.99
51	723.15	679.58	627.31	51	72.31	67.96	62.73
52	749.28	697.01	644.73	52	74.93	69.70	64.47
53	766.71	714.43	662.16	53	76.67	71.44	66.22
54	784.13	740.57	688.30	54	78.41	74.06	68.83
55	810.27	758.00	705.72	55	81.03	75.80	70.57
56	862.55	810.27	749.28	56	86.25	81.03	74.93
57	906.11	853.83	792.85	57	90.61	85.38	79.28
58	967.10	906.11	836.41	58	96.71	90.61	83.64
59	1,019.37	949.67	879.97	59	101.94	94.97	88.00
60	1,080.36	1,010.66	932.25	60	108.04	101.07	93.22
61	1,150.06	1,071.65	993.24	61	115.01	107.16	99.32
62	1,228.48	1,141.35	1,054.22	62	122.85	114.14	105.42
63	1,315.60	1,219.76	1,123.93	63	131.56	121.98	112.39
64	1,402.73	1,298.18	1,193.63	64	140.27	129.82	119.36
65	1,498.57	1,385.30	1,272.04	65	149.86	138.53	127.20
66	1,620.54	1,498.57	1,376.59	66	162.05	149.86	137.66
67	1,751.23	1,629.26	1,498.57	67	175.12	162.93	149.86
68	1,899.35	1,768.66	1,629.26	68	189.93	176.87	162.93
69	2,056.17	1,916.77	1,768.66	69	205.62	191.68	176.87

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,221.71	2,073.60	1,916.77	70	222.17	207.36	191.68
71	2,430.82	2,265.28	2,091.02	71	243.08	226.53	209.10
72	2,666.06	2,474.38	2,282.70	72	266.61	247.44	228.27
73	2,918.72	2,709.62	2,491.80	73	291.87	270.96	249.18
74	3,188.81	2,953.57	2,718.33	74	318.88	295.36	271.83
75	3,493.75	3,232.37	2,971.00	75	349.38	323.24	297.10
76	3,868.39	3,598.30	3,319.50	76	386.84	359.83	331.95
77	4,277.89	3,990.37	3,702.86	77	427.79	399.04	370.29
78	4,730.94	4,434.71	4,129.77	78	473.09	443.47	412.98
79	5,236.27	4,922.62	4,608.97	79	523.63	492.26	460.90

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	688.30	653.45	609.88	18-39	68.83	65.34	60.99
40	688.30	653.45	609.88	40	68.83	65.34	60.99
41	714.43	679.58	636.02	41	71.44	67.96	63.60
42	740.57	697.01	653.45	42	74.06	69.70	65.34
43	766.71	723.15	679.58	43	76.67	72.31	67.96
44	792.85	749.28	705.72	44	79.28	74.93	70.57
45	818.98	775.42	731.86	45	81.90	77.54	73.19
46	845.12	801.56	758.00	46	84.51	80.16	75.80
47	879.97	836.41	784.13	47	88.00	83.64	78.41
48	906.11	862.55	810.27	48	90.61	86.25	81.03
49	940.96	888.69	836.41	49	94.10	88.87	83.64
50	975.81	923.54	871.26	50	97.58	92.35	87.13
51	1,001.95	949.67	888.69	51	100.19	94.97	88.87
52	1,028.09	975.81	914.82	52	102.81	97.58	91.48
53	1,054.22	1,001.95	940.96	53	105.42	100.19	94.10
54	1,089.08	1,028.09	958.39	54	108.91	102.81	95.84
55	1,115.21	1,054.22	984.52	55	111.52	105.42	98.45
56	1,176.20	1,106.50	1,036.80	56	117.62	110.65	103.68
57	1,245.90	1,167.49	1,089.08	57	124.59	116.75	108.91
58	1,315.60	1,228.48	1,141.35	58	131.56	122.85	114.14
59	1,394.02	1,298.18	1,202.34	59	139.40	129.82	120.23
60	1,472.43	1,367.88	1,263.33	60	147.24	136.79	126.33
61	1,568.27	1,455.00	1,341.74	61	156.83	145.50	134.17
62	1,664.11	1,550.84	1,428.87	62	166.41	155.08	142.89
63	1,768.66	1,646.68	1,524.71	63	176.87	164.67	152.47
64	1,881.92	1,751.23	1,620.54	64	188.19	175.12	162.05
65	2,003.90	1,864.50	1,725.09	65	200.39	186.45	172.51
66	2,143.30	2,003.90	1,864.50	66	214.33	200.39	186.45
67	2,291.41	2,160.72	2,021.32	67	229.14	216.07	202.13
68	2,456.95	2,326.26	2,195.58	68	245.70	232.63	219.56
69	2,631.21	2,500.52	2,369.83	69	263.12	250.05	236.98

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,814.17	2,692.19	2,570.22	70	281.42	269.22	257.02
71	3,084.26	2,944.86	2,805.46	71	308.43	294.49	280.55
72	3,371.78	3,214.95	3,058.12	72	337.18	321.49	305.81
73	3,694.14	3,519.89	3,336.93	73	369.41	351.99	333.69
74	4,042.65	3,842.26	3,641.87	74	404.26	384.23	364.19
75	4,426.00	4,199.47	3,972.95	75	442.60	419.95	397.29
76	4,905.19	4,643.82	4,382.44	76	490.52	464.38	438.24
77	5,445.38	5,140.43	4,826.78	77	544.54	514.04	482.68
78	6,037.83	5,680.62	5,323.40	78	603.78	568.06	532.34
79	6,699.99	6,290.50	5,872.29	79	670.00	629.05	587.23

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

State: Virginia **Filing Company:** MetLife Insurance Company USA
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2013 Rate Increase/145GEC01-30

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance
Comments:	Please see section 22 of the actuarial memorandum.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	01/14/2016

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	The Overall % Indicated Change was determined by targeting the greater of the minimum required loss ratio or that from original pricing, absent any additional regulatory restrictions, assuming the rate increase is fully implemented on January 1, 2014. This calculation was performed using nationwide experience, current best-estimate assumptions, and without regard to any shock lapse, reduced benefit option election, or adverse selection resulting from the increase.
Attachment(s):	AM_LTC4_TQ_FO_VA_20160113.pdf
Item Status:	Received & Acknowledged
Status Date:	01/14/2016

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	Long Term Care Insurance Rate Request Summary Part 1_LTC4 TQ FO_20160114.pdf
Item Status:	Received & Acknowledged
Status Date:	01/20/2016

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	CovLtr_LTC4_TQ_FO_VA_20150326.pdf
Item Status:	Received & Acknowledged
Status Date:	01/14/2016

Satisfied - Item:	Supplement to the Actuarial Memorandum
Comments:	
Attachment(s):	Supp_LTC4_TQ_FO_VA_20150326.pdf MICC RIL 07152014.pdf MICC FAQ 10152013.pdf
Item Status:	Received & Acknowledged
Status Date:	01/14/2016

Satisfied - Item:	Rate Revision Review Requirements Checklist

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Comments:	
Attachment(s):	Checklist Rate Revisions_20150326.pdf
Item Status:	Received & Acknowledged
Status Date:	01/14/2016

Satisfied - Item:	Letter of Authorization
Comments:	
Attachment(s):	2015 MetLife Auth Letter_LTC4 TQ FO_VA_20150326.pdf
Item Status:	Received & Acknowledged
Status Date:	01/14/2016

Satisfied - Item:	Appendix
Comments:	
Attachment(s):	Appendix_LTC4_TQ_FO_VA_20150326.pdf MICC OLB 03242015 VA.pdf MetLife Insurance Company USA Amendment.pdf
Item Status:	Received & Acknowledged
Status Date:	01/14/2016

Satisfied - Item:	Response to August 25, 2015 Phone Call
Comments:	
Attachment(s):	VA_LTC4 TQ FO_Response to 20150825 Phone Call_20151104.pdf VA_LTC4 TQ FO_State Status Listing_20151104.xlsb
Item Status:	Received & Acknowledged
Status Date:	01/14/2016

Satisfied - Item:	Certificates of Compliance
Comments:	
Attachment(s):	MetLife Insurance Company USA Amendment Certification of Compliance_20151104.pdf VA RIH 09222015 Certification of Compliance_20151104.pdf MICC RIL VA 121815 Certification of Compliance_20151221.pdf MICC CNF VA 1112016 Certification of Compliance_20160113.pdf
Item Status:	Received & Acknowledged
Status Date:	01/14/2016

Satisfied - Item:	Readability Certifications

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Comments:	In completing these certifications, we relied on data and other information provided by Union Fidelity Life Insurance Company, the retrocessionaire on this business, and Genworth, a reinsurer of this business. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, these certifications may likewise be inaccurate or incomplete. In that event, our certifications may not be suitable for the intended purpose.
Attachment(s):	MetLife Insurance Company USA Amendment Readability Certification_20151104.pdf VA RIH 09222015 Readability Certification_20151104.pdf MICC RIL VA 121815 Readability Certification_20151221.pdf MICC CNF VA 1112016 Readability Certification_20160113.pdf
Item Status:	Received & Acknowledged
Status Date:	01/14/2016

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability 20151218.pdf
Item Status:	Received & Acknowledged
Status Date:	01/14/2016

State: Virginia **Filing Company:** MetLife Insurance Company USA
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: 2013 Rate Increase/145GEC01-30

Attachment VA_LTC4 TQ FO_State Status Listing_20151104.xlsb is not a PDF document and cannot be reproduced here.

METLIFE INSURANCE COMPANY USA

Address: 1209 Orange Street, Wilmington, DE 19801

Actuarial Memorandum for the LTC4 Tax-Qualified Nursing Facility Only Product

January 2016

Product or Rider	Form Number
Nursing Facility Insurance	H-LTC4JFQ
Nursing Facility Insurance	H-LTC4JFQ20
Annual 5% Compound Benefit Inflation Rider	H-5AICFO
Annual 5% Simple Benefit Inflation Rider	H-5AISFO
Cost of Living (CPI) Benefit Rider	H-COLFO
Cost of Living (CPI) Benefit Rider	H-COLFO-3
Nonforfeiture Benefit Rider	H-NF3-6

These policy forms are tax-qualified individual policy forms providing facility only long term care coverage. These forms were issued in Virginia from February 1999 through September 2000.

1. Purpose of Filing

This actuarial memorandum has been prepared for the purpose of documenting the rates and demonstrating that the anticipated loss ratio of this product with those rates meets the minimum requirements in the statutes of Virginia. It may not be suitable for other purposes.

2. Description of Benefits

These are individually underwritten policies which pay a daily benefit for Nursing Facility Care, Assisted Living Facility Care, Alzheimer's Facility Care, Hospice Facility Care, Bed Reservation, and Respite Care provided in a Facility setting.

Elimination periods are 20, 60, and 100 days. The elimination period applies to all benefits except the Respite Care Benefit, Care Coordination Benefit, and Supplemental Benefits. The elimination period must be satisfied in full only once during the life of the contract.

Benefit periods are 2 years, 3 years, 5 years, and unlimited. Benefit eligibility is defined as having a 90-day certification period and not being able to perform at least two of six ADLs (dressing, eating, toileting, transferring, bathing, and continence) or cognitive impairment.

Premiums will be waived if benefits, other than Respite Care, Care Coordination, or Supplemental, are being paid.

A 5% simple, a 5% compound, and a cost of living (CPI) inflation rider as well as a non-forfeiture rider are available options.

3. Renewability

These policy forms are guaranteed renewable for life.

4. Applicability

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

5. Actuarial Assumptions

a. Expected Claim Costs are the product of the reinsurer's (General Electric Capital Assurance Company; GECA) expected claim costs used at the time of the reinsurance transaction executed in 2000 between Travelers and GECA and actual-to-expected factors that reflect actual emerging experience on these policy forms.

At the time the expected claim costs were developed, the reinsurer had been marketing nursing home and home health care benefit riders and policies on a direct basis for over 20 and 10 years, respectively. Using the experience on this business, both the expected incidence and severity of claims were developed for nursing home benefits. Selection factors were applied to the incidence rates in order to reflect the effects of underwriting.

The expected incidence rates, lengths of stay, and amount of benefit payments were separately identified for all combinations of plan options.

Actual-to-expected adjustment factors were developed from actual emerging experience through June 30, 2012 and are shown in the following table:

METLIFE INSURANCE COMPANY USA

Address: 1209 Orange Street, Wilmington, DE 19801

Actuarial Memorandum for the LTC4 Tax-Qualified Nursing Facility Only Product

January 2016

Actual-to-Expected Adjustment Factors

Policy Duration	Factor
1 - 4	132.5%
5	158.2%
6 - 7	163.4%
8 - 9	185.3%
10 - 11	194.8%
12	204.3%
13	206.4%
14	218.3%
15	220.5%
16 - 17	215.6%
18 - 19	210.7%
20	205.8%
21	200.7%
22	195.6%
23	190.7%
24	186.0%
25	181.3%
26	176.8%
27	172.4%
28	168.1%
29	163.9%
30	159.8%
31	155.8%
32	151.9%
33	148.1%
34	144.4%
35	140.8%
36	137.3%
37	133.8%
38	130.5%
39	127.2%
40	124.0%
41	120.9%
42	117.9%
43	115.0%
44	112.1%
45	109.3%
46	106.6%
47+	105.1%

b. Termination Rates. Historical termination rates are based on actual experience of this policy form.

Future voluntary lapse rates vary by duration as developed from actual experience through March 31, 2012 and are shown in the following table:

Voluntary Lapse Rates

Policy Duration	Lapse Rate
1	6.00%
2	4.00%
3	2.50%
4	1.50%
5	1.30%
6	1.10%
7 - 13	1.00%
14 - 19	1.40%
20 +	1.75%

Future mortality is based on 1983 IAM with selection factors consistent with experience and shown in the following table:

Mortality Selection Factors

Policy Duration	Factor
1	30.0%
2	40.0%
3	45.0%
4	50.0%
5	55.0%
6	60.0%
7	65.0%
8	67.0%
9	70.0%
10	72.0%
11	75.0%
12	77.0%
13	80.0%
14	82.0%
15	85.0%
16	87.0%
17	90.0%
18	92.0%
19	94.0%
20+	95.0%

c. Expenses. Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate, except that commission will not be paid on any increase in premium.

The above assumptions are based on actual experience of the policies in-force under these policy forms and general experience of the reinsurer and are deemed reasonable for these particular policies.

6. Marketing Method

These policy forms were marketed by agents as well as through various subsidiaries of Citigroup.

7. Underwriting Description

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

8. Premiums

Premiums are unisex, level and payable for life. The premiums vary by issue age, elimination period, benefit period, initial daily benefit, and inflation protection option.

9. Issue Age Range

Elimination periods of 20, 60, and 100 days are available for issue ages 18 to 79. Only the 60 and 100 day elimination periods of the 2-year benefit period are available for issue ages 80 through 84.

10. Area Factors

Area factors are not used for this product.

11. Premium Modalization Rules

The following modal factors and nationwide percent distributions (based on in-force count as of 12/31/2012) are applied to the annual premium (AP):

Premium Mode	Modal Factors	Percent Distribution
Annual	1.00*AP	56.3%
Semi-Annual	0.51*AP	10.5%
Quarterly	0.26*AP	13.4%
Monthly	0.09*AP	19.8%

12. Reserves

Active life reserves have not been used in this rate increase analysis, except in the loss ratio calculation in Exhibits III and IV and as described in the Supplement to the Actuarial Memorandum. Claim reserves as of December 31, 2012 have been discounted to the incurred date of each respective claim and included in historical incurred claims. Incurred but not reported balances as of December 31, 2012 have been allocated to a calendar year of incurred and included in historic incurred claims.

13. Trend Assumptions

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

14. Past and Future Policy Experience

Nationwide experience for these policy forms is shown in Exhibit I and includes earned premiums, paid claims, incurred claims, and loss ratios. The experience and projections in Exhibit I have been restated to reflect a rate level similar to that approved in Virginia on a nationwide basis.

Virginia-specific experience for these policy forms is shown in Exhibit II, including any previously implemented rate increases as described in Section 16 of this memorandum.

The company has chosen a credibility standard of 1,082 claims. Based on this parameter, Virginia-specific experience for the above-referenced forms is not considered fully credible, but is being provided as required.

Historical experience is shown by claim incurral year with the loss ratio for each loss year calculated by the following formula:

$$LR_j = \frac{\sum_{t=j}^{2012} Pmt_t^j * v^{t-j} + {}_jCR_{2012} * v^{2012-j+1/2} + {}_jIBNR_{2012} * v^{2012-j+1/2}}{EP_j}$$

LR_j = loss ratio for year *j*

Pmt_t^j = claim payments in year *t* on claims incurred in year *j*, assumed to occur mid-year

${}_jCR_{2012}$ = open claim reserve held on December 31, 2012 for claims incurred in year *j*

${}_jIBNR_{2012}$ = incurred but not reported reserve as of December 31, 2012 attributable to claims incurred in year *j*

EP_j = earned premium in year *j*, assumed mid-year

j = year of incurral

$v = 1 / 1.0585 = 0.944714$

A future annual loss ratio is calculated, with and without interest, as anticipated incurred claims divided by earned premiums.

A lifetime loss ratio as of 12/31/2012 is calculated as the sum of accumulated past and discounted future claims divided by the sum of accumulated past and discounted future earned premium.

Pursuant to 14VAC5-130-75, the loss ratios are calculated using an interest rate that is on a consistent basis, but not identical in value, to the interest rate assumed in the determination of premiums. The original pricing interest rate of 6.5% used in the determination of premiums is assumed to be reflective of a pre-tax net investment earnings rate. That is, the company's actual and future expected pre-tax investment earnings rate net of investment expenses and default risk.

The company's actual earned rates were only available beginning in 2004, so the weighted-average interest rate of 5.85% (using earned premium on all of MetLife Insurance Company USA's individual long-term care policy forms as weights) was assumed for the entire historical period (1988 through 2012). The historical earned rates are net of investment expenses and default risk, but are on a pre-tax basis.

The prospective interest rate assumption was derived from the 2012 cash flow testing results. The rates represent the runoff of the assets currently backing the company's long-term care liabilities and a reinvestment strategy consistent with the 2012 cash flow testing. Again, the prospective interest rates are net of investment expenses and default risk, but are on a pre-tax basis.

Exhibit III shows nationwide past experience including earned premiums, incurred claims, increase in active life reserves, and incurred loss ratios by calendar year. Exhibit IV provides similar information on a Virginia-specific basis. The company does not consider Virginia-specific experience as fully credible, but is providing it as required by the rate revisions checklist. The incurred loss ratio is defined as the sum of incurred claims and increase in active life reserves divided by earned premium. The values in these exhibits are shown without interest accumulation.

15. Projected Earned Premiums and Incurred Claims

Exhibits I and II contain lifetime projections of earned premium and incurred claims based on the current premiums and the filed premium rate schedule increase. Earned premiums and incurred claims for projection years 2013 through 2052 are developed from an asset share model representing actual contracts in-force as of December 31, 2012. The assumptions described above for morbidity, voluntary lapse and mortality are used to project life years, earned premiums and incurred claims. The projections reflecting the rate increase assume that the increase is effective on each policy's first anniversary on or after January 1, 2014.

16. History of Previous Rate Revisions

Two prior rate increases have been approved and implemented on these policy forms and associated riders. A 20.0% increase was approved on May 6, 2005 and implemented on each contract's next billing anniversary beginning August 27, 2005. A 30.0% increase was approved on May 4, 2011 and implemented on each contract's next billing anniversary beginning August 5, 2011.

The experience and projections in Exhibit I have been restated to reflect a rate level similar to that approved in Virginia on a nationwide basis.

17. Requested Rate Increase and Demonstration of Satisfaction of Loss Ratio Requirements

The company originally requested an increase of 25.7%. After discussion with the Virginia State Corporation Commission, the company revised its rate increase request to 11.7% at this time. Projected experience assuming this increase is implemented is shown in Exhibits I and II. As shown in Exhibits I and II, the expected lifetime loss ratio with and without the requested rate increase exceeds the minimum loss ratio of 60%.

Current rate tables are included with this memorandum in Exhibit V. Rate tables reflecting the 11.7% increase are included with this memorandum in Exhibit VI. The proposed rates are uniformly 11.7% higher than the current rates. The actual rates implemented may vary slightly from those in Exhibit VI due to rounding in the implementation algorithm.

18. Virginia Average Annual Premium (Annual Premium Based on 2012 In-force)

Before increase: $2,805
After increase: $3,133

19. Proposed Effective Date

The rate increase will apply to policies on their billing anniversary date following at least a 60-day policyholder notification period following approval.

20. Nationwide Distribution of Business as of 12/31/2012 (based on in-force count)

By Issue Age:

Issue Ages	Percent Distribution
< 48	2.2%
48 - 52	4.2%
53 - 57	11.7%
58 - 62	22.4%
63 - 67	23.7%
68 - 72	20.2%
73 +	15.6%

By Elimination Period:

Elimination Period	Percent Distribution
20-day	38.0%
60-day	10.0%
100-day	52.0%

By Benefit Period:

Benefit Period	Percent Distribution
2-Year	10.5%
3-Year	26.8%
5-Year	30.7%
Unlimited	32.0%

By Inflation Protection Option:

Inflation Option	Percent Distribution
None	23.9%
Simple	16.4%
Compound	42.9%
CPI	16.8%

21. Number of Policyholders

As of 12/31/2012, the number of policies in-force and annualized premium in the state and nationwide is:

	Number of Insured	Annual Premium based on 2012 In-force
Virginia	11	$30,858
Nationwide	410	$710,350

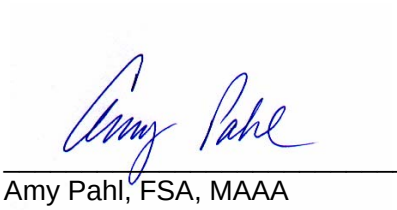
22. Actuarial Certification

I am a Principal and Consulting Actuary for Milliman, Inc. and have been retained by GNA Corporation (Genworth), a reinsurer of this business, to prepare this memorandum on behalf of MetLife Insurance Company USA. I am a Fellow of the Society of Actuaries and a member of the American Academy of Actuaries. I meet the Academy's qualification standards to render this actuarial opinion and am familiar with the requirements for filing long-term care insurance premium and rate increases. This memorandum has been prepared for the sole purpose stated, and it may not be appropriate for other purposes.

I believe this rate filing is in compliance with the applicable laws of the State of Virginia and with the rules of the Bureau. This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8 and 18.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of the state where it is filed. Furthermore, the actuarial assumptions are appropriate and the rates are not excessive or unfairly discriminatory. The premiums are reasonable in relation to the benefits, as provided in 14VAC5-130-75.

In preparing this actuarial memorandum, I relied on data provided to me by Union Fidelity Life Insurance Company, the retrocessionaire on this business, and Genworth. I did not audit this data but did review it for reasonableness. To the extent that this data is incomplete or inaccurate the contents of this memorandum may be materially affected.



Amy Pahl, FSA, MAAA
Principal and Consulting Actuary, Milliman, Inc.

Date: January 13, 2016

Exhibit I
MetLife Insurance Company USA
Nationwide Experience Projections with No Increase
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Loss Ratio Demonstration									Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest					With Interest				Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	3,427	0	0	0.0%	26	7,817	0	0	0.0%				0.0000		1.0000		5.85%	2.2811
	1999	276,504	0	0	0.0%	397	595,865	0	0	0.0%				0.0222		0.9778		5.85%	2.1550
	2000	739,022	0	0	0.0%	668	1,504,538	0	0	0.0%				0.0578		0.9422		5.85%	2.0359
	2001	907,491	2,679	75,294	8.3%	647	1,745,374	5,153	144,813	8.3%				0.0541		0.9459		5.85%	1.9233
	2002	867,718	47,430	205,558	23.7%	627	1,576,614	86,178	373,491	23.7%				0.0309		0.9691		5.85%	1.8170
	2003	841,621	112,363	52,671	6.3%	605	1,444,653	192,873	90,411	6.3%				0.0351		0.9649		5.85%	1.7165
	2004	894,035	103,556	225,073	25.2%	573	1,449,778	167,928	364,981	25.2%				0.0529		0.9471		5.85%	1.6216
	2005	905,664	95,703	347,947	38.4%	533	1,387,442	146,614	533,041	38.4%				0.0698		0.9302		5.85%	1.5320
	2006	855,031	103,190	625,178	73.1%	516	1,237,456	149,343	904,798	73.1%				0.0319		0.9681		5.85%	1.4473
	2007	832,927	73,931	32,343	3.9%	504	1,138,820	101,082	44,222	3.9%				0.0233		0.9767		5.85%	1.3673
	2008	808,250	549,240	504,729	62.4%	486	1,043,985	709,431	651,939	62.4%				0.0357		0.9643		5.85%	1.2917
	2009	771,517	571,991	782,493	101.4%	468	941,443	697,972	954,838	101.4%				0.0370		0.9630		5.85%	1.2203
	2010	735,897	671,638	652,187	88.6%	448	848,333	774,256	751,833	88.6%				0.0427		0.9573		5.85%	1.1528
	2011	792,505	718,959	941,838	118.8%	426	863,081	782,985	1,025,713	118.8%				0.0491		0.9509		5.85%	1.0891
	2012	845,313	790,149	898,290	106.3%	410	869,696	812,940	924,201	106.3%				0.0376		0.9624		5.85%	1.0288
Projected Future Experience	2013	804,932	809,294	1,019,981	126.7%	390	783,671	787,918	993,039	126.7%	1.0000	1.1924	1.0000	0.0484	0.0000	0.9516	0.9522	5.50%	0.9736
	2014	755,375	1,105,775	1,099,017	145.5%	369	697,406	1,020,915	1,014,676	145.5%	1.0000	1.1482	1.0000	0.0537	0.0000	0.9463	0.9384	5.47%	0.9233
	2015	704,436	1,223,463	1,149,785	163.2%	348	617,219	1,071,984	1,007,428	163.2%	1.0000	1.1218	1.0000	0.0581	0.0000	0.9419	0.9326	5.43%	0.8762
	2016	653,064	1,237,773	1,190,252	182.3%	326	543,419	1,029,959	990,417	182.3%	1.0000	1.1166	1.0000	0.0626	0.0000	0.9374	0.9271	5.39%	0.8321
	2017	601,750	1,249,264	1,223,774	203.4%	304	475,782	987,749	967,595	203.4%	1.0000	1.1158	1.0000	0.0672	0.0000	0.9328	0.9214	5.36%	0.7907
	2018	550,990	1,260,372	1,246,834	226.3%	282	413,969	946,942	936,771	226.3%	1.0000	1.1127	1.0000	0.0723	0.0000	0.9277	0.9156	5.34%	0.7513
	2019	501,090	1,279,066	1,253,604	250.2%	260	357,622	912,854	894,682	250.2%	1.0000	1.1056	1.0000	0.0782	0.0000	0.9218	0.9094	5.33%	0.7137
	2020	452,586	1,290,923	1,244,566	275.0%	238	306,691	874,783	843,369	275.0%	1.0000	1.0992	1.0000	0.0832	0.0000	0.9168	0.9032	5.33%	0.6776
	2021	406,503	1,292,068	1,225,648	301.5%	218	261,440	830,984	788,266	301.5%	1.0000	1.0964	1.0000	0.0871	0.0000	0.9129	0.8982	5.33%	0.6431
	2022	363,327	1,282,465	1,198,946	330.0%	198	221,667	782,437	731,482	330.0%	1.0000	1.0945	1.0000	0.0911	0.0000	0.9089	0.8938	5.34%	0.6101
	2023	323,121	1,264,411	1,168,483	361.6%	179	187,029	731,866	676,341	361.6%	1.0000	1.0959	1.0000	0.0952	0.0000	0.9048	0.8893	5.35%	0.5788
	2024	285,911	1,240,067	1,134,117	396.7%	161	157,055	681,186	622,986	396.7%	1.0000	1.0969	1.0000	0.0995	0.0000	0.9005	0.8848	5.35%	0.5493
	2025	251,685	1,209,878	1,093,156	434.3%	144	131,203	630,708	569,861	434.3%	1.0000	1.0950	1.0000	0.1038	0.0000	0.8962	0.8803	5.35%	0.5213
	2026	220,398	1,174,536	1,049,638	476.2%	129	109,048	581,132	519,336	476.2%	1.0000	1.0965	1.0000	0.1082	0.0000	0.8918	0.8757	5.35%	0.4948
	2027	191,978	1,135,660	1,006,007	524.0%	114	90,184	533,492	472,585	524.0%	1.0000	1.1003	1.0000	0.1128	0.0000	0.8872	0.8711	5.35%	0.4698
	2028	166,324	1,094,013	959,926	577.1%	101	74,215	488,159	428,328	577.1%	1.0000	1.1014	1.0000	0.1174	0.0000	0.8826	0.8664	5.34%	0.4462
	2029	143,311	1,049,422	909,545	634.7%	89	60,771	445,006	385,691	634.7%	1.0000	1.0997	1.0000	0.1221	0.0000	0.8779	0.8616	5.34%	0.4240
	2030	122,797	1,001,268	853,368	694.9%	77	49,509	403,686	344,057	694.9%	1.0000	1.0950	1.0000	0.1269	0.0000	0.8731	0.8569	5.33%	0.4032
	2031	104,624	948,746	792,557	757.5%	67	40,125	363,862	303,961	757.5%	1.0000	1.0901	1.0000	0.1318	0.0000	0.8682	0.8520	5.32%	0.3835
	2032	88,627	892,119	731,111	824.9%	58	32,352	325,656	266,882	824.9%	1.0000	1.0890	1.0000	0.1368	0.0000	0.8632	0.8471	5.30%	0.3650
	2033	74,633	832,315	669,670	897.3%	50	25,944	289,335	232,795	897.3%	1.0000	1.0877	1.0000	0.1418	0.0000	0.8582	0.8421	5.29%	0.3476
	2034	62,470	770,552	609,400	975.5%	42	20,689	255,190	201,820	975.5%	1.0000	1.0872	1.0000	0.1468	0.0000	0.8532	0.8370	5.27%	0.3312
	2035	51,968	708,368	551,761	1061.7%	36	16,403	223,593	174,161	1061.7%	1.0000	1.0884	1.0000	0.1518	0.0000	0.8482	0.8319	5.26%	0.3156
	2036	42,959	646,917	495,925	1154.4%	30	12,937	194,814	149,344	1154.4%	1.0000	1.0873	1.0000	0.1567	0.0000	0.8433	0.8267	5.24%	0.3011
	2037	35,285	586,860	442,299	1253.5%	25	10,154	168,876	127,277	1253.5%	1.0000	1.0858	1.0000	0.1616	0.0000	0.8384	0.8214	5.22%	0.2878
	2038	28,793	528,510	389,066	1351.2%	21	7,929	145,540	107,140	1351.2%	1.0000	1.0780	1.0000	0.1664	0.0000	0.8336	0.8160	5.19%	0.2754
	2039	23,341	472,077	338,566	1450.5%	18	6,156	124,516	89,301	1450.5%	1.0000	1.0735	1.0000	0.1711	0.0000	0.8289	0.8106	5.16%	0.2638
	2040	18,795	417,969	290,626	1546.3%	14	4,751	105,649	73,461	1546.3%	1.0000	1.0660	1.0000	0.1756	0.0000	0.8244	0.8052	5.13%	0.2528
	2041	15,033	366,395	246,231	1637.9%	12	3,643	88,785	59,667	1637.9%	1.0000	1.0592	1.0000	0.1798	0.0000	0.8202	0.7999	5.10%	0.2423
	2042	11,945	317,970	206,288	1727.0%	10	2,776	73,883	47,933	1727.0%	1.0000	1.0544	1.0000	0.1838	0.0000	0.8162	0.7946	5.07%	0.2324
	2043	9,429	273,161	170,531	1808.5%	8	2,101	60,867	37,999	1808.5%	1.0000	1.0472	1.0000	0.1874	0.0000	0.8126	0.7894	5.05%	0.2228
	2044	7,397	232,232	139,140	1881.2%	6	1,580	49,617	29,727	1881.2%	1.0000	1.0402	1.0000	0.1906	0.0000	0.8094	0.7844	5.02%	0.2137
	2045	5,767	195,536	113,092	1960.9%	5	1,181	40,048	23,163	1960.9%	1.0000	1.0424	1.0000	0.1934	0.0000	0.8066	0.7797	5.00%	0.2048
	2046	4,472	163,594	92,630	2071.5%	4	878	32,113	18,183	2071.5%	1.0000	1.0564	1.0000	0.1958	0.0000	0.8042	0.7753	4.98%	0.1963
	2047	3,449	136,571	76,663	2222.8%	3	649	25,689	14,420	2222.8%	1.0000	1.0730	1.0000	0.1980	0.0000	0.8020	0.7713	4.96%	0.1881
	2048	2,647	113,873	62,813	2372.8%	3	477	20,523	11,321	2372.8%	1.0000	1.0675	1.0000	0.1999	0.0000	0.8001	0.7675	4.95%	0.1802
	2049	2,023	94,740	51,304	2536.5%	2	349	16,361	8,860	2536.5%	1.0000	1.0690	1.0000	0.2019	0.0000	0.7981	0.7641	4.93%	0.1727
	2050	1,539	78,594	41,556	2700.5%	2	255	13,005	6,876	2700.5%	1.0000	1.0647	1.0000	0.2040	0.0000	0.7960	0.7608	4.91%	0.1655
	2051	1,166	64,913	33,297	2856.0%	1	185	10,292	5,279	2856.0%	1.0000	1.0576	1.0000	0.2063	0.0000	0.7937	0.7577	4.90%	0.1586
	2052	880	53,335	26,579	3020.9%	1	134	8,104	4,039	3020.9%	1.0000	1.0577	1.0000	0.2089	0.0000	0.7911	0.7547	4.89%	0.1520
	Past	11,076,922	3,840,829	5,343,601	48.2%	7,334	16,654,897	4,626,756	6,764,280	40.6%									
	Future	8,096,819	30,095,069	26,597,750	328.5%	4,347	5,729,546	16,378,082	15,180,519	265.0%									
	Lifetime	19,173,741	33,935,897	31,941,351	166.6%	11,681	22,384,444	21,004,837	21,944,798	98.0%									

Exhibit I
MetLife Insurance Company USA
Nationwide Experience Projections with 11.7% Increase
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Loss Ratio Demonstration									Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest					With Interest				Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	3,427	0	0	0.0%	26	7,817	0	0	0.0%				0.0000		1.0000		5.85%	2.2811
	1999	276,504	0	0	0.0%	397	595,865	0	0	0.0%				0.0222		0.9778		5.85%	2.1550
	2000	739,022	0	0	0.0%	668	1,504,538	0	0	0.0%				0.0578		0.9422		5.85%	2.0359
	2001	907,491	2,679	75,294	8.3%	647	1,745,374	5,153	144,813	8.3%				0.0541		0.9459		5.85%	1.9233
	2002	867,718	47,430	205,558	23.7%	627	1,576,614	86,178	373,491	23.7%				0.0309		0.9691		5.85%	1.8170
	2003	841,621	112,363	52,671	6.3%	605	1,444,653	192,873	90,411	6.3%				0.0351		0.9649		5.85%	1.7165
	2004	894,035	103,556	225,073	25.2%	573	1,449,778	167,928	364,981	25.2%				0.0529		0.9471		5.85%	1.6216
	2005	905,664	95,703	347,947	38.4%	533	1,387,442	146,614	533,041	38.4%				0.0698		0.9302		5.85%	1.5320
	2006	855,031	103,190	625,178	73.1%	516	1,237,456	149,343	904,798	73.1%				0.0319		0.9681		5.85%	1.4473
	2007	832,927	73,931	32,343	3.9%	504	1,138,820	101,082	44,222	3.9%				0.0233		0.9767		5.85%	1.3673
	2008	808,250	549,240	504,729	62.4%	486	1,043,985	709,431	651,939	62.4%				0.0357		0.9643		5.85%	1.2917
	2009	771,517	571,991	782,493	101.4%	468	941,443	697,972	954,838	101.4%				0.0370		0.9630		5.85%	1.2203
	2010	735,897	671,638	652,187	88.6%	448	848,333	774,256	751,833	88.6%				0.0427		0.9573		5.85%	1.1528
	2011	792,505	718,959	941,838	118.8%	426	863,081	782,985	1,025,713	118.8%				0.0491		0.9509		5.85%	1.0891
	2012	845,313	790,149	898,290	106.3%	410	869,696	812,940	924,201	106.3%				0.0376		0.9624		5.85%	1.0288
Projected Future Experience	2013	804,932	809,294	1,019,981	126.7%	390	783,671	787,918	993,039	126.7%	1.0000	1.1924	1.0000	0.0484	0.0000	0.9516	0.9522	5.50%	0.9736
	2014	799,560	1,105,775	1,099,017	137.5%	369	738,200	1,020,915	1,014,676	137.5%	1.0604	1.1482	1.0000	0.0537	0.0000	0.9463	0.9384	5.47%	0.9233
	2015	786,855	1,223,463	1,149,785	146.1%	348	689,434	1,071,984	1,007,428	146.1%	1.0534	1.1218	1.0000	0.0581	0.0000	0.9419	0.9326	5.43%	0.8762
	2016	729,473	1,237,773	1,190,252	163.2%	326	606,999	1,029,959	990,417	163.2%	1.0000	1.1166	1.0000	0.0626	0.0000	0.9374	0.9271	5.39%	0.8321
	2017	672,155	1,249,264	1,223,774	182.1%	304	531,449	987,749	967,595	182.1%	1.0000	1.1158	1.0000	0.0672	0.0000	0.9328	0.9214	5.36%	0.7907
	2018	615,455	1,260,372	1,246,834	202.6%	282	462,404	946,942	936,771	202.6%	1.0000	1.1127	1.0000	0.0723	0.0000	0.9277	0.9156	5.34%	0.7513
	2019	559,718	1,279,066	1,253,604	224.0%	260	399,463	912,854	894,682	224.0%	1.0000	1.1056	1.0000	0.0782	0.0000	0.9218	0.9094	5.33%	0.7137
	2020	505,539	1,290,923	1,244,566	246.2%	238	342,574	874,783	843,369	246.2%	1.0000	1.0992	1.0000	0.0832	0.0000	0.9168	0.9032	5.33%	0.6776
	2021	454,064	1,292,068	1,225,648	269.9%	218	292,028	830,984	788,266	269.9%	1.0000	1.0964	1.0000	0.0871	0.0000	0.9129	0.8982	5.33%	0.6431
	2022	405,836	1,282,465	1,198,946	295.4%	198	247,602	782,437	731,482	295.4%	1.0000	1.0945	1.0000	0.0911	0.0000	0.9089	0.8938	5.34%	0.6101
	2023	360,926	1,264,411	1,168,483	323.7%	179	208,911	731,866	676,341	323.7%	1.0000	1.0959	1.0000	0.0952	0.0000	0.9048	0.8893	5.35%	0.5788
	2024	319,363	1,240,067	1,134,117	355.1%	161	175,430	681,186	622,986	355.1%	1.0000	1.0969	1.0000	0.0995	0.0000	0.9005	0.8848	5.35%	0.5493
	2025	281,132	1,209,878	1,093,156	388.8%	144	146,554	630,708	569,861	388.8%	1.0000	1.0950	1.0000	0.1038	0.0000	0.8962	0.8803	5.35%	0.5213
	2026	246,185	1,174,536	1,049,638	426.4%	129	121,806	581,132	519,336	426.4%	1.0000	1.0965	1.0000	0.1082	0.0000	0.8918	0.8757	5.35%	0.4948
	2027	214,440	1,135,660	1,006,007	469.1%	114	100,736	533,492	472,585	469.1%	1.0000	1.1003	1.0000	0.1128	0.0000	0.8872	0.8711	5.35%	0.4698
	2028	185,783	1,094,013	959,926	516.7%	101	82,898	488,159	428,328	516.7%	1.0000	1.1014	1.0000	0.1174	0.0000	0.8826	0.8664	5.34%	0.4462
	2029	160,078	1,049,422	909,545	568.2%	89	67,881	445,006	385,691	568.2%	1.0000	1.0997	1.0000	0.1221	0.0000	0.8779	0.8616	5.34%	0.4240
	2030	137,164	1,001,268	853,368	622.2%	77	55,301	403,686	344,057	622.2%	1.0000	1.0950	1.0000	0.1269	0.0000	0.8731	0.8569	5.33%	0.4032
	2031	116,865	948,746	792,557	678.2%	67	44,820	363,862	303,961	678.2%	1.0000	1.0901	1.0000	0.1318	0.0000	0.8682	0.8520	5.32%	0.3835
	2032	98,996	892,119	731,111	738.5%	58	36,137	325,656	266,882	738.5%	1.0000	1.0890	1.0000	0.1368	0.0000	0.8632	0.8471	5.30%	0.3650
	2033	83,365	832,315	669,670	803.3%	50	28,980	289,335	232,795	803.3%	1.0000	1.0877	1.0000	0.1418	0.0000	0.8582	0.8421	5.29%	0.3476
	2034	69,779	770,552	609,400	873.3%	42	23,109	255,190	201,820	873.3%	1.0000	1.0872	1.0000	0.1468	0.0000	0.8532	0.8370	5.27%	0.3312
	2035	58,048	708,368	551,761	950.5%	36	18,323	223,593	174,161	950.5%	1.0000	1.0884	1.0000	0.1518	0.0000	0.8482	0.8319	5.26%	0.3156
	2036	47,986	646,917	495,925	1033.5%	30	14,450	194,814	149,344	1033.5%	1.0000	1.0873	1.0000	0.1567	0.0000	0.8433	0.8267	5.24%	0.3011
	2037	39,413	586,860	442,299	1122.2%	25	11,342	168,876	127,277	1122.2%	1.0000	1.0858	1.0000	0.1616	0.0000	0.8384	0.8214	5.22%	0.2878
	2038	32,162	528,510	389,066	1209.7%	21	8,857	145,540	107,140	1209.7%	1.0000	1.0780	1.0000	0.1664	0.0000	0.8336	0.8160	5.19%	0.2754
	2039	26,072	472,077	338,566	1298.6%	18	6,877	124,516	89,301	1298.6%	1.0000	1.0735	1.0000	0.1711	0.0000	0.8289	0.8106	5.16%	0.2638
	2040	20,994	417,969	290,626	1384.3%	14	5,307	105,649	73,461	1384.3%	1.0000	1.0660	1.0000	0.1756	0.0000	0.8244	0.8052	5.13%	0.2528
	2041	16,792	366,395	246,231	1466.3%	12	4,069	88,785	59,667	1466.3%	1.0000	1.0592	1.0000	0.1798	0.0000	0.8202	0.7999	5.10%	0.2423
	2042	13,343	317,970	206,288	1546.1%	10	3,100	73,883	47,933	1546.1%	1.0000	1.0544	1.0000	0.1838	0.0000	0.8162	0.7946	5.07%	0.2324
	2043	10,532	273,161	170,531	1619.1%	8	2,347	60,867	37,999	1619.1%	1.0000	1.0472	1.0000	0.1874	0.0000	0.8126	0.7894	5.05%	0.2228
	2044	8,262	232,232	139,140	1684.1%	6	1,765	49,617	29,727	1684.1%	1.0000	1.0402	1.0000	0.1906	0.0000	0.8094	0.7844	5.02%	0.2137
	2045	6,442	195,536	113,092	1755.5%	5	1,319	40,048	23,163	1755.5%	1.0000	1.0424	1.0000	0.1934	0.0000	0.8066	0.7797	5.00%	0.2048
	2046	4,995	163,594	92,630	1854.5%	4	980	32,113	18,183	1854.5%	1.0000	1.0564	1.0000	0.1958	0.0000	0.8042	0.7753	4.98%	0.1963
	2047	3,852	136,571	76,663	1990.0%	3	725	25,689	14,420	1990.0%	1.0000	1.0730	1.0000	0.1980	0.0000	0.8020	0.7713	4.96%	0.1881
	2048	2,957	113,873	62,813	2124.2%	3	533	20,523	11,321	2124.2%	1.0000	1.0675	1.0000	0.1999	0.0000	0.8001	0.7675	4.95%	0.1802
	2049	2,259	94,740	51,304	2270.8%	2	390	16,361	8,860	2270.8%	1.0000	1.0690	1.0000	0.2019	0.0000	0.7981	0.7641	4.93%	0.1727
	2050	1,719	78,594	41,556	2417.7%	2	284	13,005	6,876	2417.7%	1.0000	1.0647	1.0000	0.2040	0.0000	0.7960	0.7608	4.91%	0.1655
	2051	1,302	64,913	33,297	2556.8%	1	206	10,292	5,279	2556.8%	1.0000	1.0576	1.0000	0.2063	0.0000	0.7937	0.7577	4.90%	0.1586
	2052	983	53,335	26,579	2704.4%	1	149	8,104	4,039	2704.4%	1.0000	1.0577	1.0000	0.2089	0.0000	0.7911	0.7547	4.89%	0.1520
	Past	11,076,922	3,840,829	5,343,601	48.2%	7,334	16,654,897	4,626,756	6,764,280	40.6%									
	Future	9,565,720	29,381,984	25,926,499	271.0%	4,308	6,267,412	16,378,082	15,180,519	242.2%									
	Lifetime	20,642,642	33,222,813	31,270,100	151.5%	11,642	22,922,309	21,004,837	21,944,798	95.7%									

Exhibit II
MetLife Insurance Company USA
Virginia-Specific Experience Projections with No Increase
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Loss Ratio Demonstration									Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest					With Interest				Premium	Morbidity Factors		Persistency Factors					
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
	1998	0	0	0	0.0%	0	0	0	0	0.0%				0.0000		1.0000		5.85%	2.2811
Historical	1999	11,223	0	0	0.0%	14	24,184	0	0	0.0%				0.0667		0.9333		5.85%	2.1550
Experience	2000	25,678	0	0	0.0%	15	52,276	0	0	0.0%				0.0625		0.9375		5.85%	2.0359
	2001	23,965	0	0	0.0%	14	46,092	0	0	0.0%				0.0667		0.9333		5.85%	1.9233
	2002	22,977	0	0	0.0%	14	41,749	0	0	0.0%				0.0000		1.0000		5.85%	1.8170
	2003	23,019	0	0	0.0%	14	39,513	0	0	0.0%				0.0000		1.0000		5.85%	1.7165
	2004	23,071	0	0	0.0%	14	37,413	0	0	0.0%				0.0000		1.0000		5.85%	1.6216
	2005	22,478	0	0	0.0%	13	34,435	0	0	0.0%				0.0714		0.9286		5.85%	1.5320
	2006	23,230	0	0	0.0%	13	33,619	0	0	0.0%				0.0000		1.0000		5.85%	1.4473
	2007	24,806	0	0	0.0%	13	33,917	0	0	0.0%				0.0000		1.0000		5.85%	1.3673
	2008	25,119	0	0	0.0%	13	32,445	0	0	0.0%				0.0000		1.0000		5.85%	1.2917
	2009	24,441	0	0	0.0%	12	29,824	0	0	0.0%				0.0769		0.9231		5.85%	1.2203
	2010	24,056	0	728	3.0%	12	27,732	0	840	3.0%				0.0000		1.0000		5.85%	1.1528
	2011	24,025	0	3,077	12.8%	11	26,165	0	3,351	12.8%				0.0833		0.9167		5.85%	1.0891
	2012	28,189	0	15,933	56.5%	11	29,002	0	16,393	56.5%				0.0000		1.0000		5.85%	1.0288
	2013	29,824	15,062	58,366	195.7%	10	29,036	14,664	56,825	195.7%	1.0000	3.4624	1.0000	0.0525	0.0000	0.9475	1.0580	5.50%	0.9736
Projected	2014	27,708	36,894	60,590	218.7%	10	25,582	34,062	55,940	218.7%	1.0000	1.1173	1.0000	0.0578	0.0000	0.9422	0.9291	5.47%	0.9233
Future	2015	25,555	50,413	61,917	242.3%	9	22,391	44,171	54,251	242.3%	1.0000	1.1080	1.0000	0.0629	0.0000	0.9371	0.9223	5.43%	0.8762
Experience	2016	23,392	58,356	63,746	272.5%	9	19,464	48,559	53,044	272.5%	1.0000	1.1248	1.0000	0.0685	0.0000	0.9315	0.9153	5.39%	0.8321
	2017	21,246	62,735	64,981	305.9%	8	16,798	49,603	51,378	305.9%	1.0000	1.1223	1.0000	0.0741	0.0000	0.9259	0.9083	5.36%	0.7907
	2018	19,151	65,083	65,361	341.3%	7	14,388	48,898	49,107	341.3%	1.0000	1.1159	1.0000	0.0797	0.0000	0.9203	0.9014	5.34%	0.7513
	2019	17,115	65,945	64,730	378.2%	7	12,215	47,064	46,197	378.2%	1.0000	1.1082	1.0000	0.0876	0.0000	0.9124	0.8937	5.33%	0.7137
	2020	15,171	65,987	62,855	414.3%	6	10,281	44,715	42,593	414.3%	1.0000	1.0954	1.0000	0.0929	0.0000	0.9071	0.8864	5.33%	0.6776
	2021	13,366	64,965	59,990	448.8%	5	8,596	41,782	38,582	448.8%	1.0000	1.0833	1.0000	0.0977	0.0000	0.9023	0.8810	5.33%	0.6431
	2022	11,705	62,961	56,403	481.9%	5	7,141	38,413	34,411	481.9%	1.0000	1.0736	1.0000	0.1026	0.0000	0.8974	0.8758	5.34%	0.6101
	2023	10,189	60,299	52,457	514.8%	4	5,898	34,902	30,363	514.8%	1.0000	1.0684	1.0000	0.1075	0.0000	0.8925	0.8705	5.35%	0.5788
	2024	8,817	57,152	48,128	545.8%	4	4,843	31,394	26,437	545.8%	1.0000	1.0603	1.0000	0.1125	0.0000	0.8875	0.8653	5.35%	0.5493
	2025	7,585	53,516	43,217	569.8%	3	3,954	27,898	22,529	569.8%	1.0000	1.0438	1.0000	0.1175	0.0000	0.8825	0.8603	5.35%	0.5213
	2026	6,488	49,515	38,343	591.0%	3	3,210	24,499	18,971	591.0%	1.0000	1.0373	1.0000	0.1225	0.0000	0.8775	0.8554	5.35%	0.4948
	2027	5,519	45,412	34,205	619.8%	3	2,593	21,333	16,068	619.8%	1.0000	1.0487	1.0000	0.1275	0.0000	0.8725	0.8507	5.35%	0.4698
	2028	4,670	41,426	30,568	654.6%	2	2,084	18,485	13,640	654.6%	1.0000	1.0562	1.0000	0.1327	0.0000	0.8673	0.8461	5.34%	0.4462
	2029	3,930	37,681	27,514	700.1%	2	1,667	15,979	11,667	700.1%	1.0000	1.0694	1.0000	0.1380	0.0000	0.8620	0.8417	5.34%	0.4240
	2030	3,290	34,279	24,875	756.0%	2	1,327	13,820	10,029	756.0%	1.0000	1.0798	1.0000	0.1437	0.0000	0.8563	0.8372	5.33%	0.4032
	2031	2,740	31,228	22,490	820.8%	1	1,051	11,977	8,625	820.8%	1.0000	1.0857	1.0000	0.1496	0.0000	0.8504	0.8327	5.32%	0.3835
	2032	2,269	28,440	20,172	889.1%	1	828	10,381	7,364	889.1%	1.0000	1.0832	1.0000	0.1560	0.0000	0.8440	0.8280	5.30%	0.3650
	2033	1,867	25,790	17,898	958.5%	1	649	8,965	6,222	958.5%	1.0000	1.0780	1.0000	0.1627	0.0000	0.8373	0.8230	5.29%	0.3476
	2034	1,527	23,235	15,903	1041.5%	1	506	7,695	5,267	1041.5%	1.0000	1.0866	1.0000	0.1697	0.0000	0.8303	0.8177	5.27%	0.3312
	2035	1,240	20,736	13,808	1113.7%	1	391	6,545	4,358	1113.7%	1.0000	1.0693	1.0000	0.1771	0.0000	0.8229	0.8120	5.26%	0.3156
	2036	999	18,248	11,702	1171.0%	1	301	5,495	3,524	1171.0%	1.0000	1.0515	1.0000	0.1848	0.0000	0.8152	0.8060	5.24%	0.3011
	2037	799	15,810	9,804	1226.6%	1	230	4,549	2,821	1226.6%	1.0000	1.0475	1.0000	0.1927	0.0000	0.8073	0.7998	5.22%	0.2878
	2038	634	13,497	8,033	1266.5%	1	175	3,717	2,212	1266.5%	1.0000	1.0325	1.0000	0.2007	0.0000	0.7993	0.7935	5.19%	0.2754
	2039	499	11,363	6,485	1298.9%	1	132	2,997	1,710	1298.9%	1.0000	1.0256	1.0000	0.2091	0.0000	0.7909	0.7872	5.16%	0.2638
	2040	390	9,447	5,191	1332.0%	1	98	2,388	1,312	1332.0%	1.0000	1.0255	1.0000	0.2178	0.0000	0.7822	0.7805	5.13%	0.2528
	2041	301	7,763	4,110	1364.0%	1	73	1,881	996	1364.0%	1.0000	1.0241	1.0000	0.2271	0.0000	0.7729	0.7733	5.10%	0.2423
	2042	231	6,319	3,303	1432.6%	1	54	1,468	767	1432.6%	1.0000	1.0503	1.0000	0.2374	0.0000	0.7626	0.7651	5.07%	0.2324
	2043	174	5,101	2,550	1464.3%	1	39	1,137	568	1464.3%	1.0000	1.0222	1.0000	0.2491	0.0000	0.7509	0.7554	5.05%	0.2228
	2044	130	4,072	1,975	1524.3%	1	28	870	422	1524.3%	1.0000	1.0410	1.0000	0.2625	0.0000	0.7375	0.7440	5.02%	0.2137
	2045	95	3,223	1,505	1590.8%	1	19	660	308	1590.8%	1.0000	1.0436	1.0000	0.2780	0.0000	0.7220	0.7304	5.00%	0.2048
	2046	68	2,526	1,120	1656.9%	1	13	496	220	1656.9%	1.0000	1.0416	1.0000	0.2960	0.0000	0.7040	0.7143	4.98%	0.1963
	2047	47	1,956	849	1807.1%	1	9	368	160	1807.1%	1.0000	1.0907	1.0000	0.3168	0.0000	0.6832	0.6954	4.96%	0.1881
	2048	32	1,490	600	1894.0%	1	6	269	108	1894.0%	1.0000	1.0481	1.0000	0.3407	0.0000	0.6593	0.6735	4.95%	0.1802
	2049	21	1,112	407	1983.7%	1	4	192	70	1983.7%	1.0000	1.0474	1.0000	0.3680	0.0000	0.6320	0.6486	4.93%	0.1727
	2050	13	812	264	2075.9%	1	2	134	44	2075.9%	1.0000	1.0465	1.0000	0.3987	0.0000	0.6013	0.6204	4.91%	0.1655
	2051	8	579	163	2169.1%	1	1	92	26	2169.1%	1.0000	1.0449	1.0000	0.4329	0.0000	0.5671	0.5892	4.90%	0.1586
	2052	4	402	94	2263.4%	1	1	61	14	2263.4%	1.0000	1.0435	1.0000	0.4707	0.0000	0.5293	0.5548	4.89%	0.1520
	Past	326,278	0	19,738	6.0%	183	488,367	0	20,583	4.2%									
	Future	268,806	1,160,829	1,066,672	396.8%	122	196,076	672,578	679,153	346.4%									
	Lifetime	595,084	1,160,829	1,086,410	182.6%	305	684,442	672,578	699,736	102.2%									

Exhibit II
MetLife Insurance Company USA
Virginia-Specific Experience Projections with 11.7% Increase
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Loss Ratio Demonstration									Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest					With Interest				Premium	Morbidity Factors		Persistency Factors					
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
	1998	0	0	0	0.0%	0	0	0	0	0.0%				0.0000		1.0000		5.85%	2.2811
Historical	1999	11,223	0	0	0.0%	14	24,184	0	0	0.0%				0.0667		0.9333		5.85%	2.1550
Experience	2000	25,678	0	0	0.0%	15	52,276	0	0	0.0%				0.0625		0.9375		5.85%	2.0359
	2001	23,965	0	0	0.0%	14	46,092	0	0	0.0%				0.0667		0.9333		5.85%	1.9233
	2002	22,977	0	0	0.0%	14	41,749	0	0	0.0%				0.0000		1.0000		5.85%	1.8170
	2003	23,019	0	0	0.0%	14	39,513	0	0	0.0%				0.0000		1.0000		5.85%	1.7165
	2004	23,071	0	0	0.0%	14	37,413	0	0	0.0%				0.0000		1.0000		5.85%	1.6216
	2005	22,478	0	0	0.0%	13	34,435	0	0	0.0%				0.0714		0.9286		5.85%	1.5320
	2006	23,230	0	0	0.0%	13	33,619	0	0	0.0%				0.0000		1.0000		5.85%	1.4473
	2007	24,806	0	0	0.0%	13	33,917	0	0	0.0%				0.0000		1.0000		5.85%	1.3673
	2008	25,119	0	0	0.0%	13	32,445	0	0	0.0%				0.0000		1.0000		5.85%	1.2917
	2009	24,441	0	0	0.0%	12	29,824	0	0	0.0%				0.0769		0.9231		5.85%	1.2203
	2010	24,056	0	728	3.0%	12	27,732	0	840	3.0%				0.0000		1.0000		5.85%	1.1528
	2011	24,025	0	3,077	12.8%	11	26,165	0	3,351	12.8%				0.0833		0.9167		5.85%	1.0891
	2012	28,189	0	15,933	56.5%	11	29,002	0	16,393	56.5%				0.0000		1.0000		5.85%	1.0288
	2013	29,824	15,062	58,366	195.7%	10	29,036	14,664	56,825	195.7%	1.0000	3.4624	1.0000	0.0525	0.0000	0.9475	1.0580	5.50%	0.9736
Projected	2014	29,076	36,894	60,590	208.4%	10	26,845	34,062	55,940	208.4%	1.0517	1.1173	1.0000	0.0578	0.0000	0.9422	0.9291	5.47%	0.9233
Future	2015	28,545	50,413	61,917	216.9%	9	25,011	44,171	54,251	216.9%	1.0621	1.1080	1.0000	0.0629	0.0000	0.9371	0.9223	5.43%	0.8762
Experience	2016	26,129	58,356	63,746	244.0%	9	21,742	48,559	53,044	244.0%	1.0000	1.1248	1.0000	0.0685	0.0000	0.9315	0.9153	5.39%	0.8321
	2017	23,732	62,735	64,981	273.8%	8	18,764	49,603	51,378	273.8%	1.0000	1.1223	1.0000	0.0741	0.0000	0.9259	0.9083	5.36%	0.7907
	2018	21,391	65,083	65,361	305.5%	7	16,072	48,898	49,107	305.5%	1.0000	1.1159	1.0000	0.0797	0.0000	0.9203	0.9014	5.34%	0.7513
	2019	19,117	65,945	64,730	338.6%	7	13,644	47,064	46,197	338.6%	1.0000	1.1082	1.0000	0.0876	0.0000	0.9124	0.8937	5.33%	0.7137
	2020	16,946	65,987	62,855	370.9%	6	11,483	44,715	42,593	370.9%	1.0000	1.0954	1.0000	0.0929	0.0000	0.9071	0.8864	5.33%	0.6776
	2021	14,929	64,965	59,990	401.8%	5	9,602	41,782	38,582	401.8%	1.0000	1.0833	1.0000	0.0977	0.0000	0.9023	0.8810	5.33%	0.6431
	2022	13,074	62,961	56,403	431.4%	5	7,977	38,413	34,411	431.4%	1.0000	1.0736	1.0000	0.1026	0.0000	0.8974	0.8758	5.34%	0.6101
	2023	11,381	60,299	52,457	460.9%	4	6,588	34,902	30,363	460.9%	1.0000	1.0684	1.0000	0.1075	0.0000	0.8925	0.8705	5.35%	0.5788
	2024	9,849	57,152	48,128	488.7%	4	5,410	31,394	26,437	488.7%	1.0000	1.0603	1.0000	0.1125	0.0000	0.8875	0.8653	5.35%	0.5493
	2025	8,472	53,516	43,217	510.1%	3	4,417	27,898	22,529	510.1%	1.0000	1.0438	1.0000	0.1175	0.0000	0.8825	0.8603	5.35%	0.5213
	2026	7,247	49,515	38,343	529.1%	3	3,586	24,499	18,971	529.1%	1.0000	1.0373	1.0000	0.1225	0.0000	0.8775	0.8554	5.35%	0.4948
	2027	6,165	45,412	34,205	554.9%	3	2,896	21,333	16,068	554.9%	1.0000	1.0487	1.0000	0.1275	0.0000	0.8725	0.8507	5.35%	0.4698
	2028	5,216	41,426	30,568	586.1%	2	2,327	18,485	13,640	586.1%	1.0000	1.0562	1.0000	0.1327	0.0000	0.8673	0.8461	5.34%	0.4462
	2029	4,390	37,681	27,514	626.7%	2	1,862	15,979	11,667	626.7%	1.0000	1.0694	1.0000	0.1380	0.0000	0.8620	0.8417	5.34%	0.4240
	2030	3,675	34,279	24,875	676.8%	2	1,482	13,820	10,029	676.8%	1.0000	1.0798	1.0000	0.1437	0.0000	0.8563	0.8372	5.33%	0.4032
	2031	3,061	31,228	22,490	734.8%	1	1,174	11,977	8,625	734.8%	1.0000	1.0857	1.0000	0.1496	0.0000	0.8504	0.8327	5.32%	0.3835
	2032	2,534	28,440	20,172	796.0%	1	925	10,381	7,364	796.0%	1.0000	1.0832	1.0000	0.1560	0.0000	0.8440	0.8280	5.30%	0.3650
	2033	2,086	25,790	17,898	858.1%	1	725	8,965	6,222	858.1%	1.0000	1.0780	1.0000	0.1627	0.0000	0.8373	0.8230	5.29%	0.3476
	2034	1,706	23,235	15,903	932.4%	1	565	7,695	5,267	932.4%	1.0000	1.0866	1.0000	0.1697	0.0000	0.8303	0.8177	5.27%	0.3312
	2035	1,385	20,736	13,808	997.0%	1	437	6,545	4,358	997.0%	1.0000	1.0693	1.0000	0.1771	0.0000	0.8229	0.8120	5.26%	0.3156
	2036	1,116	18,248	11,702	1048.4%	1	336	5,495	3,524	1048.4%	1.0000	1.0515	1.0000	0.1848	0.0000	0.8152	0.8060	5.24%	0.3011
	2037	893	15,810	9,804	1098.1%	1	257	4,549	2,821	1098.1%	1.0000	1.0475	1.0000	0.1927	0.0000	0.8073	0.7998	5.22%	0.2878
	2038	708	13,497	8,033	1133.8%	1	195	3,717	2,212	1133.8%	1.0000	1.0325	1.0000	0.2007	0.0000	0.7993	0.7935	5.19%	0.2754
	2039	558	11,363	6,485	1162.8%	1	147	2,997	1,710	1162.8%	1.0000	1.0256	1.0000	0.2091	0.0000	0.7909	0.7872	5.16%	0.2638
	2040	435	9,447	5,191	1192.5%	1	110	2,388	1,312	1192.5%	1.0000	1.0255	1.0000	0.2178	0.0000	0.7822	0.7805	5.13%	0.2528
	2041	337	7,763	4,110	1221.2%	1	82	1,881	996	1221.2%	1.0000	1.0241	1.0000	0.2271	0.0000	0.7729	0.7733	5.10%	0.2423
	2042	258	6,319	3,303	1282.5%	1	60	1,468	767	1282.5%	1.0000	1.0503	1.0000	0.2374	0.0000	0.7626	0.7651	5.07%	0.2324
	2043	195	5,101	2,550	1311.0%	1	43	1,137	568	1311.0%	1.0000	1.0222	1.0000	0.2491	0.0000	0.7509	0.7554	5.05%	0.2228
	2044	145	4,072	1,975	1364.7%	1	31	870	422	1364.7%	1.0000	1.0410	1.0000	0.2625	0.0000	0.7375	0.7440	5.02%	0.2137
	2045	106	3,223	1,505	1424.1%	1	22	660	308	1424.1%	1.0000	1.0436	1.0000	0.2780	0.0000	0.7220	0.7304	5.00%	0.2048
	2046	76	2,526	1,120	1483.4%	1	15	496	220	1483.4%	1.0000	1.0416	1.0000	0.2960	0.0000	0.7040	0.7143	4.98%	0.1963
	2047	53	1,956	849	1617.8%	1	10	368	160	1617.8%	1.0000	1.0907	1.0000	0.3168	0.0000	0.6832	0.6954	4.96%	0.1881
	2048	35	1,490	600	1695.6%	1	6	269	108	1695.6%	1.0000	1.0481	1.0000	0.3407	0.0000	0.6593	0.6735	4.95%	0.1802
	2049	23	1,112	407	1775.9%	1	4	192	70	1775.9%	1.0000	1.0474	1.0000	0.3680	0.0000	0.6320	0.6486	4.93%	0.1727
	2050	14	812	264	1858.4%	1	2	134	44	1858.4%	1.0000	1.0465	1.0000	0.3987	0.0000	0.6013	0.6204	4.91%	0.1655
	2051	8	579	163	1941.9%	1	1	92	26	1941.9%	1.0000	1.0449	1.0000	0.4329	0.0000	0.5671	0.5892	4.90%	0.1586
	2052	5	402	94	2026.3%	1	1	61	14	2026.3%	1.0000	1.0435	1.0000	0.4707	0.0000	0.5293	0.5548	4.89%	0.1520
	Past	326,278	0	19,738	6.0%	183	488,367	0	20,583	4.2%									
	Future	316,175	1,132,855	1,040,526	329.1%	121	213,889	672,578	679,153	317.5%									
	Lifetime	642,453	1,132,855	1,060,264	165.0%	304	702,256	672,578	699,736	99.6%									

Exhibit III
MetLife Insurance Company USA
Incurred Loss Ratio Including the Change in Active Life Reserves
Nationwide Experience, without Interest
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

Calendar Year	(a) Earned Premium	(b) Incurred Claims	(c) Change in Active Life Reserves	(d) = (b+c)/(a) Incurred Loss Ratio
1998	3,427	0	4,431	129.3%
1999	276,504	0	69,206	25.0%
2000	739,022	0	381,698	51.6%
2001	907,491	75,294	668,761	82.0%
2002	867,718	205,558	737,396	108.7%
2003	841,621	52,671	724,629	92.4%
2004	894,035	225,073	683,650	101.6%
2005	905,664	347,947	522,913	96.2%
2006	855,031	625,178	636,987	147.6%
2007	832,927	32,343	691,649	86.9%
2008	808,250	504,729	632,691	140.7%
2009	771,517	782,493	575,763	176.1%
2010	735,897	652,187	566,105	165.6%
2011	792,505	941,838	597,655	194.3%
2012	845,313	898,290	612,293	178.7%
Total	11,076,922	5,343,601	8,105,826	121.4%

Exhibit IV
MetLife Insurance Company USA
Incurred Loss Ratio Including the Change in Active Life Reserves
Virginia-Specific Experience, without Interest
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

Calendar Year	(a) Earned Premium	(b) Incurred Claims	(c) Change in Active Life Reserves	(d) = (b+c)/(a) Incurred Loss Ratio
1998	0	0	0	0.0%
1999	11,223	0	3,101	27.6%
2000	25,678	0	14,801	57.6%
2001	23,965	0	19,310	80.6%
2002	22,977	0	21,893	95.3%
2003	23,019	0	23,085	100.3%
2004	23,071	0	24,338	105.5%
2005	22,478	0	13,962	62.1%
2006	23,230	0	24,862	107.0%
2007	24,806	0	26,150	105.4%
2008	25,119	0	27,800	110.7%
2009	24,441	0	2,915	11.9%
2010	24,056	728	26,748	114.2%
2011	24,025	3,077	20,930	99.9%
2012	28,189	15,933	28,094	156.2%
Total	326,278	19,738	277,990	91.2%

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	140.40	132.60	124.80	18-39	14.04	13.26	12.48
40	140.40	132.60	124.80	40	14.04	13.26	12.48
41	148.20	140.40	132.60	41	14.82	14.04	13.26
42	148.20	140.40	132.60	42	14.82	14.04	13.26
43	156.00	148.20	140.40	43	15.60	14.82	14.04
44	163.80	156.00	140.40	44	16.38	15.60	14.04
45	163.80	156.00	148.20	45	16.38	15.60	14.82
46	171.60	163.80	148.20	46	17.16	16.38	14.82
47	179.40	171.60	156.00	47	17.94	17.16	15.60
48	179.40	171.60	163.80	48	17.94	17.16	16.38
49	187.20	179.40	163.80	49	18.72	17.94	16.38
50	195.00	187.20	171.60	50	19.50	18.72	17.16
51	202.80	195.00	179.40	51	20.28	19.50	17.94
52	218.40	210.60	195.00	52	21.84	21.06	19.50
53	234.00	218.40	202.80	53	23.40	21.84	20.28
54	241.80	226.20	210.60	54	24.18	22.62	21.06
55	257.40	241.80	226.20	55	25.74	24.18	22.62
56	273.00	257.40	234.00	56	27.30	25.74	23.40
57	288.60	273.00	249.60	57	28.86	27.30	24.96
58	312.00	288.60	265.20	58	31.20	28.86	26.52
59	327.60	304.20	273.00	59	32.76	30.42	27.30
60	351.00	319.80	288.60	60	35.10	31.98	28.86
61	382.20	351.00	312.00	61	38.22	35.10	31.20
62	405.60	374.40	335.40	62	40.56	37.44	33.54
63	444.60	405.60	366.60	63	44.46	40.56	36.66
64	475.80	436.80	397.80	64	47.58	43.68	39.78
65	514.80	475.80	429.00	65	51.48	47.58	42.90
66	561.60	514.80	468.00	66	56.16	51.48	46.80
67	616.20	561.60	507.00	67	61.62	56.16	50.70
68	670.80	608.40	546.00	68	67.08	60.84	54.60
69	733.20	663.00	592.80	69	73.32	66.30	59.28

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	803.40	725.40	647.40	70	80.34	72.54	64.74
71	889.20	803.40	709.80	71	88.92	80.34	70.98
72	990.60	889.20	780.00	72	99.06	88.92	78.00
73	1,099.80	982.80	858.00	73	109.98	98.28	85.80
74	1,224.60	1,084.20	943.80	74	122.46	108.42	94.38
75	1,357.20	1,201.20	1,037.40	75	135.72	120.12	103.74
76	1,513.20	1,333.80	1,154.40	76	151.32	133.38	115.44
77	1,692.60	1,497.60	1,294.80	77	169.26	149.76	129.48
78	1,895.40	1,669.20	1,443.00	78	189.54	166.92	144.30
79	2,113.80	1,864.20	1,606.80	79	211.38	186.42	160.68
80		2,082.60	1,794.00	80	236.34	208.26	179.40
81		2,301.00	1,981.20	81	261.30	230.10	198.12
82		2,542.80	2,191.80	82	289.38	254.28	219.18
83		2,815.80	2,425.80	83	319.80	281.58	242.58
84		3,112.20	2,683.20	84	353.34	311.22	268.32
				85	390.78	343.98	297.18
				86	439.92	387.66	334.62
				87	495.30	436.02	376.74
				88	556.92	489.84	423.54
				89	626.34	551.46	476.58
				90	709.02	620.10	535.86
				91	792.48	698.10	602.94
				92	891.54	784.68	677.82
				93	1,003.08	882.96	762.84
				94	1,128.66	992.94	858.00
				95	1,269.06	1,117.74	965.64
				96	1,428.18	1,257.36	1,085.76
				97	1,606.80	1,414.14	1,221.48
				98	1,807.26	1,591.20	1,374.36
				99	2,032.68	1,789.32	1,545.96

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	179.40	171.60	156.00	18-39	17.94	17.16	15.60
40	179.40	171.60	156.00	40	17.94	17.16	15.60
41	187.20	179.40	163.80	41	18.72	17.94	16.38
42	187.20	179.40	163.80	42	18.72	17.94	16.38
43	195.00	187.20	171.60	43	19.50	18.72	17.16
44	202.80	195.00	179.40	44	20.28	19.50	17.94
45	210.60	195.00	179.40	45	21.06	19.50	17.94
46	218.40	202.80	187.20	46	21.84	20.28	18.72
47	218.40	210.60	195.00	47	21.84	21.06	19.50
48	226.20	210.60	195.00	48	22.62	21.06	19.50
49	234.00	218.40	202.80	49	23.40	21.84	20.28
50	241.80	226.20	210.60	50	24.18	22.62	21.06
51	249.60	234.00	218.40	51	24.96	23.40	21.84
52	265.20	249.60	226.20	52	26.52	24.96	22.62
53	280.80	257.40	234.00	53	28.08	25.74	23.40
54	288.60	273.00	249.60	54	28.86	27.30	24.96
55	304.20	280.80	257.40	55	30.42	28.08	25.74
56	327.60	304.20	273.00	56	32.76	30.42	27.30
57	343.20	319.80	296.40	57	34.32	31.98	29.64
58	366.60	343.20	312.00	58	36.66	34.32	31.20
59	397.80	366.60	335.40	59	39.78	36.66	33.54
60	421.20	390.00	358.80	60	42.12	39.00	35.88
61	452.40	421.20	390.00	61	45.24	42.12	39.00
62	491.40	460.20	421.20	62	49.14	46.02	42.12
63	530.40	499.20	460.20	63	53.04	49.92	46.02
64	577.20	538.20	499.20	64	57.72	53.82	49.92
65	624.00	585.00	546.00	65	62.40	58.50	54.60
66	678.60	639.60	592.80	66	67.86	63.96	59.28
67	733.20	694.20	647.40	67	73.32	69.42	64.74
68	795.60	748.80	702.00	68	79.56	74.88	70.20
69	858.00	811.20	764.40	69	85.80	81.12	76.44

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	928.20	881.40	826.80	70	92.82	88.14	82.68
71	1,037.40	982.80	928.20	71	103.74	98.28	92.82
72	1,154.40	1,099.80	1,037.40	72	115.44	109.98	103.74
73	1,279.20	1,224.60	1,162.20	73	127.92	122.46	116.22
74	1,427.40	1,365.00	1,294.80	74	142.74	136.50	129.48
75	1,591.20	1,521.00	1,450.80	75	159.12	152.10	145.08
76	1,770.60	1,692.60	1,614.60	76	177.06	169.26	161.46
77	1,973.40	1,887.60	1,801.80	77	197.34	188.76	180.18
78	2,207.40	2,113.80	2,012.40	78	220.74	211.38	201.24
79	2,457.00	2,347.80	2,238.60	79	245.70	234.78	223.86
				80	273.78	262.08	249.60
				81	302.64	289.38	276.12
				82	334.62	319.80	304.98
				83	373.62	354.12	337.74
				84	408.72	397.80	372.84
				85	451.62	432.12	412.62
				86	508.56	486.72	464.88
				87	571.74	547.56	522.60
				88	643.50	615.42	588.12
				89	723.84	692.64	661.44
				90	814.32	779.22	744.12
				91	915.72	876.72	839.28
				92	1,030.38	985.92	941.46
				93	1,159.08	1,109.16	1,059.24
				94	1,304.16	1,248.00	1,191.06
				95	1,467.18	1,404.00	1,340.04
				96	1,650.48	1,578.72	1,507.74
				97	1,856.40	1,776.06	1,696.50
				98	2,088.84	1,998.36	1,907.88
				99	2,349.36	2,247.96	2,146.56

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	202.80	195.00	179.40	18-39	20.28	19.50	17.94
40	202.80	195.00	179.40	40	20.28	19.50	17.94
41	210.60	202.80	187.20	41	21.06	20.28	18.72
42	218.40	210.60	195.00	42	21.84	21.06	19.50
43	226.20	218.40	202.80	43	22.62	21.84	20.28
44	234.00	226.20	210.60	44	23.40	22.62	21.06
45	241.80	234.00	218.40	45	24.18	23.40	21.84
46	257.40	241.80	226.20	46	25.74	24.18	22.62
47	265.20	249.60	234.00	47	26.52	24.96	23.40
48	273.00	257.40	241.80	48	27.30	25.74	24.18
49	288.60	273.00	249.60	49	28.86	27.30	24.96
50	296.40	280.80	257.40	50	29.64	28.08	25.74
51	304.20	288.60	265.20	51	30.42	28.86	26.52
52	319.80	296.40	273.00	52	31.98	29.64	27.30
53	327.60	304.20	280.80	53	32.76	30.42	28.08
54	343.20	319.80	288.60	54	34.32	31.98	28.86
55	351.00	327.60	296.40	55	35.10	32.76	29.64
56	374.40	351.00	319.80	56	37.44	35.10	31.98
57	405.60	374.40	335.40	57	40.56	37.44	33.54
58	436.80	397.80	358.80	58	43.68	39.78	35.88
59	468.00	429.00	390.00	59	46.80	42.90	39.00
60	499.20	460.20	413.40	60	49.92	46.02	41.34
61	546.00	499.20	452.40	61	54.60	49.92	45.24
62	600.60	546.00	491.40	62	60.06	54.60	49.14
63	655.20	592.80	530.40	63	65.52	59.28	53.04
64	709.80	647.40	577.20	64	70.98	64.74	57.72
65	780.00	709.80	631.80	65	78.00	70.98	63.18
66	842.40	764.40	678.60	66	84.24	76.44	67.86
67	912.60	826.80	733.20	67	91.26	82.68	73.32
68	990.60	889.20	787.80	68	99.06	88.92	78.78
69	1,068.60	959.40	850.20	69	106.86	95.94	85.02

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,154.40	1,037.40	912.60	70	115.44	103.74	91.26
71	1,279.20	1,154.40	1,021.80	71	127.92	115.44	102.18
72	1,419.60	1,279.20	1,138.80	72	141.96	127.92	113.88
73	1,575.60	1,419.60	1,263.60	73	157.56	141.96	126.36
74	1,747.20	1,583.40	1,411.80	74	174.72	158.34	141.18
75	1,934.40	1,755.00	1,575.60	75	193.44	175.50	157.56
76	2,152.80	1,957.80	1,755.00	76	215.28	195.78	175.50
77	2,402.40	2,184.00	1,957.80	77	240.24	218.40	195.78
78	2,675.40	2,433.60	2,184.00	78	267.54	243.36	218.40
79	2,979.60	2,706.60	2,433.60	79	297.96	270.66	243.36
				80	332.28	301.86	271.44
				81	366.60	333.06	299.52
				82	405.60	368.94	331.50
				83	447.72	407.16	365.82
				84	494.52	449.28	404.82
				85	546.00	496.08	446.16
				86	614.64	558.48	502.32
				87	691.08	627.90	578.76
				88	777.66	706.68	635.70
				89	875.16	794.82	715.26
				90	984.36	894.66	804.18
				91	1,107.60	1,006.20	904.80
				92	1,245.66	1,131.78	1,017.90
				93	1,401.66	1,272.96	1,145.04
				94	1,576.38	1,432.08	1,288.56
				95	1,773.72	1,611.48	1,449.24
				96	1,995.24	1,812.72	1,630.20
				97	2,244.06	2,038.92	1,833.78
				98	2,524.86	2,293.98	2,063.10
				99	2,840.76	2,581.02	2,321.28

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	241.80	234.00	218.40	18-39	24.18	23.40	21.84
40	241.80	234.00	218.40	40	24.18	23.40	21.84
41	249.60	241.80	226.20	41	24.96	24.18	22.62
42	265.20	249.60	234.00	42	26.52	24.96	23.40
43	273.00	257.40	241.80	43	27.30	25.74	24.18
44	280.80	265.20	249.60	44	28.08	26.52	24.96
45	296.40	280.80	257.40	45	29.64	28.08	25.74
46	304.20	288.60	265.20	46	30.42	28.86	26.52
47	319.80	296.40	273.00	47	31.98	29.64	27.30
48	335.40	312.00	280.80	48	33.54	31.20	28.08
49	343.20	319.80	296.40	49	34.32	31.98	29.64
50	358.80	335.40	304.20	50	35.88	33.54	30.42
51	374.40	343.20	312.00	51	37.44	34.32	31.20
52	390.00	358.80	327.60	52	39.00	35.88	32.76
53	405.60	374.40	343.20	53	40.56	37.44	34.32
54	421.20	390.00	351.00	54	42.12	39.00	35.10
55	436.80	405.60	366.60	55	43.68	40.56	36.66
56	468.00	436.80	397.80	56	46.80	43.68	39.78
57	507.00	468.00	429.00	57	50.70	46.80	42.90
58	546.00	507.00	460.20	58	54.60	50.70	46.02
59	592.80	546.00	499.20	59	59.28	54.60	49.92
60	639.60	592.80	538.20	60	63.96	59.28	53.82
61	694.20	639.60	585.00	61	69.42	63.96	58.50
62	764.40	702.00	631.80	62	76.44	70.20	63.18
63	834.60	764.40	686.40	63	83.46	76.44	68.64
64	904.80	826.80	741.00	64	90.48	82.68	74.10
65	990.60	897.00	803.40	65	99.06	89.70	80.34
66	1,060.80	967.20	873.60	66	106.08	96.72	87.36
67	1,138.80	1,045.20	943.80	67	113.88	104.52	94.38
68	1,216.80	1,123.20	1,021.80	68	121.68	112.32	102.18
69	1,302.60	1,209.00	1,107.60	69	130.26	120.90	110.76

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,396.20	1,302.60	1,201.20	70	139.62	130.26	120.12
71	1,560.00	1,450.80	1,333.80	71	156.00	145.08	133.38
72	1,739.40	1,614.60	1,482.00	72	173.94	161.46	148.20
73	1,934.40	1,794.00	1,645.80	73	193.44	179.40	164.58
74	2,160.60	1,996.80	1,825.20	74	216.06	199.68	182.52
75	2,410.20	2,223.00	2,028.00	75	241.02	222.30	202.80
76	2,683.20	2,472.60	2,262.00	76	268.32	247.26	226.20
77	2,987.40	2,753.40	2,519.40	77	298.74	275.34	251.94
78	3,330.60	3,073.20	2,808.00	78	333.06	307.32	280.80
79	3,712.80	3,424.20	3,127.80	79	371.28	342.42	312.78
				80	413.40	381.42	348.66
				81	456.30	420.42	384.54
				82	503.88	464.10	424.32
				83	556.92	513.24	468.78
				84	614.64	566.28	517.14
				85	678.60	624.78	570.96
				86	763.62	703.56	642.72
				87	859.56	790.92	723.06
				88	966.42	889.98	813.54
				89	1,087.32	1,009.32	914.94
				90	1,223.04	1,126.32	1,029.60
				91	1,375.92	1,266.72	1,157.52
				92	1,548.30	1,425.06	1,302.60
				93	1,741.74	1,603.68	1,465.62
				94	1,959.36	1,804.14	1,648.14
				95	2,204.28	2,029.56	1,854.84
				96	2,479.62	2,283.06	2,086.50
				97	2,789.28	2,568.54	2,347.02
				98	3,137.94	2,889.12	2,640.30
				99	3,530.28	3,250.26	2,970.24

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	210.60	202.80	187.20	18-39	21.06	20.28	18.72
40	210.60	202.80	187.20	40	21.06	20.28	18.72
41	218.40	210.60	195.00	41	21.84	21.06	19.50
42	226.20	218.40	202.80	42	22.62	21.84	20.28
43	234.00	226.20	210.60	43	23.40	22.62	21.06
44	241.80	234.00	218.40	44	24.18	23.40	21.84
45	249.60	241.80	226.20	45	24.96	24.18	22.62
46	265.20	249.60	234.00	46	26.52	24.96	23.40
47	273.00	257.40	241.80	47	27.30	25.74	24.18
48	280.80	265.20	249.60	48	28.08	26.52	24.96
49	296.40	280.80	257.40	49	29.64	28.08	25.74
50	304.20	288.60	265.20	50	30.42	28.86	26.52
51	312.00	296.40	273.00	51	31.20	29.64	27.30
52	327.60	312.00	288.60	52	32.76	31.20	28.86
53	343.20	319.80	296.40	53	34.32	31.98	29.64
54	351.00	327.60	304.20	54	35.10	32.76	30.42
55	366.60	343.20	319.80	55	36.66	34.32	31.98
56	390.00	366.60	335.40	56	39.00	36.66	33.54
57	421.20	390.00	358.80	57	42.12	39.00	35.88
58	444.60	413.40	382.20	58	44.46	41.34	38.22
59	475.80	444.60	405.60	59	47.58	44.46	40.56
60	507.00	468.00	429.00	60	50.70	46.80	42.90
61	546.00	507.00	460.20	61	54.60	50.70	46.02
62	585.00	546.00	499.20	62	58.50	54.60	49.92
63	624.00	585.00	538.20	63	62.40	58.50	53.82
64	670.80	624.00	577.20	64	67.08	62.40	57.72
65	717.60	670.80	624.00	65	71.76	67.08	62.40
66	780.00	733.20	678.60	66	78.00	73.32	67.86
67	850.20	795.60	733.20	67	85.02	79.56	73.32
68	928.20	865.80	795.60	68	92.82	86.58	79.56
69	1,006.20	936.00	865.80	69	100.62	93.60	86.58

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,099.80	1,021.80	936.00	70	109.98	102.18	93.60
71	1,209.00	1,123.20	1,029.60	71	120.90	112.32	102.96
72	1,333.80	1,240.20	1,138.80	72	133.38	124.02	113.88
73	1,474.20	1,365.00	1,255.80	73	147.42	136.50	125.58
74	1,622.40	1,505.40	1,388.40	74	162.24	150.54	138.84
75	1,786.20	1,661.40	1,528.80	75	178.62	166.14	152.88
76	2,012.40	1,872.00	1,723.80	76	201.24	187.20	172.38
77	2,262.00	2,106.00	1,942.20	77	226.20	210.60	194.22
78	2,542.80	2,371.20	2,191.80	78	254.28	237.12	219.18
79	2,854.80	2,667.60	2,472.60	79	285.48	266.76	247.26
80		3,003.00	2,784.60	80		300.30	278.46
81		3,361.80	3,120.00	81		336.18	312.00
82		3,759.60	3,494.40	82		375.96	349.44
83		4,212.00	3,915.60	83		421.20	391.56
84		4,711.20	4,383.60	84		471.12	438.36

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	257.40	241.80	226.20	18-39	25.74	24.18	22.62
40	257.40	241.80	226.20	40	25.74	24.18	22.62
41	265.20	249.60	234.00	41	26.52	24.96	23.40
42	273.00	257.40	241.80	42	27.30	25.74	24.18
43	288.60	273.00	249.60	43	28.86	27.30	24.96
44	296.40	280.80	257.40	44	29.64	28.08	25.74
45	304.20	288.60	265.20	45	30.42	28.86	26.52
46	319.80	304.20	280.80	46	31.98	30.42	28.08
47	327.60	312.00	288.60	47	32.76	31.20	28.86
48	343.20	319.80	296.40	48	34.32	31.98	29.64
49	351.00	335.40	312.00	49	35.10	33.54	31.20
50	366.60	343.20	319.80	50	36.66	34.32	31.98
51	382.20	358.80	335.40	51	38.22	35.88	33.54
52	397.80	374.40	343.20	52	39.78	37.44	34.32
53	413.40	390.00	358.80	53	41.34	39.00	35.88
54	436.80	405.60	374.40	54	43.68	40.56	37.44
55	452.40	421.20	390.00	55	45.24	42.12	39.00
56	483.60	452.40	413.40	56	48.36	45.24	41.34
57	514.80	483.60	444.60	57	51.48	48.36	44.46
58	546.00	514.80	475.80	58	54.60	51.48	47.58
59	585.00	546.00	507.00	59	58.50	54.60	50.70
60	624.00	585.00	546.00	60	62.40	58.50	54.60
61	670.80	631.80	585.00	61	67.08	63.18	58.50
62	717.60	670.80	624.00	62	71.76	67.08	62.40
63	772.20	725.40	670.80	63	77.22	72.54	67.08
64	834.60	780.00	717.60	64	83.46	78.00	71.76
65	897.00	834.60	772.20	65	89.70	83.46	77.22
66	975.00	912.60	842.40	66	97.50	91.26	84.24
67	1,060.80	990.60	920.40	67	106.08	99.06	92.04
68	1,146.60	1,076.40	1,006.20	68	114.66	107.64	100.62
69	1,248.00	1,170.00	1,092.00	69	124.80	117.00	109.20

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,357.20	1,279.20	1,193.40	70	135.72	127.92	119.34
71	1,497.60	1,411.80	1,318.20	71	149.76	141.18	131.82
72	1,653.60	1,560.00	1,458.60	72	165.36	156.00	145.86
73	1,817.40	1,716.00	1,606.80	73	181.74	171.60	160.68
74	2,004.60	1,887.60	1,770.60	74	200.46	188.76	177.06
75	2,215.20	2,090.40	1,957.80	75	221.52	209.04	195.78
76	2,480.40	2,340.00	2,191.80	76	248.04	234.00	219.18
77	2,769.00	2,613.00	2,449.20	77	276.90	261.30	244.92
78	3,096.60	2,917.20	2,737.80	78	309.66	291.72	273.78
79	3,463.20	3,268.20	3,065.40	79	346.32	326.82	306.54

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	312.00	296.40	273.00	18-39	31.20	29.64	27.30
40	312.00	296.40	273.00	40	31.20	29.64	27.30
41	327.60	304.20	280.80	41	32.76	30.42	28.08
42	335.40	319.80	296.40	42	33.54	31.98	29.64
43	351.00	327.60	304.20	43	35.10	32.76	30.42
44	366.60	343.20	319.80	44	36.66	34.32	31.98
45	382.20	358.80	327.60	45	38.22	35.88	32.76
46	397.80	374.40	343.20	46	39.78	37.44	34.32
47	413.40	390.00	358.80	47	41.34	39.00	35.88
48	429.00	397.80	366.60	48	42.90	39.78	36.66
49	444.60	413.40	382.20	49	44.46	41.34	38.22
50	460.20	429.00	397.80	50	46.02	42.90	39.78
51	475.80	444.60	413.40	51	47.58	44.46	41.34
52	499.20	468.00	429.00	52	49.92	46.80	42.90
53	514.80	483.60	444.60	53	51.48	48.36	44.46
54	530.40	499.20	460.20	54	53.04	49.92	46.02
55	553.80	514.80	475.80	55	55.38	51.48	47.58
56	592.80	553.80	507.00	56	59.28	55.38	50.70
57	631.80	592.80	546.00	57	63.18	59.28	54.60
58	678.60	631.80	585.00	58	67.86	63.18	58.50
59	725.40	678.60	624.00	59	72.54	67.86	62.40
60	780.00	725.40	670.80	60	78.00	72.54	67.08
61	842.40	780.00	717.60	61	84.24	78.00	71.76
62	904.80	842.40	772.20	62	90.48	84.24	77.22
63	975.00	904.80	826.80	63	97.50	90.48	82.68
64	1,053.00	975.00	889.20	64	105.30	97.50	88.92
65	1,131.00	1,045.20	951.60	65	113.10	104.52	95.16
66	1,232.40	1,138.80	1,037.40	66	123.24	113.88	103.74
67	1,341.60	1,240.20	1,131.00	67	134.16	124.02	113.10
68	1,458.60	1,349.40	1,240.20	68	145.86	134.94	124.02
69	1,591.20	1,474.20	1,349.40	69	159.12	147.42	134.94

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,731.60	1,606.80	1,474.20	70	173.16	160.68	147.42
71	1,911.00	1,770.60	1,622.40	71	191.10	177.06	162.24
72	2,098.20	1,942.20	1,786.20	72	209.82	194.22	178.62
73	2,316.60	2,145.00	1,965.60	73	231.66	214.50	196.56
74	2,550.60	2,363.40	2,168.40	74	255.06	236.34	216.84
75	2,808.00	2,597.40	2,386.80	75	280.80	259.74	238.68
76	3,120.00	2,901.60	2,675.40	76	312.00	290.16	267.54
77	3,463.20	3,237.00	3,003.00	77	346.32	323.70	300.30
78	3,853.20	3,611.40	3,369.60	78	385.32	361.14	336.96
79	4,274.40	4,024.80	3,775.20	79	427.44	402.48	377.52

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	397.80	382.20	358.80	18-39	39.78	38.22	35.88
40	397.80	382.20	358.80	40	39.78	38.22	35.88
41	413.40	397.80	374.40	41	41.34	39.78	37.44
42	436.80	413.40	390.00	42	43.68	41.34	39.00
43	452.40	429.00	405.60	43	45.24	42.90	40.56
44	468.00	444.60	421.20	44	46.80	44.46	42.12
45	491.40	468.00	436.80	45	49.14	46.80	43.68
46	514.80	491.40	460.20	46	51.48	49.14	46.02
47	538.20	507.00	475.80	47	53.82	50.70	47.58
48	561.60	530.40	499.20	48	56.16	53.04	49.92
49	585.00	553.80	514.80	49	58.50	55.38	51.48
50	608.40	577.20	538.20	50	60.84	57.72	53.82
51	631.80	600.60	561.60	51	63.18	60.06	56.16
52	663.00	624.00	577.20	52	66.30	62.40	57.72
53	686.40	647.40	600.60	53	68.64	64.74	60.06
54	717.60	670.80	624.00	54	71.76	67.08	62.40
55	748.80	702.00	647.40	55	74.88	70.20	64.74
56	803.40	748.80	694.20	56	80.34	74.88	69.42
57	858.00	803.40	741.00	57	85.80	80.34	74.10
58	920.40	858.00	787.80	58	92.04	85.80	78.78
59	982.80	912.60	842.40	59	98.28	91.26	84.24
60	1,053.00	975.00	897.00	60	105.30	97.50	89.70
61	1,131.00	1,045.20	959.40	61	113.10	104.52	95.94
62	1,209.00	1,123.20	1,037.40	62	120.90	112.32	103.74
63	1,302.60	1,209.00	1,107.60	63	130.26	120.90	110.76
64	1,396.20	1,294.80	1,193.40	64	139.62	129.48	119.34
65	1,497.60	1,388.40	1,279.20	65	149.76	138.84	127.92
66	1,614.60	1,505.40	1,396.20	66	161.46	150.54	139.62
67	1,739.40	1,630.20	1,521.00	67	173.94	163.02	152.10
68	1,872.00	1,770.60	1,661.40	68	187.20	177.06	166.14
69	2,020.20	1,918.80	1,817.40	69	202.02	191.88	181.74

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,176.20	2,082.60	1,981.20	70	217.62	208.26	198.12
71	2,402.40	2,293.20	2,176.20	71	240.24	229.32	217.62
72	2,644.20	2,519.40	2,394.60	72	264.42	251.94	239.46
73	2,917.20	2,776.80	2,636.40	73	291.72	277.68	263.64
74	3,221.40	3,065.40	2,901.60	74	322.14	306.54	290.16
75	3,549.00	3,369.60	3,190.20	75	354.90	336.96	319.02
76	3,954.60	3,744.00	3,533.40	76	395.46	374.40	353.34
77	4,399.20	4,157.40	3,915.60	77	439.92	415.74	391.56
78	4,898.40	4,625.40	4,344.60	78	489.84	462.54	434.46
79	5,452.20	5,132.40	4,812.60	79	545.22	513.24	481.26

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	304.20	288.60	273.00	18-39	30.42	28.86	27.30
40	304.20	288.60	273.00	40	30.42	28.86	27.30
41	312.00	296.40	280.80	41	31.20	29.64	28.08
42	319.80	304.20	288.60	42	31.98	30.42	28.86
43	335.40	319.80	296.40	43	33.54	31.98	29.64
44	343.20	327.60	304.20	44	34.32	32.76	30.42
45	351.00	335.40	312.00	45	35.10	33.54	31.20
46	358.80	343.20	319.80	46	35.88	34.32	31.98
47	374.40	351.00	327.60	47	37.44	35.10	32.76
48	382.20	366.60	343.20	48	38.22	36.66	34.32
49	397.80	374.40	351.00	49	39.78	37.44	35.10
50	405.60	382.20	358.80	50	40.56	38.22	35.88
51	421.20	397.80	366.60	51	42.12	39.78	36.66
52	429.00	405.60	382.20	52	42.90	40.56	38.22
53	444.60	421.20	390.00	53	44.46	42.12	39.00
54	452.40	429.00	405.60	54	45.24	42.90	40.56
55	468.00	444.60	413.40	55	46.80	44.46	41.34
56	491.40	468.00	436.80	56	49.14	46.80	43.68
57	522.60	491.40	460.20	57	52.26	49.14	46.02
58	553.80	522.60	483.60	58	55.38	52.26	48.36
59	585.00	546.00	507.00	59	58.50	54.60	50.70
60	616.20	577.20	530.40	60	61.62	57.72	53.04
61	655.20	616.20	569.40	61	65.52	61.62	56.94
62	702.00	655.20	600.60	62	70.20	65.52	60.06
63	748.80	702.00	647.40	63	74.88	70.20	64.74
64	795.60	741.00	686.40	64	79.56	74.10	68.64
65	850.20	795.60	733.20	65	85.02	79.56	73.32
66	912.60	850.20	787.80	66	91.26	85.02	78.78
67	982.80	920.40	850.20	67	98.28	92.04	85.02
68	1,060.80	990.60	920.40	68	106.08	99.06	92.04
69	1,146.60	1,068.60	990.60	69	114.66	106.86	99.06

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,232.40	1,154.40	1,068.60	70	123.24	115.44	106.86
71	1,349.40	1,263.60	1,170.00	71	134.94	126.36	117.00
72	1,482.00	1,388.40	1,287.00	72	148.20	138.84	128.70
73	1,630.20	1,521.00	1,411.80	73	163.02	152.10	141.18
74	1,786.20	1,669.20	1,552.20	74	178.62	166.92	155.22
75	1,957.80	1,833.00	1,700.40	75	195.78	183.30	170.04
76	2,199.60	2,059.20	1,911.00	76	219.96	205.92	191.10
77	2,472.60	2,308.80	2,145.00	77	247.26	230.88	214.50
78	2,776.80	2,597.40	2,418.00	78	277.68	259.74	241.80
79	3,120.00	2,917.20	2,714.40	79	312.00	291.72	271.44
80		3,283.80	3,049.80	80		328.38	304.98
81		3,650.40	3,393.00	81		365.04	339.30
82		4,071.60	3,783.00	82		407.16	378.30
83		4,531.80	4,212.00	83		453.18	421.20
84		5,046.60	4,687.80	84		504.66	468.78

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	382.20	358.80	327.60	18-39	38.22	35.88	32.76
40	382.20	358.80	327.60	40	38.22	35.88	32.76
41	390.00	366.60	335.40	41	39.00	36.66	33.54
42	405.60	374.40	343.20	42	40.56	37.44	34.32
43	413.40	390.00	358.80	43	41.34	39.00	35.88
44	429.00	397.80	366.60	44	42.90	39.78	36.66
45	436.80	405.60	374.40	45	43.68	40.56	37.44
46	452.40	421.20	390.00	46	45.24	42.12	39.00
47	460.20	429.00	397.80	47	46.02	42.90	39.78
48	475.80	444.60	413.40	48	47.58	44.46	41.34
49	483.60	452.40	421.20	49	48.36	45.24	42.12
50	499.20	468.00	436.80	50	49.92	46.80	43.68
51	514.80	483.60	452.40	51	51.48	48.36	45.24
52	530.40	499.20	460.20	52	53.04	49.92	46.02
53	546.00	514.80	475.80	53	54.60	51.48	47.58
54	561.60	530.40	491.40	54	56.16	53.04	49.14
55	577.20	546.00	507.00	55	57.72	54.60	50.70
56	608.40	577.20	538.20	56	60.84	57.72	53.82
57	647.40	608.40	561.60	57	64.74	60.84	56.16
58	686.40	639.60	592.80	58	68.64	63.96	59.28
59	725.40	678.60	631.80	59	72.54	67.86	63.18
60	772.20	717.60	663.00	60	77.22	71.76	66.30
61	819.00	764.40	709.80	61	81.90	76.44	70.98
62	873.60	819.00	756.60	62	87.36	81.90	75.66
63	936.00	873.60	803.40	63	93.60	87.36	80.34
64	998.40	928.20	858.00	64	99.84	92.82	85.80
65	1,060.80	990.60	912.60	65	106.08	99.06	91.26
66	1,146.60	1,068.60	990.60	66	114.66	106.86	99.06
67	1,240.20	1,154.40	1,068.60	67	124.02	115.44	106.86
68	1,341.60	1,248.00	1,154.40	68	134.16	124.80	115.44
69	1,450.80	1,357.20	1,255.80	69	145.08	135.72	125.58

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,567.80	1,466.40	1,357.20	70	156.78	146.64	135.72
71	1,716.00	1,606.80	1,489.80	71	171.60	160.68	148.98
72	1,887.60	1,762.80	1,638.00	72	188.76	176.28	163.80
73	2,067.00	1,934.40	1,794.00	73	206.70	193.44	179.40
74	2,269.80	2,121.60	1,973.40	74	226.98	212.16	197.34
75	2,488.20	2,332.20	2,168.40	75	248.82	233.22	216.84
76	2,769.00	2,589.60	2,410.20	76	276.90	258.96	241.02
77	3,081.00	2,886.00	2,683.20	77	308.10	288.60	268.32
78	3,432.00	3,205.80	2,979.60	78	343.20	320.58	297.96
79	3,822.00	3,572.40	3,315.00	79	382.20	357.24	331.50

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	475.80	444.60	405.60	18-39	47.58	44.46	40.56
40	475.80	444.60	405.60	40	47.58	44.46	40.56
41	491.40	460.20	421.20	41	49.14	46.02	42.12
42	507.00	468.00	429.00	42	50.70	46.80	42.90
43	514.80	483.60	444.60	43	51.48	48.36	44.46
44	530.40	499.20	460.20	44	53.04	49.92	46.02
45	546.00	507.00	468.00	45	54.60	50.70	46.80
46	561.60	522.60	483.60	46	56.16	52.26	48.36
47	577.20	538.20	499.20	47	57.72	53.82	49.92
48	600.60	561.60	514.80	48	60.06	56.16	51.48
49	616.20	577.20	530.40	49	61.62	57.72	53.04
50	631.80	592.80	546.00	50	63.18	59.28	54.60
51	647.40	608.40	561.60	51	64.74	60.84	56.16
52	670.80	624.00	577.20	52	67.08	62.40	57.72
53	686.40	639.60	592.80	53	68.64	63.96	59.28
54	702.00	663.00	616.20	54	70.20	66.30	61.62
55	725.40	678.60	631.80	55	72.54	67.86	63.18
56	772.20	725.40	670.80	56	77.22	72.54	67.08
57	811.20	764.40	709.80	57	81.12	76.44	70.98
58	865.80	811.20	748.80	58	86.58	81.12	74.88
59	912.60	850.20	787.80	59	91.26	85.02	78.78
60	967.20	904.80	834.60	60	96.72	90.48	83.46
61	1,029.60	959.40	889.20	61	102.96	95.94	88.92
62	1,099.80	1,021.80	943.80	62	109.98	102.18	94.38
63	1,177.80	1,092.00	1,006.20	63	117.78	109.20	100.62
64	1,255.80	1,162.20	1,068.60	64	125.58	116.22	106.86
65	1,341.60	1,240.20	1,138.80	65	134.16	124.02	113.88
66	1,450.80	1,341.60	1,232.40	66	145.08	134.16	123.24
67	1,567.80	1,458.60	1,341.60	67	156.78	145.86	134.16
68	1,700.40	1,583.40	1,458.60	68	170.04	158.34	145.86
69	1,840.80	1,716.00	1,583.40	69	184.08	171.60	158.34

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,989.00	1,856.40	1,716.00	70	198.90	185.64	171.60
71	2,176.20	2,028.00	1,872.00	71	217.62	202.80	187.20
72	2,386.80	2,215.20	2,043.60	72	238.68	221.52	204.36
73	2,613.00	2,425.80	2,230.80	73	261.30	242.58	223.08
74	2,854.80	2,644.20	2,433.60	74	285.48	264.42	243.36
75	3,127.80	2,893.80	2,659.80	75	312.78	289.38	265.98
76	3,463.20	3,221.40	2,971.80	76	346.32	322.14	297.18
77	3,829.80	3,572.40	3,315.00	77	382.98	357.24	331.50
78	4,235.40	3,970.20	3,697.20	78	423.54	397.02	369.72
79	4,687.80	4,407.00	4,126.20	79	468.78	440.70	412.62

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	616.20	585.00	546.00	18-39	61.62	58.50	54.60
40	616.20	585.00	546.00	40	61.62	58.50	54.60
41	639.60	608.40	569.40	41	63.96	60.84	56.94
42	663.00	624.00	585.00	42	66.30	62.40	58.50
43	686.40	647.40	608.40	43	68.64	64.74	60.84
44	709.80	670.80	631.80	44	70.98	67.08	63.18
45	733.20	694.20	655.20	45	73.32	69.42	65.52
46	756.60	717.60	678.60	46	75.66	71.76	67.86
47	787.80	748.80	702.00	47	78.78	74.88	70.20
48	811.20	772.20	725.40	48	81.12	77.22	72.54
49	842.40	795.60	748.80	49	84.24	79.56	74.88
50	873.60	826.80	780.00	50	87.36	82.68	78.00
51	897.00	850.20	795.60	51	89.70	85.02	79.56
52	920.40	873.60	819.00	52	92.04	87.36	81.90
53	943.80	897.00	842.40	53	94.38	89.70	84.24
54	975.00	920.40	858.00	54	97.50	92.04	85.80
55	998.40	943.80	881.40	55	99.84	94.38	88.14
56	1,053.00	990.60	928.20	56	105.30	99.06	92.82
57	1,115.40	1,045.20	975.00	57	111.54	104.52	97.50
58	1,177.80	1,099.80	1,021.80	58	117.78	109.98	102.18
59	1,248.00	1,162.20	1,076.40	59	124.80	116.22	107.64
60	1,318.20	1,224.60	1,131.00	60	131.82	122.46	113.10
61	1,404.00	1,302.60	1,201.20	61	140.40	130.26	120.12
62	1,489.80	1,388.40	1,279.20	62	148.98	138.84	127.92
63	1,583.40	1,474.20	1,365.00	63	158.34	147.42	136.50
64	1,684.80	1,567.80	1,450.80	64	168.48	156.78	145.08
65	1,794.00	1,669.20	1,544.40	65	179.40	166.92	154.44
66	1,918.80	1,794.00	1,669.20	66	191.88	179.40	166.92
67	2,051.40	1,934.40	1,809.60	67	205.14	193.44	180.96
68	2,199.60	2,082.60	1,965.60	68	219.96	208.26	196.56
69	2,355.60	2,238.60	2,121.60	69	235.56	223.86	212.16

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,519.40	2,410.20	2,301.00	70	251.94	241.02	230.10
71	2,761.20	2,636.40	2,511.60	71	276.12	263.64	251.16
72	3,018.60	2,878.20	2,737.80	72	301.86	287.82	273.78
73	3,307.20	3,151.20	2,987.40	73	330.72	315.12	298.74
74	3,619.20	3,439.80	3,260.40	74	361.92	343.98	326.04
75	3,962.40	3,759.60	3,556.80	75	396.24	375.96	355.68
76	4,391.40	4,157.40	3,923.40	76	439.14	415.74	392.34
77	4,875.00	4,602.00	4,321.20	77	487.50	460.20	432.12
78	5,405.40	5,085.60	4,765.80	78	540.54	508.56	476.58
79	5,998.20	5,631.60	5,257.20	79	599.82	563.16	525.72

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	156.83	148.11	139.40	18-39	15.68	14.81	13.94
40	156.83	148.11	139.40	40	15.68	14.81	13.94
41	165.54	156.83	148.11	41	16.55	15.68	14.81
42	165.54	156.83	148.11	42	16.55	15.68	14.81
43	174.25	165.54	156.83	43	17.43	16.55	15.68
44	182.96	174.25	156.83	44	18.30	17.43	15.68
45	182.96	174.25	165.54	45	18.30	17.43	16.55
46	191.68	182.96	165.54	46	19.17	18.30	16.55
47	200.39	191.68	174.25	47	20.04	19.17	17.43
48	200.39	191.68	182.96	48	20.04	19.17	18.30
49	209.10	200.39	182.96	49	20.91	20.04	18.30
50	217.82	209.10	191.68	50	21.78	20.91	19.17
51	226.53	217.82	200.39	51	22.65	21.78	20.04
52	243.95	235.24	217.82	52	24.40	23.52	21.78
53	261.38	243.95	226.53	53	26.14	24.40	22.65
54	270.09	252.67	235.24	54	27.01	25.27	23.52
55	287.52	270.09	252.67	55	28.75	27.01	25.27
56	304.94	287.52	261.38	56	30.49	28.75	26.14
57	322.37	304.94	278.80	57	32.24	30.49	27.88
58	348.50	322.37	296.23	58	34.85	32.24	29.62
59	365.93	339.79	304.94	59	36.59	33.98	30.49
60	392.07	357.22	322.37	60	39.21	35.72	32.24
61	426.92	392.07	348.50	61	42.69	39.21	34.85
62	453.06	418.20	374.64	62	45.31	41.82	37.46
63	496.62	453.06	409.49	63	49.66	45.31	40.95
64	531.47	487.91	444.34	64	53.15	48.79	44.43
65	575.03	531.47	479.19	65	57.50	53.15	47.92
66	627.31	575.03	522.76	66	62.73	57.50	52.28
67	688.30	627.31	566.32	67	68.83	62.73	56.63
68	749.28	679.58	609.88	68	74.93	67.96	60.99
69	818.98	740.57	662.16	69	81.90	74.06	66.22

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	897.40	810.27	723.15	70	89.74	81.03	72.31
71	993.24	897.40	792.85	71	99.32	89.74	79.28
72	1,106.50	993.24	871.26	72	110.65	99.32	87.13
73	1,228.48	1,097.79	958.39	73	122.85	109.78	95.84
74	1,367.88	1,211.05	1,054.22	74	136.79	121.11	105.42
75	1,515.99	1,341.74	1,158.78	75	151.60	134.17	115.88
76	1,690.24	1,489.85	1,289.46	76	169.02	148.99	128.95
77	1,890.63	1,672.82	1,446.29	77	189.06	167.28	144.63
78	2,117.16	1,864.50	1,611.83	78	211.72	186.45	161.18
79	2,361.11	2,082.31	1,794.80	79	236.11	208.23	179.48
80		2,326.26	2,003.90	80	263.99	232.63	200.39
81		2,570.22	2,213.00	81	291.87	257.02	221.30
82		2,840.31	2,448.24	82	323.24	284.03	244.82
83		3,145.25	2,709.62	83	357.22	314.52	270.96
84		3,476.33	2,997.13	84	394.68	347.63	299.71
				85	436.50	384.23	331.95
				86	491.39	433.02	373.77
				87	553.25	487.03	420.82
				88	622.08	547.15	473.09
				89	699.62	615.98	532.34
				90	791.98	692.65	598.56
				91	885.20	779.78	673.48
				92	995.85	876.49	757.12
				93	1,120.44	986.27	852.09
				94	1,260.71	1,109.11	958.39
				95	1,417.54	1,248.52	1,078.62
				96	1,595.28	1,404.47	1,212.79
				97	1,794.80	1,579.59	1,364.39
				98	2,018.71	1,777.37	1,535.16
				99	2,270.50	1,998.67	1,726.84

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	200.39	191.68	174.25	18-39	20.04	19.17	17.43
40	200.39	191.68	174.25	40	20.04	19.17	17.43
41	209.10	200.39	182.96	41	20.91	20.04	18.30
42	209.10	200.39	182.96	42	20.91	20.04	18.30
43	217.82	209.10	191.68	43	21.78	20.91	19.17
44	226.53	217.82	200.39	44	22.65	21.78	20.04
45	235.24	217.82	200.39	45	23.52	21.78	20.04
46	243.95	226.53	209.10	46	24.40	22.65	20.91
47	243.95	235.24	217.82	47	24.40	23.52	21.78
48	252.67	235.24	217.82	48	25.27	23.52	21.78
49	261.38	243.95	226.53	49	26.14	24.40	22.65
50	270.09	252.67	235.24	50	27.01	25.27	23.52
51	278.80	261.38	243.95	51	27.88	26.14	24.40
52	296.23	278.80	252.67	52	29.62	27.88	25.27
53	313.65	287.52	261.38	53	31.37	28.75	26.14
54	322.37	304.94	278.80	54	32.24	30.49	27.88
55	339.79	313.65	287.52	55	33.98	31.37	28.75
56	365.93	339.79	304.94	56	36.59	33.98	30.49
57	383.35	357.22	331.08	57	38.34	35.72	33.11
58	409.49	383.35	348.50	58	40.95	38.34	34.85
59	444.34	409.49	374.64	59	44.43	40.95	37.46
60	470.48	435.63	400.78	60	47.05	43.56	40.08
61	505.33	470.48	435.63	61	50.53	47.05	43.56
62	548.89	514.04	470.48	62	54.89	51.40	47.05
63	592.46	557.61	514.04	63	59.25	55.76	51.40
64	644.73	601.17	557.61	64	64.47	60.12	55.76
65	697.01	653.45	609.88	65	69.70	65.34	60.99
66	758.00	714.43	662.16	66	75.80	71.44	66.22
67	818.98	775.42	723.15	67	81.90	77.54	72.31
68	888.69	836.41	784.13	68	88.87	83.64	78.41
69	958.39	906.11	853.83	69	95.84	90.61	85.38

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,036.80	984.52	923.54	70	103.68	98.45	92.35
71	1,158.78	1,097.79	1,036.80	71	115.88	109.78	103.68
72	1,289.46	1,228.48	1,158.78	72	128.95	122.85	115.88
73	1,428.87	1,367.88	1,298.18	73	142.89	136.79	129.82
74	1,594.41	1,524.71	1,446.29	74	159.44	152.47	144.63
75	1,777.37	1,698.96	1,620.54	75	177.74	169.90	162.05
76	1,977.76	1,890.63	1,803.51	76	197.78	189.06	180.35
77	2,204.29	2,108.45	2,012.61	77	220.43	210.84	201.26
78	2,465.67	2,361.11	2,247.85	78	246.57	236.11	224.79
79	2,744.47	2,622.49	2,500.52	79	274.45	262.25	250.05
				80	305.81	292.74	278.80
				81	338.05	323.24	308.43
				82	373.77	357.22	340.66
				83	417.33	395.55	377.26
				84	456.54	444.34	416.46
				85	504.46	482.68	460.90
				86	568.06	543.67	519.27
				87	638.63	611.62	583.74
				88	718.79	687.42	656.93
				89	808.53	773.68	738.83
				90	909.60	870.39	831.18
				91	1,022.86	979.30	937.48
				92	1,150.93	1,101.27	1,051.61
				93	1,294.69	1,238.93	1,183.17
				94	1,456.75	1,394.02	1,330.41
				95	1,638.84	1,568.27	1,496.82
				96	1,843.59	1,763.43	1,684.15
				97	2,073.60	1,983.86	1,894.99
				98	2,333.23	2,232.17	2,131.10
				99	2,624.24	2,510.97	2,397.71

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	226.53	217.82	200.39	18-39	22.65	21.78	20.04
40	226.53	217.82	200.39	40	22.65	21.78	20.04
41	235.24	226.53	209.10	41	23.52	22.65	20.91
42	243.95	235.24	217.82	42	24.40	23.52	21.78
43	252.67	243.95	226.53	43	25.27	24.40	22.65
44	261.38	252.67	235.24	44	26.14	25.27	23.52
45	270.09	261.38	243.95	45	27.01	26.14	24.40
46	287.52	270.09	252.67	46	28.75	27.01	25.27
47	296.23	278.80	261.38	47	29.62	27.88	26.14
48	304.94	287.52	270.09	48	30.49	28.75	27.01
49	322.37	304.94	278.80	49	32.24	30.49	27.88
50	331.08	313.65	287.52	50	33.11	31.37	28.75
51	339.79	322.37	296.23	51	33.98	32.24	29.62
52	357.22	331.08	304.94	52	35.72	33.11	30.49
53	365.93	339.79	313.65	53	36.59	33.98	31.37
54	383.35	357.22	322.37	54	38.34	35.72	32.24
55	392.07	365.93	331.08	55	39.21	36.59	33.11
56	418.20	392.07	357.22	56	41.82	39.21	35.72
57	453.06	418.20	374.64	57	45.31	41.82	37.46
58	487.91	444.34	400.78	58	48.79	44.43	40.08
59	522.76	479.19	435.63	59	52.28	47.92	43.56
60	557.61	514.04	461.77	60	55.76	51.40	46.18
61	609.88	557.61	505.33	61	60.99	55.76	50.53
62	670.87	609.88	548.89	62	67.09	60.99	54.89
63	731.86	662.16	592.46	63	73.19	66.22	59.25
64	792.85	723.15	644.73	64	79.28	72.31	64.47
65	871.26	792.85	705.72	65	87.13	79.28	70.57
66	940.96	853.83	758.00	66	94.10	85.38	75.80
67	1,019.37	923.54	818.98	67	101.94	92.35	81.90
68	1,106.50	993.24	879.97	68	110.65	99.32	88.00
69	1,193.63	1,071.65	949.67	69	119.36	107.16	94.97

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,289.46	1,158.78	1,019.37	70	128.95	115.88	101.94
71	1,428.87	1,289.46	1,141.35	71	142.89	128.95	114.14
72	1,585.69	1,428.87	1,272.04	72	158.57	142.89	127.20
73	1,759.95	1,585.69	1,411.44	73	175.99	158.57	141.14
74	1,951.62	1,768.66	1,576.98	74	195.16	176.87	157.70
75	2,160.72	1,960.34	1,759.95	75	216.07	196.03	175.99
76	2,404.68	2,186.86	1,960.34	76	240.47	218.69	196.03
77	2,683.48	2,439.53	2,186.86	77	268.35	243.95	218.69
78	2,988.42	2,718.33	2,439.53	78	298.84	271.83	243.95
79	3,328.21	3,023.27	2,718.33	79	332.82	302.33	271.83
				80	371.16	337.18	303.20
				81	409.49	372.03	334.56
				82	453.06	412.11	370.29
				83	500.10	454.80	408.62
				84	552.38	501.85	452.18
				85	609.88	554.12	498.36
				86	686.55	623.82	561.09
				87	771.94	701.36	646.47
				88	868.65	789.36	710.08
				89	977.55	887.81	798.95
				90	1,099.53	999.34	898.27
				91	1,237.19	1,123.93	1,010.66
				92	1,391.40	1,264.20	1,136.99
				93	1,565.65	1,421.90	1,279.01
				94	1,760.82	1,599.63	1,439.32
				95	1,981.25	1,800.02	1,618.80
				96	2,228.68	2,024.81	1,820.93
				97	2,506.62	2,277.47	2,048.33
				98	2,820.27	2,562.38	2,304.48
				99	3,173.13	2,883.00	2,592.87

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	270.09	261.38	243.95	18-39	27.01	26.14	24.40
40	270.09	261.38	243.95	40	27.01	26.14	24.40
41	278.80	270.09	252.67	41	27.88	27.01	25.27
42	296.23	278.80	261.38	42	29.62	27.88	26.14
43	304.94	287.52	270.09	43	30.49	28.75	27.01
44	313.65	296.23	278.80	44	31.37	29.62	27.88
45	331.08	313.65	287.52	45	33.11	31.37	28.75
46	339.79	322.37	296.23	46	33.98	32.24	29.62
47	357.22	331.08	304.94	47	35.72	33.11	30.49
48	374.64	348.50	313.65	48	37.46	34.85	31.37
49	383.35	357.22	331.08	49	38.34	35.72	33.11
50	400.78	374.64	339.79	50	40.08	37.46	33.98
51	418.20	383.35	348.50	51	41.82	38.34	34.85
52	435.63	400.78	365.93	52	43.56	40.08	36.59
53	453.06	418.20	383.35	53	45.31	41.82	38.34
54	470.48	435.63	392.07	54	47.05	43.56	39.21
55	487.91	453.06	409.49	55	48.79	45.31	40.95
56	522.76	487.91	444.34	56	52.28	48.79	44.43
57	566.32	522.76	479.19	57	56.63	52.28	47.92
58	609.88	566.32	514.04	58	60.99	56.63	51.40
59	662.16	609.88	557.61	59	66.22	60.99	55.76
60	714.43	662.16	601.17	60	71.44	66.22	60.12
61	775.42	714.43	653.45	61	77.54	71.44	65.34
62	853.83	784.13	705.72	62	85.38	78.41	70.57
63	932.25	853.83	766.71	63	93.22	85.38	76.67
64	1,010.66	923.54	827.70	64	101.07	92.35	82.77
65	1,106.50	1,001.95	897.40	65	110.65	100.19	89.74
66	1,184.91	1,080.36	975.81	66	118.49	108.04	97.58
67	1,272.04	1,167.49	1,054.22	67	127.20	116.75	105.42
68	1,359.17	1,254.61	1,141.35	68	135.92	125.46	114.14
69	1,455.00	1,350.45	1,237.19	69	145.50	135.05	123.72

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,559.56	1,455.00	1,341.74	70	155.96	145.50	134.17
71	1,742.52	1,620.54	1,489.85	71	174.25	162.05	148.99
72	1,942.91	1,803.51	1,655.39	72	194.29	180.35	165.54
73	2,160.72	2,003.90	1,838.36	73	216.07	200.39	183.84
74	2,413.39	2,230.43	2,038.75	74	241.34	223.04	203.87
75	2,692.19	2,483.09	2,265.28	75	269.22	248.31	226.53
76	2,997.13	2,761.89	2,526.65	76	299.71	276.19	252.67
77	3,336.93	3,075.55	2,814.17	77	333.69	307.55	281.42
78	3,720.28	3,432.76	3,136.54	78	372.03	343.28	313.65
79	4,147.20	3,824.83	3,493.75	79	414.72	382.48	349.38
				80	461.77	426.05	389.45
				81	509.69	469.61	429.53
				82	562.83	518.40	473.97
				83	622.08	573.29	523.63
				84	686.55	632.53	577.65
				85	758.00	697.88	637.76
				86	852.96	785.88	717.92
				87	960.13	883.46	807.66
				88	1,079.49	994.11	908.72
				89	1,214.54	1,127.41	1,021.99
				90	1,366.14	1,258.10	1,150.06
				91	1,536.90	1,414.93	1,292.95
				92	1,729.45	1,591.79	1,455.00
				93	1,945.52	1,791.31	1,637.10
				94	2,188.61	2,015.22	1,840.97
				95	2,462.18	2,267.02	2,071.86
				96	2,769.74	2,550.18	2,330.62
				97	3,115.63	2,869.06	2,621.62
				98	3,505.08	3,227.15	2,949.22
				99	3,943.32	3,630.54	3,317.76

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	235.24	226.53	209.10	18-39	23.52	22.65	20.91
40	235.24	226.53	209.10	40	23.52	22.65	20.91
41	243.95	235.24	217.82	41	24.40	23.52	21.78
42	252.67	243.95	226.53	42	25.27	24.40	22.65
43	261.38	252.67	235.24	43	26.14	25.27	23.52
44	270.09	261.38	243.95	44	27.01	26.14	24.40
45	278.80	270.09	252.67	45	27.88	27.01	25.27
46	296.23	278.80	261.38	46	29.62	27.88	26.14
47	304.94	287.52	270.09	47	30.49	28.75	27.01
48	313.65	296.23	278.80	48	31.37	29.62	27.88
49	331.08	313.65	287.52	49	33.11	31.37	28.75
50	339.79	322.37	296.23	50	33.98	32.24	29.62
51	348.50	331.08	304.94	51	34.85	33.11	30.49
52	365.93	348.50	322.37	52	36.59	34.85	32.24
53	383.35	357.22	331.08	53	38.34	35.72	33.11
54	392.07	365.93	339.79	54	39.21	36.59	33.98
55	409.49	383.35	357.22	55	40.95	38.34	35.72
56	435.63	409.49	374.64	56	43.56	40.95	37.46
57	470.48	435.63	400.78	57	47.05	43.56	40.08
58	496.62	461.77	426.92	58	49.66	46.18	42.69
59	531.47	496.62	453.06	59	53.15	49.66	45.31
60	566.32	522.76	479.19	60	56.63	52.28	47.92
61	609.88	566.32	514.04	61	60.99	56.63	51.40
62	653.45	609.88	557.61	62	65.34	60.99	55.76
63	697.01	653.45	601.17	63	69.70	65.34	60.12
64	749.28	697.01	644.73	64	74.93	69.70	64.47
65	801.56	749.28	697.01	65	80.16	74.93	69.70
66	871.26	818.98	758.00	66	87.13	81.90	75.80
67	949.67	888.69	818.98	67	94.97	88.87	81.90
68	1,036.80	967.10	888.69	68	103.68	96.71	88.87
69	1,123.93	1,045.51	967.10	69	112.39	104.55	96.71

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,228.48	1,141.35	1,045.51	70	122.85	114.14	104.55
71	1,350.45	1,254.61	1,150.06	71	135.05	125.46	115.01
72	1,489.85	1,385.30	1,272.04	72	148.99	138.53	127.20
73	1,646.68	1,524.71	1,402.73	73	164.67	152.47	140.27
74	1,812.22	1,681.53	1,550.84	74	181.22	168.15	155.08
75	1,995.19	1,855.78	1,707.67	75	199.52	185.58	170.77
76	2,247.85	2,091.02	1,925.48	76	224.79	209.10	192.55
77	2,526.65	2,352.40	2,169.44	77	252.67	235.24	216.94
78	2,840.31	2,648.63	2,448.24	78	284.03	264.86	244.82
79	3,188.81	2,979.71	2,761.89	79	318.88	297.97	276.19
80		3,354.35	3,110.40	80		335.44	311.04
81		3,755.13	3,485.04	81		375.51	348.50
82		4,199.47	3,903.24	82		419.95	390.32
83		4,704.80	4,373.73	83		470.48	437.37
84		5,262.41	4,896.48	84		526.24	489.65

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	287.52	270.09	252.67	18-39	28.75	27.01	25.27
40	287.52	270.09	252.67	40	28.75	27.01	25.27
41	296.23	278.80	261.38	41	29.62	27.88	26.14
42	304.94	287.52	270.09	42	30.49	28.75	27.01
43	322.37	304.94	278.80	43	32.24	30.49	27.88
44	331.08	313.65	287.52	44	33.11	31.37	28.75
45	339.79	322.37	296.23	45	33.98	32.24	29.62
46	357.22	339.79	313.65	46	35.72	33.98	31.37
47	365.93	348.50	322.37	47	36.59	34.85	32.24
48	383.35	357.22	331.08	48	38.34	35.72	33.11
49	392.07	374.64	348.50	49	39.21	37.46	34.85
50	409.49	383.35	357.22	50	40.95	38.34	35.72
51	426.92	400.78	374.64	51	42.69	40.08	37.46
52	444.34	418.20	383.35	52	44.43	41.82	38.34
53	461.77	435.63	400.78	53	46.18	43.56	40.08
54	487.91	453.06	418.20	54	48.79	45.31	41.82
55	505.33	470.48	435.63	55	50.53	47.05	43.56
56	540.18	505.33	461.77	56	54.02	50.53	46.18
57	575.03	540.18	496.62	57	57.50	54.02	49.66
58	609.88	575.03	531.47	58	60.99	57.50	53.15
59	653.45	609.88	566.32	59	65.34	60.99	56.63
60	697.01	653.45	609.88	60	69.70	65.34	60.99
61	749.28	705.72	653.45	61	74.93	70.57	65.34
62	801.56	749.28	697.01	62	80.16	74.93	69.70
63	862.55	810.27	749.28	63	86.25	81.03	74.93
64	932.25	871.26	801.56	64	93.22	87.13	80.16
65	1,001.95	932.25	862.55	65	100.19	93.22	86.25
66	1,089.08	1,019.37	940.96	66	108.91	101.94	94.10
67	1,184.91	1,106.50	1,028.09	67	118.49	110.65	102.81
68	1,280.75	1,202.34	1,123.93	68	128.08	120.23	112.39
69	1,394.02	1,306.89	1,219.76	69	139.40	130.69	121.98

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,515.99	1,428.87	1,333.03	70	151.60	142.89	133.30
71	1,672.82	1,576.98	1,472.43	71	167.28	157.70	147.24
72	1,847.07	1,742.52	1,629.26	72	184.71	174.25	162.93
73	2,030.04	1,916.77	1,794.80	73	203.00	191.68	179.48
74	2,239.14	2,108.45	1,977.76	74	223.91	210.84	197.78
75	2,474.38	2,334.98	2,186.86	75	247.44	233.50	218.69
76	2,770.61	2,613.78	2,448.24	76	277.06	261.38	244.82
77	3,092.97	2,918.72	2,735.76	77	309.30	291.87	273.58
78	3,458.90	3,258.51	3,058.12	78	345.89	325.85	305.81
79	3,868.39	3,650.58	3,424.05	79	386.84	365.06	342.41

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	348.50	331.08	304.94	18-39	34.85	33.11	30.49
40	348.50	331.08	304.94	40	34.85	33.11	30.49
41	365.93	339.79	313.65	41	36.59	33.98	31.37
42	374.64	357.22	331.08	42	37.46	35.72	33.11
43	392.07	365.93	339.79	43	39.21	36.59	33.98
44	409.49	383.35	357.22	44	40.95	38.34	35.72
45	426.92	400.78	365.93	45	42.69	40.08	36.59
46	444.34	418.20	383.35	46	44.43	41.82	38.34
47	461.77	435.63	400.78	47	46.18	43.56	40.08
48	479.19	444.34	409.49	48	47.92	44.43	40.95
49	496.62	461.77	426.92	49	49.66	46.18	42.69
50	514.04	479.19	444.34	50	51.40	47.92	44.43
51	531.47	496.62	461.77	51	53.15	49.66	46.18
52	557.61	522.76	479.19	52	55.76	52.28	47.92
53	575.03	540.18	496.62	53	57.50	54.02	49.66
54	592.46	557.61	514.04	54	59.25	55.76	51.40
55	618.59	575.03	531.47	55	61.86	57.50	53.15
56	662.16	618.59	566.32	56	66.22	61.86	56.63
57	705.72	662.16	609.88	57	70.57	66.22	60.99
58	758.00	705.72	653.45	58	75.80	70.57	65.34
59	810.27	758.00	697.01	59	81.03	75.80	69.70
60	871.26	810.27	749.28	60	87.13	81.03	74.93
61	940.96	871.26	801.56	61	94.10	87.13	80.16
62	1,010.66	940.96	862.55	62	101.07	94.10	86.25
63	1,089.08	1,010.66	923.54	63	108.91	101.07	92.35
64	1,176.20	1,089.08	993.24	64	117.62	108.91	99.32
65	1,263.33	1,167.49	1,062.94	65	126.33	116.75	106.29
66	1,376.59	1,272.04	1,158.78	66	137.66	127.20	115.88
67	1,498.57	1,385.30	1,263.33	67	149.86	138.53	126.33
68	1,629.26	1,507.28	1,385.30	68	162.93	150.73	138.53
69	1,777.37	1,646.68	1,507.28	69	177.74	164.67	150.73

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,934.20	1,794.80	1,646.68	70	193.42	179.48	164.67
71	2,134.59	1,977.76	1,812.22	71	213.46	197.78	181.22
72	2,343.69	2,169.44	1,995.19	72	234.37	216.94	199.52
73	2,587.64	2,395.97	2,195.58	73	258.76	239.60	219.56
74	2,849.02	2,639.92	2,422.10	74	284.90	263.99	242.21
75	3,136.54	2,901.30	2,666.06	75	313.65	290.13	266.61
76	3,485.04	3,241.09	2,988.42	76	348.50	324.11	298.84
77	3,868.39	3,615.73	3,354.35	77	386.84	361.57	335.44
78	4,304.02	4,033.93	3,763.84	78	430.40	403.39	376.38
79	4,774.50	4,495.70	4,216.90	79	477.45	449.57	421.69

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	444.34	426.92	400.78	18-39	44.43	42.69	40.08
40	444.34	426.92	400.78	40	44.43	42.69	40.08
41	461.77	444.34	418.20	41	46.18	44.43	41.82
42	487.91	461.77	435.63	42	48.79	46.18	43.56
43	505.33	479.19	453.06	43	50.53	47.92	45.31
44	522.76	496.62	470.48	44	52.28	49.66	47.05
45	548.89	522.76	487.91	45	54.89	52.28	48.79
46	575.03	548.89	514.04	46	57.50	54.89	51.40
47	601.17	566.32	531.47	47	60.12	56.63	53.15
48	627.31	592.46	557.61	48	62.73	59.25	55.76
49	653.45	618.59	575.03	49	65.34	61.86	57.50
50	679.58	644.73	601.17	50	67.96	64.47	60.12
51	705.72	670.87	627.31	51	70.57	67.09	62.73
52	740.57	697.01	644.73	52	74.06	69.70	64.47
53	766.71	723.15	670.87	53	76.67	72.31	67.09
54	801.56	749.28	697.01	54	80.16	74.93	69.70
55	836.41	784.13	723.15	55	83.64	78.41	72.31
56	897.40	836.41	775.42	56	89.74	83.64	77.54
57	958.39	897.40	827.70	57	95.84	89.74	82.77
58	1,028.09	958.39	879.97	58	102.81	95.84	88.00
59	1,097.79	1,019.37	940.96	59	109.78	101.94	94.10
60	1,176.20	1,089.08	1,001.95	60	117.62	108.91	100.19
61	1,263.33	1,167.49	1,071.65	61	126.33	116.75	107.16
62	1,350.45	1,254.61	1,158.78	62	135.05	125.46	115.88
63	1,455.00	1,350.45	1,237.19	63	145.50	135.05	123.72
64	1,559.56	1,446.29	1,333.03	64	155.96	144.63	133.30
65	1,672.82	1,550.84	1,428.87	65	167.28	155.08	142.89
66	1,803.51	1,681.53	1,559.56	66	180.35	168.15	155.96
67	1,942.91	1,820.93	1,698.96	67	194.29	182.09	169.90
68	2,091.02	1,977.76	1,855.78	68	209.10	197.78	185.58
69	2,256.56	2,143.30	2,030.04	69	225.66	214.33	203.00

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

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METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,430.82	2,326.26	2,213.00	70	243.08	232.63	221.30
71	2,683.48	2,561.50	2,430.82	71	268.35	256.15	243.08
72	2,953.57	2,814.17	2,674.77	72	295.36	281.42	267.48
73	3,258.51	3,101.69	2,944.86	73	325.85	310.17	294.49
74	3,598.30	3,424.05	3,241.09	74	359.83	342.41	324.11
75	3,964.23	3,763.84	3,563.45	75	396.42	376.38	356.35
76	4,417.29	4,182.05	3,946.81	76	441.73	418.20	394.68
77	4,913.91	4,643.82	4,373.73	77	491.39	464.38	437.37
78	5,471.51	5,166.57	4,852.92	78	547.15	516.66	485.29
79	6,090.11	5,732.89	5,375.67	79	609.01	573.29	537.57

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	339.79	322.37	304.94	18-39	33.98	32.24	30.49
40	339.79	322.37	304.94	40	33.98	32.24	30.49
41	348.50	331.08	313.65	41	34.85	33.11	31.37
42	357.22	339.79	322.37	42	35.72	33.98	32.24
43	374.64	357.22	331.08	43	37.46	35.72	33.11
44	383.35	365.93	339.79	44	38.34	36.59	33.98
45	392.07	374.64	348.50	45	39.21	37.46	34.85
46	400.78	383.35	357.22	46	40.08	38.34	35.72
47	418.20	392.07	365.93	47	41.82	39.21	36.59
48	426.92	409.49	383.35	48	42.69	40.95	38.34
49	444.34	418.20	392.07	49	44.43	41.82	39.21
50	453.06	426.92	400.78	50	45.31	42.69	40.08
51	470.48	444.34	409.49	51	47.05	44.43	40.95
52	479.19	453.06	426.92	52	47.92	45.31	42.69
53	496.62	470.48	435.63	53	49.66	47.05	43.56
54	505.33	479.19	453.06	54	50.53	47.92	45.31
55	522.76	496.62	461.77	55	52.28	49.66	46.18
56	548.89	522.76	487.91	56	54.89	52.28	48.79
57	583.74	548.89	514.04	57	58.37	54.89	51.40
58	618.59	583.74	540.18	58	61.86	58.37	54.02
59	653.45	609.88	566.32	59	65.34	60.99	56.63
60	688.30	644.73	592.46	60	68.83	64.47	59.25
61	731.86	688.30	636.02	61	73.19	68.83	63.60
62	784.13	731.86	670.87	62	78.41	73.19	67.09
63	836.41	784.13	723.15	63	83.64	78.41	72.31
64	888.69	827.70	766.71	64	88.87	82.77	76.67
65	949.67	888.69	818.98	65	94.97	88.87	81.90
66	1,019.37	949.67	879.97	66	101.94	94.97	88.00
67	1,097.79	1,028.09	949.67	67	109.78	102.81	94.97
68	1,184.91	1,106.50	1,028.09	68	118.49	110.65	102.81
69	1,280.75	1,193.63	1,106.50	69	128.08	119.36	110.65

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,376.59	1,289.46	1,193.63	70	137.66	128.95	119.36
71	1,507.28	1,411.44	1,306.89	71	150.73	141.14	130.69
72	1,655.39	1,550.84	1,437.58	72	165.54	155.08	143.76
73	1,820.93	1,698.96	1,576.98	73	182.09	169.90	157.70
74	1,995.19	1,864.50	1,733.81	74	199.52	186.45	173.38
75	2,186.86	2,047.46	1,899.35	75	218.69	204.75	189.93
76	2,456.95	2,300.13	2,134.59	76	245.70	230.01	213.46
77	2,761.89	2,578.93	2,395.97	77	276.19	257.89	239.60
78	3,101.69	2,901.30	2,700.91	78	310.17	290.13	270.09
79	3,485.04	3,258.51	3,031.98	79	348.50	325.85	303.20
80		3,668.00	3,406.63	80		366.80	340.66
81		4,077.50	3,789.98	81		407.75	379.00
82		4,547.98	4,225.61	82		454.80	422.56
83		5,062.02	4,704.80	83		506.20	470.48
84		5,637.05	5,236.27	84		563.71	523.63

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	426.92	400.78	365.93	18-39	42.69	40.08	36.59
40	426.92	400.78	365.93	40	42.69	40.08	36.59
41	435.63	409.49	374.64	41	43.56	40.95	37.46
42	453.06	418.20	383.35	42	45.31	41.82	38.34
43	461.77	435.63	400.78	43	46.18	43.56	40.08
44	479.19	444.34	409.49	44	47.92	44.43	40.95
45	487.91	453.06	418.20	45	48.79	45.31	41.82
46	505.33	470.48	435.63	46	50.53	47.05	43.56
47	514.04	479.19	444.34	47	51.40	47.92	44.43
48	531.47	496.62	461.77	48	53.15	49.66	46.18
49	540.18	505.33	470.48	49	54.02	50.53	47.05
50	557.61	522.76	487.91	50	55.76	52.28	48.79
51	575.03	540.18	505.33	51	57.50	54.02	50.53
52	592.46	557.61	514.04	52	59.25	55.76	51.40
53	609.88	575.03	531.47	53	60.99	57.50	53.15
54	627.31	592.46	548.89	54	62.73	59.25	54.89
55	644.73	609.88	566.32	55	64.47	60.99	56.63
56	679.58	644.73	601.17	56	67.96	64.47	60.12
57	723.15	679.58	627.31	57	72.31	67.96	62.73
58	766.71	714.43	662.16	58	76.67	71.44	66.22
59	810.27	758.00	705.72	59	81.03	75.80	70.57
60	862.55	801.56	740.57	60	86.25	80.16	74.06
61	914.82	853.83	792.85	61	91.48	85.38	79.28
62	975.81	914.82	845.12	62	97.58	91.48	84.51
63	1,045.51	975.81	897.40	63	104.55	97.58	89.74
64	1,115.21	1,036.80	958.39	64	111.52	103.68	95.84
65	1,184.91	1,106.50	1,019.37	65	118.49	110.65	101.94
66	1,280.75	1,193.63	1,106.50	66	128.08	119.36	110.65
67	1,385.30	1,289.46	1,193.63	67	138.53	128.95	119.36
68	1,498.57	1,394.02	1,289.46	68	149.86	139.40	128.95
69	1,620.54	1,515.99	1,402.73	69	162.05	151.60	140.27

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,751.23	1,637.97	1,515.99	70	175.12	163.80	151.60
71	1,916.77	1,794.80	1,664.11	71	191.68	179.48	166.41
72	2,108.45	1,969.05	1,829.65	72	210.84	196.90	182.96
73	2,308.84	2,160.72	2,003.90	73	230.88	216.07	200.39
74	2,535.37	2,369.83	2,204.29	74	253.54	236.98	220.43
75	2,779.32	2,605.07	2,422.10	75	277.93	260.51	242.21
76	3,092.97	2,892.58	2,692.19	76	309.30	289.26	269.22
77	3,441.48	3,223.66	2,997.13	77	344.15	322.37	299.71
78	3,833.54	3,580.88	3,328.21	78	383.35	358.09	332.82
79	4,269.17	3,990.37	3,702.86	79	426.92	399.04	370.29

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	531.47	496.62	453.06	18-39	53.15	49.66	45.31
40	531.47	496.62	453.06	40	53.15	49.66	45.31
41	548.89	514.04	470.48	41	54.89	51.40	47.05
42	566.32	522.76	479.19	42	56.63	52.28	47.92
43	575.03	540.18	496.62	43	57.50	54.02	49.66
44	592.46	557.61	514.04	44	59.25	55.76	51.40
45	609.88	566.32	522.76	45	60.99	56.63	52.28
46	627.31	583.74	540.18	46	62.73	58.37	54.02
47	644.73	601.17	557.61	47	64.47	60.12	55.76
48	670.87	627.31	575.03	48	67.09	62.73	57.50
49	688.30	644.73	592.46	49	68.83	64.47	59.25
50	705.72	662.16	609.88	50	70.57	66.22	60.99
51	723.15	679.58	627.31	51	72.31	67.96	62.73
52	749.28	697.01	644.73	52	74.93	69.70	64.47
53	766.71	714.43	662.16	53	76.67	71.44	66.22
54	784.13	740.57	688.30	54	78.41	74.06	68.83
55	810.27	758.00	705.72	55	81.03	75.80	70.57
56	862.55	810.27	749.28	56	86.25	81.03	74.93
57	906.11	853.83	792.85	57	90.61	85.38	79.28
58	967.10	906.11	836.41	58	96.71	90.61	83.64
59	1,019.37	949.67	879.97	59	101.94	94.97	88.00
60	1,080.36	1,010.66	932.25	60	108.04	101.07	93.22
61	1,150.06	1,071.65	993.24	61	115.01	107.16	99.32
62	1,228.48	1,141.35	1,054.22	62	122.85	114.14	105.42
63	1,315.60	1,219.76	1,123.93	63	131.56	121.98	112.39
64	1,402.73	1,298.18	1,193.63	64	140.27	129.82	119.36
65	1,498.57	1,385.30	1,272.04	65	149.86	138.53	127.20
66	1,620.54	1,498.57	1,376.59	66	162.05	149.86	137.66
67	1,751.23	1,629.26	1,498.57	67	175.12	162.93	149.86
68	1,899.35	1,768.66	1,629.26	68	189.93	176.87	162.93
69	2,056.17	1,916.77	1,768.66	69	205.62	191.68	176.87

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,221.71	2,073.60	1,916.77	70	222.17	207.36	191.68
71	2,430.82	2,265.28	2,091.02	71	243.08	226.53	209.10
72	2,666.06	2,474.38	2,282.70	72	266.61	247.44	228.27
73	2,918.72	2,709.62	2,491.80	73	291.87	270.96	249.18
74	3,188.81	2,953.57	2,718.33	74	318.88	295.36	271.83
75	3,493.75	3,232.37	2,971.00	75	349.38	323.24	297.10
76	3,868.39	3,598.30	3,319.50	76	386.84	359.83	331.95
77	4,277.89	3,990.37	3,702.86	77	427.79	399.04	370.29
78	4,730.94	4,434.71	4,129.77	78	473.09	443.47	412.98
79	5,236.27	4,922.62	4,608.97	79	523.63	492.26	460.90

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	688.30	653.45	609.88	18-39	68.83	65.34	60.99
40	688.30	653.45	609.88	40	68.83	65.34	60.99
41	714.43	679.58	636.02	41	71.44	67.96	63.60
42	740.57	697.01	653.45	42	74.06	69.70	65.34
43	766.71	723.15	679.58	43	76.67	72.31	67.96
44	792.85	749.28	705.72	44	79.28	74.93	70.57
45	818.98	775.42	731.86	45	81.90	77.54	73.19
46	845.12	801.56	758.00	46	84.51	80.16	75.80
47	879.97	836.41	784.13	47	88.00	83.64	78.41
48	906.11	862.55	810.27	48	90.61	86.25	81.03
49	940.96	888.69	836.41	49	94.10	88.87	83.64
50	975.81	923.54	871.26	50	97.58	92.35	87.13
51	1,001.95	949.67	888.69	51	100.19	94.97	88.87
52	1,028.09	975.81	914.82	52	102.81	97.58	91.48
53	1,054.22	1,001.95	940.96	53	105.42	100.19	94.10
54	1,089.08	1,028.09	958.39	54	108.91	102.81	95.84
55	1,115.21	1,054.22	984.52	55	111.52	105.42	98.45
56	1,176.20	1,106.50	1,036.80	56	117.62	110.65	103.68
57	1,245.90	1,167.49	1,089.08	57	124.59	116.75	108.91
58	1,315.60	1,228.48	1,141.35	58	131.56	122.85	114.14
59	1,394.02	1,298.18	1,202.34	59	139.40	129.82	120.23
60	1,472.43	1,367.88	1,263.33	60	147.24	136.79	126.33
61	1,568.27	1,455.00	1,341.74	61	156.83	145.50	134.17
62	1,664.11	1,550.84	1,428.87	62	166.41	155.08	142.89
63	1,768.66	1,646.68	1,524.71	63	176.87	164.67	152.47
64	1,881.92	1,751.23	1,620.54	64	188.19	175.12	162.05
65	2,003.90	1,864.50	1,725.09	65	200.39	186.45	172.51
66	2,143.30	2,003.90	1,864.50	66	214.33	200.39	186.45
67	2,291.41	2,160.72	2,021.32	67	229.14	216.07	202.13
68	2,456.95	2,326.26	2,195.58	68	245.70	232.63	219.56
69	2,631.21	2,500.52	2,369.83	69	263.12	250.05	236.98

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,814.17	2,692.19	2,570.22	70	281.42	269.22	257.02
71	3,084.26	2,944.86	2,805.46	71	308.43	294.49	280.55
72	3,371.78	3,214.95	3,058.12	72	337.18	321.49	305.81
73	3,694.14	3,519.89	3,336.93	73	369.41	351.99	333.69
74	4,042.65	3,842.26	3,641.87	74	404.26	384.23	364.19
75	4,426.00	4,199.47	3,972.95	75	442.60	419.95	397.29
76	4,905.19	4,643.82	4,382.44	76	490.52	464.38	438.24
77	5,445.38	5,140.43	4,826.78	77	544.54	514.04	482.68
78	6,037.83	5,680.62	5,323.40	78	603.78	568.06	532.34
79	6,699.99	6,290.50	5,872.29	79	670.00	629.05	587.23

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Reset Form

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Company Name and NAIC Number: MetLife Insurance Company USA, NAIC # 87726

SERFF Tracking Number: MILL-129963593

Effective Date: On Approval

(Projected) Number of Insureds Affected: 11

New Rates

Average Annual Premium Per Member: 2,805

Revised Rates

Average Annual Premium Per Member: 3,133

Average Requested Percentage Rate Change Per Member: 11.7%

Minimum Requested Percentage Rate Change Per Member: 11.7%

Maximum Requested Percentage Rate Change Per Member: 11.7%

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
H-LTC4JFQ	Nursing Facility Insurance
H-LTC4JFQ20	Nursing Facility Insurance
H-5AICFO	Annual 5% Compound Benefit Inflation Rider
H-5AISFO	Annual 5% Simple Benefit Inflation Rider
H-COLFO	Cost of Living (CPI) Benefit Rider
H-COLFO-3	Cost of Living (CPI) Benefit Rider
H-NF3-6	Nonforfeiture Benefit Rider

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

Rate Increase Driver Narrative

The premium increase is not based upon a change in your age, health, claims history or any other individual characteristic. Rather, the increase is based on the experience of all policies that are similar to your policy and issued for delivery in Virginia. Our decision to increase premiums is primarily based upon the fact that expected claims are significantly higher today than we originally anticipated when your policy was priced. Policyholders are utilizing more benefits than was actuarially anticipated when the policy form was originally priced, as well as our anticipation of higher than expected claims costs in the future. Therefore, the company will be exposed to higher than actuarially anticipated claims costs, which is a class-wide risk as opposed to its risk on a single policy. Our decision to increase premiums was not determined based upon the current economic environment.

8500 Normandale Lake Blvd.
Suite 1850
Minneapolis, MN 55437
USA

Tel +1 952 897 5300
Fax +1 952 897 5301

milliman.com

March 26, 2015

Honorable Jacqueline Cunningham
Insurance Commissioner
Virginia Bureau of Insurance (Bureau)
1300 East Main Street
Richmond, VA 23219

RE: MetLife Insurance Company USA (MetLife USA)
Company NAIC # 87726
SERFF Tracking # MILL-129963593

Policy Forms:	Nursing Facility Insurance	H-LTC4JFQ
	Nursing Facility Insurance	H-LTC4JFQ20
	Annual 5% Compound Benefit Inflation Rider	H-5AICFO
	Annual 5% Simple Benefit Inflation Rider	H-5AISFO
	Cost of Living (CPI) Benefit Rider	H-COLFO
	Cost of Living (CPI) Benefit Rider	H-COLFO-3
	Nonforfeiture Benefit Rider	H-NF3-6

Dear Commissioner Cunningham:

Milliman, Inc. has been retained by GNA Corporation (Genworth), a reinsurer of this business, to submit the referenced rate filing on behalf of MetLife USA for your review. In preparing this rate filing, I relied on data provided to me by Union Fidelity Life Insurance Company (UFLIC), the retrocessionaire on this business, and Genworth.

H-LTC4JFQ and H-LTC4JFQ20 are existing tax-qualified individual facility only long term care policies of insurance previously approved in 1998. These forms were issued in Virginia from February 1999 through September 2000 and are no longer being marketed in any state. Nationwide, the last policies were issued in 2001.

This is a resubmission of a prior filing, SERFF tracking number MILL-129257032, that was withdrawn on February 13, 2015. The actuarial memorandum and supplement provided in this filing are similar to those provided in MILL-129257032. Any revisions or adjustments resulting from correspondence with the Bureau with respect to that prior filing are reflected in the appendix of this filing. The only substantive change from the prior filing is the company name.

The company is requesting the approval of a premium rate increase on the above listed forms and all associated riders. The increase is needed due to morbidity and persistency levels which produce

This work product was prepared to provide assistance to Genworth and MetLife USA. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

lifetime loss ratios in excess of original pricing and the minimum requirement. As noted in the attached actuarial memorandum, two prior increases have been approved and implemented on these forms and associated riders. A 20.0% increase was approved on May 6, 2005 and implemented on each contract's next billing anniversary beginning August 27, 2005. A 30.0% increase was approved on May 4, 2011 and implemented on each contract's next billing anniversary beginning August 5, 2011. A premium rate increase of 25.7% is being requested at this time.

The company will offer insureds affected by the premium increase the option of reducing their policy daily benefit, where possible, to provide flexibility of choice for those insureds who wish to maintain a premium level reasonably similar to what they were paying prior to the rate increase.

Concurrent with this filing, the company is filing a limited nonforfeiture endorsement for approval. If the endorsement is approved, for policyholders who do not have a nonforfeiture benefit as part of their policy, the company is making a limited nonforfeiture option available for those who wish to elect a limited paid-up long term care insurance benefit. This option provides a paid-up policy with benefits equal to the total of premiums paid, less any claims paid. While the company is strongly encouraging policyholders to keep or reduce their existing coverage, it believes it is important to provide a comprehensive set of options to policyholders.

The following electronic items are included in this submission:

- this cover letter;
- a Rate Revision Checklist;
- a letter from MetLife USA authorizing us to submit this filing on their behalf;
- an actuarial memorandum and rate schedules;
- a supplement to the actuarial memorandum; and
- an appendix providing additional information requested with respect to the prior filing.

No filing fee is required for this submission.

This work product was prepared to provide assistance to Genworth and MetLife USA. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

The contact person for this filing is:

Amy Pahl, FSA, MAAA
Principal and Consulting Actuary
8500 Normandale Lake Blvd., Suite 1850
Minneapolis, MN 55437
(952) 820-2419
amy.pahl@milliman.com

Thank you for your assistance in reviewing this filing.

Respectfully,

Amy Pahl, FSA, MAAA
Principal and Consulting Actuary

ABP/rbmj

Enclosures

This work product was prepared to provide assistance to Genworth and MetLife USA. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

METLIFE INSURANCE COMPANY USA

Address: 1209 Orange Street, Wilmington, DE 19801

Supplement to the Actuarial Memorandum for the LTC4 Tax-Qualified Nursing Facility Only Product

March 2015

Product	Form Number
Nursing Facility Insurance	H-LTC4JFQ
Nursing Facility Insurance	H-LTC4JFQ20
Annual 5% Compound Benefit Inflation Rider	H-5AICFO
Annual 5% Simple Benefit Inflation Rider	H-5AISFO
Cost of Living (CPI) Benefit Rider	H-COLFO
Cost of Living (CPI) Benefit Rider	H-COLFO-3
Nonforfeiture Benefit Rider	H-NF3-6

1. Purpose of Filing

This supplement has been prepared for the purpose of providing additional information that the Bureau has indicated they generally like to see when reviewing long-term care (LTC) rate increase filings. These additional items (stated in italics) have been assembled based on correspondence with the Bureau as it relates to other LTC filings. It is provided to expedite the review process and may not be appropriate for other purposes.

2. Additional Information Previously Requested (stated in italics)

1. *Please demonstrate compliance with 14VAC5-200-150 for those policy forms issued prior to October 1, 2003 and demonstrate compliance with 14VAC5-200-153 for those policy forms issued on or after October 1, 2003.*

   The above-referenced policy forms were issued in Virginia from February 1999 through September 2000. Since no policies were issued on or after October 1, 2003, the corresponding actuarial memorandum has been prepared in accordance with the requirements of 14VAC5-200-150.

2. *In providing the experience, the exhibits should show the earned premiums, paid claims, incurred claims and loss ratio for each calendar year from the date of the forms' inception through the most recent date that information is available. Separate exhibits, and projections thereof, should be provided based on the Virginia only and national data.*

   Exhibits I and II of the actuarial memorandum provide the referenced information based on experience through 2012.

3. *Please state the number of policies in force in Virginia and nationwide.*

   Section 21 of the actuarial memorandum provides the referenced information.

4. *Please state the number of claims that the nationwide projection is based on, and the corresponding credibility.*

   MetLife Insurance Company USA (MetLife USA) has chosen a credibility standard of a 90% confidence interval for the number of claims with an error of plus or minus 5%. Based on these parameters, 1,082 claims is the criterion for full credibility. Since inception, there have been 53 claims reported as of December 31, 2012 nationwide on these policy forms. This means the nationwide credibility on these policy forms is 22%.

The credibility percentage is determined as
(Number of Claims / 1,082)$^{1/2}$. The assumptions used for these policy forms were developed from experience on this product and similar MetLife USA's individual LTC products combined.

5. *Please state the approval and issued dates of all applicable forms.*

   These policy forms were approved in Virginia in 1998 and were issued in Virginia from February 1999 through September 2000.

6. *Please provide justification for all assumptions used in the projections.*

   Attachment 1 to this supplement provides justification for the assumptions used in this filing.

7. *Please provide an explanation of the reserve basis and justification for the reserve levels.*

   Attachment 2 to this supplement provides reserve detail for the above referenced forms on a nationwide basis. Actual reserves held by MetLife USA are based on valuation assumptions that vary by issue year.

8. *If a prior rate increase has been approved for the forms in the filing, please provide an explanation as to why an additional rate increase is needed and a comparison of the differences in the assumptions used in the prior filing with those actually experienced and with those used in the original filing. If no previous rate increase has been approved, then just provide a comparison of the differences in the assumptions actually experienced with those used in the original filing.*

   Two prior rate increases have been approved and implemented on these policy forms and associated riders. A 20.0% increase was approved on May 6, 2005 and implemented on each contract's next billing anniversary beginning August 27, 2005. A 30.0% increase was approved on May 4, 2011 and implemented on each contract's next billing anniversary beginning August 5, 2011. The increase is needed due to morbidity and persistency levels which produce lifetime loss ratios in excess of original pricing and the minimum requirement.

   Attachment 3 to this supplement provides a comparison of the assumptions used during pricing and in the prior filing. Attachment 1 provides justification of the assumptions used in this filing. Also included in this attachment is a comparison of the current assumptions and actual emerging experience.

9. *Please provide the anticipated loss ratio where the numerator is equal to the anticipated incurred claims less the policy reserves, and the denominator is equal to the anticipated earned premium.*

   Attachment 4 to this supplement provides the nationwide and Virginia-specific anticipated loss ratio as defined above. For purposes of this attachment, anticipated incurred claims, policy reserves, and anticipated earned premium are discounted at an interest

rate representing the historical and projected long-term after-tax net investment earnings rate for this business for all policy forms, consistent with that assumed in the original determination of premiums.

The experience and projections underlying the nationwide calculations reflects a rate level similar to that approved in Virginia while the experience and projections underlying the Virginia-specific calculations reflects actual history.

As shown in Attachment 4, the anticipated loss ratio calculated as described above exceeds 60% after the requested 25.7% rate increase.

Note that MetLife USA does not view the Virginia-specific experience as fully credible, but is providing it as generally requested by the Bureau.

10. *Please state the lifetime loss ratio anticipated in the original filing and, if applicable, an explanation why the current projected loss ratio is less than the originally anticipated.*

    The expected lifetime loss ratio based on original pricing assumptions since inception and the nationwide mix of business actually sold is 62.0%. This current projected lifetime loss ratio exceeds this original expectation and the 60% minimum requirement.

11. *Please provide a separate calculation of the Lifetime Loss Ratio so that the historical premium component is restated to what it would be if the proposed premium had been charged (collected) since the forms' introduction.*

    Attachments 5 and 6 to this supplement provide historical and projected experience on a nationwide and Virginia-specific basis, respectively. The historical and projected earned premium in these attachments has been restated to assume that the proposed rate level had been charged since inception.

    Note that MetLife USA does not view the Virginia-specific experience as fully credible, but is providing it as generally requested by the Bureau.

12. *Please provide assurances that the assumptions used in the projections, other than the interest rate, are no more conservative (i.e., do not produce a higher loss ratio) than those used in the company's prior year's asset adequacy testing.*

    The assumptions used in the above-referenced filing, other than the interest rate (which is prescribed by Virginia regulation), are consistent with the business plan in the primary risk taker's year-end 2012 asset adequacy testing. The assumptions are consistent but not identical to those used in the year-end 2012 asset adequacy testing. The assumptions used in this rate filing include a policy coverage type adjustment and an additional downward adjustment to the morbidity assumptions ranging by duration from 8% to 2% ultimate. The policy coverage type adjustment is a refinement to allow for greater model granularity in projecting experience for facility-only or comprehensive policy forms separately and has no effect in aggregate. The additional downward adjustment is made to more accurately reflect the effect of reduced benefit elections on expected benefits and waived premium in the actual-to-expected morbidity study and

thus remove an implicit margin in the asset adequacy testing assumptions.

13. *Please disclose the nature and magnitude of any conservatism included in any of the assumptions used in making the lifetime loss ratio projections.*

    The assumptions used in making the lifetime loss ratio projections represent the primary risk taker's best estimate of future experience based on information available today; they do not include any provision for conservatism.

14. *Please clearly detail how the rate changes requested in Virginia compare with those requested in other states.*

    Attachment 7 to this supplement provides the rate increase history and the status of the current rate increase being requested for each jurisdiction in which these policy forms are in force.

15. *If approved, please explain what, if any, options will be offered to policyholders in lieu of accepting the rate increase.*

    In addition to the option to reduce their daily benefit, insureds will also be given the option to reduce coverage in other ways to provide flexibility of choice for those insureds who wish to maintain a premium level reasonably similar to what they were paying prior to the rate increase. Other options available to insureds include but are not limited to lengthening their elimination period, shortening their benefit period, reducing the level of home care coverage, if any, and reducing or removing inflation protection.

    Concurrent with this filing, the company is filing a limited nonforfeiture endorsement for approval. If the endorsement is approved, for policyholders who do not have a nonforfeiture benefit as part of their policy, the company is making a limited nonforfeiture option available for those who wish to elect a limited paid-up long term care insurance benefit. This option provides a paid-up policy with benefits equal to the total of premiums paid, less any claims paid. While the company is strongly encouraging policyholders to keep or reduce their existing coverage, it believes it is important to provide a comprehensive set of options to policyholders.

16. *Please explain steps the company has taken to minimize rate increases on this block of business.*

    The company continues to use best practices in claim adjudication to balance cost effectiveness with insured satisfaction. Note that under the minimum loss ratio regulation, a larger premium rate increase is currently supportable. In order to minimize the impact on policyholders to the extent the company can, an increase of only 25.7% is being requested at this time.

17. *Does the company have other blocks of long term care business? If so, how has the experience on those blocks developed? If applicable, has the company considered combining different blocks for rate making purposes?*

Table 1 below provides a list of all of MetLife USA's individual LTC products currently in force nationwide and in Virginia as of December 31, 2012. MetLife USA is currently in the process of filing rate increases for most of the policy forms listed below in every jurisdiction where they are in-force. At the time of the first round of rate increases, the company had decided to keep each block separate from one another unless specific state regulations required otherwise. Since then, the company has maintained the initially filed groups.

Table 1
MetLife USA's Individual LTC Products

Policy Form	Product*	In-Force Outside of Virginia	In-Force in Virginia
H-LC2J, et al.	Partnership NQ Comp	X	
H-LC3J, et al.	Partnership NQ Comp	X	
H-NYLC3JQ, et al.	Partnership TQ Comp	X	
H-LC3J-2, et al.	Partnership NQ Comp	X	
H-LC3JQ, et al.	Partnership TQ Comp	X	
H-LC4JQ, et al.	Partnership TQ Comp	X	
H-371, et al. **	NQ Comp	X	
H-LTC2J, et al.	NQ Comp	X	X
H-LTC2JQ, et al.	TQ Comp	X	
H-LTC3J, et al.	NQ Comp	X	X
H-LTC3JP, et al.	NQ Comp	X	X
H-LTC3JQ, et al.	TQ Comp	X	X
H-LTC3JFO, et al.	NQ FO	X	X
H-LTC3JFQ, et al.	TQ FO	X	X
H-LTC4J, et al.	NQ Comp	X	
H-LTC4JQ, et al.	TQ Comp	X	X
H-LTC4JF29, et al.	NQ FO	X	
H-LTC4JFQ, et al.	TQ FO	X	X

** NQ = Non Tax-Qualified; TQ = Tax-Qualified; Comp = Comprehensive; FO = Nursing Facility Only*
***No rate increase is being requested on this policy form.*

18. *Please provide an actual to expected analysis based on the original assumptions.*

Attachments 8 and 9 to this supplement provide a calendar year actual-to-expected (A:E) analysis for nationwide and Virginia-specific experience, respectively. The expected experience reflects the actual mix of business sold and the original pricing assumptions since inception.

The experience and projections in Attachment 8 have been restated to reflect a rate level

similar to that approved in Virginia on a nationwide basis. The experience in Attachment 9 reflects actual history.

Note that MetLife USA does not view the Virginia-specific experience as fully credible, but is providing it as generally requested by the Bureau.

19. *Provide a copy of the premium notification letter that the company intends to send to policyholders notifying them of the rate increase.*

    Enclosed with this supplement is a copy of the policyholder notification letter which will be sent to policyholders informing them of the rate increase and explaining their options for a reduction in benefits. In the future, slight variations in letter language may occur that do not materially change the information being provided to the policyholder. As the letter does not require approval, we understand that it will not be necessary to file each of these minor variations with the state of Virginia.

    In addition to the policyholder notification letter, policyholders will receive a Frequently Asked Questions document which will provide policyholders with direction on the rate increase in consumer friendly language. A sample copy of this document is enclosed with this supplement. In the future, slight variations in language may occur that do not materially change the information being provided to the policyholder in the Frequently Asked Questions document. As the document does not require approval, we understand that it will not be necessary to file each of these minor variations with the state of Virginia.

3. Summary of Attachments and Enclosures

Attachment 1: Assumption Justification for Current Assumptions
Attachment 2: Nationwide Reserve Balances
Attachment 3: Comparison of the Prior Filing and Original Pricing Assumptions
Attachment 4: Anticipated Loss Ratio
Attachment 5: Nationwide Restated Experience Projections
Attachment 6: Virginia-Specific Restated Experience Projections
Attachment 7: State Status Listing
Attachment 8: Nationwide A:E Experience by Calendar Year
Attachment 9: Virginia-Specific A:E Experience by Calendar Year

Enclosures: MICC RIL 07152014.pdf
MICC FAQ 10152013.pdf

Attachment 1
MetLife Insurance Company USA
Assumption Justification
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

Voluntary Lapse

The voluntary lapse assumption for this policy form was developed from experience on all of MetLife USA's individual long-term care ("LTC") policy forms combined.

Table 1 below provides a comparison of the actual voluntary lapse rates for all individual LTC policy forms combined through March 2012 and the currently assumed voluntary lapse rates for this policy form.

Table 1
Actual and Assumed Voluntary Lapse Rates
Using Experience through March 2012

Duration	Actual Lapse Rates	Currently Assumed Lapse Rates
1	6.07%	6.00%
2	4.20%	4.00%
3	2.46%	2.50%
4	1.60%	1.50%
5	1.30%	1.30%
6	1.10%	1.10%
7 - 13	1.00%	1.00%
14 - 19	1.40%	1.40%
20 +	N/A	1.75%

In the year of rate increase implementation, an additional 1.0% of in-force policyholders are assumed to lapse, and a 2.6% reduction in premium and claims is expected due to the election of reduced benefits.

Interest Rate

The company has provided actual historical earned rates on the assets backing its LTC products. Since actual earned rates are unavailable prior to 2004, the weighted-average interest rate of 5.85% (using earned premium on all of MetLife USA's individual LTC policy forms as weights) is assumed for the entire historical period 1988 through 2012. The historical earned rates are net of investment expenses and default risk, but are on a pre-tax basis. The company believes that a 4.5% interest rate is a conservative long-term after-tax expected investment earnings rate for this business.

Expenses

Expenses have not been reflected in the projections for this filing. It is assumed that the originally filed expense assumptions remain appropriate.

Mortality

The mortality assumption for this policy form was developed from experience on all of MetLife USA's individual LTC policy forms combined.

Future mortality is based on the 1983 Individual Annuitant Mortality Table with selection consistent with experience. Table 2 below provides a comparison of the actual selection experienced and the currently assumed selection factors.

Table 2
Actual and Assumed Mortality Selection Factors
Using Experience through March 2010

Duration	Actual Selection Factors	Currently Assumed Selection Factors
1	27%	30%
2	44%	40%
3	48%	45%
4	54%	50%
5	55%	55%
6	63%	60%
7	65%	65%
8	67%	67%
9	69%	70%
10	69%	72%
11	71%	75%
12	74%	77%
13	76%	80%
14	83%	82%
15	83%	85%
16	85%	87%
17	87%	90%
18	91%	92%
19	N/A	94%
20+	N/A	95%

Morbidity

At the time of issue for the above-referenced policy forms, MetLife USA was under the predecessor name of The Travelers Insurance Company ("Travelers"). In 2000, a reinsurance transaction was executed between Travelers and General Electric Capital Assurance ("GECA"). Travelers changed its name to MetLife USA in 2005, when it was acquired by MetLife, Inc.

Expected claim costs are the product of the GECA's expected claim costs used at the time of the reinsurance transaction and actual-to-expected (A/E) factors that reflect actual emerging experience on this product and similar products.

Table 3 below provides the A/E factors developed from experience through June 2012, compared with the A/E factors used in the current projections.

Attachment 1
MetLife Insurance Company USA
Assumption Justification
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

Table 3
Actual-to-Expected Factors Developed from Experience vs. Actual-to-Expected Factors Assumed in Projections

	Policy Issue Year							
	1993 - 1997				1998 and Later			
Policy Duration	Actual	Expected	Actual-to-Expected	A/E Factors Assumed in the Projections	Actual	Expected	Actual-to-Expected	A/E Factors Assumed in the Projections
1	7,398,488	4,217,329	175.4%	151.8%	3,675,620	3,037,585	121.0%	132.5%
2	12,936,954	9,327,016	138.7%	151.8%	8,358,361	6,696,883	124.8%	132.5%
3	19,273,617	11,528,002	167.2%	151.8%	9,037,792	8,229,378	109.8%	132.5%
4	22,896,514	15,885,317	144.1%	151.8%	17,629,143	11,316,355	155.8%	132.5%
5	31,420,373	19,317,074	162.7%	171.1%	22,092,974	13,669,865	161.6%	158.2%
6	44,393,031	23,083,514	192.3%	171.1%	21,940,917	15,672,490	140.0%	163.4%
7	46,654,608	28,001,609	166.6%	171.1%	33,929,126	18,789,464	180.6%	163.4%
8	52,764,828	31,887,703	165.5%	176.6%	40,538,655	21,434,523	189.1%	185.3%
9	67,207,828	34,819,371	193.0%	182.4%	44,548,581	24,569,416	181.3%	185.3%
10	79,751,226	40,547,043	196.7%	187.2%	53,578,151	29,146,390	183.8%	194.8%
11	82,853,947	45,386,407	182.6%	187.2%	68,201,810	32,989,867	206.7%	194.8%
12	89,077,319	50,359,398	176.9%	194.8%	80,146,781	36,093,845	222.1%	204.3%
13	112,109,605	55,548,755	201.8%	194.8%	60,556,644	30,588,875	198.0%	206.4%
14	121,964,795	60,554,169	201.4%	213.8%	42,960,875	18,493,538	232.3%	218.3%
15	144,897,276	62,860,191	230.5%	213.8%	5,004,121	2,578,722	194.1%	220.5%
16	100,522,770	44,990,067	223.4%	211.2%	N/A	N/A	N/A	215.6%
17	52,124,484	20,701,718	251.8%	213.4%	N/A	N/A	N/A	215.6%
18	10,127,581	4,806,356	210.7%	210.7%	N/A	N/A	N/A	210.7%
19	N/A	92,245	N/A	210.7%	N/A	N/A	N/A	210.7%
20	N/A	N/A	N/A	205.8%	N/A	N/A	N/A	205.8%
21	N/A	N/A	N/A	200.7%	N/A	N/A	N/A	200.7%
22	N/A	N/A	N/A	195.6%	N/A	N/A	N/A	195.6%
23	N/A	N/A	N/A	190.7%	N/A	N/A	N/A	190.7%
24	N/A	N/A	N/A	186.0%	N/A	N/A	N/A	186.0%
25	N/A	N/A	N/A	181.3%	N/A	N/A	N/A	181.3%
26	N/A	N/A	N/A	176.8%	N/A	N/A	N/A	176.8%
27	N/A	N/A	N/A	172.4%	N/A	N/A	N/A	172.4%
28	N/A	N/A	N/A	168.1%	N/A	N/A	N/A	168.1%
29	N/A	N/A	N/A	163.9%	N/A	N/A	N/A	163.9%
30	N/A	N/A	N/A	159.8%	N/A	N/A	N/A	159.8%
31	N/A	N/A	N/A	155.8%	N/A	N/A	N/A	155.8%
32	N/A	N/A	N/A	151.9%	N/A	N/A	N/A	151.9%
33	N/A	N/A	N/A	148.1%	N/A	N/A	N/A	148.1%
34	N/A	N/A	N/A	144.4%	N/A	N/A	N/A	144.4%
35	N/A	N/A	N/A	140.8%	N/A	N/A	N/A	140.8%
36	N/A	N/A	N/A	137.3%	N/A	N/A	N/A	137.3%
37	N/A	N/A	N/A	133.8%	N/A	N/A	N/A	133.8%
38	N/A	N/A	N/A	130.5%	N/A	N/A	N/A	130.5%
39	N/A	N/A	N/A	127.2%	N/A	N/A	N/A	127.2%
40	N/A	N/A	N/A	124.0%	N/A	N/A	N/A	124.0%
41	N/A	N/A	N/A	120.9%	N/A	N/A	N/A	120.9%
42	N/A	N/A	N/A	117.9%	N/A	N/A	N/A	117.9%
43	N/A	N/A	N/A	115.0%	N/A	N/A	N/A	115.0%
44	N/A	N/A	N/A	113.4%	N/A	N/A	N/A	112.1%
45	N/A	N/A	N/A	113.4%	N/A	N/A	N/A	109.3%
46	N/A	N/A	N/A	113.4%	N/A	N/A	N/A	106.6%
47+	N/A	N/A	N/A	113.4%	N/A	N/A	N/A	105.1%

Attachment 2
MetLife Insurance Company USA
Nationwide Reserve Experience as of December 31, 2012
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

Incurral Year	Incurred Claims*	Paid Claims*	IBNR*	DLR*	Active Life Reserve
1998	0	0	0	0	
1999	0	0	0	0	
2000	0	0	0	0	
2001	75,294	75,294	0	0	
2002	205,558	205,558	0	0	
2003	52,671	52,671	0	0	
2004	225,073	225,073	0	0	
2005	347,947	347,947	0	0	
2006	625,178	625,178	0	0	
2007	32,343	32,343	0	0	
2008	504,729	379,595	0	125,134	
2009	782,493	532,883	0	249,610	
2010	652,187	555,684	15,236	81,267	
2011	941,838	304,289	64,368	573,182	
2012	898,290	62,666	333,339	502,285	8,105,826
Total	5,343,601	3,399,182	412,942	1,531,478	8,105,826

** Incurred claims, paid claims, IBNR, and DLR are discounted to the year of incurral*

Attachment 3
MetLife Insurance Company USA
Original Pricing & Prior Rate Increase Assumptions Comparison

Policy Form: LTC4 Tax-Qualified Nursing Facility Only Forms

Original Pricing Assumptions

Mortality: 1983 Group Annuity Mortality table

Voluntary Lapse Rates:

Duration	Rate
1+	4.25%

Morbidity: Data published by the National Center for Health Statistics ("NCHS") in 1977 and 1985, the Wilkins adjustments to the 1985 National Nursing Home Survey conducted by the NCHS, the 1982 and 1984 National Long Term Care Surveys, and the NCHS advance data publications #92 and #133.

Interest Rate: 6.5%

2005 Rate Increase Assumptions

Mortality: 1983 Individual Annuitant Mortality Basic Table with selection.

Duration	Factor
1	50%
2	60%
3	70%
4	80%
5	85%
6	90%
7	95%
8+	100%

Voluntary Lapse Rates:

Duration	Rate
1	5.00%
2	3.00%
3	2.00%
4	0.80%
5	0.80%
6+	0.75%

An additional 3.0% voluntary lapse is assumed in the year of rate increase implementation.

Attachment 3
MetLife Insurance Company USA
Original Pricing & Prior Rate Increase Assumptions Comparison

Policy Form: LTC4 Tax-Qualified Nursing Facility Only Forms

2005 Rate Increase Assumptions (Continued)

Morbidity: Current Claim Costs are the product of the reinsurer's (General Electric Capital Assurance Company; GECA) expected claim costs used at the time of the reinsurance transaction executed in 2000 between Travelers and GECA and actual-to-expected factors that reflect actual emerging experience on this policy form.

At the time the expected claim costs were developed, the reinsurer had been marketing nursing home and home health care benefit riders and policies on a direct basis for over 20 and 10 years, respectively. Using the experience on this business, both the expected incidence and severity of claims were developed for nursing home benefits. Selection factors were applied to the incidence rates in order to reflect the effects of underwriting.

It should be recognized that considerable judgment was made with respect to expected claim costs for non-institutional benefits. After using all available data, total expected claim costs were developed which represent reasonable estimates of aggregate long term experience under the applicable underwriting criteria.

The expected incidence rates, lengths of stay, and amount of benefit payments were separately identified for all combinations of plan options.

Actual-to-expected adjustment factors were developed from actual emerging experience through December 2003 and are shown in the following table.

Duration	Factor
1-4	126%
5-9	144%
10	142%
11	141%
12	139%
13	137%
14	135%
15	133%
16	132%
17	130%
18	128%
19	126%
20	124%
21	122%
22	121%
23	119%
24	117%
25	115%
26+	113%

The resulting projected claim costs reflect a 6% provision for moderately adverse experience. Inclusion of this margin is consistent with the reinsurer's pricing practices and is considered prudent for future rate stabilization.

Adverse Selection is 1.5% in the year of rate increase implementation.

Interest Rate: 4.5%

Attachment 3
MetLife Insurance Company USA
Original Pricing & Prior Rate Increase Assumptions Comparison

Policy Form: LTC4 Tax-Qualified Nursing Facility Only Forms

2011 Rate Increase Assumptions

Mortality: 1983 Individual Annuitant Mortality Basic Table with selection.

Duration	Factor
1	30%
2	40%
3	45%
4	50%
5	55%
6	60%
7	65%
8	67%
9	70%
10	72%
11	75%
12	77%
13	80%
14	82%
15	85%
16	87%
17	90%
18	92%
19	94%
20+	95%

Attachment 3
MetLife Insurance Company USA
Original Pricing & Prior Rate Increase Assumptions Comparison

Policy Form: LTC4 Tax-Qualified Nursing Facility Only Forms

2011 Rate Increase Assumptions (Continued)

Voluntary Lapse Rates:

Duration	Rate
1	6.00%
2	4.00%
3	2.50%
4	1.50%
5	1.30%
6	1.10%
7	0.90%
8	0.80%
9	0.80%
10	0.80%
11	0.80%
12	0.80%
13	0.80%
14	0.95%
15	0.95%
16	0.95%
17	0.95%
18	0.95%
19	0.95%
20+	1.25%

In the year of rate increase implementation, an additional 2.0% of in-force policyholders is assumed to lapse, and a 2.0% reduction in premium and claims is expected due to the election of reduced benefits.

Morbidity: Current Claim Costs are the product of the reinsurer's (General Electric Capital Assurance Company; GECA) expected claim costs used at the time of the reinsurance transaction executed in 2000 between Travelers and GECA and actual-to-expected factors that reflect actual emerging experience on this policy form.

At the time the expected claim costs were developed, the reinsurer had been marketing nursing home and home health care benefit riders and policies on a direct basis for over 20 and 10 years, respectively. Using the experience on this business, both the expected incidence and severity of claims were developed for nursing home benefits. Selection factors were applied to the incidence rates in order to reflect the effects of underwriting.

It should be recognized that considerable judgment was made with respect to expected claim costs for non-institutional benefits. After using all available data, total expected claim costs were developed which represent reasonable estimates of aggregate long term experience under the applicable underwriting criteria.

The expected incidence rates, lengths of stay, and amount of benefit payments were separately identified for all combinations of plan options.

Actual-to-expected adjustment factors were developed from actual emerging experience through March 2009 and are shown in the following table.

Attachment 3
MetLife Insurance Company USA
Original Pricing & Prior Rate Increase Assumptions Comparison

Policy Form: LTC4 Tax-Qualified Nursing Facility Only Forms

2011 Rate Increase Assumptions (Continued)

Morbidity (Continued):

Duration	Factor
1	134.0%
2	134.0%
3	134.0%
4	134.0%
5	155.0%
6	155.0%
7	155.0%
8	165.0%
9	165.0%
10	165.0%
11	165.0%
12	165.0%
13	165.0%
14	160.9%
15	156.9%
16	152.9%
17	149.1%
18	145.4%
19	141.7%
20	138.2%
21	134.7%
22	131.4%
23	128.1%
24	124.9%
25	121.8%
26	118.7%
27	115.8%
28	112.9%
29	110.0%
30 +	107.3%

Interest Rate: The company has indicated that the assets backing the liabilities on this business are currently earning 6.15%. As such, the company believes that a 4.5% interest rate is a conservative long-term after-tax expected investment earnings rate for this business. However, pursuant to Virginia regulation (and consistent with our April 7 submission), all accumulating and discounting in this filing occur at an interest rate consistent with that assumed in the determination of premiums (6.5%).

Attachment 4
MetLife Insurance Company USA
Anticipated Loss Ratios
LTC4 Tax-Qualified Nursing Facility Only Policy Forms
Experience as of December 31, 2012

Nationwide Experience
With No Increase

1	Present Value of Future Claims:	15,180,519
2	Active Life Reserves at 12/31/2012:	8,105,826
3	Present Value of Future Premium:	5,729,546
	Anticipated Loss Ratio = (1 - 2) / 3:	**123.5%**

Nationwide Experience
With 25.7% Increase

1	Present Value of Future Claims:	14,813,028
2	Active Life Reserves at 12/31/2012:	8,105,826
3	Present Value of Future Premium:	6,706,200
	Anticipated Loss Ratio = (1 - 2) / 3:	**100.0%**

Virginia-Specific Experience
With No Increase

1	Present Value of Future Claims:	679,153
2	Active Life Reserves at 12/31/2012:	277,990
3	Present Value of Future Premium:	196,076
	Anticipated Loss Ratio = (1 - 2) / 3:	**204.6%**

Virginia-Specific Experience
With 25.7% Increase

1	Present Value of Future Claims:	663,270
2	Active Life Reserves at 12/31/2012:	277,990
3	Present Value of Future Premium:	228,422
	Anticipated Loss Ratio = (1 - 2) / 3:	**168.7%**

Future claims, active life reserves, and future premium are discounted at an interest rate representing the historical and projected long-term after-tax net investment earnings rate for this business, for all policy forms, consistent with that assumed in the determination of premiums of the LTC4 Tax-Qualified Nursing Facility Only policy forms.

Attachment 5
MetLife Insurance Company USA
Nationwide Experience Projections
Historical and Projected Experience Restated to the Proposed Virginia Rate Level
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Loss Ratio Demonstration									Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest					With Interest				Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	6,720	0	0	0.0%	26	15,329	0	0	0.0%				0.0000		1.0000		5.85%	2.2811
	1999	542,203	0	0	0.0%	397	1,168,443	0	0	0.0%				0.0222		0.9778		5.85%	2.1550
	2000	1,449,162	0	0	0.0%	668	2,950,279	0	0	0.0%				0.0578		0.9422		5.85%	2.0359
	2001	1,779,517	2,679	75,294	4.2%	647	3,422,539	5,153	144,813	4.2%				0.0541		0.9459		5.85%	1.9233
	2002	1,701,526	47,430	205,558	12.1%	627	3,091,615	86,178	373,491	12.1%				0.0309		0.9691		5.85%	1.8170
	2003	1,650,352	112,363	52,671	3.2%	605	2,832,850	192,873	90,411	3.2%				0.0351		0.9649		5.85%	1.7165
	2004	1,588,568	103,556	225,073	14.2%	573	2,576,043	167,928	364,981	14.2%				0.0529		0.9471		5.85%	1.6216
	2005	1,479,946	95,703	347,947	23.5%	533	2,267,218	146,614	533,041	23.5%				0.0698		0.9302		5.85%	1.5320
	2006	1,397,206	103,190	625,178	44.7%	516	2,022,127	149,343	904,798	44.7%				0.0319		0.9681		5.85%	1.4473
	2007	1,361,086	73,931	32,343	2.4%	504	1,860,947	101,082	44,222	2.4%				0.0233		0.9767		5.85%	1.3673
	2008	1,320,761	549,240	504,729	38.2%	486	1,705,976	709,431	651,939	38.2%				0.0357		0.9643		5.85%	1.2917
	2009	1,260,735	571,991	782,493	62.1%	468	1,538,412	697,972	954,838	62.1%				0.0370		0.9630		5.85%	1.2203
	2010	1,202,530	671,638	652,187	54.2%	448	1,386,261	774,256	751,833	54.2%				0.0427		0.9573		5.85%	1.1528
	2011	1,136,491	718,959	941,838	82.9%	426	1,237,700	782,985	1,025,713	82.9%				0.0491		0.9509		5.85%	1.0891
	2012	1,086,803	790,149	898,290	82.7%	410	1,118,151	812,940	924,201	82.7%				0.0376		0.9624		5.85%	1.0288
Projected Future Experience	2013	1,034,885	809,294	1,019,981	98.6%	390	1,007,550	787,918	993,039	98.6%	1.0000	1.1924	1.0000	0.0484	0.0000	0.9516	0.9522	5.50%	0.9736
	2014	971,171	1,105,775	1,099,017	113.2%	369	896,641	1,020,915	1,014,676	113.2%	1.0000	1.1482	1.0000	0.0537	0.0000	0.9463	0.9384	5.47%	0.9233
	2015	905,680	1,223,463	1,149,785	127.0%	348	793,546	1,071,984	1,007,428	127.0%	1.0000	1.1218	1.0000	0.0581	0.0000	0.9419	0.9326	5.43%	0.8762
	2016	839,632	1,237,773	1,190,252	141.8%	326	698,663	1,029,959	990,417	141.8%	1.0000	1.1166	1.0000	0.0626	0.0000	0.9374	0.9271	5.39%	0.8321
	2017	773,658	1,249,264	1,223,774	158.2%	304	611,704	987,749	967,595	158.2%	1.0000	1.1158	1.0000	0.0672	0.0000	0.9328	0.9214	5.36%	0.7907
	2018	708,396	1,260,372	1,246,834	176.0%	282	532,232	946,942	936,771	176.0%	1.0000	1.1127	1.0000	0.0723	0.0000	0.9277	0.9156	5.34%	0.7513
	2019	644,242	1,279,066	1,253,604	194.6%	260	459,787	912,854	894,682	194.6%	1.0000	1.1056	1.0000	0.0782	0.0000	0.9218	0.9094	5.33%	0.7137
	2020	581,881	1,290,923	1,244,566	213.9%	238	394,306	874,783	843,369	213.9%	1.0000	1.0992	1.0000	0.0832	0.0000	0.9168	0.9032	5.33%	0.6776
	2021	522,633	1,292,068	1,225,648	234.5%	218	336,128	830,984	788,266	234.5%	1.0000	1.0964	1.0000	0.0871	0.0000	0.9129	0.8982	5.33%	0.6431
	2022	467,122	1,282,465	1,198,946	256.7%	198	284,993	782,437	731,482	256.7%	1.0000	1.0945	1.0000	0.0911	0.0000	0.9089	0.8938	5.34%	0.6101
	2023	415,431	1,264,411	1,168,483	281.3%	179	240,460	731,866	676,341	281.3%	1.0000	1.0959	1.0000	0.0952	0.0000	0.9048	0.8893	5.35%	0.5788
	2024	367,590	1,240,067	1,134,117	308.5%	161	201,922	681,186	622,986	308.5%	1.0000	1.0969	1.0000	0.0995	0.0000	0.9005	0.8848	5.35%	0.5493
	2025	323,586	1,209,878	1,093,156	337.8%	144	168,685	630,708	569,861	337.8%	1.0000	1.0950	1.0000	0.1038	0.0000	0.8962	0.8803	5.35%	0.5213
	2026	283,362	1,174,536	1,049,638	370.4%	129	140,201	581,132	519,336	370.4%	1.0000	1.0965	1.0000	0.1082	0.0000	0.8918	0.8757	5.35%	0.4948
	2027	246,823	1,135,660	1,006,007	407.6%	114	115,948	533,492	472,585	407.6%	1.0000	1.1003	1.0000	0.1128	0.0000	0.8872	0.8711	5.35%	0.4698
	2028	213,839	1,094,013	959,926	448.9%	101	95,417	488,159	428,328	448.9%	1.0000	1.1014	1.0000	0.1174	0.0000	0.8826	0.8664	5.34%	0.4462
	2029	184,252	1,049,422	909,545	493.6%	89	78,132	445,006	385,691	493.6%	1.0000	1.0997	1.0000	0.1221	0.0000	0.8779	0.8616	5.34%	0.4240
	2030	157,877	1,001,268	853,368	540.5%	77	63,652	403,686	344,057	540.5%	1.0000	1.0950	1.0000	0.1269	0.0000	0.8731	0.8569	5.33%	0.4032
	2031	134,513	948,746	792,557	589.2%	67	51,588	363,862	303,961	589.2%	1.0000	1.0901	1.0000	0.1318	0.0000	0.8682	0.8520	5.32%	0.3835
	2032	113,945	892,119	731,111	641.6%	58	41,594	325,656	266,882	641.6%	1.0000	1.0890	1.0000	0.1368	0.0000	0.8632	0.8471	5.30%	0.3650
	2033	95,954	832,315	669,670	697.9%	50	33,356	289,335	232,795	697.9%	1.0000	1.0877	1.0000	0.1418	0.0000	0.8582	0.8421	5.29%	0.3476
	2034	80,316	770,552	609,400	758.7%	42	26,599	255,190	201,820	758.7%	1.0000	1.0872	1.0000	0.1468	0.0000	0.8532	0.8370	5.27%	0.3312
	2035	66,814	708,368	551,761	825.8%	36	21,089	223,593	174,161	825.8%	1.0000	1.0884	1.0000	0.1518	0.0000	0.8482	0.8319	5.26%	0.3156
	2036	55,232	646,917	495,925	897.9%	30	16,633	194,814	149,344	897.9%	1.0000	1.0873	1.0000	0.1567	0.0000	0.8433	0.8267	5.24%	0.3011
	2037	45,365	586,860	442,299	975.0%	25	13,054	168,876	127,277	975.0%	1.0000	1.0858	1.0000	0.1616	0.0000	0.8384	0.8214	5.22%	0.2878
	2038	37,019	528,510	389,066	1051.0%	21	10,194	145,540	107,140	1051.0%	1.0000	1.0780	1.0000	0.1664	0.0000	0.8336	0.8160	5.19%	0.2754
	2039	30,009	472,077	338,566	1128.2%	18	7,915	124,516	89,301	1128.2%	1.0000	1.0735	1.0000	0.1711	0.0000	0.8289	0.8106	5.16%	0.2638
	2040	24,164	417,969	290,626	1202.7%	14	6,108	105,649	73,461	1202.7%	1.0000	1.0660	1.0000	0.1756	0.0000	0.8244	0.8052	5.13%	0.2528
	2041	19,328	366,395	246,231	1273.9%	12	4,684	88,785	59,667	1273.9%	1.0000	1.0592	1.0000	0.1798	0.0000	0.8202	0.7999	5.10%	0.2423
	2042	15,357	317,970	206,288	1343.2%	10	3,568	73,883	47,933	1343.2%	1.0000	1.0544	1.0000	0.1838	0.0000	0.8162	0.7946	5.07%	0.2324
	2043	12,123	273,161	170,531	1406.7%	8	2,701	60,867	37,999	1406.7%	1.0000	1.0472	1.0000	0.1874	0.0000	0.8126	0.7894	5.05%	0.2228
	2044	9,510	232,232	139,140	1463.2%	6	2,032	49,617	29,727	1463.2%	1.0000	1.0402	1.0000	0.1906	0.0000	0.8094	0.7844	5.02%	0.2137
	2045	7,415	195,536	113,092	1525.2%	5	1,519	40,048	23,163	1525.2%	1.0000	1.0424	1.0000	0.1934	0.0000	0.8066	0.7797	5.00%	0.2048
	2046	5,749	163,594	92,630	1611.2%	4	1,129	32,113	18,183	1611.2%	1.0000	1.0564	1.0000	0.1958	0.0000	0.8042	0.7753	4.98%	0.1963
	2047	4,434	136,571	76,663	1728.9%	3	834	25,689	14,420	1728.9%	1.0000	1.0730	1.0000	0.1980	0.0000	0.8020	0.7713	4.96%	0.1881
	2048	3,404	113,873	62,813	1845.5%	3	613	20,523	11,321	1845.5%	1.0000	1.0675	1.0000	0.1999	0.0000	0.8001	0.7675	4.95%	0.1802
	2049	2,600	94,740	51,304	1972.8%	2	449	16,361	8,860	1972.8%	1.0000	1.0690	1.0000	0.2019	0.0000	0.7981	0.7641	4.93%	0.1727
	2050	1,978	78,594	41,556	2100.5%	2	327	13,005	6,876	2100.5%	1.0000	1.0647	1.0000	0.2040	0.0000	0.7960	0.7608	4.91%	0.1655
	2051	1,499	64,913	33,297	2221.4%	1	238	10,292	5,279	2221.4%	1.0000	1.0576	1.0000	0.2063	0.0000	0.7937	0.7577	4.90%	0.1586
	2052	1,131	53,335	26,579	2349.6%	1	172	8,104	4,039	2349.6%	1.0000	1.0577	1.0000	0.2089	0.0000	0.7911	0.7547	4.89%	0.1520
	Past	18,963,605	3,840,829	5,343,601	28.2%	7,334	29,193,890	4,626,756	6,764,280	23.2%									
	Future	10,409,922	30,095,069	26,597,750	255.5%	4,347	7,366,366	16,378,082	15,180,519	206.1%									
	Lifetime	29,373,527	33,935,897	31,941,351	108.7%	11,681	36,560,256	21,004,837	21,944,798	60.0%									

Attachment 6
MetLife Insurance Company USA
Virginia-Specific Experience
Historical and Projected Experience Restated to the Proposed Virginia Rate Level
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Loss Ratio Demonstration									Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest					With Interest				Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	0	0	0	0.0%	0	0	0	0	0.0%				0.0000		1.0000		5.85%	2.2811
	1999	21,677	0	0	0.0%	14	46,714	0	0	0.0%				0.0667		0.9333		5.85%	2.1550
	2000	50,048	0	0	0.0%	15	101,890	0	0	0.0%				0.0625		0.9375		5.85%	2.0359
	2001	46,058	0	0	0.0%	14	88,584	0	0	0.0%				0.0667		0.9333		5.85%	1.9233
	2002	45,057	0	0	0.0%	14	81,867	0	0	0.0%				0.0000		1.0000		5.85%	1.8170
	2003	45,139	0	0	0.0%	14	77,482	0	0	0.0%				0.0000		1.0000		5.85%	1.7165
	2004	45,241	0	0	0.0%	14	73,364	0	0	0.0%				0.0000		1.0000		5.85%	1.6216
	2005	43,777	0	0	0.0%	13	67,065	0	0	0.0%				0.0714		0.9286		5.85%	1.5320
	2006	40,241	0	0	0.0%	13	58,239	0	0	0.0%				0.0000		1.0000		5.85%	1.4473
	2007	40,536	0	0	0.0%	13	55,423	0	0	0.0%				0.0000		1.0000		5.85%	1.3673
	2008	41,047	0	0	0.0%	13	53,019	0	0	0.0%				0.0000		1.0000		5.85%	1.2917
	2009	39,936	0	0	0.0%	12	48,732	0	0	0.0%				0.0769		0.9231		5.85%	1.2203
	2010	39,133	0	728	1.9%	12	45,112	0	840	1.9%				0.0000		1.0000		5.85%	1.1528
	2011	38,714	0	3,077	7.9%	11	42,162	0	3,351	7.9%				0.0833		0.9167		5.85%	1.0891
	2012	38,513	0	15,933	41.4%	11	39,623	0	16,393	41.4%				0.0000		1.0000		5.85%	1.0288
Projected Future Experience	2013	37,488	15,062	58,366	155.7%	10	36,498	14,664	56,825	155.7%	1.0000	3.4624	1.0000	0.0525	0.0000	0.9475	1.0580	5.50%	0.9736
	2014	34,829	36,894	60,590	174.0%	10	32,156	34,062	55,940	174.0%	1.0000	1.1173	1.0000	0.0578	0.0000	0.9422	0.9291	5.47%	0.9233
	2015	32,123	50,413	61,917	192.8%	9	28,146	44,171	54,251	192.8%	1.0000	1.1080	1.0000	0.0629	0.0000	0.9371	0.9223	5.43%	0.8762
	2016	29,403	58,356	63,746	216.8%	9	24,467	48,559	53,044	216.8%	1.0000	1.1248	1.0000	0.0685	0.0000	0.9315	0.9153	5.39%	0.8321
	2017	26,706	62,735	64,981	243.3%	8	21,116	49,603	51,378	243.3%	1.0000	1.1223	1.0000	0.0741	0.0000	0.9259	0.9083	5.36%	0.7907
	2018	24,072	65,083	65,361	271.5%	7	18,086	48,898	49,107	271.5%	1.0000	1.1159	1.0000	0.0797	0.0000	0.9203	0.9014	5.34%	0.7513
	2019	21,513	65,945	64,730	300.9%	7	15,354	47,064	46,197	300.9%	1.0000	1.1082	1.0000	0.0876	0.0000	0.9124	0.8937	5.33%	0.7137
	2020	19,070	65,987	62,855	329.6%	6	12,923	44,715	42,593	329.6%	1.0000	1.0954	1.0000	0.0929	0.0000	0.9071	0.8864	5.33%	0.6776
	2021	16,800	64,965	59,990	357.1%	5	10,805	41,782	38,582	357.1%	1.0000	1.0833	1.0000	0.0977	0.0000	0.9023	0.8810	5.33%	0.6431
	2022	14,713	62,961	56,403	383.4%	5	8,977	38,413	34,411	383.4%	1.0000	1.0736	1.0000	0.1026	0.0000	0.8974	0.8758	5.34%	0.6101
	2023	12,808	60,299	52,457	409.6%	4	7,414	34,902	30,363	409.6%	1.0000	1.0684	1.0000	0.1075	0.0000	0.8925	0.8705	5.35%	0.5788
	2024	11,083	57,152	48,128	434.2%	4	6,088	31,394	26,437	434.2%	1.0000	1.0603	1.0000	0.1125	0.0000	0.8875	0.8653	5.35%	0.5493
	2025	9,534	53,516	43,217	453.3%	3	4,970	27,898	22,529	453.3%	1.0000	1.0438	1.0000	0.1175	0.0000	0.8825	0.8603	5.35%	0.5213
	2026	8,155	49,515	38,343	470.2%	3	4,035	24,499	18,971	470.2%	1.0000	1.0373	1.0000	0.1225	0.0000	0.8775	0.8554	5.35%	0.4948
	2027	6,937	45,412	34,205	493.1%	3	3,259	21,333	16,068	493.1%	1.0000	1.0487	1.0000	0.1275	0.0000	0.8725	0.8507	5.35%	0.4698
	2028	5,870	41,426	30,568	520.8%	2	2,619	18,485	13,640	520.8%	1.0000	1.0562	1.0000	0.1327	0.0000	0.8673	0.8461	5.34%	0.4462
	2029	4,940	37,681	27,514	556.9%	2	2,095	15,979	11,667	556.9%	1.0000	1.0694	1.0000	0.1380	0.0000	0.8620	0.8417	5.34%	0.4240
	2030	4,136	34,279	24,875	601.4%	2	1,668	13,820	10,029	601.4%	1.0000	1.0798	1.0000	0.1437	0.0000	0.8563	0.8372	5.33%	0.4032
	2031	3,444	31,228	22,490	653.0%	1	1,321	11,977	8,625	653.0%	1.0000	1.0857	1.0000	0.1496	0.0000	0.8504	0.8327	5.32%	0.3835
	2032	2,852	28,440	20,172	707.3%	1	1,041	10,381	7,364	707.3%	1.0000	1.0832	1.0000	0.1560	0.0000	0.8440	0.8280	5.30%	0.3650
	2033	2,347	25,790	17,898	762.5%	1	816	8,965	6,222	762.5%	1.0000	1.0780	1.0000	0.1627	0.0000	0.8373	0.8230	5.29%	0.3476
	2034	1,919	23,235	15,903	828.6%	1	636	7,695	5,267	828.6%	1.0000	1.0866	1.0000	0.1697	0.0000	0.8303	0.8177	5.27%	0.3312
	2035	1,558	20,736	13,808	886.0%	1	492	6,545	4,358	886.0%	1.0000	1.0693	1.0000	0.1771	0.0000	0.8229	0.8120	5.26%	0.3156
	2036	1,256	18,248	11,702	931.6%	1	378	5,495	3,524	931.6%	1.0000	1.0515	1.0000	0.1848	0.0000	0.8152	0.8060	5.24%	0.3011
	2037	1,005	15,810	9,804	975.8%	1	289	4,549	2,821	975.8%	1.0000	1.0475	1.0000	0.1927	0.0000	0.8073	0.7998	5.22%	0.2878
	2038	797	13,497	8,033	1007.6%	1	220	3,717	2,212	1007.6%	1.0000	1.0325	1.0000	0.2007	0.0000	0.7993	0.7935	5.19%	0.2754
	2039	628	11,363	6,485	1033.3%	1	166	2,997	1,710	1033.3%	1.0000	1.0256	1.0000	0.2091	0.0000	0.7909	0.7872	5.16%	0.2638
	2040	490	9,447	5,191	1059.6%	1	124	2,388	1,312	1059.6%	1.0000	1.0255	1.0000	0.2178	0.0000	0.7822	0.7805	5.13%	0.2528
	2041	379	7,763	4,110	1085.1%	1	92	1,881	996	1085.1%	1.0000	1.0241	1.0000	0.2271	0.0000	0.7729	0.7733	5.10%	0.2423
	2042	290	6,319	3,303	1139.7%	1	67	1,468	767	1139.7%	1.0000	1.0503	1.0000	0.2374	0.0000	0.7626	0.7651	5.07%	0.2324
	2043	219	5,101	2,550	1165.0%	1	49	1,137	568	1165.0%	1.0000	1.0222	1.0000	0.2491	0.0000	0.7509	0.7554	5.05%	0.2228
	2044	163	4,072	1,975	1212.7%	1	35	870	422	1212.7%	1.0000	1.0410	1.0000	0.2625	0.0000	0.7375	0.7440	5.02%	0.2137
	2045	119	3,223	1,505	1265.5%	1	24	660	308	1265.5%	1.0000	1.0436	1.0000	0.2780	0.0000	0.7220	0.7304	5.00%	0.2048
	2046	85	2,526	1,120	1318.2%	1	17	496	220	1318.2%	1.0000	1.0416	1.0000	0.2960	0.0000	0.7040	0.7143	4.98%	0.1963
	2047	59	1,956	849	1437.6%	1	11	368	160	1437.6%	1.0000	1.0907	1.0000	0.3168	0.0000	0.6832	0.6954	4.96%	0.1881
	2048	40	1,490	600	1506.7%	1	7	269	108	1506.7%	1.0000	1.0481	1.0000	0.3407	0.0000	0.6593	0.6735	4.95%	0.1802
	2049	26	1,112	407	1578.1%	1	4	192	70	1578.1%	1.0000	1.0474	1.0000	0.3680	0.0000	0.6320	0.6486	4.93%	0.1727
	2050	16	812	264	1651.4%	1	3	134	44	1651.4%	1.0000	1.0465	1.0000	0.3987	0.0000	0.6013	0.6204	4.91%	0.1655
	2051	9	579	163	1725.6%	1	1	92	26	1725.6%	1.0000	1.0449	1.0000	0.4329	0.0000	0.5671	0.5892	4.90%	0.1586
	2052	5	402	94	1800.6%	1	1	61	14	1800.6%	1.0000	1.0435	1.0000	0.4707	0.0000	0.5293	0.5548	4.89%	0.1520
	Past	575,118	0	19,738	3.4%	183	879,276	0	20,583	2.3%									
	Future	337,889	1,160,829	1,066,672	315.7%	122	246,467	672,578	679,153	275.6%									
	Lifetime	913,007	1,160,829	1,086,410	119.0%	305	1,125,743	672,578	699,736	62.2%									

Attachment 7
MetLife Insurance Company USA
Status of Filings as of March 23, 2015
All Jurisdictions in which these Forms are Active
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

	Prior Increases							Current Increase					
	First Round			Second Round									
Jurisdiction	Requested Increase	Date Approved or Filed	Amount Approved or Filed	Requested Increase	Date Approved or Filed	Amount Approved or Filed	Cumulative Approved Increase	Requested Increase	Date of Submission	Date Approved or Filed	Amount Approved or Filed	2012 Annualized Premium	Proportion of Nationwide
Alabama	20.0%	5/19/2004	20.0%	30.0%	Withdrawn	Withdrawn	20.0%	86.0%	12/16/2013	1/14/2014	20.0%	5,054	0.71%
Arizona	20.0%	Disapproved	0.0%	39.0%	7/12/2010	15.0%	15.0%	91.0%	11/13/2013	1/13/2014	91.0%	18,426	2.59%
California*	20.0%	6/2/2004	20.0%	30.0%	10/28/2013	15.0%	38.0%	68.0%				61,273	8.63%
Colorado	20.0%	6/14/2004	20.0%	30.0%	11/22/2010	10.0%	32.0%	74.0%	11/6/2014	1/12/2015	35.0%	105,802	14.89%
Connecticut	20.0%	Disapproved	0.0%	39.0%	Disapproved	0.0%	0.0%	100.0%	9/27/2013	Disapproved	0.0%	34,502	4.86%
District of Columbia	20.0%	11/2/2005	10.0%	30.0%	Disapproved	0.0%	10.0%	10.0%	3/6/2014	4/18/2014	10.0%	2,908	0.41%
Florida	20.0%	Disapproved	0.0%	39.0%	11/8/2012	12.7%	12.7%	50.1%	11/13/2014			58,819	8.28%
Georgia	20.0%	2/4/2005	14.0%	30.0%	5/13/2010	15.0%	31.1%	74.9%	10/31/2013	7/16/2014	15.0%	8,678	1.22%
Hawaii	20.0%	11/19/2004	20.0%	30.0%	10/10/2011	30.0%	56.0%	50.0%	10/18/2013			7,742	1.09%
Iowa	20.0%	6/23/2004	16.0%	30.0%	7/12/2010	21.1%	40.5%	65.5%	12/3/2013	4/7/2014	17.0%	22,140	3.12%
Illinois	20.0%	7/28/2004	20.0%	30.0%	8/2/2010	30.0%	56.0%	50.0%	10/8/2013	1/8/2015	50.0%	18,948	2.67%
Indiana	20.0%	Disapproved	0.0%	39.0%	6/8/2012	9.0%	9.0%	97.0%	10/30/2014	3/2/2015	13.9%	10,463	1.47%
Kansas	20.0%	6/17/2004	20.0%	30.0%	8/5/2010	10.0%	32.0%	74.0%	11/13/2013	5/21/2014	74.0%	12,539	1.77%
Kentucky	20.0%	8/9/2004	20.0%	30.0%	5/10/2010	16.0%	39.2%	66.8%	12/4/2013	3/4/2014	20.0%	4,809	0.68%
Louisiana	20.0%	Withdrawn	0.0%	39.0%	Disapproved	0.0%	0.0%	100.0%	8/1/2014	Disapproved	0.0%	3,751	0.53%
Maryland	20.0%	8/19/2004	15.0%	15.0%	8/13/2010	15.0%	32.3%	15.0%	10/18/2013	2/4/2014	15.0%	15,436	2.17%
Michigan	20.0%	9/1/2004	20.0%	30.0%	3/17/2010	30.0%	56.0%	50.0%	11/7/2013	12/3/2013	50.0%	4,643	0.65%
Minnesota	20.0%	7/26/2004	20.0%	30.0%	3/3/2015	26.5%	51.8%	Not Filing				20,185	2.84%
Missouri	20.0%	7/15/2004	20.0%	30.0%	7/1/2010	30.0%	56.0%	Not Filing				45,662	6.43%
North Carolina	20.0%	6/16/2004	20.0%	30.0%	7/19/2010	20.0%	44.0%	62.0%	12/2/2013	3/14/2014	62.0%	51,708	7.28%
North Dakota	20.0%	6/23/2004	20.0%	30.0%	7/21/2010	17.0%	40.4%	65.6%	1/2/2014	1/21/2014	15.0%	1,213	0.17%
Nebraska	20.0%	7/21/2004	20.0%	30.0%	12/14/2010	14.0%	36.8%	69.2%	12/12/2013	9/29/2014	25.0%	13,065	1.84%
New Hampshire	20.0%	Disapproved	0.0%	39.0%	8/26/2010	17.9%	17.9%	88.1%	12/17/2013	Disapproved	0.0%	3,467	0.49%
New York	20.0%	8/2/2005	8.0%	30.0%	Disapproved	0.0%	8.0%	98.0%	11/14/2013			18,632	2.62%
Ohio	20.0%	6/10/2004	20.0%	33.7%	6/1/2010	33.7%	60.4%	50.0%	3/11/2014			23,229	3.27%
Oklahoma	20.0%	8/24/2004	15.0%	30.0%	11/15/2010	10.0%	26.5%	79.5%	12/19/2013	3/17/2014	25.0%	2,220	0.31%
Pennsylvania	20.0%	8/10/2004	20.0%	30.0%	7/28/2010	14.9%	37.9%	68.1%	11/6/2013	2/28/2014	15.0%	56,674	7.98%
South Carolina	20.0%	7/12/2004	20.0%	30.0%	11/12/2010	20.0%	44.0%	62.0%	10/21/2013	2/4/2014	20.0%	7,363	1.04%
South Dakota	20.0%	Disapproved	0.0%	39.0%	4/9/2010	39.0%	39.0%	67.0%	2/7/2014	3/5/2014	67.0%	13,984	1.97%
Texas	20.0%	9/15/2004	15.0%	30.0%	7/16/2010	10.0%	26.5%	79.5%	3/13/2014	4/28/2014	21.0%	9,341	1.32%
Virginia	20.0%	5/6/2005	20.0%	30.0%	5/4/2011	30.0%	56.0%	25.7%	6/3/2014			30,858	4.34%
Washington	20.0%	7/7/2004	20.0%	30.0%	8/17/2010	30.0%	56.0%	50.0%	6/24/2014	8/14/2014	50.0%	13,160	1.85%
West Virginia	20.0%	7/20/2004	20.0%	30.0%	5/24/2010	30.0%	56.0%	50.0%	2/3/2014	9/11/2014	50.0%	3,656	0.51%
											Total	**710,350**	**100.00%**

**Annual premium does not reflect the recent approval of the second round increase.*

Attachment 8
MetLife Insurance Company USA
Nationwide Experience Projections
Actual to Expected Experience Projections by Calendar Year with No Increase
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Actual Experience				Expected Pricing Experience					Cumulative Loss Ratio		
		A	B	C	D = C / A	E	F	G	H = G / E	I = D / H	J	K	L = J / K
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Actual to Expected Ratio	Actual at Pricing* (on Col D)	Expected at 6.5% (on Col H)	Actual to Expected Ratio
Historical Experience	1998	3,427	0	0	0.0%	3,363	38	196	5.8%	0.000	0.0%	5.8%	0.000
	1999	276,504	0	0	0.0%	275,889	3,151	16,404	5.9%	0.000	0.0%	5.9%	0.000
	2000	739,022	0	0	0.0%	746,030	16,449	53,145	7.1%	0.000	0.0%	6.8%	0.000
	2001	907,491	2,679	75,294	8.3%	917,376	43,030	95,886	10.5%	0.794	3.8%	8.4%	0.445
	2002	867,718	47,430	205,558	23.7%	861,651	79,490	141,431	16.4%	1.443	9.5%	10.7%	0.891
	2003	841,621	112,363	52,671	6.3%	806,370	120,593	181,324	22.5%	0.278	8.9%	13.1%	0.677
	2004	894,035	103,556	225,073	25.2%	753,054	160,747	214,846	28.5%	0.882	11.7%	15.4%	0.760
	2005	905,664	95,703	347,947	38.4%	701,459	198,182	249,460	35.6%	1.080	15.5%	17.7%	0.876
	2006	855,031	103,190	625,178	73.1%	652,147	233,534	280,397	43.0%	1.701	22.0%	20.0%	1.099
	2007	832,927	73,931	32,343	3.9%	605,099	266,068	305,339	50.5%	0.077	20.3%	22.3%	0.912
	2008	808,250	549,240	504,729	62.4%	559,062	294,840	326,197	58.3%	1.070	23.7%	24.5%	0.968
	2009	771,517	571,991	782,493	101.4%	515,327	320,872	349,898	67.9%	1.494	28.9%	26.6%	1.085
	2010	735,897	671,638	652,187	88.6%	472,170	346,647	377,251	79.9%	1.109	32.3%	28.8%	1.121
	2011	792,505	718,959	941,838	118.8%	430,474	372,097	398,544	92.6%	1.284	37.0%	31.0%	1.195
	2012	845,313	790,149	898,290	106.3%	391,897	395,300	414,987	105.9%	1.004	40.6%	33.1%	1.229
Projected Future Experience	2013	804,932	809,294	1,019,981	126.7%	354,671	415,543	429,168	121.0%	1.047	44.5%	35.1%	1.267
	2014	755,375	1,105,775	1,099,017	145.5%	318,818	433,407	443,981	139.3%	1.045	48.4%	37.1%	1.303
	2015	704,436	1,223,463	1,149,785	163.2%	285,359	450,195	460,486	161.4%	1.011	52.1%	39.1%	1.334
	2016	653,064	1,237,773	1,190,252	182.3%	254,273	465,659	471,098	185.3%	0.984	55.8%	41.0%	1.360
	2017	601,750	1,249,264	1,223,774	203.4%	225,532	478,337	476,460	211.3%	0.963	59.4%	42.9%	1.384
	2018	550,990	1,260,372	1,246,834	226.3%	199,098	487,641	479,174	240.7%	0.940	62.8%	44.6%	1.406
	2019	501,090	1,279,066	1,253,604	250.2%	174,920	493,974	480,896	274.9%	0.910	66.0%	46.3%	1.426
	2020	452,586	1,290,923	1,244,566	275.0%	152,930	497,952	481,430	314.8%	0.874	69.1%	47.9%	1.442
	2021	406,503	1,292,068	1,225,648	301.5%	133,047	499,472	477,583	359.0%	0.840	72.0%	49.4%	1.456
	2022	363,327	1,282,465	1,198,946	330.0%	115,176	497,966	469,445	407.6%	0.810	74.7%	50.8%	1.469
	2023	323,121	1,264,411	1,168,483	361.6%	99,213	493,297	458,918	462.6%	0.782	77.2%	52.1%	1.480
	2024	285,911	1,240,067	1,134,117	396.7%	85,042	485,873	446,785	525.4%	0.755	79.5%	53.4%	1.490
	2025	251,685	1,209,878	1,093,156	434.3%	72,536	475,991	432,589	596.4%	0.728	81.6%	54.5%	1.499
	2026	220,398	1,174,536	1,049,638	476.2%	61,566	463,655	415,297	674.6%	0.706	83.6%	55.5%	1.507
	2027	191,978	1,135,660	1,006,007	524.0%	51,999	448,835	395,669	760.9%	0.689	85.4%	56.4%	1.515
	2028	166,324	1,094,013	959,926	577.1%	43,704	431,738	374,715	857.4%	0.673	87.0%	57.2%	1.523
	2029	143,311	1,049,422	909,545	634.7%	36,553	412,829	352,924	965.5%	0.657	88.5%	57.9%	1.530
	2030	122,797	1,001,268	853,368	694.9%	30,424	392,433	329,882	1084.3%	0.641	89.9%	58.5%	1.536
	2031	104,624	948,746	792,557	757.5%	25,199	370,615	305,543	1212.5%	0.625	91.1%	59.1%	1.542
	2032	88,627	892,119	731,111	824.9%	20,769	347,553	280,833	1352.2%	0.610	92.2%	59.6%	1.548
	2033	74,633	832,315	669,670	897.3%	17,034	323,669	256,424	1505.4%	0.596	93.1%	60.0%	1.553
	2034	62,470	770,552	609,400	975.5%	13,902	299,609	233,182	1677.3%	0.582	93.9%	60.3%	1.557
	2035	51,968	708,368	551,761	1061.7%	11,291	275,761	210,309	1862.6%	0.570	94.6%	60.6%	1.561
	2036	42,959	646,917	495,925	1154.4%	9,127	252,235	188,047	2060.3%	0.560	95.3%	60.9%	1.565
	2037	35,285	586,860	442,299	1253.5%	7,344	229,203	166,759	2270.7%	0.552	95.8%	61.1%	1.568
	2038	28,793	528,510	389,066	1351.2%	5,883	206,905	146,889	2496.8%	0.541	96.2%	61.3%	1.570
	2039	23,341	472,077	338,566	1450.5%	4,693	185,623	128,578	2739.9%	0.529	96.6%	61.4%	1.573
	2040	18,795	417,969	290,626	1546.3%	3,729	165,586	111,852	2999.6%	0.515	96.9%	61.5%	1.575
	2041	15,033	366,395	246,231	1637.9%	2,952	146,954	96,747	3277.0%	0.500	97.2%	61.6%	1.576
	2042	11,945	317,970	206,288	1727.0%	2,330	129,813	83,222	3571.9%	0.483	97.4%	61.7%	1.578
	2043	9,429	273,161	170,531	1808.5%	1,834	114,205	71,375	3891.8%	0.465	97.5%	61.8%	1.579
	2044	7,397	232,232	139,140	1881.2%	1,441	100,170	61,175	4245.5%	0.443	97.6%	61.8%	1.579
	2045	5,767	195,536	113,092	1960.9%	1,131	87,705	52,519	4643.6%	0.422	97.7%	61.9%	1.580
	2046	4,472	163,594	92,630	2071.5%	888	76,775	45,326	5105.9%	0.406	97.8%	61.9%	1.580
	2047	3,449	136,571	76,663	2222.8%	698	67,291	39,340	5639.7%	0.394	97.9%	61.9%	1.581
	2048	2,647	113,873	62,813	2372.8%	549	59,116	34,380	6257.4%	0.379	97.9%	61.9%	1.581
	2049	2,023	94,740	51,304	2536.5%	434	52,101	30,318	6979.4%	0.363	98.0%	62.0%	1.581
	2050	1,539	78,594	41,556	2700.5%	345	46,072	26,894	7790.7%	0.347	98.0%	62.0%	1.581
	2051	1,166	64,913	33,297	2856.0%	276	40,876	24,112	8734.4%	0.327	98.0%	62.0%	1.581
	2052	880	53,335	26,579	3020.9%	222	36,411	21,810	9807.7%	0.308	98.0%	62.0%	1.581
TOTALS	Past	11,076,922	3,840,829	5,343,601	48.2%	8,691,368	2,851,038	3,405,304	39.2%	1.231	40.6%	33.1%	1.229
	Future	8,096,819	30,095,069	26,597,750	328.5%	2,826,933	11,939,047	10,492,131	371.1%	0.885	265.0%	271.2%	0.977
	Lifetime	19,173,741	33,935,897	31,941,351	166.6%	11,518,301	14,790,085	13,897,435	120.7%	1.381	98.0%	62.0%	1.581

**Represents the historical and projected long-term after-tax net investment earnings rate for this business*

Attachment 8
MetLife Insurance Company USA
Nationwide Experience Projections
Actual to Expected Experience Projections by Calendar Year with 25.7% Increase
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Actual Experience				Expected Pricing Experience					Cumulative Loss Ratio		
		A	B	C	D = C / A	E	F	G	H = G / E	I = D / H	J	K	L = J / K
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Actual to Expected Ratio	Actual at Pricing* (on Col D)	Expected at 6.5% (on Col H)	Actual to Expected Ratio
Historical Experience	1998	3,427	0	0	0.0%	3,363	38	196	5.8%	0.000	0.0%	5.8%	0.000
	1999	276,504	0	0	0.0%	275,889	3,151	16,404	5.9%	0.000	0.0%	5.9%	0.000
	2000	739,022	0	0	0.0%	746,030	16,449	53,145	7.1%	0.000	0.0%	6.8%	0.000
	2001	907,491	2,679	75,294	8.3%	917,376	43,030	95,886	10.5%	0.794	3.8%	8.4%	0.445
	2002	867,718	47,430	205,558	23.7%	861,651	79,490	141,431	16.4%	1.443	9.5%	10.7%	0.891
	2003	841,621	112,363	52,671	6.3%	806,370	120,593	181,324	22.5%	0.278	8.9%	13.1%	0.677
	2004	894,035	103,556	225,073	25.2%	753,054	160,747	214,846	28.5%	0.882	11.7%	15.4%	0.760
	2005	905,664	95,703	347,947	38.4%	701,459	198,182	249,460	35.6%	1.080	15.5%	17.7%	0.876
	2006	855,031	103,190	625,178	73.1%	652,147	233,534	280,397	43.0%	1.701	22.0%	20.0%	1.099
	2007	832,927	73,931	32,343	3.9%	605,099	266,068	305,339	50.5%	0.077	20.3%	22.3%	0.912
	2008	808,250	549,240	504,729	62.4%	559,062	294,840	326,197	58.3%	1.070	23.7%	24.5%	0.968
	2009	771,517	571,991	782,493	101.4%	515,327	320,872	349,898	67.9%	1.494	28.9%	26.6%	1.085
	2010	735,897	671,638	652,187	88.6%	472,170	346,647	377,251	79.9%	1.109	32.3%	28.8%	1.121
	2011	792,505	718,959	941,838	118.8%	430,474	372,097	398,544	92.6%	1.284	37.0%	31.0%	1.195
	2012	845,313	790,149	898,290	106.3%	391,897	395,300	414,987	105.9%	1.004	40.6%	33.1%	1.229
Projected Future Experience	2013	804,932	809,294	1,019,981	126.7%	354,671	415,543	429,168	121.0%	1.047	44.5%	35.1%	1.267
	2014	835,606	1,102,448	1,082,739	129.6%	318,818	433,407	443,981	139.3%	0.930	48.1%	37.1%	1.295
	2015	854,093	1,211,168	1,119,020	131.0%	285,359	450,195	460,486	161.4%	0.812	51.4%	39.1%	1.313
	2016	791,806	1,216,089	1,158,405	146.3%	254,273	465,659	471,098	185.3%	0.790	54.6%	41.0%	1.329
	2017	729,591	1,221,629	1,191,030	163.2%	225,532	478,337	476,460	211.3%	0.773	57.7%	42.9%	1.345
	2018	668,046	1,229,396	1,213,473	181.6%	199,098	487,641	479,174	240.7%	0.755	60.7%	44.6%	1.359
	2019	607,546	1,246,246	1,220,062	200.8%	174,920	493,974	480,896	274.9%	0.730	63.5%	46.3%	1.371
	2020	548,737	1,257,178	1,211,265	220.7%	152,930	497,952	481,430	314.8%	0.701	66.3%	47.9%	1.382
	2021	492,864	1,258,021	1,192,853	242.0%	133,047	499,472	477,583	359.0%	0.674	68.8%	49.4%	1.392
	2022	440,515	1,248,498	1,166,866	264.9%	115,176	497,966	469,445	407.6%	0.650	71.2%	50.8%	1.400
	2023	391,768	1,230,814	1,137,218	290.3%	99,213	493,297	458,918	462.6%	0.628	73.4%	52.1%	1.408
	2024	346,652	1,207,047	1,103,772	318.4%	85,042	485,873	446,785	525.4%	0.606	75.5%	53.4%	1.415
	2025	305,155	1,177,616	1,063,906	348.6%	72,536	475,991	432,589	596.4%	0.585	77.4%	54.5%	1.422
	2026	267,222	1,143,186	1,021,553	382.3%	61,566	463,655	415,297	674.6%	0.567	79.2%	55.5%	1.428
	2027	232,764	1,105,329	979,089	420.6%	51,999	448,835	395,669	760.9%	0.553	80.8%	56.4%	1.434
	2028	201,659	1,064,781	934,241	463.3%	43,704	431,738	374,715	857.4%	0.540	82.3%	57.2%	1.440
	2029	173,757	1,021,371	885,208	509.5%	36,553	412,829	352,924	965.5%	0.528	83.7%	57.9%	1.445
	2030	148,885	974,497	830,535	557.8%	30,424	392,433	329,882	1084.3%	0.514	84.9%	58.5%	1.451
	2031	126,851	923,374	771,350	608.1%	25,199	370,615	305,543	1212.5%	0.501	86.0%	59.1%	1.456
	2032	107,455	868,258	711,549	662.2%	20,769	347,553	280,833	1352.2%	0.490	87.0%	59.6%	1.460
	2033	90,488	810,051	651,752	720.3%	17,034	323,669	256,424	1505.4%	0.478	87.8%	60.0%	1.465
	2034	75,742	749,938	593,095	783.0%	13,902	299,609	233,182	1677.3%	0.467	88.6%	60.3%	1.468
	2035	63,008	689,417	536,997	852.3%	11,291	275,761	210,309	1862.6%	0.458	89.2%	60.6%	1.472
	2036	52,086	629,609	482,655	926.7%	9,127	252,235	188,047	2060.3%	0.450	89.8%	60.9%	1.475
	2037	42,781	571,158	430,464	1006.2%	7,344	229,203	166,759	2270.7%	0.443	90.3%	61.1%	1.478
	2038	34,910	514,370	378,656	1084.7%	5,883	206,905	146,889	2496.8%	0.434	90.7%	61.3%	1.480
	2039	28,299	459,446	329,507	1164.4%	4,693	185,623	128,578	2739.9%	0.425	91.0%	61.4%	1.482
	2040	22,788	406,785	282,849	1241.2%	3,729	165,586	111,852	2999.6%	0.414	91.3%	61.5%	1.484
	2041	18,227	356,592	239,643	1314.7%	2,952	146,954	96,747	3277.0%	0.401	91.5%	61.6%	1.486
	2042	14,483	309,462	200,768	1386.3%	2,330	129,813	83,222	3571.9%	0.388	91.7%	61.7%	1.487
	2043	11,432	265,852	165,968	1451.7%	1,834	114,205	71,375	3891.8%	0.373	91.9%	61.8%	1.488
	2044	8,968	226,018	135,417	1510.0%	1,441	100,170	61,175	4245.5%	0.356	92.0%	61.8%	1.488
	2045	6,993	190,304	110,066	1574.0%	1,131	87,705	52,519	4643.6%	0.339	92.1%	61.9%	1.489
	2046	5,422	159,217	90,152	1662.8%	888	76,775	45,326	5105.9%	0.326	92.2%	61.9%	1.489
	2047	4,182	132,917	74,612	1784.2%	698	67,291	39,340	5639.7%	0.316	92.2%	61.9%	1.489
	2048	3,210	110,826	61,133	1904.6%	549	59,116	34,380	6257.4%	0.304	92.3%	61.9%	1.490
	2049	2,452	92,205	49,931	2036.0%	434	52,101	30,318	6979.4%	0.292	92.3%	62.0%	1.490
	2050	1,866	76,491	40,444	2167.7%	345	46,072	26,894	7790.7%	0.278	92.3%	62.0%	1.490
	2051	1,414	63,177	32,406	2292.5%	276	40,876	24,112	8734.4%	0.262	92.3%	62.0%	1.490
	2052	1,067	51,908	25,868	2424.9%	222	36,411	21,810	9807.7%	0.247	92.4%	62.0%	1.490
TOTALS	Past	11,076,922	3,840,829	5,343,601	48.2%	8,691,368	2,851,038	3,405,304	39.2%	1.231	40.6%	33.1%	1.229
	Future	9,565,720	29,381,984	25,926,499	271.0%	2,826,933	11,939,047	10,492,131	371.1%	0.730	220.9%	271.2%	0.814
	Lifetime	20,642,642	33,222,813	31,270,100	151.5%	11,518,301	14,790,085	13,897,435	120.7%	1.256	92.4%	62.0%	1.490

**Represents the historical and projected long-term after-tax net investment earnings rate for this business*

Attachment 9
MetLife Insurance Company USA
Virginia-Specific Experience
Actual to Expected Experience Projections by Calendar Year with No Increase
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Actual Experience				Expected Pricing Experience					Cumulative Loss Ratio		
		A	B	C	D = C / A	E	F	G	H = G / E	I = D / H	J	K	L = J / K
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Actual to Expected Ratio	Actual at Pricing* (on Col D)	Expected at 6.5% (on Col H)	Actual to Expected Ratio
Historical Experience	1998	0	0	0	0.0%	0	0	0	0.0%	0.000	0.0%	0.0%	0.000
	1999	11,223	0	0	0.0%	11,066	165	708	6.4%	0.000	0.0%	6.4%	0.000
	2000	25,678	0	0	0.0%	26,239	653	1,825	7.0%	0.000	0.0%	6.8%	0.000
	2001	23,965	0	0	0.0%	26,196	1,436	2,972	11.3%	0.000	0.0%	8.6%	0.000
	2002	22,977	0	0	0.0%	24,592	2,447	4,242	17.2%	0.000	0.0%	10.8%	0.000
	2003	23,019	0	0	0.0%	22,996	3,553	5,256	22.9%	0.000	0.0%	13.0%	0.000
	2004	23,071	0	0	0.0%	21,458	4,637	6,242	29.1%	0.000	0.0%	15.3%	0.000
	2005	22,478	0	0	0.0%	19,936	5,715	7,380	37.0%	0.000	0.0%	17.6%	0.000
	2006	23,230	0	0	0.0%	18,529	6,744	8,279	44.7%	0.000	0.0%	19.9%	0.000
	2007	24,806	0	0	0.0%	17,245	7,687	9,075	52.6%	0.000	0.0%	22.2%	0.000
	2008	25,119	0	0	0.0%	15,988	8,544	9,778	61.2%	0.000	0.0%	24.5%	0.000
	2009	24,441	0	0	0.0%	14,802	9,377	10,642	71.9%	0.000	0.0%	26.7%	0.000
	2010	24,056	0	728	3.0%	13,627	10,240	11,592	85.1%	0.036	0.2%	29.0%	0.007
	2011	24,025	0	3,077	12.8%	12,407	11,082	12,285	99.0%	0.129	0.9%	31.3%	0.029
	2012	28,189	0	15,933	56.5%	11,320	11,860	12,927	114.2%	0.495	4.2%	33.6%	0.126
Projected Future Experience	2013	29,824	15,062	58,366	195.7%	10,284	12,575	13,501	131.3%	1.491	15.0%	35.8%	0.418
	2014	27,708	36,894	60,590	218.7%	9,221	13,226	14,019	152.0%	1.438	24.6%	38.0%	0.647
	2015	25,555	50,413	61,917	242.3%	8,227	13,829	14,567	177.1%	1.368	33.2%	40.1%	0.827
	2016	23,392	58,356	63,746	272.5%	7,302	14,370	14,872	203.7%	1.338	41.1%	42.2%	0.975
	2017	21,246	62,735	64,981	305.9%	6,447	14,808	15,085	234.0%	1.307	48.5%	44.2%	1.098
	2018	19,151	65,083	65,361	341.3%	5,660	15,141	15,186	268.3%	1.272	55.4%	46.1%	1.200
	2019	17,115	65,945	64,730	378.2%	4,941	15,382	15,233	308.3%	1.227	61.7%	47.9%	1.286
	2020	15,171	65,987	62,855	414.3%	4,288	15,552	15,219	354.9%	1.167	67.3%	49.7%	1.355
	2021	13,366	64,965	59,990	448.8%	3,699	15,626	14,951	404.2%	1.110	72.4%	51.3%	1.412
	2022	11,705	62,961	56,403	481.9%	3,171	15,577	14,587	460.0%	1.048	76.9%	52.8%	1.457
	2023	10,189	60,299	52,457	514.8%	2,701	15,406	14,120	522.7%	0.985	80.8%	54.1%	1.492
	2024	8,817	57,152	48,128	545.8%	2,286	15,124	13,554	593.0%	0.920	84.2%	55.4%	1.520
	2025	7,585	53,516	43,217	569.8%	1,921	14,737	12,889	670.9%	0.849	87.0%	56.5%	1.541
	2026	6,488	49,515	38,343	591.0%	1,604	14,246	12,119	755.7%	0.782	89.4%	57.5%	1.556
	2027	5,519	45,412	34,205	619.8%	1,330	13,661	11,305	850.2%	0.729	91.5%	58.4%	1.567
	2028	4,670	41,426	30,568	654.6%	1,095	12,998	10,460	955.2%	0.685	93.2%	59.1%	1.577
	2029	3,930	37,681	27,514	700.1%	896	12,280	9,619	1073.8%	0.652	94.7%	59.8%	1.584
	2030	3,290	34,279	24,875	756.0%	728	11,525	8,788	1206.7%	0.626	96.0%	60.4%	1.590
	2031	2,740	31,228	22,490	820.8%	589	10,735	7,933	1347.8%	0.609	97.1%	60.9%	1.596
	2032	2,269	28,440	20,172	889.1%	473	9,915	7,109	1502.3%	0.592	98.1%	61.3%	1.601
	2033	1,867	25,790	17,898	958.5%	379	9,084	6,322	1668.6%	0.574	98.9%	61.6%	1.605
	2034	1,527	23,235	15,903	1041.5%	302	8,270	5,610	1855.7%	0.561	99.6%	61.9%	1.609
	2035	1,240	20,736	13,808	1113.7%	241	7,494	4,961	2061.0%	0.540	100.2%	62.1%	1.612
	2036	999	18,248	11,702	1171.0%	191	6,744	4,323	2258.1%	0.519	100.6%	62.3%	1.615
	2037	799	15,810	9,804	1226.6%	152	6,014	3,752	2463.1%	0.498	101.0%	62.5%	1.616
	2038	634	13,497	8,033	1266.5%	121	5,321	3,246	2675.4%	0.473	101.3%	62.6%	1.618
	2039	499	11,363	6,485	1298.9%	97	4,682	2,804	2895.7%	0.449	101.6%	62.7%	1.619
	2040	390	9,447	5,191	1332.0%	78	4,102	2,427	3131.1%	0.425	101.7%	62.8%	1.619
	2041	301	7,763	4,110	1364.0%	62	3,584	2,111	3394.4%	0.402	101.9%	62.9%	1.620
	2042	231	6,319	3,303	1432.6%	50	3,129	1,847	3689.2%	0.388	102.0%	63.0%	1.620
	2043	174	5,101	2,550	1464.3%	40	2,732	1,627	4027.2%	0.364	102.0%	63.0%	1.620
	2044	130	4,072	1,975	1524.3%	33	2,390	1,448	4427.5%	0.344	102.1%	63.0%	1.620
	2045	95	3,223	1,505	1590.8%	27	2,097	1,304	4910.0%	0.324	102.1%	63.1%	1.619
	2046	68	2,526	1,120	1656.9%	22	1,848	1,187	5493.1%	0.302	102.2%	63.1%	1.619
	2047	47	1,956	849	1807.1%	18	1,637	1,090	6188.5%	0.292	102.2%	63.1%	1.619
	2048	32	1,490	600	1894.0%	14	1,456	1,005	6989.0%	0.271	102.2%	63.2%	1.619
	2049	21	1,112	407	1983.7%	12	1,298	927	7895.9%	0.251	102.2%	63.2%	1.618
	2050	13	812	264	2075.9%	10	1,157	848	8873.5%	0.234	102.2%	63.2%	1.618
	2051	8	579	163	2169.1%	8	1,026	764	9877.5%	0.220	102.2%	63.2%	1.618
	2052	4	402	94	2263.4%	6	902	682	10956.6%	0.207	102.2%	63.2%	1.617
TOTALS	Past	326,278	0	19,738	6.0%	256,401	84,141	103,202	40.3%	0.150	4.2%	33.6%	0.126
	Future	268,806	1,160,829	1,066,672	396.8%	78,724	351,679	303,401	385.4%	1.030	346.4%	289.1%	1.198
	Lifetime	595,084	1,160,829	1,086,410	182.6%	335,124	435,820	406,603	121.3%	1.505	102.2%	63.2%	1.617

**Represents the historical and projected long-term after-tax net investment earnings rate for this business*

Attachment 9
MetLife Insurance Company USA
Virginia-Specific Experience
Actual to Expected Experience Projections by Calendar Year with 25.7% Increase
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Actual Experience				Expected Pricing Experience					Cumulative Loss Ratio		
		A	B	C	D = C / A	E	F	G	H = G / E	I = D / H	J	K	L = J / K
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Actual to Expected Ratio	Actual at Pricing* (on Col D)	Expected at 6.5% (on Col H)	Actual to Expected Ratio
Historical Experience	1998	0	0	0	0.0%	0	0	0	0.0%	0.000	0.0%	0.0%	0.000
	1999	11,223	0	0	0.0%	11,066	165	708	6.4%	0.000	0.0%	6.4%	0.000
	2000	25,678	0	0	0.0%	26,239	653	1,825	7.0%	0.000	0.0%	6.8%	0.000
	2001	23,965	0	0	0.0%	26,196	1,436	2,972	11.3%	0.000	0.0%	8.6%	0.000
	2002	22,977	0	0	0.0%	24,592	2,447	4,242	17.2%	0.000	0.0%	10.8%	0.000
	2003	23,019	0	0	0.0%	22,996	3,553	5,256	22.9%	0.000	0.0%	13.0%	0.000
	2004	23,071	0	0	0.0%	21,458	4,637	6,242	29.1%	0.000	0.0%	15.3%	0.000
	2005	22,478	0	0	0.0%	19,936	5,715	7,380	37.0%	0.000	0.0%	17.6%	0.000
	2006	23,230	0	0	0.0%	18,529	6,744	8,279	44.7%	0.000	0.0%	19.9%	0.000
	2007	24,806	0	0	0.0%	17,245	7,687	9,075	52.6%	0.000	0.0%	22.2%	0.000
	2008	25,119	0	0	0.0%	15,988	8,544	9,778	61.2%	0.000	0.0%	24.5%	0.000
	2009	24,441	0	0	0.0%	14,802	9,377	10,642	71.9%	0.000	0.0%	26.7%	0.000
	2010	24,056	0	728	3.0%	13,627	10,240	11,592	85.1%	0.036	0.2%	29.0%	0.007
	2011	24,025	0	3,077	12.8%	12,407	11,082	12,285	99.0%	0.129	0.9%	31.3%	0.029
	2012	28,189	0	15,933	56.5%	11,320	11,860	12,927	114.2%	0.495	4.2%	33.6%	0.126
Projected Future Experience	2013	29,824	15,062	58,366	195.7%	10,284	12,575	13,501	131.3%	1.491	15.0%	35.8%	0.418
	2014	30,193	36,727	59,802	198.1%	9,221	13,226	14,019	152.0%	1.303	24.3%	38.0%	0.640
	2015	30,984	49,806	60,261	194.5%	8,227	13,829	14,567	177.1%	1.098	32.4%	40.1%	0.807
	2016	28,361	57,281	62,041	218.8%	7,302	14,370	14,872	203.7%	1.074	39.8%	42.2%	0.942
	2017	25,760	61,337	63,243	245.5%	6,447	14,808	15,085	234.0%	1.049	46.6%	44.2%	1.053
	2018	23,219	63,493	63,612	274.0%	5,660	15,141	15,186	268.3%	1.021	52.8%	46.1%	1.145
	2019	20,751	64,254	62,998	303.6%	4,941	15,382	15,233	308.3%	0.985	58.6%	47.9%	1.221
	2020	18,394	64,261	61,173	332.6%	4,288	15,552	15,219	354.9%	0.937	63.7%	49.7%	1.283
	2021	16,205	63,254	58,385	360.3%	3,699	15,626	14,951	404.2%	0.891	68.3%	51.3%	1.332
	2022	14,192	61,295	54,893	386.8%	3,171	15,577	14,587	460.0%	0.841	72.4%	52.8%	1.371
	2023	12,354	58,698	51,053	413.2%	2,701	15,406	14,120	522.7%	0.791	75.9%	54.1%	1.402
	2024	10,690	55,632	46,840	438.2%	2,286	15,124	13,554	593.0%	0.739	79.0%	55.4%	1.426
	2025	9,196	52,090	42,061	457.4%	1,921	14,737	12,889	670.9%	0.682	81.6%	56.5%	1.444
	2026	7,866	48,195	37,317	474.4%	1,604	14,246	12,119	755.7%	0.628	83.8%	57.5%	1.457
	2027	6,691	44,200	33,290	497.5%	1,330	13,661	11,305	850.2%	0.585	85.6%	58.4%	1.467
	2028	5,662	40,320	29,750	525.5%	1,095	12,998	10,460	955.2%	0.550	87.2%	59.1%	1.475
	2029	4,765	36,675	26,778	562.0%	896	12,280	9,619	1073.8%	0.523	88.5%	59.8%	1.481
	2030	3,989	33,363	24,209	606.8%	728	11,525	8,788	1206.7%	0.503	89.7%	60.4%	1.486
	2031	3,322	30,394	21,888	658.8%	589	10,735	7,933	1347.8%	0.489	90.7%	60.9%	1.491
	2032	2,751	27,679	19,632	713.7%	473	9,915	7,109	1502.3%	0.475	91.6%	61.3%	1.495
	2033	2,264	25,101	17,419	769.4%	379	9,084	6,322	1668.6%	0.461	92.3%	61.6%	1.499
	2034	1,851	22,613	15,477	836.0%	302	8,270	5,610	1855.7%	0.451	93.0%	61.9%	1.502
	2035	1,503	20,181	13,439	894.0%	241	7,494	4,961	2061.0%	0.434	93.5%	62.1%	1.505
	2036	1,212	17,760	11,389	940.0%	191	6,744	4,323	2258.1%	0.416	93.9%	62.3%	1.507
	2037	969	15,387	9,541	984.6%	152	6,014	3,752	2463.1%	0.400	94.3%	62.5%	1.509
	2038	769	13,136	7,818	1016.6%	121	5,321	3,246	2675.4%	0.380	94.6%	62.6%	1.510
	2039	605	11,059	6,311	1042.6%	97	4,682	2,804	2895.7%	0.360	94.8%	62.7%	1.511
	2040	472	9,194	5,052	1069.2%	78	4,102	2,427	3131.1%	0.341	94.9%	62.8%	1.511
	2041	365	7,556	4,000	1094.9%	62	3,584	2,111	3394.4%	0.323	95.1%	62.9%	1.512
	2042	280	6,150	3,214	1149.9%	50	3,129	1,847	3689.2%	0.312	95.2%	63.0%	1.512
	2043	211	4,965	2,482	1175.4%	40	2,732	1,627	4027.2%	0.292	95.2%	63.0%	1.512
	2044	157	3,963	1,922	1223.6%	33	2,390	1,448	4427.5%	0.276	95.3%	63.0%	1.512
	2045	115	3,137	1,465	1276.9%	27	2,097	1,304	4910.0%	0.260	95.3%	63.1%	1.511
	2046	82	2,458	1,090	1330.0%	22	1,848	1,187	5493.1%	0.242	95.4%	63.1%	1.511
	2047	57	1,903	827	1450.6%	18	1,637	1,090	6188.5%	0.234	95.4%	63.1%	1.511
	2048	38	1,451	584	1520.3%	14	1,456	1,005	6989.0%	0.218	95.4%	63.2%	1.510
	2049	25	1,082	396	1592.3%	12	1,298	927	7895.9%	0.202	95.4%	63.2%	1.510
	2050	15	790	257	1666.3%	10	1,157	848	8873.5%	0.188	95.4%	63.2%	1.510
	2051	9	563	158	1741.1%	8	1,026	764	9877.5%	0.176	95.4%	63.2%	1.510
	2052	5	392	92	1816.8%	6	902	682	10956.6%	0.166	95.4%	63.2%	1.509
TOTALS	Past	326,278	0	19,738	6.0%	256,401	84,141	103,202	40.3%	0.150	4.2%	33.6%	0.126
	Future	316,175	1,132,855	1,040,526	329.1%	78,724	351,679	303,401	385.4%	0.854	290.4%	289.1%	1.004
	Lifetime	642,453	1,132,855	1,060,264	165.0%	335,124	435,820	406,603	121.3%	1.360	95.4%	63.2%	1.509

**Represents the historical and projected long-term after-tax net investment earnings rate for this business*

[company_logo]

[company_name_short]
[company_address1]
[company_address2]
[company_city_state]

Long Term Care Insurance

[Masthead subtitle]
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[Policy] number
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Customer service
[company_phone]
[company_hours1]
[company_hours2]
Fax: [company_fax]
[company_website]

Dear [salutation name1 [and [salutation name2]],

We are writing to notify you that the premium of your long term care insurance policy will increase as outlined below.

We are committed to providing long term care insurance benefits to our policyholders when they need them most. As part of our commitment to meet the future needs of our policyholders, we routinely monitor the experience of our long term care insurance policies. Based on our analysis, we have determined that a premium increase is necessary on certain long term care insurance policies and your policy is among those affected.

We understand that a premium increase may be difficult for policyholders and that certain policyholders may be unable, or unwilling, to pay the increased premium. Therefore, we are offering various options to help policyholders maintain their premium at approximately its current level to help minimize the effect of the premium increase. In addition, there may be a nonforfeiture option available that you may wish to consider. The “What are my options” section of this letter and the enclosed “Frequently Asked Questions” provide detailed information about these options, including contact information for our Customer Service Team, which can assist in reviewing your options.

About the premium increase
It is important to note that this premium increase is being implemented in accordance with the laws and regulations of the state in which your policy was issued for delivery. [<if VA> The Virginia Bureau of Insurance reviewed the rate increase filing for compliance with the applicable Virginia laws and regulations governing long term care insurance.] The premium increase is not based upon a change in your age, health, claims history or any other individual characteristic. Rather, the increase is based on the experience of all policies that are similar to your policy and issued for delivery in the same state as your policy. Our decision to increase premiums is primarily based upon the fact that expected claims are significantly higher today than we originally anticipated when your policy was priced. Our decision to increase premiums was not determined based upon the current economic environment.

Effect on your premium rate
[<if not phased>
The [monthly **<or>** quarterly **<or>** semiannual **<or>**annual] premium for your long term care insurance policy is scheduled to increase from $[current premium] to $[new premium] on your next Billing Anniversary Date, which is [mm/dd/yyyy]. This amount represents a [Z%] increase in premium for your policy. **]**

[<if phased>
The [monthly **<or>** quarterly **<or>** semiannual **<or>**annual] premium for your long term care insurance policy is scheduled to increase from $[current premium] to $[new premium on billing anniversary date of final phase] in a phased manner beginning on your next Billing Anniversary Date, [mm/dd/yyyy]. The total amount will be phased in on the Billing Anniversary Dates according to the schedule below. The total amount of the premium increase represents a [Z%] increase in premium for your policy. **]**

In addition, please note that in accordance with the terms of your policy, we reserve the right to change premiums and it is [possible <or> likely] that your premium will increase again in the future.

<if phased and no CPI>

Billing Anniversary Date	Premium Prior to Billing Anniversary Date	New Premium on Billing Anniversary Date
[01/01/2011]	[$9,999.99]	[$9,999.99]
[01/01/2012]	[$9,999.99]	[$9,999.99]
[01/01/2013]	[$9,999.99]	[$9,999.99]
[01/01/2014]	[$9,999.99]	[$9,999.99]

The information above illustrates how your long term care insurance policy premium increase will be phased in over time, based on your current coverage and payment mode.

<if phased with CPI>

Billing Anniversary Date	Premium Prior to Billing Anniversary Date	New Premium on Billing Anniversary Date
[01/01/2011]	[$9,999.99]	[$9,999.99]
[01/01/2012]	[$9,999.99]	[$9,999.99]
[01/01/2013]	[$9,999.99]	[$9,999.99]
[01/01/2014]	[$9,999.99]	[$9,999.99]

The information above illustrates how your long term care insurance policy premium increase will be phased in over time, based on your current coverage and payment mode. These amounts do not reflect increases in your premium that may occur as a result of your acceptance of the Cost of Inflation benefit offers that you may receive. As a result, the premium amounts may vary based on benefit increases actually accepted.

What are my options?

1. **You may continue your current coverage by paying the new premium.** You will need to make this payment on or before [billing anniversary date]. [<if not monthly EFT> This letter is not a bill. You will receive a premium notice prior to your Billing Anniversary Date.]
   - If you are currently paying your premium by automatic deduction from a designated account, please be aware that the transfer from that account will be at the new premium amount.[<if monthly EFT> You will not receive a premium notice prior to this deduction.]
   - If your payment is made via a third-party account or online banking, please make appropriate arrangements, if necessary, prior to [billing anniversary date] to revise the payment amount and ensure that your coverage is not disrupted.
   - If you are currently on claim and are not paying premium due to the Waiver of Premium provision in your policy (if applicable), you do not need to pay the new premium at this time, however this letter is notifying you of the increase that will be payable when the Waiver of Premium provision is no longer in effect.

2. **You may keep your premium at approximately its current level by electing available options that may help minimize the effect of the premium increase, including the following**:
   - You may choose to reduce your maximum daily benefit, or
   - You may choose to adjust your benefit period, inflation protection option or elimination period.

   Please note: By reducing your maximum daily benefit or benefit period, your lifetime maximum is also reduced. In addition, other benefits may be proportionately reduced. Any benefits paid will be deducted from the reduced lifetime maximum. If you have previously been on claim, adjusting your elimination period may not be appropriate. Please note that some states require a minimum benefit level. This requirement may limit your options to reduce benefits. We will advise you of any such limitations applicable to your policy in the event you contact us for this information.

   Important: If you choose to decrease your benefits, you may change your decision in writing within 60 days of the date printed on our written confirmation of your benefit reduction. Following this, you cannot reinstate your original benefits. Depending on the specific provisions of your policy, you may be able to apply for an increase in benefits. We will require you to meet current underwriting criteria in order to qualify for additional

benefits. If your application is approved, the premium for an increase in benefits will be based on your current age.

[<if NFO Rider on Policy>

3. **You may exercise the Nonforfeiture Rider**. Your policy includes a Nonforfeiture Rider which you may elect to exercise at any time. This Rider allows you to have a paid-up long term care insurance benefit as outlined in the Rider.

   Please note: Your election to exercise this Rider could significantly reduce your policy benefits. Please review the Nonforfeiture Rider in your policy for more detailed information prior to making this election.]

[<if CNF>

3. **You may select a Contingent Nonforfeiture Benefit Endorsement**. This premium increase qualifies you to receive a Contingent Nonforfeiture benefit. This Endorsement allows you to reduce your policy benefit by converting your coverage to a paid-up status with a shortened benefit period and reduced benefit plan. A policy lapse at any time during the 120-day period following the due date of the premium increase will be deemed as the election of this Endorsement.
   Please note: Your election of this endorsement could significantly reduce the policy benefit. Please review the enclosed Contingent Nonforfeiture Benefit Endorsement for more detailed information prior to making this election.]

[<if Optional Limited Benefit>

3. **You may select an Optional Limited Benefit**. As a result of this premium increase, we are offering an optional limited benefit. This option allows you to elect a limited paid-up long term care insurance benefit. This benefit provides a paid-up policy with total benefits equal to the total amount of premium paid, excluding waived premium, less any claims paid.

   Please note: Your election of this option could significantly reduce the policy benefit. Please review the enclosed Optional Limited Benefit Endorsement for more detailed information prior to making this election.

Tell us what decision is right for you.

Please carefully evaluate your individual situation before selecting one of these options. We believe that long term care insurance should be considered in every financial plan and encourage you to maintain your policy to retain the valuable protection it provides.

As you evaluate what is best for you, we also encourage you to review the current and projected cost of care in your area, as well as how much of that amount you are willing and able to pay.

We will be happy to review each of these options with you. If you would like to modify your benefits in order to reduce your premium, please contact your insurance agent or our Customer Service Team at the phone number shown above to review your options.

[Sincerely,]

[Signature/name & title or department name]

[cc: [cc_name1]
[cc_name2]]

[enclosure[s]: [enclosure1], [enclosure2]…]

Frequently Asked Questions

Q: Why are rates increasing?
A: Our decision to increase premiums is primarily based upon the fact that the expected claims over the life of your policy form are significantly higher today that we originally anticipated when this policy form was priced. The premium increase is not based upon a change in your age, claims history or any other individual characteristic. Our decision to increase premiums was not determined based upon the current economic conditions. Additionally, applicable state regulations require us to support our request for a rate increase with actuarial justification.

Q: The letter states that you "reserve the right to change premiums and it is possible that your premium will increase again in the future." What does this mean?
A: Your policy gives us the right to increase premium on a class-wide basis. Therefore, we reserve the right to change premiums again in the future, on a class-wide basis, if our experience warrants an increase. Because the expected claims over the life of your policy form are significantly higher today than we originally anticipated when your policy was priced, it is possible that your premium will increase again in the future.

[<if Phased>
Q: Why is my premium increase being phased in over several years?
A: In accordance with the requirements of the state where your policy was issued for delivery, the increase is being phased-in over the period of years indicated in the letter.]

Q: But, I've never filed a claim. Why am I getting a rate increase?
A: Premiums are increasing for all policies in your policy class (i.e., all policies that are similar to your policy) and are not increasing due to a change in your age, health or claim activity.

Q: I am currently on claim. Am I affected by this rate increase?
A: Where the premium rate increase is applicable to your policy, and your policy provides for a Waiver of Premium benefit, you will not be required to pay the increased premium until such time as the Waiver of Premium benefit no longer applies, as provided in your policy. If your policy does not provide for a Waiver of Premium benefit, you will be required to pay the increased premium. Please contact one of our Customer Service Representatives toll free at [xxx xxx.xxxx] so we may answer your questions based on your specific situation. Please note, however, that reducing benefits while on claim is generally not advisable.

[<If CNF available>
Q: I can't afford to pay higher premiums.
A: With this premium increase you may have the option of choosing from several reduced benefit options in order to maintain approximately the same premium level. If your premium payment mode is more frequent than annual, consider changing your premium mode to annual. Additionally, you are eligible for a Contingent Nonforfeiture Benefit. Please refer to the enclosed Contingent Nonforfeiture Benefit Endorsement for specific information about this benefit. We encourage you to contact us, your insurance agent, or your financial advisor to evaluate your particular situation in order to help you select the option that you believe is best suited to your individual needs.

Q: What is a Contingent Nonforfeiture Benefit Endorsement?
A: A Contingent Nonforfeiture Benefit Endorsement, if exercised, allows you to have a paid-up policy with benefits equal to the greater of 30 days of the daily benefit or the total amount of premiums paid over the life of the policy, excluding waived premium (except for policies issued for delivery in Maine.) The Contingent Nonforfeiture Benefit Endorsement is available to you only during the 120 days after the premium increase is effective.

As this Endorsement could significantly reduce your policy benefits, we encourage you to keep or reduce your existing coverage rather than elect the Contingent Nonforfeiture Benefit Endorsement. Please review the Contingent Nonforfeiture Benefit Endorsement for more detailed information prior to making this election. Please note that a policy lapse at any time within 120 days following the premium increase will be deemed as the election of this Endorsement.]

[<If NFO is available>

Q: I can't afford to pay higher premiums.

A: With this rate increase you may have the option of choosing from several reduced benefit options in order to maintain approximately the same premium level. If your premium payment mode is more frequent than annual, consider changing your premium payment mode to annual. Additionally, your policy includes a Nonforfeiture benefit, which may be exercised at any time.

Q: What is the Nonforfeiture Rider?

A: The Nonforfeiture Rider, if exercised, allows you to have a paid-up policy according to its terms.

Because the election of this Rider could significantly reduce your policy benefits, we encourage you to keep or reduce your existing coverage rather than elect the Nonforfeiture Option. Please review the Nonforfeiture Rider in your long term care contract for more detailed information prior to making this election.]

[<If Optional Limited Benefit is available>

Q: I can't afford to pay higher premiums.

A: With this rate increase you may have the option of choosing from several reduced benefit options while maintaining approximately the same premium level. Additionally, an Optional Limited Benefit is available. We encourage you to contact us or your insurance agent to evaluate your particular situation in order to help you select the option that you believe is best suited for your individual needs.

Q: What is an Optional Limited Benefit?

A: An Optional Limited Benefit allows for you to have a paid-up long term care insurance policy with benefits equal to the total amount of premium paid, excluding any waived premium, less any claims paid. The Optional Limited Benefit is available to you for 120 days after your next Billing Anniversary Date.

As this option could significantly reduce the policy benefits, we encourage you to keep or reduce your existing coverage rather than elect the Optional Limited Benefit. Please review the enclosed Optional Limited Benefit Endorsement for more detailed information prior to making this election.**]**

Q: If I decrease my benefits now, can I change my mind and increase my benefits in the future?

A: Once you decrease your benefits, you may change your decision in writing within 60 days of the date printed on our benefit change confirmation of your benefit reduction. Following this, you cannot reinstate your original benefits. Depending on the specific provisions of your policy, you may be able to apply for an increase in benefits. We will require you to meet current underwriting criteria in order to qualify for additional benefits. If your application is approved, the premium for an increase in benefits will be based on your current age.

Q: If I wish to cancel my policy, what steps do I take?

A: We encourage you to keep this important coverage. There may be options available for you to reduce your benefits in order to keep your premium at approximately the same amount as before the premium increase. Depending on your policy, you may also be able to exercise a nonforfeiture option which would provide a paid up policy with a shortened benefit period. We encourage you to consult with your family, your insurance agent, or financial advisor before making a decision to reduce or cancel your coverage. If you choose to cancel your policy, we will be happy to do so upon receipt of your signed and dated request.

Q: If I cancel my policy, can I reinstate it at a later date?

A: If you cancel your policy, reinstatement is available upon our receipt, within 60 days of the date printed on our written confirmation of this cancellation, of a signed, written request. Unfortunately, after this 60 day period, your policy cannot be reinstated. Accordingly, we encourage you to consult with your family, insurance agent, or financial advisor before making a decision to reduce or cancel your coverage.

Review Requirements Checklist
RATE REVISIONS

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
General Filing Requirements		
	14 VAC 5-100-40	**For Paper Filings:** A letter of transmittal must be submitted in duplicate with each filing.
	14 VAC 5-100-40 6	**For Paper Filings:** At least one copy of each rate must be included in the filing. A duplicate copy of rates must be submitted if the company wants a "stamped" copy of forms for its records. A stamped self-addressed return envelope is required. The letter of transmittal must be addressed to, State Corporation Commission, Bureau of Insurance, P. O. Box 1157, Richmond, VA 23218.
	14 VAC 5-100-70	When an insurer submits a change of Individual accident and sickness premium rates previously filed with the Bureau of Insurance, the following information must be provided. 1. That the filing is an increase, decrease, or revision of former rate filings and the percentage mounts of such changes. 2. That the claim/earned premium loss ratio and other bases for such increase, decrease, or revision of premium rates. An actuarial memorandum and other relevant material should be attached to the letter of transmittal.
	Administrative Letter 1983-7	The transmittal letter must include the name and NAIC number of the company for which the filing is made.
All Accident and Sickness Forms	14 VAC 5-130-70 A	New Rate Sheet
	14 VAC 5-130-70 B	Actuarial Memorandum
	14 VAC 5-130-70 B 1	A description of the type of policy, including benefits, renewability, and issue age limits.
	14 VAC 5-130-70 B 2	The scope and reason for the rate revision.
	14 VAC 5-130-70 B 3	A comparison of the revised premiums with the current premium scale.
	14 VAC 5-130-70 B 4	A statement of whether the revision applies only to new business, only to in-force business, or to both.
	14 VAC 5-130-70 B 5	The estimated average annual premium per policy, before and after the proposed rate increase.
	14 VAC 5-130-70 B 6	Provide Earned Premiums, paid claims, incurred claims and loss from inception through most recent quarter*. Virginia and national experience should be shown separately. Missing experience should be estimated with all estimation assumptions and methodologies provided in detail.
	14 VAC 5-130-70 B 7	Details and dates of all past rate increases on this form.
	14 VAC 5-130-70 B 8	A description of how revised rates were determined, including the general description and source of each assumption used. For expenses, include percent of premium, dollars per policy, and/or dollars per unit of benefit.
	14 VAC 5-130-70 B 9	If the rate revision applies to new business, the anticipated loss ratio and a description of how it was calculated.

* The filing reflects data through the most recent, available calendar year.

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
	14 VAC 5-130-70 B 10	If the rate revision applies to in-force business provide (a) the anticipated future loss ratio and a description of how it was calculated and (b) the estimated cumulative loss ratio, past and future and a description of how it was calculated.
	14 VAC 5-130-70 B 11	Minimum loss ratio presumed reasonable in 14 VAC 5-130-60 C.
	14 VAC 5-130-70 B 12	If 9, 10a, or 10b is less than 11, supporting documentation for the use of such premiums.
	14 VAC 5-130-70 B 13	The current number of Virginia policyholders and either premiums in force, premiums earned, or premiums collected for such policyholders in the year immediately prior to the filing of the rate increase.
	14 VAC 5-130-70 B 14	Certification by a qualified actuary that, to the best of the actuary's knowledge and judgment, the rate filing is in compliance with applicable laws and regulations of this Commonwealth and the premiums are reasonable in relation to the benefits provided.
	14 VAC 5-130-70 C	Revised rate filings for previously approved forms must demonstrate reasonableness of benefits in relation to premiums.
	14 VAC 5-130-70 C 1	The anticipated loss ratio over the entire period for which the revised rates are computed to provide coverage, and the ratio of the sum of the accumulated benefits from the original effective date of the form to the effective date of the revision and the present value of future benefits to the sum of the accumulated premiums from the original effective date of the form to the effective date of the revision and the present value of future premiums must be at least as great as the standards in 14 VAC 5-130-60 C.
	14 VAC 5-130-70 C 2	Revised premiums for policies issued on or after the effective date of the revision must meet the standards in 14 VAC 5-130-70 C, except the average annual premium shall be determined on actual rather than anticipated distribution of business.
Medicare Supplement Requirements		Applicable requirements for accident and sickness forms in addition to the following.
Standard Medicare Supplement Forms	14 VAC 5-170-120 A 2	All filings of rates and rating schedules shall demonstrate that expected claims in relation to premiums comply with the requirements of this section when combined with actual experience to date. Filings of rate revisions shall also demonstrate that the anticipated loss ratio over the entire future period for which the revised rates are computed to provide coverage can be expected to meet the appropriate loss ratio standards.

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Pre-Standardized Medicare Supplement Forms	14 VAC 5-170-120 A 3	For policies issued prior to July 30, 1992, expected claims in relation to premiums shall meet: a. The originally filed anticipated loss ratio when combined with the actual experience since inception; b. The appropriate loss ratio requirement from subdivisions 1 a and 1 b of this subsection when combined with actual experience beginning with July 1, 1991, to date; and c. The appropriate loss ratio requirement from subdivisions 1 a and 1 b of this subsection over the entire future period for which the rates are computed to provide coverage.
Annual Rate and Experience Filing	14 VAC 5-170-120 C	An issuer of Medicare supplement policies and certificates issued before or after July 30, 1992, in this Commonwealth shall file annually its rates, rating schedule, and supporting documentation including ratios of incurred losses to earned premiums by policy duration for approval by the State Corporation Commission in accordance with the filing requirements and procedures prescribed by the State Corporation Commission. The supporting documentation shall also demonstrate in accordance with actuarial standards of practice using reasonable assumptions that the appropriate loss ratio standards can be expected to be met over the entire period for which rates are computed. The demonstration shall exclude active life reserves. An expected third-year loss ratio which is greater than or equal to the applicable percentage shall be demonstrated for policies or certificates in force less than three years.
Actuarial Certification for Medicare Supplement Rate Filings	14 VAC 5-170-120 C	For annual rate and experience filings, an actuarial certificate by a qualified actuary that to the best of the actuary's knowledge and judgment, the following items are true with respect to the filing as follows: 1. The assumptions present the actuary's best judgment as to the reasonable value for each assumption and are consistent with the issuer's business plan at the time of the filing; 2. The anticipated lifetime loss ratio, future loss ratios, and except for policies issued prior to July 30, 1992, third-year loss ratios all exceed the applicable ratio; 3. Except for policies issued prior to July 30, 1992, the filed rates maintain the proper relationship between policies which had different rating methodologies; 4. The filing was prepared based on the current standards of practices as promulgated by the Actuarial Standards Board, including the data quality standard of practice, as described at www.actuary.org; 5. The filing is in compliance with the applicable laws and regulations in this Commonwealth; and 6. The premiums are reasonable in relation to the benefits provided.

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Actuarial Certification for Medicare Supplement Rate Filings	14 VAC 5-170-130 B	For proposed rate changes, an actuarial certificate by a qualified actuary that the best of the actuary's knowledge and judgment, the following items are true with respect to the filing as follows: 1. The assumptions present the actuary's best judgment as to the reasonable value for each assumption and are consistent with the issuer's business plan at the time of the filing; 2. The anticipated lifetime loss ratio, future loss ratios, and except for policies issued prior to July 30, 1992, third-year loss ratio all exceed the applicable ratio; 3. The filing was prepared based on the current standards or practices as promulgated by the Actuarial Standards Board including the data quality standard of practice as described at: www.actuary.org; 4. The filing is in compliance with applicable laws and regulations in this Commonwealth; and 5. The premiums are reasonable in relation to the benefits provided.
Change in the Rating Structure or Methodology of a Medicare Supplement Form	14 VAC 5-170-130 D 3	A change in the rating structure or methodology shall be considered a discontinuance under subdivision 1 of t his subsection unless the issuer complies with the following requirements: a. The issuer provides an actuarial memorandum, in a form and manner prescribed by the State Corporation Commission, describing the manner in which the revised rating methodology and resultant rates differ from the existing rating methodology and existing rates. b. The issuer does not subsequently put into effect a change of rates or rating factors that would cause the percentage differential between the discontinued and subsequent rates as described in the actuarial memorandum to change.

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at:
http://www.scc.virginia.gov/boi/laws.aspx

The Life and Health Division, Forms and Rates Section handles rate revisions. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

Review Requirements Checklist
RATE REVISIONS

I hereby certify that I have reviewed the attached rate revision filing and believe that it is in compliance with the rate revision checklist.

Signed: _____

Name (please print): Amy Pahl

Company Name: Milliman, Inc.

Date: 03/26/2015 Phone No: (952) 820-2419 FAX No: (952) 897-5301

E-Mail Address: amy.pahl@milliman.com

MetLife Insurance Company USA
PO Box 40006
Lynchburg, VA 24506

March 26, 2015

Honorable Jacqueline Cunningham
Insurance Commissioner
Virginia Bureau of Insurance (Bureau)
1300 East Main Street
Richmond, VA 23219

RE: MetLife Insurance Company USA ("MetLife USA")
Company NAIC # 87726
MILL-129963593

Dear Commissioner Cunningham:

This letter sets forth the conditions under which Milliman USA ("Milliman") is authorized to act on behalf of MetLife USA with respect to the individual long term care insurance rate filing referenced above (the "LTC Rate Filings") and outlines the relationship between the MetLife USA and Genworth Life Insurance Company ("GLIC").

Please be advised that Milliman USA ("Milliman") has been retained by GLIC, as administrator, to provide actuarial support for the LTC Rate Filings. GLIC is the reinsurer and administrator of the MetLife USA long term care insurance policies ("Reinsured Policies"), which are the subject of the LTC Rate Filings, under and Indemnity Reinsurance Agreement and an Administrative Services Agreement, both dated July 1, 2000 (the "Agreements"). GLIC has since retroceded the Reinsured Policies to Union Fidelity Life Insurance Company, under a Retrocession Agreement dated April 15, 2004.

In connection with the retention of Milliman, and subject to the conditions in the next sentence, MetLife USA hereby authorizes Milliman to enter into written and oral communications, including the submission and receipt of written materials, with your Bureau, for the purpose of completing the rate filing process and responding to your review of this filing. This authorization is subject to Milliman's agreement to act in accordance with the applicable terms and conditions to which GLIC is subject under the Agreements.

Should you have any questions regarding this letter, please contact Thomas Reilly, Director via e-mail at treilly1@metlife.com, or by telephone at 860-656-3813.

Sincerely,

Karen A. Johnson
Vice President
MetLife Insurance Company USA

MetLife Insurance Company USA

Address: 1209 Orange Street, Wilmington, DE 19801

Appendix for the LTC4 Tax-Qualified Nursing Facility Only Product

March 2015

Product or Rider	Form Number
Nursing Facility Insurance	H-LTC4JFQ
Nursing Facility Insurance	H-LTC4JFQ20
Annual 5% Compound Benefit Inflation Rider	H-5AICFO
Annual 5% Simple Benefit Inflation Rider	H-5AISFO
Cost of Living (CPI) Benefit Rider	H-COLFO
Cost of Living (CPI) Benefit Rider	H-COLFO-3
Nonforfeiture Benefit Rider	H-NF3-6

1. Purpose of Filing

This appendix has been prepared for the purpose of providing additional information that the Bureau has indicated it will need to complete its review of this rate filing. The additional items (stated in italics) have been assembled based on correspondence with the Bureau relating to a prior filing, SERFF tracking number MILL-129257032, that was withdrawn on February 13, 2015. Items in this appendix are addressed in the chronological order in which they were received. The appendix is provided to expedite the review process and may not be appropriate for other purposes.

2. Additional Information Requested in the Bureau's July 1, 2014 Letter (stated in italics)

1. *The Actuarial Memorandum states that pursuant to 14VAC5-130-75, the loss ratios are calculated using an interest rate that is on a consistent basis, but not identical in value, to the interest rate assumed in the determination of premiums. The regulation states under Item A 2:*

   > *Present values shall be taken over the entire period for which the revised rates are computed to provide coverage. Accumulated benefits and premiums shall include an explicit estimate of benefits and premiums from the last accounting date to the effective date of the revision. Interest, at a rate consistent with that assumed in the original determination of premiums shall be used in the calculation of this loss ratio.*

   Based on our interpretation, the company should be using the original pricing interest rate of 6.5% used in the determination of premiums. This appears to be the interest rate used in the previous rate filing. As a result, all exhibits and projections should be revised using the original interest rate.

   Attachments 1 through 10 to this appendix provide revised exhibits and attachments from those provided with the actuarial memorandum and supplement to the actuarial memorandum. The attachments have been updated to use the original pricing interest rate assumption of 6.5%. The table below provides a listing of the attachments to this appendix and identifies the exhibit or attachment from the actuarial memorandum or supplement to the actuarial memorandum to which each corresponds.

MetLife Insurance Company USA

Address: 1209 Orange Street, Wilmington, DE 19801

Appendix for the LTC4 Tax-Qualified Nursing Facility Only Product

March 2015

Appendix Attachment	Actuarial Memorandum or Supplement to the Actuarial Memorandum Exhibit/Attachment
Attachment 1	Exhibit I
Attachment 2	Exhibit II
Attachment 3	Exhibit III
Attachment 4	Exhibit IV
Attachment 5	Attachment 2
Attachment 6	Attachment 4
Attachment 7	Attachment 5
Attachment 8	Attachment 6
Attachment 9	Attachment 8
Attachment 10	Attachment 9

2. *Please review the attached NAICs Executive/Plenary bulletin adopted on December 18, 2013. Although Virginia has not yet adopted this, because there is so much national attention on long term care regulation, we have now added this to our review process. Is this filing consistent or not with its recommendations? Please provide details that support your response.*

   All applicable sections of the provided NAIC bulletin are addressed below.

   Since this filing applies to pre-stability business, please be sure to include a response to the following:

   a) If a single rate increase of the requested amount is approved, is the insurer agreeable to not implement future rate increase for three years from the date of implementation?

   Yes, if a single rate increase of the requested amount is approved, the company agrees to guarantee the rate level for a three year period following the implementation of the fully requested rate increase.

   b) In lieu of a single increase, the Bureau may approve a series of scheduled rate increases that are actuarially equivalent to the single amount requested by the insurer over the lifetime of the policy. The entire series would be approved at one time as part of the current increase filing. For pre-rate stability forms, approval of the increase may require a three year monitoring provision similar to that currently applicable to post-rate stabilization increases. If the rate increase is approved in a series of scheduled rate increases and the sum of all scheduled rate increases would ultimately trigger the offering of the contingent benefit upon lapse, the insurer will be required to include contingent benefit upon lapse at the time of each scheduled increase.

   The company understands these requirements and agrees. It will provide each policyholder, who does not have a nonforfeiture benefit as part of their policy, an Optional Limited Benefit

Endorsement, which provides a paid up benefit similar to that of the NAIC CBUL benefit, at the notification of the rate increase.

Concurrent with this filing, the company is submitting the endorsement to the Bureau for approval under the SERFF tracking number MILL-129914690. A copy of the optional limited benefit endorsement is enclosed with this appendix.

c) The Bureau will require the implementation of the contingent benefit upon lapse as outlined in the bulletin. Please confirm the company is willing to comply with this by providing the benefit:

1) For a block of business for which the contingent benefit upon lapse is not required for pre-rate-stability policies; and

2) Without reference to the table of trigger percentages for policies that have reached their 20th duration; and for policies that have not reached that point, any percentage value in excess of 100% will be reduced to 100%.

Yes, the company is willing to comply with this requirement. As part of this rate increase request the company is making a limited nonforfeiture option available to all policyholders who do not have a nonforfeiture benefit as part of their policy. This option provides a paid-up policy with benefits equal to the total of premiums paid, less any claims paid. This benefit will be available without reference to the table trigger percentages. While the company is strongly encouraging policyholders to keep or reduce their existing coverage, it believes it is important to provide a comprehensive set of options to policyholders.

As stated above, a copy of the endorsement providing the limited nonforfeiture option is enclosed with this appendix.

d) The policyholder letter will clearly disclose the following:

1) the amount of the premium rate requested and implementation schedule

2) available benefit reduction/rate increase mitigation actions

3) clear disclosure addressing the guaranteed renewable nature of the policy and that insured should understand that there may be future rate increases

4) offer of contingent benefit upon lapse

All of the required items listed above are disclosed in the policyholder notification letter enclosed with the supplement to the actuarial memorandum.

In addition, the management of the Bureau of Insurance (BOI) has also provided direction that policyholder letters include an explanation for the rate increase in consumer friendly language including the driving factors contributing to the increase. Stating that based on the company's analysis a premium increase is necessary is not sufficient.

The Frequently Asked Questions document enclosed with the supplement to the actuarial memorandum provides the information required by this request.

The management also prefers that any reference to laws and regulations of the state be expanded to state the Virginia Bureau of Insurance reviewed the filing for compliance with applicable Virginia laws and regulations governing Long Term Care Insurance; and because it was compliant, the increase was approved or words of similar import.

The policyholder notification letter enclosed with the supplement to the actuarial memorandum complies with this request.

e) Compliance with the New Loss Ratio Standards

Attachment 11 to this appendix provides a demonstration that the requested rate increase meets the new loss ratio standards as described in the NAICs Executive/Plenary bulletin. This attachment shows that the sum of the accumulated value of incurred claims without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:

1. Accumulated value of the historical earned premium times 60%,
2. Present value of future projected earned premium without the requested rate increase, times 60%, and
3. Present value of future projected earned premium with the requested rate increase in excess of the future projected earned premium without the requested rate increase, times 80%.

As required by the NAICs Executive/Plenary bulletin, present and accumulated values in Attachment 11 are determined at the maximum valuation interest rate, which varies by issue year from 4.5% to 5.5%

3. *According to your submission, the company is submitting a separate filing for a limited nonforfeiture endorsement for approval. Please provide the SERFF tracking number.*

Concurrent with this filing, the company is submitting the endorsement to the Bureau for approval under the SERFF tracking number MILL-129914690.

If the insured chooses to reduce benefits or make other changes to the policy, how is the policy amended? If through an endorsement, please provide the form number and SERFF tracking number as to when the form was approved. If the insured is sent a revised Schedule of Benefits, please provide evidence the policy form was approved for such variability.

When any benefit changes are processed on a policy, the company will send an amendment to the schedule page. A template of the amendment is enclosed with this appendix. If the policyholder accepts the optional limited benefit, however, the endorsement will serve as proof of the change and the company will send a confirmation letter once it is processed.

MetLife Insurance Company USA

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Appendix for the LTC4 Tax-Qualified Nursing Facility Only Product

March 2015

3. Additional Information Requested in the Bureau's September 8, 2014 Letter (stated in italics)

1. *Attachments 1-10 [of this appendix] are described as replacements for various exhibits from [the actuarial memorandum and supplement to the actuarial memorandum] with a different discount rate. The Incurred Claims for the historical period (1990-2012) differ in the new attachments from the values in the original exhibits. Please show the details of how the Incurred Claims are calculated for previous years which would explain this difference.*

   The historical incurred claims shown in Attachments 1 through 10 of this appendix differ from those provided in the actuarial memorandum and supplement to the actuarial memorandum as the interest rate which is used to discount claim payments and claim reserve balances to the date of incurral was revised. The incurred claims shown in Attachments 1 through 10 of this appendix, the actuarial memorandum, and the supplement to the actuarial memorandum are calculated by the following formula:

$$\text{Incurred Claims} = \sum_{t=j}^{2012} Pmt_t^j * v^{t-j} + {}_jCR_{2012} * v^{2012-j+1/2} + {}_jIBNR_{2012} * v^{2012-j+1/2}$$

   Pmt_t^j = claim payments in year *t* on claims incurred in year *j*, assumed to occur mid-year

   ${}_jCR_{2012}$ = open claim reserve held on December 31, 2012 for claims incurred in year *j*

   ${}_jIBNR_{2012}$= incurred but not reported reserve as of December 31, 2012 attributable to claims incurred in year *j*

   j = year of incurral

   v = discount rate = (1 / (1 + interest rate))

   The interest rate is the variable which was revised from 5.85% in the actuarial memorandum and supplement to the actuarial memorandum, to 6.5% in this appendix, as was requested as part of the July 1, 2014 objection letter.

2. *Please explain the difference between the Active Life Reserves balance shown in Attachment 6 of [this appendix] ($7,406,113) and that shown in [Attachment 4 of the* supplement to the actuarial memorandum*] ($8,105,826).*

   The active life reserve balance differs because the interest rate used in the calculation was updated from 5.85% to 6.5%, as described above.

3. *The ratio of the future premiums in Attachment 7 [of this appendix] to those in Attachment 1 [of this appendix] with and without the rate increase is not what we would expect. We would expect the premiums for years 2016 and beyond to be identical between Attachment 7 and Attachment 1 with the rate increase. In addition, the premiums in Attachment 7 should be equal to Attachment 1 without the rate increase multiplied by 1 plus the rate increase percentage. There*

may be some distortion due to benefit reductions and shock lapses, but these do not appear to fully explain the differences. Please reconcile the premiums in these exhibits to each other.

The premiums with the requested 25.7% rate increase for years 2016 and beyond in Attachment 1 of this appendix differ from the corresponding premiums in Attachment 7 of this appendix due to the effects of 1) shock lapse, 2) benefit reduction options, and 3) a premium restatement (to a level similar to that approved in Virginia on a nationwide basis). Table 1 below summarizes the differences between Attachments 1 and 7 of this appendix.

Table 1
Summary of Differences in this Appendix

Item	Attachment 1	Attachment 7
(a) Proposed rate increase	25.7%	25.7%
(b) Effect of shock lapse	1.0% reduction in premium	None
(c) Effect of benefit reduction	2.6% reduction in premium	None
(d) Historical rate increase	52.5%, *similar* to that approved in VA	56.0% *as approved* in VA
(e) = (1+a) x (1-b) x (1-c) x (1+d) - 1 Resulting rate level compared to original	84.8%	96.1%

4. Additional Information Requested in the Bureau's November 6, 2014 Letter (stated in italics)

1. *Please update the "Status of Filings as of May 26, 2014" exhibit with any additional dispositions since that date.*

   Attachment 7 to the supplement to the actuarial memorandum reflects the current status of the filings as of March 23, 2015.

2. *Please update the financial projections (particularly Attachments 1,2,6,7,8, [11] of [this appendix]) to a more recent projection date, such as 6/30/2014 or at least 12/31/2013.*

   Attachments 12 through 17 to this appendix are revisions of select attachments to this appendix. Attachments 12 through 17 have been updated to reflect experience through December 31, 2013. The table below provides a listing of corresponding attachments to this appendix.

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Appendix for the LTC4 Tax-Qualified Nursing Facility Only Product

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Appendix Attachment with experience through December 31, 2013	Appendix Attachment
Attachment 12	Attachment 1
Attachment 13	Attachment 2
Attachment 14	Attachment 6
Attachment 15	Attachment 7
Attachment 16	Attachment 8
Attachment 17	Attachment 11

The company does not view Virginia-specific experience as fully credible but is providing it as requested.

3. *Please provide a loss ratio projection similar to Attachments [9]-[10] of [this appendix], but reflecting the actual historical experience during the historical experience period and then, utilizing the actual inforce as of the projection date, projecting forward with the original pricing assumptions for interest, mortality, morbidity and persistency in the future and assuming the future premiums are paid based on the original premium scale with no increases in the Expected Pricing Experience columns E-H. Again, please utilize a more recent projection date as in the previous item.*

   Attachments 18 and 19 to this appendix provide projections similar to Attachments 9 and 10 of this appendix except that the expected values (columns E through H) have been updated to reflect actual historical experience through December 31, 2013 and the policyholders in force as of December 31, 2013. As requested, the original premium scale with no increases and original pricing assumptions are being used to project future experience in columns E through H of Attachments 18 and 19.

   The company does not view Virginia-specific experience as fully credible but is providing it as requested.

MetLife Insurance Company USA

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Appendix for the LTC4 Tax-Qualified Nursing Facility Only Product

March 2015

5. Summary of Attachments and Enclosures

Attachment 1:	Nationwide Experience Projections
Attachment 2:	Virginia-Specific Experience Projections
Attachment 3:	Nationwide Loss Ratio History with Active Life Reserves
Attachment 4:	Virginia-Specific Loss Ratio History with Active Life Reserves
Attachment 5:	Nationwide Breakdown of Incurred Claims
Attachment 6:	Anticipated Loss Ratio
Attachment 7:	Nationwide Restated Experience Projections
Attachment 8:	Virginia-Specific Restated Experience Projections
Attachment 9:	Nationwide A:E Experience by Calendar Year
Attachment 10:	Virginia-Specific A:E Experience by Calendar Year
Attachment 11:	Nationwide 60%/80% Loss Ratio Test
Attachment 12:	Nationwide Experience Projections (experience through December 31, 2013)
Attachment 13:	Virginia-Specific Experience Projections (experience through December 31, 2013)
Attachment 14:	Anticipated Loss Ratio (experience through December 31, 2013)
Attachment 15:	Nationwide Restated Experience Projections (experience through December 31, 2013)
Attachment 16:	Virginia-Specific Restated Experience Projections (experience through December 31, 2013)
Attachment 17:	Nationwide 60%/80% Loss Ratio Test (experience through December 31, 2013)
Attachment 18:	Nationwide A:E Experience by Calendar Year (experience through December 31, 2013)
Attachment 19:	Virginia-Specific A:E Experience by Calendar Year (experience through December 31, 2013)

Enclosures:	MICC OLB 03242015 VA.pdf
	MetLife Insurance Company USA Amendment.pdf

Attachment 1
MetLife Insurance Company USA
Nationwide Experience Projections with No Increase
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Loss Ratio Demonstration									Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest					With Interest				Premium	Morbidity Factors		Persistency Factors					
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
Historical Experience	1998	3,427	0	0	0.0%	26	8,540	0	0	0.0%				0.0000		1.0000		6.50%	2.4921
	1999	276,504	0	0	0.0%	397	647,026	0	0	0.0%				0.0222		0.9778		6.50%	2.3400
	2000	739,022	0	0	0.0%	668	1,623,780	0	0	0.0%				0.0578		0.9422		6.50%	2.1972
	2001	907,491	2,679	73,028	8.0%	647	1,872,245	5,527	150,664	8.0%				0.0541		0.9459		6.50%	2.0631
	2002	867,718	47,430	203,367	23.4%	627	1,680,930	91,880	393,959	23.4%				0.0309		0.9691		6.50%	1.9372
	2003	841,621	112,363	52,439	6.2%	605	1,530,869	204,384	95,385	6.2%				0.0351		0.9649		6.50%	1.8190
	2004	894,035	103,556	222,050	24.8%	573	1,526,954	176,867	379,247	24.8%				0.0529		0.9471		6.50%	1.7079
	2005	905,664	95,703	340,504	37.6%	533	1,452,410	153,479	546,065	37.6%				0.0698		0.9302		6.50%	1.6037
	2006	855,031	103,190	610,740	71.4%	516	1,287,521	155,385	919,663	71.4%				0.0319		0.9681		6.50%	1.5058
	2007	832,927	73,931	32,244	3.9%	504	1,177,687	104,532	45,590	3.9%				0.0233		0.9767		6.50%	1.4139
	2008	808,250	549,240	497,856	61.6%	486	1,073,047	729,180	660,963	61.6%				0.0357		0.9643		6.50%	1.3276
	2009	771,517	571,991	772,464	100.1%	468	961,765	713,038	962,946	100.1%				0.0370		0.9630		6.50%	1.2466
	2010	735,897	671,638	647,681	88.0%	448	861,373	786,157	758,115	88.0%				0.0427		0.9573		6.50%	1.1705
	2011	792,505	718,959	934,774	118.0%	426	871,017	790,184	1,027,380	118.0%				0.0491		0.9509		6.50%	1.0991
	2012	845,313	790,149	895,641	106.0%	410	872,353	815,424	924,291	106.0%				0.0376		0.9624		6.50%	1.0320
Projected Future Experience	2013	804,932	809,294	1,019,981	126.7%	390	779,981	784,209	988,365	126.7%	1.0000	1.1960	1.0000	0.0484	0.0000	0.9516	0.9522	6.50%	0.9690
	2014	755,375	1,105,775	1,099,017	145.5%	369	687,288	1,006,103	999,954	145.5%	1.0000	1.1482	1.0000	0.0537	0.0000	0.9463	0.9384	6.50%	0.9099
	2015	704,436	1,223,463	1,149,785	163.2%	348	601,822	1,045,242	982,297	163.2%	1.0000	1.1218	1.0000	0.0581	0.0000	0.9419	0.9326	6.50%	0.8543
	2016	653,064	1,237,773	1,190,252	182.3%	326	523,880	992,927	954,807	182.3%	1.0000	1.1166	1.0000	0.0626	0.0000	0.9374	0.9271	6.50%	0.8022
	2017	601,750	1,249,264	1,223,774	203.4%	304	453,255	940,982	921,782	203.4%	1.0000	1.1158	1.0000	0.0672	0.0000	0.9328	0.9214	6.50%	0.7532
	2018	550,990	1,260,372	1,246,834	226.3%	282	389,691	891,407	881,832	226.3%	1.0000	1.1127	1.0000	0.0723	0.0000	0.9277	0.9156	6.50%	0.7073
	2019	501,090	1,279,066	1,253,604	250.2%	260	332,769	849,416	832,507	250.2%	1.0000	1.1056	1.0000	0.0782	0.0000	0.9218	0.9094	6.50%	0.6641
	2020	452,586	1,290,923	1,244,566	275.0%	238	282,214	804,968	776,061	275.0%	1.0000	1.0992	1.0000	0.0832	0.0000	0.9168	0.9032	6.50%	0.6236
	2021	406,503	1,292,068	1,225,648	301.5%	218	238,008	756,508	717,619	301.5%	1.0000	1.0964	1.0000	0.0871	0.0000	0.9129	0.8982	6.50%	0.5855
	2022	363,327	1,282,465	1,198,946	330.0%	198	199,745	705,057	659,141	330.0%	1.0000	1.0945	1.0000	0.0911	0.0000	0.9089	0.8938	6.50%	0.5498
	2023	323,121	1,264,411	1,168,483	361.6%	179	166,799	652,706	603,186	361.6%	1.0000	1.0959	1.0000	0.0952	0.0000	0.9048	0.8893	6.50%	0.5162
	2024	285,911	1,240,067	1,134,117	396.7%	161	138,583	601,070	549,715	396.7%	1.0000	1.0969	1.0000	0.0995	0.0000	0.9005	0.8848	6.50%	0.4847
	2025	251,685	1,209,878	1,093,156	434.3%	144	114,548	550,645	497,522	434.3%	1.0000	1.0950	1.0000	0.1038	0.0000	0.8962	0.8803	6.50%	0.4551
	2026	220,398	1,174,536	1,049,638	476.2%	129	94,187	501,934	448,559	476.2%	1.0000	1.0965	1.0000	0.1082	0.0000	0.8918	0.8757	6.50%	0.4273
	2027	191,978	1,135,660	1,006,007	524.0%	114	77,034	455,700	403,675	524.0%	1.0000	1.1003	1.0000	0.1128	0.0000	0.8872	0.8711	6.50%	0.4013
	2028	166,324	1,094,013	959,926	577.1%	101	62,666	412,196	361,675	577.1%	1.0000	1.1014	1.0000	0.1174	0.0000	0.8826	0.8664	6.50%	0.3768
	2029	143,311	1,049,422	909,545	634.7%	89	50,700	371,263	321,777	634.7%	1.0000	1.0997	1.0000	0.1221	0.0000	0.8779	0.8616	6.50%	0.3538
	2030	122,797	1,001,268	853,368	694.9%	77	40,791	332,608	283,477	694.9%	1.0000	1.0950	1.0000	0.1269	0.0000	0.8731	0.8569	6.50%	0.3322
	2031	104,624	948,746	792,557	757.5%	67	32,634	295,925	247,208	757.5%	1.0000	1.0901	1.0000	0.1318	0.0000	0.8682	0.8520	6.50%	0.3119
	2032	88,627	892,119	731,111	824.9%	58	25,957	261,280	214,124	824.9%	1.0000	1.0890	1.0000	0.1368	0.0000	0.8632	0.8471	6.50%	0.2929
	2033	74,633	832,315	669,670	897.3%	50	20,524	228,887	184,159	897.3%	1.0000	1.0877	1.0000	0.1418	0.0000	0.8582	0.8421	6.50%	0.2750
	2034	62,470	770,552	609,400	975.5%	42	16,131	198,969	157,357	975.5%	1.0000	1.0872	1.0000	0.1468	0.0000	0.8532	0.8370	6.50%	0.2582
	2035	51,968	708,368	551,761	1061.7%	36	12,600	171,748	133,778	1061.7%	1.0000	1.0884	1.0000	0.1518	0.0000	0.8482	0.8319	6.50%	0.2425
	2036	42,959	646,917	495,925	1154.4%	30	9,780	147,276	112,902	1154.4%	1.0000	1.0873	1.0000	0.1567	0.0000	0.8433	0.8267	6.50%	0.2277
	2037	35,285	586,860	442,299	1253.5%	25	7,543	125,450	94,548	1253.5%	1.0000	1.0858	1.0000	0.1616	0.0000	0.8384	0.8214	6.50%	0.2138
	2038	28,793	528,510	389,066	1351.2%	21	5,779	106,081	78,092	1351.2%	1.0000	1.0780	1.0000	0.1664	0.0000	0.8336	0.8160	6.50%	0.2007
	2039	23,341	472,077	338,566	1450.5%	18	4,399	88,971	63,808	1450.5%	1.0000	1.0735	1.0000	0.1711	0.0000	0.8289	0.8106	6.50%	0.1885
	2040	18,795	417,969	290,626	1546.3%	14	3,326	73,966	51,430	1546.3%	1.0000	1.0660	1.0000	0.1756	0.0000	0.8244	0.8052	6.50%	0.1770
	2041	15,033	366,395	246,231	1637.9%	12	2,498	60,882	40,915	1637.9%	1.0000	1.0592	1.0000	0.1798	0.0000	0.8202	0.7999	6.50%	0.1662
	2042	11,945	317,970	206,288	1727.0%	10	1,864	49,610	32,185	1727.0%	1.0000	1.0544	1.0000	0.1838	0.0000	0.8162	0.7946	6.50%	0.1560
	2043	9,429	273,161	170,531	1808.5%	8	1,381	40,018	24,983	1808.5%	1.0000	1.0472	1.0000	0.1874	0.0000	0.8126	0.7894	6.50%	0.1465
	2044	7,397	232,232	139,140	1881.2%	6	1,017	31,945	19,140	1881.2%	1.0000	1.0402	1.0000	0.1906	0.0000	0.8094	0.7844	6.50%	0.1376
	2045	5,767	195,536	113,092	1960.9%	5	745	25,256	14,607	1960.9%	1.0000	1.0424	1.0000	0.1934	0.0000	0.8066	0.7797	6.50%	0.1292
	2046	4,472	163,594	92,630	2071.5%	4	542	19,841	11,234	2071.5%	1.0000	1.0564	1.0000	0.1958	0.0000	0.8042	0.7753	6.50%	0.1213
	2047	3,449	136,571	76,663	2222.8%	3	393	15,552	8,730	2222.8%	1.0000	1.0730	1.0000	0.1980	0.0000	0.8020	0.7713	6.50%	0.1139
	2048	2,647	113,873	62,813	2372.8%	3	283	12,176	6,716	2372.8%	1.0000	1.0675	1.0000	0.1999	0.0000	0.8001	0.7675	6.50%	0.1069
	2049	2,023	94,740	51,304	2536.5%	2	203	9,512	5,151	2536.5%	1.0000	1.0690	1.0000	0.2019	0.0000	0.7981	0.7641	6.50%	0.1004
	2050	1,539	78,594	41,556	2700.5%	2	145	7,409	3,918	2700.5%	1.0000	1.0647	1.0000	0.2040	0.0000	0.7960	0.7608	6.50%	0.0943
	2051	1,166	64,913	33,297	2856.0%	1	103	5,746	2,947	2856.0%	1.0000	1.0576	1.0000	0.2063	0.0000	0.7937	0.7577	6.50%	0.0885
	2052	880	53,335	26,579	3020.9%	1	73	4,433	2,209	3020.9%	1.0000	1.0577	1.0000	0.2089	0.0000	0.7911	0.7547	6.50%	0.0831
	Past	11,076,922	3,840,829	5,282,787	47.7%	7,334	17,447,517	4,726,038	6,864,267	39.3%									
	Future	8,096,819	30,095,069	26,597,750	328.5%	4,347	5,381,884	14,635,873	13,694,094	254.4%									
	Lifetime	19,173,741	33,935,897	31,880,537	166.3%	11,681	22,829,401	19,361,911	20,558,360	90.1%									

Attachment 1
MetLife Insurance Company USA
Nationwide Experience Projections with 25.7% Increase
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Loss Ratio Demonstration									Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest					With Interest				Premium	Morbidity Factors		Persistency Factors					
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
Historical Experience	1998	3,427	0	0	0.0%	26	8,540	0	0	0.0%				0.0000		1.0000		6.50%	2.4921
	1999	276,504	0	0	0.0%	397	647,026	0	0	0.0%				0.0222		0.9778		6.50%	2.3400
	2000	739,022	0	0	0.0%	668	1,623,780	0	0	0.0%				0.0578		0.9422		6.50%	2.1972
	2001	907,491	2,679	73,028	8.0%	647	1,872,245	5,527	150,664	8.0%				0.0541		0.9459		6.50%	2.0631
	2002	867,718	47,430	203,367	23.4%	627	1,680,930	91,880	393,959	23.4%				0.0309		0.9691		6.50%	1.9372
	2003	841,621	112,363	52,439	6.2%	605	1,530,869	204,384	95,385	6.2%				0.0351		0.9649		6.50%	1.8190
	2004	894,035	103,556	222,050	24.8%	573	1,526,954	176,867	379,247	24.8%				0.0529		0.9471		6.50%	1.7079
	2005	905,664	95,703	340,504	37.6%	533	1,452,410	153,479	546,065	37.6%				0.0698		0.9302		6.50%	1.6037
	2006	855,031	103,190	610,740	71.4%	516	1,287,521	155,385	919,663	71.4%				0.0319		0.9681		6.50%	1.5058
	2007	832,927	73,931	32,244	3.9%	504	1,177,687	104,532	45,590	3.9%				0.0233		0.9767		6.50%	1.4139
	2008	808,250	549,240	497,856	61.6%	486	1,073,047	729,180	660,963	61.6%				0.0357		0.9643		6.50%	1.3276
	2009	771,517	571,991	772,464	100.1%	468	961,765	713,038	962,946	100.1%				0.0370		0.9630		6.50%	1.2466
	2010	735,897	671,638	647,681	88.0%	448	861,373	786,157	758,115	88.0%				0.0427		0.9573		6.50%	1.1705
	2011	792,505	718,959	934,774	118.0%	426	871,017	790,184	1,027,380	118.0%				0.0491		0.9509		6.50%	1.0991
	2012	845,313	790,149	895,641	106.0%	410	872,353	815,424	924,291	106.0%				0.0376		0.9624		6.50%	1.0320
Projected Future Experience	2013	804,932	809,294	1,019,981	126.7%	390	779,981	784,209	988,365	126.7%	1.0000	1.1960	1.0000	0.0484	0.0000	0.9516	0.9522	6.50%	0.9690
	2014	835,606	1,102,448	1,082,739	129.6%	366	760,287	1,003,075	985,144	129.6%	1.1326	1.1459	1.0050	0.0537	0.0100	0.9368	0.9218	6.50%	0.9099
	2015	854,093	1,211,168	1,119,020	131.0%	344	729,677	1,034,738	956,013	131.0%	1.1098	1.1185	1.0090	0.0581	0.0000	0.9419	0.9157	6.50%	0.8543
	2016	791,806	1,216,089	1,158,405	146.3%	323	635,178	975,533	929,259	146.3%	1.0000	1.1067	1.0090	0.0626	0.0000	0.9374	0.9271	6.50%	0.8022
	2017	729,591	1,221,629	1,191,030	163.2%	301	549,548	920,166	897,118	163.2%	1.0000	1.1059	1.0090	0.0672	0.0000	0.9328	0.9214	6.50%	0.7532
	2018	668,046	1,229,396	1,213,473	181.6%	279	472,480	869,499	858,237	181.6%	1.0000	1.1028	1.0090	0.0723	0.0000	0.9277	0.9156	6.50%	0.7073
	2019	607,546	1,246,246	1,220,062	200.8%	257	403,466	827,621	810,232	200.8%	1.0000	1.0957	1.0090	0.0782	0.0000	0.9218	0.9094	6.50%	0.6641
	2020	548,737	1,257,178	1,211,265	220.7%	236	342,170	783,926	755,296	220.7%	1.0000	1.0894	1.0090	0.0832	0.0000	0.9168	0.9032	6.50%	0.6236
	2021	492,864	1,258,021	1,192,853	242.0%	215	288,573	736,573	698,418	242.0%	1.0000	1.0867	1.0090	0.0871	0.0000	0.9129	0.8982	6.50%	0.5855
	2022	440,515	1,248,498	1,166,866	264.9%	196	242,181	686,383	641,504	264.9%	1.0000	1.0847	1.0090	0.0911	0.0000	0.9089	0.8938	6.50%	0.5498
	2023	391,768	1,230,814	1,137,218	290.3%	177	202,236	635,362	587,047	290.3%	1.0000	1.0861	1.0090	0.0952	0.0000	0.9048	0.8893	6.50%	0.5162
	2024	346,652	1,207,047	1,103,772	318.4%	160	168,025	585,064	535,006	318.4%	1.0000	1.0871	1.0090	0.0995	0.0000	0.9005	0.8848	6.50%	0.4847
	2025	305,155	1,177,616	1,063,906	348.6%	143	138,883	535,961	484,209	348.6%	1.0000	1.0852	1.0090	0.1038	0.0000	0.8962	0.8803	6.50%	0.4551
	2026	267,222	1,143,186	1,021,553	382.3%	128	114,196	488,537	436,557	382.3%	1.0000	1.0867	1.0090	0.1082	0.0000	0.8918	0.8757	6.50%	0.4273
	2027	232,764	1,105,329	979,089	420.6%	113	93,400	443,529	392,874	420.6%	1.0000	1.0905	1.0090	0.1128	0.0000	0.8872	0.8711	6.50%	0.4013
	2028	201,659	1,064,781	934,241	463.3%	100	75,980	401,182	351,998	463.3%	1.0000	1.0915	1.0090	0.1174	0.0000	0.8826	0.8664	6.50%	0.3768
	2029	173,757	1,021,371	885,208	509.5%	88	61,471	361,339	313,168	509.5%	1.0000	1.0899	1.0090	0.1221	0.0000	0.8779	0.8616	6.50%	0.3538
	2030	148,885	974,497	830,535	557.8%	77	49,457	323,715	275,892	557.8%	1.0000	1.0852	1.0090	0.1269	0.0000	0.8731	0.8569	6.50%	0.3322
	2031	126,851	923,374	771,350	608.1%	66	39,566	288,012	240,594	608.1%	1.0000	1.0803	1.0090	0.1318	0.0000	0.8682	0.8520	6.50%	0.3119
	2032	107,455	868,258	711,549	662.2%	57	31,471	254,291	208,395	662.2%	1.0000	1.0793	1.0090	0.1368	0.0000	0.8632	0.8471	6.50%	0.2929
	2033	90,488	810,051	651,752	720.3%	49	24,884	222,764	179,232	720.3%	1.0000	1.0780	1.0090	0.1418	0.0000	0.8582	0.8421	6.50%	0.2750
	2034	75,742	749,938	593,095	783.0%	42	19,558	193,646	153,147	783.0%	1.0000	1.0775	1.0090	0.1468	0.0000	0.8532	0.8370	6.50%	0.2582
	2035	63,008	689,417	536,997	852.3%	36	15,277	167,154	130,198	852.3%	1.0000	1.0787	1.0090	0.1518	0.0000	0.8482	0.8319	6.50%	0.2425
	2036	52,086	629,609	482,655	926.7%	30	11,858	143,336	109,881	926.7%	1.0000	1.0776	1.0090	0.1567	0.0000	0.8433	0.8267	6.50%	0.2277
	2037	42,781	571,158	430,464	1006.2%	25	9,145	122,093	92,018	1006.2%	1.0000	1.0761	1.0090	0.1616	0.0000	0.8384	0.8214	6.50%	0.2138
	2038	34,910	514,370	378,656	1084.7%	21	7,007	103,243	76,003	1084.7%	1.0000	1.0684	1.0090	0.1664	0.0000	0.8336	0.8160	6.50%	0.2007
	2039	28,299	459,446	329,507	1164.4%	17	5,334	86,591	62,101	1164.4%	1.0000	1.0639	1.0090	0.1711	0.0000	0.8289	0.8106	6.50%	0.1885
	2040	22,788	406,785	282,849	1241.2%	14	4,033	71,987	50,054	1241.2%	1.0000	1.0565	1.0090	0.1756	0.0000	0.8244	0.8052	6.50%	0.1770
	2041	18,227	356,592	239,643	1314.7%	12	3,029	59,253	39,820	1314.7%	1.0000	1.0498	1.0090	0.1798	0.0000	0.8202	0.7999	6.50%	0.1662
	2042	14,483	309,462	200,768	1386.3%	10	2,260	48,283	31,324	1386.3%	1.0000	1.0450	1.0090	0.1838	0.0000	0.8162	0.7946	6.50%	0.1560
	2043	11,432	265,852	165,968	1451.7%	8	1,675	38,947	24,314	1451.7%	1.0000	1.0379	1.0090	0.1874	0.0000	0.8126	0.7894	6.50%	0.1465
	2044	8,968	226,018	135,417	1510.0%	6	1,234	31,091	18,628	1510.0%	1.0000	1.0309	1.0090	0.1906	0.0000	0.8094	0.7844	6.50%	0.1376
	2045	6,993	190,304	110,066	1574.0%	5	903	24,580	14,216	1574.0%	1.0000	1.0331	1.0090	0.1934	0.0000	0.8066	0.7797	6.50%	0.1292
	2046	5,422	159,217	90,152	1662.8%	4	658	19,310	10,934	1662.8%	1.0000	1.0470	1.0090	0.1958	0.0000	0.8042	0.7753	6.50%	0.1213
	2047	4,182	132,917	74,612	1784.2%	3	476	15,136	8,497	1784.2%	1.0000	1.0635	1.0090	0.1980	0.0000	0.8020	0.7713	6.50%	0.1139
	2048	3,210	110,826	61,133	1904.6%	3	343	11,850	6,537	1904.6%	1.0000	1.0580	1.0090	0.1999	0.0000	0.8001	0.7675	6.50%	0.1069
	2049	2,452	92,205	49,931	2036.0%	2	246	9,258	5,013	2036.0%	1.0000	1.0594	1.0090	0.2019	0.0000	0.7981	0.7641	6.50%	0.1004
	2050	1,866	76,491	40,444	2167.7%	2	176	7,211	3,813	2167.7%	1.0000	1.0552	1.0090	0.2040	0.0000	0.7960	0.7608	6.50%	0.0943
	2051	1,414	63,177	32,406	2292.5%	1	125	5,592	2,869	2292.5%	1.0000	1.0481	1.0090	0.2063	0.0000	0.7937	0.7577	6.50%	0.0885
	2052	1,067	51,908	25,868	2424.9%	1	89	4,314	2,150	2424.9%	1.0000	1.0483	1.0090	0.2089	0.0000	0.7911	0.7547	6.50%	0.0831
	Past	11,076,922	3,840,829	5,282,787	47.7%	7,334	17,447,517	4,726,038	6,864,267	39.3%									
	Future	9,565,720	29,381,984	25,926,499	271.0%	4,308	6,286,536	14,324,354	13,366,074	212.6%									
	Lifetime	20,642,642	33,222,813	31,209,286	151.2%	11,642	23,734,053	19,050,393	20,230,341	85.2%									

Attachment 2
MetLife Insurance Company USA
Virginia-Specific Experience Projections with No Increase
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Loss Ratio Demonstration									Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest					With Interest				Premium	Morbidity Factors		Persistency Factors					
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
	1998	0	0	0	0.0%	0	0	0	0	0.0%				0.0000		1.0000		6.50%	2.4921
Historical	1999	11,223	0	0	0.0%	14	26,261	0	0	0.0%				0.0667		0.9333		6.50%	2.3400
Experience	2000	25,678	0	0	0.0%	15	56,419	0	0	0.0%				0.0625		0.9375		6.50%	2.1972
	2001	23,965	0	0	0.0%	14	49,443	0	0	0.0%				0.0667		0.9333		6.50%	2.0631
	2002	22,977	0	0	0.0%	14	44,511	0	0	0.0%				0.0000		1.0000		6.50%	1.9372
	2003	23,019	0	0	0.0%	14	41,871	0	0	0.0%				0.0000		1.0000		6.50%	1.8190
	2004	23,071	0	0	0.0%	14	39,404	0	0	0.0%				0.0000		1.0000		6.50%	1.7079
	2005	22,478	0	0	0.0%	13	36,047	0	0	0.0%				0.0714		0.9286		6.50%	1.6037
	2006	23,230	0	0	0.0%	13	34,980	0	0	0.0%				0.0000		1.0000		6.50%	1.5058
	2007	24,806	0	0	0.0%	13	35,074	0	0	0.0%				0.0000		1.0000		6.50%	1.4139
	2008	25,119	0	0	0.0%	13	33,348	0	0	0.0%				0.0000		1.0000		6.50%	1.3276
	2009	24,441	0	0	0.0%	12	30,468	0	0	0.0%				0.0769		0.9231		6.50%	1.2466
	2010	24,056	0	717	3.0%	12	28,158	0	839	3.0%				0.0000		1.0000		6.50%	1.1705
	2011	24,025	0	3,049	12.7%	11	26,406	0	3,351	12.7%				0.0833		0.9167		6.50%	1.0991
	2012	28,189	0	15,885	56.4%	11	29,090	0	16,393	56.4%				0.0000		1.0000		6.50%	1.0320
	2013	29,824	15,062	58,366	195.7%	10	28,899	14,595	56,557	195.7%	1.0000	3.4730	1.0000	0.0525	0.0000	0.9475	1.0580	6.50%	0.9690
Projected	2014	27,708	36,894	60,590	218.7%	10	25,211	33,568	55,129	218.7%	1.0000	1.1173	1.0000	0.0578	0.0000	0.9422	0.9291	6.50%	0.9099
Future	2015	25,555	50,413	61,917	242.3%	9	21,833	43,069	52,898	242.3%	1.0000	1.1080	1.0000	0.0629	0.0000	0.9371	0.9223	6.50%	0.8543
Experience	2016	23,392	58,356	63,746	272.5%	9	18,765	46,813	51,136	272.5%	1.0000	1.1248	1.0000	0.0685	0.0000	0.9315	0.9153	6.50%	0.8022
	2017	21,246	62,735	64,981	305.9%	8	16,003	47,254	48,946	305.9%	1.0000	1.1223	1.0000	0.0741	0.0000	0.9259	0.9083	6.50%	0.7532
	2018	19,151	65,083	65,361	341.3%	7	13,544	46,030	46,227	341.3%	1.0000	1.1159	1.0000	0.0797	0.0000	0.9203	0.9014	6.50%	0.7073
	2019	17,115	65,945	64,730	378.2%	7	11,366	43,794	42,987	378.2%	1.0000	1.1082	1.0000	0.0876	0.0000	0.9124	0.8937	6.50%	0.6641
	2020	15,171	65,987	62,855	414.3%	6	9,460	41,147	39,194	414.3%	1.0000	1.0954	1.0000	0.0929	0.0000	0.9071	0.8864	6.50%	0.6236
	2021	13,366	64,965	59,990	448.8%	5	7,826	38,037	35,124	448.8%	1.0000	1.0833	1.0000	0.0977	0.0000	0.9023	0.8810	6.50%	0.5855
	2022	11,705	62,961	56,403	481.9%	5	6,435	34,614	31,008	481.9%	1.0000	1.0736	1.0000	0.1026	0.0000	0.8974	0.8758	6.50%	0.5498
	2023	10,189	60,299	52,457	514.8%	4	5,260	31,127	27,079	514.8%	1.0000	1.0684	1.0000	0.1075	0.0000	0.8925	0.8705	6.50%	0.5162
	2024	8,817	57,152	48,128	545.8%	4	4,274	27,702	23,328	545.8%	1.0000	1.0603	1.0000	0.1125	0.0000	0.8875	0.8653	6.50%	0.4847
	2025	7,585	53,516	43,217	569.8%	3	3,452	24,356	19,669	569.8%	1.0000	1.0438	1.0000	0.1175	0.0000	0.8825	0.8603	6.50%	0.4551
	2026	6,488	49,515	38,343	591.0%	3	2,773	21,160	16,386	591.0%	1.0000	1.0373	1.0000	0.1225	0.0000	0.8775	0.8554	6.50%	0.4273
	2027	5,519	45,412	34,205	619.8%	3	2,215	18,222	13,725	619.8%	1.0000	1.0487	1.0000	0.1275	0.0000	0.8725	0.8507	6.50%	0.4013
	2028	4,670	41,426	30,568	654.6%	2	1,759	15,608	11,517	654.6%	1.0000	1.0562	1.0000	0.1327	0.0000	0.8673	0.8461	6.50%	0.3768
	2029	3,930	37,681	27,514	700.1%	2	1,390	13,331	9,734	700.1%	1.0000	1.0694	1.0000	0.1380	0.0000	0.8620	0.8417	6.50%	0.3538
	2030	3,290	34,279	24,875	756.0%	2	1,093	11,387	8,263	756.0%	1.0000	1.0798	1.0000	0.1437	0.0000	0.8563	0.8372	6.50%	0.3322
	2031	2,740	31,228	22,490	820.8%	1	855	9,741	7,015	820.8%	1.0000	1.0857	1.0000	0.1496	0.0000	0.8504	0.8327	6.50%	0.3119
	2032	2,269	28,440	20,172	889.1%	1	664	8,329	5,908	889.1%	1.0000	1.0832	1.0000	0.1560	0.0000	0.8440	0.8280	6.50%	0.2929
	2033	1,867	25,790	17,898	958.5%	1	514	7,092	4,922	958.5%	1.0000	1.0780	1.0000	0.1627	0.0000	0.8373	0.8230	6.50%	0.2750
	2034	1,527	23,235	15,903	1041.5%	1	394	6,000	4,106	1041.5%	1.0000	1.0866	1.0000	0.1697	0.0000	0.8303	0.8177	6.50%	0.2582
	2035	1,240	20,736	13,808	1113.7%	1	301	5,028	3,348	1113.7%	1.0000	1.0693	1.0000	0.1771	0.0000	0.8229	0.8120	6.50%	0.2425
	2036	999	18,248	11,702	1171.0%	1	227	4,154	2,664	1171.0%	1.0000	1.0515	1.0000	0.1848	0.0000	0.8152	0.8060	6.50%	0.2277
	2037	799	15,810	9,804	1226.6%	1	171	3,380	2,096	1226.6%	1.0000	1.0475	1.0000	0.1927	0.0000	0.8073	0.7998	6.50%	0.2138
	2038	634	13,497	8,033	1266.5%	1	127	2,709	1,612	1266.5%	1.0000	1.0325	1.0000	0.2007	0.0000	0.7993	0.7935	6.50%	0.2007
	2039	499	11,363	6,485	1298.9%	1	94	2,142	1,222	1298.9%	1.0000	1.0256	1.0000	0.2091	0.0000	0.7909	0.7872	6.50%	0.1885
	2040	390	9,447	5,191	1332.0%	1	69	1,672	919	1332.0%	1.0000	1.0255	1.0000	0.2178	0.0000	0.7822	0.7805	6.50%	0.1770
	2041	301	7,763	4,110	1364.0%	1	50	1,290	683	1364.0%	1.0000	1.0241	1.0000	0.2271	0.0000	0.7729	0.7733	6.50%	0.1662
	2042	231	6,319	3,303	1432.6%	1	36	986	515	1432.6%	1.0000	1.0503	1.0000	0.2374	0.0000	0.7626	0.7651	6.50%	0.1560
	2043	174	5,101	2,550	1464.3%	1	26	747	374	1464.3%	1.0000	1.0222	1.0000	0.2491	0.0000	0.7509	0.7554	6.50%	0.1465
	2044	130	4,072	1,975	1524.3%	1	18	560	272	1524.3%	1.0000	1.0410	1.0000	0.2625	0.0000	0.7375	0.7440	6.50%	0.1376
	2045	95	3,223	1,505	1590.8%	1	12	416	194	1590.8%	1.0000	1.0436	1.0000	0.2780	0.0000	0.7220	0.7304	6.50%	0.1292
	2046	68	2,526	1,120	1656.9%	1	8	306	136	1656.9%	1.0000	1.0416	1.0000	0.2960	0.0000	0.7040	0.7143	6.50%	0.1213
	2047	47	1,956	849	1807.1%	1	5	223	97	1807.1%	1.0000	1.0907	1.0000	0.3168	0.0000	0.6832	0.6954	6.50%	0.1139
	2048	32	1,490	600	1894.0%	1	3	159	64	1894.0%	1.0000	1.0481	1.0000	0.3407	0.0000	0.6593	0.6735	6.50%	0.1069
	2049	21	1,112	407	1983.7%	1	2	112	41	1983.7%	1.0000	1.0474	1.0000	0.3680	0.0000	0.6320	0.6486	6.50%	0.1004
	2050	13	812	264	2075.9%	1	1	77	25	2075.9%	1.0000	1.0465	1.0000	0.3987	0.0000	0.6013	0.6204	6.50%	0.0943
	2051	8	579	163	2169.1%	1	1	51	14	2169.1%	1.0000	1.0449	1.0000	0.4329	0.0000	0.5671	0.5892	6.50%	0.0885
	2052	4	402	94	2263.4%	1	0	33	8	2263.4%	1.0000	1.0435	1.0000	0.4707	0.0000	0.5293	0.5548	6.50%	0.0831
	Past	326,278	0	19,650	6.0%	183	511,481	0	20,583	4.0%									
	Future	268,806	1,160,829	1,066,672	396.8%	122	185,136	607,021	625,142	337.7%									
	Lifetime	595,084	1,160,829	1,086,323	182.5%	305	696,617	607,021	645,724	92.7%									

Attachment 2
MetLife Insurance Company USA
Virginia-Specific Experience Projections with 25.7% Increase
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Loss Ratio Demonstration									Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest					With Interest				Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
	1998	0	0	0	0.0%	0	0	0	0	0.0%				0.0000		1.0000		6.50%	2.4921
Historical	1999	11,223	0	0	0.0%	14	26,261	0	0	0.0%				0.0667		0.9333		6.50%	2.3400
Experience	2000	25,678	0	0	0.0%	15	56,419	0	0	0.0%				0.0625		0.9375		6.50%	2.1972
	2001	23,965	0	0	0.0%	14	49,443	0	0	0.0%				0.0667		0.9333		6.50%	2.0631
	2002	22,977	0	0	0.0%	14	44,511	0	0	0.0%				0.0000		1.0000		6.50%	1.9372
	2003	23,019	0	0	0.0%	14	41,871	0	0	0.0%				0.0000		1.0000		6.50%	1.8190
	2004	23,071	0	0	0.0%	14	39,404	0	0	0.0%				0.0000		1.0000		6.50%	1.7079
	2005	22,478	0	0	0.0%	13	36,047	0	0	0.0%				0.0714		0.9286		6.50%	1.6037
	2006	23,230	0	0	0.0%	13	34,980	0	0	0.0%				0.0000		1.0000		6.50%	1.5058
	2007	24,806	0	0	0.0%	13	35,074	0	0	0.0%				0.0000		1.0000		6.50%	1.4139
	2008	25,119	0	0	0.0%	13	33,348	0	0	0.0%				0.0000		1.0000		6.50%	1.3276
	2009	24,441	0	0	0.0%	12	30,468	0	0	0.0%				0.0769		0.9231		6.50%	1.2466
	2010	24,056	0	717	3.0%	12	28,158	0	839	3.0%				0.0000		1.0000		6.50%	1.1705
	2011	24,025	0	3,049	12.7%	11	26,406	0	3,351	12.7%				0.0833		0.9167		6.50%	1.0991
	2012	28,189	0	15,885	56.4%	11	29,090	0	16,393	56.4%				0.0000		1.0000		6.50%	1.0320
	2013	29,824	15,062	58,366	195.7%	10	28,899	14,595	56,557	195.7%	1.0000	3.4730	1.0000	0.0525	0.0000	0.9475	1.0580	6.50%	0.9690
Projected	2014	30,193	36,727	59,802	198.1%	10	27,471	33,417	54,411	198.1%	1.1136	1.1147	1.0044	0.0578	0.0100	0.9328	0.9152	6.50%	0.9099
Future	2015	30,984	49,806	60,261	194.5%	9	26,471	42,551	51,483	194.5%	1.1288	1.1058	1.0090	0.0629	0.0000	0.9371	0.9031	6.50%	0.8543
Experience	2016	28,361	57,281	62,041	218.8%	8	22,751	45,950	49,768	218.8%	1.0000	1.1147	1.0090	0.0685	0.0000	0.9315	0.9153	6.50%	0.8022
	2017	25,760	61,337	63,243	245.5%	8	19,403	46,201	47,636	245.5%	1.0000	1.1123	1.0090	0.0741	0.0000	0.9259	0.9083	6.50%	0.7532
	2018	23,219	63,493	63,612	274.0%	7	16,422	44,906	44,990	274.0%	1.0000	1.1059	1.0090	0.0797	0.0000	0.9203	0.9014	6.50%	0.7073
	2019	20,751	64,254	62,998	303.6%	7	13,780	42,670	41,837	303.6%	1.0000	1.0983	1.0090	0.0876	0.0000	0.9124	0.8937	6.50%	0.6641
	2020	18,394	64,261	61,173	332.6%	6	11,470	40,071	38,145	332.6%	1.0000	1.0857	1.0090	0.0929	0.0000	0.9071	0.8864	6.50%	0.6236
	2021	16,205	63,254	58,385	360.3%	5	9,488	37,035	34,185	360.3%	1.0000	1.0737	1.0090	0.0977	0.0000	0.9023	0.8810	6.50%	0.5855
	2022	14,192	61,295	54,893	386.8%	5	7,802	33,698	30,179	386.8%	1.0000	1.0640	1.0090	0.1026	0.0000	0.8974	0.8758	6.50%	0.5498
	2023	12,354	58,698	51,053	413.2%	4	6,377	30,301	26,354	413.2%	1.0000	1.0588	1.0090	0.1075	0.0000	0.8925	0.8705	6.50%	0.5162
	2024	10,690	55,632	46,840	438.2%	4	5,182	26,965	22,704	438.2%	1.0000	1.0508	1.0090	0.1125	0.0000	0.8875	0.8653	6.50%	0.4847
	2025	9,196	52,090	42,061	457.4%	3	4,186	23,708	19,143	457.4%	1.0000	1.0345	1.0090	0.1175	0.0000	0.8825	0.8603	6.50%	0.4551
	2026	7,866	48,195	37,317	474.4%	3	3,362	20,596	15,947	474.4%	1.0000	1.0280	1.0090	0.1225	0.0000	0.8775	0.8554	6.50%	0.4273
	2027	6,691	44,200	33,290	497.5%	3	2,685	17,736	13,358	497.5%	1.0000	1.0393	1.0090	0.1275	0.0000	0.8725	0.8507	6.50%	0.4013
	2028	5,662	40,320	29,750	525.5%	2	2,133	15,191	11,209	525.5%	1.0000	1.0468	1.0090	0.1327	0.0000	0.8673	0.8461	6.50%	0.3768
	2029	4,765	36,675	26,778	562.0%	2	1,686	12,975	9,473	562.0%	1.0000	1.0599	1.0090	0.1380	0.0000	0.8620	0.8417	6.50%	0.3538
	2030	3,989	33,363	24,209	606.8%	2	1,325	11,083	8,042	606.8%	1.0000	1.0702	1.0090	0.1437	0.0000	0.8563	0.8372	6.50%	0.3322
	2031	3,322	30,394	21,888	658.8%	1	1,036	9,480	6,827	658.8%	1.0000	1.0760	1.0090	0.1496	0.0000	0.8504	0.8327	6.50%	0.3119
	2032	2,751	27,679	19,632	713.7%	1	806	8,107	5,750	713.7%	1.0000	1.0736	1.0090	0.1560	0.0000	0.8440	0.8280	6.50%	0.2929
	2033	2,264	25,101	17,419	769.4%	1	623	6,903	4,790	769.4%	1.0000	1.0684	1.0090	0.1627	0.0000	0.8373	0.8230	6.50%	0.2750
	2034	1,851	22,613	15,477	836.0%	1	478	5,839	3,996	836.0%	1.0000	1.0769	1.0090	0.1697	0.0000	0.8303	0.8177	6.50%	0.2582
	2035	1,503	20,181	13,439	894.0%	1	364	4,893	3,258	894.0%	1.0000	1.0598	1.0090	0.1771	0.0000	0.8229	0.8120	6.50%	0.2425
	2036	1,212	17,760	11,389	940.0%	1	276	4,043	2,593	940.0%	1.0000	1.0421	1.0090	0.1848	0.0000	0.8152	0.8060	6.50%	0.2277
	2037	969	15,387	9,541	984.6%	1	207	3,289	2,040	984.6%	1.0000	1.0381	1.0090	0.1927	0.0000	0.8073	0.7998	6.50%	0.2138
	2038	769	13,136	7,818	1016.6%	1	154	2,637	1,569	1016.6%	1.0000	1.0233	1.0090	0.2007	0.0000	0.7993	0.7935	6.50%	0.2007
	2039	605	11,059	6,311	1042.6%	1	114	2,084	1,189	1042.6%	1.0000	1.0164	1.0090	0.2091	0.0000	0.7909	0.7872	6.50%	0.1885
	2040	472	9,194	5,052	1069.2%	1	84	1,627	894	1069.2%	1.0000	1.0163	1.0090	0.2178	0.0000	0.7822	0.7805	6.50%	0.1770
	2041	365	7,556	4,000	1094.9%	1	61	1,255	665	1094.9%	1.0000	1.0149	1.0090	0.2271	0.0000	0.7729	0.7733	6.50%	0.1662
	2042	280	6,150	3,214	1149.9%	1	44	960	502	1149.9%	1.0000	1.0409	1.0090	0.2374	0.0000	0.7626	0.7651	6.50%	0.1560
	2043	211	4,965	2,482	1175.4%	1	31	727	364	1175.4%	1.0000	1.0131	1.0090	0.2491	0.0000	0.7509	0.7554	6.50%	0.1465
	2044	157	3,963	1,922	1223.6%	1	22	545	264	1223.6%	1.0000	1.0317	1.0090	0.2625	0.0000	0.7375	0.7440	6.50%	0.1376
	2045	115	3,137	1,465	1276.9%	1	15	405	189	1276.9%	1.0000	1.0343	1.0090	0.2780	0.0000	0.7220	0.7304	6.50%	0.1292
	2046	82	2,458	1,090	1330.0%	1	10	298	132	1330.0%	1.0000	1.0323	1.0090	0.2960	0.0000	0.7040	0.7143	6.50%	0.1213
	2047	57	1,903	827	1450.6%	1	6	217	94	1450.6%	1.0000	1.0809	1.0090	0.3168	0.0000	0.6832	0.6954	6.50%	0.1139
	2048	38	1,451	584	1520.3%	1	4	155	62	1520.3%	1.0000	1.0387	1.0090	0.3407	0.0000	0.6593	0.6735	6.50%	0.1069
	2049	25	1,082	396	1592.3%	1	2	109	40	1592.3%	1.0000	1.0380	1.0090	0.3680	0.0000	0.6320	0.6486	6.50%	0.1004
	2050	15	790	257	1666.3%	1	1	75	24	1666.3%	1.0000	1.0371	1.0090	0.3987	0.0000	0.6013	0.6204	6.50%	0.0943
	2051	9	563	158	1741.1%	1	1	50	14	1741.1%	1.0000	1.0356	1.0090	0.4329	0.0000	0.5671	0.5892	6.50%	0.0885
	2052	5	392	92	1816.8%	1	0	33	8	1816.8%	1.0000	1.0342	1.0090	0.4707	0.0000	0.5293	0.5548	6.50%	0.0831
	Past	326,278	0	19,650	6.0%	183	511,481	0	20,583	4.0%									
	Future	316,175	1,132,855	1,040,526	329.1%	121	215,232	593,377	610,686	283.7%									
	Lifetime	642,453	1,132,855	1,060,176	165.0%	304	726,713	593,377	631,268	86.9%									

Attachment 3
MetLife Insurance Company USA
Incurred Loss Ratio Including the Change in Active Life Reserves
Nationwide Experience, without Interest
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

Calendar Year	(a) Earned Premium	(b) Incurred Claims	(c) Change in Active Life Reserves	(d) = (b+c)/(a) Incurred Loss Ratio
1998	3,427	0	4,429	129.2%
1999	276,504	0	67,861	24.5%
2000	739,022	0	353,620	47.8%
2001	907,491	73,028	614,759	75.8%
2002	867,718	203,367	676,561	101.4%
2003	841,621	52,439	665,047	85.3%
2004	894,035	222,050	630,318	95.3%
2005	905,664	340,504	476,754	90.2%
2006	855,031	610,740	579,757	139.2%
2007	832,927	32,244	633,000	79.9%
2008	808,250	497,856	575,959	132.9%
2009	771,517	772,464	520,612	167.6%
2010	735,897	647,681	509,734	157.3%
2011	792,505	934,774	547,044	187.0%
2012	845,313	895,641	550,659	171.1%
Total	11,076,922	5,282,787	7,406,113	114.6%

Attachment 4
MetLife Insurance Company USA
Incurred Loss Ratio Including the Change in Active Life Reserves
Virginia-Specific Experience, without Interest
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

Calendar Year	(a) Earned Premium	(b) Incurred Claims	(c) Change in Active Life Reserves	(d) = (b+c)/(a) Incurred Loss Ratio
1998	0	0	0	0.0%
1999	11,223	0	3,099	27.6%
2000	25,678	0	13,634	53.1%
2001	23,965	0	17,676	73.8%
2002	22,977	0	20,105	87.5%
2003	23,019	0	21,221	92.2%
2004	23,071	0	22,390	97.0%
2005	22,478	0	12,354	55.0%
2006	23,230	0	22,796	98.1%
2007	24,806	0	23,971	96.6%
2008	25,119	0	25,495	101.5%
2009	24,441	0	2,572	10.5%
2010	24,056	717	24,417	104.5%
2011	24,025	3,049	20,737	99.0%
2012	28,189	15,885	25,741	147.7%
Total	326,278	19,650	256,207	84.5%

Attachment 5
MetLife Insurance Company USA
Nationwide Reserve Experience as of December 31, 2012
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

Incurral Year	Incurred Claims*	Paid Claims*	IBNR*	DLR*	Active Life Reserve
1998	0	0	0	0	
1999	0	0	0	0	
2000	0	0	0	0	
2001	73,028	73,028	0	0	
2002	203,367	203,367	0	0	
2003	52,439	52,439	0	0	
2004	222,050	222,050	0	0	
2005	340,504	340,504	0	0	
2006	610,740	610,740	0	0	
2007	32,244	32,244	0	0	
2008	497,856	375,851	0	122,005	
2009	772,464	527,738	0	244,726	
2010	647,681	552,472	15,004	80,205	
2011	934,774	303,171	63,780	567,824	
2012	895,641	62,524	332,320	500,796	7,406,113
Total	5,282,787	3,356,128	411,104	1,515,556	7,406,113

** Incurred claims, paid claims, IBNR, and DLR are discounted to the year of incurral*

Attachment 6
MetLife Insurance Company USA
Anticipated Loss Ratios
LTC4 Tax-Qualified Nursing Facility Only Policy Forms
Experience as of December 31, 2012

Nationwide Experience
With No Increase

1	Present Value of Future Claims:	13,694,094
2	Active Life Reserves at 12/31/2012:	7,406,113
3	Present Value of Future Premium:	5,381,884
	Anticipated Loss Ratio = (1 - 2) / 3:	**116.8%**

Nationwide Experience
With 25.7% Increase

1	Present Value of Future Claims:	13,366,074
2	Active Life Reserves at 12/31/2012:	7,406,113
3	Present Value of Future Premium:	6,286,536
	Anticipated Loss Ratio = (1 - 2) / 3:	**94.8%**

Virginia-Specific Experience
With No Increase

1	Present Value of Future Claims:	625,142
2	Active Life Reserves at 12/31/2012:	256,207
3	Present Value of Future Premium:	185,136
	Anticipated Loss Ratio = (1 - 2) / 3:	**199.3%**

Virginia-Specific Experience
With 25.7% Increase

1	Present Value of Future Claims:	610,686
2	Active Life Reserves at 12/31/2012:	256,207
3	Present Value of Future Premium:	215,232
	Anticipated Loss Ratio = (1 - 2) / 3:	**164.7%**

Future claims, active life reserves, and future premium are discounted at the originial pricing interest rate assumption of 6.5%.

Attachment 7
MetLife Insurance Company USA
Nationwide Experience Projections
Historical and Projected Experience Restated to the Proposed Virginia Rate Level
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Loss Ratio Demonstration									Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest					With Interest				Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	6,720	0	0	0.0%	26	16,747	0	0	0.0%				0.0000		1.0000		6.50%	2.4921
	1999	542,203	0	0	0.0%	397	1,268,766	0	0	0.0%				0.0222		0.9778		6.50%	2.3400
	2000	1,449,162	0	0	0.0%	668	3,184,103	0	0	0.0%				0.0578		0.9422		6.50%	2.1972
	2001	1,779,517	2,679	73,028	4.1%	647	3,671,323	5,527	150,664	4.1%				0.0541		0.9459		6.50%	2.0631
	2002	1,701,526	47,430	203,367	12.0%	627	3,296,170	91,880	393,959	12.0%				0.0309		0.9691		6.50%	1.9372
	2003	1,650,352	112,363	52,439	3.2%	605	3,001,911	204,384	95,385	3.2%				0.0351		0.9649		6.50%	1.8190
	2004	1,588,568	103,556	222,050	14.0%	573	2,713,173	176,867	379,247	14.0%				0.0529		0.9471		6.50%	1.7079
	2005	1,479,946	95,703	340,504	23.0%	533	2,373,383	153,479	546,065	23.0%				0.0698		0.9302		6.50%	1.6037
	2006	1,397,206	103,190	610,740	43.7%	516	2,103,938	155,385	919,663	43.7%				0.0319		0.9681		6.50%	1.5058
	2007	1,361,086	73,931	32,244	2.4%	504	1,924,458	104,532	45,590	2.4%				0.0233		0.9767		6.50%	1.4139
	2008	1,320,761	549,240	497,856	37.7%	486	1,753,467	729,180	660,963	37.7%				0.0357		0.9643		6.50%	1.3276
	2009	1,260,735	571,991	772,464	61.3%	468	1,571,620	713,038	962,946	61.3%				0.0370		0.9630		6.50%	1.2466
	2010	1,202,530	671,638	647,681	53.9%	448	1,407,569	786,157	758,115	53.9%				0.0427		0.9573		6.50%	1.1705
	2011	1,136,491	718,959	934,774	82.3%	426	1,249,080	790,184	1,027,380	82.3%				0.0491		0.9509		6.50%	1.0991
	2012	1,086,803	790,149	895,641	82.4%	410	1,121,568	815,424	924,291	82.4%				0.0376		0.9624		6.50%	1.0320
Projected Future Experience	2013	1,034,885	809,294	1,019,981	98.6%	390	1,002,807	784,209	988,365	98.6%	1.0000	1.1960	1.0000	0.0484	0.0000	0.9516	0.9522	6.50%	0.9690
	2014	971,171	1,105,775	1,099,017	113.2%	369	883,632	1,006,103	999,954	113.2%	1.0000	1.1482	1.0000	0.0537	0.0000	0.9463	0.9384	6.50%	0.9099
	2015	905,680	1,223,463	1,149,785	127.0%	348	773,750	1,045,242	982,297	127.0%	1.0000	1.1218	1.0000	0.0581	0.0000	0.9419	0.9326	6.50%	0.8543
	2016	839,632	1,237,773	1,190,252	141.8%	326	673,543	992,927	954,807	141.8%	1.0000	1.1166	1.0000	0.0626	0.0000	0.9374	0.9271	6.50%	0.8022
	2017	773,658	1,249,264	1,223,774	158.2%	304	582,741	940,982	921,782	158.2%	1.0000	1.1158	1.0000	0.0672	0.0000	0.9328	0.9214	6.50%	0.7532
	2018	708,396	1,260,372	1,246,834	176.0%	282	501,018	891,407	881,832	176.0%	1.0000	1.1127	1.0000	0.0723	0.0000	0.9277	0.9156	6.50%	0.7073
	2019	644,242	1,279,066	1,253,604	194.6%	260	427,835	849,416	832,507	194.6%	1.0000	1.1056	1.0000	0.0782	0.0000	0.9218	0.9094	6.50%	0.6641
	2020	581,881	1,290,923	1,244,566	213.9%	238	362,838	804,968	776,061	213.9%	1.0000	1.0992	1.0000	0.0832	0.0000	0.9168	0.9032	6.50%	0.6236
	2021	522,633	1,292,068	1,225,648	234.5%	218	306,003	756,508	717,619	234.5%	1.0000	1.0964	1.0000	0.0871	0.0000	0.9129	0.8982	6.50%	0.5855
	2022	467,122	1,282,465	1,198,946	256.7%	198	256,808	705,057	659,141	256.7%	1.0000	1.0945	1.0000	0.0911	0.0000	0.9089	0.8938	6.50%	0.5498
	2023	415,431	1,264,411	1,168,483	281.3%	179	214,451	652,706	603,186	281.3%	1.0000	1.0959	1.0000	0.0952	0.0000	0.9048	0.8893	6.50%	0.5162
	2024	367,590	1,240,067	1,134,117	308.5%	161	178,174	601,070	549,715	308.5%	1.0000	1.0969	1.0000	0.0995	0.0000	0.9005	0.8848	6.50%	0.4847
	2025	323,586	1,209,878	1,093,156	337.8%	144	147,272	550,645	497,522	337.8%	1.0000	1.0950	1.0000	0.1038	0.0000	0.8962	0.8803	6.50%	0.4551
	2026	283,362	1,174,536	1,049,638	370.4%	129	121,094	501,934	448,559	370.4%	1.0000	1.0965	1.0000	0.1082	0.0000	0.8918	0.8757	6.50%	0.4273
	2027	246,823	1,135,660	1,006,007	407.6%	114	99,041	455,700	403,675	407.6%	1.0000	1.1003	1.0000	0.1128	0.0000	0.8872	0.8711	6.50%	0.4013
	2028	213,839	1,094,013	959,926	448.9%	101	80,569	412,196	361,675	448.9%	1.0000	1.1014	1.0000	0.1174	0.0000	0.8826	0.8664	6.50%	0.3768
	2029	184,252	1,049,422	909,545	493.6%	89	65,184	371,263	321,777	493.6%	1.0000	1.0997	1.0000	0.1221	0.0000	0.8779	0.8616	6.50%	0.3538
	2030	157,877	1,001,268	853,368	540.5%	77	52,445	332,608	283,477	540.5%	1.0000	1.0950	1.0000	0.1269	0.0000	0.8731	0.8569	6.50%	0.3322
	2031	134,513	948,746	792,557	589.2%	67	41,956	295,925	247,208	589.2%	1.0000	1.0901	1.0000	0.1318	0.0000	0.8682	0.8520	6.50%	0.3119
	2032	113,945	892,119	731,111	641.6%	58	33,372	261,280	214,124	641.6%	1.0000	1.0890	1.0000	0.1368	0.0000	0.8632	0.8471	6.50%	0.2929
	2033	95,954	832,315	669,670	697.9%	50	26,387	228,887	184,159	697.9%	1.0000	1.0877	1.0000	0.1418	0.0000	0.8582	0.8421	6.50%	0.2750
	2034	80,316	770,552	609,400	758.7%	42	20,739	198,969	157,357	758.7%	1.0000	1.0872	1.0000	0.1468	0.0000	0.8532	0.8370	6.50%	0.2582
	2035	66,814	708,368	551,761	825.8%	36	16,199	171,748	133,778	825.8%	1.0000	1.0884	1.0000	0.1518	0.0000	0.8482	0.8319	6.50%	0.2425
	2036	55,232	646,917	495,925	897.9%	30	12,574	147,276	112,902	897.9%	1.0000	1.0873	1.0000	0.1567	0.0000	0.8433	0.8267	6.50%	0.2277
	2037	45,365	586,860	442,299	975.0%	25	9,697	125,450	94,548	975.0%	1.0000	1.0858	1.0000	0.1616	0.0000	0.8384	0.8214	6.50%	0.2138
	2038	37,019	528,510	389,066	1051.0%	21	7,430	106,081	78,092	1051.0%	1.0000	1.0780	1.0000	0.1664	0.0000	0.8336	0.8160	6.50%	0.2007
	2039	30,009	472,077	338,566	1128.2%	18	5,656	88,971	63,808	1128.2%	1.0000	1.0735	1.0000	0.1711	0.0000	0.8289	0.8106	6.50%	0.1885
	2040	24,164	417,969	290,626	1202.7%	14	4,276	73,966	51,430	1202.7%	1.0000	1.0660	1.0000	0.1756	0.0000	0.8244	0.8052	6.50%	0.1770
	2041	19,328	366,395	246,231	1273.9%	12	3,212	60,882	40,915	1273.9%	1.0000	1.0592	1.0000	0.1798	0.0000	0.8202	0.7999	6.50%	0.1662
	2042	15,357	317,970	206,288	1343.2%	10	2,396	49,610	32,185	1343.2%	1.0000	1.0544	1.0000	0.1838	0.0000	0.8162	0.7946	6.50%	0.1560
	2043	12,123	273,161	170,531	1406.7%	8	1,776	40,018	24,983	1406.7%	1.0000	1.0472	1.0000	0.1874	0.0000	0.8126	0.7894	6.50%	0.1465
	2044	9,510	232,232	139,140	1463.2%	6	1,308	31,945	19,140	1463.2%	1.0000	1.0402	1.0000	0.1906	0.0000	0.8094	0.7844	6.50%	0.1376
	2045	7,415	195,536	113,092	1525.2%	5	958	25,256	14,607	1525.2%	1.0000	1.0424	1.0000	0.1934	0.0000	0.8066	0.7797	6.50%	0.1292
	2046	5,749	163,594	92,630	1611.2%	4	697	19,841	11,234	1611.2%	1.0000	1.0564	1.0000	0.1958	0.0000	0.8042	0.7753	6.50%	0.1213
	2047	4,434	136,571	76,663	1728.9%	3	505	15,552	8,730	1728.9%	1.0000	1.0730	1.0000	0.1980	0.0000	0.8020	0.7713	6.50%	0.1139
	2048	3,404	113,873	62,813	1845.5%	3	364	12,176	6,716	1845.5%	1.0000	1.0675	1.0000	0.1999	0.0000	0.8001	0.7675	6.50%	0.1069
	2049	2,600	94,740	51,304	1972.8%	2	261	9,512	5,151	1972.8%	1.0000	1.0690	1.0000	0.2019	0.0000	0.7981	0.7641	6.50%	0.1004
	2050	1,978	78,594	41,556	2100.5%	2	187	7,409	3,918	2100.5%	1.0000	1.0647	1.0000	0.2040	0.0000	0.7960	0.7608	6.50%	0.0943
	2051	1,499	64,913	33,297	2221.4%	1	133	5,746	2,947	2221.4%	1.0000	1.0576	1.0000	0.2063	0.0000	0.7937	0.7577	6.50%	0.0885
	2052	1,131	53,335	26,579	2349.6%	1	94	4,433	2,209	2349.6%	1.0000	1.0577	1.0000	0.2089	0.0000	0.7911	0.7547	6.50%	0.0831
	Past	18,963,605	3,840,829	5,282,787	27.9%	7,334	30,657,275	4,726,038	6,864,267	22.4%									
	Future	10,409,922	30,095,069	26,597,750	255.5%	4,347	6,919,383	14,635,873	13,694,094	197.9%									
	Lifetime	29,373,527	33,935,897	31,880,537	108.5%	11,681	37,576,658	19,361,911	20,558,360	54.7%									

Attachment 8
MetLife Insurance Company USA
Virginia-Specific Experience
Historical and Projected Experience Restated to the Proposed Virginia Rate Level
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Loss Ratio Demonstration									Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest					With Interest				Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	0	0	0	0.0%	0	0	0	0	0.0%				0.0000		1.0000		6.50%	2.4921
	1999	21,677	0	0	0.0%	14	50,725	0	0	0.0%				0.0667		0.9333		6.50%	2.3400
	2000	50,048	0	0	0.0%	15	109,965	0	0	0.0%				0.0625		0.9375		6.50%	2.1972
	2001	46,058	0	0	0.0%	14	95,023	0	0	0.0%				0.0667		0.9333		6.50%	2.0631
	2002	45,057	0	0	0.0%	14	87,283	0	0	0.0%				0.0000		1.0000		6.50%	1.9372
	2003	45,139	0	0	0.0%	14	82,106	0	0	0.0%				0.0000		1.0000		6.50%	1.8190
	2004	45,241	0	0	0.0%	14	77,269	0	0	0.0%				0.0000		1.0000		6.50%	1.7079
	2005	43,777	0	0	0.0%	13	70,205	0	0	0.0%				0.0714		0.9286		6.50%	1.6037
	2006	40,241	0	0	0.0%	13	60,596	0	0	0.0%				0.0000		1.0000		6.50%	1.5058
	2007	40,536	0	0	0.0%	13	57,315	0	0	0.0%				0.0000		1.0000		6.50%	1.4139
	2008	41,047	0	0	0.0%	13	54,495	0	0	0.0%				0.0000		1.0000		6.50%	1.3276
	2009	39,936	0	0	0.0%	12	49,784	0	0	0.0%				0.0769		0.9231		6.50%	1.2466
	2010	39,133	0	717	1.8%	12	45,806	0	839	1.8%				0.0000		1.0000		6.50%	1.1705
	2011	38,714	0	3,049	7.9%	11	42,550	0	3,351	7.9%				0.0833		0.9167		6.50%	1.0991
	2012	38,513	0	15,885	41.2%	11	39,745	0	16,393	41.2%				0.0000		1.0000		6.50%	1.0320
Projected Future Experience	2013	37,488	15,062	58,366	155.7%	10	36,326	14,595	56,557	155.7%	1.0000	3.4730	1.0000	0.0525	0.0000	0.9475	1.0580	6.50%	0.9690
	2014	34,829	36,894	60,590	174.0%	10	31,690	33,568	55,129	174.0%	1.0000	1.1173	1.0000	0.0578	0.0000	0.9422	0.9291	6.50%	0.9099
	2015	32,123	50,413	61,917	192.8%	9	27,443	43,069	52,898	192.8%	1.0000	1.1080	1.0000	0.0629	0.0000	0.9371	0.9223	6.50%	0.8543
	2016	29,403	58,356	63,746	216.8%	9	23,587	46,813	51,136	216.8%	1.0000	1.1248	1.0000	0.0685	0.0000	0.9315	0.9153	6.50%	0.8022
	2017	26,706	62,735	64,981	243.3%	8	20,116	47,254	48,946	243.3%	1.0000	1.1223	1.0000	0.0741	0.0000	0.9259	0.9083	6.50%	0.7532
	2018	24,072	65,083	65,361	271.5%	7	17,025	46,030	46,227	271.5%	1.0000	1.1159	1.0000	0.0797	0.0000	0.9203	0.9014	6.50%	0.7073
	2019	21,513	65,945	64,730	300.9%	7	14,287	43,794	42,987	300.9%	1.0000	1.1082	1.0000	0.0876	0.0000	0.9124	0.8937	6.50%	0.6641
	2020	19,070	65,987	62,855	329.6%	6	11,891	41,147	39,194	329.6%	1.0000	1.0954	1.0000	0.0929	0.0000	0.9071	0.8864	6.50%	0.6236
	2021	16,800	64,965	59,990	357.1%	5	9,837	38,037	35,124	357.1%	1.0000	1.0833	1.0000	0.0977	0.0000	0.9023	0.8810	6.50%	0.5855
	2022	14,713	62,961	56,403	383.4%	5	8,089	34,614	31,008	383.4%	1.0000	1.0736	1.0000	0.1026	0.0000	0.8974	0.8758	6.50%	0.5498
	2023	12,808	60,299	52,457	409.6%	4	6,612	31,127	27,079	409.6%	1.0000	1.0684	1.0000	0.1075	0.0000	0.8925	0.8705	6.50%	0.5162
	2024	11,083	57,152	48,128	434.2%	4	5,372	27,702	23,328	434.2%	1.0000	1.0603	1.0000	0.1125	0.0000	0.8875	0.8653	6.50%	0.4847
	2025	9,534	53,516	43,217	453.3%	3	4,339	24,356	19,669	453.3%	1.0000	1.0438	1.0000	0.1175	0.0000	0.8825	0.8603	6.50%	0.4551
	2026	8,155	49,515	38,343	470.2%	3	3,485	21,160	16,386	470.2%	1.0000	1.0373	1.0000	0.1225	0.0000	0.8775	0.8554	6.50%	0.4273
	2027	6,937	45,412	34,205	493.1%	3	2,784	18,222	13,725	493.1%	1.0000	1.0487	1.0000	0.1275	0.0000	0.8725	0.8507	6.50%	0.4013
	2028	5,870	41,426	30,568	520.8%	2	2,212	15,608	11,517	520.8%	1.0000	1.0562	1.0000	0.1327	0.0000	0.8673	0.8461	6.50%	0.3768
	2029	4,940	37,681	27,514	556.9%	2	1,748	13,331	9,734	556.9%	1.0000	1.0694	1.0000	0.1380	0.0000	0.8620	0.8417	6.50%	0.3538
	2030	4,136	34,279	24,875	601.4%	2	1,374	11,387	8,263	601.4%	1.0000	1.0798	1.0000	0.1437	0.0000	0.8563	0.8372	6.50%	0.3322
	2031	3,444	31,228	22,490	653.0%	1	1,074	9,741	7,015	653.0%	1.0000	1.0857	1.0000	0.1496	0.0000	0.8504	0.8327	6.50%	0.3119
	2032	2,852	28,440	20,172	707.3%	1	835	8,329	5,908	707.3%	1.0000	1.0832	1.0000	0.1560	0.0000	0.8440	0.8280	6.50%	0.2929
	2033	2,347	25,790	17,898	762.5%	1	645	7,092	4,922	762.5%	1.0000	1.0780	1.0000	0.1627	0.0000	0.8373	0.8230	6.50%	0.2750
	2034	1,919	23,235	15,903	828.6%	1	496	6,000	4,106	828.6%	1.0000	1.0866	1.0000	0.1697	0.0000	0.8303	0.8177	6.50%	0.2582
	2035	1,558	20,736	13,808	886.0%	1	378	5,028	3,348	886.0%	1.0000	1.0693	1.0000	0.1771	0.0000	0.8229	0.8120	6.50%	0.2425
	2036	1,256	18,248	11,702	931.6%	1	286	4,154	2,664	931.6%	1.0000	1.0515	1.0000	0.1848	0.0000	0.8152	0.8060	6.50%	0.2277
	2037	1,005	15,810	9,804	975.8%	1	215	3,380	2,096	975.8%	1.0000	1.0475	1.0000	0.1927	0.0000	0.8073	0.7998	6.50%	0.2138
	2038	797	13,497	8,033	1007.6%	1	160	2,709	1,612	1007.6%	1.0000	1.0325	1.0000	0.2007	0.0000	0.7993	0.7935	6.50%	0.2007
	2039	628	11,363	6,485	1033.3%	1	118	2,142	1,222	1033.3%	1.0000	1.0256	1.0000	0.2091	0.0000	0.7909	0.7872	6.50%	0.1885
	2040	490	9,447	5,191	1059.6%	1	87	1,672	919	1059.6%	1.0000	1.0255	1.0000	0.2178	0.0000	0.7822	0.7805	6.50%	0.1770
	2041	379	7,763	4,110	1085.1%	1	63	1,290	683	1085.1%	1.0000	1.0241	1.0000	0.2271	0.0000	0.7729	0.7733	6.50%	0.1662
	2042	290	6,319	3,303	1139.7%	1	45	986	515	1139.7%	1.0000	1.0503	1.0000	0.2374	0.0000	0.7626	0.7651	6.50%	0.1560
	2043	219	5,101	2,550	1165.0%	1	32	747	374	1165.0%	1.0000	1.0222	1.0000	0.2491	0.0000	0.7509	0.7554	6.50%	0.1465
	2044	163	4,072	1,975	1212.7%	1	22	560	272	1212.7%	1.0000	1.0410	1.0000	0.2625	0.0000	0.7375	0.7440	6.50%	0.1376
	2045	119	3,223	1,505	1265.5%	1	15	416	194	1265.5%	1.0000	1.0436	1.0000	0.2780	0.0000	0.7220	0.7304	6.50%	0.1292
	2046	85	2,526	1,120	1318.2%	1	10	306	136	1318.2%	1.0000	1.0416	1.0000	0.2960	0.0000	0.7040	0.7143	6.50%	0.1213
	2047	59	1,956	849	1437.6%	1	7	223	97	1437.6%	1.0000	1.0907	1.0000	0.3168	0.0000	0.6832	0.6954	6.50%	0.1139
	2048	40	1,490	600	1506.7%	1	4	159	64	1506.7%	1.0000	1.0481	1.0000	0.3407	0.0000	0.6593	0.6735	6.50%	0.1069
	2049	26	1,112	407	1578.1%	1	3	112	41	1578.1%	1.0000	1.0474	1.0000	0.3680	0.0000	0.6320	0.6486	6.50%	0.1004
	2050	16	812	264	1651.4%	1	2	77	25	1651.4%	1.0000	1.0465	1.0000	0.3987	0.0000	0.6013	0.6204	6.50%	0.0943
	2051	9	579	163	1725.6%	1	1	51	14	1725.6%	1.0000	1.0449	1.0000	0.4329	0.0000	0.5671	0.5892	6.50%	0.0885
	2052	5	402	94	1800.6%	1	0	33	8	1800.6%	1.0000	1.0435	1.0000	0.4707	0.0000	0.5293	0.5548	6.50%	0.0831
	Past	575,118	0	19,650	3.4%	183	922,865	0	20,583	2.2%									
	Future	337,889	1,160,829	1,066,672	315.7%	122	232,715	607,021	625,142	268.6%									
	Lifetime	913,007	1,160,829	1,086,323	119.0%	305	1,155,580	607,021	645,724	55.9%									

Attachment 9
MetLife Insurance Company USA
Nationwide Experience Projections
Actual to Expected Experience Projections by Calendar Year with No Increase
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Actual Experience				Expected Pricing Experience					Cumulative Loss Ratio		
		A	B	C	D = C / A	E	F	G	H = G / E	I = D / H	J	K	L = J / K
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Actual to Expected Ratio	Actual at 6.5% (on Col D)	Expected at 6.5% (on Col H)	Actual to Expected Ratio
	1998	3,427	0	0	0.0%	3,363	38	196	5.8%	0.000	0.0%	5.8%	0.000
Historical Experience	1999	276,504	0	0	0.0%	275,889	3,151	16,404	5.9%	0.000	0.0%	5.9%	0.000
	2000	739,022	0	0	0.0%	746,030	16,449	53,145	7.1%	0.000	0.0%	6.8%	0.000
	2001	907,491	2,679	73,028	8.0%	917,376	43,030	95,886	10.5%	0.770	3.6%	8.4%	0.430
	2002	867,718	47,430	203,367	23.4%	861,651	79,490	141,431	16.4%	1.428	9.3%	10.7%	0.871
	2003	841,621	112,363	52,439	6.2%	806,370	120,593	181,324	22.5%	0.277	8.7%	13.1%	0.665
	2004	894,035	103,556	222,050	24.8%	753,054	160,747	214,846	28.5%	0.871	11.5%	15.4%	0.745
	2005	905,664	95,703	340,504	37.6%	701,459	198,182	249,460	35.6%	1.057	15.1%	17.7%	0.854
	2006	855,031	103,190	610,740	71.4%	652,147	233,534	280,397	43.0%	1.661	21.4%	20.0%	1.067
	2007	832,927	73,931	32,244	3.9%	605,099	266,068	305,339	50.5%	0.077	19.8%	22.3%	0.887
	2008	808,250	549,240	497,856	61.6%	559,062	294,840	326,197	58.3%	1.056	23.0%	24.5%	0.940
	2009	771,517	571,991	772,464	100.1%	515,327	320,872	349,898	67.9%	1.475	28.0%	26.6%	1.052
	2010	735,897	671,638	647,681	88.0%	472,170	346,647	377,251	79.9%	1.102	31.3%	28.8%	1.087
	2011	792,505	718,959	934,774	118.0%	430,474	372,097	398,544	92.6%	1.274	35.8%	31.0%	1.158
	2012	845,313	790,149	895,641	106.0%	391,897	395,300	414,987	105.9%	1.001	39.3%	33.1%	1.190
	2013	804,932	809,294	1,019,981	126.7%	354,671	415,543	429,168	121.0%	1.047	43.1%	35.1%	1.227
Projected Future Experience	2014	755,375	1,105,775	1,099,017	145.5%	318,818	433,407	443,981	139.3%	1.045	46.8%	37.1%	1.261
	2015	704,436	1,223,463	1,149,785	163.2%	285,359	450,195	460,486	161.4%	1.011	50.4%	39.1%	1.289
	2016	653,064	1,237,773	1,190,252	182.3%	254,273	465,659	471,098	185.3%	0.984	53.8%	41.0%	1.312
	2017	601,750	1,249,264	1,223,774	203.4%	225,532	478,337	476,460	211.3%	0.963	57.1%	42.9%	1.333
	2018	550,990	1,260,372	1,246,834	226.3%	199,098	487,641	479,174	240.7%	0.940	60.3%	44.6%	1.351
	2019	501,090	1,279,066	1,253,604	250.2%	174,920	493,974	480,896	274.9%	0.910	63.3%	46.3%	1.366
	2020	452,586	1,290,923	1,244,566	275.0%	152,930	497,952	481,430	314.8%	0.874	66.1%	47.9%	1.378
	2021	406,503	1,292,068	1,225,648	301.5%	133,047	499,472	477,583	359.0%	0.840	68.6%	49.4%	1.388
	2022	363,327	1,282,465	1,198,946	330.0%	115,176	497,966	469,445	407.6%	0.810	71.0%	50.8%	1.397
	2023	323,121	1,264,411	1,168,483	361.6%	99,213	493,297	458,918	462.6%	0.782	73.2%	52.1%	1.404
	2024	285,911	1,240,067	1,134,117	396.7%	85,042	485,873	446,785	525.4%	0.755	75.2%	53.4%	1.410
	2025	251,685	1,209,878	1,093,156	434.3%	72,536	475,991	432,589	596.4%	0.728	77.1%	54.5%	1.415
	2026	220,398	1,174,536	1,049,638	476.2%	61,566	463,655	415,297	674.6%	0.706	78.7%	55.5%	1.420
	2027	191,978	1,135,660	1,006,007	524.0%	51,999	448,835	395,669	760.9%	0.689	80.3%	56.4%	1.424
	2028	166,324	1,094,013	959,926	577.1%	43,704	431,738	374,715	857.4%	0.673	81.6%	57.2%	1.428
	2029	143,311	1,049,422	909,545	634.7%	36,553	412,829	352,924	965.5%	0.657	82.9%	57.9%	1.432
	2030	122,797	1,001,268	853,368	694.9%	30,424	392,433	329,882	1084.3%	0.641	84.0%	58.5%	1.435
	2031	104,624	948,746	792,557	757.5%	25,199	370,615	305,543	1212.5%	0.625	84.9%	59.1%	1.438
	2032	88,627	892,119	731,111	824.9%	20,769	347,553	280,833	1352.2%	0.610	85.8%	59.6%	1.441
	2033	74,633	832,315	669,670	897.3%	17,034	323,669	256,424	1505.4%	0.596	86.5%	60.0%	1.443
	2034	62,470	770,552	609,400	975.5%	13,902	299,609	233,182	1677.3%	0.582	87.2%	60.3%	1.445
	2035	51,968	708,368	551,761	1061.7%	11,291	275,761	210,309	1862.6%	0.570	87.7%	60.6%	1.446
	2036	42,959	646,917	495,925	1154.4%	9,127	252,235	188,047	2060.3%	0.560	88.2%	60.9%	1.448
	2037	35,285	586,860	442,299	1253.5%	7,344	229,203	166,759	2270.7%	0.552	88.5%	61.1%	1.449
	2038	28,793	528,510	389,066	1351.2%	5,883	206,905	146,889	2496.8%	0.541	88.9%	61.3%	1.450
	2039	23,341	472,077	338,566	1450.5%	4,693	185,623	128,578	2739.9%	0.529	89.1%	61.4%	1.451
	2040	18,795	417,969	290,626	1546.3%	3,729	165,586	111,852	2999.6%	0.515	89.3%	61.5%	1.452
	2041	15,033	366,395	246,231	1637.9%	2,952	146,954	96,747	3277.0%	0.500	89.5%	61.6%	1.452
	2042	11,945	317,970	206,288	1727.0%	2,330	129,813	83,222	3571.9%	0.483	89.6%	61.7%	1.453
	2043	9,429	273,161	170,531	1808.5%	1,834	114,205	71,375	3891.8%	0.465	89.7%	61.8%	1.453
	2044	7,397	232,232	139,140	1881.2%	1,441	100,170	61,175	4245.5%	0.443	89.8%	61.8%	1.453
	2045	5,767	195,536	113,092	1960.9%	1,131	87,705	52,519	4643.6%	0.422	89.9%	61.9%	1.453
	2046	4,472	163,594	92,630	2071.5%	888	76,775	45,326	5105.9%	0.406	89.9%	61.9%	1.453
	2047	3,449	136,571	76,663	2222.8%	698	67,291	39,340	5639.7%	0.394	90.0%	61.9%	1.453
	2048	2,647	113,873	62,813	2372.8%	549	59,116	34,380	6257.4%	0.379	90.0%	61.9%	1.453
	2049	2,023	94,740	51,304	2536.5%	434	52,101	30,318	6979.4%	0.363	90.0%	62.0%	1.453
	2050	1,539	78,594	41,556	2700.5%	345	46,072	26,894	7790.7%	0.347	90.0%	62.0%	1.453
	2051	1,166	64,913	33,297	2856.0%	276	40,876	24,112	8734.4%	0.327	90.0%	62.0%	1.453
	2052	880	53,335	26,579	3020.9%	222	36,411	21,810	9807.7%	0.308	90.1%	62.0%	1.452
	Past	11,076,922	3,840,829	5,282,787	47.7%	8,691,368	2,851,038	3,405,304	39.2%	1.217	39.3%	33.1%	1.190
TOTALS	Future	8,096,819	30,095,069	26,597,750	328.5%	2,826,933	11,939,047	10,492,131	371.1%	0.885	254.4%	271.2%	0.938
	Lifetime	19,173,741	33,935,897	31,880,537	166.3%	11,518,301	14,790,085	13,897,435	120.7%	1.378	90.1%	62.0%	1.452

Attachment 9
MetLife Insurance Company USA
Nationwide Experience Projections
Actual to Expected Experience Projections by Calendar Year with 25.7% Increase
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Actual Experience				Expected Pricing Experience					Cumulative Loss Ratio		
		A	B	C	D = C / A	E	F	G	H = G / E	I = D / H	J	K	L = J / K
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Actual to Expected Ratio	Actual at 6.5% (on Col D)	Expected at 6.5% (on Col H)	Actual to Expected Ratio
	1998	3,427	0	0	0.0%	3,363	38	196	5.8%	0.000	0.0%	5.8%	0.000
Historical Experience	1999	276,504	0	0	0.0%	275,889	3,151	16,404	5.9%	0.000	0.0%	5.9%	0.000
	2000	739,022	0	0	0.0%	746,030	16,449	53,145	7.1%	0.000	0.0%	6.8%	0.000
	2001	907,491	2,679	73,028	8.0%	917,376	43,030	95,886	10.5%	0.770	3.6%	8.4%	0.430
	2002	867,718	47,430	203,367	23.4%	861,651	79,490	141,431	16.4%	1.428	9.3%	10.7%	0.871
	2003	841,621	112,363	52,439	6.2%	806,370	120,593	181,324	22.5%	0.277	8.7%	13.1%	0.665
	2004	894,035	103,556	222,050	24.8%	753,054	160,747	214,846	28.5%	0.871	11.5%	15.4%	0.745
	2005	905,664	95,703	340,504	37.6%	701,459	198,182	249,460	35.6%	1.057	15.1%	17.7%	0.854
	2006	855,031	103,190	610,740	71.4%	652,147	233,534	280,397	43.0%	1.661	21.4%	20.0%	1.067
	2007	832,927	73,931	32,244	3.9%	605,099	266,068	305,339	50.5%	0.077	19.8%	22.3%	0.887
	2008	808,250	549,240	497,856	61.6%	559,062	294,840	326,197	58.3%	1.056	23.0%	24.5%	0.940
	2009	771,517	571,991	772,464	100.1%	515,327	320,872	349,898	67.9%	1.475	28.0%	26.6%	1.052
	2010	735,897	671,638	647,681	88.0%	472,170	346,647	377,251	79.9%	1.102	31.3%	28.8%	1.087
	2011	792,505	718,959	934,774	118.0%	430,474	372,097	398,544	92.6%	1.274	35.8%	31.0%	1.158
	2012	845,313	790,149	895,641	106.0%	391,897	395,300	414,987	105.9%	1.001	39.3%	33.1%	1.190
	2013	804,932	809,294	1,019,981	126.7%	354,671	415,543	429,168	121.0%	1.047	43.1%	35.1%	1.227
Projected Future Experience	2014	835,606	1,102,448	1,082,739	129.6%	318,818	433,407	443,981	139.3%	0.930	46.5%	37.1%	1.254
	2015	854,093	1,211,168	1,119,020	131.0%	285,359	450,195	460,486	161.4%	0.812	49.7%	39.1%	1.270
	2016	791,806	1,216,089	1,158,405	146.3%	254,273	465,659	471,098	185.3%	0.790	52.7%	41.0%	1.284
	2017	729,591	1,221,629	1,191,030	163.2%	225,532	478,337	476,460	211.3%	0.773	55.6%	42.9%	1.296
	2018	668,046	1,229,396	1,213,473	181.6%	199,098	487,641	479,174	240.7%	0.755	58.4%	44.6%	1.308
	2019	607,546	1,246,246	1,220,062	200.8%	174,920	493,974	480,896	274.9%	0.730	61.0%	46.3%	1.317
	2020	548,737	1,257,178	1,211,265	220.7%	152,930	497,952	481,430	314.8%	0.701	63.5%	47.9%	1.325
	2021	492,864	1,258,021	1,192,853	242.0%	133,047	499,472	477,583	359.0%	0.674	65.8%	49.4%	1.331
	2022	440,515	1,248,498	1,166,866	264.9%	115,176	497,966	469,445	407.6%	0.650	67.9%	50.8%	1.336
	2023	391,768	1,230,814	1,137,218	290.3%	99,213	493,297	458,918	462.6%	0.628	69.9%	52.1%	1.340
	2024	346,652	1,207,047	1,103,772	318.4%	85,042	485,873	446,785	525.4%	0.606	71.7%	53.4%	1.344
	2025	305,155	1,177,616	1,063,906	348.6%	72,536	475,991	432,589	596.4%	0.585	73.4%	54.5%	1.347
	2026	267,222	1,143,186	1,021,553	382.3%	61,566	463,655	415,297	674.6%	0.567	74.9%	55.5%	1.350
	2027	232,764	1,105,329	979,089	420.6%	51,999	448,835	395,669	760.9%	0.553	76.3%	56.4%	1.353
	2028	201,659	1,064,781	934,241	463.3%	43,704	431,738	374,715	857.4%	0.540	77.5%	57.2%	1.356
	2029	173,757	1,021,371	885,208	509.5%	36,553	412,829	352,924	965.5%	0.528	78.6%	57.9%	1.359
	2030	148,885	974,497	830,535	557.8%	30,424	392,433	329,882	1084.3%	0.514	79.6%	58.5%	1.361
	2031	126,851	923,374	771,350	608.1%	25,199	370,615	305,543	1212.5%	0.501	80.5%	59.1%	1.363
	2032	107,455	868,258	711,549	662.2%	20,769	347,553	280,833	1352.2%	0.490	81.3%	59.6%	1.365
	2033	90,488	810,051	651,752	720.3%	17,034	323,669	256,424	1505.4%	0.478	82.0%	60.0%	1.367
	2034	75,742	749,938	593,095	783.0%	13,902	299,609	233,182	1677.3%	0.467	82.6%	60.3%	1.369
	2035	63,008	689,417	536,997	852.3%	11,291	275,761	210,309	1862.6%	0.458	83.1%	60.6%	1.370
	2036	52,086	629,609	482,655	926.7%	9,127	252,235	188,047	2060.3%	0.450	83.5%	60.9%	1.371
	2037	42,781	571,158	430,464	1006.2%	7,344	229,203	166,759	2270.7%	0.443	83.8%	61.1%	1.372
	2038	34,910	514,370	378,656	1084.7%	5,883	206,905	146,889	2496.8%	0.434	84.1%	61.3%	1.373
	2039	28,299	459,446	329,507	1164.4%	4,693	185,623	128,578	2739.9%	0.425	84.4%	61.4%	1.374
	2040	22,788	406,785	282,849	1241.2%	3,729	165,586	111,852	2999.6%	0.414	84.6%	61.5%	1.374
	2041	18,227	356,592	239,643	1314.7%	2,952	146,954	96,747	3277.0%	0.401	84.7%	61.6%	1.375
	2042	14,483	309,462	200,768	1386.3%	2,330	129,813	83,222	3571.9%	0.388	84.9%	61.7%	1.375
	2043	11,432	265,852	165,968	1451.7%	1,834	114,205	71,375	3891.8%	0.373	84.9%	61.8%	1.375
	2044	8,968	226,018	135,417	1510.0%	1,441	100,170	61,175	4245.5%	0.356	85.0%	61.8%	1.375
	2045	6,993	190,304	110,066	1574.0%	1,131	87,705	52,519	4643.6%	0.339	85.1%	61.9%	1.375
	2046	5,422	159,217	90,152	1662.8%	888	76,775	45,326	5105.9%	0.326	85.1%	61.9%	1.375
	2047	4,182	132,917	74,612	1784.2%	698	67,291	39,340	5639.7%	0.316	85.2%	61.9%	1.375
	2048	3,210	110,826	61,133	1904.6%	549	59,116	34,380	6257.4%	0.304	85.2%	61.9%	1.375
	2049	2,452	92,205	49,931	2036.0%	434	52,101	30,318	6979.4%	0.292	85.2%	62.0%	1.375
	2050	1,866	76,491	40,444	2167.7%	345	46,072	26,894	7790.7%	0.278	85.2%	62.0%	1.375
	2051	1,414	63,177	32,406	2292.5%	276	40,876	24,112	8734.4%	0.262	85.2%	62.0%	1.375
	2052	1,067	51,908	25,868	2424.9%	222	36,411	21,810	9807.7%	0.247	85.2%	62.0%	1.375
	Past	11,076,922	3,840,829	5,282,787	47.7%	8,691,368	2,851,038	3,405,304	39.2%	1.217	39.3%	33.1%	1.190
TOTALS	Future	9,565,720	29,381,984	25,926,499	271.0%	2,826,933	11,939,047	10,492,131	371.1%	0.730	212.6%	271.2%	0.784
	Lifetime	20,642,642	33,222,813	31,209,286	151.2%	11,518,301	14,790,085	13,897,435	120.7%	1.253	85.2%	62.0%	1.375

Attachment 10
MetLife Insurance Company USA
Virginia-Specific Experience
Actual to Expected Experience Projections by Calendar Year with No Increase
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Actual Experience				Expected Pricing Experience					Cumulative Loss Ratio		
		A	B	C	D = C / A	E	F	G	H = G / E	I = D / H	J	K	L = J / K
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Actual to Expected Ratio	Actual at 6.5% (on Col D)	Expected at 6.5% (on Col H)	Actual to Expected Ratio
	1998	0	0	0	0.0%	0	0	0	0.0%	0.000	0.0%	0.0%	0.000
Historical Experience	1999	11,223	0	0	0.0%	11,066	165	708	6.4%	0.000	0.0%	6.4%	0.000
	2000	25,678	0	0	0.0%	26,239	653	1,825	7.0%	0.000	0.0%	6.8%	0.000
	2001	23,965	0	0	0.0%	26,196	1,436	2,972	11.3%	0.000	0.0%	8.6%	0.000
	2002	22,977	0	0	0.0%	24,592	2,447	4,242	17.2%	0.000	0.0%	10.8%	0.000
	2003	23,019	0	0	0.0%	22,996	3,553	5,256	22.9%	0.000	0.0%	13.0%	0.000
	2004	23,071	0	0	0.0%	21,458	4,637	6,242	29.1%	0.000	0.0%	15.3%	0.000
	2005	22,478	0	0	0.0%	19,936	5,715	7,380	37.0%	0.000	0.0%	17.6%	0.000
	2006	23,230	0	0	0.0%	18,529	6,744	8,279	44.7%	0.000	0.0%	19.9%	0.000
	2007	24,806	0	0	0.0%	17,245	7,687	9,075	52.6%	0.000	0.0%	22.2%	0.000
	2008	25,119	0	0	0.0%	15,988	8,544	9,778	61.2%	0.000	0.0%	24.5%	0.000
	2009	24,441	0	0	0.0%	14,802	9,377	10,642	71.9%	0.000	0.0%	26.7%	0.000
	2010	24,056	0	717	3.0%	13,627	10,240	11,592	85.1%	0.035	0.2%	29.0%	0.006
	2011	24,025	0	3,049	12.7%	12,407	11,082	12,285	99.0%	0.128	0.9%	31.3%	0.028
	2012	28,189	0	15,885	56.4%	11,320	11,860	12,927	114.2%	0.493	4.0%	33.6%	0.120
	2013	29,824	15,062	58,366	195.7%	10,284	12,575	13,501	131.3%	1.491	14.3%	35.8%	0.399
Projected Future Experience	2014	27,708	36,894	60,590	218.7%	9,221	13,226	14,019	152.0%	1.438	23.4%	38.0%	0.616
	2015	25,555	50,413	61,917	242.3%	8,227	13,829	14,567	177.1%	1.368	31.5%	40.1%	0.785
	2016	23,392	58,356	63,746	272.5%	7,302	14,370	14,872	203.7%	1.338	39.0%	42.2%	0.923
	2017	21,246	62,735	64,981	305.9%	6,447	14,808	15,085	234.0%	1.307	45.8%	44.2%	1.037
	2018	19,151	65,083	65,361	341.3%	5,660	15,141	15,186	268.3%	1.272	52.1%	46.1%	1.130
	2019	17,115	65,945	64,730	378.2%	4,941	15,382	15,233	308.3%	1.227	57.9%	47.9%	1.207
	2020	15,171	65,987	62,855	414.3%	4,288	15,552	15,219	354.9%	1.167	63.0%	49.7%	1.268
	2021	13,366	64,965	59,990	448.8%	3,699	15,626	14,951	404.2%	1.110	67.5%	51.3%	1.317
	2022	11,705	62,961	56,403	481.9%	3,171	15,577	14,587	460.0%	1.048	71.5%	52.8%	1.355
	2023	10,189	60,299	52,457	514.8%	2,701	15,406	14,120	522.7%	0.985	75.0%	54.1%	1.385
	2024	8,817	57,152	48,128	545.8%	2,286	15,124	13,554	593.0%	0.920	77.9%	55.4%	1.407
	2025	7,585	53,516	43,217	569.8%	1,921	14,737	12,889	670.9%	0.849	80.4%	56.5%	1.423
	2026	6,488	49,515	38,343	591.0%	1,604	14,246	12,119	755.7%	0.782	82.5%	57.5%	1.435
	2027	5,519	45,412	34,205	619.8%	1,330	13,661	11,305	850.2%	0.729	84.2%	58.4%	1.443
	2028	4,670	41,426	30,568	654.6%	1,095	12,998	10,460	955.2%	0.685	85.7%	59.1%	1.449
	2029	3,930	37,681	27,514	700.1%	896	12,280	9,619	1073.8%	0.652	86.9%	59.8%	1.453
	2030	3,290	34,279	24,875	756.0%	728	11,525	8,788	1206.7%	0.626	87.9%	60.4%	1.457
	2031	2,740	31,228	22,490	820.8%	589	10,735	7,933	1347.8%	0.609	88.8%	60.9%	1.460
	2032	2,269	28,440	20,172	889.1%	473	9,915	7,109	1502.3%	0.592	89.6%	61.3%	1.463
	2033	1,867	25,790	17,898	958.5%	379	9,084	6,322	1668.6%	0.574	90.3%	61.6%	1.465
	2034	1,527	23,235	15,903	1041.5%	302	8,270	5,610	1855.7%	0.561	90.8%	61.9%	1.467
	2035	1,240	20,736	13,808	1113.7%	241	7,494	4,961	2061.0%	0.540	91.2%	62.1%	1.468
	2036	999	18,248	11,702	1171.0%	191	6,744	4,323	2258.1%	0.519	91.6%	62.3%	1.469
	2037	799	15,810	9,804	1226.6%	152	6,014	3,752	2463.1%	0.498	91.9%	62.5%	1.470
	2038	634	13,497	8,033	1266.5%	121	5,321	3,246	2675.4%	0.473	92.1%	62.6%	1.470
	2039	499	11,363	6,485	1298.9%	97	4,682	2,804	2895.7%	0.449	92.2%	62.7%	1.470
	2040	390	9,447	5,191	1332.0%	78	4,102	2,427	3131.1%	0.425	92.4%	62.8%	1.470
	2041	301	7,763	4,110	1364.0%	62	3,584	2,111	3394.4%	0.402	92.5%	62.9%	1.470
	2042	231	6,319	3,303	1432.6%	50	3,129	1,847	3689.2%	0.388	92.5%	63.0%	1.470
	2043	174	5,101	2,550	1464.3%	40	2,732	1,627	4027.2%	0.364	92.6%	63.0%	1.470
	2044	130	4,072	1,975	1524.3%	33	2,390	1,448	4427.5%	0.344	92.6%	63.0%	1.469
	2045	95	3,223	1,505	1590.8%	27	2,097	1,304	4910.0%	0.324	92.6%	63.1%	1.469
	2046	68	2,526	1,120	1656.9%	22	1,848	1,187	5493.1%	0.302	92.7%	63.1%	1.468
	2047	47	1,956	849	1807.1%	18	1,637	1,090	6188.5%	0.292	92.7%	63.1%	1.468
	2048	32	1,490	600	1894.0%	14	1,456	1,005	6989.0%	0.271	92.7%	63.2%	1.468
	2049	21	1,112	407	1983.7%	12	1,298	927	7895.9%	0.251	92.7%	63.2%	1.467
	2050	13	812	264	2075.9%	10	1,157	848	8873.5%	0.234	92.7%	63.2%	1.467
	2051	8	579	163	2169.1%	8	1,026	764	9877.5%	0.220	92.7%	63.2%	1.467
	2052	4	402	94	2263.4%	6	902	682	10956.6%	0.207	92.7%	63.2%	1.466
	Past	326,278	0	19,650	6.0%	256,401	84,141	103,202	40.3%	0.150	4.0%	33.6%	0.120
TOTALS	Future	268,806	1,160,829	1,066,672	396.8%	78,724	351,679	303,401	385.4%	1.030	337.7%	289.1%	1.168
	Lifetime	595,084	1,160,829	1,086,323	182.5%	335,124	435,820	406,603	121.3%	1.505	92.7%	63.2%	1.466

Attachment 10
MetLife Insurance Company USA
Virginia-Specific Experience
Actual to Expected Experience Projections by Calendar Year with 25.7% Increase
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Actual Experience				Expected Pricing Experience					Cumulative Loss Ratio		
		A	B	C	D = C / A	E	F	G	H = G / E	I = D / H	J	K	L = J / K
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Actual to Expected Ratio	Actual at 6.5% (on Col D)	Expected at 6.5% (on Col H)	Actual to Expected Ratio
	1998	0	0	0	0.0%	0	0	0	0.0%	0.000	0.0%	0.0%	0.000
Historical Experience	1999	11,223	0	0	0.0%	11,066	165	708	6.4%	0.000	0.0%	6.4%	0.000
	2000	25,678	0	0	0.0%	26,239	653	1,825	7.0%	0.000	0.0%	6.8%	0.000
	2001	23,965	0	0	0.0%	26,196	1,436	2,972	11.3%	0.000	0.0%	8.6%	0.000
	2002	22,977	0	0	0.0%	24,592	2,447	4,242	17.2%	0.000	0.0%	10.8%	0.000
	2003	23,019	0	0	0.0%	22,996	3,553	5,256	22.9%	0.000	0.0%	13.0%	0.000
	2004	23,071	0	0	0.0%	21,458	4,637	6,242	29.1%	0.000	0.0%	15.3%	0.000
	2005	22,478	0	0	0.0%	19,936	5,715	7,380	37.0%	0.000	0.0%	17.6%	0.000
	2006	23,230	0	0	0.0%	18,529	6,744	8,279	44.7%	0.000	0.0%	19.9%	0.000
	2007	24,806	0	0	0.0%	17,245	7,687	9,075	52.6%	0.000	0.0%	22.2%	0.000
	2008	25,119	0	0	0.0%	15,988	8,544	9,778	61.2%	0.000	0.0%	24.5%	0.000
	2009	24,441	0	0	0.0%	14,802	9,377	10,642	71.9%	0.000	0.0%	26.7%	0.000
	2010	24,056	0	717	3.0%	13,627	10,240	11,592	85.1%	0.035	0.2%	29.0%	0.006
	2011	24,025	0	3,049	12.7%	12,407	11,082	12,285	99.0%	0.128	0.9%	31.3%	0.028
	2012	28,189	0	15,885	56.4%	11,320	11,860	12,927	114.2%	0.493	4.0%	33.6%	0.120
	2013	29,824	15,062	58,366	195.7%	10,284	12,575	13,501	131.3%	1.491	14.3%	35.8%	0.399
Projected Future Experience	2014	30,193	36,727	59,802	198.1%	9,221	13,226	14,019	152.0%	1.303	23.2%	38.0%	0.610
	2015	30,984	49,806	60,261	194.5%	8,227	13,829	14,567	177.1%	1.098	30.8%	40.1%	0.767
	2016	28,361	57,281	62,041	218.8%	7,302	14,370	14,872	203.7%	1.074	37.7%	42.2%	0.894
	2017	25,760	61,337	63,243	245.5%	6,447	14,808	15,085	234.0%	1.049	44.1%	44.2%	0.997
	2018	23,219	63,493	63,612	274.0%	5,660	15,141	15,186	268.3%	1.021	49.8%	46.1%	1.081
	2019	20,751	64,254	62,998	303.6%	4,941	15,382	15,233	308.3%	0.985	55.1%	47.9%	1.149
	2020	18,394	64,261	61,173	332.6%	4,288	15,552	15,219	354.9%	0.937	59.8%	49.7%	1.203
	2021	16,205	63,254	58,385	360.3%	3,699	15,626	14,951	404.2%	0.891	63.9%	51.3%	1.246
	2022	14,192	61,295	54,893	386.8%	3,171	15,577	14,587	460.0%	0.841	67.6%	52.8%	1.280
	2023	12,354	58,698	51,053	413.2%	2,701	15,406	14,120	522.7%	0.791	70.7%	54.1%	1.306
	2024	10,690	55,632	46,840	438.2%	2,286	15,124	13,554	593.0%	0.739	73.4%	55.4%	1.325
	2025	9,196	52,090	42,061	457.4%	1,921	14,737	12,889	670.9%	0.682	75.6%	56.5%	1.339
	2026	7,866	48,195	37,317	474.4%	1,604	14,246	12,119	755.7%	0.628	77.5%	57.5%	1.348
	2027	6,691	44,200	33,290	497.5%	1,330	13,661	11,305	850.2%	0.585	79.1%	58.4%	1.355
	2028	5,662	40,320	29,750	525.5%	1,095	12,998	10,460	955.2%	0.550	80.4%	59.1%	1.360
	2029	4,765	36,675	26,778	562.0%	896	12,280	9,619	1073.8%	0.523	81.5%	59.8%	1.364
	2030	3,989	33,363	24,209	606.8%	728	11,525	8,788	1206.7%	0.503	82.5%	60.4%	1.367
	2031	3,322	30,394	21,888	658.8%	589	10,735	7,933	1347.8%	0.489	83.3%	60.9%	1.369
	2032	2,751	27,679	19,632	713.7%	473	9,915	7,109	1502.3%	0.475	84.0%	61.3%	1.372
	2033	2,264	25,101	17,419	769.4%	379	9,084	6,322	1668.6%	0.461	84.6%	61.6%	1.374
	2034	1,851	22,613	15,477	836.0%	302	8,270	5,610	1855.7%	0.451	85.1%	61.9%	1.375
	2035	1,503	20,181	13,439	894.0%	241	7,494	4,961	2061.0%	0.434	85.5%	62.1%	1.376
	2036	1,212	17,760	11,389	940.0%	191	6,744	4,323	2258.1%	0.416	85.8%	62.3%	1.377
	2037	969	15,387	9,541	984.6%	152	6,014	3,752	2463.1%	0.400	86.1%	62.5%	1.378
	2038	769	13,136	7,818	1016.6%	121	5,321	3,246	2675.4%	0.380	86.3%	62.6%	1.378
	2039	605	11,059	6,311	1042.6%	97	4,682	2,804	2895.7%	0.360	86.5%	62.7%	1.378
	2040	472	9,194	5,052	1069.2%	78	4,102	2,427	3131.1%	0.341	86.6%	62.8%	1.378
	2041	365	7,556	4,000	1094.9%	62	3,584	2,111	3394.4%	0.323	86.6%	62.9%	1.378
	2042	280	6,150	3,214	1149.9%	50	3,129	1,847	3689.2%	0.312	86.7%	63.0%	1.377
	2043	211	4,965	2,482	1175.4%	40	2,732	1,627	4027.2%	0.292	86.8%	63.0%	1.377
	2044	157	3,963	1,922	1223.6%	33	2,390	1,448	4427.5%	0.276	86.8%	63.0%	1.377
	2045	115	3,137	1,465	1276.9%	27	2,097	1,304	4910.0%	0.260	86.8%	63.1%	1.376
	2046	82	2,458	1,090	1330.0%	22	1,848	1,187	5493.1%	0.242	86.8%	63.1%	1.376
	2047	57	1,903	827	1450.6%	18	1,637	1,090	6188.5%	0.234	86.8%	63.1%	1.376
	2048	38	1,451	584	1520.3%	14	1,456	1,005	6989.0%	0.218	86.9%	63.2%	1.375
	2049	25	1,082	396	1592.3%	12	1,298	927	7895.9%	0.202	86.9%	63.2%	1.375
	2050	15	790	257	1666.3%	10	1,157	848	8873.5%	0.188	86.9%	63.2%	1.375
	2051	9	563	158	1741.1%	8	1,026	764	9877.5%	0.176	86.9%	63.2%	1.374
	2052	5	392	92	1816.8%	6	902	682	10956.6%	0.166	86.9%	63.2%	1.374
	Past	326,278	0	19,650	6.0%	256,401	84,141	103,202	40.3%	0.150	4.0%	33.6%	0.120
TOTALS	Future	316,175	1,132,855	1,040,526	329.1%	78,724	351,679	303,401	385.4%	0.854	283.7%	289.1%	0.981
	Lifetime	642,453	1,132,855	1,060,176	165.0%	335,124	435,820	406,603	121.3%	1.360	86.9%	63.2%	1.374

Attachment 11
MetLife Insurance Company USA
60/80 Test After Requested 25.7% Increase
Nationwide Experience for LTC4 Tax-Qualified Nursing Facility Only Policy Forms

1	Accumulated value of earned premium	15,126,653	x	60%	=	9,075,992
2	Present value of future projected earned premium without the requested rate increase	5,837,704	x	60%	=	3,502,622
3a	Present value of future projected premium with the requested rate increase	7,044,756				
3b	Present value of future projected premium with increase in excess of the projected earned premiums without increase (3a - 2)	1,207,053	x	80%	=	965,642
4	**Lifetime Earned Premium Times Prescribed Factor: Sum of 1, 2, and 3b**					**13,544,256**
5a	Accumulated value of incurred claims without the inclusion of active life reserves					6,319,484
5b	Present value of future projected incurred claims without the inclusion of active life reserves					15,943,618
6	**Lifetime Incurred Claims with Rate Increase: Sum of 5a and 5b**					**22,263,102**
7	Test: 6 is not less than 4					TRUE

All values are accumulated or discounted at the maximum valuation interest rate for contract reserves.

Attachment 12
MetLife Insurance Company USA
Nationwide Experience Projections with No Increase
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Loss Ratio Demonstration									Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest					With Interest				Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar	Earned	Paid	Incurred	Loss	Life	Earned	Paid	Incurred	Loss	Rate Increase	Claim	Adverse	Policy	Policy	Policy	Premium	Effective	Disc / Accum
	Year	Premium	Claims	Claims	Ratio	Years	Premium	Claims	Claims	Ratio	Factor	Factor	Selection	Lapse & Mortality	Shock Lapse	Persistency	Persistency	Int Rate	Factor
Historical Experience	1998	3,427	0	0	0.0%	26	9,095	0	0	0.0%				0.0000		1.0000		6.50%	2.6541
	1999	276,493	0	0	0.0%	397	689,054	0	0	0.0%				0.0222		0.9778		6.50%	2.4921
	2000	739,021	0	0	0.0%	668	1,729,325	0	0	0.0%				0.0578		0.9422		6.50%	2.3400
	2001	907,490	2,679	73,028	8.0%	647	1,993,940	5,886	160,457	8.0%				0.0541		0.9459		6.50%	2.1972
	2002	867,718	47,430	203,367	23.4%	627	1,790,191	97,852	419,567	23.4%				0.0309		0.9691		6.50%	2.0631
	2003	841,621	112,363	52,439	6.2%	605	1,630,375	217,669	101,585	6.2%				0.0351		0.9649		6.50%	1.9372
	2004	894,032	103,556	222,050	24.8%	573	1,626,201	188,364	403,898	24.8%				0.0529		0.9471		6.50%	1.8190
	2005	905,663	95,703	340,504	37.6%	533	1,546,815	163,455	581,559	37.6%				0.0698		0.9302		6.50%	1.7079
	2006	855,031	103,190	610,740	71.4%	516	1,371,210	165,485	979,441	71.4%				0.0319		0.9681		6.50%	1.6037
	2007	832,926	73,931	32,244	3.9%	504	1,254,235	111,327	48,554	3.9%				0.0233		0.9767		6.50%	1.5058
	2008	808,249	549,240	538,616	66.6%	486	1,142,794	776,577	761,556	66.6%				0.0357		0.9643		6.50%	1.4139
	2009	771,515	571,991	799,480	103.6%	468	1,024,277	759,386	1,061,404	103.6%				0.0370		0.9630		6.50%	1.3276
	2010	735,897	671,638	565,361	76.8%	448	917,362	837,257	704,773	76.8%				0.0427		0.9573		6.50%	1.2466
	2011	792,510	718,959	820,444	103.5%	426	927,638	841,546	960,335	103.5%				0.0491		0.9509		6.50%	1.1705
	2012	843,160	790,149	1,281,428	152.0%	408	926,690	868,427	1,408,376	152.0%				0.0423		0.9577		6.50%	1.0991
	2013	793,526	896,713	774,507	97.6%	390	818,910	925,398	799,282	97.6%				0.0441		0.9559		6.50%	1.0320
Projected Future Experience	2014	755,672	911,952	1,084,110	143.5%	371	732,249	883,685	1,050,506	143.5%	1.0000	1.4699	1.0000	0.0490	0.0000	0.9510	0.9523	6.50%	0.9690
	2015	709,314	1,197,300	1,178,547	166.2%	351	645,378	1,089,378	1,072,315	166.2%	1.0000	1.1582	1.0000	0.0532	0.0000	0.9468	0.9387	6.50%	0.9099
	2016	661,890	1,312,286	1,245,418	188.2%	331	565,473	1,121,126	1,063,999	188.2%	1.0000	1.1325	1.0000	0.0579	0.0000	0.9421	0.9331	6.50%	0.8543
	2017	613,380	1,341,178	1,288,367	210.0%	310	492,046	1,075,877	1,033,513	210.0%	1.0000	1.1163	1.0000	0.0636	0.0000	0.9364	0.9267	6.50%	0.8022
	2018	563,711	1,347,862	1,317,559	233.7%	288	424,603	1,015,248	992,423	233.7%	1.0000	1.1128	1.0000	0.0705	0.0000	0.9295	0.9190	6.50%	0.7532
	2019	513,273	1,353,417	1,324,922	258.1%	265	363,016	957,213	937,060	258.1%	1.0000	1.1044	1.0000	0.0781	0.0000	0.9219	0.9105	6.50%	0.7073
	2020	463,411	1,364,027	1,313,732	283.5%	243	307,747	905,838	872,438	283.5%	1.0000	1.0982	1.0000	0.0838	0.0000	0.9162	0.9029	6.50%	0.6641
	2021	415,882	1,364,109	1,292,123	310.7%	222	259,327	850,603	805,716	310.7%	1.0000	1.0960	1.0000	0.0877	0.0000	0.9123	0.8974	6.50%	0.6236
	2022	371,392	1,353,065	1,262,813	340.0%	202	217,451	792,222	739,379	340.0%	1.0000	1.0944	1.0000	0.0917	0.0000	0.9083	0.8930	6.50%	0.5855
	2023	330,003	1,332,939	1,229,463	372.6%	182	181,425	732,806	675,918	372.6%	1.0000	1.0957	1.0000	0.0959	0.0000	0.9041	0.8886	6.50%	0.5498
	2024	291,736	1,306,015	1,191,576	408.4%	164	150,598	674,182	615,107	408.4%	1.0000	1.0963	1.0000	0.1001	0.0000	0.8999	0.8840	6.50%	0.5162
	2025	256,577	1,272,617	1,146,446	446.8%	147	124,365	616,847	555,690	446.8%	1.0000	1.0940	1.0000	0.1045	0.0000	0.8955	0.8795	6.50%	0.4847
	2026	224,474	1,233,576	1,098,789	489.5%	131	102,164	561,430	500,085	489.5%	1.0000	1.0955	1.0000	0.1089	0.0000	0.8911	0.8749	6.50%	0.4551
	2027	195,349	1,190,722	1,051,043	538.0%	116	83,482	508,851	449,160	538.0%	1.0000	1.0992	1.0000	0.1135	0.0000	0.8865	0.8703	6.50%	0.4273
	2028	169,092	1,144,961	1,000,871	591.9%	102	67,850	459,432	401,614	591.9%	1.0000	1.1001	1.0000	0.1182	0.0000	0.8818	0.8656	6.50%	0.4013
	2029	145,570	1,096,219	946,493	650.2%	90	54,847	413,027	356,614	650.2%	1.0000	1.0985	1.0000	0.1230	0.0000	0.8770	0.8609	6.50%	0.3768
	2030	124,630	1,044,061	886,906	711.6%	78	44,091	369,366	313,768	711.6%	1.0000	1.0945	1.0000	0.1278	0.0000	0.8722	0.8562	6.50%	0.3538
	2031	106,104	987,841	823,117	775.8%	68	35,246	328,148	273,428	775.8%	1.0000	1.0901	1.0000	0.1328	0.0000	0.8672	0.8514	6.50%	0.3322
	2032	89,815	927,858	759,024	845.1%	58	28,014	289,410	236,749	845.1%	1.0000	1.0894	1.0000	0.1379	0.0000	0.8621	0.8465	6.50%	0.3119
	2033	75,581	865,038	695,324	920.0%	50	22,136	253,348	203,643	920.0%	1.0000	1.0886	1.0000	0.1430	0.0000	0.8570	0.8415	6.50%	0.2929
	2034	63,220	800,576	633,029	1001.3%	43	17,385	220,159	174,083	1001.3%	1.0000	1.0884	1.0000	0.1481	0.0000	0.8519	0.8364	6.50%	0.2750
	2035	52,553	735,948	573,408	1091.1%	36	13,570	190,034	148,063	1091.1%	1.0000	1.0897	1.0000	0.1533	0.0000	0.8467	0.8313	6.50%	0.2582
	2036	43,408	672,225	515,578	1187.7%	30	10,525	162,985	125,005	1187.7%	1.0000	1.0886	1.0000	0.1585	0.0000	0.8415	0.8260	6.50%	0.2425
	2037	35,620	609,987	459,959	1291.3%	25	8,109	138,869	104,714	1291.3%	1.0000	1.0872	1.0000	0.1637	0.0000	0.8363	0.8206	6.50%	0.2277
	2038	29,035	549,485	404,624	1393.6%	21	6,207	117,460	86,494	1393.6%	1.0000	1.0792	1.0000	0.1689	0.0000	0.8311	0.8151	6.50%	0.2138
	2039	23,505	491,380	354,544	1508.4%	17	4,718	98,629	71,163	1508.4%	1.0000	1.0824	1.0000	0.1739	0.0000	0.8261	0.8096	6.50%	0.2007
	2040	18,896	436,970	310,213	1641.7%	14	3,561	82,354	58,465	1641.7%	1.0000	1.0884	1.0000	0.1789	0.0000	0.8211	0.8039	6.50%	0.1885
	2041	15,084	386,604	269,386	1785.9%	12	2,669	68,415	47,672	1785.9%	1.0000	1.0879	1.0000	0.1837	0.0000	0.8163	0.7983	6.50%	0.1770
	2042	11,955	340,073	231,108	1933.1%	10	1,987	56,508	38,402	1933.1%	1.0000	1.0824	1.0000	0.1883	0.0000	0.8117	0.7926	6.50%	0.1662
	2043	9,408	296,957	195,592	2079.0%	8	1,468	46,332	30,517	2079.0%	1.0000	1.0754	1.0000	0.1927	0.0000	0.8073	0.7869	6.50%	0.1560
	2044	7,352	257,032	163,333	2221.7%	6	1,077	37,655	23,928	2221.7%	1.0000	1.0687	1.0000	0.1967	0.0000	0.8033	0.7814	6.50%	0.1465
	2045	5,705	220,327	135,123	2368.5%	5	785	30,308	18,587	2368.5%	1.0000	1.0661	1.0000	0.2004	0.0000	0.7996	0.7760	6.50%	0.1376
	2046	4,397	187,238	111,391	2533.2%	4	568	24,184	14,388	2533.2%	1.0000	1.0695	1.0000	0.2038	0.0000	0.7962	0.7708	6.50%	0.1292
	2047	3,367	158,123	91,858	2728.1%	3	408	19,177	11,140	2728.1%	1.0000	1.0770	1.0000	0.2070	0.0000	0.7930	0.7657	6.50%	0.1213
	2048	2,562	132,740	74,627	2913.3%	2	292	15,116	8,498	2913.3%	1.0000	1.0679	1.0000	0.2100	0.0000	0.7900	0.7608	6.50%	0.1139
	2049	1,936	110,722	60,381	3118.1%	2	207	11,839	6,456	3118.1%	1.0000	1.0703	1.0000	0.2130	0.0000	0.7870	0.7559	6.50%	0.1069
	2050	1,455	91,757	48,247	3317.0%	2	146	9,213	4,844	3317.0%	1.0000	1.0638	1.0000	0.2161	0.0000	0.7839	0.7511	6.50%	0.1004
	2051	1,086	75,405	37,850	3486.8%	1	102	7,109	3,568	3486.8%	1.0000	1.0512	1.0000	0.2195	0.0000	0.7805	0.7463	6.50%	0.0943
	2052	805	61,330	29,259	3635.0%	1	71	5,429	2,590	3635.0%	1.0000	1.0425	1.0000	0.2231	0.0000	0.7769	0.7415	6.50%	0.0885
	2053	593	49,355	22,237	3749.8%	1	49	4,102	1,848	3749.8%	1.0000	1.0316	1.0000	0.2271	0.0000	0.7729	0.7367	6.50%	0.0831
	Past	11,868,280	4,737,542	6,314,207	53.2%	7,722	19,398,112	5,958,629	8,390,787	43.3%									
	Future	7,408,796	30,611,278	26,858,388	362.5%	4,013	4,975,412	15,243,914	14,129,553	284.0%									
	Lifetime	19,277,076	35,348,820	33,172,595	172.1%	11,735	24,373,524	21,202,543	22,520,339	92.4%									

Attachment 12
MetLife Insurance Company USA
Nationwide Experience Projections with 25.7% Increase
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Loss Ratio Demonstration									Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest					With Interest				Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar	Earned	Paid	Incurred	Loss	Life	Earned	Paid	Incurred	Loss	Rate Increase	Claim	Adverse	Policy	Policy	Policy	Premium	Effective	Disc / Accum
	Year	Premium	Claims	Claims	Ratio	Years	Premium	Claims	Claims	Ratio	Factor	Factor	Selection	Lapse & Mortality	Shock Lapse	Persistency	Persistency	Int Rate	Factor
Historical Experience	1998	3,427	0	0	0.0%	26	9,095	0	0	0.0%				0.0000		1.0000		6.50%	2.6541
	1999	276,493	0	0	0.0%	397	689,054	0	0	0.0%				0.0222		0.9778		6.50%	2.4921
	2000	739,021	0	0	0.0%	668	1,729,325	0	0	0.0%				0.0578		0.9422		6.50%	2.3400
	2001	907,490	2,679	73,028	8.0%	647	1,993,940	5,886	160,457	8.0%				0.0541		0.9459		6.50%	2.1972
	2002	867,718	47,430	203,367	23.4%	627	1,790,191	97,852	419,567	23.4%				0.0309		0.9691		6.50%	2.0631
	2003	841,621	112,363	52,439	6.2%	605	1,630,375	217,669	101,585	6.2%				0.0351		0.9649		6.50%	1.9372
	2004	894,032	103,556	222,050	24.8%	573	1,626,201	188,364	403,898	24.8%				0.0529		0.9471		6.50%	1.8190
	2005	905,663	95,703	340,504	37.6%	533	1,546,815	163,455	581,559	37.6%				0.0698		0.9302		6.50%	1.7079
	2006	855,031	103,190	610,740	71.4%	516	1,371,210	165,485	979,441	71.4%				0.0319		0.9681		6.50%	1.6037
	2007	832,926	73,931	32,244	3.9%	504	1,254,235	111,327	48,554	3.9%				0.0233		0.9767		6.50%	1.5058
	2008	808,249	549,240	538,616	66.6%	486	1,142,794	776,577	761,556	66.6%				0.0357		0.9643		6.50%	1.4139
	2009	771,515	571,991	799,480	103.6%	468	1,024,277	759,386	1,061,404	103.6%				0.0370		0.9630		6.50%	1.3276
	2010	735,897	671,638	565,361	76.8%	448	917,362	837,257	704,773	76.8%				0.0427		0.9573		6.50%	1.2466
	2011	792,510	718,959	820,444	103.5%	426	927,638	841,546	960,335	103.5%				0.0491		0.9509		6.50%	1.1705
	2012	843,160	790,149	1,281,428	152.0%	408	926,690	868,427	1,408,376	152.0%				0.0423		0.9577		6.50%	1.0991
	2013	793,526	896,713	774,507	97.6%	390	818,910	925,398	799,282	97.6%				0.0441		0.9559		6.50%	1.0320
Projected Future Experience	2014	755,672	911,952	1,084,110	143.5%	371	732,249	883,685	1,050,506	143.5%	1.0000	1.4699	1.0000	0.0490	0.0000	0.9510	0.9523	6.50%	0.9690
	2015	784,106	1,193,774	1,161,167	148.1%	348	713,429	1,086,170	1,056,502	148.1%	1.1317	1.1558	1.0050	0.0532	0.0100	0.9374	0.9221	6.50%	0.9099
	2016	802,507	1,299,187	1,212,094	151.0%	328	685,607	1,109,935	1,035,529	151.0%	1.1107	1.1292	1.0090	0.0579	0.0000	0.9421	0.9162	6.50%	0.8543
	2017	743,692	1,317,955	1,253,895	168.6%	307	596,581	1,057,248	1,005,860	168.6%	1.0000	1.1063	1.0090	0.0636	0.0000	0.9364	0.9267	6.50%	0.8022
	2018	683,470	1,318,172	1,282,305	187.6%	285	514,809	992,885	965,869	187.6%	1.0000	1.1028	1.0090	0.0705	0.0000	0.9295	0.9190	6.50%	0.7532
	2019	622,317	1,320,180	1,289,471	207.2%	263	440,138	933,706	911,987	207.2%	1.0000	1.0945	1.0090	0.0781	0.0000	0.9219	0.9105	6.50%	0.7073
	2020	561,862	1,329,049	1,278,581	227.6%	241	373,127	882,609	849,094	227.6%	1.0000	1.0884	1.0090	0.0838	0.0000	0.9162	0.9029	6.50%	0.6641
	2021	504,236	1,328,472	1,257,550	249.4%	220	314,421	828,381	784,158	249.4%	1.0000	1.0862	1.0090	0.0877	0.0000	0.9123	0.8974	6.50%	0.6236
	2022	450,293	1,317,430	1,229,024	272.9%	200	263,648	771,358	719,596	272.9%	1.0000	1.0846	1.0090	0.0917	0.0000	0.9083	0.8930	6.50%	0.5855
	2023	400,111	1,297,653	1,196,566	299.1%	180	219,968	713,407	657,833	299.1%	1.0000	1.0859	1.0090	0.0959	0.0000	0.9041	0.8886	6.50%	0.5498
	2024	353,715	1,271,325	1,159,693	327.9%	162	182,592	656,275	598,649	327.9%	1.0000	1.0865	1.0090	0.1001	0.0000	0.8999	0.8840	6.50%	0.5162
	2025	311,086	1,238,740	1,115,770	358.7%	145	150,786	600,426	540,822	358.7%	1.0000	1.0842	1.0090	0.1045	0.0000	0.8955	0.8795	6.50%	0.4847
	2026	272,163	1,200,690	1,069,389	392.9%	130	123,868	546,463	486,705	392.9%	1.0000	1.0857	1.0090	0.1089	0.0000	0.8911	0.8749	6.50%	0.4551
	2027	236,850	1,158,948	1,022,920	431.9%	115	101,217	495,272	437,141	431.9%	1.0000	1.0894	1.0090	0.1135	0.0000	0.8865	0.8703	6.50%	0.4273
	2028	205,015	1,114,386	974,090	475.1%	101	82,265	447,164	390,868	475.1%	1.0000	1.0903	1.0090	0.1182	0.0000	0.8818	0.8656	6.50%	0.4013
	2029	176,496	1,066,932	921,168	521.9%	89	66,499	401,992	347,072	521.9%	1.0000	1.0887	1.0090	0.1230	0.0000	0.8770	0.8609	6.50%	0.3768
	2030	151,108	1,016,156	863,175	571.2%	77	53,459	359,494	305,373	571.2%	1.0000	1.0847	1.0090	0.1278	0.0000	0.8722	0.8562	6.50%	0.3538
	2031	128,646	961,431	801,093	622.7%	67	42,734	319,374	266,112	622.7%	1.0000	1.0804	1.0090	0.1328	0.0000	0.8672	0.8514	6.50%	0.3322
	2032	108,896	903,046	738,715	678.4%	58	33,966	281,671	230,414	678.4%	1.0000	1.0797	1.0090	0.1379	0.0000	0.8621	0.8465	6.50%	0.3119
	2033	91,638	841,902	676,719	738.5%	50	26,838	246,572	198,194	738.5%	1.0000	1.0789	1.0090	0.1430	0.0000	0.8570	0.8415	6.50%	0.2929
	2034	76,651	779,162	616,091	803.8%	42	21,079	214,270	169,425	803.8%	1.0000	1.0787	1.0090	0.1481	0.0000	0.8519	0.8364	6.50%	0.2750
	2035	63,718	716,260	558,066	875.8%	36	16,453	184,950	144,102	875.8%	1.0000	1.0799	1.0090	0.1533	0.0000	0.8467	0.8313	6.50%	0.2582
	2036	52,630	654,241	501,782	953.4%	30	12,760	158,625	121,660	953.4%	1.0000	1.0789	1.0090	0.1585	0.0000	0.8415	0.8260	6.50%	0.2425
	2037	43,188	593,667	447,652	1036.5%	25	9,832	135,153	101,912	1036.5%	1.0000	1.0775	1.0090	0.1637	0.0000	0.8363	0.8206	6.50%	0.2277
	2038	35,203	534,784	393,798	1118.6%	21	7,525	114,318	84,180	1118.6%	1.0000	1.0696	1.0090	0.1689	0.0000	0.8311	0.8151	6.50%	0.2138
	2039	28,499	478,233	345,058	1210.8%	17	5,720	95,990	69,259	1210.8%	1.0000	1.0727	1.0090	0.1739	0.0000	0.8261	0.8096	6.50%	0.2007
	2040	22,911	425,278	301,913	1317.8%	14	4,318	80,151	56,901	1317.8%	1.0000	1.0787	1.0090	0.1789	0.0000	0.8211	0.8039	6.50%	0.1885
	2041	18,289	376,260	262,178	1433.6%	12	3,236	66,585	46,396	1433.6%	1.0000	1.0782	1.0090	0.1837	0.0000	0.8163	0.7983	6.50%	0.1770
	2042	14,495	330,974	224,924	1551.7%	9	2,409	54,996	37,374	1551.7%	1.0000	1.0728	1.0090	0.1883	0.0000	0.8117	0.7926	6.50%	0.1662
	2043	11,407	289,011	190,358	1668.8%	8	1,780	45,092	29,700	1668.8%	1.0000	1.0658	1.0090	0.1927	0.0000	0.8073	0.7869	6.50%	0.1560
	2044	8,913	250,154	158,963	1783.4%	6	1,306	36,648	23,288	1783.4%	1.0000	1.0591	1.0090	0.1967	0.0000	0.8033	0.7814	6.50%	0.1465
	2045	6,917	214,432	131,508	1901.2%	5	951	29,497	18,090	1901.2%	1.0000	1.0566	1.0090	0.2004	0.0000	0.7996	0.7760	6.50%	0.1376
	2046	5,331	182,228	108,411	2033.4%	4	689	23,537	14,003	2033.4%	1.0000	1.0600	1.0090	0.2038	0.0000	0.7962	0.7708	6.50%	0.1292
	2047	4,082	153,892	89,400	2189.9%	3	495	18,664	10,842	2189.9%	1.0000	1.0673	1.0090	0.2070	0.0000	0.7930	0.7657	6.50%	0.1213
	2048	3,106	129,188	72,630	2338.5%	2	354	14,712	8,271	2338.5%	1.0000	1.0583	1.0090	0.2100	0.0000	0.7900	0.7608	6.50%	0.1139
	2049	2,348	107,759	58,765	2502.9%	2	251	11,522	6,284	2502.9%	1.0000	1.0608	1.0090	0.2130	0.0000	0.7870	0.7559	6.50%	0.1069
	2050	1,764	89,302	46,956	2662.6%	2	177	8,966	4,714	2662.6%	1.0000	1.0543	1.0090	0.2161	0.0000	0.7839	0.7511	6.50%	0.1004
	2051	1,316	73,388	36,837	2798.8%	1	124	6,919	3,473	2798.8%	1.0000	1.0418	1.0090	0.2195	0.0000	0.7805	0.7463	6.50%	0.0943
	2052	976	59,689	28,476	2917.8%	1	86	5,284	2,521	2917.8%	1.0000	1.0332	1.0090	0.2231	0.0000	0.7769	0.7415	6.50%	0.0885
	2053	719	48,035	21,642	3010.0%	1	60	3,993	1,799	3010.0%	1.0000	1.0224	1.0090	0.2271	0.0000	0.7729	0.7367	6.50%	0.0831
	Past	11,868,280	4,737,542	6,314,207	53.2%	7,722	19,398,112	5,958,629	8,390,787	43.3%									
	Future	8,746,341	29,893,318	26,182,904	299.4%	3,977	5,807,806	14,923,958	13,792,477	237.5%									
	Lifetime	20,614,621	34,630,860	32,497,112	157.6%	11,699	25,205,918	20,882,587	22,183,264	88.0%									

Attachment 13
MetLife Insurance Company USA
Virginia-Specific Experience Projections with No Increase
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Loss Ratio Demonstration									Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest					With Interest				Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar	Earned	Paid	Incurred	Loss	Life	Earned	Paid	Incurred	Loss	Rate Increase	Claim	Adverse	Policy	Policy	Policy	Premium	Effective	Disc / Accum
	Year	Premium	Claims	Claims	Ratio	Years	Premium	Claims	Claims	Ratio	Factor	Factor	Selection	Lapse & Mortality	Shock Lapse	Persistency	Persistency	Int Rate	Factor
Historical Experience	1998	0	0	0	0.0%	0	0	0	0	0.0%				0.0000		1.0000		6.50%	2.6541
	1999	11,223	0	0	0.0%	14	27,968	0	0	0.0%				0.0667		0.9333		6.50%	2.4921
	2000	25,678	0	0	0.0%	15	60,086	0	0	0.0%				0.0625		0.9375		6.50%	2.3400
	2001	23,965	0	0	0.0%	14	52,656	0	0	0.0%				0.0667		0.9333		6.50%	2.1972
	2002	22,977	0	0	0.0%	14	47,405	0	0	0.0%				0.0000		1.0000		6.50%	2.0631
	2003	23,019	0	0	0.0%	14	44,593	0	0	0.0%				0.0000		1.0000		6.50%	1.9372
	2004	23,071	0	0	0.0%	14	41,966	0	0	0.0%				0.0000		1.0000		6.50%	1.8190
	2005	22,478	0	0	0.0%	13	38,390	0	0	0.0%				0.0714		0.9286		6.50%	1.7079
	2006	23,230	0	0	0.0%	13	37,253	0	0	0.0%				0.0000		1.0000		6.50%	1.6037
	2007	24,806	0	0	0.0%	13	37,354	0	0	0.0%				0.0000		1.0000		6.50%	1.5058
	2008	25,119	0	0	0.0%	13	35,516	0	0	0.0%				0.0000		1.0000		6.50%	1.4139
	2009	24,441	0	0	0.0%	12	32,449	0	0	0.0%				0.0769		0.9231		6.50%	1.3276
	2010	24,056	0	0	0.0%	12	29,988	0	0	0.0%				0.0000		1.0000		6.50%	1.2466
	2011	24,025	0	491	2.0%	11	28,122	0	574	2.0%				0.0833		0.9167		6.50%	1.1705
	2012	28,189	0	2,422	8.6%	11	30,981	0	2,662	8.6%				0.0000		1.0000		6.50%	1.0991
	2013	31,483	14,290	167,693	532.6%	11	32,490	14,747	173,057	532.6%				0.0000		1.0000		6.50%	1.0320
Projected Future Experience	2014	31,125	63,695	64,877	208.4%	10	30,160	61,721	62,866	208.4%	1.0000	0.3913	1.0000	0.0536	0.0000	0.9464	0.9886	6.50%	0.9690
	2015	28,827	73,609	69,065	239.6%	10	26,229	66,974	62,839	239.6%	1.0000	1.1494	1.0000	0.0585	0.0000	0.9415	0.9262	6.50%	0.9099
	2016	26,491	78,031	71,759	270.9%	9	22,632	66,664	61,306	270.9%	1.0000	1.1306	1.0000	0.0643	0.0000	0.9357	0.9190	6.50%	0.8543
	2017	24,118	78,973	73,435	304.5%	9	19,347	63,351	58,909	304.5%	1.0000	1.1240	1.0000	0.0715	0.0000	0.9285	0.9104	6.50%	0.8022
	2018	21,718	75,382	73,952	340.5%	8	16,359	56,780	55,703	340.5%	1.0000	1.1183	1.0000	0.0795	0.0000	0.9205	0.9005	6.50%	0.7532
	2019	19,327	73,491	73,094	378.2%	7	13,669	51,977	51,696	378.2%	1.0000	1.1107	1.0000	0.0890	0.0000	0.9110	0.8899	6.50%	0.7073
	2020	17,037	73,798	70,702	415.0%	6	11,314	49,009	46,952	415.0%	1.0000	1.0973	1.0000	0.0946	0.0000	0.9054	0.8815	6.50%	0.6641
	2021	14,923	72,672	67,203	450.3%	6	9,305	45,316	41,905	450.3%	1.0000	1.0851	1.0000	0.0994	0.0000	0.9006	0.8759	6.50%	0.6236
	2022	12,994	70,330	62,929	484.3%	5	7,608	41,178	36,845	484.3%	1.0000	1.0754	1.0000	0.1044	0.0000	0.8956	0.8707	6.50%	0.5855
	2023	11,247	67,185	58,321	518.6%	5	6,183	36,936	32,063	518.6%	1.0000	1.0708	1.0000	0.1093	0.0000	0.8907	0.8655	6.50%	0.5498
	2024	9,677	63,506	53,335	551.2%	4	4,995	32,783	27,532	551.2%	1.0000	1.0629	1.0000	0.1143	0.0000	0.8857	0.8604	6.50%	0.5162
	2025	8,277	59,302	47,726	576.6%	4	4,012	28,744	23,133	576.6%	1.0000	1.0461	1.0000	0.1193	0.0000	0.8807	0.8554	6.50%	0.4847
	2026	7,040	54,709	42,198	599.4%	3	3,204	24,900	19,205	599.4%	1.0000	1.0395	1.0000	0.1243	0.0000	0.8757	0.8505	6.50%	0.4551
	2027	5,955	50,024	37,503	629.7%	3	2,545	21,378	16,027	629.7%	1.0000	1.0506	1.0000	0.1293	0.0000	0.8707	0.8459	6.50%	0.4273
	2028	5,012	45,493	33,388	666.2%	2	2,011	18,255	13,397	666.2%	1.0000	1.0579	1.0000	0.1344	0.0000	0.8656	0.8416	6.50%	0.4013
	2029	4,197	41,255	29,943	713.5%	2	1,581	15,544	11,282	713.5%	1.0000	1.0710	1.0000	0.1397	0.0000	0.8603	0.8374	6.50%	0.3768
	2030	3,497	37,415	26,976	771.4%	2	1,237	13,237	9,544	771.4%	1.0000	1.0812	1.0000	0.1453	0.0000	0.8547	0.8333	6.50%	0.3538
	2031	2,899	33,982	24,307	838.3%	1	963	11,288	8,074	838.3%	1.0000	1.0867	1.0000	0.1512	0.0000	0.8488	0.8291	6.50%	0.3322
	2032	2,392	30,855	21,730	908.6%	1	746	9,624	6,778	908.6%	1.0000	1.0838	1.0000	0.1574	0.0000	0.8426	0.8249	6.50%	0.3119
	2033	1,962	27,900	19,226	979.9%	1	575	8,171	5,631	979.9%	1.0000	1.0786	1.0000	0.1640	0.0000	0.8360	0.8203	6.50%	0.2929
	2034	1,600	25,071	17,046	1065.5%	1	440	6,895	4,688	1065.5%	1.0000	1.0873	1.0000	0.1709	0.0000	0.8291	0.8154	6.50%	0.2750
	2035	1,296	22,325	14,771	1139.9%	1	335	5,765	3,814	1139.9%	1.0000	1.0698	1.0000	0.1782	0.0000	0.8218	0.8100	6.50%	0.2582
	2036	1,042	19,609	12,496	1199.0%	1	253	4,754	3,030	1199.0%	1.0000	1.0518	1.0000	0.1858	0.0000	0.8142	0.8043	6.50%	0.2425
	2037	832	16,961	10,453	1256.3%	1	189	3,861	2,380	1256.3%	1.0000	1.0479	1.0000	0.1936	0.0000	0.8064	0.7983	6.50%	0.2277
	2038	659	14,460	8,553	1297.6%	1	141	3,091	1,828	1297.6%	1.0000	1.0328	1.0000	0.2015	0.0000	0.7985	0.7923	6.50%	0.2138
	2039	518	12,165	6,939	1339.2%	1	104	2,442	1,393	1339.2%	1.0000	1.0321	1.0000	0.2097	0.0000	0.7903	0.7861	6.50%	0.2007
	2040	404	10,140	5,688	1407.9%	1	76	1,911	1,072	1407.9%	1.0000	1.0513	1.0000	0.2183	0.0000	0.7817	0.7796	6.50%	0.1885
	2041	312	8,403	4,616	1479.0%	1	55	1,487	817	1479.0%	1.0000	1.0505	1.0000	0.2275	0.0000	0.7725	0.7726	6.50%	0.1770
	2042	239	6,929	3,801	1593.0%	1	40	1,151	632	1593.0%	1.0000	1.0771	1.0000	0.2378	0.0000	0.7622	0.7645	6.50%	0.1662
	2043	180	5,686	3,009	1670.2%	1	28	887	469	1670.2%	1.0000	1.0485	1.0000	0.2493	0.0000	0.7507	0.7550	6.50%	0.1560
	2044	134	4,621	2,390	1783.8%	1	20	677	350	1783.8%	1.0000	1.0680	1.0000	0.2626	0.0000	0.7374	0.7437	6.50%	0.1465
	2045	98	3,728	1,863	1903.7%	1	13	513	256	1903.7%	1.0000	1.0672	1.0000	0.2781	0.0000	0.7219	0.7302	6.50%	0.1376
	2046	70	2,973	1,400	2003.4%	1	9	384	181	2003.4%	1.0000	1.0524	1.0000	0.2960	0.0000	0.7040	0.7142	6.50%	0.1292
	2047	49	2,334	1,062	2185.4%	1	6	283	129	2185.4%	1.0000	1.0908	1.0000	0.3168	0.0000	0.6832	0.6953	6.50%	0.1213
	2048	33	1,796	749	2290.4%	1	4	204	85	2290.4%	1.0000	1.0481	1.0000	0.3407	0.0000	0.6593	0.6735	6.50%	0.1139
	2049	21	1,347	509	2398.9%	1	2	144	54	2398.9%	1.0000	1.0474	1.0000	0.3680	0.0000	0.6320	0.6486	6.50%	0.1069
	2050	13	986	331	2510.4%	1	1	99	33	2510.4%	1.0000	1.0465	1.0000	0.3987	0.0000	0.6013	0.6205	6.50%	0.1004
	2051	8	704	204	2623.1%	1	1	66	19	2623.1%	1.0000	1.0449	1.0000	0.4329	0.0000	0.5671	0.5892	6.50%	0.0943
	2052	4	489	118	2737.1%	1	0	43	10	2737.1%	1.0000	1.0435	1.0000	0.4706	0.0000	0.5294	0.5549	6.50%	0.0885
	2053	2	332	64	2852.6%	1	0	28	5	2852.6%	1.0000	1.0422	1.0000	0.5117	0.0000	0.4883	0.5174	6.50%	0.0831
	Past	357,761	14,290	170,606	47.7%	194	577,218	14,747	176,294	30.5%									
	Future	266,228	1,332,667	1,117,726	419.8%	119	186,394	758,515	672,932	361.0%									
	Lifetime	623,989	1,346,957	1,288,332	206.5%	313	763,611	773,262	849,226	111.2%									

Attachment 13
MetLife Insurance Company USA
Virginia-Specific Experience Projections with 25.7% Increase
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Loss Ratio Demonstration									Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest					With Interest				Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	0	0	0	0.0%	0	0	0	0	0.0%				0.0000		1.0000		6.50%	2.6541
	1999	11,223	0	0	0.0%	14	27,968	0	0	0.0%				0.0667		0.9333		6.50%	2.4921
	2000	25,678	0	0	0.0%	15	60,086	0	0	0.0%				0.0625		0.9375		6.50%	2.3400
	2001	23,965	0	0	0.0%	14	52,656	0	0	0.0%				0.0667		0.9333		6.50%	2.1972
	2002	22,977	0	0	0.0%	14	47,405	0	0	0.0%				0.0000		1.0000		6.50%	2.0631
	2003	23,019	0	0	0.0%	14	44,593	0	0	0.0%				0.0000		1.0000		6.50%	1.9372
	2004	23,071	0	0	0.0%	14	41,966	0	0	0.0%				0.0000		1.0000		6.50%	1.8190
	2005	22,478	0	0	0.0%	13	38,390	0	0	0.0%				0.0714		0.9286		6.50%	1.7079
	2006	23,230	0	0	0.0%	13	37,253	0	0	0.0%				0.0000		1.0000		6.50%	1.6037
	2007	24,806	0	0	0.0%	13	37,354	0	0	0.0%				0.0000		1.0000		6.50%	1.5058
	2008	25,119	0	0	0.0%	13	35,516	0	0	0.0%				0.0000		1.0000		6.50%	1.4139
	2009	24,441	0	0	0.0%	12	32,449	0	0	0.0%				0.0769		0.9231		6.50%	1.3276
	2010	24,056	0	0	0.0%	12	29,988	0	0	0.0%				0.0000		1.0000		6.50%	1.2466
	2011	24,025	0	491	2.0%	11	28,122	0	574	2.0%				0.0833		0.9167		6.50%	1.1705
	2012	28,189	0	2,422	8.6%	11	30,981	0	2,662	8.6%				0.0000		1.0000		6.50%	1.0991
	2013	31,483	14,290	167,693	532.6%	11	32,490	14,747	173,057	532.6%				0.0000		1.0000		6.50%	1.0320
Projected Future Experience	2014	31,125	63,695	64,877	208.4%	10	30,160	61,721	62,866	208.4%	1.0000	0.3913	1.0000	0.0536	0.0000	0.9464	0.9886	6.50%	0.9690
	2015	31,408	73,413	68,143	217.0%	10	28,577	66,796	62,001	217.0%	1.1136	1.1461	1.0045	0.0585	0.0100	0.9321	0.9123	6.50%	0.9099
	2016	32,119	77,322	69,839	217.4%	9	27,441	66,058	59,665	217.4%	1.1287	1.1288	1.0090	0.0643	0.0000	0.9357	0.8998	6.50%	0.8543
	2017	29,242	77,724	71,470	244.4%	8	23,458	62,349	57,332	244.4%	1.0000	1.1140	1.0090	0.0715	0.0000	0.9285	0.9104	6.50%	0.8022
	2018	26,332	73,770	71,973	273.3%	8	19,834	55,566	54,212	273.3%	1.0000	1.1083	1.0090	0.0795	0.0000	0.9205	0.9005	6.50%	0.7532
	2019	23,433	71,681	71,138	303.6%	7	16,573	50,697	50,313	303.6%	1.0000	1.1008	1.0090	0.0890	0.0000	0.9110	0.8899	6.50%	0.7073
	2020	20,656	71,903	68,810	333.1%	6	13,717	47,750	45,696	333.1%	1.0000	1.0875	1.0090	0.0946	0.0000	0.9054	0.8815	6.50%	0.6641
	2021	18,093	70,773	65,405	361.5%	6	11,282	44,131	40,784	361.5%	1.0000	1.0754	1.0090	0.0994	0.0000	0.9006	0.8759	6.50%	0.6236
	2022	15,755	68,478	61,245	388.7%	5	9,224	40,094	35,859	388.7%	1.0000	1.0658	1.0090	0.1044	0.0000	0.8956	0.8707	6.50%	0.5855
	2023	13,636	65,408	56,761	416.3%	5	7,497	35,959	31,205	416.3%	1.0000	1.0612	1.0090	0.1093	0.0000	0.8907	0.8655	6.50%	0.5498
	2024	11,732	61,821	51,908	442.4%	4	6,056	31,913	26,796	442.4%	1.0000	1.0534	1.0090	0.1143	0.0000	0.8857	0.8604	6.50%	0.5162
	2025	10,035	57,725	46,449	462.8%	4	4,864	27,980	22,514	462.8%	1.0000	1.0368	1.0090	0.1193	0.0000	0.8807	0.8554	6.50%	0.4847
	2026	8,535	53,253	41,069	481.2%	3	3,885	24,237	18,691	481.2%	1.0000	1.0303	1.0090	0.1243	0.0000	0.8757	0.8505	6.50%	0.4551
	2027	7,221	48,691	36,499	505.5%	3	3,086	20,808	15,598	505.5%	1.0000	1.0412	1.0090	0.1293	0.0000	0.8707	0.8459	6.50%	0.4273
	2028	6,077	44,280	32,495	534.8%	2	2,438	17,768	13,039	534.8%	1.0000	1.0484	1.0090	0.1344	0.0000	0.8656	0.8416	6.50%	0.4013
	2029	5,088	40,154	29,142	572.7%	2	1,917	15,129	10,980	572.7%	1.0000	1.0614	1.0090	0.1397	0.0000	0.8603	0.8374	6.50%	0.3768
	2030	4,240	36,416	26,254	619.2%	2	1,500	12,883	9,288	619.2%	1.0000	1.0716	1.0090	0.1453	0.0000	0.8547	0.8333	6.50%	0.3538
	2031	3,515	33,074	23,656	672.9%	1	1,168	10,987	7,858	672.9%	1.0000	1.0770	1.0090	0.1512	0.0000	0.8488	0.8291	6.50%	0.3322
	2032	2,900	30,030	21,149	729.3%	1	904	9,367	6,597	729.3%	1.0000	1.0741	1.0090	0.1574	0.0000	0.8426	0.8249	6.50%	0.3119
	2033	2,379	27,155	18,712	786.6%	1	697	7,953	5,480	786.6%	1.0000	1.0689	1.0090	0.1640	0.0000	0.8360	0.8203	6.50%	0.2929
	2034	1,940	24,401	16,590	855.3%	1	533	6,710	4,562	855.3%	1.0000	1.0776	1.0090	0.1709	0.0000	0.8291	0.8154	6.50%	0.2750
	2035	1,571	21,728	14,376	915.0%	1	406	5,611	3,712	915.0%	1.0000	1.0602	1.0090	0.1782	0.0000	0.8218	0.8100	6.50%	0.2582
	2036	1,264	19,084	12,161	962.4%	1	306	4,627	2,949	962.4%	1.0000	1.0424	1.0090	0.1858	0.0000	0.8142	0.8043	6.50%	0.2425
	2037	1,009	16,507	10,173	1008.5%	1	230	3,758	2,316	1008.5%	1.0000	1.0385	1.0090	0.1936	0.0000	0.8064	0.7983	6.50%	0.2277
	2038	799	14,073	8,324	1041.6%	1	171	3,008	1,779	1041.6%	1.0000	1.0236	1.0090	0.2015	0.0000	0.7985	0.7923	6.50%	0.2138
	2039	628	11,840	6,754	1075.0%	1	126	2,376	1,356	1075.0%	1.0000	1.0229	1.0090	0.2097	0.0000	0.7903	0.7861	6.50%	0.2007
	2040	490	9,869	5,535	1130.2%	1	92	1,860	1,043	1130.2%	1.0000	1.0419	1.0090	0.2183	0.0000	0.7817	0.7796	6.50%	0.1885
	2041	378	8,178	4,492	1187.2%	1	67	1,447	795	1187.2%	1.0000	1.0411	1.0090	0.2275	0.0000	0.7725	0.7726	6.50%	0.1770
	2042	289	6,744	3,699	1278.7%	1	48	1,121	615	1278.7%	1.0000	1.0675	1.0090	0.2378	0.0000	0.7622	0.7645	6.50%	0.1662
	2043	218	5,533	2,929	1340.7%	1	34	863	457	1340.7%	1.0000	1.0391	1.0090	0.2493	0.0000	0.7507	0.7550	6.50%	0.1560
	2044	162	4,497	2,326	1431.9%	1	24	659	341	1431.9%	1.0000	1.0585	1.0090	0.2626	0.0000	0.7374	0.7437	6.50%	0.1465
	2045	119	3,628	1,813	1528.1%	1	16	499	249	1528.1%	1.0000	1.0577	1.0090	0.2781	0.0000	0.7219	0.7302	6.50%	0.1376
	2046	85	2,894	1,362	1608.2%	1	11	374	176	1608.2%	1.0000	1.0430	1.0090	0.2960	0.0000	0.7040	0.7142	6.50%	0.1292
	2047	59	2,272	1,033	1754.2%	1	7	276	125	1754.2%	1.0000	1.0811	1.0090	0.3168	0.0000	0.6832	0.6953	6.50%	0.1213
	2048	40	1,748	729	1838.5%	1	5	199	83	1838.5%	1.0000	1.0387	1.0090	0.3407	0.0000	0.6593	0.6735	6.50%	0.1139
	2049	26	1,311	495	1925.6%	1	3	140	53	1925.6%	1.0000	1.0380	1.0090	0.3680	0.0000	0.6320	0.6486	6.50%	0.1069
	2050	16	960	322	2015.1%	1	2	96	32	2015.1%	1.0000	1.0371	1.0090	0.3987	0.0000	0.6013	0.6205	6.50%	0.1004
	2051	9	685	198	2105.5%	1	1	65	19	2105.5%	1.0000	1.0356	1.0090	0.4329	0.0000	0.5671	0.5892	6.50%	0.0943
	2052	5	476	115	2197.1%	1	0	42	10	2197.1%	1.0000	1.0342	1.0090	0.4706	0.0000	0.5294	0.5549	6.50%	0.0885
	2053	3	323	62	2289.8%	1	0	27	5	2289.8%	1.0000	1.0329	1.0090	0.5117	0.0000	0.4883	0.5174	6.50%	0.0831
	Past	357,761	14,290	170,606	47.7%	194	577,218	14,747	176,294	30.5%									
	Future	312,632	1,303,517	1,090,482	348.8%	118	216,361	743,903	657,452	303.9%									
	Lifetime	670,393	1,317,807	1,261,088	188.1%	312	793,579	758,650	833,746	105.1%									

Attachment 14
MetLife Insurance Company USA
Anticipated Loss Ratios
LTC4 Tax-Qualified Nursing Facility Only Policy Forms
Experience as of December 31, 2013

Nationwide Experience
With No Increase

1	Present Value of Future Claims:	14,129,553
2	Active Life Reserves at 12/31/2013:	7,844,926
3	Present Value of Future Premium:	4,975,412
	Anticipated Loss Ratio = (1 - 2) / 3:	**126.3%**

Nationwide Experience
With 25.7% Increase

1	Present Value of Future Claims:	13,792,477
2	Active Life Reserves at 12/31/2013:	7,844,926
3	Present Value of Future Premium:	5,807,806
	Anticipated Loss Ratio = (1 - 2) / 3:	**102.4%**

Virginia-Specific Experience
With No Increase

1	Present Value of Future Claims:	672,932
2	Active Life Reserves at 12/31/2013:	280,506
3	Present Value of Future Premium:	186,394
	Anticipated Loss Ratio = (1 - 2) / 3:	**210.5%**

Virginia-Specific Experience
With 25.7% Increase

1	Present Value of Future Claims:	657,452
2	Active Life Reserves at 12/31/2013:	280,506
3	Present Value of Future Premium:	216,361
	Anticipated Loss Ratio = (1 - 2) / 3:	**174.2%**

Future claims, active life reserves, and future premium are discounted at the originial pricing interest rate assumption of 6.5%.

Attachment 15
MetLife Insurance Company USA
Nationwide Experience Projections
Historical and Projected Experience Restated to the Proposed Virginia Rate Level
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Loss Ratio Demonstration									Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest					With Interest				Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	6,720	0	0	0.0%	26	17,835	0	0	0.0%				0.0000		1.0000		6.50%	2.6541
	1999	542,180	0	0	0.0%	397	1,351,180	0	0	0.0%				0.0222		0.9778		6.50%	2.4921
	2000	1,449,162	0	0	0.0%	668	3,391,068	0	0	0.0%				0.0578		0.9422		6.50%	2.3400
	2001	1,779,516	2,679	73,028	4.1%	647	3,909,957	5,886	160,457	4.1%				0.0541		0.9459		6.50%	2.1972
	2002	1,701,526	47,430	203,367	12.0%	627	3,510,421	97,852	419,567	12.0%				0.0309		0.9691		6.50%	2.0631
	2003	1,650,352	112,363	52,439	3.2%	605	3,197,035	217,669	101,585	3.2%				0.0351		0.9649		6.50%	1.9372
	2004	1,588,567	103,556	222,050	14.0%	573	2,889,528	188,364	403,898	14.0%				0.0529		0.9471		6.50%	1.8190
	2005	1,479,945	95,703	340,504	23.0%	533	2,527,651	163,455	581,559	23.0%				0.0698		0.9302		6.50%	1.7079
	2006	1,397,206	103,190	610,740	43.7%	516	2,240,694	165,485	979,441	43.7%				0.0319		0.9681		6.50%	1.6037
	2007	1,361,085	73,931	32,244	2.4%	504	2,049,545	111,327	48,554	2.4%				0.0233		0.9767		6.50%	1.5058
	2008	1,320,760	549,240	538,616	40.8%	486	1,867,440	776,577	761,556	40.8%				0.0357		0.9643		6.50%	1.4139
	2009	1,260,732	571,991	799,480	63.4%	468	1,673,771	759,386	1,061,404	63.4%				0.0370		0.9630		6.50%	1.3276
	2010	1,202,530	671,638	565,361	47.0%	448	1,499,061	837,257	704,773	47.0%				0.0427		0.9573		6.50%	1.2466
	2011	1,136,504	718,959	820,444	72.2%	426	1,330,285	841,546	960,335	72.2%				0.0491		0.9509		6.50%	1.1705
	2012	1,084,034	790,149	1,281,428	118.2%	408	1,191,427	868,427	1,408,376	118.2%				0.0423		0.9577		6.50%	1.0991
	2013	1,020,221	896,713	774,507	75.9%	390	1,052,856	925,398	799,282	75.9%				0.0441		0.9559		6.50%	1.0320
Projected Future Experience	2014	971,553	911,952	1,084,110	111.6%	371	941,438	883,685	1,050,506	111.6%	1.0000	1.4699	1.0000	0.0490	0.0000	0.9510	0.9523	6.50%	0.9690
	2015	911,951	1,197,300	1,178,547	129.2%	351	829,750	1,089,378	1,072,315	129.2%	1.0000	1.1582	1.0000	0.0532	0.0000	0.9468	0.9387	6.50%	0.9099
	2016	850,979	1,312,286	1,245,418	146.4%	331	727,017	1,121,126	1,063,999	146.4%	1.0000	1.1325	1.0000	0.0579	0.0000	0.9421	0.9331	6.50%	0.8543
	2017	788,611	1,341,178	1,288,367	163.4%	310	632,614	1,075,877	1,033,513	163.4%	1.0000	1.1163	1.0000	0.0636	0.0000	0.9364	0.9267	6.50%	0.8022
	2018	724,752	1,347,862	1,317,559	181.8%	288	545,904	1,015,248	992,423	181.8%	1.0000	1.1128	1.0000	0.0705	0.0000	0.9295	0.9190	6.50%	0.7532
	2019	659,905	1,353,417	1,324,922	200.8%	265	466,723	957,213	937,060	200.8%	1.0000	1.1044	1.0000	0.0781	0.0000	0.9219	0.9105	6.50%	0.7073
	2020	595,798	1,364,027	1,313,732	220.5%	243	395,664	905,838	872,438	220.5%	1.0000	1.0982	1.0000	0.0838	0.0000	0.9162	0.9029	6.50%	0.6641
	2021	534,691	1,364,109	1,292,123	241.7%	222	333,412	850,603	805,716	241.7%	1.0000	1.0960	1.0000	0.0877	0.0000	0.9123	0.8974	6.50%	0.6236
	2022	477,491	1,353,065	1,262,813	264.5%	202	279,572	792,222	739,379	264.5%	1.0000	1.0944	1.0000	0.0917	0.0000	0.9083	0.8930	6.50%	0.5855
	2023	424,278	1,332,939	1,229,463	289.8%	182	233,254	732,806	675,918	289.8%	1.0000	1.0957	1.0000	0.0959	0.0000	0.9041	0.8886	6.50%	0.5498
	2024	375,079	1,306,015	1,191,576	317.7%	164	193,621	674,182	615,107	317.7%	1.0000	1.0963	1.0000	0.1001	0.0000	0.8999	0.8840	6.50%	0.5162
	2025	329,875	1,272,617	1,146,446	347.5%	147	159,893	616,847	555,690	347.5%	1.0000	1.0940	1.0000	0.1045	0.0000	0.8955	0.8795	6.50%	0.4847
	2026	288,602	1,233,576	1,098,789	380.7%	131	131,350	561,430	500,085	380.7%	1.0000	1.0955	1.0000	0.1089	0.0000	0.8911	0.8749	6.50%	0.4551
	2027	251,156	1,190,722	1,051,043	418.5%	116	107,331	508,851	449,160	418.5%	1.0000	1.0992	1.0000	0.1135	0.0000	0.8865	0.8703	6.50%	0.4273
	2028	217,398	1,144,961	1,000,871	460.4%	102	87,234	459,432	401,614	460.4%	1.0000	1.1001	1.0000	0.1182	0.0000	0.8818	0.8656	6.50%	0.4013
	2029	187,156	1,096,219	946,493	505.7%	90	70,516	413,027	356,614	505.7%	1.0000	1.0985	1.0000	0.1230	0.0000	0.8770	0.8609	6.50%	0.3768
	2030	160,235	1,044,061	886,906	553.5%	78	56,688	369,366	313,768	553.5%	1.0000	1.0945	1.0000	0.1278	0.0000	0.8722	0.8562	6.50%	0.3538
	2031	136,416	987,841	823,117	603.4%	68	45,316	328,148	273,428	603.4%	1.0000	1.0901	1.0000	0.1328	0.0000	0.8672	0.8514	6.50%	0.3322
	2032	115,474	927,858	759,024	657.3%	58	36,018	289,410	236,749	657.3%	1.0000	1.0894	1.0000	0.1379	0.0000	0.8621	0.8465	6.50%	0.3119
	2033	97,173	865,038	695,324	715.6%	50	28,460	253,348	203,643	715.6%	1.0000	1.0886	1.0000	0.1430	0.0000	0.8570	0.8415	6.50%	0.2929
	2034	81,280	800,576	633,029	778.8%	43	22,352	220,159	174,083	778.8%	1.0000	1.0884	1.0000	0.1481	0.0000	0.8519	0.8364	6.50%	0.2750
	2035	67,566	735,948	573,408	848.7%	36	17,447	190,034	148,063	848.7%	1.0000	1.0897	1.0000	0.1533	0.0000	0.8467	0.8313	6.50%	0.2582
	2036	55,809	672,225	515,578	923.8%	30	13,531	162,985	125,005	923.8%	1.0000	1.0886	1.0000	0.1585	0.0000	0.8415	0.8260	6.50%	0.2425
	2037	45,796	609,987	459,959	1004.4%	25	10,426	138,869	104,714	1004.4%	1.0000	1.0872	1.0000	0.1637	0.0000	0.8363	0.8206	6.50%	0.2277
	2038	37,329	549,485	404,624	1083.9%	21	7,980	117,460	86,494	1083.9%	1.0000	1.0792	1.0000	0.1689	0.0000	0.8311	0.8151	6.50%	0.2138
	2039	30,220	491,380	354,544	1173.2%	17	6,066	98,629	71,163	1173.2%	1.0000	1.0824	1.0000	0.1739	0.0000	0.8261	0.8096	6.50%	0.2007
	2040	24,294	436,970	310,213	1276.9%	14	4,579	82,354	58,465	1276.9%	1.0000	1.0884	1.0000	0.1789	0.0000	0.8211	0.8039	6.50%	0.1885
	2041	19,393	386,604	269,386	1389.1%	12	3,432	68,415	47,672	1389.1%	1.0000	1.0879	1.0000	0.1837	0.0000	0.8163	0.7983	6.50%	0.1770
	2042	15,371	340,073	231,108	1503.6%	10	2,554	56,508	38,402	1503.6%	1.0000	1.0824	1.0000	0.1883	0.0000	0.8117	0.7926	6.50%	0.1662
	2043	12,096	296,957	195,592	1617.0%	8	1,887	46,332	30,517	1617.0%	1.0000	1.0754	1.0000	0.1927	0.0000	0.8073	0.7869	6.50%	0.1560
	2044	9,452	257,032	163,333	1728.1%	6	1,385	37,655	23,928	1728.1%	1.0000	1.0687	1.0000	0.1967	0.0000	0.8033	0.7814	6.50%	0.1465
	2045	7,335	220,327	135,123	1842.2%	5	1,009	30,308	18,587	1842.2%	1.0000	1.0661	1.0000	0.2004	0.0000	0.7996	0.7760	6.50%	0.1376
	2046	5,654	187,238	111,391	1970.3%	4	730	24,184	14,388	1970.3%	1.0000	1.0695	1.0000	0.2038	0.0000	0.7962	0.7708	6.50%	0.1292
	2047	4,329	158,123	91,858	2121.9%	3	525	19,177	11,140	2121.9%	1.0000	1.0770	1.0000	0.2070	0.0000	0.7930	0.7657	6.50%	0.1213
	2048	3,293	132,740	74,627	2265.9%	2	375	15,116	8,498	2265.9%	1.0000	1.0679	1.0000	0.2100	0.0000	0.7900	0.7608	6.50%	0.1139
	2049	2,490	110,722	60,381	2425.3%	2	266	11,839	6,456	2425.3%	1.0000	1.0703	1.0000	0.2130	0.0000	0.7870	0.7559	6.50%	0.1069
	2050	1,870	91,757	48,247	2580.0%	2	188	9,213	4,844	2580.0%	1.0000	1.0638	1.0000	0.2161	0.0000	0.7839	0.7511	6.50%	0.1004
	2051	1,396	75,405	37,850	2712.0%	1	132	7,109	3,568	2712.0%	1.0000	1.0512	1.0000	0.2195	0.0000	0.7805	0.7463	6.50%	0.0943
	2052	1,035	61,330	29,259	2827.3%	1	92	5,429	2,590	2827.3%	1.0000	1.0425	1.0000	0.2231	0.0000	0.7769	0.7415	6.50%	0.0885
	2053	762	49,355	22,237	2916.6%	1	63	4,102	1,848	2916.6%	1.0000	1.0316	1.0000	0.2271	0.0000	0.7729	0.7367	6.50%	0.0831
	Past	19,981,038	4,737,542	6,314,207	31.6%	7,722	33,699,754	5,958,629	8,390,787	24.9%									
	Future	9,525,344	30,611,278	26,858,388	282.0%	4,013	6,396,790	15,243,914	14,129,553	220.9%									
	Lifetime	29,506,382	35,348,820	33,172,595	112.4%	11,735	40,096,544	21,202,543	22,520,339	56.2%									

Attachment 16
MetLife Insurance Company USA
Virginia-Specific Experience
Historical and Projected Experience Restated to the Proposed Virginia Rate Level
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Loss Ratio Demonstration									Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest					With Interest				Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	0	0	0	0.0%	0	0	0	0	0.0%				0.0000		1.0000		6.50%	2.6541
	1999	21,677	0	0	0.0%	14	54,022	0	0	0.0%				0.0667		0.9333		6.50%	2.4921
	2000	50,048	0	0	0.0%	15	117,113	0	0	0.0%				0.0625		0.9375		6.50%	2.3400
	2001	46,058	0	0	0.0%	14	101,200	0	0	0.0%				0.0667		0.9333		6.50%	2.1972
	2002	45,057	0	0	0.0%	14	92,957	0	0	0.0%				0.0000		1.0000		6.50%	2.0631
	2003	45,139	0	0	0.0%	14	87,443	0	0	0.0%				0.0000		1.0000		6.50%	1.9372
	2004	45,241	0	0	0.0%	14	82,292	0	0	0.0%				0.0000		1.0000		6.50%	1.8190
	2005	43,777	0	0	0.0%	13	74,769	0	0	0.0%				0.0714		0.9286		6.50%	1.7079
	2006	40,241	0	0	0.0%	13	64,534	0	0	0.0%				0.0000		1.0000		6.50%	1.6037
	2007	40,536	0	0	0.0%	13	61,040	0	0	0.0%				0.0000		1.0000		6.50%	1.5058
	2008	41,047	0	0	0.0%	13	58,037	0	0	0.0%				0.0000		1.0000		6.50%	1.4139
	2009	39,936	0	0	0.0%	12	53,020	0	0	0.0%				0.0769		0.9231		6.50%	1.3276
	2010	39,133	0	0	0.0%	12	48,783	0	0	0.0%				0.0000		1.0000		6.50%	1.2466
	2011	38,714	0	491	1.3%	11	45,315	0	574	1.3%				0.0833		0.9167		6.50%	1.1705
	2012	38,513	0	2,422	6.3%	11	42,328	0	2,662	6.3%				0.0000		1.0000		6.50%	1.0991
	2013	39,574	14,290	167,693	423.7%	11	40,840	14,747	173,057	423.7%				0.0000		1.0000		6.50%	1.0320
Projected Future Experience	2014	39,124	63,695	64,877	165.8%	10	37,912	61,721	62,866	165.8%	1.0000	0.3913	1.0000	0.0536	0.0000	0.9464	0.9886	6.50%	0.9690
	2015	36,235	73,609	69,065	190.6%	10	32,969	66,974	62,839	190.6%	1.0000	1.1494	1.0000	0.0585	0.0000	0.9415	0.9262	6.50%	0.9099
	2016	33,300	78,031	71,759	215.5%	9	28,449	66,664	61,306	215.5%	1.0000	1.1306	1.0000	0.0643	0.0000	0.9357	0.9190	6.50%	0.8543
	2017	30,317	78,973	73,435	242.2%	9	24,320	63,351	58,909	242.2%	1.0000	1.1240	1.0000	0.0715	0.0000	0.9285	0.9104	6.50%	0.8022
	2018	27,300	75,382	73,952	270.9%	8	20,563	56,780	55,703	270.9%	1.0000	1.1183	1.0000	0.0795	0.0000	0.9205	0.9005	6.50%	0.7532
	2019	24,294	73,491	73,094	300.9%	7	17,182	51,977	51,696	300.9%	1.0000	1.1107	1.0000	0.0890	0.0000	0.9110	0.8899	6.50%	0.7073
	2020	21,415	73,798	70,702	330.2%	6	14,221	49,009	46,952	330.2%	1.0000	1.0973	1.0000	0.0946	0.0000	0.9054	0.8815	6.50%	0.6641
	2021	18,758	72,672	67,203	358.3%	6	11,697	45,316	41,905	358.3%	1.0000	1.0851	1.0000	0.0994	0.0000	0.9006	0.8759	6.50%	0.6236
	2022	16,334	70,330	62,929	385.3%	5	9,563	41,178	36,845	385.3%	1.0000	1.0754	1.0000	0.1044	0.0000	0.8956	0.8707	6.50%	0.5855
	2023	14,137	67,185	58,321	412.5%	5	7,772	36,936	32,063	412.5%	1.0000	1.0708	1.0000	0.1093	0.0000	0.8907	0.8655	6.50%	0.5498
	2024	12,163	63,506	53,335	438.5%	4	6,279	32,783	27,532	438.5%	1.0000	1.0629	1.0000	0.1143	0.0000	0.8857	0.8604	6.50%	0.5162
	2025	10,404	59,302	47,726	458.7%	4	5,043	28,744	23,133	458.7%	1.0000	1.0461	1.0000	0.1193	0.0000	0.8807	0.8554	6.50%	0.4847
	2026	8,849	54,709	42,198	476.9%	3	4,027	24,900	19,205	476.9%	1.0000	1.0395	1.0000	0.1243	0.0000	0.8757	0.8505	6.50%	0.4551
	2027	7,486	50,024	37,503	501.0%	3	3,199	21,378	16,027	501.0%	1.0000	1.0506	1.0000	0.1293	0.0000	0.8707	0.8459	6.50%	0.4273
	2028	6,300	45,493	33,388	530.0%	2	2,528	18,255	13,397	530.0%	1.0000	1.0579	1.0000	0.1344	0.0000	0.8656	0.8416	6.50%	0.4013
	2029	5,275	41,255	29,943	567.6%	2	1,988	15,544	11,282	567.6%	1.0000	1.0710	1.0000	0.1397	0.0000	0.8603	0.8374	6.50%	0.3768
	2030	4,396	37,415	26,976	613.7%	2	1,555	13,237	9,544	613.7%	1.0000	1.0812	1.0000	0.1453	0.0000	0.8547	0.8333	6.50%	0.3538
	2031	3,645	33,982	24,307	666.9%	1	1,211	11,288	8,074	666.9%	1.0000	1.0867	1.0000	0.1512	0.0000	0.8488	0.8291	6.50%	0.3322
	2032	3,006	30,855	21,730	722.8%	1	938	9,624	6,778	722.8%	1.0000	1.0838	1.0000	0.1574	0.0000	0.8426	0.8249	6.50%	0.3119
	2033	2,466	27,900	19,226	779.6%	1	722	8,171	5,631	779.6%	1.0000	1.0786	1.0000	0.1640	0.0000	0.8360	0.8203	6.50%	0.2929
	2034	2,011	25,071	17,046	847.7%	1	553	6,895	4,688	847.7%	1.0000	1.0873	1.0000	0.1709	0.0000	0.8291	0.8154	6.50%	0.2750
	2035	1,629	22,325	14,771	906.8%	1	421	5,765	3,814	906.8%	1.0000	1.0698	1.0000	0.1782	0.0000	0.8218	0.8100	6.50%	0.2582
	2036	1,310	19,609	12,496	953.8%	1	318	4,754	3,030	953.8%	1.0000	1.0518	1.0000	0.1858	0.0000	0.8142	0.8043	6.50%	0.2425
	2037	1,046	16,961	10,453	999.5%	1	238	3,861	2,380	999.5%	1.0000	1.0479	1.0000	0.1936	0.0000	0.8064	0.7983	6.50%	0.2277
	2038	829	14,460	8,553	1032.3%	1	177	3,091	1,828	1032.3%	1.0000	1.0328	1.0000	0.2015	0.0000	0.7985	0.7923	6.50%	0.2138
	2039	651	12,165	6,939	1065.4%	1	131	2,442	1,393	1065.4%	1.0000	1.0321	1.0000	0.2097	0.0000	0.7903	0.7861	6.50%	0.2007
	2040	508	10,140	5,688	1120.1%	1	96	1,911	1,072	1120.1%	1.0000	1.0513	1.0000	0.2183	0.0000	0.7817	0.7796	6.50%	0.1885
	2041	392	8,403	4,616	1176.6%	1	69	1,487	817	1176.6%	1.0000	1.0505	1.0000	0.2275	0.0000	0.7725	0.7726	6.50%	0.1770
	2042	300	6,929	3,801	1267.3%	1	50	1,151	632	1267.3%	1.0000	1.0771	1.0000	0.2378	0.0000	0.7622	0.7645	6.50%	0.1662
	2043	226	5,686	3,009	1328.7%	1	35	887	469	1328.7%	1.0000	1.0485	1.0000	0.2493	0.0000	0.7507	0.7550	6.50%	0.1560
	2044	168	4,621	2,390	1419.1%	1	25	677	350	1419.1%	1.0000	1.0680	1.0000	0.2626	0.0000	0.7374	0.7437	6.50%	0.1465
	2045	123	3,728	1,863	1514.5%	1	17	513	256	1514.5%	1.0000	1.0672	1.0000	0.2781	0.0000	0.7219	0.7302	6.50%	0.1376
	2046	88	2,973	1,400	1593.8%	1	11	384	181	1593.8%	1.0000	1.0524	1.0000	0.2960	0.0000	0.7040	0.7142	6.50%	0.1292
	2047	61	2,334	1,062	1738.6%	1	7	283	129	1738.6%	1.0000	1.0908	1.0000	0.3168	0.0000	0.6832	0.6953	6.50%	0.1213
	2048	41	1,796	749	1822.1%	1	5	204	85	1822.1%	1.0000	1.0481	1.0000	0.3407	0.0000	0.6593	0.6735	6.50%	0.1139
	2049	27	1,347	509	1908.5%	1	3	144	54	1908.5%	1.0000	1.0474	1.0000	0.3680	0.0000	0.6320	0.6486	6.50%	0.1069
	2050	17	986	331	1997.1%	1	2	99	33	1997.1%	1.0000	1.0465	1.0000	0.3987	0.0000	0.6013	0.6205	6.50%	0.1004
	2051	10	704	204	2086.8%	1	1	66	19	2086.8%	1.0000	1.0449	1.0000	0.4329	0.0000	0.5671	0.5892	6.50%	0.0943
	2052	5	489	118	2177.5%	1	0	43	10	2177.5%	1.0000	1.0435	1.0000	0.4706	0.0000	0.5294	0.5549	6.50%	0.0885
	2053	3	332	64	2269.4%	1	0	28	5	2269.4%	1.0000	1.0422	1.0000	0.5117	0.0000	0.4883	0.5174	6.50%	0.0831
	Past	614,692	14,290	170,606	27.8%	194	1,023,692	14,747	176,294	17.2%									
	Future	334,649	1,332,667	1,117,726	334.0%	119	234,297	758,515	672,932	287.2%									
	Lifetime	949,341	1,346,957	1,288,332	135.7%	313	1,257,988	773,262	849,226	67.5%									

Attachment 17
MetLife Insurance Company USA
60/80 Test After Requested 25.7% Increase
Nationwide Experience for LTC4 Tax-Qualified Nursing Facility Only Policy Forms

1	Accumulated value of earned premium	16,616,208	x	60%	=	9,969,725
2	Present value of future projected earned premium without the requested rate increase	5,384,086	x	60%	=	3,230,452
3a	Present value of future projected premium with the requested rate increase	6,491,866				
3b	Present value of future projected premium with increase in excess of the projected earned premiums without increase (3a - 2)	1,107,780	x	80%	=	886,224
4	**Lifetime Earned Premium Times Prescribed Factor: Sum of 1, 2, and 3b**					**14,086,401**
5a	Accumulated value of incurred claims without the inclusion of active life reserves					7,668,919
5b	Present value of future projected incurred claims without the inclusion of active life reserves					16,357,901
6	**Lifetime Incurred Claims with Rate Increase: Sum of 5a and 5b**					**24,026,820**
7	Test: 6 is not less than 4					TRUE

All values are accumulated or discounted at the maximum valuation interest rate for contract reserves.

Attachment 18
MetLife Insurance Company USA
Nationwide Experience Projections
Actual to Expected Experience Projections by Calendar Year with No Increase
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Actual Experience				Expected Pricing Experience					Cumulative Loss Ratio		
		A	B	C	D = C / A	E	F	G	H = G / E	I = D / H	J	K	L = J / K
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Actual to Expected Ratio	Actual at 6.5% (on Col D)	Expected at 6.5% (on Col H)	Actual to Expected Ratio
	1998	3,427	0	0	0.0%	3,427	0	0	0.0%	0.000	0.0%	0.0%	0.000
Historical	1999	276,493	0	0	0.0%	276,493	0	0	0.0%	0.000	0.0%	0.0%	0.000
Experience	2000	739,021	0	0	0.0%	739,021	0	0	0.0%	0.000	0.0%	0.0%	0.000
	2001	907,490	2,679	73,028	8.0%	907,490	2,679	73,028	8.0%	1.000	3.6%	3.6%	1.000
	2002	867,718	47,430	203,367	23.4%	867,718	47,430	203,367	23.4%	1.000	9.3%	9.3%	1.000
	2003	841,621	112,363	52,439	6.2%	841,621	112,363	52,439	6.2%	1.000	8.7%	8.7%	1.000
	2004	894,032	103,556	222,050	24.8%	894,032	103,556	222,050	24.8%	1.000	11.5%	11.5%	1.000
	2005	905,663	95,703	340,504	37.6%	905,663	95,703	340,504	37.6%	1.000	15.1%	15.1%	1.000
	2006	855,031	103,190	610,740	71.4%	855,031	103,190	610,740	71.4%	1.000	21.4%	21.4%	1.000
	2007	832,926	73,931	32,244	3.9%	832,926	73,931	32,244	3.9%	1.000	19.8%	19.8%	1.000
	2008	808,249	549,240	538,616	66.6%	808,249	549,240	538,616	66.6%	1.000	23.4%	23.4%	1.000
	2009	771,515	571,991	799,480	103.6%	771,515	571,991	799,480	103.6%	1.000	28.6%	28.6%	1.000
	2010	735,897	671,638	565,361	76.8%	735,897	671,638	565,361	76.8%	1.000	31.2%	31.2%	1.000
	2011	792,510	718,959	820,444	103.5%	792,510	718,959	820,444	103.5%	1.000	35.0%	35.0%	1.000
	2012	843,160	790,149	1,281,428	152.0%	843,160	790,149	1,281,428	152.0%	1.000	40.9%	40.9%	1.000
	2013	793,526	896,713	774,507	97.6%	793,526	896,713	774,507	97.6%	1.000	43.3%	43.3%	1.000
	2014	755,672	911,952	1,084,110	143.5%	482,723	811,796	686,494	142.2%	1.009	46.9%	45.6%	1.029
Projected	2015	709,314	1,197,300	1,178,547	166.2%	429,757	941,465	706,342	164.4%	1.011	50.6%	47.9%	1.057
Future	2016	661,890	1,312,286	1,245,418	188.2%	380,828	929,259	717,471	188.4%	0.999	54.2%	50.1%	1.083
Experience	2017	613,380	1,341,178	1,288,367	210.0%	335,862	871,099	721,263	214.7%	0.978	57.8%	52.2%	1.106
	2018	563,711	1,347,862	1,317,559	233.7%	294,768	816,867	721,338	244.7%	0.955	61.1%	54.3%	1.126
	2019	513,273	1,353,417	1,324,922	258.1%	257,424	780,231	719,991	279.7%	0.923	64.3%	56.2%	1.144
	2020	463,411	1,364,027	1,313,732	283.5%	223,689	767,243	716,943	320.5%	0.885	67.2%	58.0%	1.159
	2021	415,882	1,364,109	1,292,123	310.7%	193,395	758,294	707,249	365.7%	0.850	69.9%	59.7%	1.171
	2022	371,392	1,353,065	1,262,813	340.0%	166,353	748,293	692,049	416.0%	0.817	72.5%	61.3%	1.181
	2023	330,003	1,332,939	1,229,463	372.6%	142,361	735,339	673,592	473.2%	0.787	74.8%	62.8%	1.190
	2024	291,736	1,306,015	1,191,576	408.4%	121,204	719,428	652,838	538.6%	0.758	76.9%	64.2%	1.197
	2025	256,577	1,272,617	1,146,446	446.8%	102,658	700,607	628,996	612.7%	0.729	78.8%	65.5%	1.204
	2026	224,474	1,233,576	1,098,789	489.5%	86,497	678,535	600,480	694.2%	0.705	80.6%	66.6%	1.210
	2027	195,349	1,190,722	1,051,043	538.0%	72,494	652,974	568,949	784.8%	0.686	82.1%	67.6%	1.215
	2028	169,092	1,144,961	1,000,871	591.9%	60,432	624,253	535,617	886.3%	0.668	83.6%	68.5%	1.220
	2029	145,570	1,096,219	946,493	650.2%	50,102	592,939	500,906	999.8%	0.650	84.9%	69.3%	1.224
	2030	124,630	1,044,061	886,906	711.6%	41,307	559,490	464,586	1124.7%	0.633	86.0%	70.0%	1.228
	2031	106,104	987,841	823,117	775.8%	33,860	524,101	426,594	1259.9%	0.616	87.0%	70.6%	1.232
	2032	89,815	927,858	759,024	845.1%	27,592	487,094	388,386	1407.6%	0.600	87.9%	71.1%	1.235
	2033	75,581	865,038	695,324	920.0%	22,349	449,114	350,838	1569.8%	0.586	88.6%	71.6%	1.238
	2034	63,220	800,576	633,029	1001.3%	17,990	410,933	314,691	1749.3%	0.572	89.3%	72.0%	1.241
	2035	52,553	735,948	573,408	1091.1%	14,389	373,191	279,563	1942.8%	0.562	89.9%	72.3%	1.243
	2036	43,408	672,225	515,578	1187.7%	11,435	336,225	245,630	2148.1%	0.553	90.3%	72.5%	1.245
	2037	35,620	609,987	459,959	1291.3%	9,026	300,367	213,653	2367.1%	0.546	90.7%	72.8%	1.247
	2038	29,035	549,485	404,624	1393.6%	7,076	266,000	184,044	2601.1%	0.536	91.1%	72.9%	1.248
	2039	23,505	491,380	354,544	1508.4%	5,507	233,541	156,977	2850.2%	0.529	91.3%	73.1%	1.250
	2040	18,896	436,970	310,213	1641.7%	4,256	203,273	132,503	3113.5%	0.527	91.6%	73.2%	1.251
	2041	15,084	386,604	269,386	1785.9%	3,264	175,395	110,593	3388.6%	0.527	91.7%	73.3%	1.252
	2042	11,955	340,073	231,108	1933.1%	2,483	150,015	91,223	3673.9%	0.526	91.9%	73.3%	1.253
	2043	9,408	296,957	195,592	2079.0%	1,874	127,174	74,399	3970.3%	0.524	92.0%	73.4%	1.254
	2044	7,352	257,032	163,333	2221.7%	1,403	106,870	60,029	4279.9%	0.519	92.1%	73.4%	1.254
	2045	5,705	220,327	135,123	2368.5%	1,041	89,051	47,970	4606.9%	0.514	92.2%	73.5%	1.255
	2046	4,397	187,238	111,391	2533.2%	767	73,621	38,031	4960.1%	0.511	92.2%	73.5%	1.255
	2047	3,367	158,123	91,858	2728.1%	560	60,427	29,882	5334.1%	0.511	92.3%	73.5%	1.256
	2048	2,562	132,740	74,627	2913.3%	406	49,258	23,266	5725.8%	0.509	92.3%	73.5%	1.256
	2049	1,936	110,722	60,381	3118.1%	293	39,892	17,990	6142.4%	0.508	92.3%	73.5%	1.256
	2050	1,455	91,757	48,247	3317.0%	210	32,105	13,800	6571.5%	0.505	92.4%	73.5%	1.256
	2051	1,086	75,405	37,850	3486.8%	150	25,679	10,563	7042.4%	0.495	92.4%	73.5%	1.256
	2052	805	61,330	29,259	3635.0%	107	20,425	8,084	7562.9%	0.481	92.4%	73.5%	1.256
	2053	593	49,355	22,237	3749.8%	76	16,167	6,192	8134.6%	0.461	92.4%	73.5%	1.256
	Past	11,868,280	4,737,542	6,314,207	53.2%	11,868,280	4,737,542	6,314,207	53.2%	1.000	43.3%	43.3%	1.000
TOTALS	Future	7,408,796	30,611,278	26,858,388	362.5%	3,607,965	17,238,029	14,240,004	394.7%	0.919	284.0%	300.5%	0.945
	Lifetime	19,277,076	35,348,820	33,172,595	172.1%	15,476,244	21,975,571	20,554,211	132.8%	1.296	92.4%	73.5%	1.256

Attachment 18
MetLife Insurance Company USA
Nationwide Experience Projections
Actual to Expected Experience Projections by Calendar Year with 25.7% Increase
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Actual Experience				Expected Pricing Experience					Cumulative Loss Ratio		
		A	B	C	D = C / A	E	F	G	H = G / E	I = D / H	J	K	L = J / K
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Actual to Expected Ratio	Actual at 6.5% (on Col D)	Expected at 6.5% (on Col H)	Actual to Expected Ratio
	1998	3,427	0	0	0.0%	3,427	0	0	0.0%	0.000	0.0%	0.0%	0.000
Historical	1999	276,493	0	0	0.0%	276,493	0	0	0.0%	0.000	0.0%	0.0%	0.000
Experience	2000	739,021	0	0	0.0%	739,021	0	0	0.0%	0.000	0.0%	0.0%	0.000
	2001	907,490	2,679	73,028	8.0%	907,490	2,679	73,028	8.0%	1.000	3.6%	3.6%	1.000
	2002	867,718	47,430	203,367	23.4%	867,718	47,430	203,367	23.4%	1.000	9.3%	9.3%	1.000
	2003	841,621	112,363	52,439	6.2%	841,621	112,363	52,439	6.2%	1.000	8.7%	8.7%	1.000
	2004	894,032	103,556	222,050	24.8%	894,032	103,556	222,050	24.8%	1.000	11.5%	11.5%	1.000
	2005	905,663	95,703	340,504	37.6%	905,663	95,703	340,504	37.6%	1.000	15.1%	15.1%	1.000
	2006	855,031	103,190	610,740	71.4%	855,031	103,190	610,740	71.4%	1.000	21.4%	21.4%	1.000
	2007	832,926	73,931	32,244	3.9%	832,926	73,931	32,244	3.9%	1.000	19.8%	19.8%	1.000
	2008	808,249	549,240	538,616	66.6%	808,249	549,240	538,616	66.6%	1.000	23.4%	23.4%	1.000
	2009	771,515	571,991	799,480	103.6%	771,515	571,991	799,480	103.6%	1.000	28.6%	28.6%	1.000
	2010	735,897	671,638	565,361	76.8%	735,897	671,638	565,361	76.8%	1.000	31.2%	31.2%	1.000
	2011	792,510	718,959	820,444	103.5%	792,510	718,959	820,444	103.5%	1.000	35.0%	35.0%	1.000
	2012	843,160	790,149	1,281,428	152.0%	843,160	790,149	1,281,428	152.0%	1.000	40.9%	40.9%	1.000
	2013	793,526	896,713	774,507	97.6%	793,526	896,713	774,507	97.6%	1.000	43.3%	43.3%	1.000
	2014	755,672	911,952	1,084,110	143.5%	482,723	811,796	686,494	142.2%	1.009	46.9%	45.6%	1.029
Projected	2015	784,106	1,193,774	1,161,167	148.1%	429,757	941,465	706,342	164.4%	0.901	50.4%	47.9%	1.052
Future	2016	802,507	1,299,187	1,212,094	151.0%	380,828	929,259	717,471	188.4%	0.802	53.6%	50.1%	1.069
Experience	2017	743,692	1,317,955	1,253,895	168.6%	335,862	871,099	721,263	214.7%	0.785	56.7%	52.2%	1.085
	2018	683,470	1,318,172	1,282,305	187.6%	294,768	816,867	721,338	244.7%	0.767	59.6%	54.3%	1.099
	2019	622,317	1,320,180	1,289,471	207.2%	257,424	780,231	719,991	279.7%	0.741	62.5%	56.2%	1.112
	2020	561,862	1,329,049	1,278,581	227.6%	223,689	767,243	716,943	320.5%	0.710	65.1%	58.0%	1.122
	2021	504,236	1,328,472	1,257,550	249.4%	193,395	758,294	707,249	365.7%	0.682	67.5%	59.7%	1.130
	2022	450,293	1,317,430	1,229,024	272.9%	166,353	748,293	692,049	416.0%	0.656	69.8%	61.3%	1.137
	2023	400,111	1,297,653	1,196,566	299.1%	142,361	735,339	673,592	473.2%	0.632	71.9%	62.8%	1.144
	2024	353,715	1,271,325	1,159,693	327.9%	121,204	719,428	652,838	538.6%	0.609	73.8%	64.2%	1.149
	2025	311,086	1,238,740	1,115,770	358.7%	102,658	700,607	628,996	612.7%	0.585	75.5%	65.5%	1.154
	2026	272,163	1,200,690	1,069,389	392.9%	86,497	678,535	600,480	694.2%	0.566	77.1%	66.6%	1.158
	2027	236,850	1,158,948	1,022,920	431.9%	72,494	652,974	568,949	784.8%	0.550	78.6%	67.6%	1.162
	2028	205,015	1,114,386	974,090	475.1%	60,432	624,253	535,617	886.3%	0.536	79.9%	68.5%	1.166
	2029	176,496	1,066,932	921,168	521.9%	50,102	592,939	500,906	999.8%	0.522	81.0%	69.3%	1.169
	2030	151,108	1,016,156	863,175	571.2%	41,307	559,490	464,586	1124.7%	0.508	82.1%	70.0%	1.173
	2031	128,646	961,431	801,093	622.7%	33,860	524,101	426,594	1259.9%	0.494	83.0%	70.6%	1.175
	2032	108,896	903,046	738,715	678.4%	27,592	487,094	388,386	1407.6%	0.482	83.8%	71.1%	1.178
	2033	91,638	841,902	676,719	738.5%	22,349	449,114	350,838	1569.8%	0.470	84.5%	71.6%	1.181
	2034	76,651	779,162	616,091	803.8%	17,990	410,933	314,691	1749.3%	0.459	85.1%	72.0%	1.183
	2035	63,718	716,260	558,066	875.8%	14,389	373,191	279,563	1942.8%	0.451	85.6%	72.3%	1.185
	2036	52,630	654,241	501,782	953.4%	11,435	336,225	245,630	2148.1%	0.444	86.1%	72.5%	1.187
	2037	43,188	593,667	447,652	1036.5%	9,026	300,367	213,653	2367.1%	0.438	86.5%	72.8%	1.188
	2038	35,203	534,784	393,798	1118.6%	7,076	266,000	184,044	2601.1%	0.430	86.8%	72.9%	1.190
	2039	28,499	478,233	345,058	1210.8%	5,507	233,541	156,977	2850.2%	0.425	87.0%	73.1%	1.191
	2040	22,911	425,278	301,913	1317.8%	4,256	203,273	132,503	3113.5%	0.423	87.2%	73.2%	1.192
	2041	18,289	376,260	262,178	1433.6%	3,264	175,395	110,593	3388.6%	0.423	87.4%	73.3%	1.193
	2042	14,495	330,974	224,924	1551.7%	2,483	150,015	91,223	3673.9%	0.422	87.5%	73.3%	1.194
	2043	11,407	289,011	190,358	1668.8%	1,874	127,174	74,399	3970.3%	0.420	87.7%	73.4%	1.194
	2044	8,913	250,154	158,963	1783.4%	1,403	106,870	60,029	4279.9%	0.417	87.7%	73.4%	1.195
	2045	6,917	214,432	131,508	1901.2%	1,041	89,051	47,970	4606.9%	0.413	87.8%	73.5%	1.195
	2046	5,331	182,228	108,411	2033.4%	767	73,621	38,031	4960.1%	0.410	87.9%	73.5%	1.196
	2047	4,082	153,892	89,400	2189.9%	560	60,427	29,882	5334.1%	0.411	87.9%	73.5%	1.196
	2048	3,106	129,188	72,630	2338.5%	406	49,258	23,266	5725.8%	0.408	87.9%	73.5%	1.196
	2049	2,348	107,759	58,765	2502.9%	293	39,892	17,990	6142.4%	0.407	88.0%	73.5%	1.196
	2050	1,764	89,302	46,956	2662.6%	210	32,105	13,800	6571.5%	0.405	88.0%	73.5%	1.197
	2051	1,316	73,388	36,837	2798.8%	150	25,679	10,563	7042.4%	0.397	88.0%	73.5%	1.197
	2052	976	59,689	28,476	2917.8%	107	20,425	8,084	7562.9%	0.386	88.0%	73.5%	1.197
	2053	719	48,035	21,642	3010.0%	76	16,167	6,192	8134.6%	0.370	88.0%	73.5%	1.197
	Past	11,868,280	4,737,542	6,314,207	53.2%	11,868,280	4,737,542	6,314,207	53.2%	1.000	43.3%	43.3%	1.000
TOTALS	Future	8,746,341	29,893,318	26,182,904	299.4%	3,607,965	17,238,029	14,240,004	394.7%	0.758	237.5%	300.5%	0.790
	Lifetime	20,614,621	34,630,860	32,497,112	157.6%	15,476,244	21,975,571	20,554,211	132.8%	1.187	88.0%	73.5%	1.197

Attachment 19
MetLife Insurance Company USA
Virginia-Specific Experience
Actual to Expected Experience Projections by Calendar Year with No Increase
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Actual Experience				Expected Pricing Experience					Cumulative Loss Ratio		
		A	B	C	D = C / A	E	F	G	H = G / E	I = D / H	J	K	L = J / K
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Actual to Expected Ratio	Actual at 6.5% (on Col D)	Expected at 6.5% (on Col H)	Actual to Expected Ratio
	1998	0	0	0	0.0%	0	0	0	0.0%	0.000	0.0%	0.0%	0.000
Historical	1999	11,223	0	0	0.0%	11,223	0	0	0.0%	0.000	0.0%	0.0%	0.000
Experience	2000	25,678	0	0	0.0%	25,678	0	0	0.0%	0.000	0.0%	0.0%	0.000
	2001	23,965	0	0	0.0%	23,965	0	0	0.0%	0.000	0.0%	0.0%	0.000
	2002	22,977	0	0	0.0%	22,977	0	0	0.0%	0.000	0.0%	0.0%	0.000
	2003	23,019	0	0	0.0%	23,019	0	0	0.0%	0.000	0.0%	0.0%	0.000
	2004	23,071	0	0	0.0%	23,071	0	0	0.0%	0.000	0.0%	0.0%	0.000
	2005	22,478	0	0	0.0%	22,478	0	0	0.0%	0.000	0.0%	0.0%	0.000
	2006	23,230	0	0	0.0%	23,230	0	0	0.0%	0.000	0.0%	0.0%	0.000
	2007	24,806	0	0	0.0%	24,806	0	0	0.0%	0.000	0.0%	0.0%	0.000
	2008	25,119	0	0	0.0%	25,119	0	0	0.0%	0.000	0.0%	0.0%	0.000
	2009	24,441	0	0	0.0%	24,441	0	0	0.0%	0.000	0.0%	0.0%	0.000
	2010	24,056	0	0	0.0%	24,056	0	0	0.0%	0.000	0.0%	0.0%	0.000
	2011	24,025	0	491	2.0%	24,025	0	491	2.0%	1.000	0.1%	0.1%	1.000
	2012	28,189	0	2,422	8.6%	28,189	0	2,422	8.6%	1.000	0.6%	0.6%	1.000
	2013	31,483	14,290	167,693	532.6%	31,483	14,290	167,693	532.6%	1.000	30.5%	30.5%	1.000
	2014	31,125	63,695	64,877	208.4%	19,453	53,957	27,661	142.2%	1.466	39.4%	34.1%	1.156
Projected	2015	28,827	73,609	69,065	239.6%	17,076	52,290	28,163	164.9%	1.453	47.7%	37.4%	1.275
Future	2016	26,491	78,031	71,759	270.9%	14,886	47,571	28,149	189.1%	1.433	55.4%	40.5%	1.367
Experience	2017	24,118	78,973	73,435	304.5%	12,886	42,140	27,931	216.8%	1.405	62.5%	43.4%	1.441
	2018	21,718	75,382	73,952	340.5%	11,073	33,423	27,497	248.3%	1.371	69.1%	46.0%	1.501
	2019	19,327	73,491	73,094	378.2%	9,445	28,530	26,979	285.6%	1.324	75.1%	48.5%	1.548
	2020	17,037	73,798	70,702	415.0%	7,999	28,171	26,386	329.9%	1.258	80.4%	50.8%	1.584
	2021	14,923	72,672	67,203	450.3%	6,727	27,674	25,365	377.1%	1.194	85.2%	52.8%	1.612
	2022	12,994	70,330	62,929	484.3%	5,619	26,969	24,250	431.6%	1.122	89.3%	54.7%	1.632
	2023	11,247	67,185	58,321	518.6%	4,663	26,080	23,059	494.6%	1.049	92.9%	56.4%	1.646
	2024	9,677	63,506	53,335	551.2%	3,844	25,072	21,809	567.3%	0.972	96.0%	57.9%	1.656
	2025	8,277	59,302	47,726	576.6%	3,150	23,982	20,532	651.8%	0.885	98.5%	59.3%	1.662
	2026	7,040	54,709	42,198	599.4%	2,567	22,831	19,208	748.2%	0.801	100.7%	60.5%	1.664
	2027	5,955	50,024	37,503	629.7%	2,081	21,636	17,894	859.9%	0.732	102.5%	61.6%	1.664
	2028	5,012	45,493	33,388	666.2%	1,678	20,415	16,597	988.9%	0.674	103.9%	62.5%	1.664
	2029	4,197	41,255	29,943	713.5%	1,347	19,179	15,331	1138.2%	0.627	105.2%	63.3%	1.662
	2030	3,497	37,415	26,976	771.4%	1,076	17,936	14,101	1310.7%	0.589	106.3%	64.0%	1.661
	2031	2,899	33,982	24,307	838.3%	855	16,686	12,861	1504.4%	0.557	107.2%	64.6%	1.660
	2032	2,392	30,855	21,730	908.6%	676	15,426	11,661	1725.7%	0.526	108.0%	65.1%	1.658
	2033	1,962	27,900	19,226	979.9%	531	14,164	10,489	1974.8%	0.496	108.7%	65.6%	1.657
	2034	1,600	25,071	17,046	1065.5%	415	12,904	9,348	2252.8%	0.473	109.2%	65.9%	1.656
	2035	1,296	22,325	14,771	1139.9%	322	11,650	8,224	2554.8%	0.446	109.7%	66.3%	1.655
	2036	1,042	19,609	12,496	1199.0%	248	10,398	7,115	2871.5%	0.418	110.0%	66.5%	1.655
	2037	832	16,961	10,453	1256.3%	189	9,159	6,070	3212.4%	0.391	110.3%	66.7%	1.654
	2038	659	14,460	8,553	1297.6%	142	7,953	5,092	3574.8%	0.363	110.5%	66.9%	1.653
	2039	518	12,165	6,939	1339.2%	106	6,801	4,192	3957.3%	0.338	110.7%	67.0%	1.653
	2040	404	10,140	5,688	1407.9%	77	5,721	3,379	4360.9%	0.323	110.8%	67.1%	1.652
	2041	312	8,403	4,616	1479.0%	56	4,726	2,663	4794.3%	0.308	110.9%	67.1%	1.652
	2042	239	6,929	3,801	1593.0%	39	3,828	2,040	5241.8%	0.304	111.0%	67.2%	1.652
	2043	180	5,686	3,009	1670.2%	27	3,034	1,512	5695.9%	0.293	111.1%	67.2%	1.652
	2044	134	4,621	2,390	1783.8%	18	2,347	1,081	6145.3%	0.290	111.1%	67.3%	1.652
	2045	98	3,728	1,863	1903.7%	11	1,768	742	6592.5%	0.289	111.1%	67.3%	1.652
	2046	70	2,973	1,400	2003.4%	7	1,295	487	7040.1%	0.285	111.2%	67.3%	1.652
	2047	49	2,334	1,062	2185.4%	4	921	302	7420.5%	0.295	111.2%	67.3%	1.652
	2048	33	1,796	749	2290.4%	2	635	175	7691.3%	0.298	111.2%	67.3%	1.653
	2049	21	1,347	509	2398.9%	1	425	94	7799.1%	0.308	111.2%	67.3%	1.653
	2050	13	986	331	2510.4%	1	277	47	7767.5%	0.323	111.2%	67.3%	1.653
	2051	8	704	204	2623.1%	0	177	21	7624.7%	0.344	111.2%	67.3%	1.653
	2052	4	489	118	2737.1%	0	112	9	7121.9%	0.384	111.2%	67.3%	1.653
	2053	2	332	64	2852.6%	0	72	3	6333.2%	0.450	111.2%	67.3%	1.653
	Past	357,761	14,290	170,606	47.7%	357,761	14,290	170,606	47.7%	1.000	30.5%	30.5%	1.000
TOTALS	Future	266,228	1,332,667	1,117,726	419.8%	129,297	648,332	478,516	370.1%	1.134	361.0%	288.2%	1.252
	Lifetime	623,989	1,346,957	1,288,332	206.5%	487,058	662,622	649,121	133.3%	1.549	111.2%	67.3%	1.653

Attachment 19
MetLife Insurance Company USA
Virginia-Specific Experience
Actual to Expected Experience Projections by Calendar Year with 25.7% Increase
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Actual Experience				Expected Pricing Experience					Cumulative Loss Ratio		
		A	B	C	D = C / A	E	F	G	H = G / E	I = D / H	J	K	L = J / K
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Actual to Expected Ratio	Actual at 6.5% (on Col D)	Expected at 6.5% (on Col H)	Actual to Expected Ratio
	1998	0	0	0	0.0%	0	0	0	0.0%	0.000	0.0%	0.0%	0.000
Historical	1999	11,223	0	0	0.0%	11,223	0	0	0.0%	0.000	0.0%	0.0%	0.000
Experience	2000	25,678	0	0	0.0%	25,678	0	0	0.0%	0.000	0.0%	0.0%	0.000
	2001	23,965	0	0	0.0%	23,965	0	0	0.0%	0.000	0.0%	0.0%	0.000
	2002	22,977	0	0	0.0%	22,977	0	0	0.0%	0.000	0.0%	0.0%	0.000
	2003	23,019	0	0	0.0%	23,019	0	0	0.0%	0.000	0.0%	0.0%	0.000
	2004	23,071	0	0	0.0%	23,071	0	0	0.0%	0.000	0.0%	0.0%	0.000
	2005	22,478	0	0	0.0%	22,478	0	0	0.0%	0.000	0.0%	0.0%	0.000
	2006	23,230	0	0	0.0%	23,230	0	0	0.0%	0.000	0.0%	0.0%	0.000
	2007	24,806	0	0	0.0%	24,806	0	0	0.0%	0.000	0.0%	0.0%	0.000
	2008	25,119	0	0	0.0%	25,119	0	0	0.0%	0.000	0.0%	0.0%	0.000
	2009	24,441	0	0	0.0%	24,441	0	0	0.0%	0.000	0.0%	0.0%	0.000
	2010	24,056	0	0	0.0%	24,056	0	0	0.0%	0.000	0.0%	0.0%	0.000
	2011	24,025	0	491	2.0%	24,025	0	491	2.0%	1.000	0.1%	0.1%	1.000
	2012	28,189	0	2,422	8.6%	28,189	0	2,422	8.6%	1.000	0.6%	0.6%	1.000
	2013	31,483	14,290	167,693	532.6%	31,483	14,290	167,693	532.6%	1.000	30.5%	30.5%	1.000
	2014	31,125	63,695	64,877	208.4%	19,453	53,957	27,661	142.2%	1.466	39.4%	34.1%	1.156
Projected	2015	31,408	73,413	68,143	217.0%	17,076	52,290	28,163	164.9%	1.316	47.4%	37.4%	1.266
Future	2016	32,119	77,322	69,839	217.4%	14,886	47,571	28,149	189.1%	1.150	54.4%	40.5%	1.343
Experience	2017	29,242	77,724	71,470	244.4%	12,886	42,140	27,931	216.8%	1.128	60.9%	43.4%	1.404
	2018	26,332	73,770	71,973	273.3%	11,073	33,423	27,497	248.3%	1.101	66.8%	46.0%	1.453
	2019	23,433	71,681	71,138	303.6%	9,445	28,530	26,979	285.6%	1.063	72.3%	48.5%	1.491
	2020	20,656	71,903	68,810	333.1%	7,999	28,171	26,386	329.9%	1.010	77.1%	50.8%	1.519
	2021	18,093	70,773	65,405	361.5%	6,727	27,674	25,365	377.1%	0.959	81.4%	52.8%	1.541
	2022	15,755	68,478	61,245	388.7%	5,619	26,969	24,250	431.6%	0.901	85.2%	54.7%	1.556
	2023	13,636	65,408	56,761	416.3%	4,663	26,080	23,059	494.6%	0.842	88.4%	56.4%	1.567
	2024	11,732	61,821	51,908	442.4%	3,844	25,072	21,809	567.3%	0.780	91.2%	57.9%	1.574
	2025	10,035	57,725	46,449	462.8%	3,150	23,982	20,532	651.8%	0.710	93.5%	59.3%	1.577
	2026	8,535	53,253	41,069	481.2%	2,567	22,831	19,208	748.2%	0.643	95.4%	60.5%	1.578
	2027	7,221	48,691	36,499	505.5%	2,081	21,636	17,894	859.9%	0.588	97.1%	61.6%	1.577
	2028	6,077	44,280	32,495	534.8%	1,678	20,415	16,597	988.9%	0.541	98.4%	62.5%	1.575
	2029	5,088	40,154	29,142	572.7%	1,347	19,179	15,331	1138.2%	0.503	99.6%	63.3%	1.573
	2030	4,240	36,416	26,254	619.2%	1,076	17,936	14,101	1310.7%	0.472	100.6%	64.0%	1.571
	2031	3,515	33,074	23,656	672.9%	855	16,686	12,861	1504.4%	0.447	101.4%	64.6%	1.569
	2032	2,900	30,030	21,149	729.3%	676	15,426	11,661	1725.7%	0.423	102.1%	65.1%	1.568
	2033	2,379	27,155	18,712	786.6%	531	14,164	10,489	1974.8%	0.398	102.7%	65.6%	1.567
	2034	1,940	24,401	16,590	855.3%	415	12,904	9,348	2252.8%	0.380	103.2%	65.9%	1.565
	2035	1,571	21,728	14,376	915.0%	322	11,650	8,224	2554.8%	0.358	103.6%	66.3%	1.564
	2036	1,264	19,084	12,161	962.4%	248	10,398	7,115	2871.5%	0.335	104.0%	66.5%	1.564
	2037	1,009	16,507	10,173	1008.5%	189	9,159	6,070	3212.4%	0.314	104.2%	66.7%	1.563
	2038	799	14,073	8,324	1041.6%	142	7,953	5,092	3574.8%	0.291	104.4%	66.9%	1.562
	2039	628	11,840	6,754	1075.0%	106	6,801	4,192	3957.3%	0.272	104.6%	67.0%	1.562
	2040	490	9,869	5,535	1130.2%	77	5,721	3,379	4360.9%	0.259	104.7%	67.1%	1.561
	2041	378	8,178	4,492	1187.2%	56	4,726	2,663	4794.3%	0.248	104.8%	67.1%	1.561
	2042	289	6,744	3,699	1278.7%	39	3,828	2,040	5241.8%	0.244	104.9%	67.2%	1.561
	2043	218	5,533	2,929	1340.7%	27	3,034	1,512	5695.9%	0.235	104.9%	67.2%	1.561
	2044	162	4,497	2,326	1431.9%	18	2,347	1,081	6145.3%	0.233	105.0%	67.3%	1.561
	2045	119	3,628	1,813	1528.1%	11	1,768	742	6592.5%	0.232	105.0%	67.3%	1.561
	2046	85	2,894	1,362	1608.2%	7	1,295	487	7040.1%	0.228	105.0%	67.3%	1.561
	2047	59	2,272	1,033	1754.2%	4	921	302	7420.5%	0.236	105.0%	67.3%	1.561
	2048	40	1,748	729	1838.5%	2	635	175	7691.3%	0.239	105.0%	67.3%	1.561
	2049	26	1,311	495	1925.6%	1	425	94	7799.1%	0.247	105.1%	67.3%	1.561
	2050	16	960	322	2015.1%	1	277	47	7767.5%	0.259	105.1%	67.3%	1.561
	2051	9	685	198	2105.5%	0	177	21	7624.7%	0.276	105.1%	67.3%	1.561
	2052	5	476	115	2197.1%	0	112	9	7121.9%	0.308	105.1%	67.3%	1.561
	2053	3	323	62	2289.8%	0	72	3	6333.2%	0.362	105.1%	67.3%	1.561
	Past	357,761	14,290	170,606	47.7%	357,761	14,290	170,606	47.7%	1.000	30.5%	30.5%	1.000
TOTALS	Future	312,632	1,303,517	1,090,482	348.8%	129,297	648,332	478,516	370.1%	0.942	303.9%	288.2%	1.054
	Lifetime	670,393	1,317,807	1,261,088	188.1%	487,058	662,622	649,121	133.3%	1.411	105.1%	67.3%	1.561

MetLife Insurance Company USA

Insured/Policyholder: [xxxxxxxxxx] **Policy Number: [xxxxxxxxxx]**

OPTIONAL LIMITED BENEFIT ENDORSEMENT

This Endorsement adds the following Optional Limited Benefit to the Policy

The Benefit

As stated in the Policy, We will give You (the Policyholder) prior written notice of any change in the premium rates for the Policy.

- Subject to the Conditions and Payment Limitations below, this Benefit provides a continuation of the Policy if, after the date of the rate increase notification and within 120 days following the effective date of any premium rate increase, your policy lapses or is cancelled. This option may be elected at any time during this period. A lapse or cancellation of your Policy at any time during this period will be deemed to be the election of the Benefit.

Limited Benefit Allowance

As used below, the Limited Benefit Allowance is an amount equal to A minus B, where:

A= The sum of all premium paid for the Policy, excluding any waived premium.

B= The amount of all benefits paid or payable under the Policy for expenses incurred prior to the date the Policy is continued under the provisions of this Benefit.

Conditions

Continuation of the Policy under the provisions of this Benefit is subject to the following conditions:

- The Policy will be continued under a paid-up status (with no further premium becoming due); subject to all of the terms and conditions of the Policy and of this Benefit.
- Except as stated below, the Policy will have the same Benefits, Elimination Period requirement and other payment limits that were in effect on the date that this Benefit is implemented on the Policy.
- Any Benefit Increase provision that was in effect under the Policy will no longer apply.

Payment Limitations

Coverage under this Benefit ends and the Policy terminates when the first of the following occurs:

- the total amount of Policy benefits paid under this Benefit equals the Limited Benefit Allowance; or
- the maximum amount of benefits payable under the Policy is exhausted.

In all other respects the provisions and conditions of the Policy remain the same.

Signed for MetLife Insurance Company USA

[signature
NAME
Current Officer]

MetLife Insurance Company USA
Long Term Care Insurance Division
Policyholder Services
PO Box 40005
Lynchburg, VA 24506-4005

COVERAGE AMENDMENT RIDER

Contract Number	Name of Insured	Certificate No. (If any)
[LTCXXXXXXX]	[NAME]	

Effective Date of Change	Revised Premium and Payment Mode (If applicable)
[xx/xx/xxxx]	[The premium on the Policy has changed to $xxx.xx per xx month(s)]

It is understood and agreed that the Contract is changed as indicated below:

[Based on your current benefits, the Lifetime Payment Maximum is now [$xxx,xxx.xx].

[The Daily Benefit Amount for the Nursing Home Benefit is changed from $xxx to $xxx.]

[The Nursing Home Benefit Limit is changed from [period] to [period].]

[The Nursing Home Benefit Elimination Period/Deductible Period is changed from xx days to xxx days.]

[The Benefit Increase Option is changed to [inflation protection] on the Policy.]

The premium on the coverage has changed to $[$xxx.xx.]

The premium payment mode is changed from [xxxxxx to xxxxx.]

This Rider is to be attached to and forms a part of the Contract cited above. Following acceptance by the Insured, this Rider takes effect on the date stated above.

Signed for MetLife Insurance Company USA

[Secretary]

[SIGNATURE]

8500 Normandale Lake Blvd.
Suite 1850
Minneapolis, MN 55437
USA

Tel +1 952 897 5300
Fax +1 952 897 5301

milliman.com

November 4, 2015

Ms. Janet Houser
Virginia Bureau of Insurance (Bureau)
1300 East Main Street
Richmond, VA 23219

RE: MetLife Insurance Company USA (MetLife USA)
Company NAIC # 87726
SERFF Tracking # MILL-129963593

Policy Forms:	Nursing Facility Insurance	H-LTC4JFQ
	Nursing Facility Insurance	H-LTC4JFQ20
	Annual 5% Compound Benefit Inflation Rider	H-5AICFO
	Annual 5% Simple Benefit Inflation Rider	H-5AISFO
	Cost of Living (CPI) Benefit Rider	H-COLFO
	Cost of Living (CPI) Benefit Rider	H-COLFO-3
	Nonforfeiture Benefit Rider	H-NF3-6

Dear Ms. Houser:

Thank you for reviewing our filing. This letter is in response to recent conversations between Milliman and the Bureau and to your request for additional information dated August 25, 2015 on the above referenced filing. Requests from these communications have been summarized and restated below in italics for reference.

<u>August 25, 2015 Phone Call and Note to Filer</u>

1. *The Bureau is willing to approve a rate increase that would bring the Virginia rate level to the average nationwide approved rate level. Please provide the rate increase needed in Virginia to yield the nationwide average including documentation of its derivation.*

   Attachment 1 to this letter provides an updated status listing for recent approvals since the prior status listing provided in the March 26, 2015 supplement to the actuarial memorandum. As demonstrated in the enclosed Excel workbook, a rate increase of 11.7% results in the Virginia rate level equaling the nationwide average for the above referenced policy forms. The enclosed Excel workbook has been provided with formulas retained for calculating the nationwide average and the rate increase needed in Virginia to yield the nationwide average.

   I have spoken with the company regarding the Bureau's offer of bringing the Virginia rate level to the nationwide average which results in a reduced rate increase on the above-referenced policy

This work product was prepared to provide assistance to Genworth and MetLife USA. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

forms. Even though the company does not believe in the methodology of using the nationwide average as a means of determining a rate increase and that a higher increase than 11.7% is needed to alleviate the poor performance on this block of business, it is willing to accept an 11.7% increase on these forms at this time.

2. *In addition, please provide updated actuarial memorandum, exhibits, rate tables, and Long Term Care Insurance Rate Request Summary for the revised rate increase.*

   Enclosed with this letter is an updated actuarial memorandum and Long Term Care Insurance Rate Request Summary reflecting the revised rate increase of 11.7%.

   Exhibit VI of the enclosed actuarial memorandum provides revised rate tables reflecting an 11.7% rate increase. Please note that the actual rates implemented may vary slightly from those in Exhibit VI of the actuarial memorandum due to rounding in the implementation algorithm.

August 25, 2015 Objection Letter

1. *The company will need to submit for review a policyholder notification letter in compliance with the requirements of 14VAC5-200-75, as revised. Because the letter must be "filed", please attach the amended letter to the Form Schedule in SERFF in compliance with the requirements of Chapter 100 of Title 14 of the Virginia Administrative Code including a Certification of Compliance. The letter will require a form number. Please include a Statement of Variability, if applicable. This letter should only be attached to one submission for filing purposes based on the assumption the same letter will be used for all eight filings. If there should be a reason the same letter will not be used, please attach each letter to the appropriate filing with a different form number for review.*

   The company has provided a revised policyholder notification letter to comply with the requirements listed above. The letter has been enclosed with this response letter and has been attached to the Form Schedule tab in SERFF. A statement of variability provided by the company for the policyholder notification letter is also enclosed with this letter as required. A certification of compliance is also enclosed as required.

   Accompanying the policyholder notification letter is a rate increase history document providing a history of premium rate increases previously implemented on all eight long-term care insurance products issued in Virginia by MetLife USA. This document which was provided by the company and includes a form number has been enclosed with this letter and has been attached to the Form Schedule tab in SERFF. A statement of variability, certification of compliance, and readability certification for the rate increase history document are enclosed with this letter.

   The enclosed policyholder notification letter and rate increase history document are applicable to all eight pending filings.

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2. *It is our understanding from previous correspondence from the company, that when any benefit changes are processed on a policy, the company will send an amendment to the schedule page. The template of this form (MetLife Insurance Company US Amendment) is attached to the Appendix section in Supporting Documentation. Please advise if this form has been reviewed and approved for use in Virginia. If so, please provide the SERFF tracking number and date of approval. If not, please attach the amendment (with a form number) to the Form Schedule in SERFF. The company would need to submit a Certification of Compliance as noted above, a Readability Certification in compliance with 14VAC5-100-60, and a Statement of Variability, if appropriate. This form should only be attached to one of the eight filings for review and approval.*

   The company does not believe that the amendment has been approved for use in Virginia. A revised amendment provided by the company with a form number has been enclosed with this letter and has been attached to the Form Schedule tab in SERFF. A statement of variability, certification of compliance, and readability certification for the amendment are enclosed with this letter.

   This enclosed amendment is applicable to all eight pending filings.

3. *The policyholder letter provides the insured may exercise the Nonforfeiture Rider if the policy includes such rider or may select the Contingent Nonforfeiture Benefit Endorsement. How is the policy updated in those situations? If forms are used, please provide a copy of the form and the SERFF tracking number it was submitted under and its approval date. If the form(s) has not been approved, please attach the form to the Form Schedule with the Certification of Compliance, Readability Certification and Statement of Variability, if applicable, for review and approval.*

   When any benefit changes are processed on a policy, the company will send an amendment to the schedule page. This is the same amendment as discussed in item 2 above and has been enclosed with this letter.

   The contingent nonforfeiture benefit endorsement has not been previously approved for use in Virginia. A contingent nonforfeiture benefit endorsement prepared by the company has been enclosed with this letter and has been attached to the Form Schedule tab in SERFF. A statement of variability, certification of compliance, and readability certification for the contingent nonforfeiture benefit endorsement are enclosed with this letter.

   The enclosed amendment and endorsement are applicable to all eight pending filings.

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4. *If the policyholder accepts the optional limited benefit, an endorsement will serve as proof of the change and the company will send a confirmation letter once it is processed. Our records indicate endorsement form MICC OLB 3/24/2015 VA, Optional Limited Benefit Endorsement, was approved under SERFF tracking number MILL-129914690. This option provides a limited paid-up long term care insurance benefit. The Bureau of Insurance has contacted the company expressing concerns with this benefit option. The resolution of this matter may or may not have an impact [on] the policyholder letter and will be addressed at that time, if necessary.*

   As the Bureau expressed concern for the optional limited benefit endorsement not being in compliance with 14VAC5-200-185, the company decided to allow the optional limited benefit endorsement to be withdrawn at this time (SERFF tracking number MILL-129914690). Therefore, this benefit will not be available for insureds.

Limitations and Qualifications

Milliman's work has been prepared for the use and benefit of GNA Corporation (Genworth) and MetLife USA. Milliman's work may not be provided to third parties without Milliman's prior written consent. Milliman does not intend to benefit any third party recipient of its work product, even if Milliman consents to the release of its work product to such third party.

Milliman's work is being delivered to the Bureau, in accordance with its statutory and regulatory requirements. Milliman recognizes that materials it delivers to the Bureau may be public records subject to disclosure to third parties, however, Milliman does not intend to benefit and assumes no duty or liability to any third parties, including the Bureau, who receive Milliman's work and may include disclaimer language on its work product so stating. To the extent that Milliman's work is not subject to disclosure under applicable public records laws, the Bureau agrees that it shall not disclose Milliman's work product to third parties without Milliman's prior written consent; provided, however, that the Bureau may distribute Milliman's work to (i) its professional service providers who are subject to a duty of confidentiality and who agree to not use Milliman's work product for any purpose other than to provide services to the Bureau, or (ii) any applicable regulatory or governmental agency, as required.

In performing this analysis, we relied on data and other information provided by Union Fidelity Life Insurance Company, the retrocessionaire on this business, and Genworth, a reinsurer of this business. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete. In that event, the results of our analysis may not be suitable for the intended purpose. We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience

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will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

I, Amy Pahl, am a Principal and Consulting Actuary for Milliman, Inc. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render an actuarial opinion as described herein.

❖❖❖

Janet, thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (952) 820-2419 or by e-mail at amy.pahl@milliman.com.

Respectfully,

Amy Pahl, FSA, MAAA
Principal & Consulting Actuary

ABP/mse

Attachment 1: State Status Listing with Calculation for Virginia Rate Increase

Enclosures:
- Excel Workbook of State Status Listing with Formulas Retained
- Updated Actuarial Memorandum
- Updated Long Term Care Insurance Rate Request Summary
- Updated Policyholder Notification Letter
- Certification of Compliance for the Policyholder Notification Letter
- Readability Certification for the Policyholder Notification Letter
- Rate Increase History Document
- Certification of Compliance for the Rate Increase History Document
- Readability Certification for the Rate Increase History Document
- Revised MetLife Insurance Company USA Amendment
- Certification of Compliance for the Amendment
- Readability Certification for the Amendment
- Contingent Nonforfeiture Benefit Endorsement
- Certification of Compliance for the Contingent Nonforfeiture Benefit Endorsement
- Readability Certification for the Contingent Nonforfeiture Benefit Endorsement
- Statement of Variability for all Documents

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Attachment 1
MetLife Insurance Company USA
Status of Filings as of August 17, 2015
All Jurisdictions in which these Forms are Active
LTC4 Tax-Qualified Nursing Facility Only Policy Form

	First Round			Second Round			Third Round				Third Round Follow-Up*				
Jurisdiction	**Requested Increase**	**Date Approved or Filed**	**Amount Approved or Filed**	**Requested Increase**	**Date Approved or Filed**	**Amount Approved or Filed**	**Requested Increase**	**Date of Submission**	**Date Approved or Filed**	**Amount Approved or Filed**	**Requested Increase**	**Date of Submission**	**Date Approved or Filed**	**Amount Approved or Filed**	**Cumulative Approved Increase**
Arizona	20.0%	Disapproved	0.0%	39.0%	7/12/2010	15.0%	91.0%	11/13/2013	1/13/2014	91.0%	Not Filing				119.7%
California	20.0%	6/2/2004	20.0%	30.0%	10/28/2013	15.0%	68.0%								38.0%
Colorado	20.0%	6/14/2004	20.0%	30.0%	11/22/2010	10.0%	74.0%	11/6/2014	1/12/2015	35.0%	28.9%				78.2%
Connecticut	20.0%	Disapproved	0.0%	39.0%	Disapproved	0.0%	100.0%	9/27/2013	Disapproved	0.0%	100.0%	2/9/2015	Disapproved	0.0%	0.0%
District of Columbia	20.0%	11/2/2005	10.0%	30.0%	Disapproved	0.0%	10.0%	3/6/2014	4/18/2014	10.0%	10.0%	4/21/2015	5/13/2015	10.0%	33.1%
Florida	20.0%	Disapproved	0.0%	39.0%	11/8/2012	12.7%	50.1%	11/13/2014	5/22/2015	4.5%	43.6%				17.8%
Georgia	20.0%	2/4/2005	14.0%	30.0%	5/13/2010	15.0%	74.9%	10/31/2013	7/16/2014	15.0%	52.1%	5/4/2015	8/3/2015	13.0%	70.4%
Hawaii	20.0%	11/19/2004	20.0%	30.0%	10/10/2011	30.0%	50.0%	10/18/2013							56.0%
Iowa	20.0%	6/23/2004	16.0%	30.0%	7/12/2010	21.1%	65.5%	12/3/2013	4/7/2014	17.0%	41.5%	4/15/2015			64.4%
Illinois	20.0%	7/28/2004	20.0%	30.0%	8/2/2010	30.0%	50.0%	10/8/2013	1/8/2015	50.0%	Not Filing				134.0%
Indiana	20.0%	Disapproved	0.0%	39.0%	6/8/2012	9.0%	97.0%	10/30/2014	3/2/2015	13.9%	73.0%				24.2%
Kansas	20.0%	6/17/2004	20.0%	30.0%	8/5/2010	10.0%	74.0%	11/13/2013	5/21/2014	74.0%	Not Filing				129.7%
Kentucky	20.0%	8/9/2004	20.0%	30.0%	5/10/2010	16.0%	66.8%	12/4/2013	3/4/2014	20.0%	28.3%	8/14/2015			67.0%
Louisiana	20.0%	Withdrawn	0.0%	39.0%	Disapproved	0.0%	100.0%	8/1/2014	Disapproved	0.0%	100.0%				0.0%
Maryland	20.0%	8/19/2004	15.0%	15.0%	8/13/2010	15.0%	15.0%	10/18/2013	2/4/2014	15.0%	15.0%	4/13/2015	6/16/2015	15.0%	74.9%
Michigan	20.0%	9/1/2004	20.0%	30.0%	3/17/2010	30.0%	50.0%	11/7/2013	12/3/2013	50.0%	Not Filing				134.0%
Minnesota	20.0%	7/26/2004	20.0%	30.0%	3/3/2015	26.5%	Not Filing				Not Filing				51.8%
Missouri	20.0%	7/15/2004	20.0%	30.0%	7/1/2010	30.0%	Not Filing				50.0%	3/4/2015	3/27/2015	25.0%	95.0%
North Carolina	20.0%	6/16/2004	20.0%	30.0%	7/19/2010	20.0%	62.0%	12/2/2013	3/14/2014	62.0%	Not Filing				133.3%
North Dakota	20.0%	6/23/2004	20.0%	30.0%	7/21/2010	17.0%	65.6%	1/2/2014	1/21/2014	15.0%	44.0%	3/3/2015	3/20/2015	15.0%	85.7%
Nebraska	20.0%	7/21/2004	20.0%	30.0%	12/14/2010	14.0%	69.2%	12/12/2013	9/29/2014	25.0%	35.4%	6/10/2015			71.0%
New Hampshire	20.0%	Disapproved	0.0%	39.0%	8/26/2010	17.9%	88.1%	12/17/2013	Disapproved	0.0%	88.1%				17.9%
New York	20.0%	8/2/2005	8.0%	30.0%	Disapproved	0.0%	98.0%	11/14/2013	7/21/2015	10.0%	80.0%				18.8%
Ohio	20.0%	6/10/2004	20.0%	33.7%	6/1/2010	33.7%	50.0%	3/11/2014	3/31/2015	15.0%	30.4%				84.5%
Oklahoma	20.0%	8/24/2004	15.0%	30.0%	11/15/2010	10.0%	79.5%	12/19/2013	3/17/2014	25.0%	43.6%	5/21/2015			58.1%
Pennsylvania	20.0%	8/10/2004	20.0%	30.0%	7/28/2010	14.9%	68.1%	11/6/2013	2/28/2014	15.0%	46.2%	4/14/2015	7/21/2015	15.0%	82.4%
South Carolina	20.0%	7/12/2004	20.0%	30.0%	11/12/2010	20.0%	62.0%	10/21/2013	2/4/2014	20.0%	35.0%	3/27/2015	5/4/2015	20.0%	107.4%
South Dakota	20.0%	Disapproved	0.0%	39.0%	4/9/2010	39.0%	67.0%	2/7/2014	3/5/2014	67.0%	Not Filing				132.1%
Texas	20.0%	9/15/2004	15.0%	30.0%	7/16/2010	10.0%	79.5%	3/13/2014	4/28/2014	21.0%	48.3%				53.1%
Virginia	20.0%	5/6/2005	20.0%	30.0%	5/4/2011	30.0%	25.7%	6/3/2014							56.0%
Washington	20.0%	7/7/2004	20.0%	30.0%	8/17/2010	30.0%	50.0%	6/24/2014	8/14/2014	50.0%	Not Filing				134.0%
West Virginia	20.0%	7/20/2004	20.0%	30.0%	5/24/2010	30.0%	50.0%	2/3/2014	9/11/2014	50.0%	Not Filing				134.0%
											Nationwide Average (Excluding Virginia				**74.2%**
											Virginia Rate Increase to Achieve Nationwide Averag				**11.7%**

**The company is generally filing in jurisdictions where the requested third round rate increase was not achieved.*
In some instances filings are not being pursued due to regulatory restrictions or because the third round rate increase was phased-in over multiple years.

MetLife Insurance Company USA
Certification of Compliance

The company has reviewed the enclosed policy forms(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

Forms	Description
MICC CAR 09/29/15	**Coverage Amendment Rider**

Officer's Signature

Principal and Consulting Actuary
Officer's Title

November 4, 2015
Date

MetLife Insurance Company USA
Certification of Compliance

The company has reviewed the enclosed policy forms(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

Forms	Description
VA RIH	**Virginia Rate Increase Filing History**

Officer's Signature

Principal and Consulting Actuary
Officer's Title

November 4, 2015
Date

MetLife Insurance Company USA
Certification of Compliance

The company has reviewed the enclosed policy forms(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

Forms	Description
MICC RIL VA 12/18/2015	**Policyholder Rate Increase Notification Letter**

Officer's Signature

Principal and Consulting Actuary
Officer's Title

December 21, 2015
Date

MetLife Insurance Company USA
Certification of Compliance

The company has reviewed the enclosed policy forms(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

Forms	Description
MICC CNF VA 1/11/2016	**Contingent Benefit Upon Lapse Endorsement**

Officer's Signature

Principal and Consulting Actuary
Officer's Title

January 13, 2016
Date

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer MetLife Insurance Company USA
1209 Orange Street
Wilmington, DE 19801

Title of Form Coverage Amendment Rider

Policy Form Number MICC CAR 09/29/15

I hereby certify that the Flesch reading ease score of the above policy form is 65.3. It contains 11 sentences, 146 words and 221 syllables. The type size of the text of the policy forms is Arial point type, 10 point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Amy Pahl Signature of an Officer of the Insurer

Amy Pahl Name (Print)

Principal and Consulting Actuary Title

November 4, 2015 Date

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer MetLife Insurance Company USA
1209 Orange Street
Wilmington, DE 19801

Title of Form Virginia Rate Increase Filing History

Policy Form Number VA RIH

I hereby certify that the Flesch reading ease score of the above policy form is 46.3. It contains 2 sentences, 37 words and 62 syllables. The type size of the text of the policy forms is Calibri (Body) point type, 11 point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Amy Pahl Signature of an Officer of the Insurer

Amy Pahl Name (Print)

Principal and Consulting Actuary Title

November 4, 2015 Date

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer MetLife Insurance Company USA
1209 Orange Street
Wilmington, DE 19801

Title of Form Policyholder Rate Increase Notification Letter

Policy Form Number MICC RIL VA 12/18/2015

I hereby certify that the Flesch reading ease score of the above policy form is 44.6. It contains 160 sentences, 2,810 words and 4,798 syllables. The type size of the text of the policy forms is Arial point type, 10 point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Amy Pahl Signature of an Officer of the Insurer

Amy Pahl Name (Print)

Principal and Consulting Actuary Title

December 21, 2015 Date

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer MetLife Insurance Company USA
1209 Orange Street
Wilmington, DE 19801

Title of Form Contingent Benefit Upon Lapse Endorsement

Policy Form Number MICC CNF VA 1/11/2016

I hereby certify that the Flesch reading ease score of the above policy form is 49. It contains 19 sentences, 416 words and 667 syllables. The type size of the text of the policy forms is Arial point type, 10 point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Amy Pahl Signature of an Officer of the Insurer

Amy Pahl Name (Print)

Principal and Consulting Actuary Title

January 13, 2016 Date

MetLife Insurance Company USA

STATEMENT OF VARIABILITY

General Guidelines

While not enclosed in brackets, we may vary the names and /or titles of officers that appear on any of the forms. We may vary items such as addresses and telephone numbers, company officer names, titles and signatures. Case and individual information, such as names, numbers, amounts, timeframes, etc., included in bracketed [] information will be completed with information appropriate to the specific insured as described below. The appropriate sequential page numbers will be assigned to the bottom of each page.

Policyholder Rate Increase Notification Letter

Explanation of Variable Language Applicable to the Policyholder Rate Increase Notification Letter

General Guidelines

While not enclosed in brackets, we may vary the names and /or titles of officers that appear on any of the forms. We may vary items such as addresses and telephone numbers, company officer names, titles and signatures. Case and individual information, such as names, numbers, amounts, timeframes, etc., included in bracketed [] information will be completed with information appropriate to the specific insured as described below. The appropriate sequential page numbers will be assigned to the bottom of each page.

The following shows the variable limits applicable to the letter. Wording may vary in the indicated spot as follows:

- Where [document date] appears, we will insert the date that the letter generates.
- Where [Insured_name1] appears we will insert the name of the insured/policyholder associated with the applicable policy.
- Where [policy number] appears we will insert the policy number of the applicable policy.
- Where [company_phone], [company_hours 1], and [company_hours 2] appear, we will insert the current company phone number and hours of operation.
- [Agent] will only appear if there is a current servicing agent assigned to the policy. When this prints, where [servicing_agent name], [servicing_agent_address1], [servicing_agent_address2], etc. appears, we will insert the name and current address of the servicing agent as reflected in our administration system.
- Where [mailing name], [mailing_address1], [mailing_address2], etc. appears, we will insert the policyholder name and current mailing address as reflected in our administration system.
- Where [salutation name] appears, we will insert the name of the policyholder.

- Where [999 999.9999] appears, we will insert the contact phone number for customer service.
- The [<if not phased> paragraph will only print if the rate increase is not being implemented over a period of several years. If this paragraph prints, within this paragraph we will print the current billing mode in the [monthly <or> quarterly <or> semiannual <or> annual] field. The billing anniversary will print in the [mm/dd/yyyy] field and the actual rate increase percentage that is being implemented will print in the [999.999%] field.
- The [<if phased> paragraph will only print if the rate increase is being implemented over a period of several years. If this paragraph prints, within this paragraph we will print the current billing mode in the [monthly <or> quarterly <or> semiannual <or> annual] field. The billing anniversary will print in the [mm/dd/yyyy] field and the actual rate increase percentage that is being implemented will print in the [999.999%] field.
- Within the 2nd [<if phased>] paragraph the billing anniversary, premium prior to billing anniversary date, and new premium on billing anniversary date will print for each year scheduled.
- [<if CPI>] sentence will print if the rate increase is phased and the policy includes the cost of inflation benefit rider.
- In the section "What are my Options?" the billing anniversary date of the policy will print wherever [billing anniversary date] is shown. If the policy is on any premium mode and method other than monthly automatic deduction from a bank account, the sentence following [<if not monthly EFT>] will print.
- If the policy includes a nonforfeiture benefit rider, then the paragraph following [<if NFO Rider on Policy>] will print as Option 3.
- If the policy does not include a nonforfeiture benefit rider, but the policy does qualify for the contingent nonforfeiture benefit then [<if CNF>] paragraph will print as Option 3.
- If there is a current servicing agent assigned to the policy, we will print the name of that agent where [cc: [cc_name1] and [cc_name2]] appears.
- Where [enclosure[s]: [enclosure1], [enclosure2]…] appears we will print the names of all additional enclosures that are included with the letter.
- [<if Phased> section will print in the Frequently Asked Questions section of the letter in the event that the rate increase is approved to be implemented in a phased manner rather than a single rate increase.
- [<If CBUL available> section will print in the Frequently Asked Questions section of the letter if the policyholder qualifies for the Contingent Benefit Upon Lapse benefit as a result of this rate increase.
- [<if NFO Is available> section will print in the Frequently Asked Questions section of the letter if the policy includes a nonforfeiture benefit.

Contingent Benefit Upon Lapse Endorsement

Explanation of Variable Language Applicable to the Contingent Benefit Upon Lapse Endorsement

The following shows the variable limits applicable to the endorsement. Wording may vary in the indicated spot as follows:

- Where [name] appears, we will print the full name of the policyholder.
- Where [policy] appears, we will print the policy number of the applicable policy.

Virginia Rate Increase Filing History

Explanation of Variable Language Applicable to the Virginia Rate Increase Filing History

The following shows the variable limits applicable to the letter. Wording may vary in the indicated spot as follows:

- The table in brackets will be updated in the event that future rate increases are implemented to reflect the year and percentage applicable for that product and year.

Coverage Amendment Rider

Explanation of Variable Language Applicable to the Coverage Amendment Rider

The following shows the variable limits applicable to the rider. This rider is sent to the policyholder to reflect changes made to the benefits of the policy. Only changes made to the policy will be reflected on the amendment. Wording may vary in the indicated spot as follows:

- Where [LTCXXXXXXX] appears, we will print the policy number of the applicable policy.
- Where [NAME} appears, we will print the name of the policyholder.
- Where [xx/xx/xxxx] appears under the Effective Date of Change, we will print the date that the change in benefits is effective.
- Where [The premium on the Policy has changed to $xxx.xx per xx month(s) appears, we will print the new premium amount and premium mode.
- If the lifetime payment maximum is updated, we will print the sentence [Based on your current benefits, the Lifetime Payment Maximum is now [$xxx,xxx.xx] and the new lifetime payment maximum will appear.
- If the benefit period is updated, the sentence [The Nursing Home Benefit Limit is changed from [period] to [period] will print and include the old and the new benefit period.
- If the elimination period is changed, we will print the sentence [The Nursing Home Benefit Elimination Period/Deductible Period is changed from [xx] days to [xxx] days] and the old and new elimination period will print.

- If the benefit increase option is changed on the policy, we will print the sentence [The Benefit Increase Option is changed to [inflation protection] on the policy] and will print the new benefit inflation protection.
- Where the premium on the coverage has changed to $[$xxx.xx] appears, we will print the new premium amount applicable for the current modal premium.
- Where the current payment mode is changed from [xxxx to xxxx] will print the old and new premium modal periods.
- Where [Secretary] and [SIGNATURE] appear, we will print the current company officer and position of the officer.

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
01/12/2016	Withdrawn 01/20/2016	Supporting Document	Long Term Care Insurance Rate Request Summary	01/14/2016	Long Term Care Insurance Rate Request Summary Part 1_LTC4 TQ FO_20151104.pdf (Superceded)
12/21/2015	Withdrawn 01/14/2016	Supporting Document	Certificates of Compliance	01/13/2016	MetLife Insurance Company USA Amendment Certification of Compliance_20151104.pdf VA RIH 09222015 Certification of Compliance_20151104.pdf MICC CNF VA 11232015 Certification of Compliance_20151209.pdf (Superceded) MICC RIL VA 121815 Certification of Compliance_20151221.pdf
12/21/2015	Withdrawn 01/14/2016	Supporting Document	Readability Certifications	01/13/2016	MetLife Insurance Company USA Amendment Readability Certification_20151104.pdf VA RIH 09222015 Readability Certification_20151104.pdf MICC CNF VA 11232015 Readability Certification_20151209.pdf (Superceded) MICC RIL VA 121815 Readability Certification_20151221.pdf
12/09/2015	Withdrawn 01/14/2016	Form	Policyholder Rate Increase Notification Letter	12/21/2015	MICC RIL VA 112315.pdf (Superceded)
12/09/2015	Withdrawn 01/14/2016	Form	Contingent Benefit Upon Lapse Endorsement	01/13/2016	MICC CNF VA 11232015.pdf (Superceded)
12/09/2015	Withdrawn 01/14/2016	Form	Frequently Asked Questions	12/21/2015	MICC FAQ VA 11232015.pdf (Superceded)

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
12/09/2015	Withdrawn 01/14/2016	Supporting Document	Certificates of Compliance	12/21/2015	MetLife Insurance Company USA Amendment Certification of Compliance_20151104.pdf VA RIH 09222015 Certification of Compliance_20151104.pdf MICC CNF VA 11232015 Certification of Compliance_20151209.pdf MICC FAQ VA 11232015 Certification of Compliance_20151209.pdf (Superceded) MICC RIL VA 112315 Certification of Compliance_20151209.pdf (Superceded)
12/09/2015	Withdrawn 01/14/2016	Supporting Document	Readability Certifications	12/21/2015	MetLife Insurance Company USA Amendment Readability Certification_20151104.pdf VA RIH 09222015 Readability Certification_20151104.pdf MICC CNF VA 11232015 Readability Certification_20151209.pdf MICC FAQ VA 11232015 Readability Certification_20151209.pdf (Superceded) MICC RIL VA 112315 Readability Certification_20151209.pdf (Superceded)
12/09/2015	Withdrawn 01/14/2016	Supporting Document	Statement of Variability	12/21/2015	Statement of Variability.pdf (Superceded)
11/04/2015	Withdrawn 12/11/2015	Form	Policyholder Rate Increase Notification Letter	12/09/2015	MICC RIL VA 102915.pdf (Superceded)
11/04/2015	Withdrawn 01/14/2016	Form	Contingent Nonforfeiture Benefit Endorsement	12/09/2015	MICC CNF VA 09012015.pdf (Superceded)
11/04/2015	Withdrawn 01/14/2016	Rate	Rate Tables	01/12/2016	Prem_Current_LTC4_TQ_FO_VA_20150326.pdf (Superceded) Prem_LTC4_TQ_FO_VA_11.7_20151104.pdf

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
11/04/2015	Withdrawn 01/14/2016	Rate	Rate Tables	01/12/2016	Prem_Current_LTC4_TQ_FO_VA_20150326.pdf (Superceded) Prem_LTC4_TQ_FO_VA_11.7_20151104.pdf (Superceded)
11/04/2015	Withdrawn 01/14/2016	Rate	Rate Tables	01/12/2016	Prem_Current_LTC4_TQ_FO_VA_20150326.pdf (Superceded) Prem_LTC4_TQ_FO_VA_11.7_20151104.pdf (Superceded)
11/04/2015	Withdrawn 01/14/2016	Rate	Rate Tables	01/12/2016	Prem_Current_LTC4_TQ_FO_VA_20150326.pdf (Superceded) Prem_LTC4_TQ_FO_VA_11.7_20151104.pdf (Superceded)
11/04/2015	Withdrawn 01/14/2016	Rate	Rate Tables	01/12/2016	Prem_Current_LTC4_TQ_FO_VA_20150326.pdf (Superceded) Prem_LTC4_TQ_FO_VA_11.7_20151104.pdf (Superceded)
11/04/2015	Withdrawn 01/14/2016	Rate	Rate Tables	01/12/2016	Prem_Current_LTC4_TQ_FO_VA_20150326.pdf (Superceded) Prem_LTC4_TQ_FO_VA_11.7_20151104.pdf (Superceded)
11/04/2015	Withdrawn 01/14/2016	Rate	Rate Tables	01/12/2016	Prem_Current_LTC4_TQ_FO_VA_20150326.pdf (Superceded) Prem_LTC4_TQ_FO_VA_11.7_20151104.pdf (Superceded)
11/04/2015	Withdrawn 01/14/2016	Supporting Document	L&H Actuarial Memorandum	01/13/2016	AM_LTC4_TQ_FO_VA_20151104.pdf (Superceded)
11/04/2015	Withdrawn 01/14/2016	Supporting Document	Long Term Care Insurance Rate Request Summary	01/12/2016	Long Term Care Insurance Rate Request Summary Part 1_LTC4 TQ FO_20151104.pdf

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
11/04/2015	Withdrawn 01/14/2016	Supporting Document	Certificates of Compliance	12/09/2015	MetLife Insurance Company USA Amendment Certification of Compliance_20151104.pdf MICC CNF VA 09012015 Certification of Compliance_20151104.pdf (Superceded) MICC RIL VA 102915 Certification of Compliance_20151104.pdf (Superceded) VA RIH 09222015 Certification of Compliance_20151104.pdf
11/04/2015	Withdrawn 01/14/2016	Supporting Document	Readability Certifications	12/09/2015	MetLife Insurance Company USA Amendment Readability Certification_20151104.pdf MICC CNF VA 09012015 Readability Certification_20151104.pdf (Superceded) MICC RIL VA 102915 Readability Certification_20151104.pdf (Superceded) VA RIH 09222015 Readability Certification_20151104.pdf
11/04/2015	Withdrawn 01/14/2016	Supporting Document	Statement of Variability	12/09/2015	Statement of Variability.pdf (Superceded)
03/06/2015	Withdrawn 01/14/2016	Supporting Document	L&H Actuarial Memorandum	11/04/2015	AM_LTC4_TQ_FO_VA_20150326.pdf (Superceded)
03/06/2015	Withdrawn 01/14/2016	Supporting Document	Long Term Care Insurance Rate Request Summary	11/04/2015	Long Term Care Insurance Rate Request Summary Part 1_LTC4 TQ FO_20150326.pdf (Superceded)
03/06/2015	Withdrawn 01/14/2016	Rate	Rate Tables	11/04/2015	Prem_Current_LTC4_TQ_FO_VA_20150326.pdf Prem_LTC4_TQ_FO_VA_25.7_20150326.pdf (Superceded)
03/06/2015	Withdrawn 01/14/2016	Rate	Rate Tables	11/04/2015	Prem_Current_LTC4_TQ_FO_VA_20150326.pdf Prem_LTC4_TQ_FO_VA_25.7_20150326.pdf (Superceded)

State: *Virginia* **Filing Company:** *MetLife Insurance Company USA*
TOI/Sub-TOI: *LTC04I Individual Long Term Care - Nursing Home/LTC04I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *2013 Rate Increase/145GEC01-30*

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/06/2015	Withdrawn 01/14/2016	Rate	Rate Tables	11/04/2015	Prem_Current_LTC4_TQ_FO_VA_20150326.pdf Prem_LTC4_TQ_FO_VA_25.7_20150326.pdf (Superceded)
03/06/2015	Withdrawn 01/14/2016	Rate	Rate Tables	11/04/2015	Prem_Current_LTC4_TQ_FO_VA_20150326.pdf Prem_LTC4_TQ_FO_VA_25.7_20150326.pdf (Superceded)
03/06/2015	Withdrawn 01/14/2016	Rate	Rate Tables	11/04/2015	Prem_Current_LTC4_TQ_FO_VA_20150326.pdf Prem_LTC4_TQ_FO_VA_25.7_20150326.pdf (Superceded)
03/06/2015	Withdrawn 01/14/2016	Rate	Rate Tables	11/04/2015	Prem_Current_LTC4_TQ_FO_VA_20150326.pdf Prem_LTC4_TQ_FO_VA_25.7_20150326.pdf (Superceded)
03/06/2015	Withdrawn 01/14/2016	Rate	Rate Tables	11/04/2015	Prem_Current_LTC4_TQ_FO_VA_20150326.pdf Prem_LTC4_TQ_FO_VA_25.7_20150326.pdf (Superceded)

Reset Form

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Company Name and NAIC Number: MetLife Insurance Company USA, NAIC # 87726

SERFF Tracking Number: MILL-129963593

Effective Date: On Approval

(Projected) Number of Insureds Affected: 11

New Rates

Average Annual Premium Per Member: 2,805

Revised Rates

Average Annual Premium Per Member: 3,133

Average Requested Percentage Rate Change Per Member: 11.7%

Minimum Requested Percentage Rate Change Per Member: 11.7%

Maximum Requested Percentage Rate Change Per Member: 11.7%

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
H-LTC4JFQ	Nursing Facility Insurance
H-LTC4JFQ20	Nursing Facility Insurance
H-5AICFO	Annual 5% Compound Benefit Inflation Rider
H-5AISFO	Annual 5% Simple Benefit Inflation Rider
H-COLFO	Cost of Living (CPI) Benefit Rider
H-COLFO-3	Cost of Living (CPI) Benefit Rider
H-NF3-6	Nonforfeiture Benefit Rider

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

MetLife Insurance Company USA
Certification of Compliance

The company has reviewed the enclosed policy forms(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

Forms	Description
MICC CNF VA 11/23/2015	**Contingent Benefit Upon Lapse Endorsement**

Officer's Signature

Principal and Consulting Actuary
Officer's Title

December 9, 2015
Date

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer MetLife Insurance Company USA
1209 Orange Street
Wilmington, DE 19801

Title of Form Contingent Benefit Upon Lapse Endorsement

Policy Form Number MICC CNF VA 11/23/2015

I hereby certify that the Flesch reading ease score of the above policy form is 45.8. It contains 14 sentences, 389 words and 611 syllables. The type size of the text of the policy forms is Arial point type, 10 point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Amy Pahl Signature of an Officer of the Insurer

Amy Pahl Name (Print)

Principal and Consulting Actuary Title

December 9, 2015 Date

MetLife

Long Term Care Insurance

Premium Change Implementation
[Document date]
from MetLife Insurance Company USA

MetLife
PO Box 40006
Lynchburg, VA 24506

[mailing_name]
[mailing_address1]
[mailing_address2]
[mailing_address3]
[mailing_address4]
[mailing_address5]
[mailing_address6]
[mailing_address7]

Insured
[Insured_name1]
[Insured_name2]

[Agent]
[servicing_agent name]
[servicing_agent_address1]
[servicing_agent_address2]
[servicing_agent_address3]
[servicing_agent_address4]
[servicing_agent_address5]
[servicing_agent_address6]

Policy number
[policy_number]

Customer service
[company_phone]
[company_hours1]
[company_hours2]

Dear [salutation name],

We are writing to notify you that the premium of your long term care insurance policy will increase as outlined below. If you have any questions or would like to modify your benefits to reduce your premium, please contact your insurance agent or our dedicated Customer Service Team at [999 999.9999] to review your options.

We are committed to providing long term care insurance benefits to our policyholders when they need them most. As part of our commitment to meet the future needs of our policyholders, we routinely monitor the experience of our long term care insurance policies. Based on our analysis, we have determined that a premium increase is necessary on certain long term care insurance policies and your policy is among those affected.

We understand that a premium increase may be difficult for policyholders and that certain policyholders may be unable, or unwilling, to pay the increased premium. Therefore, we are offering various options to help policyholders maintain their premium at approximately its current level to help minimize the effect of the premium increase. In addition, there may be a nonforfeiture option available that you may wish to consider. The “What are my options” section of this letter and the enclosed “Frequently Asked Questions” provide detailed information about these options, including contact information for our Customer Service Team, which can assist in reviewing your options.

About the premium increase
It is important to note that this premium increase was reviewed by Virginia’s State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance’s webpage at www.scc.virginia.gov/BOI. The premium increase is not based upon a change in your age, health, claims history or any other individual characteristic. Rather, the increase is based on the experience of all policies that are similar to your policy and issued for delivery in the same state as your policy. Our decision to increase premiums is primarily based upon the fact that expected claims are significantly higher today than we originally anticipated when your policy was priced. Our decision to increase premiums was not determined based upon the current economic environment.

A history of premium rate increases previously implemented on all eight long term care insurance products issued in Virginia by MetLife Insurance Company USA is enclosed. If you have additional questions about your particular policy or this chart, please contact us at the phone number shown above.

Effect on your premium rate
[<if not phased>
The [monthly **<or>** quarterly **<or>** semiannual **<or>**annual] premium for your long term care insurance policy is scheduled to increase from $[current premium] to $[new premium] on your next Billing Anniversary Date, which is [mm/dd/yyyy]. This amount represents a [999.999%] increase in premium for your policy. **]**

[<if phased>
The [monthly **<or>** quarterly **<or>** semiannual **<or>**annual] premium for your long term care insurance policy is scheduled to increase from $[current premium] to $[new premium on billing anniversary date of final phase] in a phased manner beginning on your next Billing Anniversary Date, [mm/dd/yyyy]. The total amount will be phased in on the Billing Anniversary Dates according to the schedule below. The total amount of the premium increase represents a [999.99%] increase in premium for your policy. **]**

In addition, please note that in accordance with the terms of your policy, we reserve the right to change premiums. It is likely that your premium will increase again in the future, possibly as early as twelve months from now.

<if phased>

Billing anniversary date	Premium prior to billing anniversary date	New premium on billing anniversary date
[01/01/2011]	[$99,999.99]	[$99,999.99]
[01/01/2012]	[$99,999.99]	[$99,999.99]
[01/01/2013]	[$99,999.99]	[$99,999.99]
[01/01/2014]	[$99,999.99]	[$99,999.99]

The information above illustrates how your long term care insurance policy premium increase will be phased in over time, based on your current coverage and payment mode. **[<if CPI>**These amounts do not reflect increases in your premium that may occur as a result of your acceptance of the Cost of Inflation benefit offers that you may receive. As a result, the premium amounts may vary based on benefit increases actually accepted.]

What are my options?

1. **You may continue your current coverage by paying the new premium.** You will need to make this payment on or before [billing anniversary date]. [**<if not monthly EFT>** This letter is not a bill. You will receive a premium notice prior to your Billing Anniversary Date.]
   - If you are currently paying your premium by automatic deduction from a designated account, please be aware that the transfer from that account will be at the new premium amount.[**<if monthly EFT>** You will not receive a premium notice prior to this deduction.]
   - If your payment is made via a third-party account or online banking, please make appropriate arrangements, if necessary, prior to [billing anniversary date] to revise the payment amount and ensure that your coverage is not disrupted.
   - If you are currently on claim and are not paying premium due to the Waiver of Premium provision in your policy (if applicable), you do not need to pay the new premium at this time, however this letter is notifying you of the increase that will be payable when the Waiver of Premium provision is no longer in effect.
2. **You may keep your premium at approximately its current level by electing available options that may help minimize the effect of the premium increase, including the following**:
   - You may choose to reduce your maximum daily benefit, or
   - You may choose to adjust your benefit period, inflation protection option or elimination period.

   Please note: By reducing your maximum daily benefit or benefit period, your lifetime maximum is also reduced. In addition, other benefits may be proportionately reduced. Any benefits paid will be deducted from the reduced lifetime maximum. If you have previously been on claim, adjusting your elimination period may not be appropriate. Please note that some states require a minimum benefit level. This requirement may limit your options to reduce benefits. We will advise you of any such limitations applicable to your policy in the event you contact us for this information.

   Important: If you choose to decrease your benefits, you may change your decision in writing within 60 days of the date printed on our written confirmation of your benefit reduction. Following this, you cannot reinstate your original benefits. Depending on the specific provisions of your policy, you may be able to apply for an increase in benefits. We will require you to meet current underwriting criteria in order to qualify for additional benefits. If your application is approved, the premium for an increase in benefits will be based on your current age.

[<if NFO Rider on Policy>

3. **You may exercise the Nonforfeiture Rider**. Your policy includes a Nonforfeiture Rider which you may elect to exercise at any time. This Rider allows you to have a paid-up long term care insurance benefit as outlined in the Rider.

Please note: Your election to exercise this Rider could significantly reduce your policy benefits. Please review the Nonforfeiture Rider in your policy for more detailed information prior to making this election.**]**

[<if CNF>

3. **You may select a Contingent Benefit Upon Lapse Endorsement**. This premium increase qualifies you to receive a Contingent Benefit Upon Lapse. This Endorsement allows you to reduce your policy benefit by converting your coverage to a paid-up status with a shortened benefit period and reduced benefit plan. A policy lapse at any time during the 120-day period following the due date of the premium increase will be deemed as the election of this Endorsement.

   Please note: Your election of this endorsement could significantly reduce the policy benefit. Please review the enclosed Contingent Benefit Upon Lapse Endorsement for more detailed information prior to making this election.**]**

Tell us what decision is right for you.
Please note that all options available to you may not be of equal value. Please carefully evaluate your individual situation before selecting one of these options. We believe that long term care insurance should be considered in every financial plan and encourage you to maintain your policy to retain the valuable protection it provides.

As you evaluate what is best for you, we also encourage you to review the current and projected cost of care in your area, as well as how much of that amount you are willing and able to pay. In the event of a future rate increase, similar options will be available to you and the option to reduce your benefits is available at any time. You have the right to a revised premium rate or a rate schedule.

We will be happy to review each of these options with you. If you would like to modify your benefits in order to reduce your premium, please contact your insurance agent or our Customer Service Team at the phone number shown above to review your options.

Sincerely,

Your Customer Service Team

[cc: [cc_name1]
[cc_name2]]

[enclosure[s]: [enclosure1], [enclosure2]…]

METLIFE INSURANCE COMPANY USA

Insured/Policyholder: [Name] **Policy Number: [policy]**

CONTINGENT BENEFIT UPON LAPSE ENDORSEMENT

This Endorsement is to be attached to, and adds the following Contingent Benefit Upon Lapse to the above identified Policy.

The Benefit

This Benefit allows you to convert to a Shortened Benefit Period, as described below, if We make a substantial increase in the premium for the Policy.

How This Benefit Works

If we make a substantial increase in Your premium, as determined by the following Table, we will do all of the following at least 75 days prior to the date of the premium increase is to take effect:

- offer to reduce Your current level of Coverage without proof of insurability so that the premium for the Policy is not increased;
- offer to convert the Policy to a paid-up status with a Shortened Benefit Period if you have reached, or will reach during the implementation of a rate increase, the twentieth anniversary of your policy's Effective Date, or as described below. This option may be elected at any time during the 120-day period following the date of the premium increase; and
- notify You that a default or lapse at any time during the 120-day period following the date of the premium increase will be deemed to be the election of the preceding offer to convert. A default or lapse is Your failure to pay the required premium within the Grace Period.

Triggers For a Substantial Premium Increase*

Issue Age	Percent Increase Over Initial Premium	Issue Age	Percent Increase Over Initial Premium	Issue Age	Percent Increase Over Initial Premium
54 and under	100%	69	42%	80	20%
55-59	90%	70	40%	81	19%
60	70%	71	38%	82	18%
61	66%	72	36%	83	17%
62	62%	73	34%	84	16%
63	58%	74	32%	85	15%
63	58%	75	30%	86	14%
64	54%	76	28%	87	13%
65	50%	77	26%	88	12%
66	48%	78	24%	89	11%
67	46%	79	22%	90 and over	10%
68	44%				

*Percentage increase is cumulative from date of original issue. It does NOT include any increases attributed to later changes or Your election of additional or increased benefit levels.

Shortened Benefit Period

If you convert in accordance with the above, the Policy will continue with a reduced Coverage Maximum. It will have the same Benefits, Elimination Period requirements and other payment limits that were in effect at the time of lapse or election to convert. These limits will not be affected by any Benefit Increases provision. The amount of reduced Coverage Maximum will be the greater of:

- 100% of all premiums paid for this Policy, excluding any waived premium; or
- The maximum amount in effect at the time of default or lapse for one month (30 days) under the Nursing Facility Benefit.

It will not be reduced by any Benefits previously paid under the Policy.

Payment Limitations

Payment is subject to the limits determined above for the Shortened Benefit Period plan. In addition, the total amount payable under this Benefit and the Policy, while it was in force prior to conversion, is limited to the maximum amount that would have been paid if the Policy had remained in premium paying status. This Benefit will not apply if the Policy is continued in accordance with any other Nonforfeiture Benefit.

In all other respects the provisions and conditions of the Policy remain the same.

Signed for MetLife Insurance Company USA

Jacob Jenkelowitz
Secretary

FREQUENTLY ASKED QUESTIONS

Q: Why are rates increasing?

A: Our decision to increase premiums is primarily based upon the fact that the expected claims over the life of your policy form are significantly higher today that we originally anticipated when this policy form was priced. The premium increase is not based upon a change in your age, claims history or any other individual characteristic. Our decision to increase premiums was not determined based upon the current economic conditions. Additionally, applicable state regulations require us to support our request for a rate increase with actuarial justification. It is important to note that this premium increase was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI.

Q: The letter states that you "reserve the right to change premiums and it is likely that your premium will increase again in the future." What does this mean?

A: Your policy gives us the right to increase premium on a class-wide basis. Therefore, we reserve the right to change premiums again in the future, on a class-wide basis, if our experience warrants an increase. The expected claims over the life of your policy form are significantly higher today than we originally anticipated when your policy was priced. It is likely that your premium will increase again in the future, possibly as early as twelve months from now.

[**<if Phased>**

Q: Why is my premium increase being phased in over several years?

A: In accordance with the requirements of the state where your policy was issued for delivery, the increase is being phased-in over the period of years indicated in the letter.]

Q: But, I've never filed a claim. Why am I getting a rate increase?

A: Premiums are increasing for all policies in your policy class (i.e., all policies that are similar to your policy) and are not increasing due to a change in your age, health or claim activity.

Q: I am currently on claim. Am I affected by this rate increase?

A: Where the premium rate increase is applicable to your policy, and your policy provides for a Waiver of Premium benefit, you will not be required to pay the increased premium until such time as the Waiver of Premium benefit no longer applies, as provided in your policy. If your policy does not provide for a Waiver of Premium benefit, you will be required to pay the increased premium. Please contact one of our customer service representatives toll free at [xxx xxx.xxxx] so we may answer your questions based on your specific situation. Please note, however, that reducing benefits while on claim is generally not advisable.

<If CNF available>

Q: I can't afford to pay higher premiums.

A: With this premium increase you may have the option of choosing from several reduced benefit options in order to maintain approximately the same premium level. If your premium payment mode is more frequent than annual, consider changing your premium mode to annual. Additionally, you are eligible for a Contingent Benefit Upon Lapse. Please refer to the enclosed Contingent Benefit Upon Lapse Endorsement for specific information about this benefit. We encourage you to contact us, your insurance agent, or your financial advisor to evaluate your particular situation in order to help you select the option that you believe is best suited to your individual needs.

Q: What is a Contingent Benefit Upon Lapse Endorsement?

A: A Contingent Benefit Upon Lapse Endorsement, if exercised, allows you to have a paid-up policy with benefits equal to the greater of 30 days of the daily benefit or the total amount of premiums paid over the life of the policy, excluding waived premium (except for policies issued for delivery in Maine.) The Contingent Benefit Upon Lapse Endorsement is available to you only during the 120 days after the premium increase is effective.

As this Endorsement could significantly reduce your policy benefits, we encourage you to keep or reduce your existing coverage rather than elect the Contingent Benefit Upon Lapse Endorsement. Please review the Contingent Benefit Upon Lapse Endorsement for more detailed information prior to making this election. Please note that a policy lapse at any time within 120 days following the premium increase will be deemed as the election of this Endorsement.

<If NFO is available>

Q: I can't afford to pay higher premiums.

A: With this rate increase you may have the option of choosing from several reduced benefit options in order to maintain approximately the same premium level. If your premium payment mode is more frequent than annual, consider changing your premium payment mode to annual. Additionally, your policy includes a Nonforfeiture benefit, which may be exercised at any time.

Q: What is the Nonforfeiture Rider?

A: The Nonforfeiture Rider, if exercised, allows you to have a paid-up policy according to its terms.

Because the election of this Rider could significantly reduce your policy benefits, we encourage you to keep or reduce your existing coverage rather than elect the Nonforfeiture Option. Please review the Nonforfeiture Rider in your long term care contract for more detailed information prior to making this election.

Q: If I decrease my benefits now, can I change my mind and increase my benefits in the future?

A: Once you decrease your benefits, you may change your decision in writing within 60 days of the date printed on our benefit change confirmation of your benefit reduction. Following this, you cannot reinstate your original benefits. Depending on the specific provisions of your policy, you may be able to apply for an increase in benefits. We will require you to meet current underwriting criteria in order to qualify for additional benefits. If your application is approved, the premium for an increase in benefits will be based on your current age.

Q: If I wish to cancel my policy, what steps do I take?

A: We encourage you to keep this important coverage. There may be options available for you to reduce your benefits in order to keep your premium at approximately the same amount as before the premium increase. Depending on your policy, you may also be able to exercise an option which would provide a paid up policy with a shortened benefit period. We encourage you to consult with your family, your insurance agent, or financial advisor before making a decision to reduce or cancel your coverage. If you choose to cancel your policy, we will be happy to do so upon receipt of your signed and dated request.

Q: If I cancel my policy, can I reinstate it at a later date?

A: If you cancel your policy, reinstatement is available upon our receipt, within 60 days of the date printed on our written confirmation of this cancellation, of a signed, written request. Unfortunately, after this 60 day period, your policy cannot be reinstated. Accordingly, we encourage you to consult with your family, insurance agent, or financial advisor before making a decision to reduce or cancel your coverage.

MetLife Insurance Company USA
Certification of Compliance

The company has reviewed the enclosed policy forms(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

Forms	Description
MICC FAQ VA 11/23/2015	**Frequently Asked Questions**

Officer's Signature

Principal and Consulting Actuary
Officer's Title

December 9, 2015
Date

MetLife Insurance Company USA
Certification of Compliance

The company has reviewed the enclosed policy forms(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

Forms	Description
MICC RIL VA 11/23/2015	**Policyholder Rate Increase Notification Letter**

Officer's Signature

Principal and Consulting Actuary
Officer's Title

December 9, 2015
Date

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer MetLife Insurance Company USA
1209 Orange Street
Wilmington, DE 19801

Title of Form Frequently Asked Questions

Policy Form Number MICC FAQ VA 11/23/2015

I hereby certify that the Flesch reading ease score of the above policy form is 45.2. It contains 68 sentences, 1,198 words and 2,035 syllables. The type size of the text of the policy forms is Arial point type, 10 point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Amy Pahl Signature of an Officer of the Insurer

Amy Pahl Name (Print)

Principal and Consulting Actuary Title

December 9, 2015 Date

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer MetLife Insurance Company USA
1209 Orange Street
Wilmington, DE 19801

Title of Form Policyholder Rate Increase Notification Letter

Policy Form Number MICC RIL VA 11/23/2015

I hereby certify that the Flesch reading ease score of the above policy form is 46.2. It contains 90 sentences, 1,509 words and 2,562 syllables. The type size of the text of the policy forms is Arial point type, 10 point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Amy Pahl Signature of an Officer of the Insurer

Amy Pahl Name (Print)

Principal and Consulting Actuary Title

December 9, 2015 Date

MetLife Insurance Company USA

STATEMENT OF VARIABILITY

General Guidelines

While not enclosed in brackets, we may vary the names and /or titles of officers that appear on any of the forms. We may vary items such as addresses and telephone numbers, company officer names, titles and signatures. Case and individual information, such as names, numbers, amounts, timeframes, etc., included in bracketed [] information will be completed with information appropriate to the specific insured as described below. The appropriate sequential page numbers will be assigned to the bottom of each page.

Policyholder Rate Increase Notification Letter

Explanation of Variable Language Applicable to the Policyholder Rate Increase Notification Letter

General Guidelines

While not enclosed in brackets, we may vary the names and /or titles of officers that appear on any of the forms. We may vary items such as addresses and telephone numbers, company officer names, titles and signatures. Case and individual information, such as names, numbers, amounts, timeframes, etc., included in bracketed [] information will be completed with information appropriate to the specific insured as described below. The appropriate sequential page numbers will be assigned to the bottom of each page.

The following shows the variable limits applicable to the letter. Wording may vary in the indicated spot as follows:

- Where [document date] appears, we will insert the date that the letter generates.
- Where [Insured_name1] appears we will insert the name of the insured/policyholder associated with the applicable policy.
- Where [policy number] appears we will insert the policy number of the applicable policy.
- Where [company_phone], [company_hours 1], and [company_hours 2] appear, we will insert the current company phone number and hours of operation.
- [Agent] will only appear if there is a current servicing agent assigned to the policy. When this prints, where [servicing_agent name], [servicing_agent_address1], [servicing_agent_address2], etc. appears, we will insert the name and current address of the servicing agent as reflected in our administration system.
- Where [mailing name], [mailing_address1], [mailing_address2], etc. appears, we will insert the policyholder name and current mailing address as reflected in our administration system.
- Where [salutation name] appears, we will insert the name of the policyholder.
- Where [999 999.9999] appears, we will insert the contact phone number for customer service.

- The [<if not phased> paragraph will only print if the rate increase is not being implemented over a period of several years. If this paragraph prints, within this paragraph we will print the current billing mode in the [monthly <or> quarterly <or> semiannual <or> annual] field. The billing anniversary will print in the [mm/dd/yyyy] field and the actual rate increase percentage that is being implemented will print in the [999.999%] field.
- The [<if phased> paragraph will only print if the rate increase is being implemented over a period of several years. If this paragraph prints, within this paragraph we will print the current billing mode in the [monthly <or> quarterly <or> semiannual <or> annual] field. The billing anniversary will print in the [mm/dd/yyyy] field and the actual rate increase percentage that is being implemented will print in the [999.999%] field.
- Within the 2nd [<if phased>] paragraph the billing anniversary, premium prior to billing anniversary date, and new premium on billing anniversary date will print for each year scheduled.
- [<if CPI>] sentence will print if the rate increase is phased and the policy includes the cost of inflation benefit rider.
- In the section "What are my Options?" the billing anniversary date of the policy will print wherever [billing anniversary date] is shown. If the policy is on any premium mode and method other than monthly automatic deduction from a bank account, the sentence following [<if not monthly EFT>] will print.
- If the policy includes a nonforfeiture benefit rider, then the paragraph following [<if NFO Rider on Policy>] will print as Option 3.
- If the policy does not include a nonforfeiture benefit rider, but the policy does qualify for the contingent benefit upon lapse then [<if CNF>] paragraph will print as Option 3.
- If there is a current servicing agent assigned to the policy, we will print the name of that agent where [cc: [cc_name1] and [cc_name2]] appears.
- Where [enclosure[s]: [enclosure1], [enclosure2]…] appears we will print the names of all additional enclosures that are included with the letter.

Contingent Benefit Upon Lapse Endorsement

Explanation of Variable Language Applicable to the Contingent Benefit Upon Lapse Endorsement

The following shows the variable limits applicable to the endorsement. Wording may vary in the indicated spot as follows:

- Where [name] appears, we will print the full name of the policyholder.
- Where [policy] appears, we will print the policy number of the applicable policy.

Virginia Rate Increase Filing History

Explanation of Variable Language Applicable to the Virginia Rate Increase Filing History

The following shows the variable limits applicable to the letter. Wording may vary in the indicated spot as follows:

- The table in brackets will be updated in the event that future rate increases are implemented to reflect the year and percentage applicable for that product and year.

Coverage Amendment Rider

Explanation of Variable Language Applicable to the Coverage Amendment Rider

The following shows the variable limits applicable to the rider. This rider is sent to the policyholder to reflect changes made to the benefits of the policy. Only changes made to the policy will be reflected on the amendment. Wording may vary in the indicated spot as follows:

- Where [LTCXXXXXXX] appears, we will print the policy number of the applicable policy.
- Where [NAME} appears, we will print the name of the policyholder.
- Where [xx/xx/xxxx] appears under the Effective Date of Change, we will print the date that the change in benefits is effective.
- Where [The premium on the Policy has changed to $xxx.xx per xx month(s) appears, we will print the new premium amount and premium mode.
- If the lifetime payment maximum is updated, we will print the sentence [Based on your current benefits, the Lifetime Payment Maximum is now [$xxx,xxx.xx] and the new lifetime payment maximum will appear.
- If the benefit period is updated, the sentence [The Nursing Home Benefit Limit is changed from [period] to [period] will print and include the old and the new benefit period.
- If the elimination period is changed, we will print the sentence [The Nursing Home Benefit Elimination Period/Deductible Period is changed from [xx] days to [xxx] days] and the old and new elimination period will print.
- If the benefit increase option is changed on the policy, we will print the sentence [The Benefit Increase Option is changed to [inflation protection] on the policy] and will print the new benefit inflation protection.
- Where the premium on the coverage has changed to $[$xxx.xx] appears, we will print the new premium amount applicable for the current modal premium.
- Where the current payment mode is changed from [xxxx to xxxx] will print the old and new premium modal periods.
- Where [Secretary] and [SIGNATURE] appear, we will print the current company officer and position of the officer.

MetLife

Long Term Care Insurance

Premium Change Implementation
[Document date]
from MetLife Insurance Company USA

MetLife
PO Box 40006
Lynchburg, VA 24506

[mailing_name]
[mailing_address1]
[mailing_address2]
[mailing_address3]
[mailing_address4]
[mailing_address5]
[mailing_address6]
[mailing_address7]

Insured
[Insured_name1]
[Insured_name2]

[Agent]
[servicing_agent name]
[servicing_agent_address1]
[servicing_agent_address2]
[servicing_agent_address3]
[servicing_agent_address4]
[servicing_agent_address5]
[servicing_agent_address6]

Policy number
[policy_number]

Customer service
[company_phone]
[company_hours1]
[company_hours2]

Dear [salutation name],

We are writing to notify you that the premium of your long term care insurance policy will increase as outlined below. If you have any questions or would like to modify your benefits to reduce your premium, please contact your insurance agent or our dedicated Customer Service Team at [999 999.9999] to review your options.

We are committed to providing long term care insurance benefits to our policyholders when they need them most. As part of our commitment to meet the future needs of our policyholders, we routinely monitor the experience of our long term care insurance policies. Based on our analysis, we have determined that a premium increase is necessary on certain long term care insurance policies and your policy is among those affected.

We understand that a premium increase may be difficult for policyholders and that certain policyholders may be unable, or unwilling, to pay the increased premium. Therefore, we are offering various options to help policyholders maintain their premium at approximately its current level to help minimize the effect of the premium increase. In addition, there may be a nonforfeiture option available that you may wish to consider. The “What are my options” section of this letter and the enclosed “Frequently Asked Questions” provide detailed information about these options, including contact information for our Customer Service Team, which can assist in reviewing your options.

About the premium increase
It is important to note that this premium increase was reviewed by Virginia’s State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance’s webpage at www.scc.virginia.gov/BOI. The premium increase is not based upon a change in your age, health, claims history or any other individual characteristic. Rather, the increase is based on the experience of all policies that are similar to your policy and issued for delivery in the same state as your policy. Our decision to increase premiums is primarily based upon the fact that expected claims are significantly higher today than we originally anticipated when your policy was priced. Our decision to increase premiums was not determined based upon the current economic environment.

A history of premium rate increases previously implemented on all eight long term care insurance products issued in Virginia by MetLife Insurance Company USA is enclosed. If you have additional questions about your particular policy or this chart, please contact us at the phone number shown above.

Effect on your premium rate
[<if not phased>
The [monthly **<or>** quarterly **<or>** semiannual **<or>**annual] premium for your long term care insurance policy is scheduled to increase from $[current premium] to $[new premium] on your next Billing Anniversary Date, which is [mm/dd/yyyy]. This amount represents a [999.999%] increase in premium for your policy. **]**

[<if phased>
The [monthly **<or>** quarterly **<or>** semiannual **<or>**annual] premium for your long term care insurance policy is scheduled to increase from $[current premium] to $[new premium on billing anniversary date of final phase] in a phased manner beginning on your next Billing Anniversary Date, [mm/dd/yyyy]. The total amount will be phased in on the Billing Anniversary Dates according to the schedule below. The total amount of the premium increase represents a [999.99%] increase in premium for your policy. **]**

In addition, please note that in accordance with the terms of your policy, we reserve the right to change premiums and it is likely that your premium will increase again in the future.

<if phased>

Billing anniversary date	Premium prior to billing anniversary date	New premium on billing anniversary date
[01/01/2011]	[$99,999.99]	[$99,999.99]
[01/01/2012]	[$99,999.99]	[$99,999.99]
[01/01/2013]	[$99,999.99]	[$99,999.99]
[01/01/2014]	[$99,999.99]	[$99,999.99]

The information above illustrates how your long term care insurance policy premium increase will be phased in over time, based on your current coverage and payment mode. **[<if CPI>**These amounts do not reflect increases in your premium that may occur as a result of your acceptance of the Cost of Inflation benefit offers that you may receive. As a result, the premium amounts may vary based on benefit increases actually accepted.]

What are my options?

1. **You may continue your current coverage by paying the new premium.** You will need to make this payment on or before [billing anniversary date]. [**<if not monthly EFT>** This letter is not a bill. You will receive a premium notice prior to your Billing Anniversary Date.]
   - If you are currently paying your premium by automatic deduction from a designated account, please be aware that the transfer from that account will be at the new premium amount.[**<if monthly EFT>** You will not receive a premium notice prior to this deduction.]
   - If your payment is made via a third-party account or online banking, please make appropriate arrangements, if necessary, prior to [billing anniversary date] to revise the payment amount and ensure that your coverage is not disrupted.
   - If you are currently on claim and are not paying premium due to the Waiver of Premium provision in your policy (if applicable), you do not need to pay the new premium at this time, however this letter is notifying you of the increase that will be payable when the Waiver of Premium provision is no longer in effect.
2. **You may keep your premium at approximately its current level by electing available options that may help minimize the effect of the premium increase, including the following**:
   - You may choose to reduce your maximum daily benefit, or
   - You may choose to adjust your benefit period, inflation protection option or elimination period.

   Please note: By reducing your maximum daily benefit or benefit period, your lifetime maximum is also reduced. In addition, other benefits may be proportionately reduced. Any benefits paid will be deducted from the reduced lifetime maximum. If you have previously been on claim, adjusting your elimination period may not be appropriate. Please note that some states require a minimum benefit level. This requirement may limit your options to reduce benefits. We will advise you of any such limitations applicable to your policy in the event you contact us for this information.

   Important: If you choose to decrease your benefits, you may change your decision in writing within 60 days of the date printed on our written confirmation of your benefit reduction. Following this, you cannot reinstate your original benefits. Depending on the specific provisions of your policy, you may be able to apply for an increase in benefits. We will require you to meet current underwriting criteria in order to qualify for additional benefits. If your application is approved, the premium for an increase in benefits will be based on your current age.

[<if NFO Rider on Policy>

3. **You may exercise the Nonforfeiture Rider**. Your policy includes a Nonforfeiture Rider which you may elect to exercise at any time. This Rider allows you to have a paid-up long term care insurance benefit as outlined in the Rider.

Please note: Your election to exercise this Rider could significantly reduce your policy benefits. Please review the Nonforfeiture Rider in your policy for more detailed information prior to making this election.**]**

[<if CNF>

3. **You may select a Contingent Nonforfeiture Benefit Endorsement**. This premium increase qualifies you to receive a Contingent Nonforfeiture benefit. This Endorsement allows you to reduce your policy benefit by converting your coverage to a paid-up status with a shortened benefit period and reduced benefit plan. A policy lapse at any time during the 120-day period following the due date of the premium increase will be deemed as the election of this Endorsement.

   Please note: Your election of this endorsement could significantly reduce the policy benefit. Please review the enclosed Contingent Nonforfeiture Benefit Endorsement for more detailed information prior to making this election.**]**

Tell us what decision is right for you.
Please note that all options available to you may not be of equal value. Please carefully evaluate your individual situation before selecting one of these options. We believe that long term care insurance should be considered in every financial plan and encourage you to maintain your policy to retain the valuable protection it provides.

As you evaluate what is best for you, we also encourage you to review the current and projected cost of care in your area, as well as how much of that amount you are willing and able to pay. In the event of a future rate increase, similar options will be available to you and the option to reduce your benefits is available at any time.

We will be happy to review each of these options with you. If you would like to modify your benefits in order to reduce your premium, please contact your insurance agent or our Customer Service Team at the phone number shown above to review your options.

Sincerely,

Your Customer Service Team

[cc: [cc_name1]
[cc_name2]]

[enclosure[s]: [enclosure1], [enclosure2]…]

METLIFE INSURANCE COMPANY USA

Insured/Policyholder: [Name] **Policy Number: [policy]**

CONTINGENT NONFORFEITURE BENEFIT ENDORSEMENT

This Endorsement is to be attached to, and adds the following Contingent Nonforfeiture Benefit to the above identified Policy.

The Benefit

This Benefit allows you to convert to a Shortened Benefit Period, as described below, if We make a substantial increase in the premium for the Policy.

How This Benefit Works

If we make a substantial increase in Your premium, as determined by the following Table, we will do all of the following at least 75 days prior to the date of the premium increase is to take effect:

- offer to reduce Your current level of Coverage without proof of insurability so that the premium for the Policy is not increased;
- offer to convert the Policy to a paid-up status with a Shortened Benefit Period if you have reached, or will reach during the implementation of a rate increase, the twentieth anniversary of your policy's Effective Date, or as described below. This option may be elected at any time during the 120-day period following the date of the premium increase; and
- notify You that a default or lapse at any time during the 120-day period following the date of the premium increase will be deemed to be the election of the preceding offer to convert. A default or lapse is Your failure to pay the required premium within the Grace Period.

Table Indicating a Substantial Premium Increase*

Issue Age	Increase Over Initial Premium	Issue Age	Increase Over Initial Premium	Issue Age	Increase Over Initial Premium
54 and under	100%	69	42%	80	20%
55-59	90%	70	40%	81	19%
60	70%	71	38%	82	18%
61	66%	72	36%	83	17%
62	62%	73	34%	84	16%
63	58%	74	32%	85	15%
63	58%	75	30%	86	14%
64	54%	76	28%	87	13%
65	50%	77	26%	88	12%
66	48%	78	24%	89	11%
67	46%	79	22%	90 and over	10%
68	44%				

*Percentage increase is cumulative from date of original issue. It does NOT include any increases attributed to later changes or Your election of additional or increased benefit levels.

Shortened Benefit Period

If you convert in accordance with the above, the Policy will continue with a reduced Coverage Maximum. It will have the same Benefits, Elimination Period requirements and other payment limits that were in effect at the time of lapse or election to convert. These limits will not be affected by any Benefit Increases provision. The amount of reduced Coverage Maximum will be the greater of:

- 100% of all premiums paid for this Policy, excluding any waived premium; or
- The maximum amount in effect at the time of default or lapse for one month (30 days) under the Nursing Facility Benefit.

It will not be reduced by any Benefits previously paid under the Policy.

Payment Limitations

Payment is subject to the limits determined above for the Shortened Benefit Period plan. In addition, the total amount payable under this Benefit and the Policy, while it was in force prior to conversion, is limited to the maximum amount that would have been paid if the Policy had remained in premium paying status. This Benefit will not apply if the Policy is continued in accordance with any other Nonforfeiture Benefit.

In all other respects the provisions and conditions of the Policy remain the same.

Signed for MetLife Insurance Company USA

Jacob Jenkelowitz
Secretary

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	140.40	132.60	124.80	18-39	14.04	13.26	12.48
40	140.40	132.60	124.80	40	14.04	13.26	12.48
41	148.20	140.40	132.60	41	14.82	14.04	13.26
42	148.20	140.40	132.60	42	14.82	14.04	13.26
43	156.00	148.20	140.40	43	15.60	14.82	14.04
44	163.80	156.00	140.40	44	16.38	15.60	14.04
45	163.80	156.00	148.20	45	16.38	15.60	14.82
46	171.60	163.80	148.20	46	17.16	16.38	14.82
47	179.40	171.60	156.00	47	17.94	17.16	15.60
48	179.40	171.60	163.80	48	17.94	17.16	16.38
49	187.20	179.40	163.80	49	18.72	17.94	16.38
50	195.00	187.20	171.60	50	19.50	18.72	17.16
51	202.80	195.00	179.40	51	20.28	19.50	17.94
52	218.40	210.60	195.00	52	21.84	21.06	19.50
53	234.00	218.40	202.80	53	23.40	21.84	20.28
54	241.80	226.20	210.60	54	24.18	22.62	21.06
55	257.40	241.80	226.20	55	25.74	24.18	22.62
56	273.00	257.40	234.00	56	27.30	25.74	23.40
57	288.60	273.00	249.60	57	28.86	27.30	24.96
58	312.00	288.60	265.20	58	31.20	28.86	26.52
59	327.60	304.20	273.00	59	32.76	30.42	27.30
60	351.00	319.80	288.60	60	35.10	31.98	28.86
61	382.20	351.00	312.00	61	38.22	35.10	31.20
62	405.60	374.40	335.40	62	40.56	37.44	33.54
63	444.60	405.60	366.60	63	44.46	40.56	36.66
64	475.80	436.80	397.80	64	47.58	43.68	39.78
65	514.80	475.80	429.00	65	51.48	47.58	42.90
66	561.60	514.80	468.00	66	56.16	51.48	46.80
67	616.20	561.60	507.00	67	61.62	56.16	50.70
68	670.80	608.40	546.00	68	67.08	60.84	54.60
69	733.20	663.00	592.80	69	73.32	66.30	59.28

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	803.40	725.40	647.40	70	80.34	72.54	64.74
71	889.20	803.40	709.80	71	88.92	80.34	70.98
72	990.60	889.20	780.00	72	99.06	88.92	78.00
73	1,099.80	982.80	858.00	73	109.98	98.28	85.80
74	1,224.60	1,084.20	943.80	74	122.46	108.42	94.38
75	1,357.20	1,201.20	1,037.40	75	135.72	120.12	103.74
76	1,513.20	1,333.80	1,154.40	76	151.32	133.38	115.44
77	1,692.60	1,497.60	1,294.80	77	169.26	149.76	129.48
78	1,895.40	1,669.20	1,443.00	78	189.54	166.92	144.30
79	2,113.80	1,864.20	1,606.80	79	211.38	186.42	160.68
80		2,082.60	1,794.00	80	236.34	208.26	179.40
81		2,301.00	1,981.20	81	261.30	230.10	198.12
82		2,542.80	2,191.80	82	289.38	254.28	219.18
83		2,815.80	2,425.80	83	319.80	281.58	242.58
84		3,112.20	2,683.20	84	353.34	311.22	268.32
				85	390.78	343.98	297.18
				86	439.92	387.66	334.62
				87	495.30	436.02	376.74
				88	556.92	489.84	423.54
				89	626.34	551.46	476.58
				90	709.02	620.10	535.86
				91	792.48	698.10	602.94
				92	891.54	784.68	677.82
				93	1,003.08	882.96	762.84
				94	1,128.66	992.94	858.00
				95	1,269.06	1,117.74	965.64
				96	1,428.18	1,257.36	1,085.76
				97	1,606.80	1,414.14	1,221.48
				98	1,807.26	1,591.20	1,374.36
				99	2,032.68	1,789.32	1,545.96

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	179.40	171.60	156.00	18-39	17.94	17.16	15.60
40	179.40	171.60	156.00	40	17.94	17.16	15.60
41	187.20	179.40	163.80	41	18.72	17.94	16.38
42	187.20	179.40	163.80	42	18.72	17.94	16.38
43	195.00	187.20	171.60	43	19.50	18.72	17.16
44	202.80	195.00	179.40	44	20.28	19.50	17.94
45	210.60	195.00	179.40	45	21.06	19.50	17.94
46	218.40	202.80	187.20	46	21.84	20.28	18.72
47	218.40	210.60	195.00	47	21.84	21.06	19.50
48	226.20	210.60	195.00	48	22.62	21.06	19.50
49	234.00	218.40	202.80	49	23.40	21.84	20.28
50	241.80	226.20	210.60	50	24.18	22.62	21.06
51	249.60	234.00	218.40	51	24.96	23.40	21.84
52	265.20	249.60	226.20	52	26.52	24.96	22.62
53	280.80	257.40	234.00	53	28.08	25.74	23.40
54	288.60	273.00	249.60	54	28.86	27.30	24.96
55	304.20	280.80	257.40	55	30.42	28.08	25.74
56	327.60	304.20	273.00	56	32.76	30.42	27.30
57	343.20	319.80	296.40	57	34.32	31.98	29.64
58	366.60	343.20	312.00	58	36.66	34.32	31.20
59	397.80	366.60	335.40	59	39.78	36.66	33.54
60	421.20	390.00	358.80	60	42.12	39.00	35.88
61	452.40	421.20	390.00	61	45.24	42.12	39.00
62	491.40	460.20	421.20	62	49.14	46.02	42.12
63	530.40	499.20	460.20	63	53.04	49.92	46.02
64	577.20	538.20	499.20	64	57.72	53.82	49.92
65	624.00	585.00	546.00	65	62.40	58.50	54.60
66	678.60	639.60	592.80	66	67.86	63.96	59.28
67	733.20	694.20	647.40	67	73.32	69.42	64.74
68	795.60	748.80	702.00	68	79.56	74.88	70.20
69	858.00	811.20	764.40	69	85.80	81.12	76.44

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	928.20	881.40	826.80	70	92.82	88.14	82.68
71	1,037.40	982.80	928.20	71	103.74	98.28	92.82
72	1,154.40	1,099.80	1,037.40	72	115.44	109.98	103.74
73	1,279.20	1,224.60	1,162.20	73	127.92	122.46	116.22
74	1,427.40	1,365.00	1,294.80	74	142.74	136.50	129.48
75	1,591.20	1,521.00	1,450.80	75	159.12	152.10	145.08
76	1,770.60	1,692.60	1,614.60	76	177.06	169.26	161.46
77	1,973.40	1,887.60	1,801.80	77	197.34	188.76	180.18
78	2,207.40	2,113.80	2,012.40	78	220.74	211.38	201.24
79	2,457.00	2,347.80	2,238.60	79	245.70	234.78	223.86
				80	273.78	262.08	249.60
				81	302.64	289.38	276.12
				82	334.62	319.80	304.98
				83	373.62	354.12	337.74
				84	408.72	397.80	372.84
				85	451.62	432.12	412.62
				86	508.56	486.72	464.88
				87	571.74	547.56	522.60
				88	643.50	615.42	588.12
				89	723.84	692.64	661.44
				90	814.32	779.22	744.12
				91	915.72	876.72	839.28
				92	1,030.38	985.92	941.46
				93	1,159.08	1,109.16	1,059.24
				94	1,304.16	1,248.00	1,191.06
				95	1,467.18	1,404.00	1,340.04
				96	1,650.48	1,578.72	1,507.74
				97	1,856.40	1,776.06	1,696.50
				98	2,088.84	1,998.36	1,907.88
				99	2,349.36	2,247.96	2,146.56

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	202.80	195.00	179.40	18-39	20.28	19.50	17.94
40	202.80	195.00	179.40	40	20.28	19.50	17.94
41	210.60	202.80	187.20	41	21.06	20.28	18.72
42	218.40	210.60	195.00	42	21.84	21.06	19.50
43	226.20	218.40	202.80	43	22.62	21.84	20.28
44	234.00	226.20	210.60	44	23.40	22.62	21.06
45	241.80	234.00	218.40	45	24.18	23.40	21.84
46	257.40	241.80	226.20	46	25.74	24.18	22.62
47	265.20	249.60	234.00	47	26.52	24.96	23.40
48	273.00	257.40	241.80	48	27.30	25.74	24.18
49	288.60	273.00	249.60	49	28.86	27.30	24.96
50	296.40	280.80	257.40	50	29.64	28.08	25.74
51	304.20	288.60	265.20	51	30.42	28.86	26.52
52	319.80	296.40	273.00	52	31.98	29.64	27.30
53	327.60	304.20	280.80	53	32.76	30.42	28.08
54	343.20	319.80	288.60	54	34.32	31.98	28.86
55	351.00	327.60	296.40	55	35.10	32.76	29.64
56	374.40	351.00	319.80	56	37.44	35.10	31.98
57	405.60	374.40	335.40	57	40.56	37.44	33.54
58	436.80	397.80	358.80	58	43.68	39.78	35.88
59	468.00	429.00	390.00	59	46.80	42.90	39.00
60	499.20	460.20	413.40	60	49.92	46.02	41.34
61	546.00	499.20	452.40	61	54.60	49.92	45.24
62	600.60	546.00	491.40	62	60.06	54.60	49.14
63	655.20	592.80	530.40	63	65.52	59.28	53.04
64	709.80	647.40	577.20	64	70.98	64.74	57.72
65	780.00	709.80	631.80	65	78.00	70.98	63.18
66	842.40	764.40	678.60	66	84.24	76.44	67.86
67	912.60	826.80	733.20	67	91.26	82.68	73.32
68	990.60	889.20	787.80	68	99.06	88.92	78.78
69	1,068.60	959.40	850.20	69	106.86	95.94	85.02

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,154.40	1,037.40	912.60	70	115.44	103.74	91.26
71	1,279.20	1,154.40	1,021.80	71	127.92	115.44	102.18
72	1,419.60	1,279.20	1,138.80	72	141.96	127.92	113.88
73	1,575.60	1,419.60	1,263.60	73	157.56	141.96	126.36
74	1,747.20	1,583.40	1,411.80	74	174.72	158.34	141.18
75	1,934.40	1,755.00	1,575.60	75	193.44	175.50	157.56
76	2,152.80	1,957.80	1,755.00	76	215.28	195.78	175.50
77	2,402.40	2,184.00	1,957.80	77	240.24	218.40	195.78
78	2,675.40	2,433.60	2,184.00	78	267.54	243.36	218.40
79	2,979.60	2,706.60	2,433.60	79	297.96	270.66	243.36
				80	332.28	301.86	271.44
				81	366.60	333.06	299.52
				82	405.60	368.94	331.50
				83	447.72	407.16	365.82
				84	494.52	449.28	404.82
				85	546.00	496.08	446.16
				86	614.64	558.48	502.32
				87	691.08	627.90	578.76
				88	777.66	706.68	635.70
				89	875.16	794.82	715.26
				90	984.36	894.66	804.18
				91	1,107.60	1,006.20	904.80
				92	1,245.66	1,131.78	1,017.90
				93	1,401.66	1,272.96	1,145.04
				94	1,576.38	1,432.08	1,288.56
				95	1,773.72	1,611.48	1,449.24
				96	1,995.24	1,812.72	1,630.20
				97	2,244.06	2,038.92	1,833.78
				98	2,524.86	2,293.98	2,063.10
				99	2,840.76	2,581.02	2,321.28

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	241.80	234.00	218.40	18-39	24.18	23.40	21.84
40	241.80	234.00	218.40	40	24.18	23.40	21.84
41	249.60	241.80	226.20	41	24.96	24.18	22.62
42	265.20	249.60	234.00	42	26.52	24.96	23.40
43	273.00	257.40	241.80	43	27.30	25.74	24.18
44	280.80	265.20	249.60	44	28.08	26.52	24.96
45	296.40	280.80	257.40	45	29.64	28.08	25.74
46	304.20	288.60	265.20	46	30.42	28.86	26.52
47	319.80	296.40	273.00	47	31.98	29.64	27.30
48	335.40	312.00	280.80	48	33.54	31.20	28.08
49	343.20	319.80	296.40	49	34.32	31.98	29.64
50	358.80	335.40	304.20	50	35.88	33.54	30.42
51	374.40	343.20	312.00	51	37.44	34.32	31.20
52	390.00	358.80	327.60	52	39.00	35.88	32.76
53	405.60	374.40	343.20	53	40.56	37.44	34.32
54	421.20	390.00	351.00	54	42.12	39.00	35.10
55	436.80	405.60	366.60	55	43.68	40.56	36.66
56	468.00	436.80	397.80	56	46.80	43.68	39.78
57	507.00	468.00	429.00	57	50.70	46.80	42.90
58	546.00	507.00	460.20	58	54.60	50.70	46.02
59	592.80	546.00	499.20	59	59.28	54.60	49.92
60	639.60	592.80	538.20	60	63.96	59.28	53.82
61	694.20	639.60	585.00	61	69.42	63.96	58.50
62	764.40	702.00	631.80	62	76.44	70.20	63.18
63	834.60	764.40	686.40	63	83.46	76.44	68.64
64	904.80	826.80	741.00	64	90.48	82.68	74.10
65	990.60	897.00	803.40	65	99.06	89.70	80.34
66	1,060.80	967.20	873.60	66	106.08	96.72	87.36
67	1,138.80	1,045.20	943.80	67	113.88	104.52	94.38
68	1,216.80	1,123.20	1,021.80	68	121.68	112.32	102.18
69	1,302.60	1,209.00	1,107.60	69	130.26	120.90	110.76

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,396.20	1,302.60	1,201.20	70	139.62	130.26	120.12
71	1,560.00	1,450.80	1,333.80	71	156.00	145.08	133.38
72	1,739.40	1,614.60	1,482.00	72	173.94	161.46	148.20
73	1,934.40	1,794.00	1,645.80	73	193.44	179.40	164.58
74	2,160.60	1,996.80	1,825.20	74	216.06	199.68	182.52
75	2,410.20	2,223.00	2,028.00	75	241.02	222.30	202.80
76	2,683.20	2,472.60	2,262.00	76	268.32	247.26	226.20
77	2,987.40	2,753.40	2,519.40	77	298.74	275.34	251.94
78	3,330.60	3,073.20	2,808.00	78	333.06	307.32	280.80
79	3,712.80	3,424.20	3,127.80	79	371.28	342.42	312.78
				80	413.40	381.42	348.66
				81	456.30	420.42	384.54
				82	503.88	464.10	424.32
				83	556.92	513.24	468.78
				84	614.64	566.28	517.14
				85	678.60	624.78	570.96
				86	763.62	703.56	642.72
				87	859.56	790.92	723.06
				88	966.42	889.98	813.54
				89	1,087.32	1,009.32	914.94
				90	1,223.04	1,126.32	1,029.60
				91	1,375.92	1,266.72	1,157.52
				92	1,548.30	1,425.06	1,302.60
				93	1,741.74	1,603.68	1,465.62
				94	1,959.36	1,804.14	1,648.14
				95	2,204.28	2,029.56	1,854.84
				96	2,479.62	2,283.06	2,086.50
				97	2,789.28	2,568.54	2,347.02
				98	3,137.94	2,889.12	2,640.30
				99	3,530.28	3,250.26	2,970.24

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	210.60	202.80	187.20	18-39	21.06	20.28	18.72
40	210.60	202.80	187.20	40	21.06	20.28	18.72
41	218.40	210.60	195.00	41	21.84	21.06	19.50
42	226.20	218.40	202.80	42	22.62	21.84	20.28
43	234.00	226.20	210.60	43	23.40	22.62	21.06
44	241.80	234.00	218.40	44	24.18	23.40	21.84
45	249.60	241.80	226.20	45	24.96	24.18	22.62
46	265.20	249.60	234.00	46	26.52	24.96	23.40
47	273.00	257.40	241.80	47	27.30	25.74	24.18
48	280.80	265.20	249.60	48	28.08	26.52	24.96
49	296.40	280.80	257.40	49	29.64	28.08	25.74
50	304.20	288.60	265.20	50	30.42	28.86	26.52
51	312.00	296.40	273.00	51	31.20	29.64	27.30
52	327.60	312.00	288.60	52	32.76	31.20	28.86
53	343.20	319.80	296.40	53	34.32	31.98	29.64
54	351.00	327.60	304.20	54	35.10	32.76	30.42
55	366.60	343.20	319.80	55	36.66	34.32	31.98
56	390.00	366.60	335.40	56	39.00	36.66	33.54
57	421.20	390.00	358.80	57	42.12	39.00	35.88
58	444.60	413.40	382.20	58	44.46	41.34	38.22
59	475.80	444.60	405.60	59	47.58	44.46	40.56
60	507.00	468.00	429.00	60	50.70	46.80	42.90
61	546.00	507.00	460.20	61	54.60	50.70	46.02
62	585.00	546.00	499.20	62	58.50	54.60	49.92
63	624.00	585.00	538.20	63	62.40	58.50	53.82
64	670.80	624.00	577.20	64	67.08	62.40	57.72
65	717.60	670.80	624.00	65	71.76	67.08	62.40
66	780.00	733.20	678.60	66	78.00	73.32	67.86
67	850.20	795.60	733.20	67	85.02	79.56	73.32
68	928.20	865.80	795.60	68	92.82	86.58	79.56
69	1,006.20	936.00	865.80	69	100.62	93.60	86.58

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,099.80	1,021.80	936.00	70	109.98	102.18	93.60
71	1,209.00	1,123.20	1,029.60	71	120.90	112.32	102.96
72	1,333.80	1,240.20	1,138.80	72	133.38	124.02	113.88
73	1,474.20	1,365.00	1,255.80	73	147.42	136.50	125.58
74	1,622.40	1,505.40	1,388.40	74	162.24	150.54	138.84
75	1,786.20	1,661.40	1,528.80	75	178.62	166.14	152.88
76	2,012.40	1,872.00	1,723.80	76	201.24	187.20	172.38
77	2,262.00	2,106.00	1,942.20	77	226.20	210.60	194.22
78	2,542.80	2,371.20	2,191.80	78	254.28	237.12	219.18
79	2,854.80	2,667.60	2,472.60	79	285.48	266.76	247.26
80		3,003.00	2,784.60	80		300.30	278.46
81		3,361.80	3,120.00	81		336.18	312.00
82		3,759.60	3,494.40	82		375.96	349.44
83		4,212.00	3,915.60	83		421.20	391.56
84		4,711.20	4,383.60	84		471.12	438.36

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	257.40	241.80	226.20	18-39	25.74	24.18	22.62
40	257.40	241.80	226.20	40	25.74	24.18	22.62
41	265.20	249.60	234.00	41	26.52	24.96	23.40
42	273.00	257.40	241.80	42	27.30	25.74	24.18
43	288.60	273.00	249.60	43	28.86	27.30	24.96
44	296.40	280.80	257.40	44	29.64	28.08	25.74
45	304.20	288.60	265.20	45	30.42	28.86	26.52
46	319.80	304.20	280.80	46	31.98	30.42	28.08
47	327.60	312.00	288.60	47	32.76	31.20	28.86
48	343.20	319.80	296.40	48	34.32	31.98	29.64
49	351.00	335.40	312.00	49	35.10	33.54	31.20
50	366.60	343.20	319.80	50	36.66	34.32	31.98
51	382.20	358.80	335.40	51	38.22	35.88	33.54
52	397.80	374.40	343.20	52	39.78	37.44	34.32
53	413.40	390.00	358.80	53	41.34	39.00	35.88
54	436.80	405.60	374.40	54	43.68	40.56	37.44
55	452.40	421.20	390.00	55	45.24	42.12	39.00
56	483.60	452.40	413.40	56	48.36	45.24	41.34
57	514.80	483.60	444.60	57	51.48	48.36	44.46
58	546.00	514.80	475.80	58	54.60	51.48	47.58
59	585.00	546.00	507.00	59	58.50	54.60	50.70
60	624.00	585.00	546.00	60	62.40	58.50	54.60
61	670.80	631.80	585.00	61	67.08	63.18	58.50
62	717.60	670.80	624.00	62	71.76	67.08	62.40
63	772.20	725.40	670.80	63	77.22	72.54	67.08
64	834.60	780.00	717.60	64	83.46	78.00	71.76
65	897.00	834.60	772.20	65	89.70	83.46	77.22
66	975.00	912.60	842.40	66	97.50	91.26	84.24
67	1,060.80	990.60	920.40	67	106.08	99.06	92.04
68	1,146.60	1,076.40	1,006.20	68	114.66	107.64	100.62
69	1,248.00	1,170.00	1,092.00	69	124.80	117.00	109.20

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,357.20	1,279.20	1,193.40	70	135.72	127.92	119.34
71	1,497.60	1,411.80	1,318.20	71	149.76	141.18	131.82
72	1,653.60	1,560.00	1,458.60	72	165.36	156.00	145.86
73	1,817.40	1,716.00	1,606.80	73	181.74	171.60	160.68
74	2,004.60	1,887.60	1,770.60	74	200.46	188.76	177.06
75	2,215.20	2,090.40	1,957.80	75	221.52	209.04	195.78
76	2,480.40	2,340.00	2,191.80	76	248.04	234.00	219.18
77	2,769.00	2,613.00	2,449.20	77	276.90	261.30	244.92
78	3,096.60	2,917.20	2,737.80	78	309.66	291.72	273.78
79	3,463.20	3,268.20	3,065.40	79	346.32	326.82	306.54

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	312.00	296.40	273.00	18-39	31.20	29.64	27.30
40	312.00	296.40	273.00	40	31.20	29.64	27.30
41	327.60	304.20	280.80	41	32.76	30.42	28.08
42	335.40	319.80	296.40	42	33.54	31.98	29.64
43	351.00	327.60	304.20	43	35.10	32.76	30.42
44	366.60	343.20	319.80	44	36.66	34.32	31.98
45	382.20	358.80	327.60	45	38.22	35.88	32.76
46	397.80	374.40	343.20	46	39.78	37.44	34.32
47	413.40	390.00	358.80	47	41.34	39.00	35.88
48	429.00	397.80	366.60	48	42.90	39.78	36.66
49	444.60	413.40	382.20	49	44.46	41.34	38.22
50	460.20	429.00	397.80	50	46.02	42.90	39.78
51	475.80	444.60	413.40	51	47.58	44.46	41.34
52	499.20	468.00	429.00	52	49.92	46.80	42.90
53	514.80	483.60	444.60	53	51.48	48.36	44.46
54	530.40	499.20	460.20	54	53.04	49.92	46.02
55	553.80	514.80	475.80	55	55.38	51.48	47.58
56	592.80	553.80	507.00	56	59.28	55.38	50.70
57	631.80	592.80	546.00	57	63.18	59.28	54.60
58	678.60	631.80	585.00	58	67.86	63.18	58.50
59	725.40	678.60	624.00	59	72.54	67.86	62.40
60	780.00	725.40	670.80	60	78.00	72.54	67.08
61	842.40	780.00	717.60	61	84.24	78.00	71.76
62	904.80	842.40	772.20	62	90.48	84.24	77.22
63	975.00	904.80	826.80	63	97.50	90.48	82.68
64	1,053.00	975.00	889.20	64	105.30	97.50	88.92
65	1,131.00	1,045.20	951.60	65	113.10	104.52	95.16
66	1,232.40	1,138.80	1,037.40	66	123.24	113.88	103.74
67	1,341.60	1,240.20	1,131.00	67	134.16	124.02	113.10
68	1,458.60	1,349.40	1,240.20	68	145.86	134.94	124.02
69	1,591.20	1,474.20	1,349.40	69	159.12	147.42	134.94

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,731.60	1,606.80	1,474.20	70	173.16	160.68	147.42
71	1,911.00	1,770.60	1,622.40	71	191.10	177.06	162.24
72	2,098.20	1,942.20	1,786.20	72	209.82	194.22	178.62
73	2,316.60	2,145.00	1,965.60	73	231.66	214.50	196.56
74	2,550.60	2,363.40	2,168.40	74	255.06	236.34	216.84
75	2,808.00	2,597.40	2,386.80	75	280.80	259.74	238.68
76	3,120.00	2,901.60	2,675.40	76	312.00	290.16	267.54
77	3,463.20	3,237.00	3,003.00	77	346.32	323.70	300.30
78	3,853.20	3,611.40	3,369.60	78	385.32	361.14	336.96
79	4,274.40	4,024.80	3,775.20	79	427.44	402.48	377.52

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	397.80	382.20	358.80	18-39	39.78	38.22	35.88
40	397.80	382.20	358.80	40	39.78	38.22	35.88
41	413.40	397.80	374.40	41	41.34	39.78	37.44
42	436.80	413.40	390.00	42	43.68	41.34	39.00
43	452.40	429.00	405.60	43	45.24	42.90	40.56
44	468.00	444.60	421.20	44	46.80	44.46	42.12
45	491.40	468.00	436.80	45	49.14	46.80	43.68
46	514.80	491.40	460.20	46	51.48	49.14	46.02
47	538.20	507.00	475.80	47	53.82	50.70	47.58
48	561.60	530.40	499.20	48	56.16	53.04	49.92
49	585.00	553.80	514.80	49	58.50	55.38	51.48
50	608.40	577.20	538.20	50	60.84	57.72	53.82
51	631.80	600.60	561.60	51	63.18	60.06	56.16
52	663.00	624.00	577.20	52	66.30	62.40	57.72
53	686.40	647.40	600.60	53	68.64	64.74	60.06
54	717.60	670.80	624.00	54	71.76	67.08	62.40
55	748.80	702.00	647.40	55	74.88	70.20	64.74
56	803.40	748.80	694.20	56	80.34	74.88	69.42
57	858.00	803.40	741.00	57	85.80	80.34	74.10
58	920.40	858.00	787.80	58	92.04	85.80	78.78
59	982.80	912.60	842.40	59	98.28	91.26	84.24
60	1,053.00	975.00	897.00	60	105.30	97.50	89.70
61	1,131.00	1,045.20	959.40	61	113.10	104.52	95.94
62	1,209.00	1,123.20	1,037.40	62	120.90	112.32	103.74
63	1,302.60	1,209.00	1,107.60	63	130.26	120.90	110.76
64	1,396.20	1,294.80	1,193.40	64	139.62	129.48	119.34
65	1,497.60	1,388.40	1,279.20	65	149.76	138.84	127.92
66	1,614.60	1,505.40	1,396.20	66	161.46	150.54	139.62
67	1,739.40	1,630.20	1,521.00	67	173.94	163.02	152.10
68	1,872.00	1,770.60	1,661.40	68	187.20	177.06	166.14
69	2,020.20	1,918.80	1,817.40	69	202.02	191.88	181.74

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,176.20	2,082.60	1,981.20	70	217.62	208.26	198.12
71	2,402.40	2,293.20	2,176.20	71	240.24	229.32	217.62
72	2,644.20	2,519.40	2,394.60	72	264.42	251.94	239.46
73	2,917.20	2,776.80	2,636.40	73	291.72	277.68	263.64
74	3,221.40	3,065.40	2,901.60	74	322.14	306.54	290.16
75	3,549.00	3,369.60	3,190.20	75	354.90	336.96	319.02
76	3,954.60	3,744.00	3,533.40	76	395.46	374.40	353.34
77	4,399.20	4,157.40	3,915.60	77	439.92	415.74	391.56
78	4,898.40	4,625.40	4,344.60	78	489.84	462.54	434.46
79	5,452.20	5,132.40	4,812.60	79	545.22	513.24	481.26

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	304.20	288.60	273.00	18-39	30.42	28.86	27.30
40	304.20	288.60	273.00	40	30.42	28.86	27.30
41	312.00	296.40	280.80	41	31.20	29.64	28.08
42	319.80	304.20	288.60	42	31.98	30.42	28.86
43	335.40	319.80	296.40	43	33.54	31.98	29.64
44	343.20	327.60	304.20	44	34.32	32.76	30.42
45	351.00	335.40	312.00	45	35.10	33.54	31.20
46	358.80	343.20	319.80	46	35.88	34.32	31.98
47	374.40	351.00	327.60	47	37.44	35.10	32.76
48	382.20	366.60	343.20	48	38.22	36.66	34.32
49	397.80	374.40	351.00	49	39.78	37.44	35.10
50	405.60	382.20	358.80	50	40.56	38.22	35.88
51	421.20	397.80	366.60	51	42.12	39.78	36.66
52	429.00	405.60	382.20	52	42.90	40.56	38.22
53	444.60	421.20	390.00	53	44.46	42.12	39.00
54	452.40	429.00	405.60	54	45.24	42.90	40.56
55	468.00	444.60	413.40	55	46.80	44.46	41.34
56	491.40	468.00	436.80	56	49.14	46.80	43.68
57	522.60	491.40	460.20	57	52.26	49.14	46.02
58	553.80	522.60	483.60	58	55.38	52.26	48.36
59	585.00	546.00	507.00	59	58.50	54.60	50.70
60	616.20	577.20	530.40	60	61.62	57.72	53.04
61	655.20	616.20	569.40	61	65.52	61.62	56.94
62	702.00	655.20	600.60	62	70.20	65.52	60.06
63	748.80	702.00	647.40	63	74.88	70.20	64.74
64	795.60	741.00	686.40	64	79.56	74.10	68.64
65	850.20	795.60	733.20	65	85.02	79.56	73.32
66	912.60	850.20	787.80	66	91.26	85.02	78.78
67	982.80	920.40	850.20	67	98.28	92.04	85.02
68	1,060.80	990.60	920.40	68	106.08	99.06	92.04
69	1,146.60	1,068.60	990.60	69	114.66	106.86	99.06

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,232.40	1,154.40	1,068.60	70	123.24	115.44	106.86
71	1,349.40	1,263.60	1,170.00	71	134.94	126.36	117.00
72	1,482.00	1,388.40	1,287.00	72	148.20	138.84	128.70
73	1,630.20	1,521.00	1,411.80	73	163.02	152.10	141.18
74	1,786.20	1,669.20	1,552.20	74	178.62	166.92	155.22
75	1,957.80	1,833.00	1,700.40	75	195.78	183.30	170.04
76	2,199.60	2,059.20	1,911.00	76	219.96	205.92	191.10
77	2,472.60	2,308.80	2,145.00	77	247.26	230.88	214.50
78	2,776.80	2,597.40	2,418.00	78	277.68	259.74	241.80
79	3,120.00	2,917.20	2,714.40	79	312.00	291.72	271.44
80		3,283.80	3,049.80	80		328.38	304.98
81		3,650.40	3,393.00	81		365.04	339.30
82		4,071.60	3,783.00	82		407.16	378.30
83		4,531.80	4,212.00	83		453.18	421.20
84		5,046.60	4,687.80	84		504.66	468.78

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	382.20	358.80	327.60	18-39	38.22	35.88	32.76
40	382.20	358.80	327.60	40	38.22	35.88	32.76
41	390.00	366.60	335.40	41	39.00	36.66	33.54
42	405.60	374.40	343.20	42	40.56	37.44	34.32
43	413.40	390.00	358.80	43	41.34	39.00	35.88
44	429.00	397.80	366.60	44	42.90	39.78	36.66
45	436.80	405.60	374.40	45	43.68	40.56	37.44
46	452.40	421.20	390.00	46	45.24	42.12	39.00
47	460.20	429.00	397.80	47	46.02	42.90	39.78
48	475.80	444.60	413.40	48	47.58	44.46	41.34
49	483.60	452.40	421.20	49	48.36	45.24	42.12
50	499.20	468.00	436.80	50	49.92	46.80	43.68
51	514.80	483.60	452.40	51	51.48	48.36	45.24
52	530.40	499.20	460.20	52	53.04	49.92	46.02
53	546.00	514.80	475.80	53	54.60	51.48	47.58
54	561.60	530.40	491.40	54	56.16	53.04	49.14
55	577.20	546.00	507.00	55	57.72	54.60	50.70
56	608.40	577.20	538.20	56	60.84	57.72	53.82
57	647.40	608.40	561.60	57	64.74	60.84	56.16
58	686.40	639.60	592.80	58	68.64	63.96	59.28
59	725.40	678.60	631.80	59	72.54	67.86	63.18
60	772.20	717.60	663.00	60	77.22	71.76	66.30
61	819.00	764.40	709.80	61	81.90	76.44	70.98
62	873.60	819.00	756.60	62	87.36	81.90	75.66
63	936.00	873.60	803.40	63	93.60	87.36	80.34
64	998.40	928.20	858.00	64	99.84	92.82	85.80
65	1,060.80	990.60	912.60	65	106.08	99.06	91.26
66	1,146.60	1,068.60	990.60	66	114.66	106.86	99.06
67	1,240.20	1,154.40	1,068.60	67	124.02	115.44	106.86
68	1,341.60	1,248.00	1,154.40	68	134.16	124.80	115.44
69	1,450.80	1,357.20	1,255.80	69	145.08	135.72	125.58

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,567.80	1,466.40	1,357.20	70	156.78	146.64	135.72
71	1,716.00	1,606.80	1,489.80	71	171.60	160.68	148.98
72	1,887.60	1,762.80	1,638.00	72	188.76	176.28	163.80
73	2,067.00	1,934.40	1,794.00	73	206.70	193.44	179.40
74	2,269.80	2,121.60	1,973.40	74	226.98	212.16	197.34
75	2,488.20	2,332.20	2,168.40	75	248.82	233.22	216.84
76	2,769.00	2,589.60	2,410.20	76	276.90	258.96	241.02
77	3,081.00	2,886.00	2,683.20	77	308.10	288.60	268.32
78	3,432.00	3,205.80	2,979.60	78	343.20	320.58	297.96
79	3,822.00	3,572.40	3,315.00	79	382.20	357.24	331.50

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	475.80	444.60	405.60	18-39	47.58	44.46	40.56
40	475.80	444.60	405.60	40	47.58	44.46	40.56
41	491.40	460.20	421.20	41	49.14	46.02	42.12
42	507.00	468.00	429.00	42	50.70	46.80	42.90
43	514.80	483.60	444.60	43	51.48	48.36	44.46
44	530.40	499.20	460.20	44	53.04	49.92	46.02
45	546.00	507.00	468.00	45	54.60	50.70	46.80
46	561.60	522.60	483.60	46	56.16	52.26	48.36
47	577.20	538.20	499.20	47	57.72	53.82	49.92
48	600.60	561.60	514.80	48	60.06	56.16	51.48
49	616.20	577.20	530.40	49	61.62	57.72	53.04
50	631.80	592.80	546.00	50	63.18	59.28	54.60
51	647.40	608.40	561.60	51	64.74	60.84	56.16
52	670.80	624.00	577.20	52	67.08	62.40	57.72
53	686.40	639.60	592.80	53	68.64	63.96	59.28
54	702.00	663.00	616.20	54	70.20	66.30	61.62
55	725.40	678.60	631.80	55	72.54	67.86	63.18
56	772.20	725.40	670.80	56	77.22	72.54	67.08
57	811.20	764.40	709.80	57	81.12	76.44	70.98
58	865.80	811.20	748.80	58	86.58	81.12	74.88
59	912.60	850.20	787.80	59	91.26	85.02	78.78
60	967.20	904.80	834.60	60	96.72	90.48	83.46
61	1,029.60	959.40	889.20	61	102.96	95.94	88.92
62	1,099.80	1,021.80	943.80	62	109.98	102.18	94.38
63	1,177.80	1,092.00	1,006.20	63	117.78	109.20	100.62
64	1,255.80	1,162.20	1,068.60	64	125.58	116.22	106.86
65	1,341.60	1,240.20	1,138.80	65	134.16	124.02	113.88
66	1,450.80	1,341.60	1,232.40	66	145.08	134.16	123.24
67	1,567.80	1,458.60	1,341.60	67	156.78	145.86	134.16
68	1,700.40	1,583.40	1,458.60	68	170.04	158.34	145.86
69	1,840.80	1,716.00	1,583.40	69	184.08	171.60	158.34

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,989.00	1,856.40	1,716.00	70	198.90	185.64	171.60
71	2,176.20	2,028.00	1,872.00	71	217.62	202.80	187.20
72	2,386.80	2,215.20	2,043.60	72	238.68	221.52	204.36
73	2,613.00	2,425.80	2,230.80	73	261.30	242.58	223.08
74	2,854.80	2,644.20	2,433.60	74	285.48	264.42	243.36
75	3,127.80	2,893.80	2,659.80	75	312.78	289.38	265.98
76	3,463.20	3,221.40	2,971.80	76	346.32	322.14	297.18
77	3,829.80	3,572.40	3,315.00	77	382.98	357.24	331.50
78	4,235.40	3,970.20	3,697.20	78	423.54	397.02	369.72
79	4,687.80	4,407.00	4,126.20	79	468.78	440.70	412.62

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	616.20	585.00	546.00	18-39	61.62	58.50	54.60
40	616.20	585.00	546.00	40	61.62	58.50	54.60
41	639.60	608.40	569.40	41	63.96	60.84	56.94
42	663.00	624.00	585.00	42	66.30	62.40	58.50
43	686.40	647.40	608.40	43	68.64	64.74	60.84
44	709.80	670.80	631.80	44	70.98	67.08	63.18
45	733.20	694.20	655.20	45	73.32	69.42	65.52
46	756.60	717.60	678.60	46	75.66	71.76	67.86
47	787.80	748.80	702.00	47	78.78	74.88	70.20
48	811.20	772.20	725.40	48	81.12	77.22	72.54
49	842.40	795.60	748.80	49	84.24	79.56	74.88
50	873.60	826.80	780.00	50	87.36	82.68	78.00
51	897.00	850.20	795.60	51	89.70	85.02	79.56
52	920.40	873.60	819.00	52	92.04	87.36	81.90
53	943.80	897.00	842.40	53	94.38	89.70	84.24
54	975.00	920.40	858.00	54	97.50	92.04	85.80
55	998.40	943.80	881.40	55	99.84	94.38	88.14
56	1,053.00	990.60	928.20	56	105.30	99.06	92.82
57	1,115.40	1,045.20	975.00	57	111.54	104.52	97.50
58	1,177.80	1,099.80	1,021.80	58	117.78	109.98	102.18
59	1,248.00	1,162.20	1,076.40	59	124.80	116.22	107.64
60	1,318.20	1,224.60	1,131.00	60	131.82	122.46	113.10
61	1,404.00	1,302.60	1,201.20	61	140.40	130.26	120.12
62	1,489.80	1,388.40	1,279.20	62	148.98	138.84	127.92
63	1,583.40	1,474.20	1,365.00	63	158.34	147.42	136.50
64	1,684.80	1,567.80	1,450.80	64	168.48	156.78	145.08
65	1,794.00	1,669.20	1,544.40	65	179.40	166.92	154.44
66	1,918.80	1,794.00	1,669.20	66	191.88	179.40	166.92
67	2,051.40	1,934.40	1,809.60	67	205.14	193.44	180.96
68	2,199.60	2,082.60	1,965.60	68	219.96	208.26	196.56
69	2,355.60	2,238.60	2,121.60	69	235.56	223.86	212.16

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,519.40	2,410.20	2,301.00	70	251.94	241.02	230.10
71	2,761.20	2,636.40	2,511.60	71	276.12	263.64	251.16
72	3,018.60	2,878.20	2,737.80	72	301.86	287.82	273.78
73	3,307.20	3,151.20	2,987.40	73	330.72	315.12	298.74
74	3,619.20	3,439.80	3,260.40	74	361.92	343.98	326.04
75	3,962.40	3,759.60	3,556.80	75	396.24	375.96	355.68
76	4,391.40	4,157.40	3,923.40	76	439.14	415.74	392.34
77	4,875.00	4,602.00	4,321.20	77	487.50	460.20	432.12
78	5,405.40	5,085.60	4,765.80	78	540.54	508.56	476.58
79	5,998.20	5,631.60	5,257.20	79	599.82	563.16	525.72

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	140.40	132.60	124.80	18-39	14.04	13.26	12.48
40	140.40	132.60	124.80	40	14.04	13.26	12.48
41	148.20	140.40	132.60	41	14.82	14.04	13.26
42	148.20	140.40	132.60	42	14.82	14.04	13.26
43	156.00	148.20	140.40	43	15.60	14.82	14.04
44	163.80	156.00	140.40	44	16.38	15.60	14.04
45	163.80	156.00	148.20	45	16.38	15.60	14.82
46	171.60	163.80	148.20	46	17.16	16.38	14.82
47	179.40	171.60	156.00	47	17.94	17.16	15.60
48	179.40	171.60	163.80	48	17.94	17.16	16.38
49	187.20	179.40	163.80	49	18.72	17.94	16.38
50	195.00	187.20	171.60	50	19.50	18.72	17.16
51	202.80	195.00	179.40	51	20.28	19.50	17.94
52	218.40	210.60	195.00	52	21.84	21.06	19.50
53	234.00	218.40	202.80	53	23.40	21.84	20.28
54	241.80	226.20	210.60	54	24.18	22.62	21.06
55	257.40	241.80	226.20	55	25.74	24.18	22.62
56	273.00	257.40	234.00	56	27.30	25.74	23.40
57	288.60	273.00	249.60	57	28.86	27.30	24.96
58	312.00	288.60	265.20	58	31.20	28.86	26.52
59	327.60	304.20	273.00	59	32.76	30.42	27.30
60	351.00	319.80	288.60	60	35.10	31.98	28.86
61	382.20	351.00	312.00	61	38.22	35.10	31.20
62	405.60	374.40	335.40	62	40.56	37.44	33.54
63	444.60	405.60	366.60	63	44.46	40.56	36.66
64	475.80	436.80	397.80	64	47.58	43.68	39.78
65	514.80	475.80	429.00	65	51.48	47.58	42.90
66	561.60	514.80	468.00	66	56.16	51.48	46.80
67	616.20	561.60	507.00	67	61.62	56.16	50.70
68	670.80	608.40	546.00	68	67.08	60.84	54.60
69	733.20	663.00	592.80	69	73.32	66.30	59.28

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	803.40	725.40	647.40	70	80.34	72.54	64.74
71	889.20	803.40	709.80	71	88.92	80.34	70.98
72	990.60	889.20	780.00	72	99.06	88.92	78.00
73	1,099.80	982.80	858.00	73	109.98	98.28	85.80
74	1,224.60	1,084.20	943.80	74	122.46	108.42	94.38
75	1,357.20	1,201.20	1,037.40	75	135.72	120.12	103.74
76	1,513.20	1,333.80	1,154.40	76	151.32	133.38	115.44
77	1,692.60	1,497.60	1,294.80	77	169.26	149.76	129.48
78	1,895.40	1,669.20	1,443.00	78	189.54	166.92	144.30
79	2,113.80	1,864.20	1,606.80	79	211.38	186.42	160.68
80		2,082.60	1,794.00	80	236.34	208.26	179.40
81		2,301.00	1,981.20	81	261.30	230.10	198.12
82		2,542.80	2,191.80	82	289.38	254.28	219.18
83		2,815.80	2,425.80	83	319.80	281.58	242.58
84		3,112.20	2,683.20	84	353.34	311.22	268.32
				85	390.78	343.98	297.18
				86	439.92	387.66	334.62
				87	495.30	436.02	376.74
				88	556.92	489.84	423.54
				89	626.34	551.46	476.58
				90	709.02	620.10	535.86
				91	792.48	698.10	602.94
				92	891.54	784.68	677.82
				93	1,003.08	882.96	762.84
				94	1,128.66	992.94	858.00
				95	1,269.06	1,117.74	965.64
				96	1,428.18	1,257.36	1,085.76
				97	1,606.80	1,414.14	1,221.48
				98	1,807.26	1,591.20	1,374.36
				99	2,032.68	1,789.32	1,545.96

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	179.40	171.60	156.00	18-39	17.94	17.16	15.60
40	179.40	171.60	156.00	40	17.94	17.16	15.60
41	187.20	179.40	163.80	41	18.72	17.94	16.38
42	187.20	179.40	163.80	42	18.72	17.94	16.38
43	195.00	187.20	171.60	43	19.50	18.72	17.16
44	202.80	195.00	179.40	44	20.28	19.50	17.94
45	210.60	195.00	179.40	45	21.06	19.50	17.94
46	218.40	202.80	187.20	46	21.84	20.28	18.72
47	218.40	210.60	195.00	47	21.84	21.06	19.50
48	226.20	210.60	195.00	48	22.62	21.06	19.50
49	234.00	218.40	202.80	49	23.40	21.84	20.28
50	241.80	226.20	210.60	50	24.18	22.62	21.06
51	249.60	234.00	218.40	51	24.96	23.40	21.84
52	265.20	249.60	226.20	52	26.52	24.96	22.62
53	280.80	257.40	234.00	53	28.08	25.74	23.40
54	288.60	273.00	249.60	54	28.86	27.30	24.96
55	304.20	280.80	257.40	55	30.42	28.08	25.74
56	327.60	304.20	273.00	56	32.76	30.42	27.30
57	343.20	319.80	296.40	57	34.32	31.98	29.64
58	366.60	343.20	312.00	58	36.66	34.32	31.20
59	397.80	366.60	335.40	59	39.78	36.66	33.54
60	421.20	390.00	358.80	60	42.12	39.00	35.88
61	452.40	421.20	390.00	61	45.24	42.12	39.00
62	491.40	460.20	421.20	62	49.14	46.02	42.12
63	530.40	499.20	460.20	63	53.04	49.92	46.02
64	577.20	538.20	499.20	64	57.72	53.82	49.92
65	624.00	585.00	546.00	65	62.40	58.50	54.60
66	678.60	639.60	592.80	66	67.86	63.96	59.28
67	733.20	694.20	647.40	67	73.32	69.42	64.74
68	795.60	748.80	702.00	68	79.56	74.88	70.20
69	858.00	811.20	764.40	69	85.80	81.12	76.44

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	928.20	881.40	826.80	70	92.82	88.14	82.68
71	1,037.40	982.80	928.20	71	103.74	98.28	92.82
72	1,154.40	1,099.80	1,037.40	72	115.44	109.98	103.74
73	1,279.20	1,224.60	1,162.20	73	127.92	122.46	116.22
74	1,427.40	1,365.00	1,294.80	74	142.74	136.50	129.48
75	1,591.20	1,521.00	1,450.80	75	159.12	152.10	145.08
76	1,770.60	1,692.60	1,614.60	76	177.06	169.26	161.46
77	1,973.40	1,887.60	1,801.80	77	197.34	188.76	180.18
78	2,207.40	2,113.80	2,012.40	78	220.74	211.38	201.24
79	2,457.00	2,347.80	2,238.60	79	245.70	234.78	223.86
				80	273.78	262.08	249.60
				81	302.64	289.38	276.12
				82	334.62	319.80	304.98
				83	373.62	354.12	337.74
				84	408.72	397.80	372.84
				85	451.62	432.12	412.62
				86	508.56	486.72	464.88
				87	571.74	547.56	522.60
				88	643.50	615.42	588.12
				89	723.84	692.64	661.44
				90	814.32	779.22	744.12
				91	915.72	876.72	839.28
				92	1,030.38	985.92	941.46
				93	1,159.08	1,109.16	1,059.24
				94	1,304.16	1,248.00	1,191.06
				95	1,467.18	1,404.00	1,340.04
				96	1,650.48	1,578.72	1,507.74
				97	1,856.40	1,776.06	1,696.50
				98	2,088.84	1,998.36	1,907.88
				99	2,349.36	2,247.96	2,146.56

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	202.80	195.00	179.40	18-39	20.28	19.50	17.94
40	202.80	195.00	179.40	40	20.28	19.50	17.94
41	210.60	202.80	187.20	41	21.06	20.28	18.72
42	218.40	210.60	195.00	42	21.84	21.06	19.50
43	226.20	218.40	202.80	43	22.62	21.84	20.28
44	234.00	226.20	210.60	44	23.40	22.62	21.06
45	241.80	234.00	218.40	45	24.18	23.40	21.84
46	257.40	241.80	226.20	46	25.74	24.18	22.62
47	265.20	249.60	234.00	47	26.52	24.96	23.40
48	273.00	257.40	241.80	48	27.30	25.74	24.18
49	288.60	273.00	249.60	49	28.86	27.30	24.96
50	296.40	280.80	257.40	50	29.64	28.08	25.74
51	304.20	288.60	265.20	51	30.42	28.86	26.52
52	319.80	296.40	273.00	52	31.98	29.64	27.30
53	327.60	304.20	280.80	53	32.76	30.42	28.08
54	343.20	319.80	288.60	54	34.32	31.98	28.86
55	351.00	327.60	296.40	55	35.10	32.76	29.64
56	374.40	351.00	319.80	56	37.44	35.10	31.98
57	405.60	374.40	335.40	57	40.56	37.44	33.54
58	436.80	397.80	358.80	58	43.68	39.78	35.88
59	468.00	429.00	390.00	59	46.80	42.90	39.00
60	499.20	460.20	413.40	60	49.92	46.02	41.34
61	546.00	499.20	452.40	61	54.60	49.92	45.24
62	600.60	546.00	491.40	62	60.06	54.60	49.14
63	655.20	592.80	530.40	63	65.52	59.28	53.04
64	709.80	647.40	577.20	64	70.98	64.74	57.72
65	780.00	709.80	631.80	65	78.00	70.98	63.18
66	842.40	764.40	678.60	66	84.24	76.44	67.86
67	912.60	826.80	733.20	67	91.26	82.68	73.32
68	990.60	889.20	787.80	68	99.06	88.92	78.78
69	1,068.60	959.40	850.20	69	106.86	95.94	85.02

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,154.40	1,037.40	912.60	70	115.44	103.74	91.26
71	1,279.20	1,154.40	1,021.80	71	127.92	115.44	102.18
72	1,419.60	1,279.20	1,138.80	72	141.96	127.92	113.88
73	1,575.60	1,419.60	1,263.60	73	157.56	141.96	126.36
74	1,747.20	1,583.40	1,411.80	74	174.72	158.34	141.18
75	1,934.40	1,755.00	1,575.60	75	193.44	175.50	157.56
76	2,152.80	1,957.80	1,755.00	76	215.28	195.78	175.50
77	2,402.40	2,184.00	1,957.80	77	240.24	218.40	195.78
78	2,675.40	2,433.60	2,184.00	78	267.54	243.36	218.40
79	2,979.60	2,706.60	2,433.60	79	297.96	270.66	243.36
				80	332.28	301.86	271.44
				81	366.60	333.06	299.52
				82	405.60	368.94	331.50
				83	447.72	407.16	365.82
				84	494.52	449.28	404.82
				85	546.00	496.08	446.16
				86	614.64	558.48	502.32
				87	691.08	627.90	578.76
				88	777.66	706.68	635.70
				89	875.16	794.82	715.26
				90	984.36	894.66	804.18
				91	1,107.60	1,006.20	904.80
				92	1,245.66	1,131.78	1,017.90
				93	1,401.66	1,272.96	1,145.04
				94	1,576.38	1,432.08	1,288.56
				95	1,773.72	1,611.48	1,449.24
				96	1,995.24	1,812.72	1,630.20
				97	2,244.06	2,038.92	1,833.78
				98	2,524.86	2,293.98	2,063.10
				99	2,840.76	2,581.02	2,321.28

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	241.80	234.00	218.40	18-39	24.18	23.40	21.84
40	241.80	234.00	218.40	40	24.18	23.40	21.84
41	249.60	241.80	226.20	41	24.96	24.18	22.62
42	265.20	249.60	234.00	42	26.52	24.96	23.40
43	273.00	257.40	241.80	43	27.30	25.74	24.18
44	280.80	265.20	249.60	44	28.08	26.52	24.96
45	296.40	280.80	257.40	45	29.64	28.08	25.74
46	304.20	288.60	265.20	46	30.42	28.86	26.52
47	319.80	296.40	273.00	47	31.98	29.64	27.30
48	335.40	312.00	280.80	48	33.54	31.20	28.08
49	343.20	319.80	296.40	49	34.32	31.98	29.64
50	358.80	335.40	304.20	50	35.88	33.54	30.42
51	374.40	343.20	312.00	51	37.44	34.32	31.20
52	390.00	358.80	327.60	52	39.00	35.88	32.76
53	405.60	374.40	343.20	53	40.56	37.44	34.32
54	421.20	390.00	351.00	54	42.12	39.00	35.10
55	436.80	405.60	366.60	55	43.68	40.56	36.66
56	468.00	436.80	397.80	56	46.80	43.68	39.78
57	507.00	468.00	429.00	57	50.70	46.80	42.90
58	546.00	507.00	460.20	58	54.60	50.70	46.02
59	592.80	546.00	499.20	59	59.28	54.60	49.92
60	639.60	592.80	538.20	60	63.96	59.28	53.82
61	694.20	639.60	585.00	61	69.42	63.96	58.50
62	764.40	702.00	631.80	62	76.44	70.20	63.18
63	834.60	764.40	686.40	63	83.46	76.44	68.64
64	904.80	826.80	741.00	64	90.48	82.68	74.10
65	990.60	897.00	803.40	65	99.06	89.70	80.34
66	1,060.80	967.20	873.60	66	106.08	96.72	87.36
67	1,138.80	1,045.20	943.80	67	113.88	104.52	94.38
68	1,216.80	1,123.20	1,021.80	68	121.68	112.32	102.18
69	1,302.60	1,209.00	1,107.60	69	130.26	120.90	110.76

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,396.20	1,302.60	1,201.20	70	139.62	130.26	120.12
71	1,560.00	1,450.80	1,333.80	71	156.00	145.08	133.38
72	1,739.40	1,614.60	1,482.00	72	173.94	161.46	148.20
73	1,934.40	1,794.00	1,645.80	73	193.44	179.40	164.58
74	2,160.60	1,996.80	1,825.20	74	216.06	199.68	182.52
75	2,410.20	2,223.00	2,028.00	75	241.02	222.30	202.80
76	2,683.20	2,472.60	2,262.00	76	268.32	247.26	226.20
77	2,987.40	2,753.40	2,519.40	77	298.74	275.34	251.94
78	3,330.60	3,073.20	2,808.00	78	333.06	307.32	280.80
79	3,712.80	3,424.20	3,127.80	79	371.28	342.42	312.78
				80	413.40	381.42	348.66
				81	456.30	420.42	384.54
				82	503.88	464.10	424.32
				83	556.92	513.24	468.78
				84	614.64	566.28	517.14
				85	678.60	624.78	570.96
				86	763.62	703.56	642.72
				87	859.56	790.92	723.06
				88	966.42	889.98	813.54
				89	1,087.32	1,009.32	914.94
				90	1,223.04	1,126.32	1,029.60
				91	1,375.92	1,266.72	1,157.52
				92	1,548.30	1,425.06	1,302.60
				93	1,741.74	1,603.68	1,465.62
				94	1,959.36	1,804.14	1,648.14
				95	2,204.28	2,029.56	1,854.84
				96	2,479.62	2,283.06	2,086.50
				97	2,789.28	2,568.54	2,347.02
				98	3,137.94	2,889.12	2,640.30
				99	3,530.28	3,250.26	2,970.24

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	210.60	202.80	187.20	18-39	21.06	20.28	18.72
40	210.60	202.80	187.20	40	21.06	20.28	18.72
41	218.40	210.60	195.00	41	21.84	21.06	19.50
42	226.20	218.40	202.80	42	22.62	21.84	20.28
43	234.00	226.20	210.60	43	23.40	22.62	21.06
44	241.80	234.00	218.40	44	24.18	23.40	21.84
45	249.60	241.80	226.20	45	24.96	24.18	22.62
46	265.20	249.60	234.00	46	26.52	24.96	23.40
47	273.00	257.40	241.80	47	27.30	25.74	24.18
48	280.80	265.20	249.60	48	28.08	26.52	24.96
49	296.40	280.80	257.40	49	29.64	28.08	25.74
50	304.20	288.60	265.20	50	30.42	28.86	26.52
51	312.00	296.40	273.00	51	31.20	29.64	27.30
52	327.60	312.00	288.60	52	32.76	31.20	28.86
53	343.20	319.80	296.40	53	34.32	31.98	29.64
54	351.00	327.60	304.20	54	35.10	32.76	30.42
55	366.60	343.20	319.80	55	36.66	34.32	31.98
56	390.00	366.60	335.40	56	39.00	36.66	33.54
57	421.20	390.00	358.80	57	42.12	39.00	35.88
58	444.60	413.40	382.20	58	44.46	41.34	38.22
59	475.80	444.60	405.60	59	47.58	44.46	40.56
60	507.00	468.00	429.00	60	50.70	46.80	42.90
61	546.00	507.00	460.20	61	54.60	50.70	46.02
62	585.00	546.00	499.20	62	58.50	54.60	49.92
63	624.00	585.00	538.20	63	62.40	58.50	53.82
64	670.80	624.00	577.20	64	67.08	62.40	57.72
65	717.60	670.80	624.00	65	71.76	67.08	62.40
66	780.00	733.20	678.60	66	78.00	73.32	67.86
67	850.20	795.60	733.20	67	85.02	79.56	73.32
68	928.20	865.80	795.60	68	92.82	86.58	79.56
69	1,006.20	936.00	865.80	69	100.62	93.60	86.58

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,099.80	1,021.80	936.00	70	109.98	102.18	93.60
71	1,209.00	1,123.20	1,029.60	71	120.90	112.32	102.96
72	1,333.80	1,240.20	1,138.80	72	133.38	124.02	113.88
73	1,474.20	1,365.00	1,255.80	73	147.42	136.50	125.58
74	1,622.40	1,505.40	1,388.40	74	162.24	150.54	138.84
75	1,786.20	1,661.40	1,528.80	75	178.62	166.14	152.88
76	2,012.40	1,872.00	1,723.80	76	201.24	187.20	172.38
77	2,262.00	2,106.00	1,942.20	77	226.20	210.60	194.22
78	2,542.80	2,371.20	2,191.80	78	254.28	237.12	219.18
79	2,854.80	2,667.60	2,472.60	79	285.48	266.76	247.26
80		3,003.00	2,784.60	80		300.30	278.46
81		3,361.80	3,120.00	81		336.18	312.00
82		3,759.60	3,494.40	82		375.96	349.44
83		4,212.00	3,915.60	83		421.20	391.56
84		4,711.20	4,383.60	84		471.12	438.36

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	257.40	241.80	226.20	18-39	25.74	24.18	22.62
40	257.40	241.80	226.20	40	25.74	24.18	22.62
41	265.20	249.60	234.00	41	26.52	24.96	23.40
42	273.00	257.40	241.80	42	27.30	25.74	24.18
43	288.60	273.00	249.60	43	28.86	27.30	24.96
44	296.40	280.80	257.40	44	29.64	28.08	25.74
45	304.20	288.60	265.20	45	30.42	28.86	26.52
46	319.80	304.20	280.80	46	31.98	30.42	28.08
47	327.60	312.00	288.60	47	32.76	31.20	28.86
48	343.20	319.80	296.40	48	34.32	31.98	29.64
49	351.00	335.40	312.00	49	35.10	33.54	31.20
50	366.60	343.20	319.80	50	36.66	34.32	31.98
51	382.20	358.80	335.40	51	38.22	35.88	33.54
52	397.80	374.40	343.20	52	39.78	37.44	34.32
53	413.40	390.00	358.80	53	41.34	39.00	35.88
54	436.80	405.60	374.40	54	43.68	40.56	37.44
55	452.40	421.20	390.00	55	45.24	42.12	39.00
56	483.60	452.40	413.40	56	48.36	45.24	41.34
57	514.80	483.60	444.60	57	51.48	48.36	44.46
58	546.00	514.80	475.80	58	54.60	51.48	47.58
59	585.00	546.00	507.00	59	58.50	54.60	50.70
60	624.00	585.00	546.00	60	62.40	58.50	54.60
61	670.80	631.80	585.00	61	67.08	63.18	58.50
62	717.60	670.80	624.00	62	71.76	67.08	62.40
63	772.20	725.40	670.80	63	77.22	72.54	67.08
64	834.60	780.00	717.60	64	83.46	78.00	71.76
65	897.00	834.60	772.20	65	89.70	83.46	77.22
66	975.00	912.60	842.40	66	97.50	91.26	84.24
67	1,060.80	990.60	920.40	67	106.08	99.06	92.04
68	1,146.60	1,076.40	1,006.20	68	114.66	107.64	100.62
69	1,248.00	1,170.00	1,092.00	69	124.80	117.00	109.20

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,357.20	1,279.20	1,193.40	70	135.72	127.92	119.34
71	1,497.60	1,411.80	1,318.20	71	149.76	141.18	131.82
72	1,653.60	1,560.00	1,458.60	72	165.36	156.00	145.86
73	1,817.40	1,716.00	1,606.80	73	181.74	171.60	160.68
74	2,004.60	1,887.60	1,770.60	74	200.46	188.76	177.06
75	2,215.20	2,090.40	1,957.80	75	221.52	209.04	195.78
76	2,480.40	2,340.00	2,191.80	76	248.04	234.00	219.18
77	2,769.00	2,613.00	2,449.20	77	276.90	261.30	244.92
78	3,096.60	2,917.20	2,737.80	78	309.66	291.72	273.78
79	3,463.20	3,268.20	3,065.40	79	346.32	326.82	306.54

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	312.00	296.40	273.00	18-39	31.20	29.64	27.30
40	312.00	296.40	273.00	40	31.20	29.64	27.30
41	327.60	304.20	280.80	41	32.76	30.42	28.08
42	335.40	319.80	296.40	42	33.54	31.98	29.64
43	351.00	327.60	304.20	43	35.10	32.76	30.42
44	366.60	343.20	319.80	44	36.66	34.32	31.98
45	382.20	358.80	327.60	45	38.22	35.88	32.76
46	397.80	374.40	343.20	46	39.78	37.44	34.32
47	413.40	390.00	358.80	47	41.34	39.00	35.88
48	429.00	397.80	366.60	48	42.90	39.78	36.66
49	444.60	413.40	382.20	49	44.46	41.34	38.22
50	460.20	429.00	397.80	50	46.02	42.90	39.78
51	475.80	444.60	413.40	51	47.58	44.46	41.34
52	499.20	468.00	429.00	52	49.92	46.80	42.90
53	514.80	483.60	444.60	53	51.48	48.36	44.46
54	530.40	499.20	460.20	54	53.04	49.92	46.02
55	553.80	514.80	475.80	55	55.38	51.48	47.58
56	592.80	553.80	507.00	56	59.28	55.38	50.70
57	631.80	592.80	546.00	57	63.18	59.28	54.60
58	678.60	631.80	585.00	58	67.86	63.18	58.50
59	725.40	678.60	624.00	59	72.54	67.86	62.40
60	780.00	725.40	670.80	60	78.00	72.54	67.08
61	842.40	780.00	717.60	61	84.24	78.00	71.76
62	904.80	842.40	772.20	62	90.48	84.24	77.22
63	975.00	904.80	826.80	63	97.50	90.48	82.68
64	1,053.00	975.00	889.20	64	105.30	97.50	88.92
65	1,131.00	1,045.20	951.60	65	113.10	104.52	95.16
66	1,232.40	1,138.80	1,037.40	66	123.24	113.88	103.74
67	1,341.60	1,240.20	1,131.00	67	134.16	124.02	113.10
68	1,458.60	1,349.40	1,240.20	68	145.86	134.94	124.02
69	1,591.20	1,474.20	1,349.40	69	159.12	147.42	134.94

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,731.60	1,606.80	1,474.20	70	173.16	160.68	147.42
71	1,911.00	1,770.60	1,622.40	71	191.10	177.06	162.24
72	2,098.20	1,942.20	1,786.20	72	209.82	194.22	178.62
73	2,316.60	2,145.00	1,965.60	73	231.66	214.50	196.56
74	2,550.60	2,363.40	2,168.40	74	255.06	236.34	216.84
75	2,808.00	2,597.40	2,386.80	75	280.80	259.74	238.68
76	3,120.00	2,901.60	2,675.40	76	312.00	290.16	267.54
77	3,463.20	3,237.00	3,003.00	77	346.32	323.70	300.30
78	3,853.20	3,611.40	3,369.60	78	385.32	361.14	336.96
79	4,274.40	4,024.80	3,775.20	79	427.44	402.48	377.52

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	397.80	382.20	358.80	18-39	39.78	38.22	35.88
40	397.80	382.20	358.80	40	39.78	38.22	35.88
41	413.40	397.80	374.40	41	41.34	39.78	37.44
42	436.80	413.40	390.00	42	43.68	41.34	39.00
43	452.40	429.00	405.60	43	45.24	42.90	40.56
44	468.00	444.60	421.20	44	46.80	44.46	42.12
45	491.40	468.00	436.80	45	49.14	46.80	43.68
46	514.80	491.40	460.20	46	51.48	49.14	46.02
47	538.20	507.00	475.80	47	53.82	50.70	47.58
48	561.60	530.40	499.20	48	56.16	53.04	49.92
49	585.00	553.80	514.80	49	58.50	55.38	51.48
50	608.40	577.20	538.20	50	60.84	57.72	53.82
51	631.80	600.60	561.60	51	63.18	60.06	56.16
52	663.00	624.00	577.20	52	66.30	62.40	57.72
53	686.40	647.40	600.60	53	68.64	64.74	60.06
54	717.60	670.80	624.00	54	71.76	67.08	62.40
55	748.80	702.00	647.40	55	74.88	70.20	64.74
56	803.40	748.80	694.20	56	80.34	74.88	69.42
57	858.00	803.40	741.00	57	85.80	80.34	74.10
58	920.40	858.00	787.80	58	92.04	85.80	78.78
59	982.80	912.60	842.40	59	98.28	91.26	84.24
60	1,053.00	975.00	897.00	60	105.30	97.50	89.70
61	1,131.00	1,045.20	959.40	61	113.10	104.52	95.94
62	1,209.00	1,123.20	1,037.40	62	120.90	112.32	103.74
63	1,302.60	1,209.00	1,107.60	63	130.26	120.90	110.76
64	1,396.20	1,294.80	1,193.40	64	139.62	129.48	119.34
65	1,497.60	1,388.40	1,279.20	65	149.76	138.84	127.92
66	1,614.60	1,505.40	1,396.20	66	161.46	150.54	139.62
67	1,739.40	1,630.20	1,521.00	67	173.94	163.02	152.10
68	1,872.00	1,770.60	1,661.40	68	187.20	177.06	166.14
69	2,020.20	1,918.80	1,817.40	69	202.02	191.88	181.74

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,176.20	2,082.60	1,981.20	70	217.62	208.26	198.12
71	2,402.40	2,293.20	2,176.20	71	240.24	229.32	217.62
72	2,644.20	2,519.40	2,394.60	72	264.42	251.94	239.46
73	2,917.20	2,776.80	2,636.40	73	291.72	277.68	263.64
74	3,221.40	3,065.40	2,901.60	74	322.14	306.54	290.16
75	3,549.00	3,369.60	3,190.20	75	354.90	336.96	319.02
76	3,954.60	3,744.00	3,533.40	76	395.46	374.40	353.34
77	4,399.20	4,157.40	3,915.60	77	439.92	415.74	391.56
78	4,898.40	4,625.40	4,344.60	78	489.84	462.54	434.46
79	5,452.20	5,132.40	4,812.60	79	545.22	513.24	481.26

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	304.20	288.60	273.00	18-39	30.42	28.86	27.30
40	304.20	288.60	273.00	40	30.42	28.86	27.30
41	312.00	296.40	280.80	41	31.20	29.64	28.08
42	319.80	304.20	288.60	42	31.98	30.42	28.86
43	335.40	319.80	296.40	43	33.54	31.98	29.64
44	343.20	327.60	304.20	44	34.32	32.76	30.42
45	351.00	335.40	312.00	45	35.10	33.54	31.20
46	358.80	343.20	319.80	46	35.88	34.32	31.98
47	374.40	351.00	327.60	47	37.44	35.10	32.76
48	382.20	366.60	343.20	48	38.22	36.66	34.32
49	397.80	374.40	351.00	49	39.78	37.44	35.10
50	405.60	382.20	358.80	50	40.56	38.22	35.88
51	421.20	397.80	366.60	51	42.12	39.78	36.66
52	429.00	405.60	382.20	52	42.90	40.56	38.22
53	444.60	421.20	390.00	53	44.46	42.12	39.00
54	452.40	429.00	405.60	54	45.24	42.90	40.56
55	468.00	444.60	413.40	55	46.80	44.46	41.34
56	491.40	468.00	436.80	56	49.14	46.80	43.68
57	522.60	491.40	460.20	57	52.26	49.14	46.02
58	553.80	522.60	483.60	58	55.38	52.26	48.36
59	585.00	546.00	507.00	59	58.50	54.60	50.70
60	616.20	577.20	530.40	60	61.62	57.72	53.04
61	655.20	616.20	569.40	61	65.52	61.62	56.94
62	702.00	655.20	600.60	62	70.20	65.52	60.06
63	748.80	702.00	647.40	63	74.88	70.20	64.74
64	795.60	741.00	686.40	64	79.56	74.10	68.64
65	850.20	795.60	733.20	65	85.02	79.56	73.32
66	912.60	850.20	787.80	66	91.26	85.02	78.78
67	982.80	920.40	850.20	67	98.28	92.04	85.02
68	1,060.80	990.60	920.40	68	106.08	99.06	92.04
69	1,146.60	1,068.60	990.60	69	114.66	106.86	99.06

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,232.40	1,154.40	1,068.60	70	123.24	115.44	106.86
71	1,349.40	1,263.60	1,170.00	71	134.94	126.36	117.00
72	1,482.00	1,388.40	1,287.00	72	148.20	138.84	128.70
73	1,630.20	1,521.00	1,411.80	73	163.02	152.10	141.18
74	1,786.20	1,669.20	1,552.20	74	178.62	166.92	155.22
75	1,957.80	1,833.00	1,700.40	75	195.78	183.30	170.04
76	2,199.60	2,059.20	1,911.00	76	219.96	205.92	191.10
77	2,472.60	2,308.80	2,145.00	77	247.26	230.88	214.50
78	2,776.80	2,597.40	2,418.00	78	277.68	259.74	241.80
79	3,120.00	2,917.20	2,714.40	79	312.00	291.72	271.44
80		3,283.80	3,049.80	80		328.38	304.98
81		3,650.40	3,393.00	81		365.04	339.30
82		4,071.60	3,783.00	82		407.16	378.30
83		4,531.80	4,212.00	83		453.18	421.20
84		5,046.60	4,687.80	84		504.66	468.78

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	382.20	358.80	327.60	18-39	38.22	35.88	32.76
40	382.20	358.80	327.60	40	38.22	35.88	32.76
41	390.00	366.60	335.40	41	39.00	36.66	33.54
42	405.60	374.40	343.20	42	40.56	37.44	34.32
43	413.40	390.00	358.80	43	41.34	39.00	35.88
44	429.00	397.80	366.60	44	42.90	39.78	36.66
45	436.80	405.60	374.40	45	43.68	40.56	37.44
46	452.40	421.20	390.00	46	45.24	42.12	39.00
47	460.20	429.00	397.80	47	46.02	42.90	39.78
48	475.80	444.60	413.40	48	47.58	44.46	41.34
49	483.60	452.40	421.20	49	48.36	45.24	42.12
50	499.20	468.00	436.80	50	49.92	46.80	43.68
51	514.80	483.60	452.40	51	51.48	48.36	45.24
52	530.40	499.20	460.20	52	53.04	49.92	46.02
53	546.00	514.80	475.80	53	54.60	51.48	47.58
54	561.60	530.40	491.40	54	56.16	53.04	49.14
55	577.20	546.00	507.00	55	57.72	54.60	50.70
56	608.40	577.20	538.20	56	60.84	57.72	53.82
57	647.40	608.40	561.60	57	64.74	60.84	56.16
58	686.40	639.60	592.80	58	68.64	63.96	59.28
59	725.40	678.60	631.80	59	72.54	67.86	63.18
60	772.20	717.60	663.00	60	77.22	71.76	66.30
61	819.00	764.40	709.80	61	81.90	76.44	70.98
62	873.60	819.00	756.60	62	87.36	81.90	75.66
63	936.00	873.60	803.40	63	93.60	87.36	80.34
64	998.40	928.20	858.00	64	99.84	92.82	85.80
65	1,060.80	990.60	912.60	65	106.08	99.06	91.26
66	1,146.60	1,068.60	990.60	66	114.66	106.86	99.06
67	1,240.20	1,154.40	1,068.60	67	124.02	115.44	106.86
68	1,341.60	1,248.00	1,154.40	68	134.16	124.80	115.44
69	1,450.80	1,357.20	1,255.80	69	145.08	135.72	125.58

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,567.80	1,466.40	1,357.20	70	156.78	146.64	135.72
71	1,716.00	1,606.80	1,489.80	71	171.60	160.68	148.98
72	1,887.60	1,762.80	1,638.00	72	188.76	176.28	163.80
73	2,067.00	1,934.40	1,794.00	73	206.70	193.44	179.40
74	2,269.80	2,121.60	1,973.40	74	226.98	212.16	197.34
75	2,488.20	2,332.20	2,168.40	75	248.82	233.22	216.84
76	2,769.00	2,589.60	2,410.20	76	276.90	258.96	241.02
77	3,081.00	2,886.00	2,683.20	77	308.10	288.60	268.32
78	3,432.00	3,205.80	2,979.60	78	343.20	320.58	297.96
79	3,822.00	3,572.40	3,315.00	79	382.20	357.24	331.50

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	475.80	444.60	405.60	18-39	47.58	44.46	40.56
40	475.80	444.60	405.60	40	47.58	44.46	40.56
41	491.40	460.20	421.20	41	49.14	46.02	42.12
42	507.00	468.00	429.00	42	50.70	46.80	42.90
43	514.80	483.60	444.60	43	51.48	48.36	44.46
44	530.40	499.20	460.20	44	53.04	49.92	46.02
45	546.00	507.00	468.00	45	54.60	50.70	46.80
46	561.60	522.60	483.60	46	56.16	52.26	48.36
47	577.20	538.20	499.20	47	57.72	53.82	49.92
48	600.60	561.60	514.80	48	60.06	56.16	51.48
49	616.20	577.20	530.40	49	61.62	57.72	53.04
50	631.80	592.80	546.00	50	63.18	59.28	54.60
51	647.40	608.40	561.60	51	64.74	60.84	56.16
52	670.80	624.00	577.20	52	67.08	62.40	57.72
53	686.40	639.60	592.80	53	68.64	63.96	59.28
54	702.00	663.00	616.20	54	70.20	66.30	61.62
55	725.40	678.60	631.80	55	72.54	67.86	63.18
56	772.20	725.40	670.80	56	77.22	72.54	67.08
57	811.20	764.40	709.80	57	81.12	76.44	70.98
58	865.80	811.20	748.80	58	86.58	81.12	74.88
59	912.60	850.20	787.80	59	91.26	85.02	78.78
60	967.20	904.80	834.60	60	96.72	90.48	83.46
61	1,029.60	959.40	889.20	61	102.96	95.94	88.92
62	1,099.80	1,021.80	943.80	62	109.98	102.18	94.38
63	1,177.80	1,092.00	1,006.20	63	117.78	109.20	100.62
64	1,255.80	1,162.20	1,068.60	64	125.58	116.22	106.86
65	1,341.60	1,240.20	1,138.80	65	134.16	124.02	113.88
66	1,450.80	1,341.60	1,232.40	66	145.08	134.16	123.24
67	1,567.80	1,458.60	1,341.60	67	156.78	145.86	134.16
68	1,700.40	1,583.40	1,458.60	68	170.04	158.34	145.86
69	1,840.80	1,716.00	1,583.40	69	184.08	171.60	158.34

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,989.00	1,856.40	1,716.00	70	198.90	185.64	171.60
71	2,176.20	2,028.00	1,872.00	71	217.62	202.80	187.20
72	2,386.80	2,215.20	2,043.60	72	238.68	221.52	204.36
73	2,613.00	2,425.80	2,230.80	73	261.30	242.58	223.08
74	2,854.80	2,644.20	2,433.60	74	285.48	264.42	243.36
75	3,127.80	2,893.80	2,659.80	75	312.78	289.38	265.98
76	3,463.20	3,221.40	2,971.80	76	346.32	322.14	297.18
77	3,829.80	3,572.40	3,315.00	77	382.98	357.24	331.50
78	4,235.40	3,970.20	3,697.20	78	423.54	397.02	369.72
79	4,687.80	4,407.00	4,126.20	79	468.78	440.70	412.62

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	616.20	585.00	546.00	18-39	61.62	58.50	54.60
40	616.20	585.00	546.00	40	61.62	58.50	54.60
41	639.60	608.40	569.40	41	63.96	60.84	56.94
42	663.00	624.00	585.00	42	66.30	62.40	58.50
43	686.40	647.40	608.40	43	68.64	64.74	60.84
44	709.80	670.80	631.80	44	70.98	67.08	63.18
45	733.20	694.20	655.20	45	73.32	69.42	65.52
46	756.60	717.60	678.60	46	75.66	71.76	67.86
47	787.80	748.80	702.00	47	78.78	74.88	70.20
48	811.20	772.20	725.40	48	81.12	77.22	72.54
49	842.40	795.60	748.80	49	84.24	79.56	74.88
50	873.60	826.80	780.00	50	87.36	82.68	78.00
51	897.00	850.20	795.60	51	89.70	85.02	79.56
52	920.40	873.60	819.00	52	92.04	87.36	81.90
53	943.80	897.00	842.40	53	94.38	89.70	84.24
54	975.00	920.40	858.00	54	97.50	92.04	85.80
55	998.40	943.80	881.40	55	99.84	94.38	88.14
56	1,053.00	990.60	928.20	56	105.30	99.06	92.82
57	1,115.40	1,045.20	975.00	57	111.54	104.52	97.50
58	1,177.80	1,099.80	1,021.80	58	117.78	109.98	102.18
59	1,248.00	1,162.20	1,076.40	59	124.80	116.22	107.64
60	1,318.20	1,224.60	1,131.00	60	131.82	122.46	113.10
61	1,404.00	1,302.60	1,201.20	61	140.40	130.26	120.12
62	1,489.80	1,388.40	1,279.20	62	148.98	138.84	127.92
63	1,583.40	1,474.20	1,365.00	63	158.34	147.42	136.50
64	1,684.80	1,567.80	1,450.80	64	168.48	156.78	145.08
65	1,794.00	1,669.20	1,544.40	65	179.40	166.92	154.44
66	1,918.80	1,794.00	1,669.20	66	191.88	179.40	166.92
67	2,051.40	1,934.40	1,809.60	67	205.14	193.44	180.96
68	2,199.60	2,082.60	1,965.60	68	219.96	208.26	196.56
69	2,355.60	2,238.60	2,121.60	69	235.56	223.86	212.16

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,519.40	2,410.20	2,301.00	70	251.94	241.02	230.10
71	2,761.20	2,636.40	2,511.60	71	276.12	263.64	251.16
72	3,018.60	2,878.20	2,737.80	72	301.86	287.82	273.78
73	3,307.20	3,151.20	2,987.40	73	330.72	315.12	298.74
74	3,619.20	3,439.80	3,260.40	74	361.92	343.98	326.04
75	3,962.40	3,759.60	3,556.80	75	396.24	375.96	355.68
76	4,391.40	4,157.40	3,923.40	76	439.14	415.74	392.34
77	4,875.00	4,602.00	4,321.20	77	487.50	460.20	432.12
78	5,405.40	5,085.60	4,765.80	78	540.54	508.56	476.58
79	5,998.20	5,631.60	5,257.20	79	599.82	563.16	525.72

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	156.83	148.11	139.40	18-39	15.68	14.81	13.94
40	156.83	148.11	139.40	40	15.68	14.81	13.94
41	165.54	156.83	148.11	41	16.55	15.68	14.81
42	165.54	156.83	148.11	42	16.55	15.68	14.81
43	174.25	165.54	156.83	43	17.43	16.55	15.68
44	182.96	174.25	156.83	44	18.30	17.43	15.68
45	182.96	174.25	165.54	45	18.30	17.43	16.55
46	191.68	182.96	165.54	46	19.17	18.30	16.55
47	200.39	191.68	174.25	47	20.04	19.17	17.43
48	200.39	191.68	182.96	48	20.04	19.17	18.30
49	209.10	200.39	182.96	49	20.91	20.04	18.30
50	217.82	209.10	191.68	50	21.78	20.91	19.17
51	226.53	217.82	200.39	51	22.65	21.78	20.04
52	243.95	235.24	217.82	52	24.40	23.52	21.78
53	261.38	243.95	226.53	53	26.14	24.40	22.65
54	270.09	252.67	235.24	54	27.01	25.27	23.52
55	287.52	270.09	252.67	55	28.75	27.01	25.27
56	304.94	287.52	261.38	56	30.49	28.75	26.14
57	322.37	304.94	278.80	57	32.24	30.49	27.88
58	348.50	322.37	296.23	58	34.85	32.24	29.62
59	365.93	339.79	304.94	59	36.59	33.98	30.49
60	392.07	357.22	322.37	60	39.21	35.72	32.24
61	426.92	392.07	348.50	61	42.69	39.21	34.85
62	453.06	418.20	374.64	62	45.31	41.82	37.46
63	496.62	453.06	409.49	63	49.66	45.31	40.95
64	531.47	487.91	444.34	64	53.15	48.79	44.43
65	575.03	531.47	479.19	65	57.50	53.15	47.92
66	627.31	575.03	522.76	66	62.73	57.50	52.28
67	688.30	627.31	566.32	67	68.83	62.73	56.63
68	749.28	679.58	609.88	68	74.93	67.96	60.99
69	818.98	740.57	662.16	69	81.90	74.06	66.22

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	897.40	810.27	723.15	70	89.74	81.03	72.31
71	993.24	897.40	792.85	71	99.32	89.74	79.28
72	1,106.50	993.24	871.26	72	110.65	99.32	87.13
73	1,228.48	1,097.79	958.39	73	122.85	109.78	95.84
74	1,367.88	1,211.05	1,054.22	74	136.79	121.11	105.42
75	1,515.99	1,341.74	1,158.78	75	151.60	134.17	115.88
76	1,690.24	1,489.85	1,289.46	76	169.02	148.99	128.95
77	1,890.63	1,672.82	1,446.29	77	189.06	167.28	144.63
78	2,117.16	1,864.50	1,611.83	78	211.72	186.45	161.18
79	2,361.11	2,082.31	1,794.80	79	236.11	208.23	179.48
80		2,326.26	2,003.90	80	263.99	232.63	200.39
81		2,570.22	2,213.00	81	291.87	257.02	221.30
82		2,840.31	2,448.24	82	323.24	284.03	244.82
83		3,145.25	2,709.62	83	357.22	314.52	270.96
84		3,476.33	2,997.13	84	394.68	347.63	299.71
				85	436.50	384.23	331.95
				86	491.39	433.02	373.77
				87	553.25	487.03	420.82
				88	622.08	547.15	473.09
				89	699.62	615.98	532.34
				90	791.98	692.65	598.56
				91	885.20	779.78	673.48
				92	995.85	876.49	757.12
				93	1,120.44	986.27	852.09
				94	1,260.71	1,109.11	958.39
				95	1,417.54	1,248.52	1,078.62
				96	1,595.28	1,404.47	1,212.79
				97	1,794.80	1,579.59	1,364.39
				98	2,018.71	1,777.37	1,535.16
				99	2,270.50	1,998.67	1,726.84

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	200.39	191.68	174.25	18-39	20.04	19.17	17.43
40	200.39	191.68	174.25	40	20.04	19.17	17.43
41	209.10	200.39	182.96	41	20.91	20.04	18.30
42	209.10	200.39	182.96	42	20.91	20.04	18.30
43	217.82	209.10	191.68	43	21.78	20.91	19.17
44	226.53	217.82	200.39	44	22.65	21.78	20.04
45	235.24	217.82	200.39	45	23.52	21.78	20.04
46	243.95	226.53	209.10	46	24.40	22.65	20.91
47	243.95	235.24	217.82	47	24.40	23.52	21.78
48	252.67	235.24	217.82	48	25.27	23.52	21.78
49	261.38	243.95	226.53	49	26.14	24.40	22.65
50	270.09	252.67	235.24	50	27.01	25.27	23.52
51	278.80	261.38	243.95	51	27.88	26.14	24.40
52	296.23	278.80	252.67	52	29.62	27.88	25.27
53	313.65	287.52	261.38	53	31.37	28.75	26.14
54	322.37	304.94	278.80	54	32.24	30.49	27.88
55	339.79	313.65	287.52	55	33.98	31.37	28.75
56	365.93	339.79	304.94	56	36.59	33.98	30.49
57	383.35	357.22	331.08	57	38.34	35.72	33.11
58	409.49	383.35	348.50	58	40.95	38.34	34.85
59	444.34	409.49	374.64	59	44.43	40.95	37.46
60	470.48	435.63	400.78	60	47.05	43.56	40.08
61	505.33	470.48	435.63	61	50.53	47.05	43.56
62	548.89	514.04	470.48	62	54.89	51.40	47.05
63	592.46	557.61	514.04	63	59.25	55.76	51.40
64	644.73	601.17	557.61	64	64.47	60.12	55.76
65	697.01	653.45	609.88	65	69.70	65.34	60.99
66	758.00	714.43	662.16	66	75.80	71.44	66.22
67	818.98	775.42	723.15	67	81.90	77.54	72.31
68	888.69	836.41	784.13	68	88.87	83.64	78.41
69	958.39	906.11	853.83	69	95.84	90.61	85.38

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,036.80	984.52	923.54	70	103.68	98.45	92.35
71	1,158.78	1,097.79	1,036.80	71	115.88	109.78	103.68
72	1,289.46	1,228.48	1,158.78	72	128.95	122.85	115.88
73	1,428.87	1,367.88	1,298.18	73	142.89	136.79	129.82
74	1,594.41	1,524.71	1,446.29	74	159.44	152.47	144.63
75	1,777.37	1,698.96	1,620.54	75	177.74	169.90	162.05
76	1,977.76	1,890.63	1,803.51	76	197.78	189.06	180.35
77	2,204.29	2,108.45	2,012.61	77	220.43	210.84	201.26
78	2,465.67	2,361.11	2,247.85	78	246.57	236.11	224.79
79	2,744.47	2,622.49	2,500.52	79	274.45	262.25	250.05
				80	305.81	292.74	278.80
				81	338.05	323.24	308.43
				82	373.77	357.22	340.66
				83	417.33	395.55	377.26
				84	456.54	444.34	416.46
				85	504.46	482.68	460.90
				86	568.06	543.67	519.27
				87	638.63	611.62	583.74
				88	718.79	687.42	656.93
				89	808.53	773.68	738.83
				90	909.60	870.39	831.18
				91	1,022.86	979.30	937.48
				92	1,150.93	1,101.27	1,051.61
				93	1,294.69	1,238.93	1,183.17
				94	1,456.75	1,394.02	1,330.41
				95	1,638.84	1,568.27	1,496.82
				96	1,843.59	1,763.43	1,684.15
				97	2,073.60	1,983.86	1,894.99
				98	2,333.23	2,232.17	2,131.10
				99	2,624.24	2,510.97	2,397.71

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	226.53	217.82	200.39	18-39	22.65	21.78	20.04
40	226.53	217.82	200.39	40	22.65	21.78	20.04
41	235.24	226.53	209.10	41	23.52	22.65	20.91
42	243.95	235.24	217.82	42	24.40	23.52	21.78
43	252.67	243.95	226.53	43	25.27	24.40	22.65
44	261.38	252.67	235.24	44	26.14	25.27	23.52
45	270.09	261.38	243.95	45	27.01	26.14	24.40
46	287.52	270.09	252.67	46	28.75	27.01	25.27
47	296.23	278.80	261.38	47	29.62	27.88	26.14
48	304.94	287.52	270.09	48	30.49	28.75	27.01
49	322.37	304.94	278.80	49	32.24	30.49	27.88
50	331.08	313.65	287.52	50	33.11	31.37	28.75
51	339.79	322.37	296.23	51	33.98	32.24	29.62
52	357.22	331.08	304.94	52	35.72	33.11	30.49
53	365.93	339.79	313.65	53	36.59	33.98	31.37
54	383.35	357.22	322.37	54	38.34	35.72	32.24
55	392.07	365.93	331.08	55	39.21	36.59	33.11
56	418.20	392.07	357.22	56	41.82	39.21	35.72
57	453.06	418.20	374.64	57	45.31	41.82	37.46
58	487.91	444.34	400.78	58	48.79	44.43	40.08
59	522.76	479.19	435.63	59	52.28	47.92	43.56
60	557.61	514.04	461.77	60	55.76	51.40	46.18
61	609.88	557.61	505.33	61	60.99	55.76	50.53
62	670.87	609.88	548.89	62	67.09	60.99	54.89
63	731.86	662.16	592.46	63	73.19	66.22	59.25
64	792.85	723.15	644.73	64	79.28	72.31	64.47
65	871.26	792.85	705.72	65	87.13	79.28	70.57
66	940.96	853.83	758.00	66	94.10	85.38	75.80
67	1,019.37	923.54	818.98	67	101.94	92.35	81.90
68	1,106.50	993.24	879.97	68	110.65	99.32	88.00
69	1,193.63	1,071.65	949.67	69	119.36	107.16	94.97

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,289.46	1,158.78	1,019.37	70	128.95	115.88	101.94
71	1,428.87	1,289.46	1,141.35	71	142.89	128.95	114.14
72	1,585.69	1,428.87	1,272.04	72	158.57	142.89	127.20
73	1,759.95	1,585.69	1,411.44	73	175.99	158.57	141.14
74	1,951.62	1,768.66	1,576.98	74	195.16	176.87	157.70
75	2,160.72	1,960.34	1,759.95	75	216.07	196.03	175.99
76	2,404.68	2,186.86	1,960.34	76	240.47	218.69	196.03
77	2,683.48	2,439.53	2,186.86	77	268.35	243.95	218.69
78	2,988.42	2,718.33	2,439.53	78	298.84	271.83	243.95
79	3,328.21	3,023.27	2,718.33	79	332.82	302.33	271.83
				80	371.16	337.18	303.20
				81	409.49	372.03	334.56
				82	453.06	412.11	370.29
				83	500.10	454.80	408.62
				84	552.38	501.85	452.18
				85	609.88	554.12	498.36
				86	686.55	623.82	561.09
				87	771.94	701.36	646.47
				88	868.65	789.36	710.08
				89	977.55	887.81	798.95
				90	1,099.53	999.34	898.27
				91	1,237.19	1,123.93	1,010.66
				92	1,391.40	1,264.20	1,136.99
				93	1,565.65	1,421.90	1,279.01
				94	1,760.82	1,599.63	1,439.32
				95	1,981.25	1,800.02	1,618.80
				96	2,228.68	2,024.81	1,820.93
				97	2,506.62	2,277.47	2,048.33
				98	2,820.27	2,562.38	2,304.48
				99	3,173.13	2,883.00	2,592.87

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	270.09	261.38	243.95	18-39	27.01	26.14	24.40
40	270.09	261.38	243.95	40	27.01	26.14	24.40
41	278.80	270.09	252.67	41	27.88	27.01	25.27
42	296.23	278.80	261.38	42	29.62	27.88	26.14
43	304.94	287.52	270.09	43	30.49	28.75	27.01
44	313.65	296.23	278.80	44	31.37	29.62	27.88
45	331.08	313.65	287.52	45	33.11	31.37	28.75
46	339.79	322.37	296.23	46	33.98	32.24	29.62
47	357.22	331.08	304.94	47	35.72	33.11	30.49
48	374.64	348.50	313.65	48	37.46	34.85	31.37
49	383.35	357.22	331.08	49	38.34	35.72	33.11
50	400.78	374.64	339.79	50	40.08	37.46	33.98
51	418.20	383.35	348.50	51	41.82	38.34	34.85
52	435.63	400.78	365.93	52	43.56	40.08	36.59
53	453.06	418.20	383.35	53	45.31	41.82	38.34
54	470.48	435.63	392.07	54	47.05	43.56	39.21
55	487.91	453.06	409.49	55	48.79	45.31	40.95
56	522.76	487.91	444.34	56	52.28	48.79	44.43
57	566.32	522.76	479.19	57	56.63	52.28	47.92
58	609.88	566.32	514.04	58	60.99	56.63	51.40
59	662.16	609.88	557.61	59	66.22	60.99	55.76
60	714.43	662.16	601.17	60	71.44	66.22	60.12
61	775.42	714.43	653.45	61	77.54	71.44	65.34
62	853.83	784.13	705.72	62	85.38	78.41	70.57
63	932.25	853.83	766.71	63	93.22	85.38	76.67
64	1,010.66	923.54	827.70	64	101.07	92.35	82.77
65	1,106.50	1,001.95	897.40	65	110.65	100.19	89.74
66	1,184.91	1,080.36	975.81	66	118.49	108.04	97.58
67	1,272.04	1,167.49	1,054.22	67	127.20	116.75	105.42
68	1,359.17	1,254.61	1,141.35	68	135.92	125.46	114.14
69	1,455.00	1,350.45	1,237.19	69	145.50	135.05	123.72

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,559.56	1,455.00	1,341.74	70	155.96	145.50	134.17
71	1,742.52	1,620.54	1,489.85	71	174.25	162.05	148.99
72	1,942.91	1,803.51	1,655.39	72	194.29	180.35	165.54
73	2,160.72	2,003.90	1,838.36	73	216.07	200.39	183.84
74	2,413.39	2,230.43	2,038.75	74	241.34	223.04	203.87
75	2,692.19	2,483.09	2,265.28	75	269.22	248.31	226.53
76	2,997.13	2,761.89	2,526.65	76	299.71	276.19	252.67
77	3,336.93	3,075.55	2,814.17	77	333.69	307.55	281.42
78	3,720.28	3,432.76	3,136.54	78	372.03	343.28	313.65
79	4,147.20	3,824.83	3,493.75	79	414.72	382.48	349.38
				80	461.77	426.05	389.45
				81	509.69	469.61	429.53
				82	562.83	518.40	473.97
				83	622.08	573.29	523.63
				84	686.55	632.53	577.65
				85	758.00	697.88	637.76
				86	852.96	785.88	717.92
				87	960.13	883.46	807.66
				88	1,079.49	994.11	908.72
				89	1,214.54	1,127.41	1,021.99
				90	1,366.14	1,258.10	1,150.06
				91	1,536.90	1,414.93	1,292.95
				92	1,729.45	1,591.79	1,455.00
				93	1,945.52	1,791.31	1,637.10
				94	2,188.61	2,015.22	1,840.97
				95	2,462.18	2,267.02	2,071.86
				96	2,769.74	2,550.18	2,330.62
				97	3,115.63	2,869.06	2,621.62
				98	3,505.08	3,227.15	2,949.22
				99	3,943.32	3,630.54	3,317.76

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	235.24	226.53	209.10	18-39	23.52	22.65	20.91
40	235.24	226.53	209.10	40	23.52	22.65	20.91
41	243.95	235.24	217.82	41	24.40	23.52	21.78
42	252.67	243.95	226.53	42	25.27	24.40	22.65
43	261.38	252.67	235.24	43	26.14	25.27	23.52
44	270.09	261.38	243.95	44	27.01	26.14	24.40
45	278.80	270.09	252.67	45	27.88	27.01	25.27
46	296.23	278.80	261.38	46	29.62	27.88	26.14
47	304.94	287.52	270.09	47	30.49	28.75	27.01
48	313.65	296.23	278.80	48	31.37	29.62	27.88
49	331.08	313.65	287.52	49	33.11	31.37	28.75
50	339.79	322.37	296.23	50	33.98	32.24	29.62
51	348.50	331.08	304.94	51	34.85	33.11	30.49
52	365.93	348.50	322.37	52	36.59	34.85	32.24
53	383.35	357.22	331.08	53	38.34	35.72	33.11
54	392.07	365.93	339.79	54	39.21	36.59	33.98
55	409.49	383.35	357.22	55	40.95	38.34	35.72
56	435.63	409.49	374.64	56	43.56	40.95	37.46
57	470.48	435.63	400.78	57	47.05	43.56	40.08
58	496.62	461.77	426.92	58	49.66	46.18	42.69
59	531.47	496.62	453.06	59	53.15	49.66	45.31
60	566.32	522.76	479.19	60	56.63	52.28	47.92
61	609.88	566.32	514.04	61	60.99	56.63	51.40
62	653.45	609.88	557.61	62	65.34	60.99	55.76
63	697.01	653.45	601.17	63	69.70	65.34	60.12
64	749.28	697.01	644.73	64	74.93	69.70	64.47
65	801.56	749.28	697.01	65	80.16	74.93	69.70
66	871.26	818.98	758.00	66	87.13	81.90	75.80
67	949.67	888.69	818.98	67	94.97	88.87	81.90
68	1,036.80	967.10	888.69	68	103.68	96.71	88.87
69	1,123.93	1,045.51	967.10	69	112.39	104.55	96.71

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,228.48	1,141.35	1,045.51	70	122.85	114.14	104.55
71	1,350.45	1,254.61	1,150.06	71	135.05	125.46	115.01
72	1,489.85	1,385.30	1,272.04	72	148.99	138.53	127.20
73	1,646.68	1,524.71	1,402.73	73	164.67	152.47	140.27
74	1,812.22	1,681.53	1,550.84	74	181.22	168.15	155.08
75	1,995.19	1,855.78	1,707.67	75	199.52	185.58	170.77
76	2,247.85	2,091.02	1,925.48	76	224.79	209.10	192.55
77	2,526.65	2,352.40	2,169.44	77	252.67	235.24	216.94
78	2,840.31	2,648.63	2,448.24	78	284.03	264.86	244.82
79	3,188.81	2,979.71	2,761.89	79	318.88	297.97	276.19
80		3,354.35	3,110.40	80		335.44	311.04
81		3,755.13	3,485.04	81		375.51	348.50
82		4,199.47	3,903.24	82		419.95	390.32
83		4,704.80	4,373.73	83		470.48	437.37
84		5,262.41	4,896.48	84		526.24	489.65

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	287.52	270.09	252.67	18-39	28.75	27.01	25.27
40	287.52	270.09	252.67	40	28.75	27.01	25.27
41	296.23	278.80	261.38	41	29.62	27.88	26.14
42	304.94	287.52	270.09	42	30.49	28.75	27.01
43	322.37	304.94	278.80	43	32.24	30.49	27.88
44	331.08	313.65	287.52	44	33.11	31.37	28.75
45	339.79	322.37	296.23	45	33.98	32.24	29.62
46	357.22	339.79	313.65	46	35.72	33.98	31.37
47	365.93	348.50	322.37	47	36.59	34.85	32.24
48	383.35	357.22	331.08	48	38.34	35.72	33.11
49	392.07	374.64	348.50	49	39.21	37.46	34.85
50	409.49	383.35	357.22	50	40.95	38.34	35.72
51	426.92	400.78	374.64	51	42.69	40.08	37.46
52	444.34	418.20	383.35	52	44.43	41.82	38.34
53	461.77	435.63	400.78	53	46.18	43.56	40.08
54	487.91	453.06	418.20	54	48.79	45.31	41.82
55	505.33	470.48	435.63	55	50.53	47.05	43.56
56	540.18	505.33	461.77	56	54.02	50.53	46.18
57	575.03	540.18	496.62	57	57.50	54.02	49.66
58	609.88	575.03	531.47	58	60.99	57.50	53.15
59	653.45	609.88	566.32	59	65.34	60.99	56.63
60	697.01	653.45	609.88	60	69.70	65.34	60.99
61	749.28	705.72	653.45	61	74.93	70.57	65.34
62	801.56	749.28	697.01	62	80.16	74.93	69.70
63	862.55	810.27	749.28	63	86.25	81.03	74.93
64	932.25	871.26	801.56	64	93.22	87.13	80.16
65	1,001.95	932.25	862.55	65	100.19	93.22	86.25
66	1,089.08	1,019.37	940.96	66	108.91	101.94	94.10
67	1,184.91	1,106.50	1,028.09	67	118.49	110.65	102.81
68	1,280.75	1,202.34	1,123.93	68	128.08	120.23	112.39
69	1,394.02	1,306.89	1,219.76	69	139.40	130.69	121.98

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,515.99	1,428.87	1,333.03	70	151.60	142.89	133.30
71	1,672.82	1,576.98	1,472.43	71	167.28	157.70	147.24
72	1,847.07	1,742.52	1,629.26	72	184.71	174.25	162.93
73	2,030.04	1,916.77	1,794.80	73	203.00	191.68	179.48
74	2,239.14	2,108.45	1,977.76	74	223.91	210.84	197.78
75	2,474.38	2,334.98	2,186.86	75	247.44	233.50	218.69
76	2,770.61	2,613.78	2,448.24	76	277.06	261.38	244.82
77	3,092.97	2,918.72	2,735.76	77	309.30	291.87	273.58
78	3,458.90	3,258.51	3,058.12	78	345.89	325.85	305.81
79	3,868.39	3,650.58	3,424.05	79	386.84	365.06	342.41

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	348.50	331.08	304.94	18-39	34.85	33.11	30.49
40	348.50	331.08	304.94	40	34.85	33.11	30.49
41	365.93	339.79	313.65	41	36.59	33.98	31.37
42	374.64	357.22	331.08	42	37.46	35.72	33.11
43	392.07	365.93	339.79	43	39.21	36.59	33.98
44	409.49	383.35	357.22	44	40.95	38.34	35.72
45	426.92	400.78	365.93	45	42.69	40.08	36.59
46	444.34	418.20	383.35	46	44.43	41.82	38.34
47	461.77	435.63	400.78	47	46.18	43.56	40.08
48	479.19	444.34	409.49	48	47.92	44.43	40.95
49	496.62	461.77	426.92	49	49.66	46.18	42.69
50	514.04	479.19	444.34	50	51.40	47.92	44.43
51	531.47	496.62	461.77	51	53.15	49.66	46.18
52	557.61	522.76	479.19	52	55.76	52.28	47.92
53	575.03	540.18	496.62	53	57.50	54.02	49.66
54	592.46	557.61	514.04	54	59.25	55.76	51.40
55	618.59	575.03	531.47	55	61.86	57.50	53.15
56	662.16	618.59	566.32	56	66.22	61.86	56.63
57	705.72	662.16	609.88	57	70.57	66.22	60.99
58	758.00	705.72	653.45	58	75.80	70.57	65.34
59	810.27	758.00	697.01	59	81.03	75.80	69.70
60	871.26	810.27	749.28	60	87.13	81.03	74.93
61	940.96	871.26	801.56	61	94.10	87.13	80.16
62	1,010.66	940.96	862.55	62	101.07	94.10	86.25
63	1,089.08	1,010.66	923.54	63	108.91	101.07	92.35
64	1,176.20	1,089.08	993.24	64	117.62	108.91	99.32
65	1,263.33	1,167.49	1,062.94	65	126.33	116.75	106.29
66	1,376.59	1,272.04	1,158.78	66	137.66	127.20	115.88
67	1,498.57	1,385.30	1,263.33	67	149.86	138.53	126.33
68	1,629.26	1,507.28	1,385.30	68	162.93	150.73	138.53
69	1,777.37	1,646.68	1,507.28	69	177.74	164.67	150.73

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,934.20	1,794.80	1,646.68	70	193.42	179.48	164.67
71	2,134.59	1,977.76	1,812.22	71	213.46	197.78	181.22
72	2,343.69	2,169.44	1,995.19	72	234.37	216.94	199.52
73	2,587.64	2,395.97	2,195.58	73	258.76	239.60	219.56
74	2,849.02	2,639.92	2,422.10	74	284.90	263.99	242.21
75	3,136.54	2,901.30	2,666.06	75	313.65	290.13	266.61
76	3,485.04	3,241.09	2,988.42	76	348.50	324.11	298.84
77	3,868.39	3,615.73	3,354.35	77	386.84	361.57	335.44
78	4,304.02	4,033.93	3,763.84	78	430.40	403.39	376.38
79	4,774.50	4,495.70	4,216.90	79	477.45	449.57	421.69

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	444.34	426.92	400.78	18-39	44.43	42.69	40.08
40	444.34	426.92	400.78	40	44.43	42.69	40.08
41	461.77	444.34	418.20	41	46.18	44.43	41.82
42	487.91	461.77	435.63	42	48.79	46.18	43.56
43	505.33	479.19	453.06	43	50.53	47.92	45.31
44	522.76	496.62	470.48	44	52.28	49.66	47.05
45	548.89	522.76	487.91	45	54.89	52.28	48.79
46	575.03	548.89	514.04	46	57.50	54.89	51.40
47	601.17	566.32	531.47	47	60.12	56.63	53.15
48	627.31	592.46	557.61	48	62.73	59.25	55.76
49	653.45	618.59	575.03	49	65.34	61.86	57.50
50	679.58	644.73	601.17	50	67.96	64.47	60.12
51	705.72	670.87	627.31	51	70.57	67.09	62.73
52	740.57	697.01	644.73	52	74.06	69.70	64.47
53	766.71	723.15	670.87	53	76.67	72.31	67.09
54	801.56	749.28	697.01	54	80.16	74.93	69.70
55	836.41	784.13	723.15	55	83.64	78.41	72.31
56	897.40	836.41	775.42	56	89.74	83.64	77.54
57	958.39	897.40	827.70	57	95.84	89.74	82.77
58	1,028.09	958.39	879.97	58	102.81	95.84	88.00
59	1,097.79	1,019.37	940.96	59	109.78	101.94	94.10
60	1,176.20	1,089.08	1,001.95	60	117.62	108.91	100.19
61	1,263.33	1,167.49	1,071.65	61	126.33	116.75	107.16
62	1,350.45	1,254.61	1,158.78	62	135.05	125.46	115.88
63	1,455.00	1,350.45	1,237.19	63	145.50	135.05	123.72
64	1,559.56	1,446.29	1,333.03	64	155.96	144.63	133.30
65	1,672.82	1,550.84	1,428.87	65	167.28	155.08	142.89
66	1,803.51	1,681.53	1,559.56	66	180.35	168.15	155.96
67	1,942.91	1,820.93	1,698.96	67	194.29	182.09	169.90
68	2,091.02	1,977.76	1,855.78	68	209.10	197.78	185.58
69	2,256.56	2,143.30	2,030.04	69	225.66	214.33	203.00

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,430.82	2,326.26	2,213.00	70	243.08	232.63	221.30
71	2,683.48	2,561.50	2,430.82	71	268.35	256.15	243.08
72	2,953.57	2,814.17	2,674.77	72	295.36	281.42	267.48
73	3,258.51	3,101.69	2,944.86	73	325.85	310.17	294.49
74	3,598.30	3,424.05	3,241.09	74	359.83	342.41	324.11
75	3,964.23	3,763.84	3,563.45	75	396.42	376.38	356.35
76	4,417.29	4,182.05	3,946.81	76	441.73	418.20	394.68
77	4,913.91	4,643.82	4,373.73	77	491.39	464.38	437.37
78	5,471.51	5,166.57	4,852.92	78	547.15	516.66	485.29
79	6,090.11	5,732.89	5,375.67	79	609.01	573.29	537.57

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	339.79	322.37	304.94	18-39	33.98	32.24	30.49
40	339.79	322.37	304.94	40	33.98	32.24	30.49
41	348.50	331.08	313.65	41	34.85	33.11	31.37
42	357.22	339.79	322.37	42	35.72	33.98	32.24
43	374.64	357.22	331.08	43	37.46	35.72	33.11
44	383.35	365.93	339.79	44	38.34	36.59	33.98
45	392.07	374.64	348.50	45	39.21	37.46	34.85
46	400.78	383.35	357.22	46	40.08	38.34	35.72
47	418.20	392.07	365.93	47	41.82	39.21	36.59
48	426.92	409.49	383.35	48	42.69	40.95	38.34
49	444.34	418.20	392.07	49	44.43	41.82	39.21
50	453.06	426.92	400.78	50	45.31	42.69	40.08
51	470.48	444.34	409.49	51	47.05	44.43	40.95
52	479.19	453.06	426.92	52	47.92	45.31	42.69
53	496.62	470.48	435.63	53	49.66	47.05	43.56
54	505.33	479.19	453.06	54	50.53	47.92	45.31
55	522.76	496.62	461.77	55	52.28	49.66	46.18
56	548.89	522.76	487.91	56	54.89	52.28	48.79
57	583.74	548.89	514.04	57	58.37	54.89	51.40
58	618.59	583.74	540.18	58	61.86	58.37	54.02
59	653.45	609.88	566.32	59	65.34	60.99	56.63
60	688.30	644.73	592.46	60	68.83	64.47	59.25
61	731.86	688.30	636.02	61	73.19	68.83	63.60
62	784.13	731.86	670.87	62	78.41	73.19	67.09
63	836.41	784.13	723.15	63	83.64	78.41	72.31
64	888.69	827.70	766.71	64	88.87	82.77	76.67
65	949.67	888.69	818.98	65	94.97	88.87	81.90
66	1,019.37	949.67	879.97	66	101.94	94.97	88.00
67	1,097.79	1,028.09	949.67	67	109.78	102.81	94.97
68	1,184.91	1,106.50	1,028.09	68	118.49	110.65	102.81
69	1,280.75	1,193.63	1,106.50	69	128.08	119.36	110.65

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,376.59	1,289.46	1,193.63	70	137.66	128.95	119.36
71	1,507.28	1,411.44	1,306.89	71	150.73	141.14	130.69
72	1,655.39	1,550.84	1,437.58	72	165.54	155.08	143.76
73	1,820.93	1,698.96	1,576.98	73	182.09	169.90	157.70
74	1,995.19	1,864.50	1,733.81	74	199.52	186.45	173.38
75	2,186.86	2,047.46	1,899.35	75	218.69	204.75	189.93
76	2,456.95	2,300.13	2,134.59	76	245.70	230.01	213.46
77	2,761.89	2,578.93	2,395.97	77	276.19	257.89	239.60
78	3,101.69	2,901.30	2,700.91	78	310.17	290.13	270.09
79	3,485.04	3,258.51	3,031.98	79	348.50	325.85	303.20
80		3,668.00	3,406.63	80		366.80	340.66
81		4,077.50	3,789.98	81		407.75	379.00
82		4,547.98	4,225.61	82		454.80	422.56
83		5,062.02	4,704.80	83		506.20	470.48
84		5,637.05	5,236.27	84		563.71	523.63

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	426.92	400.78	365.93	18-39	42.69	40.08	36.59
40	426.92	400.78	365.93	40	42.69	40.08	36.59
41	435.63	409.49	374.64	41	43.56	40.95	37.46
42	453.06	418.20	383.35	42	45.31	41.82	38.34
43	461.77	435.63	400.78	43	46.18	43.56	40.08
44	479.19	444.34	409.49	44	47.92	44.43	40.95
45	487.91	453.06	418.20	45	48.79	45.31	41.82
46	505.33	470.48	435.63	46	50.53	47.05	43.56
47	514.04	479.19	444.34	47	51.40	47.92	44.43
48	531.47	496.62	461.77	48	53.15	49.66	46.18
49	540.18	505.33	470.48	49	54.02	50.53	47.05
50	557.61	522.76	487.91	50	55.76	52.28	48.79
51	575.03	540.18	505.33	51	57.50	54.02	50.53
52	592.46	557.61	514.04	52	59.25	55.76	51.40
53	609.88	575.03	531.47	53	60.99	57.50	53.15
54	627.31	592.46	548.89	54	62.73	59.25	54.89
55	644.73	609.88	566.32	55	64.47	60.99	56.63
56	679.58	644.73	601.17	56	67.96	64.47	60.12
57	723.15	679.58	627.31	57	72.31	67.96	62.73
58	766.71	714.43	662.16	58	76.67	71.44	66.22
59	810.27	758.00	705.72	59	81.03	75.80	70.57
60	862.55	801.56	740.57	60	86.25	80.16	74.06
61	914.82	853.83	792.85	61	91.48	85.38	79.28
62	975.81	914.82	845.12	62	97.58	91.48	84.51
63	1,045.51	975.81	897.40	63	104.55	97.58	89.74
64	1,115.21	1,036.80	958.39	64	111.52	103.68	95.84
65	1,184.91	1,106.50	1,019.37	65	118.49	110.65	101.94
66	1,280.75	1,193.63	1,106.50	66	128.08	119.36	110.65
67	1,385.30	1,289.46	1,193.63	67	138.53	128.95	119.36
68	1,498.57	1,394.02	1,289.46	68	149.86	139.40	128.95
69	1,620.54	1,515.99	1,402.73	69	162.05	151.60	140.27

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,751.23	1,637.97	1,515.99	70	175.12	163.80	151.60
71	1,916.77	1,794.80	1,664.11	71	191.68	179.48	166.41
72	2,108.45	1,969.05	1,829.65	72	210.84	196.90	182.96
73	2,308.84	2,160.72	2,003.90	73	230.88	216.07	200.39
74	2,535.37	2,369.83	2,204.29	74	253.54	236.98	220.43
75	2,779.32	2,605.07	2,422.10	75	277.93	260.51	242.21
76	3,092.97	2,892.58	2,692.19	76	309.30	289.26	269.22
77	3,441.48	3,223.66	2,997.13	77	344.15	322.37	299.71
78	3,833.54	3,580.88	3,328.21	78	383.35	358.09	332.82
79	4,269.17	3,990.37	3,702.86	79	426.92	399.04	370.29

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	531.47	496.62	453.06	18-39	53.15	49.66	45.31
40	531.47	496.62	453.06	40	53.15	49.66	45.31
41	548.89	514.04	470.48	41	54.89	51.40	47.05
42	566.32	522.76	479.19	42	56.63	52.28	47.92
43	575.03	540.18	496.62	43	57.50	54.02	49.66
44	592.46	557.61	514.04	44	59.25	55.76	51.40
45	609.88	566.32	522.76	45	60.99	56.63	52.28
46	627.31	583.74	540.18	46	62.73	58.37	54.02
47	644.73	601.17	557.61	47	64.47	60.12	55.76
48	670.87	627.31	575.03	48	67.09	62.73	57.50
49	688.30	644.73	592.46	49	68.83	64.47	59.25
50	705.72	662.16	609.88	50	70.57	66.22	60.99
51	723.15	679.58	627.31	51	72.31	67.96	62.73
52	749.28	697.01	644.73	52	74.93	69.70	64.47
53	766.71	714.43	662.16	53	76.67	71.44	66.22
54	784.13	740.57	688.30	54	78.41	74.06	68.83
55	810.27	758.00	705.72	55	81.03	75.80	70.57
56	862.55	810.27	749.28	56	86.25	81.03	74.93
57	906.11	853.83	792.85	57	90.61	85.38	79.28
58	967.10	906.11	836.41	58	96.71	90.61	83.64
59	1,019.37	949.67	879.97	59	101.94	94.97	88.00
60	1,080.36	1,010.66	932.25	60	108.04	101.07	93.22
61	1,150.06	1,071.65	993.24	61	115.01	107.16	99.32
62	1,228.48	1,141.35	1,054.22	62	122.85	114.14	105.42
63	1,315.60	1,219.76	1,123.93	63	131.56	121.98	112.39
64	1,402.73	1,298.18	1,193.63	64	140.27	129.82	119.36
65	1,498.57	1,385.30	1,272.04	65	149.86	138.53	127.20
66	1,620.54	1,498.57	1,376.59	66	162.05	149.86	137.66
67	1,751.23	1,629.26	1,498.57	67	175.12	162.93	149.86
68	1,899.35	1,768.66	1,629.26	68	189.93	176.87	162.93
69	2,056.17	1,916.77	1,768.66	69	205.62	191.68	176.87

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,221.71	2,073.60	1,916.77	70	222.17	207.36	191.68
71	2,430.82	2,265.28	2,091.02	71	243.08	226.53	209.10
72	2,666.06	2,474.38	2,282.70	72	266.61	247.44	228.27
73	2,918.72	2,709.62	2,491.80	73	291.87	270.96	249.18
74	3,188.81	2,953.57	2,718.33	74	318.88	295.36	271.83
75	3,493.75	3,232.37	2,971.00	75	349.38	323.24	297.10
76	3,868.39	3,598.30	3,319.50	76	386.84	359.83	331.95
77	4,277.89	3,990.37	3,702.86	77	427.79	399.04	370.29
78	4,730.94	4,434.71	4,129.77	78	473.09	443.47	412.98
79	5,236.27	4,922.62	4,608.97	79	523.63	492.26	460.90

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	688.30	653.45	609.88	18-39	68.83	65.34	60.99
40	688.30	653.45	609.88	40	68.83	65.34	60.99
41	714.43	679.58	636.02	41	71.44	67.96	63.60
42	740.57	697.01	653.45	42	74.06	69.70	65.34
43	766.71	723.15	679.58	43	76.67	72.31	67.96
44	792.85	749.28	705.72	44	79.28	74.93	70.57
45	818.98	775.42	731.86	45	81.90	77.54	73.19
46	845.12	801.56	758.00	46	84.51	80.16	75.80
47	879.97	836.41	784.13	47	88.00	83.64	78.41
48	906.11	862.55	810.27	48	90.61	86.25	81.03
49	940.96	888.69	836.41	49	94.10	88.87	83.64
50	975.81	923.54	871.26	50	97.58	92.35	87.13
51	1,001.95	949.67	888.69	51	100.19	94.97	88.87
52	1,028.09	975.81	914.82	52	102.81	97.58	91.48
53	1,054.22	1,001.95	940.96	53	105.42	100.19	94.10
54	1,089.08	1,028.09	958.39	54	108.91	102.81	95.84
55	1,115.21	1,054.22	984.52	55	111.52	105.42	98.45
56	1,176.20	1,106.50	1,036.80	56	117.62	110.65	103.68
57	1,245.90	1,167.49	1,089.08	57	124.59	116.75	108.91
58	1,315.60	1,228.48	1,141.35	58	131.56	122.85	114.14
59	1,394.02	1,298.18	1,202.34	59	139.40	129.82	120.23
60	1,472.43	1,367.88	1,263.33	60	147.24	136.79	126.33
61	1,568.27	1,455.00	1,341.74	61	156.83	145.50	134.17
62	1,664.11	1,550.84	1,428.87	62	166.41	155.08	142.89
63	1,768.66	1,646.68	1,524.71	63	176.87	164.67	152.47
64	1,881.92	1,751.23	1,620.54	64	188.19	175.12	162.05
65	2,003.90	1,864.50	1,725.09	65	200.39	186.45	172.51
66	2,143.30	2,003.90	1,864.50	66	214.33	200.39	186.45
67	2,291.41	2,160.72	2,021.32	67	229.14	216.07	202.13
68	2,456.95	2,326.26	2,195.58	68	245.70	232.63	219.56
69	2,631.21	2,500.52	2,369.83	69	263.12	250.05	236.98

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,814.17	2,692.19	2,570.22	70	281.42	269.22	257.02
71	3,084.26	2,944.86	2,805.46	71	308.43	294.49	280.55
72	3,371.78	3,214.95	3,058.12	72	337.18	321.49	305.81
73	3,694.14	3,519.89	3,336.93	73	369.41	351.99	333.69
74	4,042.65	3,842.26	3,641.87	74	404.26	384.23	364.19
75	4,426.00	4,199.47	3,972.95	75	442.60	419.95	397.29
76	4,905.19	4,643.82	4,382.44	76	490.52	464.38	438.24
77	5,445.38	5,140.43	4,826.78	77	544.54	514.04	482.68
78	6,037.83	5,680.62	5,323.40	78	603.78	568.06	532.34
79	6,699.99	6,290.50	5,872.29	79	670.00	629.05	587.23

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	140.40	132.60	124.80	18-39	14.04	13.26	12.48
40	140.40	132.60	124.80	40	14.04	13.26	12.48
41	148.20	140.40	132.60	41	14.82	14.04	13.26
42	148.20	140.40	132.60	42	14.82	14.04	13.26
43	156.00	148.20	140.40	43	15.60	14.82	14.04
44	163.80	156.00	140.40	44	16.38	15.60	14.04
45	163.80	156.00	148.20	45	16.38	15.60	14.82
46	171.60	163.80	148.20	46	17.16	16.38	14.82
47	179.40	171.60	156.00	47	17.94	17.16	15.60
48	179.40	171.60	163.80	48	17.94	17.16	16.38
49	187.20	179.40	163.80	49	18.72	17.94	16.38
50	195.00	187.20	171.60	50	19.50	18.72	17.16
51	202.80	195.00	179.40	51	20.28	19.50	17.94
52	218.40	210.60	195.00	52	21.84	21.06	19.50
53	234.00	218.40	202.80	53	23.40	21.84	20.28
54	241.80	226.20	210.60	54	24.18	22.62	21.06
55	257.40	241.80	226.20	55	25.74	24.18	22.62
56	273.00	257.40	234.00	56	27.30	25.74	23.40
57	288.60	273.00	249.60	57	28.86	27.30	24.96
58	312.00	288.60	265.20	58	31.20	28.86	26.52
59	327.60	304.20	273.00	59	32.76	30.42	27.30
60	351.00	319.80	288.60	60	35.10	31.98	28.86
61	382.20	351.00	312.00	61	38.22	35.10	31.20
62	405.60	374.40	335.40	62	40.56	37.44	33.54
63	444.60	405.60	366.60	63	44.46	40.56	36.66
64	475.80	436.80	397.80	64	47.58	43.68	39.78
65	514.80	475.80	429.00	65	51.48	47.58	42.90
66	561.60	514.80	468.00	66	56.16	51.48	46.80
67	616.20	561.60	507.00	67	61.62	56.16	50.70
68	670.80	608.40	546.00	68	67.08	60.84	54.60
69	733.20	663.00	592.80	69	73.32	66.30	59.28

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	803.40	725.40	647.40	70	80.34	72.54	64.74
71	889.20	803.40	709.80	71	88.92	80.34	70.98
72	990.60	889.20	780.00	72	99.06	88.92	78.00
73	1,099.80	982.80	858.00	73	109.98	98.28	85.80
74	1,224.60	1,084.20	943.80	74	122.46	108.42	94.38
75	1,357.20	1,201.20	1,037.40	75	135.72	120.12	103.74
76	1,513.20	1,333.80	1,154.40	76	151.32	133.38	115.44
77	1,692.60	1,497.60	1,294.80	77	169.26	149.76	129.48
78	1,895.40	1,669.20	1,443.00	78	189.54	166.92	144.30
79	2,113.80	1,864.20	1,606.80	79	211.38	186.42	160.68
80		2,082.60	1,794.00	80	236.34	208.26	179.40
81		2,301.00	1,981.20	81	261.30	230.10	198.12
82		2,542.80	2,191.80	82	289.38	254.28	219.18
83		2,815.80	2,425.80	83	319.80	281.58	242.58
84		3,112.20	2,683.20	84	353.34	311.22	268.32
				85	390.78	343.98	297.18
				86	439.92	387.66	334.62
				87	495.30	436.02	376.74
				88	556.92	489.84	423.54
				89	626.34	551.46	476.58
				90	709.02	620.10	535.86
				91	792.48	698.10	602.94
				92	891.54	784.68	677.82
				93	1,003.08	882.96	762.84
				94	1,128.66	992.94	858.00
				95	1,269.06	1,117.74	965.64
				96	1,428.18	1,257.36	1,085.76
				97	1,606.80	1,414.14	1,221.48
				98	1,807.26	1,591.20	1,374.36
				99	2,032.68	1,789.32	1,545.96

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	179.40	171.60	156.00	18-39	17.94	17.16	15.60
40	179.40	171.60	156.00	40	17.94	17.16	15.60
41	187.20	179.40	163.80	41	18.72	17.94	16.38
42	187.20	179.40	163.80	42	18.72	17.94	16.38
43	195.00	187.20	171.60	43	19.50	18.72	17.16
44	202.80	195.00	179.40	44	20.28	19.50	17.94
45	210.60	195.00	179.40	45	21.06	19.50	17.94
46	218.40	202.80	187.20	46	21.84	20.28	18.72
47	218.40	210.60	195.00	47	21.84	21.06	19.50
48	226.20	210.60	195.00	48	22.62	21.06	19.50
49	234.00	218.40	202.80	49	23.40	21.84	20.28
50	241.80	226.20	210.60	50	24.18	22.62	21.06
51	249.60	234.00	218.40	51	24.96	23.40	21.84
52	265.20	249.60	226.20	52	26.52	24.96	22.62
53	280.80	257.40	234.00	53	28.08	25.74	23.40
54	288.60	273.00	249.60	54	28.86	27.30	24.96
55	304.20	280.80	257.40	55	30.42	28.08	25.74
56	327.60	304.20	273.00	56	32.76	30.42	27.30
57	343.20	319.80	296.40	57	34.32	31.98	29.64
58	366.60	343.20	312.00	58	36.66	34.32	31.20
59	397.80	366.60	335.40	59	39.78	36.66	33.54
60	421.20	390.00	358.80	60	42.12	39.00	35.88
61	452.40	421.20	390.00	61	45.24	42.12	39.00
62	491.40	460.20	421.20	62	49.14	46.02	42.12
63	530.40	499.20	460.20	63	53.04	49.92	46.02
64	577.20	538.20	499.20	64	57.72	53.82	49.92
65	624.00	585.00	546.00	65	62.40	58.50	54.60
66	678.60	639.60	592.80	66	67.86	63.96	59.28
67	733.20	694.20	647.40	67	73.32	69.42	64.74
68	795.60	748.80	702.00	68	79.56	74.88	70.20
69	858.00	811.20	764.40	69	85.80	81.12	76.44

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	928.20	881.40	826.80	70	92.82	88.14	82.68
71	1,037.40	982.80	928.20	71	103.74	98.28	92.82
72	1,154.40	1,099.80	1,037.40	72	115.44	109.98	103.74
73	1,279.20	1,224.60	1,162.20	73	127.92	122.46	116.22
74	1,427.40	1,365.00	1,294.80	74	142.74	136.50	129.48
75	1,591.20	1,521.00	1,450.80	75	159.12	152.10	145.08
76	1,770.60	1,692.60	1,614.60	76	177.06	169.26	161.46
77	1,973.40	1,887.60	1,801.80	77	197.34	188.76	180.18
78	2,207.40	2,113.80	2,012.40	78	220.74	211.38	201.24
79	2,457.00	2,347.80	2,238.60	79	245.70	234.78	223.86
				80	273.78	262.08	249.60
				81	302.64	289.38	276.12
				82	334.62	319.80	304.98
				83	373.62	354.12	337.74
				84	408.72	397.80	372.84
				85	451.62	432.12	412.62
				86	508.56	486.72	464.88
				87	571.74	547.56	522.60
				88	643.50	615.42	588.12
				89	723.84	692.64	661.44
				90	814.32	779.22	744.12
				91	915.72	876.72	839.28
				92	1,030.38	985.92	941.46
				93	1,159.08	1,109.16	1,059.24
				94	1,304.16	1,248.00	1,191.06
				95	1,467.18	1,404.00	1,340.04
				96	1,650.48	1,578.72	1,507.74
				97	1,856.40	1,776.06	1,696.50
				98	2,088.84	1,998.36	1,907.88
				99	2,349.36	2,247.96	2,146.56

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	202.80	195.00	179.40	18-39	20.28	19.50	17.94
40	202.80	195.00	179.40	40	20.28	19.50	17.94
41	210.60	202.80	187.20	41	21.06	20.28	18.72
42	218.40	210.60	195.00	42	21.84	21.06	19.50
43	226.20	218.40	202.80	43	22.62	21.84	20.28
44	234.00	226.20	210.60	44	23.40	22.62	21.06
45	241.80	234.00	218.40	45	24.18	23.40	21.84
46	257.40	241.80	226.20	46	25.74	24.18	22.62
47	265.20	249.60	234.00	47	26.52	24.96	23.40
48	273.00	257.40	241.80	48	27.30	25.74	24.18
49	288.60	273.00	249.60	49	28.86	27.30	24.96
50	296.40	280.80	257.40	50	29.64	28.08	25.74
51	304.20	288.60	265.20	51	30.42	28.86	26.52
52	319.80	296.40	273.00	52	31.98	29.64	27.30
53	327.60	304.20	280.80	53	32.76	30.42	28.08
54	343.20	319.80	288.60	54	34.32	31.98	28.86
55	351.00	327.60	296.40	55	35.10	32.76	29.64
56	374.40	351.00	319.80	56	37.44	35.10	31.98
57	405.60	374.40	335.40	57	40.56	37.44	33.54
58	436.80	397.80	358.80	58	43.68	39.78	35.88
59	468.00	429.00	390.00	59	46.80	42.90	39.00
60	499.20	460.20	413.40	60	49.92	46.02	41.34
61	546.00	499.20	452.40	61	54.60	49.92	45.24
62	600.60	546.00	491.40	62	60.06	54.60	49.14
63	655.20	592.80	530.40	63	65.52	59.28	53.04
64	709.80	647.40	577.20	64	70.98	64.74	57.72
65	780.00	709.80	631.80	65	78.00	70.98	63.18
66	842.40	764.40	678.60	66	84.24	76.44	67.86
67	912.60	826.80	733.20	67	91.26	82.68	73.32
68	990.60	889.20	787.80	68	99.06	88.92	78.78
69	1,068.60	959.40	850.20	69	106.86	95.94	85.02

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,154.40	1,037.40	912.60	70	115.44	103.74	91.26
71	1,279.20	1,154.40	1,021.80	71	127.92	115.44	102.18
72	1,419.60	1,279.20	1,138.80	72	141.96	127.92	113.88
73	1,575.60	1,419.60	1,263.60	73	157.56	141.96	126.36
74	1,747.20	1,583.40	1,411.80	74	174.72	158.34	141.18
75	1,934.40	1,755.00	1,575.60	75	193.44	175.50	157.56
76	2,152.80	1,957.80	1,755.00	76	215.28	195.78	175.50
77	2,402.40	2,184.00	1,957.80	77	240.24	218.40	195.78
78	2,675.40	2,433.60	2,184.00	78	267.54	243.36	218.40
79	2,979.60	2,706.60	2,433.60	79	297.96	270.66	243.36
				80	332.28	301.86	271.44
				81	366.60	333.06	299.52
				82	405.60	368.94	331.50
				83	447.72	407.16	365.82
				84	494.52	449.28	404.82
				85	546.00	496.08	446.16
				86	614.64	558.48	502.32
				87	691.08	627.90	578.76
				88	777.66	706.68	635.70
				89	875.16	794.82	715.26
				90	984.36	894.66	804.18
				91	1,107.60	1,006.20	904.80
				92	1,245.66	1,131.78	1,017.90
				93	1,401.66	1,272.96	1,145.04
				94	1,576.38	1,432.08	1,288.56
				95	1,773.72	1,611.48	1,449.24
				96	1,995.24	1,812.72	1,630.20
				97	2,244.06	2,038.92	1,833.78
				98	2,524.86	2,293.98	2,063.10
				99	2,840.76	2,581.02	2,321.28

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	241.80	234.00	218.40	18-39	24.18	23.40	21.84
40	241.80	234.00	218.40	40	24.18	23.40	21.84
41	249.60	241.80	226.20	41	24.96	24.18	22.62
42	265.20	249.60	234.00	42	26.52	24.96	23.40
43	273.00	257.40	241.80	43	27.30	25.74	24.18
44	280.80	265.20	249.60	44	28.08	26.52	24.96
45	296.40	280.80	257.40	45	29.64	28.08	25.74
46	304.20	288.60	265.20	46	30.42	28.86	26.52
47	319.80	296.40	273.00	47	31.98	29.64	27.30
48	335.40	312.00	280.80	48	33.54	31.20	28.08
49	343.20	319.80	296.40	49	34.32	31.98	29.64
50	358.80	335.40	304.20	50	35.88	33.54	30.42
51	374.40	343.20	312.00	51	37.44	34.32	31.20
52	390.00	358.80	327.60	52	39.00	35.88	32.76
53	405.60	374.40	343.20	53	40.56	37.44	34.32
54	421.20	390.00	351.00	54	42.12	39.00	35.10
55	436.80	405.60	366.60	55	43.68	40.56	36.66
56	468.00	436.80	397.80	56	46.80	43.68	39.78
57	507.00	468.00	429.00	57	50.70	46.80	42.90
58	546.00	507.00	460.20	58	54.60	50.70	46.02
59	592.80	546.00	499.20	59	59.28	54.60	49.92
60	639.60	592.80	538.20	60	63.96	59.28	53.82
61	694.20	639.60	585.00	61	69.42	63.96	58.50
62	764.40	702.00	631.80	62	76.44	70.20	63.18
63	834.60	764.40	686.40	63	83.46	76.44	68.64
64	904.80	826.80	741.00	64	90.48	82.68	74.10
65	990.60	897.00	803.40	65	99.06	89.70	80.34
66	1,060.80	967.20	873.60	66	106.08	96.72	87.36
67	1,138.80	1,045.20	943.80	67	113.88	104.52	94.38
68	1,216.80	1,123.20	1,021.80	68	121.68	112.32	102.18
69	1,302.60	1,209.00	1,107.60	69	130.26	120.90	110.76

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,396.20	1,302.60	1,201.20	70	139.62	130.26	120.12
71	1,560.00	1,450.80	1,333.80	71	156.00	145.08	133.38
72	1,739.40	1,614.60	1,482.00	72	173.94	161.46	148.20
73	1,934.40	1,794.00	1,645.80	73	193.44	179.40	164.58
74	2,160.60	1,996.80	1,825.20	74	216.06	199.68	182.52
75	2,410.20	2,223.00	2,028.00	75	241.02	222.30	202.80
76	2,683.20	2,472.60	2,262.00	76	268.32	247.26	226.20
77	2,987.40	2,753.40	2,519.40	77	298.74	275.34	251.94
78	3,330.60	3,073.20	2,808.00	78	333.06	307.32	280.80
79	3,712.80	3,424.20	3,127.80	79	371.28	342.42	312.78
				80	413.40	381.42	348.66
				81	456.30	420.42	384.54
				82	503.88	464.10	424.32
				83	556.92	513.24	468.78
				84	614.64	566.28	517.14
				85	678.60	624.78	570.96
				86	763.62	703.56	642.72
				87	859.56	790.92	723.06
				88	966.42	889.98	813.54
				89	1,087.32	1,009.32	914.94
				90	1,223.04	1,126.32	1,029.60
				91	1,375.92	1,266.72	1,157.52
				92	1,548.30	1,425.06	1,302.60
				93	1,741.74	1,603.68	1,465.62
				94	1,959.36	1,804.14	1,648.14
				95	2,204.28	2,029.56	1,854.84
				96	2,479.62	2,283.06	2,086.50
				97	2,789.28	2,568.54	2,347.02
				98	3,137.94	2,889.12	2,640.30
				99	3,530.28	3,250.26	2,970.24

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	210.60	202.80	187.20	18-39	21.06	20.28	18.72
40	210.60	202.80	187.20	40	21.06	20.28	18.72
41	218.40	210.60	195.00	41	21.84	21.06	19.50
42	226.20	218.40	202.80	42	22.62	21.84	20.28
43	234.00	226.20	210.60	43	23.40	22.62	21.06
44	241.80	234.00	218.40	44	24.18	23.40	21.84
45	249.60	241.80	226.20	45	24.96	24.18	22.62
46	265.20	249.60	234.00	46	26.52	24.96	23.40
47	273.00	257.40	241.80	47	27.30	25.74	24.18
48	280.80	265.20	249.60	48	28.08	26.52	24.96
49	296.40	280.80	257.40	49	29.64	28.08	25.74
50	304.20	288.60	265.20	50	30.42	28.86	26.52
51	312.00	296.40	273.00	51	31.20	29.64	27.30
52	327.60	312.00	288.60	52	32.76	31.20	28.86
53	343.20	319.80	296.40	53	34.32	31.98	29.64
54	351.00	327.60	304.20	54	35.10	32.76	30.42
55	366.60	343.20	319.80	55	36.66	34.32	31.98
56	390.00	366.60	335.40	56	39.00	36.66	33.54
57	421.20	390.00	358.80	57	42.12	39.00	35.88
58	444.60	413.40	382.20	58	44.46	41.34	38.22
59	475.80	444.60	405.60	59	47.58	44.46	40.56
60	507.00	468.00	429.00	60	50.70	46.80	42.90
61	546.00	507.00	460.20	61	54.60	50.70	46.02
62	585.00	546.00	499.20	62	58.50	54.60	49.92
63	624.00	585.00	538.20	63	62.40	58.50	53.82
64	670.80	624.00	577.20	64	67.08	62.40	57.72
65	717.60	670.80	624.00	65	71.76	67.08	62.40
66	780.00	733.20	678.60	66	78.00	73.32	67.86
67	850.20	795.60	733.20	67	85.02	79.56	73.32
68	928.20	865.80	795.60	68	92.82	86.58	79.56
69	1,006.20	936.00	865.80	69	100.62	93.60	86.58

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,099.80	1,021.80	936.00	70	109.98	102.18	93.60
71	1,209.00	1,123.20	1,029.60	71	120.90	112.32	102.96
72	1,333.80	1,240.20	1,138.80	72	133.38	124.02	113.88
73	1,474.20	1,365.00	1,255.80	73	147.42	136.50	125.58
74	1,622.40	1,505.40	1,388.40	74	162.24	150.54	138.84
75	1,786.20	1,661.40	1,528.80	75	178.62	166.14	152.88
76	2,012.40	1,872.00	1,723.80	76	201.24	187.20	172.38
77	2,262.00	2,106.00	1,942.20	77	226.20	210.60	194.22
78	2,542.80	2,371.20	2,191.80	78	254.28	237.12	219.18
79	2,854.80	2,667.60	2,472.60	79	285.48	266.76	247.26
80		3,003.00	2,784.60	80		300.30	278.46
81		3,361.80	3,120.00	81		336.18	312.00
82		3,759.60	3,494.40	82		375.96	349.44
83		4,212.00	3,915.60	83		421.20	391.56
84		4,711.20	4,383.60	84		471.12	438.36

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	257.40	241.80	226.20	18-39	25.74	24.18	22.62
40	257.40	241.80	226.20	40	25.74	24.18	22.62
41	265.20	249.60	234.00	41	26.52	24.96	23.40
42	273.00	257.40	241.80	42	27.30	25.74	24.18
43	288.60	273.00	249.60	43	28.86	27.30	24.96
44	296.40	280.80	257.40	44	29.64	28.08	25.74
45	304.20	288.60	265.20	45	30.42	28.86	26.52
46	319.80	304.20	280.80	46	31.98	30.42	28.08
47	327.60	312.00	288.60	47	32.76	31.20	28.86
48	343.20	319.80	296.40	48	34.32	31.98	29.64
49	351.00	335.40	312.00	49	35.10	33.54	31.20
50	366.60	343.20	319.80	50	36.66	34.32	31.98
51	382.20	358.80	335.40	51	38.22	35.88	33.54
52	397.80	374.40	343.20	52	39.78	37.44	34.32
53	413.40	390.00	358.80	53	41.34	39.00	35.88
54	436.80	405.60	374.40	54	43.68	40.56	37.44
55	452.40	421.20	390.00	55	45.24	42.12	39.00
56	483.60	452.40	413.40	56	48.36	45.24	41.34
57	514.80	483.60	444.60	57	51.48	48.36	44.46
58	546.00	514.80	475.80	58	54.60	51.48	47.58
59	585.00	546.00	507.00	59	58.50	54.60	50.70
60	624.00	585.00	546.00	60	62.40	58.50	54.60
61	670.80	631.80	585.00	61	67.08	63.18	58.50
62	717.60	670.80	624.00	62	71.76	67.08	62.40
63	772.20	725.40	670.80	63	77.22	72.54	67.08
64	834.60	780.00	717.60	64	83.46	78.00	71.76
65	897.00	834.60	772.20	65	89.70	83.46	77.22
66	975.00	912.60	842.40	66	97.50	91.26	84.24
67	1,060.80	990.60	920.40	67	106.08	99.06	92.04
68	1,146.60	1,076.40	1,006.20	68	114.66	107.64	100.62
69	1,248.00	1,170.00	1,092.00	69	124.80	117.00	109.20

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,357.20	1,279.20	1,193.40	70	135.72	127.92	119.34
71	1,497.60	1,411.80	1,318.20	71	149.76	141.18	131.82
72	1,653.60	1,560.00	1,458.60	72	165.36	156.00	145.86
73	1,817.40	1,716.00	1,606.80	73	181.74	171.60	160.68
74	2,004.60	1,887.60	1,770.60	74	200.46	188.76	177.06
75	2,215.20	2,090.40	1,957.80	75	221.52	209.04	195.78
76	2,480.40	2,340.00	2,191.80	76	248.04	234.00	219.18
77	2,769.00	2,613.00	2,449.20	77	276.90	261.30	244.92
78	3,096.60	2,917.20	2,737.80	78	309.66	291.72	273.78
79	3,463.20	3,268.20	3,065.40	79	346.32	326.82	306.54

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	312.00	296.40	273.00	18-39	31.20	29.64	27.30
40	312.00	296.40	273.00	40	31.20	29.64	27.30
41	327.60	304.20	280.80	41	32.76	30.42	28.08
42	335.40	319.80	296.40	42	33.54	31.98	29.64
43	351.00	327.60	304.20	43	35.10	32.76	30.42
44	366.60	343.20	319.80	44	36.66	34.32	31.98
45	382.20	358.80	327.60	45	38.22	35.88	32.76
46	397.80	374.40	343.20	46	39.78	37.44	34.32
47	413.40	390.00	358.80	47	41.34	39.00	35.88
48	429.00	397.80	366.60	48	42.90	39.78	36.66
49	444.60	413.40	382.20	49	44.46	41.34	38.22
50	460.20	429.00	397.80	50	46.02	42.90	39.78
51	475.80	444.60	413.40	51	47.58	44.46	41.34
52	499.20	468.00	429.00	52	49.92	46.80	42.90
53	514.80	483.60	444.60	53	51.48	48.36	44.46
54	530.40	499.20	460.20	54	53.04	49.92	46.02
55	553.80	514.80	475.80	55	55.38	51.48	47.58
56	592.80	553.80	507.00	56	59.28	55.38	50.70
57	631.80	592.80	546.00	57	63.18	59.28	54.60
58	678.60	631.80	585.00	58	67.86	63.18	58.50
59	725.40	678.60	624.00	59	72.54	67.86	62.40
60	780.00	725.40	670.80	60	78.00	72.54	67.08
61	842.40	780.00	717.60	61	84.24	78.00	71.76
62	904.80	842.40	772.20	62	90.48	84.24	77.22
63	975.00	904.80	826.80	63	97.50	90.48	82.68
64	1,053.00	975.00	889.20	64	105.30	97.50	88.92
65	1,131.00	1,045.20	951.60	65	113.10	104.52	95.16
66	1,232.40	1,138.80	1,037.40	66	123.24	113.88	103.74
67	1,341.60	1,240.20	1,131.00	67	134.16	124.02	113.10
68	1,458.60	1,349.40	1,240.20	68	145.86	134.94	124.02
69	1,591.20	1,474.20	1,349.40	69	159.12	147.42	134.94

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,731.60	1,606.80	1,474.20	70	173.16	160.68	147.42
71	1,911.00	1,770.60	1,622.40	71	191.10	177.06	162.24
72	2,098.20	1,942.20	1,786.20	72	209.82	194.22	178.62
73	2,316.60	2,145.00	1,965.60	73	231.66	214.50	196.56
74	2,550.60	2,363.40	2,168.40	74	255.06	236.34	216.84
75	2,808.00	2,597.40	2,386.80	75	280.80	259.74	238.68
76	3,120.00	2,901.60	2,675.40	76	312.00	290.16	267.54
77	3,463.20	3,237.00	3,003.00	77	346.32	323.70	300.30
78	3,853.20	3,611.40	3,369.60	78	385.32	361.14	336.96
79	4,274.40	4,024.80	3,775.20	79	427.44	402.48	377.52

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	397.80	382.20	358.80	18-39	39.78	38.22	35.88
40	397.80	382.20	358.80	40	39.78	38.22	35.88
41	413.40	397.80	374.40	41	41.34	39.78	37.44
42	436.80	413.40	390.00	42	43.68	41.34	39.00
43	452.40	429.00	405.60	43	45.24	42.90	40.56
44	468.00	444.60	421.20	44	46.80	44.46	42.12
45	491.40	468.00	436.80	45	49.14	46.80	43.68
46	514.80	491.40	460.20	46	51.48	49.14	46.02
47	538.20	507.00	475.80	47	53.82	50.70	47.58
48	561.60	530.40	499.20	48	56.16	53.04	49.92
49	585.00	553.80	514.80	49	58.50	55.38	51.48
50	608.40	577.20	538.20	50	60.84	57.72	53.82
51	631.80	600.60	561.60	51	63.18	60.06	56.16
52	663.00	624.00	577.20	52	66.30	62.40	57.72
53	686.40	647.40	600.60	53	68.64	64.74	60.06
54	717.60	670.80	624.00	54	71.76	67.08	62.40
55	748.80	702.00	647.40	55	74.88	70.20	64.74
56	803.40	748.80	694.20	56	80.34	74.88	69.42
57	858.00	803.40	741.00	57	85.80	80.34	74.10
58	920.40	858.00	787.80	58	92.04	85.80	78.78
59	982.80	912.60	842.40	59	98.28	91.26	84.24
60	1,053.00	975.00	897.00	60	105.30	97.50	89.70
61	1,131.00	1,045.20	959.40	61	113.10	104.52	95.94
62	1,209.00	1,123.20	1,037.40	62	120.90	112.32	103.74
63	1,302.60	1,209.00	1,107.60	63	130.26	120.90	110.76
64	1,396.20	1,294.80	1,193.40	64	139.62	129.48	119.34
65	1,497.60	1,388.40	1,279.20	65	149.76	138.84	127.92
66	1,614.60	1,505.40	1,396.20	66	161.46	150.54	139.62
67	1,739.40	1,630.20	1,521.00	67	173.94	163.02	152.10
68	1,872.00	1,770.60	1,661.40	68	187.20	177.06	166.14
69	2,020.20	1,918.80	1,817.40	69	202.02	191.88	181.74

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,176.20	2,082.60	1,981.20	70	217.62	208.26	198.12
71	2,402.40	2,293.20	2,176.20	71	240.24	229.32	217.62
72	2,644.20	2,519.40	2,394.60	72	264.42	251.94	239.46
73	2,917.20	2,776.80	2,636.40	73	291.72	277.68	263.64
74	3,221.40	3,065.40	2,901.60	74	322.14	306.54	290.16
75	3,549.00	3,369.60	3,190.20	75	354.90	336.96	319.02
76	3,954.60	3,744.00	3,533.40	76	395.46	374.40	353.34
77	4,399.20	4,157.40	3,915.60	77	439.92	415.74	391.56
78	4,898.40	4,625.40	4,344.60	78	489.84	462.54	434.46
79	5,452.20	5,132.40	4,812.60	79	545.22	513.24	481.26

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	304.20	288.60	273.00	18-39	30.42	28.86	27.30
40	304.20	288.60	273.00	40	30.42	28.86	27.30
41	312.00	296.40	280.80	41	31.20	29.64	28.08
42	319.80	304.20	288.60	42	31.98	30.42	28.86
43	335.40	319.80	296.40	43	33.54	31.98	29.64
44	343.20	327.60	304.20	44	34.32	32.76	30.42
45	351.00	335.40	312.00	45	35.10	33.54	31.20
46	358.80	343.20	319.80	46	35.88	34.32	31.98
47	374.40	351.00	327.60	47	37.44	35.10	32.76
48	382.20	366.60	343.20	48	38.22	36.66	34.32
49	397.80	374.40	351.00	49	39.78	37.44	35.10
50	405.60	382.20	358.80	50	40.56	38.22	35.88
51	421.20	397.80	366.60	51	42.12	39.78	36.66
52	429.00	405.60	382.20	52	42.90	40.56	38.22
53	444.60	421.20	390.00	53	44.46	42.12	39.00
54	452.40	429.00	405.60	54	45.24	42.90	40.56
55	468.00	444.60	413.40	55	46.80	44.46	41.34
56	491.40	468.00	436.80	56	49.14	46.80	43.68
57	522.60	491.40	460.20	57	52.26	49.14	46.02
58	553.80	522.60	483.60	58	55.38	52.26	48.36
59	585.00	546.00	507.00	59	58.50	54.60	50.70
60	616.20	577.20	530.40	60	61.62	57.72	53.04
61	655.20	616.20	569.40	61	65.52	61.62	56.94
62	702.00	655.20	600.60	62	70.20	65.52	60.06
63	748.80	702.00	647.40	63	74.88	70.20	64.74
64	795.60	741.00	686.40	64	79.56	74.10	68.64
65	850.20	795.60	733.20	65	85.02	79.56	73.32
66	912.60	850.20	787.80	66	91.26	85.02	78.78
67	982.80	920.40	850.20	67	98.28	92.04	85.02
68	1,060.80	990.60	920.40	68	106.08	99.06	92.04
69	1,146.60	1,068.60	990.60	69	114.66	106.86	99.06

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,232.40	1,154.40	1,068.60	70	123.24	115.44	106.86
71	1,349.40	1,263.60	1,170.00	71	134.94	126.36	117.00
72	1,482.00	1,388.40	1,287.00	72	148.20	138.84	128.70
73	1,630.20	1,521.00	1,411.80	73	163.02	152.10	141.18
74	1,786.20	1,669.20	1,552.20	74	178.62	166.92	155.22
75	1,957.80	1,833.00	1,700.40	75	195.78	183.30	170.04
76	2,199.60	2,059.20	1,911.00	76	219.96	205.92	191.10
77	2,472.60	2,308.80	2,145.00	77	247.26	230.88	214.50
78	2,776.80	2,597.40	2,418.00	78	277.68	259.74	241.80
79	3,120.00	2,917.20	2,714.40	79	312.00	291.72	271.44
80		3,283.80	3,049.80	80		328.38	304.98
81		3,650.40	3,393.00	81		365.04	339.30
82		4,071.60	3,783.00	82		407.16	378.30
83		4,531.80	4,212.00	83		453.18	421.20
84		5,046.60	4,687.80	84		504.66	468.78

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	382.20	358.80	327.60	18-39	38.22	35.88	32.76
40	382.20	358.80	327.60	40	38.22	35.88	32.76
41	390.00	366.60	335.40	41	39.00	36.66	33.54
42	405.60	374.40	343.20	42	40.56	37.44	34.32
43	413.40	390.00	358.80	43	41.34	39.00	35.88
44	429.00	397.80	366.60	44	42.90	39.78	36.66
45	436.80	405.60	374.40	45	43.68	40.56	37.44
46	452.40	421.20	390.00	46	45.24	42.12	39.00
47	460.20	429.00	397.80	47	46.02	42.90	39.78
48	475.80	444.60	413.40	48	47.58	44.46	41.34
49	483.60	452.40	421.20	49	48.36	45.24	42.12
50	499.20	468.00	436.80	50	49.92	46.80	43.68
51	514.80	483.60	452.40	51	51.48	48.36	45.24
52	530.40	499.20	460.20	52	53.04	49.92	46.02
53	546.00	514.80	475.80	53	54.60	51.48	47.58
54	561.60	530.40	491.40	54	56.16	53.04	49.14
55	577.20	546.00	507.00	55	57.72	54.60	50.70
56	608.40	577.20	538.20	56	60.84	57.72	53.82
57	647.40	608.40	561.60	57	64.74	60.84	56.16
58	686.40	639.60	592.80	58	68.64	63.96	59.28
59	725.40	678.60	631.80	59	72.54	67.86	63.18
60	772.20	717.60	663.00	60	77.22	71.76	66.30
61	819.00	764.40	709.80	61	81.90	76.44	70.98
62	873.60	819.00	756.60	62	87.36	81.90	75.66
63	936.00	873.60	803.40	63	93.60	87.36	80.34
64	998.40	928.20	858.00	64	99.84	92.82	85.80
65	1,060.80	990.60	912.60	65	106.08	99.06	91.26
66	1,146.60	1,068.60	990.60	66	114.66	106.86	99.06
67	1,240.20	1,154.40	1,068.60	67	124.02	115.44	106.86
68	1,341.60	1,248.00	1,154.40	68	134.16	124.80	115.44
69	1,450.80	1,357.20	1,255.80	69	145.08	135.72	125.58

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,567.80	1,466.40	1,357.20	70	156.78	146.64	135.72
71	1,716.00	1,606.80	1,489.80	71	171.60	160.68	148.98
72	1,887.60	1,762.80	1,638.00	72	188.76	176.28	163.80
73	2,067.00	1,934.40	1,794.00	73	206.70	193.44	179.40
74	2,269.80	2,121.60	1,973.40	74	226.98	212.16	197.34
75	2,488.20	2,332.20	2,168.40	75	248.82	233.22	216.84
76	2,769.00	2,589.60	2,410.20	76	276.90	258.96	241.02
77	3,081.00	2,886.00	2,683.20	77	308.10	288.60	268.32
78	3,432.00	3,205.80	2,979.60	78	343.20	320.58	297.96
79	3,822.00	3,572.40	3,315.00	79	382.20	357.24	331.50

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	475.80	444.60	405.60	18-39	47.58	44.46	40.56
40	475.80	444.60	405.60	40	47.58	44.46	40.56
41	491.40	460.20	421.20	41	49.14	46.02	42.12
42	507.00	468.00	429.00	42	50.70	46.80	42.90
43	514.80	483.60	444.60	43	51.48	48.36	44.46
44	530.40	499.20	460.20	44	53.04	49.92	46.02
45	546.00	507.00	468.00	45	54.60	50.70	46.80
46	561.60	522.60	483.60	46	56.16	52.26	48.36
47	577.20	538.20	499.20	47	57.72	53.82	49.92
48	600.60	561.60	514.80	48	60.06	56.16	51.48
49	616.20	577.20	530.40	49	61.62	57.72	53.04
50	631.80	592.80	546.00	50	63.18	59.28	54.60
51	647.40	608.40	561.60	51	64.74	60.84	56.16
52	670.80	624.00	577.20	52	67.08	62.40	57.72
53	686.40	639.60	592.80	53	68.64	63.96	59.28
54	702.00	663.00	616.20	54	70.20	66.30	61.62
55	725.40	678.60	631.80	55	72.54	67.86	63.18
56	772.20	725.40	670.80	56	77.22	72.54	67.08
57	811.20	764.40	709.80	57	81.12	76.44	70.98
58	865.80	811.20	748.80	58	86.58	81.12	74.88
59	912.60	850.20	787.80	59	91.26	85.02	78.78
60	967.20	904.80	834.60	60	96.72	90.48	83.46
61	1,029.60	959.40	889.20	61	102.96	95.94	88.92
62	1,099.80	1,021.80	943.80	62	109.98	102.18	94.38
63	1,177.80	1,092.00	1,006.20	63	117.78	109.20	100.62
64	1,255.80	1,162.20	1,068.60	64	125.58	116.22	106.86
65	1,341.60	1,240.20	1,138.80	65	134.16	124.02	113.88
66	1,450.80	1,341.60	1,232.40	66	145.08	134.16	123.24
67	1,567.80	1,458.60	1,341.60	67	156.78	145.86	134.16
68	1,700.40	1,583.40	1,458.60	68	170.04	158.34	145.86
69	1,840.80	1,716.00	1,583.40	69	184.08	171.60	158.34

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,989.00	1,856.40	1,716.00	70	198.90	185.64	171.60
71	2,176.20	2,028.00	1,872.00	71	217.62	202.80	187.20
72	2,386.80	2,215.20	2,043.60	72	238.68	221.52	204.36
73	2,613.00	2,425.80	2,230.80	73	261.30	242.58	223.08
74	2,854.80	2,644.20	2,433.60	74	285.48	264.42	243.36
75	3,127.80	2,893.80	2,659.80	75	312.78	289.38	265.98
76	3,463.20	3,221.40	2,971.80	76	346.32	322.14	297.18
77	3,829.80	3,572.40	3,315.00	77	382.98	357.24	331.50
78	4,235.40	3,970.20	3,697.20	78	423.54	397.02	369.72
79	4,687.80	4,407.00	4,126.20	79	468.78	440.70	412.62

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	616.20	585.00	546.00	18-39	61.62	58.50	54.60
40	616.20	585.00	546.00	40	61.62	58.50	54.60
41	639.60	608.40	569.40	41	63.96	60.84	56.94
42	663.00	624.00	585.00	42	66.30	62.40	58.50
43	686.40	647.40	608.40	43	68.64	64.74	60.84
44	709.80	670.80	631.80	44	70.98	67.08	63.18
45	733.20	694.20	655.20	45	73.32	69.42	65.52
46	756.60	717.60	678.60	46	75.66	71.76	67.86
47	787.80	748.80	702.00	47	78.78	74.88	70.20
48	811.20	772.20	725.40	48	81.12	77.22	72.54
49	842.40	795.60	748.80	49	84.24	79.56	74.88
50	873.60	826.80	780.00	50	87.36	82.68	78.00
51	897.00	850.20	795.60	51	89.70	85.02	79.56
52	920.40	873.60	819.00	52	92.04	87.36	81.90
53	943.80	897.00	842.40	53	94.38	89.70	84.24
54	975.00	920.40	858.00	54	97.50	92.04	85.80
55	998.40	943.80	881.40	55	99.84	94.38	88.14
56	1,053.00	990.60	928.20	56	105.30	99.06	92.82
57	1,115.40	1,045.20	975.00	57	111.54	104.52	97.50
58	1,177.80	1,099.80	1,021.80	58	117.78	109.98	102.18
59	1,248.00	1,162.20	1,076.40	59	124.80	116.22	107.64
60	1,318.20	1,224.60	1,131.00	60	131.82	122.46	113.10
61	1,404.00	1,302.60	1,201.20	61	140.40	130.26	120.12
62	1,489.80	1,388.40	1,279.20	62	148.98	138.84	127.92
63	1,583.40	1,474.20	1,365.00	63	158.34	147.42	136.50
64	1,684.80	1,567.80	1,450.80	64	168.48	156.78	145.08
65	1,794.00	1,669.20	1,544.40	65	179.40	166.92	154.44
66	1,918.80	1,794.00	1,669.20	66	191.88	179.40	166.92
67	2,051.40	1,934.40	1,809.60	67	205.14	193.44	180.96
68	2,199.60	2,082.60	1,965.60	68	219.96	208.26	196.56
69	2,355.60	2,238.60	2,121.60	69	235.56	223.86	212.16

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,519.40	2,410.20	2,301.00	70	251.94	241.02	230.10
71	2,761.20	2,636.40	2,511.60	71	276.12	263.64	251.16
72	3,018.60	2,878.20	2,737.80	72	301.86	287.82	273.78
73	3,307.20	3,151.20	2,987.40	73	330.72	315.12	298.74
74	3,619.20	3,439.80	3,260.40	74	361.92	343.98	326.04
75	3,962.40	3,759.60	3,556.80	75	396.24	375.96	355.68
76	4,391.40	4,157.40	3,923.40	76	439.14	415.74	392.34
77	4,875.00	4,602.00	4,321.20	77	487.50	460.20	432.12
78	5,405.40	5,085.60	4,765.80	78	540.54	508.56	476.58
79	5,998.20	5,631.60	5,257.20	79	599.82	563.16	525.72

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	156.83	148.11	139.40	18-39	15.68	14.81	13.94
40	156.83	148.11	139.40	40	15.68	14.81	13.94
41	165.54	156.83	148.11	41	16.55	15.68	14.81
42	165.54	156.83	148.11	42	16.55	15.68	14.81
43	174.25	165.54	156.83	43	17.43	16.55	15.68
44	182.96	174.25	156.83	44	18.30	17.43	15.68
45	182.96	174.25	165.54	45	18.30	17.43	16.55
46	191.68	182.96	165.54	46	19.17	18.30	16.55
47	200.39	191.68	174.25	47	20.04	19.17	17.43
48	200.39	191.68	182.96	48	20.04	19.17	18.30
49	209.10	200.39	182.96	49	20.91	20.04	18.30
50	217.82	209.10	191.68	50	21.78	20.91	19.17
51	226.53	217.82	200.39	51	22.65	21.78	20.04
52	243.95	235.24	217.82	52	24.40	23.52	21.78
53	261.38	243.95	226.53	53	26.14	24.40	22.65
54	270.09	252.67	235.24	54	27.01	25.27	23.52
55	287.52	270.09	252.67	55	28.75	27.01	25.27
56	304.94	287.52	261.38	56	30.49	28.75	26.14
57	322.37	304.94	278.80	57	32.24	30.49	27.88
58	348.50	322.37	296.23	58	34.85	32.24	29.62
59	365.93	339.79	304.94	59	36.59	33.98	30.49
60	392.07	357.22	322.37	60	39.21	35.72	32.24
61	426.92	392.07	348.50	61	42.69	39.21	34.85
62	453.06	418.20	374.64	62	45.31	41.82	37.46
63	496.62	453.06	409.49	63	49.66	45.31	40.95
64	531.47	487.91	444.34	64	53.15	48.79	44.43
65	575.03	531.47	479.19	65	57.50	53.15	47.92
66	627.31	575.03	522.76	66	62.73	57.50	52.28
67	688.30	627.31	566.32	67	68.83	62.73	56.63
68	749.28	679.58	609.88	68	74.93	67.96	60.99
69	818.98	740.57	662.16	69	81.90	74.06	66.22

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	897.40	810.27	723.15	70	89.74	81.03	72.31
71	993.24	897.40	792.85	71	99.32	89.74	79.28
72	1,106.50	993.24	871.26	72	110.65	99.32	87.13
73	1,228.48	1,097.79	958.39	73	122.85	109.78	95.84
74	1,367.88	1,211.05	1,054.22	74	136.79	121.11	105.42
75	1,515.99	1,341.74	1,158.78	75	151.60	134.17	115.88
76	1,690.24	1,489.85	1,289.46	76	169.02	148.99	128.95
77	1,890.63	1,672.82	1,446.29	77	189.06	167.28	144.63
78	2,117.16	1,864.50	1,611.83	78	211.72	186.45	161.18
79	2,361.11	2,082.31	1,794.80	79	236.11	208.23	179.48
80		2,326.26	2,003.90	80	263.99	232.63	200.39
81		2,570.22	2,213.00	81	291.87	257.02	221.30
82		2,840.31	2,448.24	82	323.24	284.03	244.82
83		3,145.25	2,709.62	83	357.22	314.52	270.96
84		3,476.33	2,997.13	84	394.68	347.63	299.71
				85	436.50	384.23	331.95
				86	491.39	433.02	373.77
				87	553.25	487.03	420.82
				88	622.08	547.15	473.09
				89	699.62	615.98	532.34
				90	791.98	692.65	598.56
				91	885.20	779.78	673.48
				92	995.85	876.49	757.12
				93	1,120.44	986.27	852.09
				94	1,260.71	1,109.11	958.39
				95	1,417.54	1,248.52	1,078.62
				96	1,595.28	1,404.47	1,212.79
				97	1,794.80	1,579.59	1,364.39
				98	2,018.71	1,777.37	1,535.16
				99	2,270.50	1,998.67	1,726.84

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	200.39	191.68	174.25	18-39	20.04	19.17	17.43
40	200.39	191.68	174.25	40	20.04	19.17	17.43
41	209.10	200.39	182.96	41	20.91	20.04	18.30
42	209.10	200.39	182.96	42	20.91	20.04	18.30
43	217.82	209.10	191.68	43	21.78	20.91	19.17
44	226.53	217.82	200.39	44	22.65	21.78	20.04
45	235.24	217.82	200.39	45	23.52	21.78	20.04
46	243.95	226.53	209.10	46	24.40	22.65	20.91
47	243.95	235.24	217.82	47	24.40	23.52	21.78
48	252.67	235.24	217.82	48	25.27	23.52	21.78
49	261.38	243.95	226.53	49	26.14	24.40	22.65
50	270.09	252.67	235.24	50	27.01	25.27	23.52
51	278.80	261.38	243.95	51	27.88	26.14	24.40
52	296.23	278.80	252.67	52	29.62	27.88	25.27
53	313.65	287.52	261.38	53	31.37	28.75	26.14
54	322.37	304.94	278.80	54	32.24	30.49	27.88
55	339.79	313.65	287.52	55	33.98	31.37	28.75
56	365.93	339.79	304.94	56	36.59	33.98	30.49
57	383.35	357.22	331.08	57	38.34	35.72	33.11
58	409.49	383.35	348.50	58	40.95	38.34	34.85
59	444.34	409.49	374.64	59	44.43	40.95	37.46
60	470.48	435.63	400.78	60	47.05	43.56	40.08
61	505.33	470.48	435.63	61	50.53	47.05	43.56
62	548.89	514.04	470.48	62	54.89	51.40	47.05
63	592.46	557.61	514.04	63	59.25	55.76	51.40
64	644.73	601.17	557.61	64	64.47	60.12	55.76
65	697.01	653.45	609.88	65	69.70	65.34	60.99
66	758.00	714.43	662.16	66	75.80	71.44	66.22
67	818.98	775.42	723.15	67	81.90	77.54	72.31
68	888.69	836.41	784.13	68	88.87	83.64	78.41
69	958.39	906.11	853.83	69	95.84	90.61	85.38

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,036.80	984.52	923.54	70	103.68	98.45	92.35
71	1,158.78	1,097.79	1,036.80	71	115.88	109.78	103.68
72	1,289.46	1,228.48	1,158.78	72	128.95	122.85	115.88
73	1,428.87	1,367.88	1,298.18	73	142.89	136.79	129.82
74	1,594.41	1,524.71	1,446.29	74	159.44	152.47	144.63
75	1,777.37	1,698.96	1,620.54	75	177.74	169.90	162.05
76	1,977.76	1,890.63	1,803.51	76	197.78	189.06	180.35
77	2,204.29	2,108.45	2,012.61	77	220.43	210.84	201.26
78	2,465.67	2,361.11	2,247.85	78	246.57	236.11	224.79
79	2,744.47	2,622.49	2,500.52	79	274.45	262.25	250.05
				80	305.81	292.74	278.80
				81	338.05	323.24	308.43
				82	373.77	357.22	340.66
				83	417.33	395.55	377.26
				84	456.54	444.34	416.46
				85	504.46	482.68	460.90
				86	568.06	543.67	519.27
				87	638.63	611.62	583.74
				88	718.79	687.42	656.93
				89	808.53	773.68	738.83
				90	909.60	870.39	831.18
				91	1,022.86	979.30	937.48
				92	1,150.93	1,101.27	1,051.61
				93	1,294.69	1,238.93	1,183.17
				94	1,456.75	1,394.02	1,330.41
				95	1,638.84	1,568.27	1,496.82
				96	1,843.59	1,763.43	1,684.15
				97	2,073.60	1,983.86	1,894.99
				98	2,333.23	2,232.17	2,131.10
				99	2,624.24	2,510.97	2,397.71

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	226.53	217.82	200.39	18-39	22.65	21.78	20.04
40	226.53	217.82	200.39	40	22.65	21.78	20.04
41	235.24	226.53	209.10	41	23.52	22.65	20.91
42	243.95	235.24	217.82	42	24.40	23.52	21.78
43	252.67	243.95	226.53	43	25.27	24.40	22.65
44	261.38	252.67	235.24	44	26.14	25.27	23.52
45	270.09	261.38	243.95	45	27.01	26.14	24.40
46	287.52	270.09	252.67	46	28.75	27.01	25.27
47	296.23	278.80	261.38	47	29.62	27.88	26.14
48	304.94	287.52	270.09	48	30.49	28.75	27.01
49	322.37	304.94	278.80	49	32.24	30.49	27.88
50	331.08	313.65	287.52	50	33.11	31.37	28.75
51	339.79	322.37	296.23	51	33.98	32.24	29.62
52	357.22	331.08	304.94	52	35.72	33.11	30.49
53	365.93	339.79	313.65	53	36.59	33.98	31.37
54	383.35	357.22	322.37	54	38.34	35.72	32.24
55	392.07	365.93	331.08	55	39.21	36.59	33.11
56	418.20	392.07	357.22	56	41.82	39.21	35.72
57	453.06	418.20	374.64	57	45.31	41.82	37.46
58	487.91	444.34	400.78	58	48.79	44.43	40.08
59	522.76	479.19	435.63	59	52.28	47.92	43.56
60	557.61	514.04	461.77	60	55.76	51.40	46.18
61	609.88	557.61	505.33	61	60.99	55.76	50.53
62	670.87	609.88	548.89	62	67.09	60.99	54.89
63	731.86	662.16	592.46	63	73.19	66.22	59.25
64	792.85	723.15	644.73	64	79.28	72.31	64.47
65	871.26	792.85	705.72	65	87.13	79.28	70.57
66	940.96	853.83	758.00	66	94.10	85.38	75.80
67	1,019.37	923.54	818.98	67	101.94	92.35	81.90
68	1,106.50	993.24	879.97	68	110.65	99.32	88.00
69	1,193.63	1,071.65	949.67	69	119.36	107.16	94.97

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,289.46	1,158.78	1,019.37	70	128.95	115.88	101.94
71	1,428.87	1,289.46	1,141.35	71	142.89	128.95	114.14
72	1,585.69	1,428.87	1,272.04	72	158.57	142.89	127.20
73	1,759.95	1,585.69	1,411.44	73	175.99	158.57	141.14
74	1,951.62	1,768.66	1,576.98	74	195.16	176.87	157.70
75	2,160.72	1,960.34	1,759.95	75	216.07	196.03	175.99
76	2,404.68	2,186.86	1,960.34	76	240.47	218.69	196.03
77	2,683.48	2,439.53	2,186.86	77	268.35	243.95	218.69
78	2,988.42	2,718.33	2,439.53	78	298.84	271.83	243.95
79	3,328.21	3,023.27	2,718.33	79	332.82	302.33	271.83
				80	371.16	337.18	303.20
				81	409.49	372.03	334.56
				82	453.06	412.11	370.29
				83	500.10	454.80	408.62
				84	552.38	501.85	452.18
				85	609.88	554.12	498.36
				86	686.55	623.82	561.09
				87	771.94	701.36	646.47
				88	868.65	789.36	710.08
				89	977.55	887.81	798.95
				90	1,099.53	999.34	898.27
				91	1,237.19	1,123.93	1,010.66
				92	1,391.40	1,264.20	1,136.99
				93	1,565.65	1,421.90	1,279.01
				94	1,760.82	1,599.63	1,439.32
				95	1,981.25	1,800.02	1,618.80
				96	2,228.68	2,024.81	1,820.93
				97	2,506.62	2,277.47	2,048.33
				98	2,820.27	2,562.38	2,304.48
				99	3,173.13	2,883.00	2,592.87

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	270.09	261.38	243.95	18-39	27.01	26.14	24.40
40	270.09	261.38	243.95	40	27.01	26.14	24.40
41	278.80	270.09	252.67	41	27.88	27.01	25.27
42	296.23	278.80	261.38	42	29.62	27.88	26.14
43	304.94	287.52	270.09	43	30.49	28.75	27.01
44	313.65	296.23	278.80	44	31.37	29.62	27.88
45	331.08	313.65	287.52	45	33.11	31.37	28.75
46	339.79	322.37	296.23	46	33.98	32.24	29.62
47	357.22	331.08	304.94	47	35.72	33.11	30.49
48	374.64	348.50	313.65	48	37.46	34.85	31.37
49	383.35	357.22	331.08	49	38.34	35.72	33.11
50	400.78	374.64	339.79	50	40.08	37.46	33.98
51	418.20	383.35	348.50	51	41.82	38.34	34.85
52	435.63	400.78	365.93	52	43.56	40.08	36.59
53	453.06	418.20	383.35	53	45.31	41.82	38.34
54	470.48	435.63	392.07	54	47.05	43.56	39.21
55	487.91	453.06	409.49	55	48.79	45.31	40.95
56	522.76	487.91	444.34	56	52.28	48.79	44.43
57	566.32	522.76	479.19	57	56.63	52.28	47.92
58	609.88	566.32	514.04	58	60.99	56.63	51.40
59	662.16	609.88	557.61	59	66.22	60.99	55.76
60	714.43	662.16	601.17	60	71.44	66.22	60.12
61	775.42	714.43	653.45	61	77.54	71.44	65.34
62	853.83	784.13	705.72	62	85.38	78.41	70.57
63	932.25	853.83	766.71	63	93.22	85.38	76.67
64	1,010.66	923.54	827.70	64	101.07	92.35	82.77
65	1,106.50	1,001.95	897.40	65	110.65	100.19	89.74
66	1,184.91	1,080.36	975.81	66	118.49	108.04	97.58
67	1,272.04	1,167.49	1,054.22	67	127.20	116.75	105.42
68	1,359.17	1,254.61	1,141.35	68	135.92	125.46	114.14
69	1,455.00	1,350.45	1,237.19	69	145.50	135.05	123.72

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,559.56	1,455.00	1,341.74	70	155.96	145.50	134.17
71	1,742.52	1,620.54	1,489.85	71	174.25	162.05	148.99
72	1,942.91	1,803.51	1,655.39	72	194.29	180.35	165.54
73	2,160.72	2,003.90	1,838.36	73	216.07	200.39	183.84
74	2,413.39	2,230.43	2,038.75	74	241.34	223.04	203.87
75	2,692.19	2,483.09	2,265.28	75	269.22	248.31	226.53
76	2,997.13	2,761.89	2,526.65	76	299.71	276.19	252.67
77	3,336.93	3,075.55	2,814.17	77	333.69	307.55	281.42
78	3,720.28	3,432.76	3,136.54	78	372.03	343.28	313.65
79	4,147.20	3,824.83	3,493.75	79	414.72	382.48	349.38
				80	461.77	426.05	389.45
				81	509.69	469.61	429.53
				82	562.83	518.40	473.97
				83	622.08	573.29	523.63
				84	686.55	632.53	577.65
				85	758.00	697.88	637.76
				86	852.96	785.88	717.92
				87	960.13	883.46	807.66
				88	1,079.49	994.11	908.72
				89	1,214.54	1,127.41	1,021.99
				90	1,366.14	1,258.10	1,150.06
				91	1,536.90	1,414.93	1,292.95
				92	1,729.45	1,591.79	1,455.00
				93	1,945.52	1,791.31	1,637.10
				94	2,188.61	2,015.22	1,840.97
				95	2,462.18	2,267.02	2,071.86
				96	2,769.74	2,550.18	2,330.62
				97	3,115.63	2,869.06	2,621.62
				98	3,505.08	3,227.15	2,949.22
				99	3,943.32	3,630.54	3,317.76

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	235.24	226.53	209.10	18-39	23.52	22.65	20.91
40	235.24	226.53	209.10	40	23.52	22.65	20.91
41	243.95	235.24	217.82	41	24.40	23.52	21.78
42	252.67	243.95	226.53	42	25.27	24.40	22.65
43	261.38	252.67	235.24	43	26.14	25.27	23.52
44	270.09	261.38	243.95	44	27.01	26.14	24.40
45	278.80	270.09	252.67	45	27.88	27.01	25.27
46	296.23	278.80	261.38	46	29.62	27.88	26.14
47	304.94	287.52	270.09	47	30.49	28.75	27.01
48	313.65	296.23	278.80	48	31.37	29.62	27.88
49	331.08	313.65	287.52	49	33.11	31.37	28.75
50	339.79	322.37	296.23	50	33.98	32.24	29.62
51	348.50	331.08	304.94	51	34.85	33.11	30.49
52	365.93	348.50	322.37	52	36.59	34.85	32.24
53	383.35	357.22	331.08	53	38.34	35.72	33.11
54	392.07	365.93	339.79	54	39.21	36.59	33.98
55	409.49	383.35	357.22	55	40.95	38.34	35.72
56	435.63	409.49	374.64	56	43.56	40.95	37.46
57	470.48	435.63	400.78	57	47.05	43.56	40.08
58	496.62	461.77	426.92	58	49.66	46.18	42.69
59	531.47	496.62	453.06	59	53.15	49.66	45.31
60	566.32	522.76	479.19	60	56.63	52.28	47.92
61	609.88	566.32	514.04	61	60.99	56.63	51.40
62	653.45	609.88	557.61	62	65.34	60.99	55.76
63	697.01	653.45	601.17	63	69.70	65.34	60.12
64	749.28	697.01	644.73	64	74.93	69.70	64.47
65	801.56	749.28	697.01	65	80.16	74.93	69.70
66	871.26	818.98	758.00	66	87.13	81.90	75.80
67	949.67	888.69	818.98	67	94.97	88.87	81.90
68	1,036.80	967.10	888.69	68	103.68	96.71	88.87
69	1,123.93	1,045.51	967.10	69	112.39	104.55	96.71

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,228.48	1,141.35	1,045.51	70	122.85	114.14	104.55
71	1,350.45	1,254.61	1,150.06	71	135.05	125.46	115.01
72	1,489.85	1,385.30	1,272.04	72	148.99	138.53	127.20
73	1,646.68	1,524.71	1,402.73	73	164.67	152.47	140.27
74	1,812.22	1,681.53	1,550.84	74	181.22	168.15	155.08
75	1,995.19	1,855.78	1,707.67	75	199.52	185.58	170.77
76	2,247.85	2,091.02	1,925.48	76	224.79	209.10	192.55
77	2,526.65	2,352.40	2,169.44	77	252.67	235.24	216.94
78	2,840.31	2,648.63	2,448.24	78	284.03	264.86	244.82
79	3,188.81	2,979.71	2,761.89	79	318.88	297.97	276.19
80		3,354.35	3,110.40	80		335.44	311.04
81		3,755.13	3,485.04	81		375.51	348.50
82		4,199.47	3,903.24	82		419.95	390.32
83		4,704.80	4,373.73	83		470.48	437.37
84		5,262.41	4,896.48	84		526.24	489.65

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	287.52	270.09	252.67	18-39	28.75	27.01	25.27
40	287.52	270.09	252.67	40	28.75	27.01	25.27
41	296.23	278.80	261.38	41	29.62	27.88	26.14
42	304.94	287.52	270.09	42	30.49	28.75	27.01
43	322.37	304.94	278.80	43	32.24	30.49	27.88
44	331.08	313.65	287.52	44	33.11	31.37	28.75
45	339.79	322.37	296.23	45	33.98	32.24	29.62
46	357.22	339.79	313.65	46	35.72	33.98	31.37
47	365.93	348.50	322.37	47	36.59	34.85	32.24
48	383.35	357.22	331.08	48	38.34	35.72	33.11
49	392.07	374.64	348.50	49	39.21	37.46	34.85
50	409.49	383.35	357.22	50	40.95	38.34	35.72
51	426.92	400.78	374.64	51	42.69	40.08	37.46
52	444.34	418.20	383.35	52	44.43	41.82	38.34
53	461.77	435.63	400.78	53	46.18	43.56	40.08
54	487.91	453.06	418.20	54	48.79	45.31	41.82
55	505.33	470.48	435.63	55	50.53	47.05	43.56
56	540.18	505.33	461.77	56	54.02	50.53	46.18
57	575.03	540.18	496.62	57	57.50	54.02	49.66
58	609.88	575.03	531.47	58	60.99	57.50	53.15
59	653.45	609.88	566.32	59	65.34	60.99	56.63
60	697.01	653.45	609.88	60	69.70	65.34	60.99
61	749.28	705.72	653.45	61	74.93	70.57	65.34
62	801.56	749.28	697.01	62	80.16	74.93	69.70
63	862.55	810.27	749.28	63	86.25	81.03	74.93
64	932.25	871.26	801.56	64	93.22	87.13	80.16
65	1,001.95	932.25	862.55	65	100.19	93.22	86.25
66	1,089.08	1,019.37	940.96	66	108.91	101.94	94.10
67	1,184.91	1,106.50	1,028.09	67	118.49	110.65	102.81
68	1,280.75	1,202.34	1,123.93	68	128.08	120.23	112.39
69	1,394.02	1,306.89	1,219.76	69	139.40	130.69	121.98

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,515.99	1,428.87	1,333.03	70	151.60	142.89	133.30
71	1,672.82	1,576.98	1,472.43	71	167.28	157.70	147.24
72	1,847.07	1,742.52	1,629.26	72	184.71	174.25	162.93
73	2,030.04	1,916.77	1,794.80	73	203.00	191.68	179.48
74	2,239.14	2,108.45	1,977.76	74	223.91	210.84	197.78
75	2,474.38	2,334.98	2,186.86	75	247.44	233.50	218.69
76	2,770.61	2,613.78	2,448.24	76	277.06	261.38	244.82
77	3,092.97	2,918.72	2,735.76	77	309.30	291.87	273.58
78	3,458.90	3,258.51	3,058.12	78	345.89	325.85	305.81
79	3,868.39	3,650.58	3,424.05	79	386.84	365.06	342.41

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	348.50	331.08	304.94	18-39	34.85	33.11	30.49
40	348.50	331.08	304.94	40	34.85	33.11	30.49
41	365.93	339.79	313.65	41	36.59	33.98	31.37
42	374.64	357.22	331.08	42	37.46	35.72	33.11
43	392.07	365.93	339.79	43	39.21	36.59	33.98
44	409.49	383.35	357.22	44	40.95	38.34	35.72
45	426.92	400.78	365.93	45	42.69	40.08	36.59
46	444.34	418.20	383.35	46	44.43	41.82	38.34
47	461.77	435.63	400.78	47	46.18	43.56	40.08
48	479.19	444.34	409.49	48	47.92	44.43	40.95
49	496.62	461.77	426.92	49	49.66	46.18	42.69
50	514.04	479.19	444.34	50	51.40	47.92	44.43
51	531.47	496.62	461.77	51	53.15	49.66	46.18
52	557.61	522.76	479.19	52	55.76	52.28	47.92
53	575.03	540.18	496.62	53	57.50	54.02	49.66
54	592.46	557.61	514.04	54	59.25	55.76	51.40
55	618.59	575.03	531.47	55	61.86	57.50	53.15
56	662.16	618.59	566.32	56	66.22	61.86	56.63
57	705.72	662.16	609.88	57	70.57	66.22	60.99
58	758.00	705.72	653.45	58	75.80	70.57	65.34
59	810.27	758.00	697.01	59	81.03	75.80	69.70
60	871.26	810.27	749.28	60	87.13	81.03	74.93
61	940.96	871.26	801.56	61	94.10	87.13	80.16
62	1,010.66	940.96	862.55	62	101.07	94.10	86.25
63	1,089.08	1,010.66	923.54	63	108.91	101.07	92.35
64	1,176.20	1,089.08	993.24	64	117.62	108.91	99.32
65	1,263.33	1,167.49	1,062.94	65	126.33	116.75	106.29
66	1,376.59	1,272.04	1,158.78	66	137.66	127.20	115.88
67	1,498.57	1,385.30	1,263.33	67	149.86	138.53	126.33
68	1,629.26	1,507.28	1,385.30	68	162.93	150.73	138.53
69	1,777.37	1,646.68	1,507.28	69	177.74	164.67	150.73

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,934.20	1,794.80	1,646.68	70	193.42	179.48	164.67
71	2,134.59	1,977.76	1,812.22	71	213.46	197.78	181.22
72	2,343.69	2,169.44	1,995.19	72	234.37	216.94	199.52
73	2,587.64	2,395.97	2,195.58	73	258.76	239.60	219.56
74	2,849.02	2,639.92	2,422.10	74	284.90	263.99	242.21
75	3,136.54	2,901.30	2,666.06	75	313.65	290.13	266.61
76	3,485.04	3,241.09	2,988.42	76	348.50	324.11	298.84
77	3,868.39	3,615.73	3,354.35	77	386.84	361.57	335.44
78	4,304.02	4,033.93	3,763.84	78	430.40	403.39	376.38
79	4,774.50	4,495.70	4,216.90	79	477.45	449.57	421.69

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	444.34	426.92	400.78	18-39	44.43	42.69	40.08
40	444.34	426.92	400.78	40	44.43	42.69	40.08
41	461.77	444.34	418.20	41	46.18	44.43	41.82
42	487.91	461.77	435.63	42	48.79	46.18	43.56
43	505.33	479.19	453.06	43	50.53	47.92	45.31
44	522.76	496.62	470.48	44	52.28	49.66	47.05
45	548.89	522.76	487.91	45	54.89	52.28	48.79
46	575.03	548.89	514.04	46	57.50	54.89	51.40
47	601.17	566.32	531.47	47	60.12	56.63	53.15
48	627.31	592.46	557.61	48	62.73	59.25	55.76
49	653.45	618.59	575.03	49	65.34	61.86	57.50
50	679.58	644.73	601.17	50	67.96	64.47	60.12
51	705.72	670.87	627.31	51	70.57	67.09	62.73
52	740.57	697.01	644.73	52	74.06	69.70	64.47
53	766.71	723.15	670.87	53	76.67	72.31	67.09
54	801.56	749.28	697.01	54	80.16	74.93	69.70
55	836.41	784.13	723.15	55	83.64	78.41	72.31
56	897.40	836.41	775.42	56	89.74	83.64	77.54
57	958.39	897.40	827.70	57	95.84	89.74	82.77
58	1,028.09	958.39	879.97	58	102.81	95.84	88.00
59	1,097.79	1,019.37	940.96	59	109.78	101.94	94.10
60	1,176.20	1,089.08	1,001.95	60	117.62	108.91	100.19
61	1,263.33	1,167.49	1,071.65	61	126.33	116.75	107.16
62	1,350.45	1,254.61	1,158.78	62	135.05	125.46	115.88
63	1,455.00	1,350.45	1,237.19	63	145.50	135.05	123.72
64	1,559.56	1,446.29	1,333.03	64	155.96	144.63	133.30
65	1,672.82	1,550.84	1,428.87	65	167.28	155.08	142.89
66	1,803.51	1,681.53	1,559.56	66	180.35	168.15	155.96
67	1,942.91	1,820.93	1,698.96	67	194.29	182.09	169.90
68	2,091.02	1,977.76	1,855.78	68	209.10	197.78	185.58
69	2,256.56	2,143.30	2,030.04	69	225.66	214.33	203.00

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,430.82	2,326.26	2,213.00	70	243.08	232.63	221.30
71	2,683.48	2,561.50	2,430.82	71	268.35	256.15	243.08
72	2,953.57	2,814.17	2,674.77	72	295.36	281.42	267.48
73	3,258.51	3,101.69	2,944.86	73	325.85	310.17	294.49
74	3,598.30	3,424.05	3,241.09	74	359.83	342.41	324.11
75	3,964.23	3,763.84	3,563.45	75	396.42	376.38	356.35
76	4,417.29	4,182.05	3,946.81	76	441.73	418.20	394.68
77	4,913.91	4,643.82	4,373.73	77	491.39	464.38	437.37
78	5,471.51	5,166.57	4,852.92	78	547.15	516.66	485.29
79	6,090.11	5,732.89	5,375.67	79	609.01	573.29	537.57

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	339.79	322.37	304.94	18-39	33.98	32.24	30.49
40	339.79	322.37	304.94	40	33.98	32.24	30.49
41	348.50	331.08	313.65	41	34.85	33.11	31.37
42	357.22	339.79	322.37	42	35.72	33.98	32.24
43	374.64	357.22	331.08	43	37.46	35.72	33.11
44	383.35	365.93	339.79	44	38.34	36.59	33.98
45	392.07	374.64	348.50	45	39.21	37.46	34.85
46	400.78	383.35	357.22	46	40.08	38.34	35.72
47	418.20	392.07	365.93	47	41.82	39.21	36.59
48	426.92	409.49	383.35	48	42.69	40.95	38.34
49	444.34	418.20	392.07	49	44.43	41.82	39.21
50	453.06	426.92	400.78	50	45.31	42.69	40.08
51	470.48	444.34	409.49	51	47.05	44.43	40.95
52	479.19	453.06	426.92	52	47.92	45.31	42.69
53	496.62	470.48	435.63	53	49.66	47.05	43.56
54	505.33	479.19	453.06	54	50.53	47.92	45.31
55	522.76	496.62	461.77	55	52.28	49.66	46.18
56	548.89	522.76	487.91	56	54.89	52.28	48.79
57	583.74	548.89	514.04	57	58.37	54.89	51.40
58	618.59	583.74	540.18	58	61.86	58.37	54.02
59	653.45	609.88	566.32	59	65.34	60.99	56.63
60	688.30	644.73	592.46	60	68.83	64.47	59.25
61	731.86	688.30	636.02	61	73.19	68.83	63.60
62	784.13	731.86	670.87	62	78.41	73.19	67.09
63	836.41	784.13	723.15	63	83.64	78.41	72.31
64	888.69	827.70	766.71	64	88.87	82.77	76.67
65	949.67	888.69	818.98	65	94.97	88.87	81.90
66	1,019.37	949.67	879.97	66	101.94	94.97	88.00
67	1,097.79	1,028.09	949.67	67	109.78	102.81	94.97
68	1,184.91	1,106.50	1,028.09	68	118.49	110.65	102.81
69	1,280.75	1,193.63	1,106.50	69	128.08	119.36	110.65

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,376.59	1,289.46	1,193.63	70	137.66	128.95	119.36
71	1,507.28	1,411.44	1,306.89	71	150.73	141.14	130.69
72	1,655.39	1,550.84	1,437.58	72	165.54	155.08	143.76
73	1,820.93	1,698.96	1,576.98	73	182.09	169.90	157.70
74	1,995.19	1,864.50	1,733.81	74	199.52	186.45	173.38
75	2,186.86	2,047.46	1,899.35	75	218.69	204.75	189.93
76	2,456.95	2,300.13	2,134.59	76	245.70	230.01	213.46
77	2,761.89	2,578.93	2,395.97	77	276.19	257.89	239.60
78	3,101.69	2,901.30	2,700.91	78	310.17	290.13	270.09
79	3,485.04	3,258.51	3,031.98	79	348.50	325.85	303.20
80		3,668.00	3,406.63	80		366.80	340.66
81		4,077.50	3,789.98	81		407.75	379.00
82		4,547.98	4,225.61	82		454.80	422.56
83		5,062.02	4,704.80	83		506.20	470.48
84		5,637.05	5,236.27	84		563.71	523.63

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	426.92	400.78	365.93	18-39	42.69	40.08	36.59
40	426.92	400.78	365.93	40	42.69	40.08	36.59
41	435.63	409.49	374.64	41	43.56	40.95	37.46
42	453.06	418.20	383.35	42	45.31	41.82	38.34
43	461.77	435.63	400.78	43	46.18	43.56	40.08
44	479.19	444.34	409.49	44	47.92	44.43	40.95
45	487.91	453.06	418.20	45	48.79	45.31	41.82
46	505.33	470.48	435.63	46	50.53	47.05	43.56
47	514.04	479.19	444.34	47	51.40	47.92	44.43
48	531.47	496.62	461.77	48	53.15	49.66	46.18
49	540.18	505.33	470.48	49	54.02	50.53	47.05
50	557.61	522.76	487.91	50	55.76	52.28	48.79
51	575.03	540.18	505.33	51	57.50	54.02	50.53
52	592.46	557.61	514.04	52	59.25	55.76	51.40
53	609.88	575.03	531.47	53	60.99	57.50	53.15
54	627.31	592.46	548.89	54	62.73	59.25	54.89
55	644.73	609.88	566.32	55	64.47	60.99	56.63
56	679.58	644.73	601.17	56	67.96	64.47	60.12
57	723.15	679.58	627.31	57	72.31	67.96	62.73
58	766.71	714.43	662.16	58	76.67	71.44	66.22
59	810.27	758.00	705.72	59	81.03	75.80	70.57
60	862.55	801.56	740.57	60	86.25	80.16	74.06
61	914.82	853.83	792.85	61	91.48	85.38	79.28
62	975.81	914.82	845.12	62	97.58	91.48	84.51
63	1,045.51	975.81	897.40	63	104.55	97.58	89.74
64	1,115.21	1,036.80	958.39	64	111.52	103.68	95.84
65	1,184.91	1,106.50	1,019.37	65	118.49	110.65	101.94
66	1,280.75	1,193.63	1,106.50	66	128.08	119.36	110.65
67	1,385.30	1,289.46	1,193.63	67	138.53	128.95	119.36
68	1,498.57	1,394.02	1,289.46	68	149.86	139.40	128.95
69	1,620.54	1,515.99	1,402.73	69	162.05	151.60	140.27

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

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Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,751.23	1,637.97	1,515.99	70	175.12	163.80	151.60
71	1,916.77	1,794.80	1,664.11	71	191.68	179.48	166.41
72	2,108.45	1,969.05	1,829.65	72	210.84	196.90	182.96
73	2,308.84	2,160.72	2,003.90	73	230.88	216.07	200.39
74	2,535.37	2,369.83	2,204.29	74	253.54	236.98	220.43
75	2,779.32	2,605.07	2,422.10	75	277.93	260.51	242.21
76	3,092.97	2,892.58	2,692.19	76	309.30	289.26	269.22
77	3,441.48	3,223.66	2,997.13	77	344.15	322.37	299.71
78	3,833.54	3,580.88	3,328.21	78	383.35	358.09	332.82
79	4,269.17	3,990.37	3,702.86	79	426.92	399.04	370.29

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	531.47	496.62	453.06	18-39	53.15	49.66	45.31
40	531.47	496.62	453.06	40	53.15	49.66	45.31
41	548.89	514.04	470.48	41	54.89	51.40	47.05
42	566.32	522.76	479.19	42	56.63	52.28	47.92
43	575.03	540.18	496.62	43	57.50	54.02	49.66
44	592.46	557.61	514.04	44	59.25	55.76	51.40
45	609.88	566.32	522.76	45	60.99	56.63	52.28
46	627.31	583.74	540.18	46	62.73	58.37	54.02
47	644.73	601.17	557.61	47	64.47	60.12	55.76
48	670.87	627.31	575.03	48	67.09	62.73	57.50
49	688.30	644.73	592.46	49	68.83	64.47	59.25
50	705.72	662.16	609.88	50	70.57	66.22	60.99
51	723.15	679.58	627.31	51	72.31	67.96	62.73
52	749.28	697.01	644.73	52	74.93	69.70	64.47
53	766.71	714.43	662.16	53	76.67	71.44	66.22
54	784.13	740.57	688.30	54	78.41	74.06	68.83
55	810.27	758.00	705.72	55	81.03	75.80	70.57
56	862.55	810.27	749.28	56	86.25	81.03	74.93
57	906.11	853.83	792.85	57	90.61	85.38	79.28
58	967.10	906.11	836.41	58	96.71	90.61	83.64
59	1,019.37	949.67	879.97	59	101.94	94.97	88.00
60	1,080.36	1,010.66	932.25	60	108.04	101.07	93.22
61	1,150.06	1,071.65	993.24	61	115.01	107.16	99.32
62	1,228.48	1,141.35	1,054.22	62	122.85	114.14	105.42
63	1,315.60	1,219.76	1,123.93	63	131.56	121.98	112.39
64	1,402.73	1,298.18	1,193.63	64	140.27	129.82	119.36
65	1,498.57	1,385.30	1,272.04	65	149.86	138.53	127.20
66	1,620.54	1,498.57	1,376.59	66	162.05	149.86	137.66
67	1,751.23	1,629.26	1,498.57	67	175.12	162.93	149.86
68	1,899.35	1,768.66	1,629.26	68	189.93	176.87	162.93
69	2,056.17	1,916.77	1,768.66	69	205.62	191.68	176.87

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,221.71	2,073.60	1,916.77	70	222.17	207.36	191.68
71	2,430.82	2,265.28	2,091.02	71	243.08	226.53	209.10
72	2,666.06	2,474.38	2,282.70	72	266.61	247.44	228.27
73	2,918.72	2,709.62	2,491.80	73	291.87	270.96	249.18
74	3,188.81	2,953.57	2,718.33	74	318.88	295.36	271.83
75	3,493.75	3,232.37	2,971.00	75	349.38	323.24	297.10
76	3,868.39	3,598.30	3,319.50	76	386.84	359.83	331.95
77	4,277.89	3,990.37	3,702.86	77	427.79	399.04	370.29
78	4,730.94	4,434.71	4,129.77	78	473.09	443.47	412.98
79	5,236.27	4,922.62	4,608.97	79	523.63	492.26	460.90

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	688.30	653.45	609.88	18-39	68.83	65.34	60.99
40	688.30	653.45	609.88	40	68.83	65.34	60.99
41	714.43	679.58	636.02	41	71.44	67.96	63.60
42	740.57	697.01	653.45	42	74.06	69.70	65.34
43	766.71	723.15	679.58	43	76.67	72.31	67.96
44	792.85	749.28	705.72	44	79.28	74.93	70.57
45	818.98	775.42	731.86	45	81.90	77.54	73.19
46	845.12	801.56	758.00	46	84.51	80.16	75.80
47	879.97	836.41	784.13	47	88.00	83.64	78.41
48	906.11	862.55	810.27	48	90.61	86.25	81.03
49	940.96	888.69	836.41	49	94.10	88.87	83.64
50	975.81	923.54	871.26	50	97.58	92.35	87.13
51	1,001.95	949.67	888.69	51	100.19	94.97	88.87
52	1,028.09	975.81	914.82	52	102.81	97.58	91.48
53	1,054.22	1,001.95	940.96	53	105.42	100.19	94.10
54	1,089.08	1,028.09	958.39	54	108.91	102.81	95.84
55	1,115.21	1,054.22	984.52	55	111.52	105.42	98.45
56	1,176.20	1,106.50	1,036.80	56	117.62	110.65	103.68
57	1,245.90	1,167.49	1,089.08	57	124.59	116.75	108.91
58	1,315.60	1,228.48	1,141.35	58	131.56	122.85	114.14
59	1,394.02	1,298.18	1,202.34	59	139.40	129.82	120.23
60	1,472.43	1,367.88	1,263.33	60	147.24	136.79	126.33
61	1,568.27	1,455.00	1,341.74	61	156.83	145.50	134.17
62	1,664.11	1,550.84	1,428.87	62	166.41	155.08	142.89
63	1,768.66	1,646.68	1,524.71	63	176.87	164.67	152.47
64	1,881.92	1,751.23	1,620.54	64	188.19	175.12	162.05
65	2,003.90	1,864.50	1,725.09	65	200.39	186.45	172.51
66	2,143.30	2,003.90	1,864.50	66	214.33	200.39	186.45
67	2,291.41	2,160.72	2,021.32	67	229.14	216.07	202.13
68	2,456.95	2,326.26	2,195.58	68	245.70	232.63	219.56
69	2,631.21	2,500.52	2,369.83	69	263.12	250.05	236.98

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,814.17	2,692.19	2,570.22	70	281.42	269.22	257.02
71	3,084.26	2,944.86	2,805.46	71	308.43	294.49	280.55
72	3,371.78	3,214.95	3,058.12	72	337.18	321.49	305.81
73	3,694.14	3,519.89	3,336.93	73	369.41	351.99	333.69
74	4,042.65	3,842.26	3,641.87	74	404.26	384.23	364.19
75	4,426.00	4,199.47	3,972.95	75	442.60	419.95	397.29
76	4,905.19	4,643.82	4,382.44	76	490.52	464.38	438.24
77	5,445.38	5,140.43	4,826.78	77	544.54	514.04	482.68
78	6,037.83	5,680.62	5,323.40	78	603.78	568.06	532.34
79	6,699.99	6,290.50	5,872.29	79	670.00	629.05	587.23

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	140.40	132.60	124.80	18-39	14.04	13.26	12.48
40	140.40	132.60	124.80	40	14.04	13.26	12.48
41	148.20	140.40	132.60	41	14.82	14.04	13.26
42	148.20	140.40	132.60	42	14.82	14.04	13.26
43	156.00	148.20	140.40	43	15.60	14.82	14.04
44	163.80	156.00	140.40	44	16.38	15.60	14.04
45	163.80	156.00	148.20	45	16.38	15.60	14.82
46	171.60	163.80	148.20	46	17.16	16.38	14.82
47	179.40	171.60	156.00	47	17.94	17.16	15.60
48	179.40	171.60	163.80	48	17.94	17.16	16.38
49	187.20	179.40	163.80	49	18.72	17.94	16.38
50	195.00	187.20	171.60	50	19.50	18.72	17.16
51	202.80	195.00	179.40	51	20.28	19.50	17.94
52	218.40	210.60	195.00	52	21.84	21.06	19.50
53	234.00	218.40	202.80	53	23.40	21.84	20.28
54	241.80	226.20	210.60	54	24.18	22.62	21.06
55	257.40	241.80	226.20	55	25.74	24.18	22.62
56	273.00	257.40	234.00	56	27.30	25.74	23.40
57	288.60	273.00	249.60	57	28.86	27.30	24.96
58	312.00	288.60	265.20	58	31.20	28.86	26.52
59	327.60	304.20	273.00	59	32.76	30.42	27.30
60	351.00	319.80	288.60	60	35.10	31.98	28.86
61	382.20	351.00	312.00	61	38.22	35.10	31.20
62	405.60	374.40	335.40	62	40.56	37.44	33.54
63	444.60	405.60	366.60	63	44.46	40.56	36.66
64	475.80	436.80	397.80	64	47.58	43.68	39.78
65	514.80	475.80	429.00	65	51.48	47.58	42.90
66	561.60	514.80	468.00	66	56.16	51.48	46.80
67	616.20	561.60	507.00	67	61.62	56.16	50.70
68	670.80	608.40	546.00	68	67.08	60.84	54.60
69	733.20	663.00	592.80	69	73.32	66.30	59.28

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	803.40	725.40	647.40	70	80.34	72.54	64.74
71	889.20	803.40	709.80	71	88.92	80.34	70.98
72	990.60	889.20	780.00	72	99.06	88.92	78.00
73	1,099.80	982.80	858.00	73	109.98	98.28	85.80
74	1,224.60	1,084.20	943.80	74	122.46	108.42	94.38
75	1,357.20	1,201.20	1,037.40	75	135.72	120.12	103.74
76	1,513.20	1,333.80	1,154.40	76	151.32	133.38	115.44
77	1,692.60	1,497.60	1,294.80	77	169.26	149.76	129.48
78	1,895.40	1,669.20	1,443.00	78	189.54	166.92	144.30
79	2,113.80	1,864.20	1,606.80	79	211.38	186.42	160.68
80		2,082.60	1,794.00	80	236.34	208.26	179.40
81		2,301.00	1,981.20	81	261.30	230.10	198.12
82		2,542.80	2,191.80	82	289.38	254.28	219.18
83		2,815.80	2,425.80	83	319.80	281.58	242.58
84		3,112.20	2,683.20	84	353.34	311.22	268.32
				85	390.78	343.98	297.18
				86	439.92	387.66	334.62
				87	495.30	436.02	376.74
				88	556.92	489.84	423.54
				89	626.34	551.46	476.58
				90	709.02	620.10	535.86
				91	792.48	698.10	602.94
				92	891.54	784.68	677.82
				93	1,003.08	882.96	762.84
				94	1,128.66	992.94	858.00
				95	1,269.06	1,117.74	965.64
				96	1,428.18	1,257.36	1,085.76
				97	1,606.80	1,414.14	1,221.48
				98	1,807.26	1,591.20	1,374.36
				99	2,032.68	1,789.32	1,545.96

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	179.40	171.60	156.00	18-39	17.94	17.16	15.60
40	179.40	171.60	156.00	40	17.94	17.16	15.60
41	187.20	179.40	163.80	41	18.72	17.94	16.38
42	187.20	179.40	163.80	42	18.72	17.94	16.38
43	195.00	187.20	171.60	43	19.50	18.72	17.16
44	202.80	195.00	179.40	44	20.28	19.50	17.94
45	210.60	195.00	179.40	45	21.06	19.50	17.94
46	218.40	202.80	187.20	46	21.84	20.28	18.72
47	218.40	210.60	195.00	47	21.84	21.06	19.50
48	226.20	210.60	195.00	48	22.62	21.06	19.50
49	234.00	218.40	202.80	49	23.40	21.84	20.28
50	241.80	226.20	210.60	50	24.18	22.62	21.06
51	249.60	234.00	218.40	51	24.96	23.40	21.84
52	265.20	249.60	226.20	52	26.52	24.96	22.62
53	280.80	257.40	234.00	53	28.08	25.74	23.40
54	288.60	273.00	249.60	54	28.86	27.30	24.96
55	304.20	280.80	257.40	55	30.42	28.08	25.74
56	327.60	304.20	273.00	56	32.76	30.42	27.30
57	343.20	319.80	296.40	57	34.32	31.98	29.64
58	366.60	343.20	312.00	58	36.66	34.32	31.20
59	397.80	366.60	335.40	59	39.78	36.66	33.54
60	421.20	390.00	358.80	60	42.12	39.00	35.88
61	452.40	421.20	390.00	61	45.24	42.12	39.00
62	491.40	460.20	421.20	62	49.14	46.02	42.12
63	530.40	499.20	460.20	63	53.04	49.92	46.02
64	577.20	538.20	499.20	64	57.72	53.82	49.92
65	624.00	585.00	546.00	65	62.40	58.50	54.60
66	678.60	639.60	592.80	66	67.86	63.96	59.28
67	733.20	694.20	647.40	67	73.32	69.42	64.74
68	795.60	748.80	702.00	68	79.56	74.88	70.20
69	858.00	811.20	764.40	69	85.80	81.12	76.44

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	928.20	881.40	826.80	70	92.82	88.14	82.68
71	1,037.40	982.80	928.20	71	103.74	98.28	92.82
72	1,154.40	1,099.80	1,037.40	72	115.44	109.98	103.74
73	1,279.20	1,224.60	1,162.20	73	127.92	122.46	116.22
74	1,427.40	1,365.00	1,294.80	74	142.74	136.50	129.48
75	1,591.20	1,521.00	1,450.80	75	159.12	152.10	145.08
76	1,770.60	1,692.60	1,614.60	76	177.06	169.26	161.46
77	1,973.40	1,887.60	1,801.80	77	197.34	188.76	180.18
78	2,207.40	2,113.80	2,012.40	78	220.74	211.38	201.24
79	2,457.00	2,347.80	2,238.60	79	245.70	234.78	223.86
				80	273.78	262.08	249.60
				81	302.64	289.38	276.12
				82	334.62	319.80	304.98
				83	373.62	354.12	337.74
				84	408.72	397.80	372.84
				85	451.62	432.12	412.62
				86	508.56	486.72	464.88
				87	571.74	547.56	522.60
				88	643.50	615.42	588.12
				89	723.84	692.64	661.44
				90	814.32	779.22	744.12
				91	915.72	876.72	839.28
				92	1,030.38	985.92	941.46
				93	1,159.08	1,109.16	1,059.24
				94	1,304.16	1,248.00	1,191.06
				95	1,467.18	1,404.00	1,340.04
				96	1,650.48	1,578.72	1,507.74
				97	1,856.40	1,776.06	1,696.50
				98	2,088.84	1,998.36	1,907.88
				99	2,349.36	2,247.96	2,146.56

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	202.80	195.00	179.40	18-39	20.28	19.50	17.94
40	202.80	195.00	179.40	40	20.28	19.50	17.94
41	210.60	202.80	187.20	41	21.06	20.28	18.72
42	218.40	210.60	195.00	42	21.84	21.06	19.50
43	226.20	218.40	202.80	43	22.62	21.84	20.28
44	234.00	226.20	210.60	44	23.40	22.62	21.06
45	241.80	234.00	218.40	45	24.18	23.40	21.84
46	257.40	241.80	226.20	46	25.74	24.18	22.62
47	265.20	249.60	234.00	47	26.52	24.96	23.40
48	273.00	257.40	241.80	48	27.30	25.74	24.18
49	288.60	273.00	249.60	49	28.86	27.30	24.96
50	296.40	280.80	257.40	50	29.64	28.08	25.74
51	304.20	288.60	265.20	51	30.42	28.86	26.52
52	319.80	296.40	273.00	52	31.98	29.64	27.30
53	327.60	304.20	280.80	53	32.76	30.42	28.08
54	343.20	319.80	288.60	54	34.32	31.98	28.86
55	351.00	327.60	296.40	55	35.10	32.76	29.64
56	374.40	351.00	319.80	56	37.44	35.10	31.98
57	405.60	374.40	335.40	57	40.56	37.44	33.54
58	436.80	397.80	358.80	58	43.68	39.78	35.88
59	468.00	429.00	390.00	59	46.80	42.90	39.00
60	499.20	460.20	413.40	60	49.92	46.02	41.34
61	546.00	499.20	452.40	61	54.60	49.92	45.24
62	600.60	546.00	491.40	62	60.06	54.60	49.14
63	655.20	592.80	530.40	63	65.52	59.28	53.04
64	709.80	647.40	577.20	64	70.98	64.74	57.72
65	780.00	709.80	631.80	65	78.00	70.98	63.18
66	842.40	764.40	678.60	66	84.24	76.44	67.86
67	912.60	826.80	733.20	67	91.26	82.68	73.32
68	990.60	889.20	787.80	68	99.06	88.92	78.78
69	1,068.60	959.40	850.20	69	106.86	95.94	85.02

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,154.40	1,037.40	912.60	70	115.44	103.74	91.26
71	1,279.20	1,154.40	1,021.80	71	127.92	115.44	102.18
72	1,419.60	1,279.20	1,138.80	72	141.96	127.92	113.88
73	1,575.60	1,419.60	1,263.60	73	157.56	141.96	126.36
74	1,747.20	1,583.40	1,411.80	74	174.72	158.34	141.18
75	1,934.40	1,755.00	1,575.60	75	193.44	175.50	157.56
76	2,152.80	1,957.80	1,755.00	76	215.28	195.78	175.50
77	2,402.40	2,184.00	1,957.80	77	240.24	218.40	195.78
78	2,675.40	2,433.60	2,184.00	78	267.54	243.36	218.40
79	2,979.60	2,706.60	2,433.60	79	297.96	270.66	243.36
				80	332.28	301.86	271.44
				81	366.60	333.06	299.52
				82	405.60	368.94	331.50
				83	447.72	407.16	365.82
				84	494.52	449.28	404.82
				85	546.00	496.08	446.16
				86	614.64	558.48	502.32
				87	691.08	627.90	578.76
				88	777.66	706.68	635.70
				89	875.16	794.82	715.26
				90	984.36	894.66	804.18
				91	1,107.60	1,006.20	904.80
				92	1,245.66	1,131.78	1,017.90
				93	1,401.66	1,272.96	1,145.04
				94	1,576.38	1,432.08	1,288.56
				95	1,773.72	1,611.48	1,449.24
				96	1,995.24	1,812.72	1,630.20
				97	2,244.06	2,038.92	1,833.78
				98	2,524.86	2,293.98	2,063.10
				99	2,840.76	2,581.02	2,321.28

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	241.80	234.00	218.40	18-39	24.18	23.40	21.84
40	241.80	234.00	218.40	40	24.18	23.40	21.84
41	249.60	241.80	226.20	41	24.96	24.18	22.62
42	265.20	249.60	234.00	42	26.52	24.96	23.40
43	273.00	257.40	241.80	43	27.30	25.74	24.18
44	280.80	265.20	249.60	44	28.08	26.52	24.96
45	296.40	280.80	257.40	45	29.64	28.08	25.74
46	304.20	288.60	265.20	46	30.42	28.86	26.52
47	319.80	296.40	273.00	47	31.98	29.64	27.30
48	335.40	312.00	280.80	48	33.54	31.20	28.08
49	343.20	319.80	296.40	49	34.32	31.98	29.64
50	358.80	335.40	304.20	50	35.88	33.54	30.42
51	374.40	343.20	312.00	51	37.44	34.32	31.20
52	390.00	358.80	327.60	52	39.00	35.88	32.76
53	405.60	374.40	343.20	53	40.56	37.44	34.32
54	421.20	390.00	351.00	54	42.12	39.00	35.10
55	436.80	405.60	366.60	55	43.68	40.56	36.66
56	468.00	436.80	397.80	56	46.80	43.68	39.78
57	507.00	468.00	429.00	57	50.70	46.80	42.90
58	546.00	507.00	460.20	58	54.60	50.70	46.02
59	592.80	546.00	499.20	59	59.28	54.60	49.92
60	639.60	592.80	538.20	60	63.96	59.28	53.82
61	694.20	639.60	585.00	61	69.42	63.96	58.50
62	764.40	702.00	631.80	62	76.44	70.20	63.18
63	834.60	764.40	686.40	63	83.46	76.44	68.64
64	904.80	826.80	741.00	64	90.48	82.68	74.10
65	990.60	897.00	803.40	65	99.06	89.70	80.34
66	1,060.80	967.20	873.60	66	106.08	96.72	87.36
67	1,138.80	1,045.20	943.80	67	113.88	104.52	94.38
68	1,216.80	1,123.20	1,021.80	68	121.68	112.32	102.18
69	1,302.60	1,209.00	1,107.60	69	130.26	120.90	110.76

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,396.20	1,302.60	1,201.20	70	139.62	130.26	120.12
71	1,560.00	1,450.80	1,333.80	71	156.00	145.08	133.38
72	1,739.40	1,614.60	1,482.00	72	173.94	161.46	148.20
73	1,934.40	1,794.00	1,645.80	73	193.44	179.40	164.58
74	2,160.60	1,996.80	1,825.20	74	216.06	199.68	182.52
75	2,410.20	2,223.00	2,028.00	75	241.02	222.30	202.80
76	2,683.20	2,472.60	2,262.00	76	268.32	247.26	226.20
77	2,987.40	2,753.40	2,519.40	77	298.74	275.34	251.94
78	3,330.60	3,073.20	2,808.00	78	333.06	307.32	280.80
79	3,712.80	3,424.20	3,127.80	79	371.28	342.42	312.78
				80	413.40	381.42	348.66
				81	456.30	420.42	384.54
				82	503.88	464.10	424.32
				83	556.92	513.24	468.78
				84	614.64	566.28	517.14
				85	678.60	624.78	570.96
				86	763.62	703.56	642.72
				87	859.56	790.92	723.06
				88	966.42	889.98	813.54
				89	1,087.32	1,009.32	914.94
				90	1,223.04	1,126.32	1,029.60
				91	1,375.92	1,266.72	1,157.52
				92	1,548.30	1,425.06	1,302.60
				93	1,741.74	1,603.68	1,465.62
				94	1,959.36	1,804.14	1,648.14
				95	2,204.28	2,029.56	1,854.84
				96	2,479.62	2,283.06	2,086.50
				97	2,789.28	2,568.54	2,347.02
				98	3,137.94	2,889.12	2,640.30
				99	3,530.28	3,250.26	2,970.24

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	210.60	202.80	187.20	18-39	21.06	20.28	18.72
40	210.60	202.80	187.20	40	21.06	20.28	18.72
41	218.40	210.60	195.00	41	21.84	21.06	19.50
42	226.20	218.40	202.80	42	22.62	21.84	20.28
43	234.00	226.20	210.60	43	23.40	22.62	21.06
44	241.80	234.00	218.40	44	24.18	23.40	21.84
45	249.60	241.80	226.20	45	24.96	24.18	22.62
46	265.20	249.60	234.00	46	26.52	24.96	23.40
47	273.00	257.40	241.80	47	27.30	25.74	24.18
48	280.80	265.20	249.60	48	28.08	26.52	24.96
49	296.40	280.80	257.40	49	29.64	28.08	25.74
50	304.20	288.60	265.20	50	30.42	28.86	26.52
51	312.00	296.40	273.00	51	31.20	29.64	27.30
52	327.60	312.00	288.60	52	32.76	31.20	28.86
53	343.20	319.80	296.40	53	34.32	31.98	29.64
54	351.00	327.60	304.20	54	35.10	32.76	30.42
55	366.60	343.20	319.80	55	36.66	34.32	31.98
56	390.00	366.60	335.40	56	39.00	36.66	33.54
57	421.20	390.00	358.80	57	42.12	39.00	35.88
58	444.60	413.40	382.20	58	44.46	41.34	38.22
59	475.80	444.60	405.60	59	47.58	44.46	40.56
60	507.00	468.00	429.00	60	50.70	46.80	42.90
61	546.00	507.00	460.20	61	54.60	50.70	46.02
62	585.00	546.00	499.20	62	58.50	54.60	49.92
63	624.00	585.00	538.20	63	62.40	58.50	53.82
64	670.80	624.00	577.20	64	67.08	62.40	57.72
65	717.60	670.80	624.00	65	71.76	67.08	62.40
66	780.00	733.20	678.60	66	78.00	73.32	67.86
67	850.20	795.60	733.20	67	85.02	79.56	73.32
68	928.20	865.80	795.60	68	92.82	86.58	79.56
69	1,006.20	936.00	865.80	69	100.62	93.60	86.58

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,099.80	1,021.80	936.00	70	109.98	102.18	93.60
71	1,209.00	1,123.20	1,029.60	71	120.90	112.32	102.96
72	1,333.80	1,240.20	1,138.80	72	133.38	124.02	113.88
73	1,474.20	1,365.00	1,255.80	73	147.42	136.50	125.58
74	1,622.40	1,505.40	1,388.40	74	162.24	150.54	138.84
75	1,786.20	1,661.40	1,528.80	75	178.62	166.14	152.88
76	2,012.40	1,872.00	1,723.80	76	201.24	187.20	172.38
77	2,262.00	2,106.00	1,942.20	77	226.20	210.60	194.22
78	2,542.80	2,371.20	2,191.80	78	254.28	237.12	219.18
79	2,854.80	2,667.60	2,472.60	79	285.48	266.76	247.26
80		3,003.00	2,784.60	80		300.30	278.46
81		3,361.80	3,120.00	81		336.18	312.00
82		3,759.60	3,494.40	82		375.96	349.44
83		4,212.00	3,915.60	83		421.20	391.56
84		4,711.20	4,383.60	84		471.12	438.36

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	257.40	241.80	226.20	18-39	25.74	24.18	22.62
40	257.40	241.80	226.20	40	25.74	24.18	22.62
41	265.20	249.60	234.00	41	26.52	24.96	23.40
42	273.00	257.40	241.80	42	27.30	25.74	24.18
43	288.60	273.00	249.60	43	28.86	27.30	24.96
44	296.40	280.80	257.40	44	29.64	28.08	25.74
45	304.20	288.60	265.20	45	30.42	28.86	26.52
46	319.80	304.20	280.80	46	31.98	30.42	28.08
47	327.60	312.00	288.60	47	32.76	31.20	28.86
48	343.20	319.80	296.40	48	34.32	31.98	29.64
49	351.00	335.40	312.00	49	35.10	33.54	31.20
50	366.60	343.20	319.80	50	36.66	34.32	31.98
51	382.20	358.80	335.40	51	38.22	35.88	33.54
52	397.80	374.40	343.20	52	39.78	37.44	34.32
53	413.40	390.00	358.80	53	41.34	39.00	35.88
54	436.80	405.60	374.40	54	43.68	40.56	37.44
55	452.40	421.20	390.00	55	45.24	42.12	39.00
56	483.60	452.40	413.40	56	48.36	45.24	41.34
57	514.80	483.60	444.60	57	51.48	48.36	44.46
58	546.00	514.80	475.80	58	54.60	51.48	47.58
59	585.00	546.00	507.00	59	58.50	54.60	50.70
60	624.00	585.00	546.00	60	62.40	58.50	54.60
61	670.80	631.80	585.00	61	67.08	63.18	58.50
62	717.60	670.80	624.00	62	71.76	67.08	62.40
63	772.20	725.40	670.80	63	77.22	72.54	67.08
64	834.60	780.00	717.60	64	83.46	78.00	71.76
65	897.00	834.60	772.20	65	89.70	83.46	77.22
66	975.00	912.60	842.40	66	97.50	91.26	84.24
67	1,060.80	990.60	920.40	67	106.08	99.06	92.04
68	1,146.60	1,076.40	1,006.20	68	114.66	107.64	100.62
69	1,248.00	1,170.00	1,092.00	69	124.80	117.00	109.20

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,357.20	1,279.20	1,193.40	70	135.72	127.92	119.34
71	1,497.60	1,411.80	1,318.20	71	149.76	141.18	131.82
72	1,653.60	1,560.00	1,458.60	72	165.36	156.00	145.86
73	1,817.40	1,716.00	1,606.80	73	181.74	171.60	160.68
74	2,004.60	1,887.60	1,770.60	74	200.46	188.76	177.06
75	2,215.20	2,090.40	1,957.80	75	221.52	209.04	195.78
76	2,480.40	2,340.00	2,191.80	76	248.04	234.00	219.18
77	2,769.00	2,613.00	2,449.20	77	276.90	261.30	244.92
78	3,096.60	2,917.20	2,737.80	78	309.66	291.72	273.78
79	3,463.20	3,268.20	3,065.40	79	346.32	326.82	306.54

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	312.00	296.40	273.00	18-39	31.20	29.64	27.30
40	312.00	296.40	273.00	40	31.20	29.64	27.30
41	327.60	304.20	280.80	41	32.76	30.42	28.08
42	335.40	319.80	296.40	42	33.54	31.98	29.64
43	351.00	327.60	304.20	43	35.10	32.76	30.42
44	366.60	343.20	319.80	44	36.66	34.32	31.98
45	382.20	358.80	327.60	45	38.22	35.88	32.76
46	397.80	374.40	343.20	46	39.78	37.44	34.32
47	413.40	390.00	358.80	47	41.34	39.00	35.88
48	429.00	397.80	366.60	48	42.90	39.78	36.66
49	444.60	413.40	382.20	49	44.46	41.34	38.22
50	460.20	429.00	397.80	50	46.02	42.90	39.78
51	475.80	444.60	413.40	51	47.58	44.46	41.34
52	499.20	468.00	429.00	52	49.92	46.80	42.90
53	514.80	483.60	444.60	53	51.48	48.36	44.46
54	530.40	499.20	460.20	54	53.04	49.92	46.02
55	553.80	514.80	475.80	55	55.38	51.48	47.58
56	592.80	553.80	507.00	56	59.28	55.38	50.70
57	631.80	592.80	546.00	57	63.18	59.28	54.60
58	678.60	631.80	585.00	58	67.86	63.18	58.50
59	725.40	678.60	624.00	59	72.54	67.86	62.40
60	780.00	725.40	670.80	60	78.00	72.54	67.08
61	842.40	780.00	717.60	61	84.24	78.00	71.76
62	904.80	842.40	772.20	62	90.48	84.24	77.22
63	975.00	904.80	826.80	63	97.50	90.48	82.68
64	1,053.00	975.00	889.20	64	105.30	97.50	88.92
65	1,131.00	1,045.20	951.60	65	113.10	104.52	95.16
66	1,232.40	1,138.80	1,037.40	66	123.24	113.88	103.74
67	1,341.60	1,240.20	1,131.00	67	134.16	124.02	113.10
68	1,458.60	1,349.40	1,240.20	68	145.86	134.94	124.02
69	1,591.20	1,474.20	1,349.40	69	159.12	147.42	134.94

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,731.60	1,606.80	1,474.20	70	173.16	160.68	147.42
71	1,911.00	1,770.60	1,622.40	71	191.10	177.06	162.24
72	2,098.20	1,942.20	1,786.20	72	209.82	194.22	178.62
73	2,316.60	2,145.00	1,965.60	73	231.66	214.50	196.56
74	2,550.60	2,363.40	2,168.40	74	255.06	236.34	216.84
75	2,808.00	2,597.40	2,386.80	75	280.80	259.74	238.68
76	3,120.00	2,901.60	2,675.40	76	312.00	290.16	267.54
77	3,463.20	3,237.00	3,003.00	77	346.32	323.70	300.30
78	3,853.20	3,611.40	3,369.60	78	385.32	361.14	336.96
79	4,274.40	4,024.80	3,775.20	79	427.44	402.48	377.52

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	397.80	382.20	358.80	18-39	39.78	38.22	35.88
40	397.80	382.20	358.80	40	39.78	38.22	35.88
41	413.40	397.80	374.40	41	41.34	39.78	37.44
42	436.80	413.40	390.00	42	43.68	41.34	39.00
43	452.40	429.00	405.60	43	45.24	42.90	40.56
44	468.00	444.60	421.20	44	46.80	44.46	42.12
45	491.40	468.00	436.80	45	49.14	46.80	43.68
46	514.80	491.40	460.20	46	51.48	49.14	46.02
47	538.20	507.00	475.80	47	53.82	50.70	47.58
48	561.60	530.40	499.20	48	56.16	53.04	49.92
49	585.00	553.80	514.80	49	58.50	55.38	51.48
50	608.40	577.20	538.20	50	60.84	57.72	53.82
51	631.80	600.60	561.60	51	63.18	60.06	56.16
52	663.00	624.00	577.20	52	66.30	62.40	57.72
53	686.40	647.40	600.60	53	68.64	64.74	60.06
54	717.60	670.80	624.00	54	71.76	67.08	62.40
55	748.80	702.00	647.40	55	74.88	70.20	64.74
56	803.40	748.80	694.20	56	80.34	74.88	69.42
57	858.00	803.40	741.00	57	85.80	80.34	74.10
58	920.40	858.00	787.80	58	92.04	85.80	78.78
59	982.80	912.60	842.40	59	98.28	91.26	84.24
60	1,053.00	975.00	897.00	60	105.30	97.50	89.70
61	1,131.00	1,045.20	959.40	61	113.10	104.52	95.94
62	1,209.00	1,123.20	1,037.40	62	120.90	112.32	103.74
63	1,302.60	1,209.00	1,107.60	63	130.26	120.90	110.76
64	1,396.20	1,294.80	1,193.40	64	139.62	129.48	119.34
65	1,497.60	1,388.40	1,279.20	65	149.76	138.84	127.92
66	1,614.60	1,505.40	1,396.20	66	161.46	150.54	139.62
67	1,739.40	1,630.20	1,521.00	67	173.94	163.02	152.10
68	1,872.00	1,770.60	1,661.40	68	187.20	177.06	166.14
69	2,020.20	1,918.80	1,817.40	69	202.02	191.88	181.74

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,176.20	2,082.60	1,981.20	70	217.62	208.26	198.12
71	2,402.40	2,293.20	2,176.20	71	240.24	229.32	217.62
72	2,644.20	2,519.40	2,394.60	72	264.42	251.94	239.46
73	2,917.20	2,776.80	2,636.40	73	291.72	277.68	263.64
74	3,221.40	3,065.40	2,901.60	74	322.14	306.54	290.16
75	3,549.00	3,369.60	3,190.20	75	354.90	336.96	319.02
76	3,954.60	3,744.00	3,533.40	76	395.46	374.40	353.34
77	4,399.20	4,157.40	3,915.60	77	439.92	415.74	391.56
78	4,898.40	4,625.40	4,344.60	78	489.84	462.54	434.46
79	5,452.20	5,132.40	4,812.60	79	545.22	513.24	481.26

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	304.20	288.60	273.00	18-39	30.42	28.86	27.30
40	304.20	288.60	273.00	40	30.42	28.86	27.30
41	312.00	296.40	280.80	41	31.20	29.64	28.08
42	319.80	304.20	288.60	42	31.98	30.42	28.86
43	335.40	319.80	296.40	43	33.54	31.98	29.64
44	343.20	327.60	304.20	44	34.32	32.76	30.42
45	351.00	335.40	312.00	45	35.10	33.54	31.20
46	358.80	343.20	319.80	46	35.88	34.32	31.98
47	374.40	351.00	327.60	47	37.44	35.10	32.76
48	382.20	366.60	343.20	48	38.22	36.66	34.32
49	397.80	374.40	351.00	49	39.78	37.44	35.10
50	405.60	382.20	358.80	50	40.56	38.22	35.88
51	421.20	397.80	366.60	51	42.12	39.78	36.66
52	429.00	405.60	382.20	52	42.90	40.56	38.22
53	444.60	421.20	390.00	53	44.46	42.12	39.00
54	452.40	429.00	405.60	54	45.24	42.90	40.56
55	468.00	444.60	413.40	55	46.80	44.46	41.34
56	491.40	468.00	436.80	56	49.14	46.80	43.68
57	522.60	491.40	460.20	57	52.26	49.14	46.02
58	553.80	522.60	483.60	58	55.38	52.26	48.36
59	585.00	546.00	507.00	59	58.50	54.60	50.70
60	616.20	577.20	530.40	60	61.62	57.72	53.04
61	655.20	616.20	569.40	61	65.52	61.62	56.94
62	702.00	655.20	600.60	62	70.20	65.52	60.06
63	748.80	702.00	647.40	63	74.88	70.20	64.74
64	795.60	741.00	686.40	64	79.56	74.10	68.64
65	850.20	795.60	733.20	65	85.02	79.56	73.32
66	912.60	850.20	787.80	66	91.26	85.02	78.78
67	982.80	920.40	850.20	67	98.28	92.04	85.02
68	1,060.80	990.60	920.40	68	106.08	99.06	92.04
69	1,146.60	1,068.60	990.60	69	114.66	106.86	99.06

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,232.40	1,154.40	1,068.60	70	123.24	115.44	106.86
71	1,349.40	1,263.60	1,170.00	71	134.94	126.36	117.00
72	1,482.00	1,388.40	1,287.00	72	148.20	138.84	128.70
73	1,630.20	1,521.00	1,411.80	73	163.02	152.10	141.18
74	1,786.20	1,669.20	1,552.20	74	178.62	166.92	155.22
75	1,957.80	1,833.00	1,700.40	75	195.78	183.30	170.04
76	2,199.60	2,059.20	1,911.00	76	219.96	205.92	191.10
77	2,472.60	2,308.80	2,145.00	77	247.26	230.88	214.50
78	2,776.80	2,597.40	2,418.00	78	277.68	259.74	241.80
79	3,120.00	2,917.20	2,714.40	79	312.00	291.72	271.44
80		3,283.80	3,049.80	80		328.38	304.98
81		3,650.40	3,393.00	81		365.04	339.30
82		4,071.60	3,783.00	82		407.16	378.30
83		4,531.80	4,212.00	83		453.18	421.20
84		5,046.60	4,687.80	84		504.66	468.78

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	382.20	358.80	327.60	18-39	38.22	35.88	32.76
40	382.20	358.80	327.60	40	38.22	35.88	32.76
41	390.00	366.60	335.40	41	39.00	36.66	33.54
42	405.60	374.40	343.20	42	40.56	37.44	34.32
43	413.40	390.00	358.80	43	41.34	39.00	35.88
44	429.00	397.80	366.60	44	42.90	39.78	36.66
45	436.80	405.60	374.40	45	43.68	40.56	37.44
46	452.40	421.20	390.00	46	45.24	42.12	39.00
47	460.20	429.00	397.80	47	46.02	42.90	39.78
48	475.80	444.60	413.40	48	47.58	44.46	41.34
49	483.60	452.40	421.20	49	48.36	45.24	42.12
50	499.20	468.00	436.80	50	49.92	46.80	43.68
51	514.80	483.60	452.40	51	51.48	48.36	45.24
52	530.40	499.20	460.20	52	53.04	49.92	46.02
53	546.00	514.80	475.80	53	54.60	51.48	47.58
54	561.60	530.40	491.40	54	56.16	53.04	49.14
55	577.20	546.00	507.00	55	57.72	54.60	50.70
56	608.40	577.20	538.20	56	60.84	57.72	53.82
57	647.40	608.40	561.60	57	64.74	60.84	56.16
58	686.40	639.60	592.80	58	68.64	63.96	59.28
59	725.40	678.60	631.80	59	72.54	67.86	63.18
60	772.20	717.60	663.00	60	77.22	71.76	66.30
61	819.00	764.40	709.80	61	81.90	76.44	70.98
62	873.60	819.00	756.60	62	87.36	81.90	75.66
63	936.00	873.60	803.40	63	93.60	87.36	80.34
64	998.40	928.20	858.00	64	99.84	92.82	85.80
65	1,060.80	990.60	912.60	65	106.08	99.06	91.26
66	1,146.60	1,068.60	990.60	66	114.66	106.86	99.06
67	1,240.20	1,154.40	1,068.60	67	124.02	115.44	106.86
68	1,341.60	1,248.00	1,154.40	68	134.16	124.80	115.44
69	1,450.80	1,357.20	1,255.80	69	145.08	135.72	125.58

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,567.80	1,466.40	1,357.20	70	156.78	146.64	135.72
71	1,716.00	1,606.80	1,489.80	71	171.60	160.68	148.98
72	1,887.60	1,762.80	1,638.00	72	188.76	176.28	163.80
73	2,067.00	1,934.40	1,794.00	73	206.70	193.44	179.40
74	2,269.80	2,121.60	1,973.40	74	226.98	212.16	197.34
75	2,488.20	2,332.20	2,168.40	75	248.82	233.22	216.84
76	2,769.00	2,589.60	2,410.20	76	276.90	258.96	241.02
77	3,081.00	2,886.00	2,683.20	77	308.10	288.60	268.32
78	3,432.00	3,205.80	2,979.60	78	343.20	320.58	297.96
79	3,822.00	3,572.40	3,315.00	79	382.20	357.24	331.50

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	475.80	444.60	405.60	18-39	47.58	44.46	40.56
40	475.80	444.60	405.60	40	47.58	44.46	40.56
41	491.40	460.20	421.20	41	49.14	46.02	42.12
42	507.00	468.00	429.00	42	50.70	46.80	42.90
43	514.80	483.60	444.60	43	51.48	48.36	44.46
44	530.40	499.20	460.20	44	53.04	49.92	46.02
45	546.00	507.00	468.00	45	54.60	50.70	46.80
46	561.60	522.60	483.60	46	56.16	52.26	48.36
47	577.20	538.20	499.20	47	57.72	53.82	49.92
48	600.60	561.60	514.80	48	60.06	56.16	51.48
49	616.20	577.20	530.40	49	61.62	57.72	53.04
50	631.80	592.80	546.00	50	63.18	59.28	54.60
51	647.40	608.40	561.60	51	64.74	60.84	56.16
52	670.80	624.00	577.20	52	67.08	62.40	57.72
53	686.40	639.60	592.80	53	68.64	63.96	59.28
54	702.00	663.00	616.20	54	70.20	66.30	61.62
55	725.40	678.60	631.80	55	72.54	67.86	63.18
56	772.20	725.40	670.80	56	77.22	72.54	67.08
57	811.20	764.40	709.80	57	81.12	76.44	70.98
58	865.80	811.20	748.80	58	86.58	81.12	74.88
59	912.60	850.20	787.80	59	91.26	85.02	78.78
60	967.20	904.80	834.60	60	96.72	90.48	83.46
61	1,029.60	959.40	889.20	61	102.96	95.94	88.92
62	1,099.80	1,021.80	943.80	62	109.98	102.18	94.38
63	1,177.80	1,092.00	1,006.20	63	117.78	109.20	100.62
64	1,255.80	1,162.20	1,068.60	64	125.58	116.22	106.86
65	1,341.60	1,240.20	1,138.80	65	134.16	124.02	113.88
66	1,450.80	1,341.60	1,232.40	66	145.08	134.16	123.24
67	1,567.80	1,458.60	1,341.60	67	156.78	145.86	134.16
68	1,700.40	1,583.40	1,458.60	68	170.04	158.34	145.86
69	1,840.80	1,716.00	1,583.40	69	184.08	171.60	158.34

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,989.00	1,856.40	1,716.00	70	198.90	185.64	171.60
71	2,176.20	2,028.00	1,872.00	71	217.62	202.80	187.20
72	2,386.80	2,215.20	2,043.60	72	238.68	221.52	204.36
73	2,613.00	2,425.80	2,230.80	73	261.30	242.58	223.08
74	2,854.80	2,644.20	2,433.60	74	285.48	264.42	243.36
75	3,127.80	2,893.80	2,659.80	75	312.78	289.38	265.98
76	3,463.20	3,221.40	2,971.80	76	346.32	322.14	297.18
77	3,829.80	3,572.40	3,315.00	77	382.98	357.24	331.50
78	4,235.40	3,970.20	3,697.20	78	423.54	397.02	369.72
79	4,687.80	4,407.00	4,126.20	79	468.78	440.70	412.62

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	616.20	585.00	546.00	18-39	61.62	58.50	54.60
40	616.20	585.00	546.00	40	61.62	58.50	54.60
41	639.60	608.40	569.40	41	63.96	60.84	56.94
42	663.00	624.00	585.00	42	66.30	62.40	58.50
43	686.40	647.40	608.40	43	68.64	64.74	60.84
44	709.80	670.80	631.80	44	70.98	67.08	63.18
45	733.20	694.20	655.20	45	73.32	69.42	65.52
46	756.60	717.60	678.60	46	75.66	71.76	67.86
47	787.80	748.80	702.00	47	78.78	74.88	70.20
48	811.20	772.20	725.40	48	81.12	77.22	72.54
49	842.40	795.60	748.80	49	84.24	79.56	74.88
50	873.60	826.80	780.00	50	87.36	82.68	78.00
51	897.00	850.20	795.60	51	89.70	85.02	79.56
52	920.40	873.60	819.00	52	92.04	87.36	81.90
53	943.80	897.00	842.40	53	94.38	89.70	84.24
54	975.00	920.40	858.00	54	97.50	92.04	85.80
55	998.40	943.80	881.40	55	99.84	94.38	88.14
56	1,053.00	990.60	928.20	56	105.30	99.06	92.82
57	1,115.40	1,045.20	975.00	57	111.54	104.52	97.50
58	1,177.80	1,099.80	1,021.80	58	117.78	109.98	102.18
59	1,248.00	1,162.20	1,076.40	59	124.80	116.22	107.64
60	1,318.20	1,224.60	1,131.00	60	131.82	122.46	113.10
61	1,404.00	1,302.60	1,201.20	61	140.40	130.26	120.12
62	1,489.80	1,388.40	1,279.20	62	148.98	138.84	127.92
63	1,583.40	1,474.20	1,365.00	63	158.34	147.42	136.50
64	1,684.80	1,567.80	1,450.80	64	168.48	156.78	145.08
65	1,794.00	1,669.20	1,544.40	65	179.40	166.92	154.44
66	1,918.80	1,794.00	1,669.20	66	191.88	179.40	166.92
67	2,051.40	1,934.40	1,809.60	67	205.14	193.44	180.96
68	2,199.60	2,082.60	1,965.60	68	219.96	208.26	196.56
69	2,355.60	2,238.60	2,121.60	69	235.56	223.86	212.16

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,519.40	2,410.20	2,301.00	70	251.94	241.02	230.10
71	2,761.20	2,636.40	2,511.60	71	276.12	263.64	251.16
72	3,018.60	2,878.20	2,737.80	72	301.86	287.82	273.78
73	3,307.20	3,151.20	2,987.40	73	330.72	315.12	298.74
74	3,619.20	3,439.80	3,260.40	74	361.92	343.98	326.04
75	3,962.40	3,759.60	3,556.80	75	396.24	375.96	355.68
76	4,391.40	4,157.40	3,923.40	76	439.14	415.74	392.34
77	4,875.00	4,602.00	4,321.20	77	487.50	460.20	432.12
78	5,405.40	5,085.60	4,765.80	78	540.54	508.56	476.58
79	5,998.20	5,631.60	5,257.20	79	599.82	563.16	525.72

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	156.83	148.11	139.40	18-39	15.68	14.81	13.94
40	156.83	148.11	139.40	40	15.68	14.81	13.94
41	165.54	156.83	148.11	41	16.55	15.68	14.81
42	165.54	156.83	148.11	42	16.55	15.68	14.81
43	174.25	165.54	156.83	43	17.43	16.55	15.68
44	182.96	174.25	156.83	44	18.30	17.43	15.68
45	182.96	174.25	165.54	45	18.30	17.43	16.55
46	191.68	182.96	165.54	46	19.17	18.30	16.55
47	200.39	191.68	174.25	47	20.04	19.17	17.43
48	200.39	191.68	182.96	48	20.04	19.17	18.30
49	209.10	200.39	182.96	49	20.91	20.04	18.30
50	217.82	209.10	191.68	50	21.78	20.91	19.17
51	226.53	217.82	200.39	51	22.65	21.78	20.04
52	243.95	235.24	217.82	52	24.40	23.52	21.78
53	261.38	243.95	226.53	53	26.14	24.40	22.65
54	270.09	252.67	235.24	54	27.01	25.27	23.52
55	287.52	270.09	252.67	55	28.75	27.01	25.27
56	304.94	287.52	261.38	56	30.49	28.75	26.14
57	322.37	304.94	278.80	57	32.24	30.49	27.88
58	348.50	322.37	296.23	58	34.85	32.24	29.62
59	365.93	339.79	304.94	59	36.59	33.98	30.49
60	392.07	357.22	322.37	60	39.21	35.72	32.24
61	426.92	392.07	348.50	61	42.69	39.21	34.85
62	453.06	418.20	374.64	62	45.31	41.82	37.46
63	496.62	453.06	409.49	63	49.66	45.31	40.95
64	531.47	487.91	444.34	64	53.15	48.79	44.43
65	575.03	531.47	479.19	65	57.50	53.15	47.92
66	627.31	575.03	522.76	66	62.73	57.50	52.28
67	688.30	627.31	566.32	67	68.83	62.73	56.63
68	749.28	679.58	609.88	68	74.93	67.96	60.99
69	818.98	740.57	662.16	69	81.90	74.06	66.22

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	897.40	810.27	723.15	70	89.74	81.03	72.31
71	993.24	897.40	792.85	71	99.32	89.74	79.28
72	1,106.50	993.24	871.26	72	110.65	99.32	87.13
73	1,228.48	1,097.79	958.39	73	122.85	109.78	95.84
74	1,367.88	1,211.05	1,054.22	74	136.79	121.11	105.42
75	1,515.99	1,341.74	1,158.78	75	151.60	134.17	115.88
76	1,690.24	1,489.85	1,289.46	76	169.02	148.99	128.95
77	1,890.63	1,672.82	1,446.29	77	189.06	167.28	144.63
78	2,117.16	1,864.50	1,611.83	78	211.72	186.45	161.18
79	2,361.11	2,082.31	1,794.80	79	236.11	208.23	179.48
80		2,326.26	2,003.90	80	263.99	232.63	200.39
81		2,570.22	2,213.00	81	291.87	257.02	221.30
82		2,840.31	2,448.24	82	323.24	284.03	244.82
83		3,145.25	2,709.62	83	357.22	314.52	270.96
84		3,476.33	2,997.13	84	394.68	347.63	299.71
				85	436.50	384.23	331.95
				86	491.39	433.02	373.77
				87	553.25	487.03	420.82
				88	622.08	547.15	473.09
				89	699.62	615.98	532.34
				90	791.98	692.65	598.56
				91	885.20	779.78	673.48
				92	995.85	876.49	757.12
				93	1,120.44	986.27	852.09
				94	1,260.71	1,109.11	958.39
				95	1,417.54	1,248.52	1,078.62
				96	1,595.28	1,404.47	1,212.79
				97	1,794.80	1,579.59	1,364.39
				98	2,018.71	1,777.37	1,535.16
				99	2,270.50	1,998.67	1,726.84

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	200.39	191.68	174.25	18-39	20.04	19.17	17.43
40	200.39	191.68	174.25	40	20.04	19.17	17.43
41	209.10	200.39	182.96	41	20.91	20.04	18.30
42	209.10	200.39	182.96	42	20.91	20.04	18.30
43	217.82	209.10	191.68	43	21.78	20.91	19.17
44	226.53	217.82	200.39	44	22.65	21.78	20.04
45	235.24	217.82	200.39	45	23.52	21.78	20.04
46	243.95	226.53	209.10	46	24.40	22.65	20.91
47	243.95	235.24	217.82	47	24.40	23.52	21.78
48	252.67	235.24	217.82	48	25.27	23.52	21.78
49	261.38	243.95	226.53	49	26.14	24.40	22.65
50	270.09	252.67	235.24	50	27.01	25.27	23.52
51	278.80	261.38	243.95	51	27.88	26.14	24.40
52	296.23	278.80	252.67	52	29.62	27.88	25.27
53	313.65	287.52	261.38	53	31.37	28.75	26.14
54	322.37	304.94	278.80	54	32.24	30.49	27.88
55	339.79	313.65	287.52	55	33.98	31.37	28.75
56	365.93	339.79	304.94	56	36.59	33.98	30.49
57	383.35	357.22	331.08	57	38.34	35.72	33.11
58	409.49	383.35	348.50	58	40.95	38.34	34.85
59	444.34	409.49	374.64	59	44.43	40.95	37.46
60	470.48	435.63	400.78	60	47.05	43.56	40.08
61	505.33	470.48	435.63	61	50.53	47.05	43.56
62	548.89	514.04	470.48	62	54.89	51.40	47.05
63	592.46	557.61	514.04	63	59.25	55.76	51.40
64	644.73	601.17	557.61	64	64.47	60.12	55.76
65	697.01	653.45	609.88	65	69.70	65.34	60.99
66	758.00	714.43	662.16	66	75.80	71.44	66.22
67	818.98	775.42	723.15	67	81.90	77.54	72.31
68	888.69	836.41	784.13	68	88.87	83.64	78.41
69	958.39	906.11	853.83	69	95.84	90.61	85.38

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,036.80	984.52	923.54	70	103.68	98.45	92.35
71	1,158.78	1,097.79	1,036.80	71	115.88	109.78	103.68
72	1,289.46	1,228.48	1,158.78	72	128.95	122.85	115.88
73	1,428.87	1,367.88	1,298.18	73	142.89	136.79	129.82
74	1,594.41	1,524.71	1,446.29	74	159.44	152.47	144.63
75	1,777.37	1,698.96	1,620.54	75	177.74	169.90	162.05
76	1,977.76	1,890.63	1,803.51	76	197.78	189.06	180.35
77	2,204.29	2,108.45	2,012.61	77	220.43	210.84	201.26
78	2,465.67	2,361.11	2,247.85	78	246.57	236.11	224.79
79	2,744.47	2,622.49	2,500.52	79	274.45	262.25	250.05
				80	305.81	292.74	278.80
				81	338.05	323.24	308.43
				82	373.77	357.22	340.66
				83	417.33	395.55	377.26
				84	456.54	444.34	416.46
				85	504.46	482.68	460.90
				86	568.06	543.67	519.27
				87	638.63	611.62	583.74
				88	718.79	687.42	656.93
				89	808.53	773.68	738.83
				90	909.60	870.39	831.18
				91	1,022.86	979.30	937.48
				92	1,150.93	1,101.27	1,051.61
				93	1,294.69	1,238.93	1,183.17
				94	1,456.75	1,394.02	1,330.41
				95	1,638.84	1,568.27	1,496.82
				96	1,843.59	1,763.43	1,684.15
				97	2,073.60	1,983.86	1,894.99
				98	2,333.23	2,232.17	2,131.10
				99	2,624.24	2,510.97	2,397.71

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	226.53	217.82	200.39	18-39	22.65	21.78	20.04
40	226.53	217.82	200.39	40	22.65	21.78	20.04
41	235.24	226.53	209.10	41	23.52	22.65	20.91
42	243.95	235.24	217.82	42	24.40	23.52	21.78
43	252.67	243.95	226.53	43	25.27	24.40	22.65
44	261.38	252.67	235.24	44	26.14	25.27	23.52
45	270.09	261.38	243.95	45	27.01	26.14	24.40
46	287.52	270.09	252.67	46	28.75	27.01	25.27
47	296.23	278.80	261.38	47	29.62	27.88	26.14
48	304.94	287.52	270.09	48	30.49	28.75	27.01
49	322.37	304.94	278.80	49	32.24	30.49	27.88
50	331.08	313.65	287.52	50	33.11	31.37	28.75
51	339.79	322.37	296.23	51	33.98	32.24	29.62
52	357.22	331.08	304.94	52	35.72	33.11	30.49
53	365.93	339.79	313.65	53	36.59	33.98	31.37
54	383.35	357.22	322.37	54	38.34	35.72	32.24
55	392.07	365.93	331.08	55	39.21	36.59	33.11
56	418.20	392.07	357.22	56	41.82	39.21	35.72
57	453.06	418.20	374.64	57	45.31	41.82	37.46
58	487.91	444.34	400.78	58	48.79	44.43	40.08
59	522.76	479.19	435.63	59	52.28	47.92	43.56
60	557.61	514.04	461.77	60	55.76	51.40	46.18
61	609.88	557.61	505.33	61	60.99	55.76	50.53
62	670.87	609.88	548.89	62	67.09	60.99	54.89
63	731.86	662.16	592.46	63	73.19	66.22	59.25
64	792.85	723.15	644.73	64	79.28	72.31	64.47
65	871.26	792.85	705.72	65	87.13	79.28	70.57
66	940.96	853.83	758.00	66	94.10	85.38	75.80
67	1,019.37	923.54	818.98	67	101.94	92.35	81.90
68	1,106.50	993.24	879.97	68	110.65	99.32	88.00
69	1,193.63	1,071.65	949.67	69	119.36	107.16	94.97

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,289.46	1,158.78	1,019.37	70	128.95	115.88	101.94
71	1,428.87	1,289.46	1,141.35	71	142.89	128.95	114.14
72	1,585.69	1,428.87	1,272.04	72	158.57	142.89	127.20
73	1,759.95	1,585.69	1,411.44	73	175.99	158.57	141.14
74	1,951.62	1,768.66	1,576.98	74	195.16	176.87	157.70
75	2,160.72	1,960.34	1,759.95	75	216.07	196.03	175.99
76	2,404.68	2,186.86	1,960.34	76	240.47	218.69	196.03
77	2,683.48	2,439.53	2,186.86	77	268.35	243.95	218.69
78	2,988.42	2,718.33	2,439.53	78	298.84	271.83	243.95
79	3,328.21	3,023.27	2,718.33	79	332.82	302.33	271.83
				80	371.16	337.18	303.20
				81	409.49	372.03	334.56
				82	453.06	412.11	370.29
				83	500.10	454.80	408.62
				84	552.38	501.85	452.18
				85	609.88	554.12	498.36
				86	686.55	623.82	561.09
				87	771.94	701.36	646.47
				88	868.65	789.36	710.08
				89	977.55	887.81	798.95
				90	1,099.53	999.34	898.27
				91	1,237.19	1,123.93	1,010.66
				92	1,391.40	1,264.20	1,136.99
				93	1,565.65	1,421.90	1,279.01
				94	1,760.82	1,599.63	1,439.32
				95	1,981.25	1,800.02	1,618.80
				96	2,228.68	2,024.81	1,820.93
				97	2,506.62	2,277.47	2,048.33
				98	2,820.27	2,562.38	2,304.48
				99	3,173.13	2,883.00	2,592.87

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	270.09	261.38	243.95	18-39	27.01	26.14	24.40
40	270.09	261.38	243.95	40	27.01	26.14	24.40
41	278.80	270.09	252.67	41	27.88	27.01	25.27
42	296.23	278.80	261.38	42	29.62	27.88	26.14
43	304.94	287.52	270.09	43	30.49	28.75	27.01
44	313.65	296.23	278.80	44	31.37	29.62	27.88
45	331.08	313.65	287.52	45	33.11	31.37	28.75
46	339.79	322.37	296.23	46	33.98	32.24	29.62
47	357.22	331.08	304.94	47	35.72	33.11	30.49
48	374.64	348.50	313.65	48	37.46	34.85	31.37
49	383.35	357.22	331.08	49	38.34	35.72	33.11
50	400.78	374.64	339.79	50	40.08	37.46	33.98
51	418.20	383.35	348.50	51	41.82	38.34	34.85
52	435.63	400.78	365.93	52	43.56	40.08	36.59
53	453.06	418.20	383.35	53	45.31	41.82	38.34
54	470.48	435.63	392.07	54	47.05	43.56	39.21
55	487.91	453.06	409.49	55	48.79	45.31	40.95
56	522.76	487.91	444.34	56	52.28	48.79	44.43
57	566.32	522.76	479.19	57	56.63	52.28	47.92
58	609.88	566.32	514.04	58	60.99	56.63	51.40
59	662.16	609.88	557.61	59	66.22	60.99	55.76
60	714.43	662.16	601.17	60	71.44	66.22	60.12
61	775.42	714.43	653.45	61	77.54	71.44	65.34
62	853.83	784.13	705.72	62	85.38	78.41	70.57
63	932.25	853.83	766.71	63	93.22	85.38	76.67
64	1,010.66	923.54	827.70	64	101.07	92.35	82.77
65	1,106.50	1,001.95	897.40	65	110.65	100.19	89.74
66	1,184.91	1,080.36	975.81	66	118.49	108.04	97.58
67	1,272.04	1,167.49	1,054.22	67	127.20	116.75	105.42
68	1,359.17	1,254.61	1,141.35	68	135.92	125.46	114.14
69	1,455.00	1,350.45	1,237.19	69	145.50	135.05	123.72

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,559.56	1,455.00	1,341.74	70	155.96	145.50	134.17
71	1,742.52	1,620.54	1,489.85	71	174.25	162.05	148.99
72	1,942.91	1,803.51	1,655.39	72	194.29	180.35	165.54
73	2,160.72	2,003.90	1,838.36	73	216.07	200.39	183.84
74	2,413.39	2,230.43	2,038.75	74	241.34	223.04	203.87
75	2,692.19	2,483.09	2,265.28	75	269.22	248.31	226.53
76	2,997.13	2,761.89	2,526.65	76	299.71	276.19	252.67
77	3,336.93	3,075.55	2,814.17	77	333.69	307.55	281.42
78	3,720.28	3,432.76	3,136.54	78	372.03	343.28	313.65
79	4,147.20	3,824.83	3,493.75	79	414.72	382.48	349.38
				80	461.77	426.05	389.45
				81	509.69	469.61	429.53
				82	562.83	518.40	473.97
				83	622.08	573.29	523.63
				84	686.55	632.53	577.65
				85	758.00	697.88	637.76
				86	852.96	785.88	717.92
				87	960.13	883.46	807.66
				88	1,079.49	994.11	908.72
				89	1,214.54	1,127.41	1,021.99
				90	1,366.14	1,258.10	1,150.06
				91	1,536.90	1,414.93	1,292.95
				92	1,729.45	1,591.79	1,455.00
				93	1,945.52	1,791.31	1,637.10
				94	2,188.61	2,015.22	1,840.97
				95	2,462.18	2,267.02	2,071.86
				96	2,769.74	2,550.18	2,330.62
				97	3,115.63	2,869.06	2,621.62
				98	3,505.08	3,227.15	2,949.22
				99	3,943.32	3,630.54	3,317.76

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	235.24	226.53	209.10	18-39	23.52	22.65	20.91
40	235.24	226.53	209.10	40	23.52	22.65	20.91
41	243.95	235.24	217.82	41	24.40	23.52	21.78
42	252.67	243.95	226.53	42	25.27	24.40	22.65
43	261.38	252.67	235.24	43	26.14	25.27	23.52
44	270.09	261.38	243.95	44	27.01	26.14	24.40
45	278.80	270.09	252.67	45	27.88	27.01	25.27
46	296.23	278.80	261.38	46	29.62	27.88	26.14
47	304.94	287.52	270.09	47	30.49	28.75	27.01
48	313.65	296.23	278.80	48	31.37	29.62	27.88
49	331.08	313.65	287.52	49	33.11	31.37	28.75
50	339.79	322.37	296.23	50	33.98	32.24	29.62
51	348.50	331.08	304.94	51	34.85	33.11	30.49
52	365.93	348.50	322.37	52	36.59	34.85	32.24
53	383.35	357.22	331.08	53	38.34	35.72	33.11
54	392.07	365.93	339.79	54	39.21	36.59	33.98
55	409.49	383.35	357.22	55	40.95	38.34	35.72
56	435.63	409.49	374.64	56	43.56	40.95	37.46
57	470.48	435.63	400.78	57	47.05	43.56	40.08
58	496.62	461.77	426.92	58	49.66	46.18	42.69
59	531.47	496.62	453.06	59	53.15	49.66	45.31
60	566.32	522.76	479.19	60	56.63	52.28	47.92
61	609.88	566.32	514.04	61	60.99	56.63	51.40
62	653.45	609.88	557.61	62	65.34	60.99	55.76
63	697.01	653.45	601.17	63	69.70	65.34	60.12
64	749.28	697.01	644.73	64	74.93	69.70	64.47
65	801.56	749.28	697.01	65	80.16	74.93	69.70
66	871.26	818.98	758.00	66	87.13	81.90	75.80
67	949.67	888.69	818.98	67	94.97	88.87	81.90
68	1,036.80	967.10	888.69	68	103.68	96.71	88.87
69	1,123.93	1,045.51	967.10	69	112.39	104.55	96.71

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,228.48	1,141.35	1,045.51	70	122.85	114.14	104.55
71	1,350.45	1,254.61	1,150.06	71	135.05	125.46	115.01
72	1,489.85	1,385.30	1,272.04	72	148.99	138.53	127.20
73	1,646.68	1,524.71	1,402.73	73	164.67	152.47	140.27
74	1,812.22	1,681.53	1,550.84	74	181.22	168.15	155.08
75	1,995.19	1,855.78	1,707.67	75	199.52	185.58	170.77
76	2,247.85	2,091.02	1,925.48	76	224.79	209.10	192.55
77	2,526.65	2,352.40	2,169.44	77	252.67	235.24	216.94
78	2,840.31	2,648.63	2,448.24	78	284.03	264.86	244.82
79	3,188.81	2,979.71	2,761.89	79	318.88	297.97	276.19
80		3,354.35	3,110.40	80		335.44	311.04
81		3,755.13	3,485.04	81		375.51	348.50
82		4,199.47	3,903.24	82		419.95	390.32
83		4,704.80	4,373.73	83		470.48	437.37
84		5,262.41	4,896.48	84		526.24	489.65

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	287.52	270.09	252.67	18-39	28.75	27.01	25.27
40	287.52	270.09	252.67	40	28.75	27.01	25.27
41	296.23	278.80	261.38	41	29.62	27.88	26.14
42	304.94	287.52	270.09	42	30.49	28.75	27.01
43	322.37	304.94	278.80	43	32.24	30.49	27.88
44	331.08	313.65	287.52	44	33.11	31.37	28.75
45	339.79	322.37	296.23	45	33.98	32.24	29.62
46	357.22	339.79	313.65	46	35.72	33.98	31.37
47	365.93	348.50	322.37	47	36.59	34.85	32.24
48	383.35	357.22	331.08	48	38.34	35.72	33.11
49	392.07	374.64	348.50	49	39.21	37.46	34.85
50	409.49	383.35	357.22	50	40.95	38.34	35.72
51	426.92	400.78	374.64	51	42.69	40.08	37.46
52	444.34	418.20	383.35	52	44.43	41.82	38.34
53	461.77	435.63	400.78	53	46.18	43.56	40.08
54	487.91	453.06	418.20	54	48.79	45.31	41.82
55	505.33	470.48	435.63	55	50.53	47.05	43.56
56	540.18	505.33	461.77	56	54.02	50.53	46.18
57	575.03	540.18	496.62	57	57.50	54.02	49.66
58	609.88	575.03	531.47	58	60.99	57.50	53.15
59	653.45	609.88	566.32	59	65.34	60.99	56.63
60	697.01	653.45	609.88	60	69.70	65.34	60.99
61	749.28	705.72	653.45	61	74.93	70.57	65.34
62	801.56	749.28	697.01	62	80.16	74.93	69.70
63	862.55	810.27	749.28	63	86.25	81.03	74.93
64	932.25	871.26	801.56	64	93.22	87.13	80.16
65	1,001.95	932.25	862.55	65	100.19	93.22	86.25
66	1,089.08	1,019.37	940.96	66	108.91	101.94	94.10
67	1,184.91	1,106.50	1,028.09	67	118.49	110.65	102.81
68	1,280.75	1,202.34	1,123.93	68	128.08	120.23	112.39
69	1,394.02	1,306.89	1,219.76	69	139.40	130.69	121.98

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,515.99	1,428.87	1,333.03	70	151.60	142.89	133.30
71	1,672.82	1,576.98	1,472.43	71	167.28	157.70	147.24
72	1,847.07	1,742.52	1,629.26	72	184.71	174.25	162.93
73	2,030.04	1,916.77	1,794.80	73	203.00	191.68	179.48
74	2,239.14	2,108.45	1,977.76	74	223.91	210.84	197.78
75	2,474.38	2,334.98	2,186.86	75	247.44	233.50	218.69
76	2,770.61	2,613.78	2,448.24	76	277.06	261.38	244.82
77	3,092.97	2,918.72	2,735.76	77	309.30	291.87	273.58
78	3,458.90	3,258.51	3,058.12	78	345.89	325.85	305.81
79	3,868.39	3,650.58	3,424.05	79	386.84	365.06	342.41

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	348.50	331.08	304.94	18-39	34.85	33.11	30.49
40	348.50	331.08	304.94	40	34.85	33.11	30.49
41	365.93	339.79	313.65	41	36.59	33.98	31.37
42	374.64	357.22	331.08	42	37.46	35.72	33.11
43	392.07	365.93	339.79	43	39.21	36.59	33.98
44	409.49	383.35	357.22	44	40.95	38.34	35.72
45	426.92	400.78	365.93	45	42.69	40.08	36.59
46	444.34	418.20	383.35	46	44.43	41.82	38.34
47	461.77	435.63	400.78	47	46.18	43.56	40.08
48	479.19	444.34	409.49	48	47.92	44.43	40.95
49	496.62	461.77	426.92	49	49.66	46.18	42.69
50	514.04	479.19	444.34	50	51.40	47.92	44.43
51	531.47	496.62	461.77	51	53.15	49.66	46.18
52	557.61	522.76	479.19	52	55.76	52.28	47.92
53	575.03	540.18	496.62	53	57.50	54.02	49.66
54	592.46	557.61	514.04	54	59.25	55.76	51.40
55	618.59	575.03	531.47	55	61.86	57.50	53.15
56	662.16	618.59	566.32	56	66.22	61.86	56.63
57	705.72	662.16	609.88	57	70.57	66.22	60.99
58	758.00	705.72	653.45	58	75.80	70.57	65.34
59	810.27	758.00	697.01	59	81.03	75.80	69.70
60	871.26	810.27	749.28	60	87.13	81.03	74.93
61	940.96	871.26	801.56	61	94.10	87.13	80.16
62	1,010.66	940.96	862.55	62	101.07	94.10	86.25
63	1,089.08	1,010.66	923.54	63	108.91	101.07	92.35
64	1,176.20	1,089.08	993.24	64	117.62	108.91	99.32
65	1,263.33	1,167.49	1,062.94	65	126.33	116.75	106.29
66	1,376.59	1,272.04	1,158.78	66	137.66	127.20	115.88
67	1,498.57	1,385.30	1,263.33	67	149.86	138.53	126.33
68	1,629.26	1,507.28	1,385.30	68	162.93	150.73	138.53
69	1,777.37	1,646.68	1,507.28	69	177.74	164.67	150.73

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,934.20	1,794.80	1,646.68	70	193.42	179.48	164.67
71	2,134.59	1,977.76	1,812.22	71	213.46	197.78	181.22
72	2,343.69	2,169.44	1,995.19	72	234.37	216.94	199.52
73	2,587.64	2,395.97	2,195.58	73	258.76	239.60	219.56
74	2,849.02	2,639.92	2,422.10	74	284.90	263.99	242.21
75	3,136.54	2,901.30	2,666.06	75	313.65	290.13	266.61
76	3,485.04	3,241.09	2,988.42	76	348.50	324.11	298.84
77	3,868.39	3,615.73	3,354.35	77	386.84	361.57	335.44
78	4,304.02	4,033.93	3,763.84	78	430.40	403.39	376.38
79	4,774.50	4,495.70	4,216.90	79	477.45	449.57	421.69

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	444.34	426.92	400.78	18-39	44.43	42.69	40.08
40	444.34	426.92	400.78	40	44.43	42.69	40.08
41	461.77	444.34	418.20	41	46.18	44.43	41.82
42	487.91	461.77	435.63	42	48.79	46.18	43.56
43	505.33	479.19	453.06	43	50.53	47.92	45.31
44	522.76	496.62	470.48	44	52.28	49.66	47.05
45	548.89	522.76	487.91	45	54.89	52.28	48.79
46	575.03	548.89	514.04	46	57.50	54.89	51.40
47	601.17	566.32	531.47	47	60.12	56.63	53.15
48	627.31	592.46	557.61	48	62.73	59.25	55.76
49	653.45	618.59	575.03	49	65.34	61.86	57.50
50	679.58	644.73	601.17	50	67.96	64.47	60.12
51	705.72	670.87	627.31	51	70.57	67.09	62.73
52	740.57	697.01	644.73	52	74.06	69.70	64.47
53	766.71	723.15	670.87	53	76.67	72.31	67.09
54	801.56	749.28	697.01	54	80.16	74.93	69.70
55	836.41	784.13	723.15	55	83.64	78.41	72.31
56	897.40	836.41	775.42	56	89.74	83.64	77.54
57	958.39	897.40	827.70	57	95.84	89.74	82.77
58	1,028.09	958.39	879.97	58	102.81	95.84	88.00
59	1,097.79	1,019.37	940.96	59	109.78	101.94	94.10
60	1,176.20	1,089.08	1,001.95	60	117.62	108.91	100.19
61	1,263.33	1,167.49	1,071.65	61	126.33	116.75	107.16
62	1,350.45	1,254.61	1,158.78	62	135.05	125.46	115.88
63	1,455.00	1,350.45	1,237.19	63	145.50	135.05	123.72
64	1,559.56	1,446.29	1,333.03	64	155.96	144.63	133.30
65	1,672.82	1,550.84	1,428.87	65	167.28	155.08	142.89
66	1,803.51	1,681.53	1,559.56	66	180.35	168.15	155.96
67	1,942.91	1,820.93	1,698.96	67	194.29	182.09	169.90
68	2,091.02	1,977.76	1,855.78	68	209.10	197.78	185.58
69	2,256.56	2,143.30	2,030.04	69	225.66	214.33	203.00

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,430.82	2,326.26	2,213.00	70	243.08	232.63	221.30
71	2,683.48	2,561.50	2,430.82	71	268.35	256.15	243.08
72	2,953.57	2,814.17	2,674.77	72	295.36	281.42	267.48
73	3,258.51	3,101.69	2,944.86	73	325.85	310.17	294.49
74	3,598.30	3,424.05	3,241.09	74	359.83	342.41	324.11
75	3,964.23	3,763.84	3,563.45	75	396.42	376.38	356.35
76	4,417.29	4,182.05	3,946.81	76	441.73	418.20	394.68
77	4,913.91	4,643.82	4,373.73	77	491.39	464.38	437.37
78	5,471.51	5,166.57	4,852.92	78	547.15	516.66	485.29
79	6,090.11	5,732.89	5,375.67	79	609.01	573.29	537.57

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	339.79	322.37	304.94	18-39	33.98	32.24	30.49
40	339.79	322.37	304.94	40	33.98	32.24	30.49
41	348.50	331.08	313.65	41	34.85	33.11	31.37
42	357.22	339.79	322.37	42	35.72	33.98	32.24
43	374.64	357.22	331.08	43	37.46	35.72	33.11
44	383.35	365.93	339.79	44	38.34	36.59	33.98
45	392.07	374.64	348.50	45	39.21	37.46	34.85
46	400.78	383.35	357.22	46	40.08	38.34	35.72
47	418.20	392.07	365.93	47	41.82	39.21	36.59
48	426.92	409.49	383.35	48	42.69	40.95	38.34
49	444.34	418.20	392.07	49	44.43	41.82	39.21
50	453.06	426.92	400.78	50	45.31	42.69	40.08
51	470.48	444.34	409.49	51	47.05	44.43	40.95
52	479.19	453.06	426.92	52	47.92	45.31	42.69
53	496.62	470.48	435.63	53	49.66	47.05	43.56
54	505.33	479.19	453.06	54	50.53	47.92	45.31
55	522.76	496.62	461.77	55	52.28	49.66	46.18
56	548.89	522.76	487.91	56	54.89	52.28	48.79
57	583.74	548.89	514.04	57	58.37	54.89	51.40
58	618.59	583.74	540.18	58	61.86	58.37	54.02
59	653.45	609.88	566.32	59	65.34	60.99	56.63
60	688.30	644.73	592.46	60	68.83	64.47	59.25
61	731.86	688.30	636.02	61	73.19	68.83	63.60
62	784.13	731.86	670.87	62	78.41	73.19	67.09
63	836.41	784.13	723.15	63	83.64	78.41	72.31
64	888.69	827.70	766.71	64	88.87	82.77	76.67
65	949.67	888.69	818.98	65	94.97	88.87	81.90
66	1,019.37	949.67	879.97	66	101.94	94.97	88.00
67	1,097.79	1,028.09	949.67	67	109.78	102.81	94.97
68	1,184.91	1,106.50	1,028.09	68	118.49	110.65	102.81
69	1,280.75	1,193.63	1,106.50	69	128.08	119.36	110.65

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,376.59	1,289.46	1,193.63	70	137.66	128.95	119.36
71	1,507.28	1,411.44	1,306.89	71	150.73	141.14	130.69
72	1,655.39	1,550.84	1,437.58	72	165.54	155.08	143.76
73	1,820.93	1,698.96	1,576.98	73	182.09	169.90	157.70
74	1,995.19	1,864.50	1,733.81	74	199.52	186.45	173.38
75	2,186.86	2,047.46	1,899.35	75	218.69	204.75	189.93
76	2,456.95	2,300.13	2,134.59	76	245.70	230.01	213.46
77	2,761.89	2,578.93	2,395.97	77	276.19	257.89	239.60
78	3,101.69	2,901.30	2,700.91	78	310.17	290.13	270.09
79	3,485.04	3,258.51	3,031.98	79	348.50	325.85	303.20
80		3,668.00	3,406.63	80		366.80	340.66
81		4,077.50	3,789.98	81		407.75	379.00
82		4,547.98	4,225.61	82		454.80	422.56
83		5,062.02	4,704.80	83		506.20	470.48
84		5,637.05	5,236.27	84		563.71	523.63

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	426.92	400.78	365.93	18-39	42.69	40.08	36.59
40	426.92	400.78	365.93	40	42.69	40.08	36.59
41	435.63	409.49	374.64	41	43.56	40.95	37.46
42	453.06	418.20	383.35	42	45.31	41.82	38.34
43	461.77	435.63	400.78	43	46.18	43.56	40.08
44	479.19	444.34	409.49	44	47.92	44.43	40.95
45	487.91	453.06	418.20	45	48.79	45.31	41.82
46	505.33	470.48	435.63	46	50.53	47.05	43.56
47	514.04	479.19	444.34	47	51.40	47.92	44.43
48	531.47	496.62	461.77	48	53.15	49.66	46.18
49	540.18	505.33	470.48	49	54.02	50.53	47.05
50	557.61	522.76	487.91	50	55.76	52.28	48.79
51	575.03	540.18	505.33	51	57.50	54.02	50.53
52	592.46	557.61	514.04	52	59.25	55.76	51.40
53	609.88	575.03	531.47	53	60.99	57.50	53.15
54	627.31	592.46	548.89	54	62.73	59.25	54.89
55	644.73	609.88	566.32	55	64.47	60.99	56.63
56	679.58	644.73	601.17	56	67.96	64.47	60.12
57	723.15	679.58	627.31	57	72.31	67.96	62.73
58	766.71	714.43	662.16	58	76.67	71.44	66.22
59	810.27	758.00	705.72	59	81.03	75.80	70.57
60	862.55	801.56	740.57	60	86.25	80.16	74.06
61	914.82	853.83	792.85	61	91.48	85.38	79.28
62	975.81	914.82	845.12	62	97.58	91.48	84.51
63	1,045.51	975.81	897.40	63	104.55	97.58	89.74
64	1,115.21	1,036.80	958.39	64	111.52	103.68	95.84
65	1,184.91	1,106.50	1,019.37	65	118.49	110.65	101.94
66	1,280.75	1,193.63	1,106.50	66	128.08	119.36	110.65
67	1,385.30	1,289.46	1,193.63	67	138.53	128.95	119.36
68	1,498.57	1,394.02	1,289.46	68	149.86	139.40	128.95
69	1,620.54	1,515.99	1,402.73	69	162.05	151.60	140.27

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,751.23	1,637.97	1,515.99	70	175.12	163.80	151.60
71	1,916.77	1,794.80	1,664.11	71	191.68	179.48	166.41
72	2,108.45	1,969.05	1,829.65	72	210.84	196.90	182.96
73	2,308.84	2,160.72	2,003.90	73	230.88	216.07	200.39
74	2,535.37	2,369.83	2,204.29	74	253.54	236.98	220.43
75	2,779.32	2,605.07	2,422.10	75	277.93	260.51	242.21
76	3,092.97	2,892.58	2,692.19	76	309.30	289.26	269.22
77	3,441.48	3,223.66	2,997.13	77	344.15	322.37	299.71
78	3,833.54	3,580.88	3,328.21	78	383.35	358.09	332.82
79	4,269.17	3,990.37	3,702.86	79	426.92	399.04	370.29

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	531.47	496.62	453.06	18-39	53.15	49.66	45.31
40	531.47	496.62	453.06	40	53.15	49.66	45.31
41	548.89	514.04	470.48	41	54.89	51.40	47.05
42	566.32	522.76	479.19	42	56.63	52.28	47.92
43	575.03	540.18	496.62	43	57.50	54.02	49.66
44	592.46	557.61	514.04	44	59.25	55.76	51.40
45	609.88	566.32	522.76	45	60.99	56.63	52.28
46	627.31	583.74	540.18	46	62.73	58.37	54.02
47	644.73	601.17	557.61	47	64.47	60.12	55.76
48	670.87	627.31	575.03	48	67.09	62.73	57.50
49	688.30	644.73	592.46	49	68.83	64.47	59.25
50	705.72	662.16	609.88	50	70.57	66.22	60.99
51	723.15	679.58	627.31	51	72.31	67.96	62.73
52	749.28	697.01	644.73	52	74.93	69.70	64.47
53	766.71	714.43	662.16	53	76.67	71.44	66.22
54	784.13	740.57	688.30	54	78.41	74.06	68.83
55	810.27	758.00	705.72	55	81.03	75.80	70.57
56	862.55	810.27	749.28	56	86.25	81.03	74.93
57	906.11	853.83	792.85	57	90.61	85.38	79.28
58	967.10	906.11	836.41	58	96.71	90.61	83.64
59	1,019.37	949.67	879.97	59	101.94	94.97	88.00
60	1,080.36	1,010.66	932.25	60	108.04	101.07	93.22
61	1,150.06	1,071.65	993.24	61	115.01	107.16	99.32
62	1,228.48	1,141.35	1,054.22	62	122.85	114.14	105.42
63	1,315.60	1,219.76	1,123.93	63	131.56	121.98	112.39
64	1,402.73	1,298.18	1,193.63	64	140.27	129.82	119.36
65	1,498.57	1,385.30	1,272.04	65	149.86	138.53	127.20
66	1,620.54	1,498.57	1,376.59	66	162.05	149.86	137.66
67	1,751.23	1,629.26	1,498.57	67	175.12	162.93	149.86
68	1,899.35	1,768.66	1,629.26	68	189.93	176.87	162.93
69	2,056.17	1,916.77	1,768.66	69	205.62	191.68	176.87

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,221.71	2,073.60	1,916.77	70	222.17	207.36	191.68
71	2,430.82	2,265.28	2,091.02	71	243.08	226.53	209.10
72	2,666.06	2,474.38	2,282.70	72	266.61	247.44	228.27
73	2,918.72	2,709.62	2,491.80	73	291.87	270.96	249.18
74	3,188.81	2,953.57	2,718.33	74	318.88	295.36	271.83
75	3,493.75	3,232.37	2,971.00	75	349.38	323.24	297.10
76	3,868.39	3,598.30	3,319.50	76	386.84	359.83	331.95
77	4,277.89	3,990.37	3,702.86	77	427.79	399.04	370.29
78	4,730.94	4,434.71	4,129.77	78	473.09	443.47	412.98
79	5,236.27	4,922.62	4,608.97	79	523.63	492.26	460.90

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	688.30	653.45	609.88	18-39	68.83	65.34	60.99
40	688.30	653.45	609.88	40	68.83	65.34	60.99
41	714.43	679.58	636.02	41	71.44	67.96	63.60
42	740.57	697.01	653.45	42	74.06	69.70	65.34
43	766.71	723.15	679.58	43	76.67	72.31	67.96
44	792.85	749.28	705.72	44	79.28	74.93	70.57
45	818.98	775.42	731.86	45	81.90	77.54	73.19
46	845.12	801.56	758.00	46	84.51	80.16	75.80
47	879.97	836.41	784.13	47	88.00	83.64	78.41
48	906.11	862.55	810.27	48	90.61	86.25	81.03
49	940.96	888.69	836.41	49	94.10	88.87	83.64
50	975.81	923.54	871.26	50	97.58	92.35	87.13
51	1,001.95	949.67	888.69	51	100.19	94.97	88.87
52	1,028.09	975.81	914.82	52	102.81	97.58	91.48
53	1,054.22	1,001.95	940.96	53	105.42	100.19	94.10
54	1,089.08	1,028.09	958.39	54	108.91	102.81	95.84
55	1,115.21	1,054.22	984.52	55	111.52	105.42	98.45
56	1,176.20	1,106.50	1,036.80	56	117.62	110.65	103.68
57	1,245.90	1,167.49	1,089.08	57	124.59	116.75	108.91
58	1,315.60	1,228.48	1,141.35	58	131.56	122.85	114.14
59	1,394.02	1,298.18	1,202.34	59	139.40	129.82	120.23
60	1,472.43	1,367.88	1,263.33	60	147.24	136.79	126.33
61	1,568.27	1,455.00	1,341.74	61	156.83	145.50	134.17
62	1,664.11	1,550.84	1,428.87	62	166.41	155.08	142.89
63	1,768.66	1,646.68	1,524.71	63	176.87	164.67	152.47
64	1,881.92	1,751.23	1,620.54	64	188.19	175.12	162.05
65	2,003.90	1,864.50	1,725.09	65	200.39	186.45	172.51
66	2,143.30	2,003.90	1,864.50	66	214.33	200.39	186.45
67	2,291.41	2,160.72	2,021.32	67	229.14	216.07	202.13
68	2,456.95	2,326.26	2,195.58	68	245.70	232.63	219.56
69	2,631.21	2,500.52	2,369.83	69	263.12	250.05	236.98

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,814.17	2,692.19	2,570.22	70	281.42	269.22	257.02
71	3,084.26	2,944.86	2,805.46	71	308.43	294.49	280.55
72	3,371.78	3,214.95	3,058.12	72	337.18	321.49	305.81
73	3,694.14	3,519.89	3,336.93	73	369.41	351.99	333.69
74	4,042.65	3,842.26	3,641.87	74	404.26	384.23	364.19
75	4,426.00	4,199.47	3,972.95	75	442.60	419.95	397.29
76	4,905.19	4,643.82	4,382.44	76	490.52	464.38	438.24
77	5,445.38	5,140.43	4,826.78	77	544.54	514.04	482.68
78	6,037.83	5,680.62	5,323.40	78	603.78	568.06	532.34
79	6,699.99	6,290.50	5,872.29	79	670.00	629.05	587.23

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	140.40	132.60	124.80	18-39	14.04	13.26	12.48
40	140.40	132.60	124.80	40	14.04	13.26	12.48
41	148.20	140.40	132.60	41	14.82	14.04	13.26
42	148.20	140.40	132.60	42	14.82	14.04	13.26
43	156.00	148.20	140.40	43	15.60	14.82	14.04
44	163.80	156.00	140.40	44	16.38	15.60	14.04
45	163.80	156.00	148.20	45	16.38	15.60	14.82
46	171.60	163.80	148.20	46	17.16	16.38	14.82
47	179.40	171.60	156.00	47	17.94	17.16	15.60
48	179.40	171.60	163.80	48	17.94	17.16	16.38
49	187.20	179.40	163.80	49	18.72	17.94	16.38
50	195.00	187.20	171.60	50	19.50	18.72	17.16
51	202.80	195.00	179.40	51	20.28	19.50	17.94
52	218.40	210.60	195.00	52	21.84	21.06	19.50
53	234.00	218.40	202.80	53	23.40	21.84	20.28
54	241.80	226.20	210.60	54	24.18	22.62	21.06
55	257.40	241.80	226.20	55	25.74	24.18	22.62
56	273.00	257.40	234.00	56	27.30	25.74	23.40
57	288.60	273.00	249.60	57	28.86	27.30	24.96
58	312.00	288.60	265.20	58	31.20	28.86	26.52
59	327.60	304.20	273.00	59	32.76	30.42	27.30
60	351.00	319.80	288.60	60	35.10	31.98	28.86
61	382.20	351.00	312.00	61	38.22	35.10	31.20
62	405.60	374.40	335.40	62	40.56	37.44	33.54
63	444.60	405.60	366.60	63	44.46	40.56	36.66
64	475.80	436.80	397.80	64	47.58	43.68	39.78
65	514.80	475.80	429.00	65	51.48	47.58	42.90
66	561.60	514.80	468.00	66	56.16	51.48	46.80
67	616.20	561.60	507.00	67	61.62	56.16	50.70
68	670.80	608.40	546.00	68	67.08	60.84	54.60
69	733.20	663.00	592.80	69	73.32	66.30	59.28

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	803.40	725.40	647.40	70	80.34	72.54	64.74
71	889.20	803.40	709.80	71	88.92	80.34	70.98
72	990.60	889.20	780.00	72	99.06	88.92	78.00
73	1,099.80	982.80	858.00	73	109.98	98.28	85.80
74	1,224.60	1,084.20	943.80	74	122.46	108.42	94.38
75	1,357.20	1,201.20	1,037.40	75	135.72	120.12	103.74
76	1,513.20	1,333.80	1,154.40	76	151.32	133.38	115.44
77	1,692.60	1,497.60	1,294.80	77	169.26	149.76	129.48
78	1,895.40	1,669.20	1,443.00	78	189.54	166.92	144.30
79	2,113.80	1,864.20	1,606.80	79	211.38	186.42	160.68
80		2,082.60	1,794.00	80	236.34	208.26	179.40
81		2,301.00	1,981.20	81	261.30	230.10	198.12
82		2,542.80	2,191.80	82	289.38	254.28	219.18
83		2,815.80	2,425.80	83	319.80	281.58	242.58
84		3,112.20	2,683.20	84	353.34	311.22	268.32
				85	390.78	343.98	297.18
				86	439.92	387.66	334.62
				87	495.30	436.02	376.74
				88	556.92	489.84	423.54
				89	626.34	551.46	476.58
				90	709.02	620.10	535.86
				91	792.48	698.10	602.94
				92	891.54	784.68	677.82
				93	1,003.08	882.96	762.84
				94	1,128.66	992.94	858.00
				95	1,269.06	1,117.74	965.64
				96	1,428.18	1,257.36	1,085.76
				97	1,606.80	1,414.14	1,221.48
				98	1,807.26	1,591.20	1,374.36
				99	2,032.68	1,789.32	1,545.96

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	179.40	171.60	156.00	18-39	17.94	17.16	15.60
40	179.40	171.60	156.00	40	17.94	17.16	15.60
41	187.20	179.40	163.80	41	18.72	17.94	16.38
42	187.20	179.40	163.80	42	18.72	17.94	16.38
43	195.00	187.20	171.60	43	19.50	18.72	17.16
44	202.80	195.00	179.40	44	20.28	19.50	17.94
45	210.60	195.00	179.40	45	21.06	19.50	17.94
46	218.40	202.80	187.20	46	21.84	20.28	18.72
47	218.40	210.60	195.00	47	21.84	21.06	19.50
48	226.20	210.60	195.00	48	22.62	21.06	19.50
49	234.00	218.40	202.80	49	23.40	21.84	20.28
50	241.80	226.20	210.60	50	24.18	22.62	21.06
51	249.60	234.00	218.40	51	24.96	23.40	21.84
52	265.20	249.60	226.20	52	26.52	24.96	22.62
53	280.80	257.40	234.00	53	28.08	25.74	23.40
54	288.60	273.00	249.60	54	28.86	27.30	24.96
55	304.20	280.80	257.40	55	30.42	28.08	25.74
56	327.60	304.20	273.00	56	32.76	30.42	27.30
57	343.20	319.80	296.40	57	34.32	31.98	29.64
58	366.60	343.20	312.00	58	36.66	34.32	31.20
59	397.80	366.60	335.40	59	39.78	36.66	33.54
60	421.20	390.00	358.80	60	42.12	39.00	35.88
61	452.40	421.20	390.00	61	45.24	42.12	39.00
62	491.40	460.20	421.20	62	49.14	46.02	42.12
63	530.40	499.20	460.20	63	53.04	49.92	46.02
64	577.20	538.20	499.20	64	57.72	53.82	49.92
65	624.00	585.00	546.00	65	62.40	58.50	54.60
66	678.60	639.60	592.80	66	67.86	63.96	59.28
67	733.20	694.20	647.40	67	73.32	69.42	64.74
68	795.60	748.80	702.00	68	79.56	74.88	70.20
69	858.00	811.20	764.40	69	85.80	81.12	76.44

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	928.20	881.40	826.80	70	92.82	88.14	82.68
71	1,037.40	982.80	928.20	71	103.74	98.28	92.82
72	1,154.40	1,099.80	1,037.40	72	115.44	109.98	103.74
73	1,279.20	1,224.60	1,162.20	73	127.92	122.46	116.22
74	1,427.40	1,365.00	1,294.80	74	142.74	136.50	129.48
75	1,591.20	1,521.00	1,450.80	75	159.12	152.10	145.08
76	1,770.60	1,692.60	1,614.60	76	177.06	169.26	161.46
77	1,973.40	1,887.60	1,801.80	77	197.34	188.76	180.18
78	2,207.40	2,113.80	2,012.40	78	220.74	211.38	201.24
79	2,457.00	2,347.80	2,238.60	79	245.70	234.78	223.86
				80	273.78	262.08	249.60
				81	302.64	289.38	276.12
				82	334.62	319.80	304.98
				83	373.62	354.12	337.74
				84	408.72	397.80	372.84
				85	451.62	432.12	412.62
				86	508.56	486.72	464.88
				87	571.74	547.56	522.60
				88	643.50	615.42	588.12
				89	723.84	692.64	661.44
				90	814.32	779.22	744.12
				91	915.72	876.72	839.28
				92	1,030.38	985.92	941.46
				93	1,159.08	1,109.16	1,059.24
				94	1,304.16	1,248.00	1,191.06
				95	1,467.18	1,404.00	1,340.04
				96	1,650.48	1,578.72	1,507.74
				97	1,856.40	1,776.06	1,696.50
				98	2,088.84	1,998.36	1,907.88
				99	2,349.36	2,247.96	2,146.56

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	202.80	195.00	179.40	18-39	20.28	19.50	17.94
40	202.80	195.00	179.40	40	20.28	19.50	17.94
41	210.60	202.80	187.20	41	21.06	20.28	18.72
42	218.40	210.60	195.00	42	21.84	21.06	19.50
43	226.20	218.40	202.80	43	22.62	21.84	20.28
44	234.00	226.20	210.60	44	23.40	22.62	21.06
45	241.80	234.00	218.40	45	24.18	23.40	21.84
46	257.40	241.80	226.20	46	25.74	24.18	22.62
47	265.20	249.60	234.00	47	26.52	24.96	23.40
48	273.00	257.40	241.80	48	27.30	25.74	24.18
49	288.60	273.00	249.60	49	28.86	27.30	24.96
50	296.40	280.80	257.40	50	29.64	28.08	25.74
51	304.20	288.60	265.20	51	30.42	28.86	26.52
52	319.80	296.40	273.00	52	31.98	29.64	27.30
53	327.60	304.20	280.80	53	32.76	30.42	28.08
54	343.20	319.80	288.60	54	34.32	31.98	28.86
55	351.00	327.60	296.40	55	35.10	32.76	29.64
56	374.40	351.00	319.80	56	37.44	35.10	31.98
57	405.60	374.40	335.40	57	40.56	37.44	33.54
58	436.80	397.80	358.80	58	43.68	39.78	35.88
59	468.00	429.00	390.00	59	46.80	42.90	39.00
60	499.20	460.20	413.40	60	49.92	46.02	41.34
61	546.00	499.20	452.40	61	54.60	49.92	45.24
62	600.60	546.00	491.40	62	60.06	54.60	49.14
63	655.20	592.80	530.40	63	65.52	59.28	53.04
64	709.80	647.40	577.20	64	70.98	64.74	57.72
65	780.00	709.80	631.80	65	78.00	70.98	63.18
66	842.40	764.40	678.60	66	84.24	76.44	67.86
67	912.60	826.80	733.20	67	91.26	82.68	73.32
68	990.60	889.20	787.80	68	99.06	88.92	78.78
69	1,068.60	959.40	850.20	69	106.86	95.94	85.02

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,154.40	1,037.40	912.60	70	115.44	103.74	91.26
71	1,279.20	1,154.40	1,021.80	71	127.92	115.44	102.18
72	1,419.60	1,279.20	1,138.80	72	141.96	127.92	113.88
73	1,575.60	1,419.60	1,263.60	73	157.56	141.96	126.36
74	1,747.20	1,583.40	1,411.80	74	174.72	158.34	141.18
75	1,934.40	1,755.00	1,575.60	75	193.44	175.50	157.56
76	2,152.80	1,957.80	1,755.00	76	215.28	195.78	175.50
77	2,402.40	2,184.00	1,957.80	77	240.24	218.40	195.78
78	2,675.40	2,433.60	2,184.00	78	267.54	243.36	218.40
79	2,979.60	2,706.60	2,433.60	79	297.96	270.66	243.36
				80	332.28	301.86	271.44
				81	366.60	333.06	299.52
				82	405.60	368.94	331.50
				83	447.72	407.16	365.82
				84	494.52	449.28	404.82
				85	546.00	496.08	446.16
				86	614.64	558.48	502.32
				87	691.08	627.90	578.76
				88	777.66	706.68	635.70
				89	875.16	794.82	715.26
				90	984.36	894.66	804.18
				91	1,107.60	1,006.20	904.80
				92	1,245.66	1,131.78	1,017.90
				93	1,401.66	1,272.96	1,145.04
				94	1,576.38	1,432.08	1,288.56
				95	1,773.72	1,611.48	1,449.24
				96	1,995.24	1,812.72	1,630.20
				97	2,244.06	2,038.92	1,833.78
				98	2,524.86	2,293.98	2,063.10
				99	2,840.76	2,581.02	2,321.28

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	241.80	234.00	218.40	18-39	24.18	23.40	21.84
40	241.80	234.00	218.40	40	24.18	23.40	21.84
41	249.60	241.80	226.20	41	24.96	24.18	22.62
42	265.20	249.60	234.00	42	26.52	24.96	23.40
43	273.00	257.40	241.80	43	27.30	25.74	24.18
44	280.80	265.20	249.60	44	28.08	26.52	24.96
45	296.40	280.80	257.40	45	29.64	28.08	25.74
46	304.20	288.60	265.20	46	30.42	28.86	26.52
47	319.80	296.40	273.00	47	31.98	29.64	27.30
48	335.40	312.00	280.80	48	33.54	31.20	28.08
49	343.20	319.80	296.40	49	34.32	31.98	29.64
50	358.80	335.40	304.20	50	35.88	33.54	30.42
51	374.40	343.20	312.00	51	37.44	34.32	31.20
52	390.00	358.80	327.60	52	39.00	35.88	32.76
53	405.60	374.40	343.20	53	40.56	37.44	34.32
54	421.20	390.00	351.00	54	42.12	39.00	35.10
55	436.80	405.60	366.60	55	43.68	40.56	36.66
56	468.00	436.80	397.80	56	46.80	43.68	39.78
57	507.00	468.00	429.00	57	50.70	46.80	42.90
58	546.00	507.00	460.20	58	54.60	50.70	46.02
59	592.80	546.00	499.20	59	59.28	54.60	49.92
60	639.60	592.80	538.20	60	63.96	59.28	53.82
61	694.20	639.60	585.00	61	69.42	63.96	58.50
62	764.40	702.00	631.80	62	76.44	70.20	63.18
63	834.60	764.40	686.40	63	83.46	76.44	68.64
64	904.80	826.80	741.00	64	90.48	82.68	74.10
65	990.60	897.00	803.40	65	99.06	89.70	80.34
66	1,060.80	967.20	873.60	66	106.08	96.72	87.36
67	1,138.80	1,045.20	943.80	67	113.88	104.52	94.38
68	1,216.80	1,123.20	1,021.80	68	121.68	112.32	102.18
69	1,302.60	1,209.00	1,107.60	69	130.26	120.90	110.76

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,396.20	1,302.60	1,201.20	70	139.62	130.26	120.12
71	1,560.00	1,450.80	1,333.80	71	156.00	145.08	133.38
72	1,739.40	1,614.60	1,482.00	72	173.94	161.46	148.20
73	1,934.40	1,794.00	1,645.80	73	193.44	179.40	164.58
74	2,160.60	1,996.80	1,825.20	74	216.06	199.68	182.52
75	2,410.20	2,223.00	2,028.00	75	241.02	222.30	202.80
76	2,683.20	2,472.60	2,262.00	76	268.32	247.26	226.20
77	2,987.40	2,753.40	2,519.40	77	298.74	275.34	251.94
78	3,330.60	3,073.20	2,808.00	78	333.06	307.32	280.80
79	3,712.80	3,424.20	3,127.80	79	371.28	342.42	312.78
				80	413.40	381.42	348.66
				81	456.30	420.42	384.54
				82	503.88	464.10	424.32
				83	556.92	513.24	468.78
				84	614.64	566.28	517.14
				85	678.60	624.78	570.96
				86	763.62	703.56	642.72
				87	859.56	790.92	723.06
				88	966.42	889.98	813.54
				89	1,087.32	1,009.32	914.94
				90	1,223.04	1,126.32	1,029.60
				91	1,375.92	1,266.72	1,157.52
				92	1,548.30	1,425.06	1,302.60
				93	1,741.74	1,603.68	1,465.62
				94	1,959.36	1,804.14	1,648.14
				95	2,204.28	2,029.56	1,854.84
				96	2,479.62	2,283.06	2,086.50
				97	2,789.28	2,568.54	2,347.02
				98	3,137.94	2,889.12	2,640.30
				99	3,530.28	3,250.26	2,970.24

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	210.60	202.80	187.20	18-39	21.06	20.28	18.72
40	210.60	202.80	187.20	40	21.06	20.28	18.72
41	218.40	210.60	195.00	41	21.84	21.06	19.50
42	226.20	218.40	202.80	42	22.62	21.84	20.28
43	234.00	226.20	210.60	43	23.40	22.62	21.06
44	241.80	234.00	218.40	44	24.18	23.40	21.84
45	249.60	241.80	226.20	45	24.96	24.18	22.62
46	265.20	249.60	234.00	46	26.52	24.96	23.40
47	273.00	257.40	241.80	47	27.30	25.74	24.18
48	280.80	265.20	249.60	48	28.08	26.52	24.96
49	296.40	280.80	257.40	49	29.64	28.08	25.74
50	304.20	288.60	265.20	50	30.42	28.86	26.52
51	312.00	296.40	273.00	51	31.20	29.64	27.30
52	327.60	312.00	288.60	52	32.76	31.20	28.86
53	343.20	319.80	296.40	53	34.32	31.98	29.64
54	351.00	327.60	304.20	54	35.10	32.76	30.42
55	366.60	343.20	319.80	55	36.66	34.32	31.98
56	390.00	366.60	335.40	56	39.00	36.66	33.54
57	421.20	390.00	358.80	57	42.12	39.00	35.88
58	444.60	413.40	382.20	58	44.46	41.34	38.22
59	475.80	444.60	405.60	59	47.58	44.46	40.56
60	507.00	468.00	429.00	60	50.70	46.80	42.90
61	546.00	507.00	460.20	61	54.60	50.70	46.02
62	585.00	546.00	499.20	62	58.50	54.60	49.92
63	624.00	585.00	538.20	63	62.40	58.50	53.82
64	670.80	624.00	577.20	64	67.08	62.40	57.72
65	717.60	670.80	624.00	65	71.76	67.08	62.40
66	780.00	733.20	678.60	66	78.00	73.32	67.86
67	850.20	795.60	733.20	67	85.02	79.56	73.32
68	928.20	865.80	795.60	68	92.82	86.58	79.56
69	1,006.20	936.00	865.80	69	100.62	93.60	86.58

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,099.80	1,021.80	936.00	70	109.98	102.18	93.60
71	1,209.00	1,123.20	1,029.60	71	120.90	112.32	102.96
72	1,333.80	1,240.20	1,138.80	72	133.38	124.02	113.88
73	1,474.20	1,365.00	1,255.80	73	147.42	136.50	125.58
74	1,622.40	1,505.40	1,388.40	74	162.24	150.54	138.84
75	1,786.20	1,661.40	1,528.80	75	178.62	166.14	152.88
76	2,012.40	1,872.00	1,723.80	76	201.24	187.20	172.38
77	2,262.00	2,106.00	1,942.20	77	226.20	210.60	194.22
78	2,542.80	2,371.20	2,191.80	78	254.28	237.12	219.18
79	2,854.80	2,667.60	2,472.60	79	285.48	266.76	247.26
80		3,003.00	2,784.60	80		300.30	278.46
81		3,361.80	3,120.00	81		336.18	312.00
82		3,759.60	3,494.40	82		375.96	349.44
83		4,212.00	3,915.60	83		421.20	391.56
84		4,711.20	4,383.60	84		471.12	438.36

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	257.40	241.80	226.20	18-39	25.74	24.18	22.62
40	257.40	241.80	226.20	40	25.74	24.18	22.62
41	265.20	249.60	234.00	41	26.52	24.96	23.40
42	273.00	257.40	241.80	42	27.30	25.74	24.18
43	288.60	273.00	249.60	43	28.86	27.30	24.96
44	296.40	280.80	257.40	44	29.64	28.08	25.74
45	304.20	288.60	265.20	45	30.42	28.86	26.52
46	319.80	304.20	280.80	46	31.98	30.42	28.08
47	327.60	312.00	288.60	47	32.76	31.20	28.86
48	343.20	319.80	296.40	48	34.32	31.98	29.64
49	351.00	335.40	312.00	49	35.10	33.54	31.20
50	366.60	343.20	319.80	50	36.66	34.32	31.98
51	382.20	358.80	335.40	51	38.22	35.88	33.54
52	397.80	374.40	343.20	52	39.78	37.44	34.32
53	413.40	390.00	358.80	53	41.34	39.00	35.88
54	436.80	405.60	374.40	54	43.68	40.56	37.44
55	452.40	421.20	390.00	55	45.24	42.12	39.00
56	483.60	452.40	413.40	56	48.36	45.24	41.34
57	514.80	483.60	444.60	57	51.48	48.36	44.46
58	546.00	514.80	475.80	58	54.60	51.48	47.58
59	585.00	546.00	507.00	59	58.50	54.60	50.70
60	624.00	585.00	546.00	60	62.40	58.50	54.60
61	670.80	631.80	585.00	61	67.08	63.18	58.50
62	717.60	670.80	624.00	62	71.76	67.08	62.40
63	772.20	725.40	670.80	63	77.22	72.54	67.08
64	834.60	780.00	717.60	64	83.46	78.00	71.76
65	897.00	834.60	772.20	65	89.70	83.46	77.22
66	975.00	912.60	842.40	66	97.50	91.26	84.24
67	1,060.80	990.60	920.40	67	106.08	99.06	92.04
68	1,146.60	1,076.40	1,006.20	68	114.66	107.64	100.62
69	1,248.00	1,170.00	1,092.00	69	124.80	117.00	109.20

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,357.20	1,279.20	1,193.40	70	135.72	127.92	119.34
71	1,497.60	1,411.80	1,318.20	71	149.76	141.18	131.82
72	1,653.60	1,560.00	1,458.60	72	165.36	156.00	145.86
73	1,817.40	1,716.00	1,606.80	73	181.74	171.60	160.68
74	2,004.60	1,887.60	1,770.60	74	200.46	188.76	177.06
75	2,215.20	2,090.40	1,957.80	75	221.52	209.04	195.78
76	2,480.40	2,340.00	2,191.80	76	248.04	234.00	219.18
77	2,769.00	2,613.00	2,449.20	77	276.90	261.30	244.92
78	3,096.60	2,917.20	2,737.80	78	309.66	291.72	273.78
79	3,463.20	3,268.20	3,065.40	79	346.32	326.82	306.54

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	312.00	296.40	273.00	18-39	31.20	29.64	27.30
40	312.00	296.40	273.00	40	31.20	29.64	27.30
41	327.60	304.20	280.80	41	32.76	30.42	28.08
42	335.40	319.80	296.40	42	33.54	31.98	29.64
43	351.00	327.60	304.20	43	35.10	32.76	30.42
44	366.60	343.20	319.80	44	36.66	34.32	31.98
45	382.20	358.80	327.60	45	38.22	35.88	32.76
46	397.80	374.40	343.20	46	39.78	37.44	34.32
47	413.40	390.00	358.80	47	41.34	39.00	35.88
48	429.00	397.80	366.60	48	42.90	39.78	36.66
49	444.60	413.40	382.20	49	44.46	41.34	38.22
50	460.20	429.00	397.80	50	46.02	42.90	39.78
51	475.80	444.60	413.40	51	47.58	44.46	41.34
52	499.20	468.00	429.00	52	49.92	46.80	42.90
53	514.80	483.60	444.60	53	51.48	48.36	44.46
54	530.40	499.20	460.20	54	53.04	49.92	46.02
55	553.80	514.80	475.80	55	55.38	51.48	47.58
56	592.80	553.80	507.00	56	59.28	55.38	50.70
57	631.80	592.80	546.00	57	63.18	59.28	54.60
58	678.60	631.80	585.00	58	67.86	63.18	58.50
59	725.40	678.60	624.00	59	72.54	67.86	62.40
60	780.00	725.40	670.80	60	78.00	72.54	67.08
61	842.40	780.00	717.60	61	84.24	78.00	71.76
62	904.80	842.40	772.20	62	90.48	84.24	77.22
63	975.00	904.80	826.80	63	97.50	90.48	82.68
64	1,053.00	975.00	889.20	64	105.30	97.50	88.92
65	1,131.00	1,045.20	951.60	65	113.10	104.52	95.16
66	1,232.40	1,138.80	1,037.40	66	123.24	113.88	103.74
67	1,341.60	1,240.20	1,131.00	67	134.16	124.02	113.10
68	1,458.60	1,349.40	1,240.20	68	145.86	134.94	124.02
69	1,591.20	1,474.20	1,349.40	69	159.12	147.42	134.94

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,731.60	1,606.80	1,474.20	70	173.16	160.68	147.42
71	1,911.00	1,770.60	1,622.40	71	191.10	177.06	162.24
72	2,098.20	1,942.20	1,786.20	72	209.82	194.22	178.62
73	2,316.60	2,145.00	1,965.60	73	231.66	214.50	196.56
74	2,550.60	2,363.40	2,168.40	74	255.06	236.34	216.84
75	2,808.00	2,597.40	2,386.80	75	280.80	259.74	238.68
76	3,120.00	2,901.60	2,675.40	76	312.00	290.16	267.54
77	3,463.20	3,237.00	3,003.00	77	346.32	323.70	300.30
78	3,853.20	3,611.40	3,369.60	78	385.32	361.14	336.96
79	4,274.40	4,024.80	3,775.20	79	427.44	402.48	377.52

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	397.80	382.20	358.80	18-39	39.78	38.22	35.88
40	397.80	382.20	358.80	40	39.78	38.22	35.88
41	413.40	397.80	374.40	41	41.34	39.78	37.44
42	436.80	413.40	390.00	42	43.68	41.34	39.00
43	452.40	429.00	405.60	43	45.24	42.90	40.56
44	468.00	444.60	421.20	44	46.80	44.46	42.12
45	491.40	468.00	436.80	45	49.14	46.80	43.68
46	514.80	491.40	460.20	46	51.48	49.14	46.02
47	538.20	507.00	475.80	47	53.82	50.70	47.58
48	561.60	530.40	499.20	48	56.16	53.04	49.92
49	585.00	553.80	514.80	49	58.50	55.38	51.48
50	608.40	577.20	538.20	50	60.84	57.72	53.82
51	631.80	600.60	561.60	51	63.18	60.06	56.16
52	663.00	624.00	577.20	52	66.30	62.40	57.72
53	686.40	647.40	600.60	53	68.64	64.74	60.06
54	717.60	670.80	624.00	54	71.76	67.08	62.40
55	748.80	702.00	647.40	55	74.88	70.20	64.74
56	803.40	748.80	694.20	56	80.34	74.88	69.42
57	858.00	803.40	741.00	57	85.80	80.34	74.10
58	920.40	858.00	787.80	58	92.04	85.80	78.78
59	982.80	912.60	842.40	59	98.28	91.26	84.24
60	1,053.00	975.00	897.00	60	105.30	97.50	89.70
61	1,131.00	1,045.20	959.40	61	113.10	104.52	95.94
62	1,209.00	1,123.20	1,037.40	62	120.90	112.32	103.74
63	1,302.60	1,209.00	1,107.60	63	130.26	120.90	110.76
64	1,396.20	1,294.80	1,193.40	64	139.62	129.48	119.34
65	1,497.60	1,388.40	1,279.20	65	149.76	138.84	127.92
66	1,614.60	1,505.40	1,396.20	66	161.46	150.54	139.62
67	1,739.40	1,630.20	1,521.00	67	173.94	163.02	152.10
68	1,872.00	1,770.60	1,661.40	68	187.20	177.06	166.14
69	2,020.20	1,918.80	1,817.40	69	202.02	191.88	181.74

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,176.20	2,082.60	1,981.20	70	217.62	208.26	198.12
71	2,402.40	2,293.20	2,176.20	71	240.24	229.32	217.62
72	2,644.20	2,519.40	2,394.60	72	264.42	251.94	239.46
73	2,917.20	2,776.80	2,636.40	73	291.72	277.68	263.64
74	3,221.40	3,065.40	2,901.60	74	322.14	306.54	290.16
75	3,549.00	3,369.60	3,190.20	75	354.90	336.96	319.02
76	3,954.60	3,744.00	3,533.40	76	395.46	374.40	353.34
77	4,399.20	4,157.40	3,915.60	77	439.92	415.74	391.56
78	4,898.40	4,625.40	4,344.60	78	489.84	462.54	434.46
79	5,452.20	5,132.40	4,812.60	79	545.22	513.24	481.26

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	304.20	288.60	273.00	18-39	30.42	28.86	27.30
40	304.20	288.60	273.00	40	30.42	28.86	27.30
41	312.00	296.40	280.80	41	31.20	29.64	28.08
42	319.80	304.20	288.60	42	31.98	30.42	28.86
43	335.40	319.80	296.40	43	33.54	31.98	29.64
44	343.20	327.60	304.20	44	34.32	32.76	30.42
45	351.00	335.40	312.00	45	35.10	33.54	31.20
46	358.80	343.20	319.80	46	35.88	34.32	31.98
47	374.40	351.00	327.60	47	37.44	35.10	32.76
48	382.20	366.60	343.20	48	38.22	36.66	34.32
49	397.80	374.40	351.00	49	39.78	37.44	35.10
50	405.60	382.20	358.80	50	40.56	38.22	35.88
51	421.20	397.80	366.60	51	42.12	39.78	36.66
52	429.00	405.60	382.20	52	42.90	40.56	38.22
53	444.60	421.20	390.00	53	44.46	42.12	39.00
54	452.40	429.00	405.60	54	45.24	42.90	40.56
55	468.00	444.60	413.40	55	46.80	44.46	41.34
56	491.40	468.00	436.80	56	49.14	46.80	43.68
57	522.60	491.40	460.20	57	52.26	49.14	46.02
58	553.80	522.60	483.60	58	55.38	52.26	48.36
59	585.00	546.00	507.00	59	58.50	54.60	50.70
60	616.20	577.20	530.40	60	61.62	57.72	53.04
61	655.20	616.20	569.40	61	65.52	61.62	56.94
62	702.00	655.20	600.60	62	70.20	65.52	60.06
63	748.80	702.00	647.40	63	74.88	70.20	64.74
64	795.60	741.00	686.40	64	79.56	74.10	68.64
65	850.20	795.60	733.20	65	85.02	79.56	73.32
66	912.60	850.20	787.80	66	91.26	85.02	78.78
67	982.80	920.40	850.20	67	98.28	92.04	85.02
68	1,060.80	990.60	920.40	68	106.08	99.06	92.04
69	1,146.60	1,068.60	990.60	69	114.66	106.86	99.06

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,232.40	1,154.40	1,068.60	70	123.24	115.44	106.86
71	1,349.40	1,263.60	1,170.00	71	134.94	126.36	117.00
72	1,482.00	1,388.40	1,287.00	72	148.20	138.84	128.70
73	1,630.20	1,521.00	1,411.80	73	163.02	152.10	141.18
74	1,786.20	1,669.20	1,552.20	74	178.62	166.92	155.22
75	1,957.80	1,833.00	1,700.40	75	195.78	183.30	170.04
76	2,199.60	2,059.20	1,911.00	76	219.96	205.92	191.10
77	2,472.60	2,308.80	2,145.00	77	247.26	230.88	214.50
78	2,776.80	2,597.40	2,418.00	78	277.68	259.74	241.80
79	3,120.00	2,917.20	2,714.40	79	312.00	291.72	271.44
80		3,283.80	3,049.80	80		328.38	304.98
81		3,650.40	3,393.00	81		365.04	339.30
82		4,071.60	3,783.00	82		407.16	378.30
83		4,531.80	4,212.00	83		453.18	421.20
84		5,046.60	4,687.80	84		504.66	468.78

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	382.20	358.80	327.60	18-39	38.22	35.88	32.76
40	382.20	358.80	327.60	40	38.22	35.88	32.76
41	390.00	366.60	335.40	41	39.00	36.66	33.54
42	405.60	374.40	343.20	42	40.56	37.44	34.32
43	413.40	390.00	358.80	43	41.34	39.00	35.88
44	429.00	397.80	366.60	44	42.90	39.78	36.66
45	436.80	405.60	374.40	45	43.68	40.56	37.44
46	452.40	421.20	390.00	46	45.24	42.12	39.00
47	460.20	429.00	397.80	47	46.02	42.90	39.78
48	475.80	444.60	413.40	48	47.58	44.46	41.34
49	483.60	452.40	421.20	49	48.36	45.24	42.12
50	499.20	468.00	436.80	50	49.92	46.80	43.68
51	514.80	483.60	452.40	51	51.48	48.36	45.24
52	530.40	499.20	460.20	52	53.04	49.92	46.02
53	546.00	514.80	475.80	53	54.60	51.48	47.58
54	561.60	530.40	491.40	54	56.16	53.04	49.14
55	577.20	546.00	507.00	55	57.72	54.60	50.70
56	608.40	577.20	538.20	56	60.84	57.72	53.82
57	647.40	608.40	561.60	57	64.74	60.84	56.16
58	686.40	639.60	592.80	58	68.64	63.96	59.28
59	725.40	678.60	631.80	59	72.54	67.86	63.18
60	772.20	717.60	663.00	60	77.22	71.76	66.30
61	819.00	764.40	709.80	61	81.90	76.44	70.98
62	873.60	819.00	756.60	62	87.36	81.90	75.66
63	936.00	873.60	803.40	63	93.60	87.36	80.34
64	998.40	928.20	858.00	64	99.84	92.82	85.80
65	1,060.80	990.60	912.60	65	106.08	99.06	91.26
66	1,146.60	1,068.60	990.60	66	114.66	106.86	99.06
67	1,240.20	1,154.40	1,068.60	67	124.02	115.44	106.86
68	1,341.60	1,248.00	1,154.40	68	134.16	124.80	115.44
69	1,450.80	1,357.20	1,255.80	69	145.08	135.72	125.58

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,567.80	1,466.40	1,357.20	70	156.78	146.64	135.72
71	1,716.00	1,606.80	1,489.80	71	171.60	160.68	148.98
72	1,887.60	1,762.80	1,638.00	72	188.76	176.28	163.80
73	2,067.00	1,934.40	1,794.00	73	206.70	193.44	179.40
74	2,269.80	2,121.60	1,973.40	74	226.98	212.16	197.34
75	2,488.20	2,332.20	2,168.40	75	248.82	233.22	216.84
76	2,769.00	2,589.60	2,410.20	76	276.90	258.96	241.02
77	3,081.00	2,886.00	2,683.20	77	308.10	288.60	268.32
78	3,432.00	3,205.80	2,979.60	78	343.20	320.58	297.96
79	3,822.00	3,572.40	3,315.00	79	382.20	357.24	331.50

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	475.80	444.60	405.60	18-39	47.58	44.46	40.56
40	475.80	444.60	405.60	40	47.58	44.46	40.56
41	491.40	460.20	421.20	41	49.14	46.02	42.12
42	507.00	468.00	429.00	42	50.70	46.80	42.90
43	514.80	483.60	444.60	43	51.48	48.36	44.46
44	530.40	499.20	460.20	44	53.04	49.92	46.02
45	546.00	507.00	468.00	45	54.60	50.70	46.80
46	561.60	522.60	483.60	46	56.16	52.26	48.36
47	577.20	538.20	499.20	47	57.72	53.82	49.92
48	600.60	561.60	514.80	48	60.06	56.16	51.48
49	616.20	577.20	530.40	49	61.62	57.72	53.04
50	631.80	592.80	546.00	50	63.18	59.28	54.60
51	647.40	608.40	561.60	51	64.74	60.84	56.16
52	670.80	624.00	577.20	52	67.08	62.40	57.72
53	686.40	639.60	592.80	53	68.64	63.96	59.28
54	702.00	663.00	616.20	54	70.20	66.30	61.62
55	725.40	678.60	631.80	55	72.54	67.86	63.18
56	772.20	725.40	670.80	56	77.22	72.54	67.08
57	811.20	764.40	709.80	57	81.12	76.44	70.98
58	865.80	811.20	748.80	58	86.58	81.12	74.88
59	912.60	850.20	787.80	59	91.26	85.02	78.78
60	967.20	904.80	834.60	60	96.72	90.48	83.46
61	1,029.60	959.40	889.20	61	102.96	95.94	88.92
62	1,099.80	1,021.80	943.80	62	109.98	102.18	94.38
63	1,177.80	1,092.00	1,006.20	63	117.78	109.20	100.62
64	1,255.80	1,162.20	1,068.60	64	125.58	116.22	106.86
65	1,341.60	1,240.20	1,138.80	65	134.16	124.02	113.88
66	1,450.80	1,341.60	1,232.40	66	145.08	134.16	123.24
67	1,567.80	1,458.60	1,341.60	67	156.78	145.86	134.16
68	1,700.40	1,583.40	1,458.60	68	170.04	158.34	145.86
69	1,840.80	1,716.00	1,583.40	69	184.08	171.60	158.34

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,989.00	1,856.40	1,716.00	70	198.90	185.64	171.60
71	2,176.20	2,028.00	1,872.00	71	217.62	202.80	187.20
72	2,386.80	2,215.20	2,043.60	72	238.68	221.52	204.36
73	2,613.00	2,425.80	2,230.80	73	261.30	242.58	223.08
74	2,854.80	2,644.20	2,433.60	74	285.48	264.42	243.36
75	3,127.80	2,893.80	2,659.80	75	312.78	289.38	265.98
76	3,463.20	3,221.40	2,971.80	76	346.32	322.14	297.18
77	3,829.80	3,572.40	3,315.00	77	382.98	357.24	331.50
78	4,235.40	3,970.20	3,697.20	78	423.54	397.02	369.72
79	4,687.80	4,407.00	4,126.20	79	468.78	440.70	412.62

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	616.20	585.00	546.00	18-39	61.62	58.50	54.60
40	616.20	585.00	546.00	40	61.62	58.50	54.60
41	639.60	608.40	569.40	41	63.96	60.84	56.94
42	663.00	624.00	585.00	42	66.30	62.40	58.50
43	686.40	647.40	608.40	43	68.64	64.74	60.84
44	709.80	670.80	631.80	44	70.98	67.08	63.18
45	733.20	694.20	655.20	45	73.32	69.42	65.52
46	756.60	717.60	678.60	46	75.66	71.76	67.86
47	787.80	748.80	702.00	47	78.78	74.88	70.20
48	811.20	772.20	725.40	48	81.12	77.22	72.54
49	842.40	795.60	748.80	49	84.24	79.56	74.88
50	873.60	826.80	780.00	50	87.36	82.68	78.00
51	897.00	850.20	795.60	51	89.70	85.02	79.56
52	920.40	873.60	819.00	52	92.04	87.36	81.90
53	943.80	897.00	842.40	53	94.38	89.70	84.24
54	975.00	920.40	858.00	54	97.50	92.04	85.80
55	998.40	943.80	881.40	55	99.84	94.38	88.14
56	1,053.00	990.60	928.20	56	105.30	99.06	92.82
57	1,115.40	1,045.20	975.00	57	111.54	104.52	97.50
58	1,177.80	1,099.80	1,021.80	58	117.78	109.98	102.18
59	1,248.00	1,162.20	1,076.40	59	124.80	116.22	107.64
60	1,318.20	1,224.60	1,131.00	60	131.82	122.46	113.10
61	1,404.00	1,302.60	1,201.20	61	140.40	130.26	120.12
62	1,489.80	1,388.40	1,279.20	62	148.98	138.84	127.92
63	1,583.40	1,474.20	1,365.00	63	158.34	147.42	136.50
64	1,684.80	1,567.80	1,450.80	64	168.48	156.78	145.08
65	1,794.00	1,669.20	1,544.40	65	179.40	166.92	154.44
66	1,918.80	1,794.00	1,669.20	66	191.88	179.40	166.92
67	2,051.40	1,934.40	1,809.60	67	205.14	193.44	180.96
68	2,199.60	2,082.60	1,965.60	68	219.96	208.26	196.56
69	2,355.60	2,238.60	2,121.60	69	235.56	223.86	212.16

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,519.40	2,410.20	2,301.00	70	251.94	241.02	230.10
71	2,761.20	2,636.40	2,511.60	71	276.12	263.64	251.16
72	3,018.60	2,878.20	2,737.80	72	301.86	287.82	273.78
73	3,307.20	3,151.20	2,987.40	73	330.72	315.12	298.74
74	3,619.20	3,439.80	3,260.40	74	361.92	343.98	326.04
75	3,962.40	3,759.60	3,556.80	75	396.24	375.96	355.68
76	4,391.40	4,157.40	3,923.40	76	439.14	415.74	392.34
77	4,875.00	4,602.00	4,321.20	77	487.50	460.20	432.12
78	5,405.40	5,085.60	4,765.80	78	540.54	508.56	476.58
79	5,998.20	5,631.60	5,257.20	79	599.82	563.16	525.72

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	156.83	148.11	139.40	18-39	15.68	14.81	13.94
40	156.83	148.11	139.40	40	15.68	14.81	13.94
41	165.54	156.83	148.11	41	16.55	15.68	14.81
42	165.54	156.83	148.11	42	16.55	15.68	14.81
43	174.25	165.54	156.83	43	17.43	16.55	15.68
44	182.96	174.25	156.83	44	18.30	17.43	15.68
45	182.96	174.25	165.54	45	18.30	17.43	16.55
46	191.68	182.96	165.54	46	19.17	18.30	16.55
47	200.39	191.68	174.25	47	20.04	19.17	17.43
48	200.39	191.68	182.96	48	20.04	19.17	18.30
49	209.10	200.39	182.96	49	20.91	20.04	18.30
50	217.82	209.10	191.68	50	21.78	20.91	19.17
51	226.53	217.82	200.39	51	22.65	21.78	20.04
52	243.95	235.24	217.82	52	24.40	23.52	21.78
53	261.38	243.95	226.53	53	26.14	24.40	22.65
54	270.09	252.67	235.24	54	27.01	25.27	23.52
55	287.52	270.09	252.67	55	28.75	27.01	25.27
56	304.94	287.52	261.38	56	30.49	28.75	26.14
57	322.37	304.94	278.80	57	32.24	30.49	27.88
58	348.50	322.37	296.23	58	34.85	32.24	29.62
59	365.93	339.79	304.94	59	36.59	33.98	30.49
60	392.07	357.22	322.37	60	39.21	35.72	32.24
61	426.92	392.07	348.50	61	42.69	39.21	34.85
62	453.06	418.20	374.64	62	45.31	41.82	37.46
63	496.62	453.06	409.49	63	49.66	45.31	40.95
64	531.47	487.91	444.34	64	53.15	48.79	44.43
65	575.03	531.47	479.19	65	57.50	53.15	47.92
66	627.31	575.03	522.76	66	62.73	57.50	52.28
67	688.30	627.31	566.32	67	68.83	62.73	56.63
68	749.28	679.58	609.88	68	74.93	67.96	60.99
69	818.98	740.57	662.16	69	81.90	74.06	66.22

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	897.40	810.27	723.15	70	89.74	81.03	72.31
71	993.24	897.40	792.85	71	99.32	89.74	79.28
72	1,106.50	993.24	871.26	72	110.65	99.32	87.13
73	1,228.48	1,097.79	958.39	73	122.85	109.78	95.84
74	1,367.88	1,211.05	1,054.22	74	136.79	121.11	105.42
75	1,515.99	1,341.74	1,158.78	75	151.60	134.17	115.88
76	1,690.24	1,489.85	1,289.46	76	169.02	148.99	128.95
77	1,890.63	1,672.82	1,446.29	77	189.06	167.28	144.63
78	2,117.16	1,864.50	1,611.83	78	211.72	186.45	161.18
79	2,361.11	2,082.31	1,794.80	79	236.11	208.23	179.48
80		2,326.26	2,003.90	80	263.99	232.63	200.39
81		2,570.22	2,213.00	81	291.87	257.02	221.30
82		2,840.31	2,448.24	82	323.24	284.03	244.82
83		3,145.25	2,709.62	83	357.22	314.52	270.96
84		3,476.33	2,997.13	84	394.68	347.63	299.71
				85	436.50	384.23	331.95
				86	491.39	433.02	373.77
				87	553.25	487.03	420.82
				88	622.08	547.15	473.09
				89	699.62	615.98	532.34
				90	791.98	692.65	598.56
				91	885.20	779.78	673.48
				92	995.85	876.49	757.12
				93	1,120.44	986.27	852.09
				94	1,260.71	1,109.11	958.39
				95	1,417.54	1,248.52	1,078.62
				96	1,595.28	1,404.47	1,212.79
				97	1,794.80	1,579.59	1,364.39
				98	2,018.71	1,777.37	1,535.16
				99	2,270.50	1,998.67	1,726.84

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	200.39	191.68	174.25	18-39	20.04	19.17	17.43
40	200.39	191.68	174.25	40	20.04	19.17	17.43
41	209.10	200.39	182.96	41	20.91	20.04	18.30
42	209.10	200.39	182.96	42	20.91	20.04	18.30
43	217.82	209.10	191.68	43	21.78	20.91	19.17
44	226.53	217.82	200.39	44	22.65	21.78	20.04
45	235.24	217.82	200.39	45	23.52	21.78	20.04
46	243.95	226.53	209.10	46	24.40	22.65	20.91
47	243.95	235.24	217.82	47	24.40	23.52	21.78
48	252.67	235.24	217.82	48	25.27	23.52	21.78
49	261.38	243.95	226.53	49	26.14	24.40	22.65
50	270.09	252.67	235.24	50	27.01	25.27	23.52
51	278.80	261.38	243.95	51	27.88	26.14	24.40
52	296.23	278.80	252.67	52	29.62	27.88	25.27
53	313.65	287.52	261.38	53	31.37	28.75	26.14
54	322.37	304.94	278.80	54	32.24	30.49	27.88
55	339.79	313.65	287.52	55	33.98	31.37	28.75
56	365.93	339.79	304.94	56	36.59	33.98	30.49
57	383.35	357.22	331.08	57	38.34	35.72	33.11
58	409.49	383.35	348.50	58	40.95	38.34	34.85
59	444.34	409.49	374.64	59	44.43	40.95	37.46
60	470.48	435.63	400.78	60	47.05	43.56	40.08
61	505.33	470.48	435.63	61	50.53	47.05	43.56
62	548.89	514.04	470.48	62	54.89	51.40	47.05
63	592.46	557.61	514.04	63	59.25	55.76	51.40
64	644.73	601.17	557.61	64	64.47	60.12	55.76
65	697.01	653.45	609.88	65	69.70	65.34	60.99
66	758.00	714.43	662.16	66	75.80	71.44	66.22
67	818.98	775.42	723.15	67	81.90	77.54	72.31
68	888.69	836.41	784.13	68	88.87	83.64	78.41
69	958.39	906.11	853.83	69	95.84	90.61	85.38

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,036.80	984.52	923.54	70	103.68	98.45	92.35
71	1,158.78	1,097.79	1,036.80	71	115.88	109.78	103.68
72	1,289.46	1,228.48	1,158.78	72	128.95	122.85	115.88
73	1,428.87	1,367.88	1,298.18	73	142.89	136.79	129.82
74	1,594.41	1,524.71	1,446.29	74	159.44	152.47	144.63
75	1,777.37	1,698.96	1,620.54	75	177.74	169.90	162.05
76	1,977.76	1,890.63	1,803.51	76	197.78	189.06	180.35
77	2,204.29	2,108.45	2,012.61	77	220.43	210.84	201.26
78	2,465.67	2,361.11	2,247.85	78	246.57	236.11	224.79
79	2,744.47	2,622.49	2,500.52	79	274.45	262.25	250.05
				80	305.81	292.74	278.80
				81	338.05	323.24	308.43
				82	373.77	357.22	340.66
				83	417.33	395.55	377.26
				84	456.54	444.34	416.46
				85	504.46	482.68	460.90
				86	568.06	543.67	519.27
				87	638.63	611.62	583.74
				88	718.79	687.42	656.93
				89	808.53	773.68	738.83
				90	909.60	870.39	831.18
				91	1,022.86	979.30	937.48
				92	1,150.93	1,101.27	1,051.61
				93	1,294.69	1,238.93	1,183.17
				94	1,456.75	1,394.02	1,330.41
				95	1,638.84	1,568.27	1,496.82
				96	1,843.59	1,763.43	1,684.15
				97	2,073.60	1,983.86	1,894.99
				98	2,333.23	2,232.17	2,131.10
				99	2,624.24	2,510.97	2,397.71

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	226.53	217.82	200.39	18-39	22.65	21.78	20.04
40	226.53	217.82	200.39	40	22.65	21.78	20.04
41	235.24	226.53	209.10	41	23.52	22.65	20.91
42	243.95	235.24	217.82	42	24.40	23.52	21.78
43	252.67	243.95	226.53	43	25.27	24.40	22.65
44	261.38	252.67	235.24	44	26.14	25.27	23.52
45	270.09	261.38	243.95	45	27.01	26.14	24.40
46	287.52	270.09	252.67	46	28.75	27.01	25.27
47	296.23	278.80	261.38	47	29.62	27.88	26.14
48	304.94	287.52	270.09	48	30.49	28.75	27.01
49	322.37	304.94	278.80	49	32.24	30.49	27.88
50	331.08	313.65	287.52	50	33.11	31.37	28.75
51	339.79	322.37	296.23	51	33.98	32.24	29.62
52	357.22	331.08	304.94	52	35.72	33.11	30.49
53	365.93	339.79	313.65	53	36.59	33.98	31.37
54	383.35	357.22	322.37	54	38.34	35.72	32.24
55	392.07	365.93	331.08	55	39.21	36.59	33.11
56	418.20	392.07	357.22	56	41.82	39.21	35.72
57	453.06	418.20	374.64	57	45.31	41.82	37.46
58	487.91	444.34	400.78	58	48.79	44.43	40.08
59	522.76	479.19	435.63	59	52.28	47.92	43.56
60	557.61	514.04	461.77	60	55.76	51.40	46.18
61	609.88	557.61	505.33	61	60.99	55.76	50.53
62	670.87	609.88	548.89	62	67.09	60.99	54.89
63	731.86	662.16	592.46	63	73.19	66.22	59.25
64	792.85	723.15	644.73	64	79.28	72.31	64.47
65	871.26	792.85	705.72	65	87.13	79.28	70.57
66	940.96	853.83	758.00	66	94.10	85.38	75.80
67	1,019.37	923.54	818.98	67	101.94	92.35	81.90
68	1,106.50	993.24	879.97	68	110.65	99.32	88.00
69	1,193.63	1,071.65	949.67	69	119.36	107.16	94.97

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,289.46	1,158.78	1,019.37	70	128.95	115.88	101.94
71	1,428.87	1,289.46	1,141.35	71	142.89	128.95	114.14
72	1,585.69	1,428.87	1,272.04	72	158.57	142.89	127.20
73	1,759.95	1,585.69	1,411.44	73	175.99	158.57	141.14
74	1,951.62	1,768.66	1,576.98	74	195.16	176.87	157.70
75	2,160.72	1,960.34	1,759.95	75	216.07	196.03	175.99
76	2,404.68	2,186.86	1,960.34	76	240.47	218.69	196.03
77	2,683.48	2,439.53	2,186.86	77	268.35	243.95	218.69
78	2,988.42	2,718.33	2,439.53	78	298.84	271.83	243.95
79	3,328.21	3,023.27	2,718.33	79	332.82	302.33	271.83
				80	371.16	337.18	303.20
				81	409.49	372.03	334.56
				82	453.06	412.11	370.29
				83	500.10	454.80	408.62
				84	552.38	501.85	452.18
				85	609.88	554.12	498.36
				86	686.55	623.82	561.09
				87	771.94	701.36	646.47
				88	868.65	789.36	710.08
				89	977.55	887.81	798.95
				90	1,099.53	999.34	898.27
				91	1,237.19	1,123.93	1,010.66
				92	1,391.40	1,264.20	1,136.99
				93	1,565.65	1,421.90	1,279.01
				94	1,760.82	1,599.63	1,439.32
				95	1,981.25	1,800.02	1,618.80
				96	2,228.68	2,024.81	1,820.93
				97	2,506.62	2,277.47	2,048.33
				98	2,820.27	2,562.38	2,304.48
				99	3,173.13	2,883.00	2,592.87

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	270.09	261.38	243.95	18-39	27.01	26.14	24.40
40	270.09	261.38	243.95	40	27.01	26.14	24.40
41	278.80	270.09	252.67	41	27.88	27.01	25.27
42	296.23	278.80	261.38	42	29.62	27.88	26.14
43	304.94	287.52	270.09	43	30.49	28.75	27.01
44	313.65	296.23	278.80	44	31.37	29.62	27.88
45	331.08	313.65	287.52	45	33.11	31.37	28.75
46	339.79	322.37	296.23	46	33.98	32.24	29.62
47	357.22	331.08	304.94	47	35.72	33.11	30.49
48	374.64	348.50	313.65	48	37.46	34.85	31.37
49	383.35	357.22	331.08	49	38.34	35.72	33.11
50	400.78	374.64	339.79	50	40.08	37.46	33.98
51	418.20	383.35	348.50	51	41.82	38.34	34.85
52	435.63	400.78	365.93	52	43.56	40.08	36.59
53	453.06	418.20	383.35	53	45.31	41.82	38.34
54	470.48	435.63	392.07	54	47.05	43.56	39.21
55	487.91	453.06	409.49	55	48.79	45.31	40.95
56	522.76	487.91	444.34	56	52.28	48.79	44.43
57	566.32	522.76	479.19	57	56.63	52.28	47.92
58	609.88	566.32	514.04	58	60.99	56.63	51.40
59	662.16	609.88	557.61	59	66.22	60.99	55.76
60	714.43	662.16	601.17	60	71.44	66.22	60.12
61	775.42	714.43	653.45	61	77.54	71.44	65.34
62	853.83	784.13	705.72	62	85.38	78.41	70.57
63	932.25	853.83	766.71	63	93.22	85.38	76.67
64	1,010.66	923.54	827.70	64	101.07	92.35	82.77
65	1,106.50	1,001.95	897.40	65	110.65	100.19	89.74
66	1,184.91	1,080.36	975.81	66	118.49	108.04	97.58
67	1,272.04	1,167.49	1,054.22	67	127.20	116.75	105.42
68	1,359.17	1,254.61	1,141.35	68	135.92	125.46	114.14
69	1,455.00	1,350.45	1,237.19	69	145.50	135.05	123.72

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,559.56	1,455.00	1,341.74	70	155.96	145.50	134.17
71	1,742.52	1,620.54	1,489.85	71	174.25	162.05	148.99
72	1,942.91	1,803.51	1,655.39	72	194.29	180.35	165.54
73	2,160.72	2,003.90	1,838.36	73	216.07	200.39	183.84
74	2,413.39	2,230.43	2,038.75	74	241.34	223.04	203.87
75	2,692.19	2,483.09	2,265.28	75	269.22	248.31	226.53
76	2,997.13	2,761.89	2,526.65	76	299.71	276.19	252.67
77	3,336.93	3,075.55	2,814.17	77	333.69	307.55	281.42
78	3,720.28	3,432.76	3,136.54	78	372.03	343.28	313.65
79	4,147.20	3,824.83	3,493.75	79	414.72	382.48	349.38
				80	461.77	426.05	389.45
				81	509.69	469.61	429.53
				82	562.83	518.40	473.97
				83	622.08	573.29	523.63
				84	686.55	632.53	577.65
				85	758.00	697.88	637.76
				86	852.96	785.88	717.92
				87	960.13	883.46	807.66
				88	1,079.49	994.11	908.72
				89	1,214.54	1,127.41	1,021.99
				90	1,366.14	1,258.10	1,150.06
				91	1,536.90	1,414.93	1,292.95
				92	1,729.45	1,591.79	1,455.00
				93	1,945.52	1,791.31	1,637.10
				94	2,188.61	2,015.22	1,840.97
				95	2,462.18	2,267.02	2,071.86
				96	2,769.74	2,550.18	2,330.62
				97	3,115.63	2,869.06	2,621.62
				98	3,505.08	3,227.15	2,949.22
				99	3,943.32	3,630.54	3,317.76

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	235.24	226.53	209.10	18-39	23.52	22.65	20.91
40	235.24	226.53	209.10	40	23.52	22.65	20.91
41	243.95	235.24	217.82	41	24.40	23.52	21.78
42	252.67	243.95	226.53	42	25.27	24.40	22.65
43	261.38	252.67	235.24	43	26.14	25.27	23.52
44	270.09	261.38	243.95	44	27.01	26.14	24.40
45	278.80	270.09	252.67	45	27.88	27.01	25.27
46	296.23	278.80	261.38	46	29.62	27.88	26.14
47	304.94	287.52	270.09	47	30.49	28.75	27.01
48	313.65	296.23	278.80	48	31.37	29.62	27.88
49	331.08	313.65	287.52	49	33.11	31.37	28.75
50	339.79	322.37	296.23	50	33.98	32.24	29.62
51	348.50	331.08	304.94	51	34.85	33.11	30.49
52	365.93	348.50	322.37	52	36.59	34.85	32.24
53	383.35	357.22	331.08	53	38.34	35.72	33.11
54	392.07	365.93	339.79	54	39.21	36.59	33.98
55	409.49	383.35	357.22	55	40.95	38.34	35.72
56	435.63	409.49	374.64	56	43.56	40.95	37.46
57	470.48	435.63	400.78	57	47.05	43.56	40.08
58	496.62	461.77	426.92	58	49.66	46.18	42.69
59	531.47	496.62	453.06	59	53.15	49.66	45.31
60	566.32	522.76	479.19	60	56.63	52.28	47.92
61	609.88	566.32	514.04	61	60.99	56.63	51.40
62	653.45	609.88	557.61	62	65.34	60.99	55.76
63	697.01	653.45	601.17	63	69.70	65.34	60.12
64	749.28	697.01	644.73	64	74.93	69.70	64.47
65	801.56	749.28	697.01	65	80.16	74.93	69.70
66	871.26	818.98	758.00	66	87.13	81.90	75.80
67	949.67	888.69	818.98	67	94.97	88.87	81.90
68	1,036.80	967.10	888.69	68	103.68	96.71	88.87
69	1,123.93	1,045.51	967.10	69	112.39	104.55	96.71

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,228.48	1,141.35	1,045.51	70	122.85	114.14	104.55
71	1,350.45	1,254.61	1,150.06	71	135.05	125.46	115.01
72	1,489.85	1,385.30	1,272.04	72	148.99	138.53	127.20
73	1,646.68	1,524.71	1,402.73	73	164.67	152.47	140.27
74	1,812.22	1,681.53	1,550.84	74	181.22	168.15	155.08
75	1,995.19	1,855.78	1,707.67	75	199.52	185.58	170.77
76	2,247.85	2,091.02	1,925.48	76	224.79	209.10	192.55
77	2,526.65	2,352.40	2,169.44	77	252.67	235.24	216.94
78	2,840.31	2,648.63	2,448.24	78	284.03	264.86	244.82
79	3,188.81	2,979.71	2,761.89	79	318.88	297.97	276.19
80		3,354.35	3,110.40	80		335.44	311.04
81		3,755.13	3,485.04	81		375.51	348.50
82		4,199.47	3,903.24	82		419.95	390.32
83		4,704.80	4,373.73	83		470.48	437.37
84		5,262.41	4,896.48	84		526.24	489.65

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	287.52	270.09	252.67	18-39	28.75	27.01	25.27
40	287.52	270.09	252.67	40	28.75	27.01	25.27
41	296.23	278.80	261.38	41	29.62	27.88	26.14
42	304.94	287.52	270.09	42	30.49	28.75	27.01
43	322.37	304.94	278.80	43	32.24	30.49	27.88
44	331.08	313.65	287.52	44	33.11	31.37	28.75
45	339.79	322.37	296.23	45	33.98	32.24	29.62
46	357.22	339.79	313.65	46	35.72	33.98	31.37
47	365.93	348.50	322.37	47	36.59	34.85	32.24
48	383.35	357.22	331.08	48	38.34	35.72	33.11
49	392.07	374.64	348.50	49	39.21	37.46	34.85
50	409.49	383.35	357.22	50	40.95	38.34	35.72
51	426.92	400.78	374.64	51	42.69	40.08	37.46
52	444.34	418.20	383.35	52	44.43	41.82	38.34
53	461.77	435.63	400.78	53	46.18	43.56	40.08
54	487.91	453.06	418.20	54	48.79	45.31	41.82
55	505.33	470.48	435.63	55	50.53	47.05	43.56
56	540.18	505.33	461.77	56	54.02	50.53	46.18
57	575.03	540.18	496.62	57	57.50	54.02	49.66
58	609.88	575.03	531.47	58	60.99	57.50	53.15
59	653.45	609.88	566.32	59	65.34	60.99	56.63
60	697.01	653.45	609.88	60	69.70	65.34	60.99
61	749.28	705.72	653.45	61	74.93	70.57	65.34
62	801.56	749.28	697.01	62	80.16	74.93	69.70
63	862.55	810.27	749.28	63	86.25	81.03	74.93
64	932.25	871.26	801.56	64	93.22	87.13	80.16
65	1,001.95	932.25	862.55	65	100.19	93.22	86.25
66	1,089.08	1,019.37	940.96	66	108.91	101.94	94.10
67	1,184.91	1,106.50	1,028.09	67	118.49	110.65	102.81
68	1,280.75	1,202.34	1,123.93	68	128.08	120.23	112.39
69	1,394.02	1,306.89	1,219.76	69	139.40	130.69	121.98

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,515.99	1,428.87	1,333.03	70	151.60	142.89	133.30
71	1,672.82	1,576.98	1,472.43	71	167.28	157.70	147.24
72	1,847.07	1,742.52	1,629.26	72	184.71	174.25	162.93
73	2,030.04	1,916.77	1,794.80	73	203.00	191.68	179.48
74	2,239.14	2,108.45	1,977.76	74	223.91	210.84	197.78
75	2,474.38	2,334.98	2,186.86	75	247.44	233.50	218.69
76	2,770.61	2,613.78	2,448.24	76	277.06	261.38	244.82
77	3,092.97	2,918.72	2,735.76	77	309.30	291.87	273.58
78	3,458.90	3,258.51	3,058.12	78	345.89	325.85	305.81
79	3,868.39	3,650.58	3,424.05	79	386.84	365.06	342.41

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	348.50	331.08	304.94	18-39	34.85	33.11	30.49
40	348.50	331.08	304.94	40	34.85	33.11	30.49
41	365.93	339.79	313.65	41	36.59	33.98	31.37
42	374.64	357.22	331.08	42	37.46	35.72	33.11
43	392.07	365.93	339.79	43	39.21	36.59	33.98
44	409.49	383.35	357.22	44	40.95	38.34	35.72
45	426.92	400.78	365.93	45	42.69	40.08	36.59
46	444.34	418.20	383.35	46	44.43	41.82	38.34
47	461.77	435.63	400.78	47	46.18	43.56	40.08
48	479.19	444.34	409.49	48	47.92	44.43	40.95
49	496.62	461.77	426.92	49	49.66	46.18	42.69
50	514.04	479.19	444.34	50	51.40	47.92	44.43
51	531.47	496.62	461.77	51	53.15	49.66	46.18
52	557.61	522.76	479.19	52	55.76	52.28	47.92
53	575.03	540.18	496.62	53	57.50	54.02	49.66
54	592.46	557.61	514.04	54	59.25	55.76	51.40
55	618.59	575.03	531.47	55	61.86	57.50	53.15
56	662.16	618.59	566.32	56	66.22	61.86	56.63
57	705.72	662.16	609.88	57	70.57	66.22	60.99
58	758.00	705.72	653.45	58	75.80	70.57	65.34
59	810.27	758.00	697.01	59	81.03	75.80	69.70
60	871.26	810.27	749.28	60	87.13	81.03	74.93
61	940.96	871.26	801.56	61	94.10	87.13	80.16
62	1,010.66	940.96	862.55	62	101.07	94.10	86.25
63	1,089.08	1,010.66	923.54	63	108.91	101.07	92.35
64	1,176.20	1,089.08	993.24	64	117.62	108.91	99.32
65	1,263.33	1,167.49	1,062.94	65	126.33	116.75	106.29
66	1,376.59	1,272.04	1,158.78	66	137.66	127.20	115.88
67	1,498.57	1,385.30	1,263.33	67	149.86	138.53	126.33
68	1,629.26	1,507.28	1,385.30	68	162.93	150.73	138.53
69	1,777.37	1,646.68	1,507.28	69	177.74	164.67	150.73

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,934.20	1,794.80	1,646.68	70	193.42	179.48	164.67
71	2,134.59	1,977.76	1,812.22	71	213.46	197.78	181.22
72	2,343.69	2,169.44	1,995.19	72	234.37	216.94	199.52
73	2,587.64	2,395.97	2,195.58	73	258.76	239.60	219.56
74	2,849.02	2,639.92	2,422.10	74	284.90	263.99	242.21
75	3,136.54	2,901.30	2,666.06	75	313.65	290.13	266.61
76	3,485.04	3,241.09	2,988.42	76	348.50	324.11	298.84
77	3,868.39	3,615.73	3,354.35	77	386.84	361.57	335.44
78	4,304.02	4,033.93	3,763.84	78	430.40	403.39	376.38
79	4,774.50	4,495.70	4,216.90	79	477.45	449.57	421.69

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	444.34	426.92	400.78	18-39	44.43	42.69	40.08
40	444.34	426.92	400.78	40	44.43	42.69	40.08
41	461.77	444.34	418.20	41	46.18	44.43	41.82
42	487.91	461.77	435.63	42	48.79	46.18	43.56
43	505.33	479.19	453.06	43	50.53	47.92	45.31
44	522.76	496.62	470.48	44	52.28	49.66	47.05
45	548.89	522.76	487.91	45	54.89	52.28	48.79
46	575.03	548.89	514.04	46	57.50	54.89	51.40
47	601.17	566.32	531.47	47	60.12	56.63	53.15
48	627.31	592.46	557.61	48	62.73	59.25	55.76
49	653.45	618.59	575.03	49	65.34	61.86	57.50
50	679.58	644.73	601.17	50	67.96	64.47	60.12
51	705.72	670.87	627.31	51	70.57	67.09	62.73
52	740.57	697.01	644.73	52	74.06	69.70	64.47
53	766.71	723.15	670.87	53	76.67	72.31	67.09
54	801.56	749.28	697.01	54	80.16	74.93	69.70
55	836.41	784.13	723.15	55	83.64	78.41	72.31
56	897.40	836.41	775.42	56	89.74	83.64	77.54
57	958.39	897.40	827.70	57	95.84	89.74	82.77
58	1,028.09	958.39	879.97	58	102.81	95.84	88.00
59	1,097.79	1,019.37	940.96	59	109.78	101.94	94.10
60	1,176.20	1,089.08	1,001.95	60	117.62	108.91	100.19
61	1,263.33	1,167.49	1,071.65	61	126.33	116.75	107.16
62	1,350.45	1,254.61	1,158.78	62	135.05	125.46	115.88
63	1,455.00	1,350.45	1,237.19	63	145.50	135.05	123.72
64	1,559.56	1,446.29	1,333.03	64	155.96	144.63	133.30
65	1,672.82	1,550.84	1,428.87	65	167.28	155.08	142.89
66	1,803.51	1,681.53	1,559.56	66	180.35	168.15	155.96
67	1,942.91	1,820.93	1,698.96	67	194.29	182.09	169.90
68	2,091.02	1,977.76	1,855.78	68	209.10	197.78	185.58
69	2,256.56	2,143.30	2,030.04	69	225.66	214.33	203.00

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

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METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,430.82	2,326.26	2,213.00	70	243.08	232.63	221.30
71	2,683.48	2,561.50	2,430.82	71	268.35	256.15	243.08
72	2,953.57	2,814.17	2,674.77	72	295.36	281.42	267.48
73	3,258.51	3,101.69	2,944.86	73	325.85	310.17	294.49
74	3,598.30	3,424.05	3,241.09	74	359.83	342.41	324.11
75	3,964.23	3,763.84	3,563.45	75	396.42	376.38	356.35
76	4,417.29	4,182.05	3,946.81	76	441.73	418.20	394.68
77	4,913.91	4,643.82	4,373.73	77	491.39	464.38	437.37
78	5,471.51	5,166.57	4,852.92	78	547.15	516.66	485.29
79	6,090.11	5,732.89	5,375.67	79	609.01	573.29	537.57

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	339.79	322.37	304.94	18-39	33.98	32.24	30.49
40	339.79	322.37	304.94	40	33.98	32.24	30.49
41	348.50	331.08	313.65	41	34.85	33.11	31.37
42	357.22	339.79	322.37	42	35.72	33.98	32.24
43	374.64	357.22	331.08	43	37.46	35.72	33.11
44	383.35	365.93	339.79	44	38.34	36.59	33.98
45	392.07	374.64	348.50	45	39.21	37.46	34.85
46	400.78	383.35	357.22	46	40.08	38.34	35.72
47	418.20	392.07	365.93	47	41.82	39.21	36.59
48	426.92	409.49	383.35	48	42.69	40.95	38.34
49	444.34	418.20	392.07	49	44.43	41.82	39.21
50	453.06	426.92	400.78	50	45.31	42.69	40.08
51	470.48	444.34	409.49	51	47.05	44.43	40.95
52	479.19	453.06	426.92	52	47.92	45.31	42.69
53	496.62	470.48	435.63	53	49.66	47.05	43.56
54	505.33	479.19	453.06	54	50.53	47.92	45.31
55	522.76	496.62	461.77	55	52.28	49.66	46.18
56	548.89	522.76	487.91	56	54.89	52.28	48.79
57	583.74	548.89	514.04	57	58.37	54.89	51.40
58	618.59	583.74	540.18	58	61.86	58.37	54.02
59	653.45	609.88	566.32	59	65.34	60.99	56.63
60	688.30	644.73	592.46	60	68.83	64.47	59.25
61	731.86	688.30	636.02	61	73.19	68.83	63.60
62	784.13	731.86	670.87	62	78.41	73.19	67.09
63	836.41	784.13	723.15	63	83.64	78.41	72.31
64	888.69	827.70	766.71	64	88.87	82.77	76.67
65	949.67	888.69	818.98	65	94.97	88.87	81.90
66	1,019.37	949.67	879.97	66	101.94	94.97	88.00
67	1,097.79	1,028.09	949.67	67	109.78	102.81	94.97
68	1,184.91	1,106.50	1,028.09	68	118.49	110.65	102.81
69	1,280.75	1,193.63	1,106.50	69	128.08	119.36	110.65

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,376.59	1,289.46	1,193.63	70	137.66	128.95	119.36
71	1,507.28	1,411.44	1,306.89	71	150.73	141.14	130.69
72	1,655.39	1,550.84	1,437.58	72	165.54	155.08	143.76
73	1,820.93	1,698.96	1,576.98	73	182.09	169.90	157.70
74	1,995.19	1,864.50	1,733.81	74	199.52	186.45	173.38
75	2,186.86	2,047.46	1,899.35	75	218.69	204.75	189.93
76	2,456.95	2,300.13	2,134.59	76	245.70	230.01	213.46
77	2,761.89	2,578.93	2,395.97	77	276.19	257.89	239.60
78	3,101.69	2,901.30	2,700.91	78	310.17	290.13	270.09
79	3,485.04	3,258.51	3,031.98	79	348.50	325.85	303.20
80		3,668.00	3,406.63	80		366.80	340.66
81		4,077.50	3,789.98	81		407.75	379.00
82		4,547.98	4,225.61	82		454.80	422.56
83		5,062.02	4,704.80	83		506.20	470.48
84		5,637.05	5,236.27	84		563.71	523.63

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	426.92	400.78	365.93	18-39	42.69	40.08	36.59
40	426.92	400.78	365.93	40	42.69	40.08	36.59
41	435.63	409.49	374.64	41	43.56	40.95	37.46
42	453.06	418.20	383.35	42	45.31	41.82	38.34
43	461.77	435.63	400.78	43	46.18	43.56	40.08
44	479.19	444.34	409.49	44	47.92	44.43	40.95
45	487.91	453.06	418.20	45	48.79	45.31	41.82
46	505.33	470.48	435.63	46	50.53	47.05	43.56
47	514.04	479.19	444.34	47	51.40	47.92	44.43
48	531.47	496.62	461.77	48	53.15	49.66	46.18
49	540.18	505.33	470.48	49	54.02	50.53	47.05
50	557.61	522.76	487.91	50	55.76	52.28	48.79
51	575.03	540.18	505.33	51	57.50	54.02	50.53
52	592.46	557.61	514.04	52	59.25	55.76	51.40
53	609.88	575.03	531.47	53	60.99	57.50	53.15
54	627.31	592.46	548.89	54	62.73	59.25	54.89
55	644.73	609.88	566.32	55	64.47	60.99	56.63
56	679.58	644.73	601.17	56	67.96	64.47	60.12
57	723.15	679.58	627.31	57	72.31	67.96	62.73
58	766.71	714.43	662.16	58	76.67	71.44	66.22
59	810.27	758.00	705.72	59	81.03	75.80	70.57
60	862.55	801.56	740.57	60	86.25	80.16	74.06
61	914.82	853.83	792.85	61	91.48	85.38	79.28
62	975.81	914.82	845.12	62	97.58	91.48	84.51
63	1,045.51	975.81	897.40	63	104.55	97.58	89.74
64	1,115.21	1,036.80	958.39	64	111.52	103.68	95.84
65	1,184.91	1,106.50	1,019.37	65	118.49	110.65	101.94
66	1,280.75	1,193.63	1,106.50	66	128.08	119.36	110.65
67	1,385.30	1,289.46	1,193.63	67	138.53	128.95	119.36
68	1,498.57	1,394.02	1,289.46	68	149.86	139.40	128.95
69	1,620.54	1,515.99	1,402.73	69	162.05	151.60	140.27

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

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Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,751.23	1,637.97	1,515.99	70	175.12	163.80	151.60
71	1,916.77	1,794.80	1,664.11	71	191.68	179.48	166.41
72	2,108.45	1,969.05	1,829.65	72	210.84	196.90	182.96
73	2,308.84	2,160.72	2,003.90	73	230.88	216.07	200.39
74	2,535.37	2,369.83	2,204.29	74	253.54	236.98	220.43
75	2,779.32	2,605.07	2,422.10	75	277.93	260.51	242.21
76	3,092.97	2,892.58	2,692.19	76	309.30	289.26	269.22
77	3,441.48	3,223.66	2,997.13	77	344.15	322.37	299.71
78	3,833.54	3,580.88	3,328.21	78	383.35	358.09	332.82
79	4,269.17	3,990.37	3,702.86	79	426.92	399.04	370.29

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	531.47	496.62	453.06	18-39	53.15	49.66	45.31
40	531.47	496.62	453.06	40	53.15	49.66	45.31
41	548.89	514.04	470.48	41	54.89	51.40	47.05
42	566.32	522.76	479.19	42	56.63	52.28	47.92
43	575.03	540.18	496.62	43	57.50	54.02	49.66
44	592.46	557.61	514.04	44	59.25	55.76	51.40
45	609.88	566.32	522.76	45	60.99	56.63	52.28
46	627.31	583.74	540.18	46	62.73	58.37	54.02
47	644.73	601.17	557.61	47	64.47	60.12	55.76
48	670.87	627.31	575.03	48	67.09	62.73	57.50
49	688.30	644.73	592.46	49	68.83	64.47	59.25
50	705.72	662.16	609.88	50	70.57	66.22	60.99
51	723.15	679.58	627.31	51	72.31	67.96	62.73
52	749.28	697.01	644.73	52	74.93	69.70	64.47
53	766.71	714.43	662.16	53	76.67	71.44	66.22
54	784.13	740.57	688.30	54	78.41	74.06	68.83
55	810.27	758.00	705.72	55	81.03	75.80	70.57
56	862.55	810.27	749.28	56	86.25	81.03	74.93
57	906.11	853.83	792.85	57	90.61	85.38	79.28
58	967.10	906.11	836.41	58	96.71	90.61	83.64
59	1,019.37	949.67	879.97	59	101.94	94.97	88.00
60	1,080.36	1,010.66	932.25	60	108.04	101.07	93.22
61	1,150.06	1,071.65	993.24	61	115.01	107.16	99.32
62	1,228.48	1,141.35	1,054.22	62	122.85	114.14	105.42
63	1,315.60	1,219.76	1,123.93	63	131.56	121.98	112.39
64	1,402.73	1,298.18	1,193.63	64	140.27	129.82	119.36
65	1,498.57	1,385.30	1,272.04	65	149.86	138.53	127.20
66	1,620.54	1,498.57	1,376.59	66	162.05	149.86	137.66
67	1,751.23	1,629.26	1,498.57	67	175.12	162.93	149.86
68	1,899.35	1,768.66	1,629.26	68	189.93	176.87	162.93
69	2,056.17	1,916.77	1,768.66	69	205.62	191.68	176.87

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,221.71	2,073.60	1,916.77	70	222.17	207.36	191.68
71	2,430.82	2,265.28	2,091.02	71	243.08	226.53	209.10
72	2,666.06	2,474.38	2,282.70	72	266.61	247.44	228.27
73	2,918.72	2,709.62	2,491.80	73	291.87	270.96	249.18
74	3,188.81	2,953.57	2,718.33	74	318.88	295.36	271.83
75	3,493.75	3,232.37	2,971.00	75	349.38	323.24	297.10
76	3,868.39	3,598.30	3,319.50	76	386.84	359.83	331.95
77	4,277.89	3,990.37	3,702.86	77	427.79	399.04	370.29
78	4,730.94	4,434.71	4,129.77	78	473.09	443.47	412.98
79	5,236.27	4,922.62	4,608.97	79	523.63	492.26	460.90

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	688.30	653.45	609.88	18-39	68.83	65.34	60.99
40	688.30	653.45	609.88	40	68.83	65.34	60.99
41	714.43	679.58	636.02	41	71.44	67.96	63.60
42	740.57	697.01	653.45	42	74.06	69.70	65.34
43	766.71	723.15	679.58	43	76.67	72.31	67.96
44	792.85	749.28	705.72	44	79.28	74.93	70.57
45	818.98	775.42	731.86	45	81.90	77.54	73.19
46	845.12	801.56	758.00	46	84.51	80.16	75.80
47	879.97	836.41	784.13	47	88.00	83.64	78.41
48	906.11	862.55	810.27	48	90.61	86.25	81.03
49	940.96	888.69	836.41	49	94.10	88.87	83.64
50	975.81	923.54	871.26	50	97.58	92.35	87.13
51	1,001.95	949.67	888.69	51	100.19	94.97	88.87
52	1,028.09	975.81	914.82	52	102.81	97.58	91.48
53	1,054.22	1,001.95	940.96	53	105.42	100.19	94.10
54	1,089.08	1,028.09	958.39	54	108.91	102.81	95.84
55	1,115.21	1,054.22	984.52	55	111.52	105.42	98.45
56	1,176.20	1,106.50	1,036.80	56	117.62	110.65	103.68
57	1,245.90	1,167.49	1,089.08	57	124.59	116.75	108.91
58	1,315.60	1,228.48	1,141.35	58	131.56	122.85	114.14
59	1,394.02	1,298.18	1,202.34	59	139.40	129.82	120.23
60	1,472.43	1,367.88	1,263.33	60	147.24	136.79	126.33
61	1,568.27	1,455.00	1,341.74	61	156.83	145.50	134.17
62	1,664.11	1,550.84	1,428.87	62	166.41	155.08	142.89
63	1,768.66	1,646.68	1,524.71	63	176.87	164.67	152.47
64	1,881.92	1,751.23	1,620.54	64	188.19	175.12	162.05
65	2,003.90	1,864.50	1,725.09	65	200.39	186.45	172.51
66	2,143.30	2,003.90	1,864.50	66	214.33	200.39	186.45
67	2,291.41	2,160.72	2,021.32	67	229.14	216.07	202.13
68	2,456.95	2,326.26	2,195.58	68	245.70	232.63	219.56
69	2,631.21	2,500.52	2,369.83	69	263.12	250.05	236.98

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,814.17	2,692.19	2,570.22	70	281.42	269.22	257.02
71	3,084.26	2,944.86	2,805.46	71	308.43	294.49	280.55
72	3,371.78	3,214.95	3,058.12	72	337.18	321.49	305.81
73	3,694.14	3,519.89	3,336.93	73	369.41	351.99	333.69
74	4,042.65	3,842.26	3,641.87	74	404.26	384.23	364.19
75	4,426.00	4,199.47	3,972.95	75	442.60	419.95	397.29
76	4,905.19	4,643.82	4,382.44	76	490.52	464.38	438.24
77	5,445.38	5,140.43	4,826.78	77	544.54	514.04	482.68
78	6,037.83	5,680.62	5,323.40	78	603.78	568.06	532.34
79	6,699.99	6,290.50	5,872.29	79	670.00	629.05	587.23

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	140.40	132.60	124.80	18-39	14.04	13.26	12.48
40	140.40	132.60	124.80	40	14.04	13.26	12.48
41	148.20	140.40	132.60	41	14.82	14.04	13.26
42	148.20	140.40	132.60	42	14.82	14.04	13.26
43	156.00	148.20	140.40	43	15.60	14.82	14.04
44	163.80	156.00	140.40	44	16.38	15.60	14.04
45	163.80	156.00	148.20	45	16.38	15.60	14.82
46	171.60	163.80	148.20	46	17.16	16.38	14.82
47	179.40	171.60	156.00	47	17.94	17.16	15.60
48	179.40	171.60	163.80	48	17.94	17.16	16.38
49	187.20	179.40	163.80	49	18.72	17.94	16.38
50	195.00	187.20	171.60	50	19.50	18.72	17.16
51	202.80	195.00	179.40	51	20.28	19.50	17.94
52	218.40	210.60	195.00	52	21.84	21.06	19.50
53	234.00	218.40	202.80	53	23.40	21.84	20.28
54	241.80	226.20	210.60	54	24.18	22.62	21.06
55	257.40	241.80	226.20	55	25.74	24.18	22.62
56	273.00	257.40	234.00	56	27.30	25.74	23.40
57	288.60	273.00	249.60	57	28.86	27.30	24.96
58	312.00	288.60	265.20	58	31.20	28.86	26.52
59	327.60	304.20	273.00	59	32.76	30.42	27.30
60	351.00	319.80	288.60	60	35.10	31.98	28.86
61	382.20	351.00	312.00	61	38.22	35.10	31.20
62	405.60	374.40	335.40	62	40.56	37.44	33.54
63	444.60	405.60	366.60	63	44.46	40.56	36.66
64	475.80	436.80	397.80	64	47.58	43.68	39.78
65	514.80	475.80	429.00	65	51.48	47.58	42.90
66	561.60	514.80	468.00	66	56.16	51.48	46.80
67	616.20	561.60	507.00	67	61.62	56.16	50.70
68	670.80	608.40	546.00	68	67.08	60.84	54.60
69	733.20	663.00	592.80	69	73.32	66.30	59.28

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	803.40	725.40	647.40	70	80.34	72.54	64.74
71	889.20	803.40	709.80	71	88.92	80.34	70.98
72	990.60	889.20	780.00	72	99.06	88.92	78.00
73	1,099.80	982.80	858.00	73	109.98	98.28	85.80
74	1,224.60	1,084.20	943.80	74	122.46	108.42	94.38
75	1,357.20	1,201.20	1,037.40	75	135.72	120.12	103.74
76	1,513.20	1,333.80	1,154.40	76	151.32	133.38	115.44
77	1,692.60	1,497.60	1,294.80	77	169.26	149.76	129.48
78	1,895.40	1,669.20	1,443.00	78	189.54	166.92	144.30
79	2,113.80	1,864.20	1,606.80	79	211.38	186.42	160.68
80		2,082.60	1,794.00	80	236.34	208.26	179.40
81		2,301.00	1,981.20	81	261.30	230.10	198.12
82		2,542.80	2,191.80	82	289.38	254.28	219.18
83		2,815.80	2,425.80	83	319.80	281.58	242.58
84		3,112.20	2,683.20	84	353.34	311.22	268.32
				85	390.78	343.98	297.18
				86	439.92	387.66	334.62
				87	495.30	436.02	376.74
				88	556.92	489.84	423.54
				89	626.34	551.46	476.58
				90	709.02	620.10	535.86
				91	792.48	698.10	602.94
				92	891.54	784.68	677.82
				93	1,003.08	882.96	762.84
				94	1,128.66	992.94	858.00
				95	1,269.06	1,117.74	965.64
				96	1,428.18	1,257.36	1,085.76
				97	1,606.80	1,414.14	1,221.48
				98	1,807.26	1,591.20	1,374.36
				99	2,032.68	1,789.32	1,545.96

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	179.40	171.60	156.00	18-39	17.94	17.16	15.60
40	179.40	171.60	156.00	40	17.94	17.16	15.60
41	187.20	179.40	163.80	41	18.72	17.94	16.38
42	187.20	179.40	163.80	42	18.72	17.94	16.38
43	195.00	187.20	171.60	43	19.50	18.72	17.16
44	202.80	195.00	179.40	44	20.28	19.50	17.94
45	210.60	195.00	179.40	45	21.06	19.50	17.94
46	218.40	202.80	187.20	46	21.84	20.28	18.72
47	218.40	210.60	195.00	47	21.84	21.06	19.50
48	226.20	210.60	195.00	48	22.62	21.06	19.50
49	234.00	218.40	202.80	49	23.40	21.84	20.28
50	241.80	226.20	210.60	50	24.18	22.62	21.06
51	249.60	234.00	218.40	51	24.96	23.40	21.84
52	265.20	249.60	226.20	52	26.52	24.96	22.62
53	280.80	257.40	234.00	53	28.08	25.74	23.40
54	288.60	273.00	249.60	54	28.86	27.30	24.96
55	304.20	280.80	257.40	55	30.42	28.08	25.74
56	327.60	304.20	273.00	56	32.76	30.42	27.30
57	343.20	319.80	296.40	57	34.32	31.98	29.64
58	366.60	343.20	312.00	58	36.66	34.32	31.20
59	397.80	366.60	335.40	59	39.78	36.66	33.54
60	421.20	390.00	358.80	60	42.12	39.00	35.88
61	452.40	421.20	390.00	61	45.24	42.12	39.00
62	491.40	460.20	421.20	62	49.14	46.02	42.12
63	530.40	499.20	460.20	63	53.04	49.92	46.02
64	577.20	538.20	499.20	64	57.72	53.82	49.92
65	624.00	585.00	546.00	65	62.40	58.50	54.60
66	678.60	639.60	592.80	66	67.86	63.96	59.28
67	733.20	694.20	647.40	67	73.32	69.42	64.74
68	795.60	748.80	702.00	68	79.56	74.88	70.20
69	858.00	811.20	764.40	69	85.80	81.12	76.44

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	928.20	881.40	826.80	70	92.82	88.14	82.68
71	1,037.40	982.80	928.20	71	103.74	98.28	92.82
72	1,154.40	1,099.80	1,037.40	72	115.44	109.98	103.74
73	1,279.20	1,224.60	1,162.20	73	127.92	122.46	116.22
74	1,427.40	1,365.00	1,294.80	74	142.74	136.50	129.48
75	1,591.20	1,521.00	1,450.80	75	159.12	152.10	145.08
76	1,770.60	1,692.60	1,614.60	76	177.06	169.26	161.46
77	1,973.40	1,887.60	1,801.80	77	197.34	188.76	180.18
78	2,207.40	2,113.80	2,012.40	78	220.74	211.38	201.24
79	2,457.00	2,347.80	2,238.60	79	245.70	234.78	223.86
				80	273.78	262.08	249.60
				81	302.64	289.38	276.12
				82	334.62	319.80	304.98
				83	373.62	354.12	337.74
				84	408.72	397.80	372.84
				85	451.62	432.12	412.62
				86	508.56	486.72	464.88
				87	571.74	547.56	522.60
				88	643.50	615.42	588.12
				89	723.84	692.64	661.44
				90	814.32	779.22	744.12
				91	915.72	876.72	839.28
				92	1,030.38	985.92	941.46
				93	1,159.08	1,109.16	1,059.24
				94	1,304.16	1,248.00	1,191.06
				95	1,467.18	1,404.00	1,340.04
				96	1,650.48	1,578.72	1,507.74
				97	1,856.40	1,776.06	1,696.50
				98	2,088.84	1,998.36	1,907.88
				99	2,349.36	2,247.96	2,146.56

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	202.80	195.00	179.40	18-39	20.28	19.50	17.94
40	202.80	195.00	179.40	40	20.28	19.50	17.94
41	210.60	202.80	187.20	41	21.06	20.28	18.72
42	218.40	210.60	195.00	42	21.84	21.06	19.50
43	226.20	218.40	202.80	43	22.62	21.84	20.28
44	234.00	226.20	210.60	44	23.40	22.62	21.06
45	241.80	234.00	218.40	45	24.18	23.40	21.84
46	257.40	241.80	226.20	46	25.74	24.18	22.62
47	265.20	249.60	234.00	47	26.52	24.96	23.40
48	273.00	257.40	241.80	48	27.30	25.74	24.18
49	288.60	273.00	249.60	49	28.86	27.30	24.96
50	296.40	280.80	257.40	50	29.64	28.08	25.74
51	304.20	288.60	265.20	51	30.42	28.86	26.52
52	319.80	296.40	273.00	52	31.98	29.64	27.30
53	327.60	304.20	280.80	53	32.76	30.42	28.08
54	343.20	319.80	288.60	54	34.32	31.98	28.86
55	351.00	327.60	296.40	55	35.10	32.76	29.64
56	374.40	351.00	319.80	56	37.44	35.10	31.98
57	405.60	374.40	335.40	57	40.56	37.44	33.54
58	436.80	397.80	358.80	58	43.68	39.78	35.88
59	468.00	429.00	390.00	59	46.80	42.90	39.00
60	499.20	460.20	413.40	60	49.92	46.02	41.34
61	546.00	499.20	452.40	61	54.60	49.92	45.24
62	600.60	546.00	491.40	62	60.06	54.60	49.14
63	655.20	592.80	530.40	63	65.52	59.28	53.04
64	709.80	647.40	577.20	64	70.98	64.74	57.72
65	780.00	709.80	631.80	65	78.00	70.98	63.18
66	842.40	764.40	678.60	66	84.24	76.44	67.86
67	912.60	826.80	733.20	67	91.26	82.68	73.32
68	990.60	889.20	787.80	68	99.06	88.92	78.78
69	1,068.60	959.40	850.20	69	106.86	95.94	85.02

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,154.40	1,037.40	912.60	70	115.44	103.74	91.26
71	1,279.20	1,154.40	1,021.80	71	127.92	115.44	102.18
72	1,419.60	1,279.20	1,138.80	72	141.96	127.92	113.88
73	1,575.60	1,419.60	1,263.60	73	157.56	141.96	126.36
74	1,747.20	1,583.40	1,411.80	74	174.72	158.34	141.18
75	1,934.40	1,755.00	1,575.60	75	193.44	175.50	157.56
76	2,152.80	1,957.80	1,755.00	76	215.28	195.78	175.50
77	2,402.40	2,184.00	1,957.80	77	240.24	218.40	195.78
78	2,675.40	2,433.60	2,184.00	78	267.54	243.36	218.40
79	2,979.60	2,706.60	2,433.60	79	297.96	270.66	243.36
				80	332.28	301.86	271.44
				81	366.60	333.06	299.52
				82	405.60	368.94	331.50
				83	447.72	407.16	365.82
				84	494.52	449.28	404.82
				85	546.00	496.08	446.16
				86	614.64	558.48	502.32
				87	691.08	627.90	578.76
				88	777.66	706.68	635.70
				89	875.16	794.82	715.26
				90	984.36	894.66	804.18
				91	1,107.60	1,006.20	904.80
				92	1,245.66	1,131.78	1,017.90
				93	1,401.66	1,272.96	1,145.04
				94	1,576.38	1,432.08	1,288.56
				95	1,773.72	1,611.48	1,449.24
				96	1,995.24	1,812.72	1,630.20
				97	2,244.06	2,038.92	1,833.78
				98	2,524.86	2,293.98	2,063.10
				99	2,840.76	2,581.02	2,321.28

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	241.80	234.00	218.40	18-39	24.18	23.40	21.84
40	241.80	234.00	218.40	40	24.18	23.40	21.84
41	249.60	241.80	226.20	41	24.96	24.18	22.62
42	265.20	249.60	234.00	42	26.52	24.96	23.40
43	273.00	257.40	241.80	43	27.30	25.74	24.18
44	280.80	265.20	249.60	44	28.08	26.52	24.96
45	296.40	280.80	257.40	45	29.64	28.08	25.74
46	304.20	288.60	265.20	46	30.42	28.86	26.52
47	319.80	296.40	273.00	47	31.98	29.64	27.30
48	335.40	312.00	280.80	48	33.54	31.20	28.08
49	343.20	319.80	296.40	49	34.32	31.98	29.64
50	358.80	335.40	304.20	50	35.88	33.54	30.42
51	374.40	343.20	312.00	51	37.44	34.32	31.20
52	390.00	358.80	327.60	52	39.00	35.88	32.76
53	405.60	374.40	343.20	53	40.56	37.44	34.32
54	421.20	390.00	351.00	54	42.12	39.00	35.10
55	436.80	405.60	366.60	55	43.68	40.56	36.66
56	468.00	436.80	397.80	56	46.80	43.68	39.78
57	507.00	468.00	429.00	57	50.70	46.80	42.90
58	546.00	507.00	460.20	58	54.60	50.70	46.02
59	592.80	546.00	499.20	59	59.28	54.60	49.92
60	639.60	592.80	538.20	60	63.96	59.28	53.82
61	694.20	639.60	585.00	61	69.42	63.96	58.50
62	764.40	702.00	631.80	62	76.44	70.20	63.18
63	834.60	764.40	686.40	63	83.46	76.44	68.64
64	904.80	826.80	741.00	64	90.48	82.68	74.10
65	990.60	897.00	803.40	65	99.06	89.70	80.34
66	1,060.80	967.20	873.60	66	106.08	96.72	87.36
67	1,138.80	1,045.20	943.80	67	113.88	104.52	94.38
68	1,216.80	1,123.20	1,021.80	68	121.68	112.32	102.18
69	1,302.60	1,209.00	1,107.60	69	130.26	120.90	110.76

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,396.20	1,302.60	1,201.20	70	139.62	130.26	120.12
71	1,560.00	1,450.80	1,333.80	71	156.00	145.08	133.38
72	1,739.40	1,614.60	1,482.00	72	173.94	161.46	148.20
73	1,934.40	1,794.00	1,645.80	73	193.44	179.40	164.58
74	2,160.60	1,996.80	1,825.20	74	216.06	199.68	182.52
75	2,410.20	2,223.00	2,028.00	75	241.02	222.30	202.80
76	2,683.20	2,472.60	2,262.00	76	268.32	247.26	226.20
77	2,987.40	2,753.40	2,519.40	77	298.74	275.34	251.94
78	3,330.60	3,073.20	2,808.00	78	333.06	307.32	280.80
79	3,712.80	3,424.20	3,127.80	79	371.28	342.42	312.78
				80	413.40	381.42	348.66
				81	456.30	420.42	384.54
				82	503.88	464.10	424.32
				83	556.92	513.24	468.78
				84	614.64	566.28	517.14
				85	678.60	624.78	570.96
				86	763.62	703.56	642.72
				87	859.56	790.92	723.06
				88	966.42	889.98	813.54
				89	1,087.32	1,009.32	914.94
				90	1,223.04	1,126.32	1,029.60
				91	1,375.92	1,266.72	1,157.52
				92	1,548.30	1,425.06	1,302.60
				93	1,741.74	1,603.68	1,465.62
				94	1,959.36	1,804.14	1,648.14
				95	2,204.28	2,029.56	1,854.84
				96	2,479.62	2,283.06	2,086.50
				97	2,789.28	2,568.54	2,347.02
				98	3,137.94	2,889.12	2,640.30
				99	3,530.28	3,250.26	2,970.24

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	210.60	202.80	187.20	18-39	21.06	20.28	18.72
40	210.60	202.80	187.20	40	21.06	20.28	18.72
41	218.40	210.60	195.00	41	21.84	21.06	19.50
42	226.20	218.40	202.80	42	22.62	21.84	20.28
43	234.00	226.20	210.60	43	23.40	22.62	21.06
44	241.80	234.00	218.40	44	24.18	23.40	21.84
45	249.60	241.80	226.20	45	24.96	24.18	22.62
46	265.20	249.60	234.00	46	26.52	24.96	23.40
47	273.00	257.40	241.80	47	27.30	25.74	24.18
48	280.80	265.20	249.60	48	28.08	26.52	24.96
49	296.40	280.80	257.40	49	29.64	28.08	25.74
50	304.20	288.60	265.20	50	30.42	28.86	26.52
51	312.00	296.40	273.00	51	31.20	29.64	27.30
52	327.60	312.00	288.60	52	32.76	31.20	28.86
53	343.20	319.80	296.40	53	34.32	31.98	29.64
54	351.00	327.60	304.20	54	35.10	32.76	30.42
55	366.60	343.20	319.80	55	36.66	34.32	31.98
56	390.00	366.60	335.40	56	39.00	36.66	33.54
57	421.20	390.00	358.80	57	42.12	39.00	35.88
58	444.60	413.40	382.20	58	44.46	41.34	38.22
59	475.80	444.60	405.60	59	47.58	44.46	40.56
60	507.00	468.00	429.00	60	50.70	46.80	42.90
61	546.00	507.00	460.20	61	54.60	50.70	46.02
62	585.00	546.00	499.20	62	58.50	54.60	49.92
63	624.00	585.00	538.20	63	62.40	58.50	53.82
64	670.80	624.00	577.20	64	67.08	62.40	57.72
65	717.60	670.80	624.00	65	71.76	67.08	62.40
66	780.00	733.20	678.60	66	78.00	73.32	67.86
67	850.20	795.60	733.20	67	85.02	79.56	73.32
68	928.20	865.80	795.60	68	92.82	86.58	79.56
69	1,006.20	936.00	865.80	69	100.62	93.60	86.58

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,099.80	1,021.80	936.00	70	109.98	102.18	93.60
71	1,209.00	1,123.20	1,029.60	71	120.90	112.32	102.96
72	1,333.80	1,240.20	1,138.80	72	133.38	124.02	113.88
73	1,474.20	1,365.00	1,255.80	73	147.42	136.50	125.58
74	1,622.40	1,505.40	1,388.40	74	162.24	150.54	138.84
75	1,786.20	1,661.40	1,528.80	75	178.62	166.14	152.88
76	2,012.40	1,872.00	1,723.80	76	201.24	187.20	172.38
77	2,262.00	2,106.00	1,942.20	77	226.20	210.60	194.22
78	2,542.80	2,371.20	2,191.80	78	254.28	237.12	219.18
79	2,854.80	2,667.60	2,472.60	79	285.48	266.76	247.26
80		3,003.00	2,784.60	80		300.30	278.46
81		3,361.80	3,120.00	81		336.18	312.00
82		3,759.60	3,494.40	82		375.96	349.44
83		4,212.00	3,915.60	83		421.20	391.56
84		4,711.20	4,383.60	84		471.12	438.36

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	257.40	241.80	226.20	18-39	25.74	24.18	22.62
40	257.40	241.80	226.20	40	25.74	24.18	22.62
41	265.20	249.60	234.00	41	26.52	24.96	23.40
42	273.00	257.40	241.80	42	27.30	25.74	24.18
43	288.60	273.00	249.60	43	28.86	27.30	24.96
44	296.40	280.80	257.40	44	29.64	28.08	25.74
45	304.20	288.60	265.20	45	30.42	28.86	26.52
46	319.80	304.20	280.80	46	31.98	30.42	28.08
47	327.60	312.00	288.60	47	32.76	31.20	28.86
48	343.20	319.80	296.40	48	34.32	31.98	29.64
49	351.00	335.40	312.00	49	35.10	33.54	31.20
50	366.60	343.20	319.80	50	36.66	34.32	31.98
51	382.20	358.80	335.40	51	38.22	35.88	33.54
52	397.80	374.40	343.20	52	39.78	37.44	34.32
53	413.40	390.00	358.80	53	41.34	39.00	35.88
54	436.80	405.60	374.40	54	43.68	40.56	37.44
55	452.40	421.20	390.00	55	45.24	42.12	39.00
56	483.60	452.40	413.40	56	48.36	45.24	41.34
57	514.80	483.60	444.60	57	51.48	48.36	44.46
58	546.00	514.80	475.80	58	54.60	51.48	47.58
59	585.00	546.00	507.00	59	58.50	54.60	50.70
60	624.00	585.00	546.00	60	62.40	58.50	54.60
61	670.80	631.80	585.00	61	67.08	63.18	58.50
62	717.60	670.80	624.00	62	71.76	67.08	62.40
63	772.20	725.40	670.80	63	77.22	72.54	67.08
64	834.60	780.00	717.60	64	83.46	78.00	71.76
65	897.00	834.60	772.20	65	89.70	83.46	77.22
66	975.00	912.60	842.40	66	97.50	91.26	84.24
67	1,060.80	990.60	920.40	67	106.08	99.06	92.04
68	1,146.60	1,076.40	1,006.20	68	114.66	107.64	100.62
69	1,248.00	1,170.00	1,092.00	69	124.80	117.00	109.20

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,357.20	1,279.20	1,193.40	70	135.72	127.92	119.34
71	1,497.60	1,411.80	1,318.20	71	149.76	141.18	131.82
72	1,653.60	1,560.00	1,458.60	72	165.36	156.00	145.86
73	1,817.40	1,716.00	1,606.80	73	181.74	171.60	160.68
74	2,004.60	1,887.60	1,770.60	74	200.46	188.76	177.06
75	2,215.20	2,090.40	1,957.80	75	221.52	209.04	195.78
76	2,480.40	2,340.00	2,191.80	76	248.04	234.00	219.18
77	2,769.00	2,613.00	2,449.20	77	276.90	261.30	244.92
78	3,096.60	2,917.20	2,737.80	78	309.66	291.72	273.78
79	3,463.20	3,268.20	3,065.40	79	346.32	326.82	306.54

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	312.00	296.40	273.00	18-39	31.20	29.64	27.30
40	312.00	296.40	273.00	40	31.20	29.64	27.30
41	327.60	304.20	280.80	41	32.76	30.42	28.08
42	335.40	319.80	296.40	42	33.54	31.98	29.64
43	351.00	327.60	304.20	43	35.10	32.76	30.42
44	366.60	343.20	319.80	44	36.66	34.32	31.98
45	382.20	358.80	327.60	45	38.22	35.88	32.76
46	397.80	374.40	343.20	46	39.78	37.44	34.32
47	413.40	390.00	358.80	47	41.34	39.00	35.88
48	429.00	397.80	366.60	48	42.90	39.78	36.66
49	444.60	413.40	382.20	49	44.46	41.34	38.22
50	460.20	429.00	397.80	50	46.02	42.90	39.78
51	475.80	444.60	413.40	51	47.58	44.46	41.34
52	499.20	468.00	429.00	52	49.92	46.80	42.90
53	514.80	483.60	444.60	53	51.48	48.36	44.46
54	530.40	499.20	460.20	54	53.04	49.92	46.02
55	553.80	514.80	475.80	55	55.38	51.48	47.58
56	592.80	553.80	507.00	56	59.28	55.38	50.70
57	631.80	592.80	546.00	57	63.18	59.28	54.60
58	678.60	631.80	585.00	58	67.86	63.18	58.50
59	725.40	678.60	624.00	59	72.54	67.86	62.40
60	780.00	725.40	670.80	60	78.00	72.54	67.08
61	842.40	780.00	717.60	61	84.24	78.00	71.76
62	904.80	842.40	772.20	62	90.48	84.24	77.22
63	975.00	904.80	826.80	63	97.50	90.48	82.68
64	1,053.00	975.00	889.20	64	105.30	97.50	88.92
65	1,131.00	1,045.20	951.60	65	113.10	104.52	95.16
66	1,232.40	1,138.80	1,037.40	66	123.24	113.88	103.74
67	1,341.60	1,240.20	1,131.00	67	134.16	124.02	113.10
68	1,458.60	1,349.40	1,240.20	68	145.86	134.94	124.02
69	1,591.20	1,474.20	1,349.40	69	159.12	147.42	134.94

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,731.60	1,606.80	1,474.20	70	173.16	160.68	147.42
71	1,911.00	1,770.60	1,622.40	71	191.10	177.06	162.24
72	2,098.20	1,942.20	1,786.20	72	209.82	194.22	178.62
73	2,316.60	2,145.00	1,965.60	73	231.66	214.50	196.56
74	2,550.60	2,363.40	2,168.40	74	255.06	236.34	216.84
75	2,808.00	2,597.40	2,386.80	75	280.80	259.74	238.68
76	3,120.00	2,901.60	2,675.40	76	312.00	290.16	267.54
77	3,463.20	3,237.00	3,003.00	77	346.32	323.70	300.30
78	3,853.20	3,611.40	3,369.60	78	385.32	361.14	336.96
79	4,274.40	4,024.80	3,775.20	79	427.44	402.48	377.52

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	397.80	382.20	358.80	18-39	39.78	38.22	35.88
40	397.80	382.20	358.80	40	39.78	38.22	35.88
41	413.40	397.80	374.40	41	41.34	39.78	37.44
42	436.80	413.40	390.00	42	43.68	41.34	39.00
43	452.40	429.00	405.60	43	45.24	42.90	40.56
44	468.00	444.60	421.20	44	46.80	44.46	42.12
45	491.40	468.00	436.80	45	49.14	46.80	43.68
46	514.80	491.40	460.20	46	51.48	49.14	46.02
47	538.20	507.00	475.80	47	53.82	50.70	47.58
48	561.60	530.40	499.20	48	56.16	53.04	49.92
49	585.00	553.80	514.80	49	58.50	55.38	51.48
50	608.40	577.20	538.20	50	60.84	57.72	53.82
51	631.80	600.60	561.60	51	63.18	60.06	56.16
52	663.00	624.00	577.20	52	66.30	62.40	57.72
53	686.40	647.40	600.60	53	68.64	64.74	60.06
54	717.60	670.80	624.00	54	71.76	67.08	62.40
55	748.80	702.00	647.40	55	74.88	70.20	64.74
56	803.40	748.80	694.20	56	80.34	74.88	69.42
57	858.00	803.40	741.00	57	85.80	80.34	74.10
58	920.40	858.00	787.80	58	92.04	85.80	78.78
59	982.80	912.60	842.40	59	98.28	91.26	84.24
60	1,053.00	975.00	897.00	60	105.30	97.50	89.70
61	1,131.00	1,045.20	959.40	61	113.10	104.52	95.94
62	1,209.00	1,123.20	1,037.40	62	120.90	112.32	103.74
63	1,302.60	1,209.00	1,107.60	63	130.26	120.90	110.76
64	1,396.20	1,294.80	1,193.40	64	139.62	129.48	119.34
65	1,497.60	1,388.40	1,279.20	65	149.76	138.84	127.92
66	1,614.60	1,505.40	1,396.20	66	161.46	150.54	139.62
67	1,739.40	1,630.20	1,521.00	67	173.94	163.02	152.10
68	1,872.00	1,770.60	1,661.40	68	187.20	177.06	166.14
69	2,020.20	1,918.80	1,817.40	69	202.02	191.88	181.74

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,176.20	2,082.60	1,981.20	70	217.62	208.26	198.12
71	2,402.40	2,293.20	2,176.20	71	240.24	229.32	217.62
72	2,644.20	2,519.40	2,394.60	72	264.42	251.94	239.46
73	2,917.20	2,776.80	2,636.40	73	291.72	277.68	263.64
74	3,221.40	3,065.40	2,901.60	74	322.14	306.54	290.16
75	3,549.00	3,369.60	3,190.20	75	354.90	336.96	319.02
76	3,954.60	3,744.00	3,533.40	76	395.46	374.40	353.34
77	4,399.20	4,157.40	3,915.60	77	439.92	415.74	391.56
78	4,898.40	4,625.40	4,344.60	78	489.84	462.54	434.46
79	5,452.20	5,132.40	4,812.60	79	545.22	513.24	481.26

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	304.20	288.60	273.00	18-39	30.42	28.86	27.30
40	304.20	288.60	273.00	40	30.42	28.86	27.30
41	312.00	296.40	280.80	41	31.20	29.64	28.08
42	319.80	304.20	288.60	42	31.98	30.42	28.86
43	335.40	319.80	296.40	43	33.54	31.98	29.64
44	343.20	327.60	304.20	44	34.32	32.76	30.42
45	351.00	335.40	312.00	45	35.10	33.54	31.20
46	358.80	343.20	319.80	46	35.88	34.32	31.98
47	374.40	351.00	327.60	47	37.44	35.10	32.76
48	382.20	366.60	343.20	48	38.22	36.66	34.32
49	397.80	374.40	351.00	49	39.78	37.44	35.10
50	405.60	382.20	358.80	50	40.56	38.22	35.88
51	421.20	397.80	366.60	51	42.12	39.78	36.66
52	429.00	405.60	382.20	52	42.90	40.56	38.22
53	444.60	421.20	390.00	53	44.46	42.12	39.00
54	452.40	429.00	405.60	54	45.24	42.90	40.56
55	468.00	444.60	413.40	55	46.80	44.46	41.34
56	491.40	468.00	436.80	56	49.14	46.80	43.68
57	522.60	491.40	460.20	57	52.26	49.14	46.02
58	553.80	522.60	483.60	58	55.38	52.26	48.36
59	585.00	546.00	507.00	59	58.50	54.60	50.70
60	616.20	577.20	530.40	60	61.62	57.72	53.04
61	655.20	616.20	569.40	61	65.52	61.62	56.94
62	702.00	655.20	600.60	62	70.20	65.52	60.06
63	748.80	702.00	647.40	63	74.88	70.20	64.74
64	795.60	741.00	686.40	64	79.56	74.10	68.64
65	850.20	795.60	733.20	65	85.02	79.56	73.32
66	912.60	850.20	787.80	66	91.26	85.02	78.78
67	982.80	920.40	850.20	67	98.28	92.04	85.02
68	1,060.80	990.60	920.40	68	106.08	99.06	92.04
69	1,146.60	1,068.60	990.60	69	114.66	106.86	99.06

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,232.40	1,154.40	1,068.60	70	123.24	115.44	106.86
71	1,349.40	1,263.60	1,170.00	71	134.94	126.36	117.00
72	1,482.00	1,388.40	1,287.00	72	148.20	138.84	128.70
73	1,630.20	1,521.00	1,411.80	73	163.02	152.10	141.18
74	1,786.20	1,669.20	1,552.20	74	178.62	166.92	155.22
75	1,957.80	1,833.00	1,700.40	75	195.78	183.30	170.04
76	2,199.60	2,059.20	1,911.00	76	219.96	205.92	191.10
77	2,472.60	2,308.80	2,145.00	77	247.26	230.88	214.50
78	2,776.80	2,597.40	2,418.00	78	277.68	259.74	241.80
79	3,120.00	2,917.20	2,714.40	79	312.00	291.72	271.44
80		3,283.80	3,049.80	80		328.38	304.98
81		3,650.40	3,393.00	81		365.04	339.30
82		4,071.60	3,783.00	82		407.16	378.30
83		4,531.80	4,212.00	83		453.18	421.20
84		5,046.60	4,687.80	84		504.66	468.78

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	382.20	358.80	327.60	18-39	38.22	35.88	32.76
40	382.20	358.80	327.60	40	38.22	35.88	32.76
41	390.00	366.60	335.40	41	39.00	36.66	33.54
42	405.60	374.40	343.20	42	40.56	37.44	34.32
43	413.40	390.00	358.80	43	41.34	39.00	35.88
44	429.00	397.80	366.60	44	42.90	39.78	36.66
45	436.80	405.60	374.40	45	43.68	40.56	37.44
46	452.40	421.20	390.00	46	45.24	42.12	39.00
47	460.20	429.00	397.80	47	46.02	42.90	39.78
48	475.80	444.60	413.40	48	47.58	44.46	41.34
49	483.60	452.40	421.20	49	48.36	45.24	42.12
50	499.20	468.00	436.80	50	49.92	46.80	43.68
51	514.80	483.60	452.40	51	51.48	48.36	45.24
52	530.40	499.20	460.20	52	53.04	49.92	46.02
53	546.00	514.80	475.80	53	54.60	51.48	47.58
54	561.60	530.40	491.40	54	56.16	53.04	49.14
55	577.20	546.00	507.00	55	57.72	54.60	50.70
56	608.40	577.20	538.20	56	60.84	57.72	53.82
57	647.40	608.40	561.60	57	64.74	60.84	56.16
58	686.40	639.60	592.80	58	68.64	63.96	59.28
59	725.40	678.60	631.80	59	72.54	67.86	63.18
60	772.20	717.60	663.00	60	77.22	71.76	66.30
61	819.00	764.40	709.80	61	81.90	76.44	70.98
62	873.60	819.00	756.60	62	87.36	81.90	75.66
63	936.00	873.60	803.40	63	93.60	87.36	80.34
64	998.40	928.20	858.00	64	99.84	92.82	85.80
65	1,060.80	990.60	912.60	65	106.08	99.06	91.26
66	1,146.60	1,068.60	990.60	66	114.66	106.86	99.06
67	1,240.20	1,154.40	1,068.60	67	124.02	115.44	106.86
68	1,341.60	1,248.00	1,154.40	68	134.16	124.80	115.44
69	1,450.80	1,357.20	1,255.80	69	145.08	135.72	125.58

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,567.80	1,466.40	1,357.20	70	156.78	146.64	135.72
71	1,716.00	1,606.80	1,489.80	71	171.60	160.68	148.98
72	1,887.60	1,762.80	1,638.00	72	188.76	176.28	163.80
73	2,067.00	1,934.40	1,794.00	73	206.70	193.44	179.40
74	2,269.80	2,121.60	1,973.40	74	226.98	212.16	197.34
75	2,488.20	2,332.20	2,168.40	75	248.82	233.22	216.84
76	2,769.00	2,589.60	2,410.20	76	276.90	258.96	241.02
77	3,081.00	2,886.00	2,683.20	77	308.10	288.60	268.32
78	3,432.00	3,205.80	2,979.60	78	343.20	320.58	297.96
79	3,822.00	3,572.40	3,315.00	79	382.20	357.24	331.50

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	475.80	444.60	405.60	18-39	47.58	44.46	40.56
40	475.80	444.60	405.60	40	47.58	44.46	40.56
41	491.40	460.20	421.20	41	49.14	46.02	42.12
42	507.00	468.00	429.00	42	50.70	46.80	42.90
43	514.80	483.60	444.60	43	51.48	48.36	44.46
44	530.40	499.20	460.20	44	53.04	49.92	46.02
45	546.00	507.00	468.00	45	54.60	50.70	46.80
46	561.60	522.60	483.60	46	56.16	52.26	48.36
47	577.20	538.20	499.20	47	57.72	53.82	49.92
48	600.60	561.60	514.80	48	60.06	56.16	51.48
49	616.20	577.20	530.40	49	61.62	57.72	53.04
50	631.80	592.80	546.00	50	63.18	59.28	54.60
51	647.40	608.40	561.60	51	64.74	60.84	56.16
52	670.80	624.00	577.20	52	67.08	62.40	57.72
53	686.40	639.60	592.80	53	68.64	63.96	59.28
54	702.00	663.00	616.20	54	70.20	66.30	61.62
55	725.40	678.60	631.80	55	72.54	67.86	63.18
56	772.20	725.40	670.80	56	77.22	72.54	67.08
57	811.20	764.40	709.80	57	81.12	76.44	70.98
58	865.80	811.20	748.80	58	86.58	81.12	74.88
59	912.60	850.20	787.80	59	91.26	85.02	78.78
60	967.20	904.80	834.60	60	96.72	90.48	83.46
61	1,029.60	959.40	889.20	61	102.96	95.94	88.92
62	1,099.80	1,021.80	943.80	62	109.98	102.18	94.38
63	1,177.80	1,092.00	1,006.20	63	117.78	109.20	100.62
64	1,255.80	1,162.20	1,068.60	64	125.58	116.22	106.86
65	1,341.60	1,240.20	1,138.80	65	134.16	124.02	113.88
66	1,450.80	1,341.60	1,232.40	66	145.08	134.16	123.24
67	1,567.80	1,458.60	1,341.60	67	156.78	145.86	134.16
68	1,700.40	1,583.40	1,458.60	68	170.04	158.34	145.86
69	1,840.80	1,716.00	1,583.40	69	184.08	171.60	158.34

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,989.00	1,856.40	1,716.00	70	198.90	185.64	171.60
71	2,176.20	2,028.00	1,872.00	71	217.62	202.80	187.20
72	2,386.80	2,215.20	2,043.60	72	238.68	221.52	204.36
73	2,613.00	2,425.80	2,230.80	73	261.30	242.58	223.08
74	2,854.80	2,644.20	2,433.60	74	285.48	264.42	243.36
75	3,127.80	2,893.80	2,659.80	75	312.78	289.38	265.98
76	3,463.20	3,221.40	2,971.80	76	346.32	322.14	297.18
77	3,829.80	3,572.40	3,315.00	77	382.98	357.24	331.50
78	4,235.40	3,970.20	3,697.20	78	423.54	397.02	369.72
79	4,687.80	4,407.00	4,126.20	79	468.78	440.70	412.62

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	616.20	585.00	546.00	18-39	61.62	58.50	54.60
40	616.20	585.00	546.00	40	61.62	58.50	54.60
41	639.60	608.40	569.40	41	63.96	60.84	56.94
42	663.00	624.00	585.00	42	66.30	62.40	58.50
43	686.40	647.40	608.40	43	68.64	64.74	60.84
44	709.80	670.80	631.80	44	70.98	67.08	63.18
45	733.20	694.20	655.20	45	73.32	69.42	65.52
46	756.60	717.60	678.60	46	75.66	71.76	67.86
47	787.80	748.80	702.00	47	78.78	74.88	70.20
48	811.20	772.20	725.40	48	81.12	77.22	72.54
49	842.40	795.60	748.80	49	84.24	79.56	74.88
50	873.60	826.80	780.00	50	87.36	82.68	78.00
51	897.00	850.20	795.60	51	89.70	85.02	79.56
52	920.40	873.60	819.00	52	92.04	87.36	81.90
53	943.80	897.00	842.40	53	94.38	89.70	84.24
54	975.00	920.40	858.00	54	97.50	92.04	85.80
55	998.40	943.80	881.40	55	99.84	94.38	88.14
56	1,053.00	990.60	928.20	56	105.30	99.06	92.82
57	1,115.40	1,045.20	975.00	57	111.54	104.52	97.50
58	1,177.80	1,099.80	1,021.80	58	117.78	109.98	102.18
59	1,248.00	1,162.20	1,076.40	59	124.80	116.22	107.64
60	1,318.20	1,224.60	1,131.00	60	131.82	122.46	113.10
61	1,404.00	1,302.60	1,201.20	61	140.40	130.26	120.12
62	1,489.80	1,388.40	1,279.20	62	148.98	138.84	127.92
63	1,583.40	1,474.20	1,365.00	63	158.34	147.42	136.50
64	1,684.80	1,567.80	1,450.80	64	168.48	156.78	145.08
65	1,794.00	1,669.20	1,544.40	65	179.40	166.92	154.44
66	1,918.80	1,794.00	1,669.20	66	191.88	179.40	166.92
67	2,051.40	1,934.40	1,809.60	67	205.14	193.44	180.96
68	2,199.60	2,082.60	1,965.60	68	219.96	208.26	196.56
69	2,355.60	2,238.60	2,121.60	69	235.56	223.86	212.16

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,519.40	2,410.20	2,301.00	70	251.94	241.02	230.10
71	2,761.20	2,636.40	2,511.60	71	276.12	263.64	251.16
72	3,018.60	2,878.20	2,737.80	72	301.86	287.82	273.78
73	3,307.20	3,151.20	2,987.40	73	330.72	315.12	298.74
74	3,619.20	3,439.80	3,260.40	74	361.92	343.98	326.04
75	3,962.40	3,759.60	3,556.80	75	396.24	375.96	355.68
76	4,391.40	4,157.40	3,923.40	76	439.14	415.74	392.34
77	4,875.00	4,602.00	4,321.20	77	487.50	460.20	432.12
78	5,405.40	5,085.60	4,765.80	78	540.54	508.56	476.58
79	5,998.20	5,631.60	5,257.20	79	599.82	563.16	525.72

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	156.83	148.11	139.40	18-39	15.68	14.81	13.94
40	156.83	148.11	139.40	40	15.68	14.81	13.94
41	165.54	156.83	148.11	41	16.55	15.68	14.81
42	165.54	156.83	148.11	42	16.55	15.68	14.81
43	174.25	165.54	156.83	43	17.43	16.55	15.68
44	182.96	174.25	156.83	44	18.30	17.43	15.68
45	182.96	174.25	165.54	45	18.30	17.43	16.55
46	191.68	182.96	165.54	46	19.17	18.30	16.55
47	200.39	191.68	174.25	47	20.04	19.17	17.43
48	200.39	191.68	182.96	48	20.04	19.17	18.30
49	209.10	200.39	182.96	49	20.91	20.04	18.30
50	217.82	209.10	191.68	50	21.78	20.91	19.17
51	226.53	217.82	200.39	51	22.65	21.78	20.04
52	243.95	235.24	217.82	52	24.40	23.52	21.78
53	261.38	243.95	226.53	53	26.14	24.40	22.65
54	270.09	252.67	235.24	54	27.01	25.27	23.52
55	287.52	270.09	252.67	55	28.75	27.01	25.27
56	304.94	287.52	261.38	56	30.49	28.75	26.14
57	322.37	304.94	278.80	57	32.24	30.49	27.88
58	348.50	322.37	296.23	58	34.85	32.24	29.62
59	365.93	339.79	304.94	59	36.59	33.98	30.49
60	392.07	357.22	322.37	60	39.21	35.72	32.24
61	426.92	392.07	348.50	61	42.69	39.21	34.85
62	453.06	418.20	374.64	62	45.31	41.82	37.46
63	496.62	453.06	409.49	63	49.66	45.31	40.95
64	531.47	487.91	444.34	64	53.15	48.79	44.43
65	575.03	531.47	479.19	65	57.50	53.15	47.92
66	627.31	575.03	522.76	66	62.73	57.50	52.28
67	688.30	627.31	566.32	67	68.83	62.73	56.63
68	749.28	679.58	609.88	68	74.93	67.96	60.99
69	818.98	740.57	662.16	69	81.90	74.06	66.22

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	897.40	810.27	723.15	70	89.74	81.03	72.31
71	993.24	897.40	792.85	71	99.32	89.74	79.28
72	1,106.50	993.24	871.26	72	110.65	99.32	87.13
73	1,228.48	1,097.79	958.39	73	122.85	109.78	95.84
74	1,367.88	1,211.05	1,054.22	74	136.79	121.11	105.42
75	1,515.99	1,341.74	1,158.78	75	151.60	134.17	115.88
76	1,690.24	1,489.85	1,289.46	76	169.02	148.99	128.95
77	1,890.63	1,672.82	1,446.29	77	189.06	167.28	144.63
78	2,117.16	1,864.50	1,611.83	78	211.72	186.45	161.18
79	2,361.11	2,082.31	1,794.80	79	236.11	208.23	179.48
80		2,326.26	2,003.90	80	263.99	232.63	200.39
81		2,570.22	2,213.00	81	291.87	257.02	221.30
82		2,840.31	2,448.24	82	323.24	284.03	244.82
83		3,145.25	2,709.62	83	357.22	314.52	270.96
84		3,476.33	2,997.13	84	394.68	347.63	299.71
				85	436.50	384.23	331.95
				86	491.39	433.02	373.77
				87	553.25	487.03	420.82
				88	622.08	547.15	473.09
				89	699.62	615.98	532.34
				90	791.98	692.65	598.56
				91	885.20	779.78	673.48
				92	995.85	876.49	757.12
				93	1,120.44	986.27	852.09
				94	1,260.71	1,109.11	958.39
				95	1,417.54	1,248.52	1,078.62
				96	1,595.28	1,404.47	1,212.79
				97	1,794.80	1,579.59	1,364.39
				98	2,018.71	1,777.37	1,535.16
				99	2,270.50	1,998.67	1,726.84

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	200.39	191.68	174.25	18-39	20.04	19.17	17.43
40	200.39	191.68	174.25	40	20.04	19.17	17.43
41	209.10	200.39	182.96	41	20.91	20.04	18.30
42	209.10	200.39	182.96	42	20.91	20.04	18.30
43	217.82	209.10	191.68	43	21.78	20.91	19.17
44	226.53	217.82	200.39	44	22.65	21.78	20.04
45	235.24	217.82	200.39	45	23.52	21.78	20.04
46	243.95	226.53	209.10	46	24.40	22.65	20.91
47	243.95	235.24	217.82	47	24.40	23.52	21.78
48	252.67	235.24	217.82	48	25.27	23.52	21.78
49	261.38	243.95	226.53	49	26.14	24.40	22.65
50	270.09	252.67	235.24	50	27.01	25.27	23.52
51	278.80	261.38	243.95	51	27.88	26.14	24.40
52	296.23	278.80	252.67	52	29.62	27.88	25.27
53	313.65	287.52	261.38	53	31.37	28.75	26.14
54	322.37	304.94	278.80	54	32.24	30.49	27.88
55	339.79	313.65	287.52	55	33.98	31.37	28.75
56	365.93	339.79	304.94	56	36.59	33.98	30.49
57	383.35	357.22	331.08	57	38.34	35.72	33.11
58	409.49	383.35	348.50	58	40.95	38.34	34.85
59	444.34	409.49	374.64	59	44.43	40.95	37.46
60	470.48	435.63	400.78	60	47.05	43.56	40.08
61	505.33	470.48	435.63	61	50.53	47.05	43.56
62	548.89	514.04	470.48	62	54.89	51.40	47.05
63	592.46	557.61	514.04	63	59.25	55.76	51.40
64	644.73	601.17	557.61	64	64.47	60.12	55.76
65	697.01	653.45	609.88	65	69.70	65.34	60.99
66	758.00	714.43	662.16	66	75.80	71.44	66.22
67	818.98	775.42	723.15	67	81.90	77.54	72.31
68	888.69	836.41	784.13	68	88.87	83.64	78.41
69	958.39	906.11	853.83	69	95.84	90.61	85.38

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,036.80	984.52	923.54	70	103.68	98.45	92.35
71	1,158.78	1,097.79	1,036.80	71	115.88	109.78	103.68
72	1,289.46	1,228.48	1,158.78	72	128.95	122.85	115.88
73	1,428.87	1,367.88	1,298.18	73	142.89	136.79	129.82
74	1,594.41	1,524.71	1,446.29	74	159.44	152.47	144.63
75	1,777.37	1,698.96	1,620.54	75	177.74	169.90	162.05
76	1,977.76	1,890.63	1,803.51	76	197.78	189.06	180.35
77	2,204.29	2,108.45	2,012.61	77	220.43	210.84	201.26
78	2,465.67	2,361.11	2,247.85	78	246.57	236.11	224.79
79	2,744.47	2,622.49	2,500.52	79	274.45	262.25	250.05
				80	305.81	292.74	278.80
				81	338.05	323.24	308.43
				82	373.77	357.22	340.66
				83	417.33	395.55	377.26
				84	456.54	444.34	416.46
				85	504.46	482.68	460.90
				86	568.06	543.67	519.27
				87	638.63	611.62	583.74
				88	718.79	687.42	656.93
				89	808.53	773.68	738.83
				90	909.60	870.39	831.18
				91	1,022.86	979.30	937.48
				92	1,150.93	1,101.27	1,051.61
				93	1,294.69	1,238.93	1,183.17
				94	1,456.75	1,394.02	1,330.41
				95	1,638.84	1,568.27	1,496.82
				96	1,843.59	1,763.43	1,684.15
				97	2,073.60	1,983.86	1,894.99
				98	2,333.23	2,232.17	2,131.10
				99	2,624.24	2,510.97	2,397.71

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	226.53	217.82	200.39	18-39	22.65	21.78	20.04
40	226.53	217.82	200.39	40	22.65	21.78	20.04
41	235.24	226.53	209.10	41	23.52	22.65	20.91
42	243.95	235.24	217.82	42	24.40	23.52	21.78
43	252.67	243.95	226.53	43	25.27	24.40	22.65
44	261.38	252.67	235.24	44	26.14	25.27	23.52
45	270.09	261.38	243.95	45	27.01	26.14	24.40
46	287.52	270.09	252.67	46	28.75	27.01	25.27
47	296.23	278.80	261.38	47	29.62	27.88	26.14
48	304.94	287.52	270.09	48	30.49	28.75	27.01
49	322.37	304.94	278.80	49	32.24	30.49	27.88
50	331.08	313.65	287.52	50	33.11	31.37	28.75
51	339.79	322.37	296.23	51	33.98	32.24	29.62
52	357.22	331.08	304.94	52	35.72	33.11	30.49
53	365.93	339.79	313.65	53	36.59	33.98	31.37
54	383.35	357.22	322.37	54	38.34	35.72	32.24
55	392.07	365.93	331.08	55	39.21	36.59	33.11
56	418.20	392.07	357.22	56	41.82	39.21	35.72
57	453.06	418.20	374.64	57	45.31	41.82	37.46
58	487.91	444.34	400.78	58	48.79	44.43	40.08
59	522.76	479.19	435.63	59	52.28	47.92	43.56
60	557.61	514.04	461.77	60	55.76	51.40	46.18
61	609.88	557.61	505.33	61	60.99	55.76	50.53
62	670.87	609.88	548.89	62	67.09	60.99	54.89
63	731.86	662.16	592.46	63	73.19	66.22	59.25
64	792.85	723.15	644.73	64	79.28	72.31	64.47
65	871.26	792.85	705.72	65	87.13	79.28	70.57
66	940.96	853.83	758.00	66	94.10	85.38	75.80
67	1,019.37	923.54	818.98	67	101.94	92.35	81.90
68	1,106.50	993.24	879.97	68	110.65	99.32	88.00
69	1,193.63	1,071.65	949.67	69	119.36	107.16	94.97

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,289.46	1,158.78	1,019.37	70	128.95	115.88	101.94
71	1,428.87	1,289.46	1,141.35	71	142.89	128.95	114.14
72	1,585.69	1,428.87	1,272.04	72	158.57	142.89	127.20
73	1,759.95	1,585.69	1,411.44	73	175.99	158.57	141.14
74	1,951.62	1,768.66	1,576.98	74	195.16	176.87	157.70
75	2,160.72	1,960.34	1,759.95	75	216.07	196.03	175.99
76	2,404.68	2,186.86	1,960.34	76	240.47	218.69	196.03
77	2,683.48	2,439.53	2,186.86	77	268.35	243.95	218.69
78	2,988.42	2,718.33	2,439.53	78	298.84	271.83	243.95
79	3,328.21	3,023.27	2,718.33	79	332.82	302.33	271.83
				80	371.16	337.18	303.20
				81	409.49	372.03	334.56
				82	453.06	412.11	370.29
				83	500.10	454.80	408.62
				84	552.38	501.85	452.18
				85	609.88	554.12	498.36
				86	686.55	623.82	561.09
				87	771.94	701.36	646.47
				88	868.65	789.36	710.08
				89	977.55	887.81	798.95
				90	1,099.53	999.34	898.27
				91	1,237.19	1,123.93	1,010.66
				92	1,391.40	1,264.20	1,136.99
				93	1,565.65	1,421.90	1,279.01
				94	1,760.82	1,599.63	1,439.32
				95	1,981.25	1,800.02	1,618.80
				96	2,228.68	2,024.81	1,820.93
				97	2,506.62	2,277.47	2,048.33
				98	2,820.27	2,562.38	2,304.48
				99	3,173.13	2,883.00	2,592.87

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	270.09	261.38	243.95	18-39	27.01	26.14	24.40
40	270.09	261.38	243.95	40	27.01	26.14	24.40
41	278.80	270.09	252.67	41	27.88	27.01	25.27
42	296.23	278.80	261.38	42	29.62	27.88	26.14
43	304.94	287.52	270.09	43	30.49	28.75	27.01
44	313.65	296.23	278.80	44	31.37	29.62	27.88
45	331.08	313.65	287.52	45	33.11	31.37	28.75
46	339.79	322.37	296.23	46	33.98	32.24	29.62
47	357.22	331.08	304.94	47	35.72	33.11	30.49
48	374.64	348.50	313.65	48	37.46	34.85	31.37
49	383.35	357.22	331.08	49	38.34	35.72	33.11
50	400.78	374.64	339.79	50	40.08	37.46	33.98
51	418.20	383.35	348.50	51	41.82	38.34	34.85
52	435.63	400.78	365.93	52	43.56	40.08	36.59
53	453.06	418.20	383.35	53	45.31	41.82	38.34
54	470.48	435.63	392.07	54	47.05	43.56	39.21
55	487.91	453.06	409.49	55	48.79	45.31	40.95
56	522.76	487.91	444.34	56	52.28	48.79	44.43
57	566.32	522.76	479.19	57	56.63	52.28	47.92
58	609.88	566.32	514.04	58	60.99	56.63	51.40
59	662.16	609.88	557.61	59	66.22	60.99	55.76
60	714.43	662.16	601.17	60	71.44	66.22	60.12
61	775.42	714.43	653.45	61	77.54	71.44	65.34
62	853.83	784.13	705.72	62	85.38	78.41	70.57
63	932.25	853.83	766.71	63	93.22	85.38	76.67
64	1,010.66	923.54	827.70	64	101.07	92.35	82.77
65	1,106.50	1,001.95	897.40	65	110.65	100.19	89.74
66	1,184.91	1,080.36	975.81	66	118.49	108.04	97.58
67	1,272.04	1,167.49	1,054.22	67	127.20	116.75	105.42
68	1,359.17	1,254.61	1,141.35	68	135.92	125.46	114.14
69	1,455.00	1,350.45	1,237.19	69	145.50	135.05	123.72

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,559.56	1,455.00	1,341.74	70	155.96	145.50	134.17
71	1,742.52	1,620.54	1,489.85	71	174.25	162.05	148.99
72	1,942.91	1,803.51	1,655.39	72	194.29	180.35	165.54
73	2,160.72	2,003.90	1,838.36	73	216.07	200.39	183.84
74	2,413.39	2,230.43	2,038.75	74	241.34	223.04	203.87
75	2,692.19	2,483.09	2,265.28	75	269.22	248.31	226.53
76	2,997.13	2,761.89	2,526.65	76	299.71	276.19	252.67
77	3,336.93	3,075.55	2,814.17	77	333.69	307.55	281.42
78	3,720.28	3,432.76	3,136.54	78	372.03	343.28	313.65
79	4,147.20	3,824.83	3,493.75	79	414.72	382.48	349.38
				80	461.77	426.05	389.45
				81	509.69	469.61	429.53
				82	562.83	518.40	473.97
				83	622.08	573.29	523.63
				84	686.55	632.53	577.65
				85	758.00	697.88	637.76
				86	852.96	785.88	717.92
				87	960.13	883.46	807.66
				88	1,079.49	994.11	908.72
				89	1,214.54	1,127.41	1,021.99
				90	1,366.14	1,258.10	1,150.06
				91	1,536.90	1,414.93	1,292.95
				92	1,729.45	1,591.79	1,455.00
				93	1,945.52	1,791.31	1,637.10
				94	2,188.61	2,015.22	1,840.97
				95	2,462.18	2,267.02	2,071.86
				96	2,769.74	2,550.18	2,330.62
				97	3,115.63	2,869.06	2,621.62
				98	3,505.08	3,227.15	2,949.22
				99	3,943.32	3,630.54	3,317.76

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	235.24	226.53	209.10	18-39	23.52	22.65	20.91
40	235.24	226.53	209.10	40	23.52	22.65	20.91
41	243.95	235.24	217.82	41	24.40	23.52	21.78
42	252.67	243.95	226.53	42	25.27	24.40	22.65
43	261.38	252.67	235.24	43	26.14	25.27	23.52
44	270.09	261.38	243.95	44	27.01	26.14	24.40
45	278.80	270.09	252.67	45	27.88	27.01	25.27
46	296.23	278.80	261.38	46	29.62	27.88	26.14
47	304.94	287.52	270.09	47	30.49	28.75	27.01
48	313.65	296.23	278.80	48	31.37	29.62	27.88
49	331.08	313.65	287.52	49	33.11	31.37	28.75
50	339.79	322.37	296.23	50	33.98	32.24	29.62
51	348.50	331.08	304.94	51	34.85	33.11	30.49
52	365.93	348.50	322.37	52	36.59	34.85	32.24
53	383.35	357.22	331.08	53	38.34	35.72	33.11
54	392.07	365.93	339.79	54	39.21	36.59	33.98
55	409.49	383.35	357.22	55	40.95	38.34	35.72
56	435.63	409.49	374.64	56	43.56	40.95	37.46
57	470.48	435.63	400.78	57	47.05	43.56	40.08
58	496.62	461.77	426.92	58	49.66	46.18	42.69
59	531.47	496.62	453.06	59	53.15	49.66	45.31
60	566.32	522.76	479.19	60	56.63	52.28	47.92
61	609.88	566.32	514.04	61	60.99	56.63	51.40
62	653.45	609.88	557.61	62	65.34	60.99	55.76
63	697.01	653.45	601.17	63	69.70	65.34	60.12
64	749.28	697.01	644.73	64	74.93	69.70	64.47
65	801.56	749.28	697.01	65	80.16	74.93	69.70
66	871.26	818.98	758.00	66	87.13	81.90	75.80
67	949.67	888.69	818.98	67	94.97	88.87	81.90
68	1,036.80	967.10	888.69	68	103.68	96.71	88.87
69	1,123.93	1,045.51	967.10	69	112.39	104.55	96.71

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,228.48	1,141.35	1,045.51	70	122.85	114.14	104.55
71	1,350.45	1,254.61	1,150.06	71	135.05	125.46	115.01
72	1,489.85	1,385.30	1,272.04	72	148.99	138.53	127.20
73	1,646.68	1,524.71	1,402.73	73	164.67	152.47	140.27
74	1,812.22	1,681.53	1,550.84	74	181.22	168.15	155.08
75	1,995.19	1,855.78	1,707.67	75	199.52	185.58	170.77
76	2,247.85	2,091.02	1,925.48	76	224.79	209.10	192.55
77	2,526.65	2,352.40	2,169.44	77	252.67	235.24	216.94
78	2,840.31	2,648.63	2,448.24	78	284.03	264.86	244.82
79	3,188.81	2,979.71	2,761.89	79	318.88	297.97	276.19
80		3,354.35	3,110.40	80		335.44	311.04
81		3,755.13	3,485.04	81		375.51	348.50
82		4,199.47	3,903.24	82		419.95	390.32
83		4,704.80	4,373.73	83		470.48	437.37
84		5,262.41	4,896.48	84		526.24	489.65

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	287.52	270.09	252.67	18-39	28.75	27.01	25.27
40	287.52	270.09	252.67	40	28.75	27.01	25.27
41	296.23	278.80	261.38	41	29.62	27.88	26.14
42	304.94	287.52	270.09	42	30.49	28.75	27.01
43	322.37	304.94	278.80	43	32.24	30.49	27.88
44	331.08	313.65	287.52	44	33.11	31.37	28.75
45	339.79	322.37	296.23	45	33.98	32.24	29.62
46	357.22	339.79	313.65	46	35.72	33.98	31.37
47	365.93	348.50	322.37	47	36.59	34.85	32.24
48	383.35	357.22	331.08	48	38.34	35.72	33.11
49	392.07	374.64	348.50	49	39.21	37.46	34.85
50	409.49	383.35	357.22	50	40.95	38.34	35.72
51	426.92	400.78	374.64	51	42.69	40.08	37.46
52	444.34	418.20	383.35	52	44.43	41.82	38.34
53	461.77	435.63	400.78	53	46.18	43.56	40.08
54	487.91	453.06	418.20	54	48.79	45.31	41.82
55	505.33	470.48	435.63	55	50.53	47.05	43.56
56	540.18	505.33	461.77	56	54.02	50.53	46.18
57	575.03	540.18	496.62	57	57.50	54.02	49.66
58	609.88	575.03	531.47	58	60.99	57.50	53.15
59	653.45	609.88	566.32	59	65.34	60.99	56.63
60	697.01	653.45	609.88	60	69.70	65.34	60.99
61	749.28	705.72	653.45	61	74.93	70.57	65.34
62	801.56	749.28	697.01	62	80.16	74.93	69.70
63	862.55	810.27	749.28	63	86.25	81.03	74.93
64	932.25	871.26	801.56	64	93.22	87.13	80.16
65	1,001.95	932.25	862.55	65	100.19	93.22	86.25
66	1,089.08	1,019.37	940.96	66	108.91	101.94	94.10
67	1,184.91	1,106.50	1,028.09	67	118.49	110.65	102.81
68	1,280.75	1,202.34	1,123.93	68	128.08	120.23	112.39
69	1,394.02	1,306.89	1,219.76	69	139.40	130.69	121.98

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,515.99	1,428.87	1,333.03	70	151.60	142.89	133.30
71	1,672.82	1,576.98	1,472.43	71	167.28	157.70	147.24
72	1,847.07	1,742.52	1,629.26	72	184.71	174.25	162.93
73	2,030.04	1,916.77	1,794.80	73	203.00	191.68	179.48
74	2,239.14	2,108.45	1,977.76	74	223.91	210.84	197.78
75	2,474.38	2,334.98	2,186.86	75	247.44	233.50	218.69
76	2,770.61	2,613.78	2,448.24	76	277.06	261.38	244.82
77	3,092.97	2,918.72	2,735.76	77	309.30	291.87	273.58
78	3,458.90	3,258.51	3,058.12	78	345.89	325.85	305.81
79	3,868.39	3,650.58	3,424.05	79	386.84	365.06	342.41

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	348.50	331.08	304.94	18-39	34.85	33.11	30.49
40	348.50	331.08	304.94	40	34.85	33.11	30.49
41	365.93	339.79	313.65	41	36.59	33.98	31.37
42	374.64	357.22	331.08	42	37.46	35.72	33.11
43	392.07	365.93	339.79	43	39.21	36.59	33.98
44	409.49	383.35	357.22	44	40.95	38.34	35.72
45	426.92	400.78	365.93	45	42.69	40.08	36.59
46	444.34	418.20	383.35	46	44.43	41.82	38.34
47	461.77	435.63	400.78	47	46.18	43.56	40.08
48	479.19	444.34	409.49	48	47.92	44.43	40.95
49	496.62	461.77	426.92	49	49.66	46.18	42.69
50	514.04	479.19	444.34	50	51.40	47.92	44.43
51	531.47	496.62	461.77	51	53.15	49.66	46.18
52	557.61	522.76	479.19	52	55.76	52.28	47.92
53	575.03	540.18	496.62	53	57.50	54.02	49.66
54	592.46	557.61	514.04	54	59.25	55.76	51.40
55	618.59	575.03	531.47	55	61.86	57.50	53.15
56	662.16	618.59	566.32	56	66.22	61.86	56.63
57	705.72	662.16	609.88	57	70.57	66.22	60.99
58	758.00	705.72	653.45	58	75.80	70.57	65.34
59	810.27	758.00	697.01	59	81.03	75.80	69.70
60	871.26	810.27	749.28	60	87.13	81.03	74.93
61	940.96	871.26	801.56	61	94.10	87.13	80.16
62	1,010.66	940.96	862.55	62	101.07	94.10	86.25
63	1,089.08	1,010.66	923.54	63	108.91	101.07	92.35
64	1,176.20	1,089.08	993.24	64	117.62	108.91	99.32
65	1,263.33	1,167.49	1,062.94	65	126.33	116.75	106.29
66	1,376.59	1,272.04	1,158.78	66	137.66	127.20	115.88
67	1,498.57	1,385.30	1,263.33	67	149.86	138.53	126.33
68	1,629.26	1,507.28	1,385.30	68	162.93	150.73	138.53
69	1,777.37	1,646.68	1,507.28	69	177.74	164.67	150.73

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,934.20	1,794.80	1,646.68	70	193.42	179.48	164.67
71	2,134.59	1,977.76	1,812.22	71	213.46	197.78	181.22
72	2,343.69	2,169.44	1,995.19	72	234.37	216.94	199.52
73	2,587.64	2,395.97	2,195.58	73	258.76	239.60	219.56
74	2,849.02	2,639.92	2,422.10	74	284.90	263.99	242.21
75	3,136.54	2,901.30	2,666.06	75	313.65	290.13	266.61
76	3,485.04	3,241.09	2,988.42	76	348.50	324.11	298.84
77	3,868.39	3,615.73	3,354.35	77	386.84	361.57	335.44
78	4,304.02	4,033.93	3,763.84	78	430.40	403.39	376.38
79	4,774.50	4,495.70	4,216.90	79	477.45	449.57	421.69

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	444.34	426.92	400.78	18-39	44.43	42.69	40.08
40	444.34	426.92	400.78	40	44.43	42.69	40.08
41	461.77	444.34	418.20	41	46.18	44.43	41.82
42	487.91	461.77	435.63	42	48.79	46.18	43.56
43	505.33	479.19	453.06	43	50.53	47.92	45.31
44	522.76	496.62	470.48	44	52.28	49.66	47.05
45	548.89	522.76	487.91	45	54.89	52.28	48.79
46	575.03	548.89	514.04	46	57.50	54.89	51.40
47	601.17	566.32	531.47	47	60.12	56.63	53.15
48	627.31	592.46	557.61	48	62.73	59.25	55.76
49	653.45	618.59	575.03	49	65.34	61.86	57.50
50	679.58	644.73	601.17	50	67.96	64.47	60.12
51	705.72	670.87	627.31	51	70.57	67.09	62.73
52	740.57	697.01	644.73	52	74.06	69.70	64.47
53	766.71	723.15	670.87	53	76.67	72.31	67.09
54	801.56	749.28	697.01	54	80.16	74.93	69.70
55	836.41	784.13	723.15	55	83.64	78.41	72.31
56	897.40	836.41	775.42	56	89.74	83.64	77.54
57	958.39	897.40	827.70	57	95.84	89.74	82.77
58	1,028.09	958.39	879.97	58	102.81	95.84	88.00
59	1,097.79	1,019.37	940.96	59	109.78	101.94	94.10
60	1,176.20	1,089.08	1,001.95	60	117.62	108.91	100.19
61	1,263.33	1,167.49	1,071.65	61	126.33	116.75	107.16
62	1,350.45	1,254.61	1,158.78	62	135.05	125.46	115.88
63	1,455.00	1,350.45	1,237.19	63	145.50	135.05	123.72
64	1,559.56	1,446.29	1,333.03	64	155.96	144.63	133.30
65	1,672.82	1,550.84	1,428.87	65	167.28	155.08	142.89
66	1,803.51	1,681.53	1,559.56	66	180.35	168.15	155.96
67	1,942.91	1,820.93	1,698.96	67	194.29	182.09	169.90
68	2,091.02	1,977.76	1,855.78	68	209.10	197.78	185.58
69	2,256.56	2,143.30	2,030.04	69	225.66	214.33	203.00

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,430.82	2,326.26	2,213.00	70	243.08	232.63	221.30
71	2,683.48	2,561.50	2,430.82	71	268.35	256.15	243.08
72	2,953.57	2,814.17	2,674.77	72	295.36	281.42	267.48
73	3,258.51	3,101.69	2,944.86	73	325.85	310.17	294.49
74	3,598.30	3,424.05	3,241.09	74	359.83	342.41	324.11
75	3,964.23	3,763.84	3,563.45	75	396.42	376.38	356.35
76	4,417.29	4,182.05	3,946.81	76	441.73	418.20	394.68
77	4,913.91	4,643.82	4,373.73	77	491.39	464.38	437.37
78	5,471.51	5,166.57	4,852.92	78	547.15	516.66	485.29
79	6,090.11	5,732.89	5,375.67	79	609.01	573.29	537.57

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	339.79	322.37	304.94	18-39	33.98	32.24	30.49
40	339.79	322.37	304.94	40	33.98	32.24	30.49
41	348.50	331.08	313.65	41	34.85	33.11	31.37
42	357.22	339.79	322.37	42	35.72	33.98	32.24
43	374.64	357.22	331.08	43	37.46	35.72	33.11
44	383.35	365.93	339.79	44	38.34	36.59	33.98
45	392.07	374.64	348.50	45	39.21	37.46	34.85
46	400.78	383.35	357.22	46	40.08	38.34	35.72
47	418.20	392.07	365.93	47	41.82	39.21	36.59
48	426.92	409.49	383.35	48	42.69	40.95	38.34
49	444.34	418.20	392.07	49	44.43	41.82	39.21
50	453.06	426.92	400.78	50	45.31	42.69	40.08
51	470.48	444.34	409.49	51	47.05	44.43	40.95
52	479.19	453.06	426.92	52	47.92	45.31	42.69
53	496.62	470.48	435.63	53	49.66	47.05	43.56
54	505.33	479.19	453.06	54	50.53	47.92	45.31
55	522.76	496.62	461.77	55	52.28	49.66	46.18
56	548.89	522.76	487.91	56	54.89	52.28	48.79
57	583.74	548.89	514.04	57	58.37	54.89	51.40
58	618.59	583.74	540.18	58	61.86	58.37	54.02
59	653.45	609.88	566.32	59	65.34	60.99	56.63
60	688.30	644.73	592.46	60	68.83	64.47	59.25
61	731.86	688.30	636.02	61	73.19	68.83	63.60
62	784.13	731.86	670.87	62	78.41	73.19	67.09
63	836.41	784.13	723.15	63	83.64	78.41	72.31
64	888.69	827.70	766.71	64	88.87	82.77	76.67
65	949.67	888.69	818.98	65	94.97	88.87	81.90
66	1,019.37	949.67	879.97	66	101.94	94.97	88.00
67	1,097.79	1,028.09	949.67	67	109.78	102.81	94.97
68	1,184.91	1,106.50	1,028.09	68	118.49	110.65	102.81
69	1,280.75	1,193.63	1,106.50	69	128.08	119.36	110.65

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,376.59	1,289.46	1,193.63	70	137.66	128.95	119.36
71	1,507.28	1,411.44	1,306.89	71	150.73	141.14	130.69
72	1,655.39	1,550.84	1,437.58	72	165.54	155.08	143.76
73	1,820.93	1,698.96	1,576.98	73	182.09	169.90	157.70
74	1,995.19	1,864.50	1,733.81	74	199.52	186.45	173.38
75	2,186.86	2,047.46	1,899.35	75	218.69	204.75	189.93
76	2,456.95	2,300.13	2,134.59	76	245.70	230.01	213.46
77	2,761.89	2,578.93	2,395.97	77	276.19	257.89	239.60
78	3,101.69	2,901.30	2,700.91	78	310.17	290.13	270.09
79	3,485.04	3,258.51	3,031.98	79	348.50	325.85	303.20
80		3,668.00	3,406.63	80		366.80	340.66
81		4,077.50	3,789.98	81		407.75	379.00
82		4,547.98	4,225.61	82		454.80	422.56
83		5,062.02	4,704.80	83		506.20	470.48
84		5,637.05	5,236.27	84		563.71	523.63

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	426.92	400.78	365.93	18-39	42.69	40.08	36.59
40	426.92	400.78	365.93	40	42.69	40.08	36.59
41	435.63	409.49	374.64	41	43.56	40.95	37.46
42	453.06	418.20	383.35	42	45.31	41.82	38.34
43	461.77	435.63	400.78	43	46.18	43.56	40.08
44	479.19	444.34	409.49	44	47.92	44.43	40.95
45	487.91	453.06	418.20	45	48.79	45.31	41.82
46	505.33	470.48	435.63	46	50.53	47.05	43.56
47	514.04	479.19	444.34	47	51.40	47.92	44.43
48	531.47	496.62	461.77	48	53.15	49.66	46.18
49	540.18	505.33	470.48	49	54.02	50.53	47.05
50	557.61	522.76	487.91	50	55.76	52.28	48.79
51	575.03	540.18	505.33	51	57.50	54.02	50.53
52	592.46	557.61	514.04	52	59.25	55.76	51.40
53	609.88	575.03	531.47	53	60.99	57.50	53.15
54	627.31	592.46	548.89	54	62.73	59.25	54.89
55	644.73	609.88	566.32	55	64.47	60.99	56.63
56	679.58	644.73	601.17	56	67.96	64.47	60.12
57	723.15	679.58	627.31	57	72.31	67.96	62.73
58	766.71	714.43	662.16	58	76.67	71.44	66.22
59	810.27	758.00	705.72	59	81.03	75.80	70.57
60	862.55	801.56	740.57	60	86.25	80.16	74.06
61	914.82	853.83	792.85	61	91.48	85.38	79.28
62	975.81	914.82	845.12	62	97.58	91.48	84.51
63	1,045.51	975.81	897.40	63	104.55	97.58	89.74
64	1,115.21	1,036.80	958.39	64	111.52	103.68	95.84
65	1,184.91	1,106.50	1,019.37	65	118.49	110.65	101.94
66	1,280.75	1,193.63	1,106.50	66	128.08	119.36	110.65
67	1,385.30	1,289.46	1,193.63	67	138.53	128.95	119.36
68	1,498.57	1,394.02	1,289.46	68	149.86	139.40	128.95
69	1,620.54	1,515.99	1,402.73	69	162.05	151.60	140.27

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,751.23	1,637.97	1,515.99	70	175.12	163.80	151.60
71	1,916.77	1,794.80	1,664.11	71	191.68	179.48	166.41
72	2,108.45	1,969.05	1,829.65	72	210.84	196.90	182.96
73	2,308.84	2,160.72	2,003.90	73	230.88	216.07	200.39
74	2,535.37	2,369.83	2,204.29	74	253.54	236.98	220.43
75	2,779.32	2,605.07	2,422.10	75	277.93	260.51	242.21
76	3,092.97	2,892.58	2,692.19	76	309.30	289.26	269.22
77	3,441.48	3,223.66	2,997.13	77	344.15	322.37	299.71
78	3,833.54	3,580.88	3,328.21	78	383.35	358.09	332.82
79	4,269.17	3,990.37	3,702.86	79	426.92	399.04	370.29

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	531.47	496.62	453.06	18-39	53.15	49.66	45.31
40	531.47	496.62	453.06	40	53.15	49.66	45.31
41	548.89	514.04	470.48	41	54.89	51.40	47.05
42	566.32	522.76	479.19	42	56.63	52.28	47.92
43	575.03	540.18	496.62	43	57.50	54.02	49.66
44	592.46	557.61	514.04	44	59.25	55.76	51.40
45	609.88	566.32	522.76	45	60.99	56.63	52.28
46	627.31	583.74	540.18	46	62.73	58.37	54.02
47	644.73	601.17	557.61	47	64.47	60.12	55.76
48	670.87	627.31	575.03	48	67.09	62.73	57.50
49	688.30	644.73	592.46	49	68.83	64.47	59.25
50	705.72	662.16	609.88	50	70.57	66.22	60.99
51	723.15	679.58	627.31	51	72.31	67.96	62.73
52	749.28	697.01	644.73	52	74.93	69.70	64.47
53	766.71	714.43	662.16	53	76.67	71.44	66.22
54	784.13	740.57	688.30	54	78.41	74.06	68.83
55	810.27	758.00	705.72	55	81.03	75.80	70.57
56	862.55	810.27	749.28	56	86.25	81.03	74.93
57	906.11	853.83	792.85	57	90.61	85.38	79.28
58	967.10	906.11	836.41	58	96.71	90.61	83.64
59	1,019.37	949.67	879.97	59	101.94	94.97	88.00
60	1,080.36	1,010.66	932.25	60	108.04	101.07	93.22
61	1,150.06	1,071.65	993.24	61	115.01	107.16	99.32
62	1,228.48	1,141.35	1,054.22	62	122.85	114.14	105.42
63	1,315.60	1,219.76	1,123.93	63	131.56	121.98	112.39
64	1,402.73	1,298.18	1,193.63	64	140.27	129.82	119.36
65	1,498.57	1,385.30	1,272.04	65	149.86	138.53	127.20
66	1,620.54	1,498.57	1,376.59	66	162.05	149.86	137.66
67	1,751.23	1,629.26	1,498.57	67	175.12	162.93	149.86
68	1,899.35	1,768.66	1,629.26	68	189.93	176.87	162.93
69	2,056.17	1,916.77	1,768.66	69	205.62	191.68	176.87

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,221.71	2,073.60	1,916.77	70	222.17	207.36	191.68
71	2,430.82	2,265.28	2,091.02	71	243.08	226.53	209.10
72	2,666.06	2,474.38	2,282.70	72	266.61	247.44	228.27
73	2,918.72	2,709.62	2,491.80	73	291.87	270.96	249.18
74	3,188.81	2,953.57	2,718.33	74	318.88	295.36	271.83
75	3,493.75	3,232.37	2,971.00	75	349.38	323.24	297.10
76	3,868.39	3,598.30	3,319.50	76	386.84	359.83	331.95
77	4,277.89	3,990.37	3,702.86	77	427.79	399.04	370.29
78	4,730.94	4,434.71	4,129.77	78	473.09	443.47	412.98
79	5,236.27	4,922.62	4,608.97	79	523.63	492.26	460.90

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	688.30	653.45	609.88	18-39	68.83	65.34	60.99
40	688.30	653.45	609.88	40	68.83	65.34	60.99
41	714.43	679.58	636.02	41	71.44	67.96	63.60
42	740.57	697.01	653.45	42	74.06	69.70	65.34
43	766.71	723.15	679.58	43	76.67	72.31	67.96
44	792.85	749.28	705.72	44	79.28	74.93	70.57
45	818.98	775.42	731.86	45	81.90	77.54	73.19
46	845.12	801.56	758.00	46	84.51	80.16	75.80
47	879.97	836.41	784.13	47	88.00	83.64	78.41
48	906.11	862.55	810.27	48	90.61	86.25	81.03
49	940.96	888.69	836.41	49	94.10	88.87	83.64
50	975.81	923.54	871.26	50	97.58	92.35	87.13
51	1,001.95	949.67	888.69	51	100.19	94.97	88.87
52	1,028.09	975.81	914.82	52	102.81	97.58	91.48
53	1,054.22	1,001.95	940.96	53	105.42	100.19	94.10
54	1,089.08	1,028.09	958.39	54	108.91	102.81	95.84
55	1,115.21	1,054.22	984.52	55	111.52	105.42	98.45
56	1,176.20	1,106.50	1,036.80	56	117.62	110.65	103.68
57	1,245.90	1,167.49	1,089.08	57	124.59	116.75	108.91
58	1,315.60	1,228.48	1,141.35	58	131.56	122.85	114.14
59	1,394.02	1,298.18	1,202.34	59	139.40	129.82	120.23
60	1,472.43	1,367.88	1,263.33	60	147.24	136.79	126.33
61	1,568.27	1,455.00	1,341.74	61	156.83	145.50	134.17
62	1,664.11	1,550.84	1,428.87	62	166.41	155.08	142.89
63	1,768.66	1,646.68	1,524.71	63	176.87	164.67	152.47
64	1,881.92	1,751.23	1,620.54	64	188.19	175.12	162.05
65	2,003.90	1,864.50	1,725.09	65	200.39	186.45	172.51
66	2,143.30	2,003.90	1,864.50	66	214.33	200.39	186.45
67	2,291.41	2,160.72	2,021.32	67	229.14	216.07	202.13
68	2,456.95	2,326.26	2,195.58	68	245.70	232.63	219.56
69	2,631.21	2,500.52	2,369.83	69	263.12	250.05	236.98

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,814.17	2,692.19	2,570.22	70	281.42	269.22	257.02
71	3,084.26	2,944.86	2,805.46	71	308.43	294.49	280.55
72	3,371.78	3,214.95	3,058.12	72	337.18	321.49	305.81
73	3,694.14	3,519.89	3,336.93	73	369.41	351.99	333.69
74	4,042.65	3,842.26	3,641.87	74	404.26	384.23	364.19
75	4,426.00	4,199.47	3,972.95	75	442.60	419.95	397.29
76	4,905.19	4,643.82	4,382.44	76	490.52	464.38	438.24
77	5,445.38	5,140.43	4,826.78	77	544.54	514.04	482.68
78	6,037.83	5,680.62	5,323.40	78	603.78	568.06	532.34
79	6,699.99	6,290.50	5,872.29	79	670.00	629.05	587.23

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	140.40	132.60	124.80	18-39	14.04	13.26	12.48
40	140.40	132.60	124.80	40	14.04	13.26	12.48
41	148.20	140.40	132.60	41	14.82	14.04	13.26
42	148.20	140.40	132.60	42	14.82	14.04	13.26
43	156.00	148.20	140.40	43	15.60	14.82	14.04
44	163.80	156.00	140.40	44	16.38	15.60	14.04
45	163.80	156.00	148.20	45	16.38	15.60	14.82
46	171.60	163.80	148.20	46	17.16	16.38	14.82
47	179.40	171.60	156.00	47	17.94	17.16	15.60
48	179.40	171.60	163.80	48	17.94	17.16	16.38
49	187.20	179.40	163.80	49	18.72	17.94	16.38
50	195.00	187.20	171.60	50	19.50	18.72	17.16
51	202.80	195.00	179.40	51	20.28	19.50	17.94
52	218.40	210.60	195.00	52	21.84	21.06	19.50
53	234.00	218.40	202.80	53	23.40	21.84	20.28
54	241.80	226.20	210.60	54	24.18	22.62	21.06
55	257.40	241.80	226.20	55	25.74	24.18	22.62
56	273.00	257.40	234.00	56	27.30	25.74	23.40
57	288.60	273.00	249.60	57	28.86	27.30	24.96
58	312.00	288.60	265.20	58	31.20	28.86	26.52
59	327.60	304.20	273.00	59	32.76	30.42	27.30
60	351.00	319.80	288.60	60	35.10	31.98	28.86
61	382.20	351.00	312.00	61	38.22	35.10	31.20
62	405.60	374.40	335.40	62	40.56	37.44	33.54
63	444.60	405.60	366.60	63	44.46	40.56	36.66
64	475.80	436.80	397.80	64	47.58	43.68	39.78
65	514.80	475.80	429.00	65	51.48	47.58	42.90
66	561.60	514.80	468.00	66	56.16	51.48	46.80
67	616.20	561.60	507.00	67	61.62	56.16	50.70
68	670.80	608.40	546.00	68	67.08	60.84	54.60
69	733.20	663.00	592.80	69	73.32	66.30	59.28

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	803.40	725.40	647.40	70	80.34	72.54	64.74
71	889.20	803.40	709.80	71	88.92	80.34	70.98
72	990.60	889.20	780.00	72	99.06	88.92	78.00
73	1,099.80	982.80	858.00	73	109.98	98.28	85.80
74	1,224.60	1,084.20	943.80	74	122.46	108.42	94.38
75	1,357.20	1,201.20	1,037.40	75	135.72	120.12	103.74
76	1,513.20	1,333.80	1,154.40	76	151.32	133.38	115.44
77	1,692.60	1,497.60	1,294.80	77	169.26	149.76	129.48
78	1,895.40	1,669.20	1,443.00	78	189.54	166.92	144.30
79	2,113.80	1,864.20	1,606.80	79	211.38	186.42	160.68
80		2,082.60	1,794.00	80	236.34	208.26	179.40
81		2,301.00	1,981.20	81	261.30	230.10	198.12
82		2,542.80	2,191.80	82	289.38	254.28	219.18
83		2,815.80	2,425.80	83	319.80	281.58	242.58
84		3,112.20	2,683.20	84	353.34	311.22	268.32
				85	390.78	343.98	297.18
				86	439.92	387.66	334.62
				87	495.30	436.02	376.74
				88	556.92	489.84	423.54
				89	626.34	551.46	476.58
				90	709.02	620.10	535.86
				91	792.48	698.10	602.94
				92	891.54	784.68	677.82
				93	1,003.08	882.96	762.84
				94	1,128.66	992.94	858.00
				95	1,269.06	1,117.74	965.64
				96	1,428.18	1,257.36	1,085.76
				97	1,606.80	1,414.14	1,221.48
				98	1,807.26	1,591.20	1,374.36
				99	2,032.68	1,789.32	1,545.96

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	179.40	171.60	156.00	18-39	17.94	17.16	15.60
40	179.40	171.60	156.00	40	17.94	17.16	15.60
41	187.20	179.40	163.80	41	18.72	17.94	16.38
42	187.20	179.40	163.80	42	18.72	17.94	16.38
43	195.00	187.20	171.60	43	19.50	18.72	17.16
44	202.80	195.00	179.40	44	20.28	19.50	17.94
45	210.60	195.00	179.40	45	21.06	19.50	17.94
46	218.40	202.80	187.20	46	21.84	20.28	18.72
47	218.40	210.60	195.00	47	21.84	21.06	19.50
48	226.20	210.60	195.00	48	22.62	21.06	19.50
49	234.00	218.40	202.80	49	23.40	21.84	20.28
50	241.80	226.20	210.60	50	24.18	22.62	21.06
51	249.60	234.00	218.40	51	24.96	23.40	21.84
52	265.20	249.60	226.20	52	26.52	24.96	22.62
53	280.80	257.40	234.00	53	28.08	25.74	23.40
54	288.60	273.00	249.60	54	28.86	27.30	24.96
55	304.20	280.80	257.40	55	30.42	28.08	25.74
56	327.60	304.20	273.00	56	32.76	30.42	27.30
57	343.20	319.80	296.40	57	34.32	31.98	29.64
58	366.60	343.20	312.00	58	36.66	34.32	31.20
59	397.80	366.60	335.40	59	39.78	36.66	33.54
60	421.20	390.00	358.80	60	42.12	39.00	35.88
61	452.40	421.20	390.00	61	45.24	42.12	39.00
62	491.40	460.20	421.20	62	49.14	46.02	42.12
63	530.40	499.20	460.20	63	53.04	49.92	46.02
64	577.20	538.20	499.20	64	57.72	53.82	49.92
65	624.00	585.00	546.00	65	62.40	58.50	54.60
66	678.60	639.60	592.80	66	67.86	63.96	59.28
67	733.20	694.20	647.40	67	73.32	69.42	64.74
68	795.60	748.80	702.00	68	79.56	74.88	70.20
69	858.00	811.20	764.40	69	85.80	81.12	76.44

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	928.20	881.40	826.80	70	92.82	88.14	82.68
71	1,037.40	982.80	928.20	71	103.74	98.28	92.82
72	1,154.40	1,099.80	1,037.40	72	115.44	109.98	103.74
73	1,279.20	1,224.60	1,162.20	73	127.92	122.46	116.22
74	1,427.40	1,365.00	1,294.80	74	142.74	136.50	129.48
75	1,591.20	1,521.00	1,450.80	75	159.12	152.10	145.08
76	1,770.60	1,692.60	1,614.60	76	177.06	169.26	161.46
77	1,973.40	1,887.60	1,801.80	77	197.34	188.76	180.18
78	2,207.40	2,113.80	2,012.40	78	220.74	211.38	201.24
79	2,457.00	2,347.80	2,238.60	79	245.70	234.78	223.86
				80	273.78	262.08	249.60
				81	302.64	289.38	276.12
				82	334.62	319.80	304.98
				83	373.62	354.12	337.74
				84	408.72	397.80	372.84
				85	451.62	432.12	412.62
				86	508.56	486.72	464.88
				87	571.74	547.56	522.60
				88	643.50	615.42	588.12
				89	723.84	692.64	661.44
				90	814.32	779.22	744.12
				91	915.72	876.72	839.28
				92	1,030.38	985.92	941.46
				93	1,159.08	1,109.16	1,059.24
				94	1,304.16	1,248.00	1,191.06
				95	1,467.18	1,404.00	1,340.04
				96	1,650.48	1,578.72	1,507.74
				97	1,856.40	1,776.06	1,696.50
				98	2,088.84	1,998.36	1,907.88
				99	2,349.36	2,247.96	2,146.56

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	202.80	195.00	179.40	18-39	20.28	19.50	17.94
40	202.80	195.00	179.40	40	20.28	19.50	17.94
41	210.60	202.80	187.20	41	21.06	20.28	18.72
42	218.40	210.60	195.00	42	21.84	21.06	19.50
43	226.20	218.40	202.80	43	22.62	21.84	20.28
44	234.00	226.20	210.60	44	23.40	22.62	21.06
45	241.80	234.00	218.40	45	24.18	23.40	21.84
46	257.40	241.80	226.20	46	25.74	24.18	22.62
47	265.20	249.60	234.00	47	26.52	24.96	23.40
48	273.00	257.40	241.80	48	27.30	25.74	24.18
49	288.60	273.00	249.60	49	28.86	27.30	24.96
50	296.40	280.80	257.40	50	29.64	28.08	25.74
51	304.20	288.60	265.20	51	30.42	28.86	26.52
52	319.80	296.40	273.00	52	31.98	29.64	27.30
53	327.60	304.20	280.80	53	32.76	30.42	28.08
54	343.20	319.80	288.60	54	34.32	31.98	28.86
55	351.00	327.60	296.40	55	35.10	32.76	29.64
56	374.40	351.00	319.80	56	37.44	35.10	31.98
57	405.60	374.40	335.40	57	40.56	37.44	33.54
58	436.80	397.80	358.80	58	43.68	39.78	35.88
59	468.00	429.00	390.00	59	46.80	42.90	39.00
60	499.20	460.20	413.40	60	49.92	46.02	41.34
61	546.00	499.20	452.40	61	54.60	49.92	45.24
62	600.60	546.00	491.40	62	60.06	54.60	49.14
63	655.20	592.80	530.40	63	65.52	59.28	53.04
64	709.80	647.40	577.20	64	70.98	64.74	57.72
65	780.00	709.80	631.80	65	78.00	70.98	63.18
66	842.40	764.40	678.60	66	84.24	76.44	67.86
67	912.60	826.80	733.20	67	91.26	82.68	73.32
68	990.60	889.20	787.80	68	99.06	88.92	78.78
69	1,068.60	959.40	850.20	69	106.86	95.94	85.02

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,154.40	1,037.40	912.60	70	115.44	103.74	91.26
71	1,279.20	1,154.40	1,021.80	71	127.92	115.44	102.18
72	1,419.60	1,279.20	1,138.80	72	141.96	127.92	113.88
73	1,575.60	1,419.60	1,263.60	73	157.56	141.96	126.36
74	1,747.20	1,583.40	1,411.80	74	174.72	158.34	141.18
75	1,934.40	1,755.00	1,575.60	75	193.44	175.50	157.56
76	2,152.80	1,957.80	1,755.00	76	215.28	195.78	175.50
77	2,402.40	2,184.00	1,957.80	77	240.24	218.40	195.78
78	2,675.40	2,433.60	2,184.00	78	267.54	243.36	218.40
79	2,979.60	2,706.60	2,433.60	79	297.96	270.66	243.36
				80	332.28	301.86	271.44
				81	366.60	333.06	299.52
				82	405.60	368.94	331.50
				83	447.72	407.16	365.82
				84	494.52	449.28	404.82
				85	546.00	496.08	446.16
				86	614.64	558.48	502.32
				87	691.08	627.90	578.76
				88	777.66	706.68	635.70
				89	875.16	794.82	715.26
				90	984.36	894.66	804.18
				91	1,107.60	1,006.20	904.80
				92	1,245.66	1,131.78	1,017.90
				93	1,401.66	1,272.96	1,145.04
				94	1,576.38	1,432.08	1,288.56
				95	1,773.72	1,611.48	1,449.24
				96	1,995.24	1,812.72	1,630.20
				97	2,244.06	2,038.92	1,833.78
				98	2,524.86	2,293.98	2,063.10
				99	2,840.76	2,581.02	2,321.28

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	241.80	234.00	218.40	18-39	24.18	23.40	21.84
40	241.80	234.00	218.40	40	24.18	23.40	21.84
41	249.60	241.80	226.20	41	24.96	24.18	22.62
42	265.20	249.60	234.00	42	26.52	24.96	23.40
43	273.00	257.40	241.80	43	27.30	25.74	24.18
44	280.80	265.20	249.60	44	28.08	26.52	24.96
45	296.40	280.80	257.40	45	29.64	28.08	25.74
46	304.20	288.60	265.20	46	30.42	28.86	26.52
47	319.80	296.40	273.00	47	31.98	29.64	27.30
48	335.40	312.00	280.80	48	33.54	31.20	28.08
49	343.20	319.80	296.40	49	34.32	31.98	29.64
50	358.80	335.40	304.20	50	35.88	33.54	30.42
51	374.40	343.20	312.00	51	37.44	34.32	31.20
52	390.00	358.80	327.60	52	39.00	35.88	32.76
53	405.60	374.40	343.20	53	40.56	37.44	34.32
54	421.20	390.00	351.00	54	42.12	39.00	35.10
55	436.80	405.60	366.60	55	43.68	40.56	36.66
56	468.00	436.80	397.80	56	46.80	43.68	39.78
57	507.00	468.00	429.00	57	50.70	46.80	42.90
58	546.00	507.00	460.20	58	54.60	50.70	46.02
59	592.80	546.00	499.20	59	59.28	54.60	49.92
60	639.60	592.80	538.20	60	63.96	59.28	53.82
61	694.20	639.60	585.00	61	69.42	63.96	58.50
62	764.40	702.00	631.80	62	76.44	70.20	63.18
63	834.60	764.40	686.40	63	83.46	76.44	68.64
64	904.80	826.80	741.00	64	90.48	82.68	74.10
65	990.60	897.00	803.40	65	99.06	89.70	80.34
66	1,060.80	967.20	873.60	66	106.08	96.72	87.36
67	1,138.80	1,045.20	943.80	67	113.88	104.52	94.38
68	1,216.80	1,123.20	1,021.80	68	121.68	112.32	102.18
69	1,302.60	1,209.00	1,107.60	69	130.26	120.90	110.76

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,396.20	1,302.60	1,201.20	70	139.62	130.26	120.12
71	1,560.00	1,450.80	1,333.80	71	156.00	145.08	133.38
72	1,739.40	1,614.60	1,482.00	72	173.94	161.46	148.20
73	1,934.40	1,794.00	1,645.80	73	193.44	179.40	164.58
74	2,160.60	1,996.80	1,825.20	74	216.06	199.68	182.52
75	2,410.20	2,223.00	2,028.00	75	241.02	222.30	202.80
76	2,683.20	2,472.60	2,262.00	76	268.32	247.26	226.20
77	2,987.40	2,753.40	2,519.40	77	298.74	275.34	251.94
78	3,330.60	3,073.20	2,808.00	78	333.06	307.32	280.80
79	3,712.80	3,424.20	3,127.80	79	371.28	342.42	312.78
				80	413.40	381.42	348.66
				81	456.30	420.42	384.54
				82	503.88	464.10	424.32
				83	556.92	513.24	468.78
				84	614.64	566.28	517.14
				85	678.60	624.78	570.96
				86	763.62	703.56	642.72
				87	859.56	790.92	723.06
				88	966.42	889.98	813.54
				89	1,087.32	1,009.32	914.94
				90	1,223.04	1,126.32	1,029.60
				91	1,375.92	1,266.72	1,157.52
				92	1,548.30	1,425.06	1,302.60
				93	1,741.74	1,603.68	1,465.62
				94	1,959.36	1,804.14	1,648.14
				95	2,204.28	2,029.56	1,854.84
				96	2,479.62	2,283.06	2,086.50
				97	2,789.28	2,568.54	2,347.02
				98	3,137.94	2,889.12	2,640.30
				99	3,530.28	3,250.26	2,970.24

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	210.60	202.80	187.20	18-39	21.06	20.28	18.72
40	210.60	202.80	187.20	40	21.06	20.28	18.72
41	218.40	210.60	195.00	41	21.84	21.06	19.50
42	226.20	218.40	202.80	42	22.62	21.84	20.28
43	234.00	226.20	210.60	43	23.40	22.62	21.06
44	241.80	234.00	218.40	44	24.18	23.40	21.84
45	249.60	241.80	226.20	45	24.96	24.18	22.62
46	265.20	249.60	234.00	46	26.52	24.96	23.40
47	273.00	257.40	241.80	47	27.30	25.74	24.18
48	280.80	265.20	249.60	48	28.08	26.52	24.96
49	296.40	280.80	257.40	49	29.64	28.08	25.74
50	304.20	288.60	265.20	50	30.42	28.86	26.52
51	312.00	296.40	273.00	51	31.20	29.64	27.30
52	327.60	312.00	288.60	52	32.76	31.20	28.86
53	343.20	319.80	296.40	53	34.32	31.98	29.64
54	351.00	327.60	304.20	54	35.10	32.76	30.42
55	366.60	343.20	319.80	55	36.66	34.32	31.98
56	390.00	366.60	335.40	56	39.00	36.66	33.54
57	421.20	390.00	358.80	57	42.12	39.00	35.88
58	444.60	413.40	382.20	58	44.46	41.34	38.22
59	475.80	444.60	405.60	59	47.58	44.46	40.56
60	507.00	468.00	429.00	60	50.70	46.80	42.90
61	546.00	507.00	460.20	61	54.60	50.70	46.02
62	585.00	546.00	499.20	62	58.50	54.60	49.92
63	624.00	585.00	538.20	63	62.40	58.50	53.82
64	670.80	624.00	577.20	64	67.08	62.40	57.72
65	717.60	670.80	624.00	65	71.76	67.08	62.40
66	780.00	733.20	678.60	66	78.00	73.32	67.86
67	850.20	795.60	733.20	67	85.02	79.56	73.32
68	928.20	865.80	795.60	68	92.82	86.58	79.56
69	1,006.20	936.00	865.80	69	100.62	93.60	86.58

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,099.80	1,021.80	936.00	70	109.98	102.18	93.60
71	1,209.00	1,123.20	1,029.60	71	120.90	112.32	102.96
72	1,333.80	1,240.20	1,138.80	72	133.38	124.02	113.88
73	1,474.20	1,365.00	1,255.80	73	147.42	136.50	125.58
74	1,622.40	1,505.40	1,388.40	74	162.24	150.54	138.84
75	1,786.20	1,661.40	1,528.80	75	178.62	166.14	152.88
76	2,012.40	1,872.00	1,723.80	76	201.24	187.20	172.38
77	2,262.00	2,106.00	1,942.20	77	226.20	210.60	194.22
78	2,542.80	2,371.20	2,191.80	78	254.28	237.12	219.18
79	2,854.80	2,667.60	2,472.60	79	285.48	266.76	247.26
80		3,003.00	2,784.60	80		300.30	278.46
81		3,361.80	3,120.00	81		336.18	312.00
82		3,759.60	3,494.40	82		375.96	349.44
83		4,212.00	3,915.60	83		421.20	391.56
84		4,711.20	4,383.60	84		471.12	438.36

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	257.40	241.80	226.20	18-39	25.74	24.18	22.62
40	257.40	241.80	226.20	40	25.74	24.18	22.62
41	265.20	249.60	234.00	41	26.52	24.96	23.40
42	273.00	257.40	241.80	42	27.30	25.74	24.18
43	288.60	273.00	249.60	43	28.86	27.30	24.96
44	296.40	280.80	257.40	44	29.64	28.08	25.74
45	304.20	288.60	265.20	45	30.42	28.86	26.52
46	319.80	304.20	280.80	46	31.98	30.42	28.08
47	327.60	312.00	288.60	47	32.76	31.20	28.86
48	343.20	319.80	296.40	48	34.32	31.98	29.64
49	351.00	335.40	312.00	49	35.10	33.54	31.20
50	366.60	343.20	319.80	50	36.66	34.32	31.98
51	382.20	358.80	335.40	51	38.22	35.88	33.54
52	397.80	374.40	343.20	52	39.78	37.44	34.32
53	413.40	390.00	358.80	53	41.34	39.00	35.88
54	436.80	405.60	374.40	54	43.68	40.56	37.44
55	452.40	421.20	390.00	55	45.24	42.12	39.00
56	483.60	452.40	413.40	56	48.36	45.24	41.34
57	514.80	483.60	444.60	57	51.48	48.36	44.46
58	546.00	514.80	475.80	58	54.60	51.48	47.58
59	585.00	546.00	507.00	59	58.50	54.60	50.70
60	624.00	585.00	546.00	60	62.40	58.50	54.60
61	670.80	631.80	585.00	61	67.08	63.18	58.50
62	717.60	670.80	624.00	62	71.76	67.08	62.40
63	772.20	725.40	670.80	63	77.22	72.54	67.08
64	834.60	780.00	717.60	64	83.46	78.00	71.76
65	897.00	834.60	772.20	65	89.70	83.46	77.22
66	975.00	912.60	842.40	66	97.50	91.26	84.24
67	1,060.80	990.60	920.40	67	106.08	99.06	92.04
68	1,146.60	1,076.40	1,006.20	68	114.66	107.64	100.62
69	1,248.00	1,170.00	1,092.00	69	124.80	117.00	109.20

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,357.20	1,279.20	1,193.40	70	135.72	127.92	119.34
71	1,497.60	1,411.80	1,318.20	71	149.76	141.18	131.82
72	1,653.60	1,560.00	1,458.60	72	165.36	156.00	145.86
73	1,817.40	1,716.00	1,606.80	73	181.74	171.60	160.68
74	2,004.60	1,887.60	1,770.60	74	200.46	188.76	177.06
75	2,215.20	2,090.40	1,957.80	75	221.52	209.04	195.78
76	2,480.40	2,340.00	2,191.80	76	248.04	234.00	219.18
77	2,769.00	2,613.00	2,449.20	77	276.90	261.30	244.92
78	3,096.60	2,917.20	2,737.80	78	309.66	291.72	273.78
79	3,463.20	3,268.20	3,065.40	79	346.32	326.82	306.54

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	312.00	296.40	273.00	18-39	31.20	29.64	27.30
40	312.00	296.40	273.00	40	31.20	29.64	27.30
41	327.60	304.20	280.80	41	32.76	30.42	28.08
42	335.40	319.80	296.40	42	33.54	31.98	29.64
43	351.00	327.60	304.20	43	35.10	32.76	30.42
44	366.60	343.20	319.80	44	36.66	34.32	31.98
45	382.20	358.80	327.60	45	38.22	35.88	32.76
46	397.80	374.40	343.20	46	39.78	37.44	34.32
47	413.40	390.00	358.80	47	41.34	39.00	35.88
48	429.00	397.80	366.60	48	42.90	39.78	36.66
49	444.60	413.40	382.20	49	44.46	41.34	38.22
50	460.20	429.00	397.80	50	46.02	42.90	39.78
51	475.80	444.60	413.40	51	47.58	44.46	41.34
52	499.20	468.00	429.00	52	49.92	46.80	42.90
53	514.80	483.60	444.60	53	51.48	48.36	44.46
54	530.40	499.20	460.20	54	53.04	49.92	46.02
55	553.80	514.80	475.80	55	55.38	51.48	47.58
56	592.80	553.80	507.00	56	59.28	55.38	50.70
57	631.80	592.80	546.00	57	63.18	59.28	54.60
58	678.60	631.80	585.00	58	67.86	63.18	58.50
59	725.40	678.60	624.00	59	72.54	67.86	62.40
60	780.00	725.40	670.80	60	78.00	72.54	67.08
61	842.40	780.00	717.60	61	84.24	78.00	71.76
62	904.80	842.40	772.20	62	90.48	84.24	77.22
63	975.00	904.80	826.80	63	97.50	90.48	82.68
64	1,053.00	975.00	889.20	64	105.30	97.50	88.92
65	1,131.00	1,045.20	951.60	65	113.10	104.52	95.16
66	1,232.40	1,138.80	1,037.40	66	123.24	113.88	103.74
67	1,341.60	1,240.20	1,131.00	67	134.16	124.02	113.10
68	1,458.60	1,349.40	1,240.20	68	145.86	134.94	124.02
69	1,591.20	1,474.20	1,349.40	69	159.12	147.42	134.94

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,731.60	1,606.80	1,474.20	70	173.16	160.68	147.42
71	1,911.00	1,770.60	1,622.40	71	191.10	177.06	162.24
72	2,098.20	1,942.20	1,786.20	72	209.82	194.22	178.62
73	2,316.60	2,145.00	1,965.60	73	231.66	214.50	196.56
74	2,550.60	2,363.40	2,168.40	74	255.06	236.34	216.84
75	2,808.00	2,597.40	2,386.80	75	280.80	259.74	238.68
76	3,120.00	2,901.60	2,675.40	76	312.00	290.16	267.54
77	3,463.20	3,237.00	3,003.00	77	346.32	323.70	300.30
78	3,853.20	3,611.40	3,369.60	78	385.32	361.14	336.96
79	4,274.40	4,024.80	3,775.20	79	427.44	402.48	377.52

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	397.80	382.20	358.80	18-39	39.78	38.22	35.88
40	397.80	382.20	358.80	40	39.78	38.22	35.88
41	413.40	397.80	374.40	41	41.34	39.78	37.44
42	436.80	413.40	390.00	42	43.68	41.34	39.00
43	452.40	429.00	405.60	43	45.24	42.90	40.56
44	468.00	444.60	421.20	44	46.80	44.46	42.12
45	491.40	468.00	436.80	45	49.14	46.80	43.68
46	514.80	491.40	460.20	46	51.48	49.14	46.02
47	538.20	507.00	475.80	47	53.82	50.70	47.58
48	561.60	530.40	499.20	48	56.16	53.04	49.92
49	585.00	553.80	514.80	49	58.50	55.38	51.48
50	608.40	577.20	538.20	50	60.84	57.72	53.82
51	631.80	600.60	561.60	51	63.18	60.06	56.16
52	663.00	624.00	577.20	52	66.30	62.40	57.72
53	686.40	647.40	600.60	53	68.64	64.74	60.06
54	717.60	670.80	624.00	54	71.76	67.08	62.40
55	748.80	702.00	647.40	55	74.88	70.20	64.74
56	803.40	748.80	694.20	56	80.34	74.88	69.42
57	858.00	803.40	741.00	57	85.80	80.34	74.10
58	920.40	858.00	787.80	58	92.04	85.80	78.78
59	982.80	912.60	842.40	59	98.28	91.26	84.24
60	1,053.00	975.00	897.00	60	105.30	97.50	89.70
61	1,131.00	1,045.20	959.40	61	113.10	104.52	95.94
62	1,209.00	1,123.20	1,037.40	62	120.90	112.32	103.74
63	1,302.60	1,209.00	1,107.60	63	130.26	120.90	110.76
64	1,396.20	1,294.80	1,193.40	64	139.62	129.48	119.34
65	1,497.60	1,388.40	1,279.20	65	149.76	138.84	127.92
66	1,614.60	1,505.40	1,396.20	66	161.46	150.54	139.62
67	1,739.40	1,630.20	1,521.00	67	173.94	163.02	152.10
68	1,872.00	1,770.60	1,661.40	68	187.20	177.06	166.14
69	2,020.20	1,918.80	1,817.40	69	202.02	191.88	181.74

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,176.20	2,082.60	1,981.20	70	217.62	208.26	198.12
71	2,402.40	2,293.20	2,176.20	71	240.24	229.32	217.62
72	2,644.20	2,519.40	2,394.60	72	264.42	251.94	239.46
73	2,917.20	2,776.80	2,636.40	73	291.72	277.68	263.64
74	3,221.40	3,065.40	2,901.60	74	322.14	306.54	290.16
75	3,549.00	3,369.60	3,190.20	75	354.90	336.96	319.02
76	3,954.60	3,744.00	3,533.40	76	395.46	374.40	353.34
77	4,399.20	4,157.40	3,915.60	77	439.92	415.74	391.56
78	4,898.40	4,625.40	4,344.60	78	489.84	462.54	434.46
79	5,452.20	5,132.40	4,812.60	79	545.22	513.24	481.26

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	304.20	288.60	273.00	18-39	30.42	28.86	27.30
40	304.20	288.60	273.00	40	30.42	28.86	27.30
41	312.00	296.40	280.80	41	31.20	29.64	28.08
42	319.80	304.20	288.60	42	31.98	30.42	28.86
43	335.40	319.80	296.40	43	33.54	31.98	29.64
44	343.20	327.60	304.20	44	34.32	32.76	30.42
45	351.00	335.40	312.00	45	35.10	33.54	31.20
46	358.80	343.20	319.80	46	35.88	34.32	31.98
47	374.40	351.00	327.60	47	37.44	35.10	32.76
48	382.20	366.60	343.20	48	38.22	36.66	34.32
49	397.80	374.40	351.00	49	39.78	37.44	35.10
50	405.60	382.20	358.80	50	40.56	38.22	35.88
51	421.20	397.80	366.60	51	42.12	39.78	36.66
52	429.00	405.60	382.20	52	42.90	40.56	38.22
53	444.60	421.20	390.00	53	44.46	42.12	39.00
54	452.40	429.00	405.60	54	45.24	42.90	40.56
55	468.00	444.60	413.40	55	46.80	44.46	41.34
56	491.40	468.00	436.80	56	49.14	46.80	43.68
57	522.60	491.40	460.20	57	52.26	49.14	46.02
58	553.80	522.60	483.60	58	55.38	52.26	48.36
59	585.00	546.00	507.00	59	58.50	54.60	50.70
60	616.20	577.20	530.40	60	61.62	57.72	53.04
61	655.20	616.20	569.40	61	65.52	61.62	56.94
62	702.00	655.20	600.60	62	70.20	65.52	60.06
63	748.80	702.00	647.40	63	74.88	70.20	64.74
64	795.60	741.00	686.40	64	79.56	74.10	68.64
65	850.20	795.60	733.20	65	85.02	79.56	73.32
66	912.60	850.20	787.80	66	91.26	85.02	78.78
67	982.80	920.40	850.20	67	98.28	92.04	85.02
68	1,060.80	990.60	920.40	68	106.08	99.06	92.04
69	1,146.60	1,068.60	990.60	69	114.66	106.86	99.06

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,232.40	1,154.40	1,068.60	70	123.24	115.44	106.86
71	1,349.40	1,263.60	1,170.00	71	134.94	126.36	117.00
72	1,482.00	1,388.40	1,287.00	72	148.20	138.84	128.70
73	1,630.20	1,521.00	1,411.80	73	163.02	152.10	141.18
74	1,786.20	1,669.20	1,552.20	74	178.62	166.92	155.22
75	1,957.80	1,833.00	1,700.40	75	195.78	183.30	170.04
76	2,199.60	2,059.20	1,911.00	76	219.96	205.92	191.10
77	2,472.60	2,308.80	2,145.00	77	247.26	230.88	214.50
78	2,776.80	2,597.40	2,418.00	78	277.68	259.74	241.80
79	3,120.00	2,917.20	2,714.40	79	312.00	291.72	271.44
80		3,283.80	3,049.80	80		328.38	304.98
81		3,650.40	3,393.00	81		365.04	339.30
82		4,071.60	3,783.00	82		407.16	378.30
83		4,531.80	4,212.00	83		453.18	421.20
84		5,046.60	4,687.80	84		504.66	468.78

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	382.20	358.80	327.60	18-39	38.22	35.88	32.76
40	382.20	358.80	327.60	40	38.22	35.88	32.76
41	390.00	366.60	335.40	41	39.00	36.66	33.54
42	405.60	374.40	343.20	42	40.56	37.44	34.32
43	413.40	390.00	358.80	43	41.34	39.00	35.88
44	429.00	397.80	366.60	44	42.90	39.78	36.66
45	436.80	405.60	374.40	45	43.68	40.56	37.44
46	452.40	421.20	390.00	46	45.24	42.12	39.00
47	460.20	429.00	397.80	47	46.02	42.90	39.78
48	475.80	444.60	413.40	48	47.58	44.46	41.34
49	483.60	452.40	421.20	49	48.36	45.24	42.12
50	499.20	468.00	436.80	50	49.92	46.80	43.68
51	514.80	483.60	452.40	51	51.48	48.36	45.24
52	530.40	499.20	460.20	52	53.04	49.92	46.02
53	546.00	514.80	475.80	53	54.60	51.48	47.58
54	561.60	530.40	491.40	54	56.16	53.04	49.14
55	577.20	546.00	507.00	55	57.72	54.60	50.70
56	608.40	577.20	538.20	56	60.84	57.72	53.82
57	647.40	608.40	561.60	57	64.74	60.84	56.16
58	686.40	639.60	592.80	58	68.64	63.96	59.28
59	725.40	678.60	631.80	59	72.54	67.86	63.18
60	772.20	717.60	663.00	60	77.22	71.76	66.30
61	819.00	764.40	709.80	61	81.90	76.44	70.98
62	873.60	819.00	756.60	62	87.36	81.90	75.66
63	936.00	873.60	803.40	63	93.60	87.36	80.34
64	998.40	928.20	858.00	64	99.84	92.82	85.80
65	1,060.80	990.60	912.60	65	106.08	99.06	91.26
66	1,146.60	1,068.60	990.60	66	114.66	106.86	99.06
67	1,240.20	1,154.40	1,068.60	67	124.02	115.44	106.86
68	1,341.60	1,248.00	1,154.40	68	134.16	124.80	115.44
69	1,450.80	1,357.20	1,255.80	69	145.08	135.72	125.58

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,567.80	1,466.40	1,357.20	70	156.78	146.64	135.72
71	1,716.00	1,606.80	1,489.80	71	171.60	160.68	148.98
72	1,887.60	1,762.80	1,638.00	72	188.76	176.28	163.80
73	2,067.00	1,934.40	1,794.00	73	206.70	193.44	179.40
74	2,269.80	2,121.60	1,973.40	74	226.98	212.16	197.34
75	2,488.20	2,332.20	2,168.40	75	248.82	233.22	216.84
76	2,769.00	2,589.60	2,410.20	76	276.90	258.96	241.02
77	3,081.00	2,886.00	2,683.20	77	308.10	288.60	268.32
78	3,432.00	3,205.80	2,979.60	78	343.20	320.58	297.96
79	3,822.00	3,572.40	3,315.00	79	382.20	357.24	331.50

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	475.80	444.60	405.60	18-39	47.58	44.46	40.56
40	475.80	444.60	405.60	40	47.58	44.46	40.56
41	491.40	460.20	421.20	41	49.14	46.02	42.12
42	507.00	468.00	429.00	42	50.70	46.80	42.90
43	514.80	483.60	444.60	43	51.48	48.36	44.46
44	530.40	499.20	460.20	44	53.04	49.92	46.02
45	546.00	507.00	468.00	45	54.60	50.70	46.80
46	561.60	522.60	483.60	46	56.16	52.26	48.36
47	577.20	538.20	499.20	47	57.72	53.82	49.92
48	600.60	561.60	514.80	48	60.06	56.16	51.48
49	616.20	577.20	530.40	49	61.62	57.72	53.04
50	631.80	592.80	546.00	50	63.18	59.28	54.60
51	647.40	608.40	561.60	51	64.74	60.84	56.16
52	670.80	624.00	577.20	52	67.08	62.40	57.72
53	686.40	639.60	592.80	53	68.64	63.96	59.28
54	702.00	663.00	616.20	54	70.20	66.30	61.62
55	725.40	678.60	631.80	55	72.54	67.86	63.18
56	772.20	725.40	670.80	56	77.22	72.54	67.08
57	811.20	764.40	709.80	57	81.12	76.44	70.98
58	865.80	811.20	748.80	58	86.58	81.12	74.88
59	912.60	850.20	787.80	59	91.26	85.02	78.78
60	967.20	904.80	834.60	60	96.72	90.48	83.46
61	1,029.60	959.40	889.20	61	102.96	95.94	88.92
62	1,099.80	1,021.80	943.80	62	109.98	102.18	94.38
63	1,177.80	1,092.00	1,006.20	63	117.78	109.20	100.62
64	1,255.80	1,162.20	1,068.60	64	125.58	116.22	106.86
65	1,341.60	1,240.20	1,138.80	65	134.16	124.02	113.88
66	1,450.80	1,341.60	1,232.40	66	145.08	134.16	123.24
67	1,567.80	1,458.60	1,341.60	67	156.78	145.86	134.16
68	1,700.40	1,583.40	1,458.60	68	170.04	158.34	145.86
69	1,840.80	1,716.00	1,583.40	69	184.08	171.60	158.34

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,989.00	1,856.40	1,716.00	70	198.90	185.64	171.60
71	2,176.20	2,028.00	1,872.00	71	217.62	202.80	187.20
72	2,386.80	2,215.20	2,043.60	72	238.68	221.52	204.36
73	2,613.00	2,425.80	2,230.80	73	261.30	242.58	223.08
74	2,854.80	2,644.20	2,433.60	74	285.48	264.42	243.36
75	3,127.80	2,893.80	2,659.80	75	312.78	289.38	265.98
76	3,463.20	3,221.40	2,971.80	76	346.32	322.14	297.18
77	3,829.80	3,572.40	3,315.00	77	382.98	357.24	331.50
78	4,235.40	3,970.20	3,697.20	78	423.54	397.02	369.72
79	4,687.80	4,407.00	4,126.20	79	468.78	440.70	412.62

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	616.20	585.00	546.00	18-39	61.62	58.50	54.60
40	616.20	585.00	546.00	40	61.62	58.50	54.60
41	639.60	608.40	569.40	41	63.96	60.84	56.94
42	663.00	624.00	585.00	42	66.30	62.40	58.50
43	686.40	647.40	608.40	43	68.64	64.74	60.84
44	709.80	670.80	631.80	44	70.98	67.08	63.18
45	733.20	694.20	655.20	45	73.32	69.42	65.52
46	756.60	717.60	678.60	46	75.66	71.76	67.86
47	787.80	748.80	702.00	47	78.78	74.88	70.20
48	811.20	772.20	725.40	48	81.12	77.22	72.54
49	842.40	795.60	748.80	49	84.24	79.56	74.88
50	873.60	826.80	780.00	50	87.36	82.68	78.00
51	897.00	850.20	795.60	51	89.70	85.02	79.56
52	920.40	873.60	819.00	52	92.04	87.36	81.90
53	943.80	897.00	842.40	53	94.38	89.70	84.24
54	975.00	920.40	858.00	54	97.50	92.04	85.80
55	998.40	943.80	881.40	55	99.84	94.38	88.14
56	1,053.00	990.60	928.20	56	105.30	99.06	92.82
57	1,115.40	1,045.20	975.00	57	111.54	104.52	97.50
58	1,177.80	1,099.80	1,021.80	58	117.78	109.98	102.18
59	1,248.00	1,162.20	1,076.40	59	124.80	116.22	107.64
60	1,318.20	1,224.60	1,131.00	60	131.82	122.46	113.10
61	1,404.00	1,302.60	1,201.20	61	140.40	130.26	120.12
62	1,489.80	1,388.40	1,279.20	62	148.98	138.84	127.92
63	1,583.40	1,474.20	1,365.00	63	158.34	147.42	136.50
64	1,684.80	1,567.80	1,450.80	64	168.48	156.78	145.08
65	1,794.00	1,669.20	1,544.40	65	179.40	166.92	154.44
66	1,918.80	1,794.00	1,669.20	66	191.88	179.40	166.92
67	2,051.40	1,934.40	1,809.60	67	205.14	193.44	180.96
68	2,199.60	2,082.60	1,965.60	68	219.96	208.26	196.56
69	2,355.60	2,238.60	2,121.60	69	235.56	223.86	212.16

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,519.40	2,410.20	2,301.00	70	251.94	241.02	230.10
71	2,761.20	2,636.40	2,511.60	71	276.12	263.64	251.16
72	3,018.60	2,878.20	2,737.80	72	301.86	287.82	273.78
73	3,307.20	3,151.20	2,987.40	73	330.72	315.12	298.74
74	3,619.20	3,439.80	3,260.40	74	361.92	343.98	326.04
75	3,962.40	3,759.60	3,556.80	75	396.24	375.96	355.68
76	4,391.40	4,157.40	3,923.40	76	439.14	415.74	392.34
77	4,875.00	4,602.00	4,321.20	77	487.50	460.20	432.12
78	5,405.40	5,085.60	4,765.80	78	540.54	508.56	476.58
79	5,998.20	5,631.60	5,257.20	79	599.82	563.16	525.72

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	156.83	148.11	139.40	18-39	15.68	14.81	13.94
40	156.83	148.11	139.40	40	15.68	14.81	13.94
41	165.54	156.83	148.11	41	16.55	15.68	14.81
42	165.54	156.83	148.11	42	16.55	15.68	14.81
43	174.25	165.54	156.83	43	17.43	16.55	15.68
44	182.96	174.25	156.83	44	18.30	17.43	15.68
45	182.96	174.25	165.54	45	18.30	17.43	16.55
46	191.68	182.96	165.54	46	19.17	18.30	16.55
47	200.39	191.68	174.25	47	20.04	19.17	17.43
48	200.39	191.68	182.96	48	20.04	19.17	18.30
49	209.10	200.39	182.96	49	20.91	20.04	18.30
50	217.82	209.10	191.68	50	21.78	20.91	19.17
51	226.53	217.82	200.39	51	22.65	21.78	20.04
52	243.95	235.24	217.82	52	24.40	23.52	21.78
53	261.38	243.95	226.53	53	26.14	24.40	22.65
54	270.09	252.67	235.24	54	27.01	25.27	23.52
55	287.52	270.09	252.67	55	28.75	27.01	25.27
56	304.94	287.52	261.38	56	30.49	28.75	26.14
57	322.37	304.94	278.80	57	32.24	30.49	27.88
58	348.50	322.37	296.23	58	34.85	32.24	29.62
59	365.93	339.79	304.94	59	36.59	33.98	30.49
60	392.07	357.22	322.37	60	39.21	35.72	32.24
61	426.92	392.07	348.50	61	42.69	39.21	34.85
62	453.06	418.20	374.64	62	45.31	41.82	37.46
63	496.62	453.06	409.49	63	49.66	45.31	40.95
64	531.47	487.91	444.34	64	53.15	48.79	44.43
65	575.03	531.47	479.19	65	57.50	53.15	47.92
66	627.31	575.03	522.76	66	62.73	57.50	52.28
67	688.30	627.31	566.32	67	68.83	62.73	56.63
68	749.28	679.58	609.88	68	74.93	67.96	60.99
69	818.98	740.57	662.16	69	81.90	74.06	66.22

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	897.40	810.27	723.15	70	89.74	81.03	72.31
71	993.24	897.40	792.85	71	99.32	89.74	79.28
72	1,106.50	993.24	871.26	72	110.65	99.32	87.13
73	1,228.48	1,097.79	958.39	73	122.85	109.78	95.84
74	1,367.88	1,211.05	1,054.22	74	136.79	121.11	105.42
75	1,515.99	1,341.74	1,158.78	75	151.60	134.17	115.88
76	1,690.24	1,489.85	1,289.46	76	169.02	148.99	128.95
77	1,890.63	1,672.82	1,446.29	77	189.06	167.28	144.63
78	2,117.16	1,864.50	1,611.83	78	211.72	186.45	161.18
79	2,361.11	2,082.31	1,794.80	79	236.11	208.23	179.48
80		2,326.26	2,003.90	80	263.99	232.63	200.39
81		2,570.22	2,213.00	81	291.87	257.02	221.30
82		2,840.31	2,448.24	82	323.24	284.03	244.82
83		3,145.25	2,709.62	83	357.22	314.52	270.96
84		3,476.33	2,997.13	84	394.68	347.63	299.71
				85	436.50	384.23	331.95
				86	491.39	433.02	373.77
				87	553.25	487.03	420.82
				88	622.08	547.15	473.09
				89	699.62	615.98	532.34
				90	791.98	692.65	598.56
				91	885.20	779.78	673.48
				92	995.85	876.49	757.12
				93	1,120.44	986.27	852.09
				94	1,260.71	1,109.11	958.39
				95	1,417.54	1,248.52	1,078.62
				96	1,595.28	1,404.47	1,212.79
				97	1,794.80	1,579.59	1,364.39
				98	2,018.71	1,777.37	1,535.16
				99	2,270.50	1,998.67	1,726.84

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	200.39	191.68	174.25	18-39	20.04	19.17	17.43
40	200.39	191.68	174.25	40	20.04	19.17	17.43
41	209.10	200.39	182.96	41	20.91	20.04	18.30
42	209.10	200.39	182.96	42	20.91	20.04	18.30
43	217.82	209.10	191.68	43	21.78	20.91	19.17
44	226.53	217.82	200.39	44	22.65	21.78	20.04
45	235.24	217.82	200.39	45	23.52	21.78	20.04
46	243.95	226.53	209.10	46	24.40	22.65	20.91
47	243.95	235.24	217.82	47	24.40	23.52	21.78
48	252.67	235.24	217.82	48	25.27	23.52	21.78
49	261.38	243.95	226.53	49	26.14	24.40	22.65
50	270.09	252.67	235.24	50	27.01	25.27	23.52
51	278.80	261.38	243.95	51	27.88	26.14	24.40
52	296.23	278.80	252.67	52	29.62	27.88	25.27
53	313.65	287.52	261.38	53	31.37	28.75	26.14
54	322.37	304.94	278.80	54	32.24	30.49	27.88
55	339.79	313.65	287.52	55	33.98	31.37	28.75
56	365.93	339.79	304.94	56	36.59	33.98	30.49
57	383.35	357.22	331.08	57	38.34	35.72	33.11
58	409.49	383.35	348.50	58	40.95	38.34	34.85
59	444.34	409.49	374.64	59	44.43	40.95	37.46
60	470.48	435.63	400.78	60	47.05	43.56	40.08
61	505.33	470.48	435.63	61	50.53	47.05	43.56
62	548.89	514.04	470.48	62	54.89	51.40	47.05
63	592.46	557.61	514.04	63	59.25	55.76	51.40
64	644.73	601.17	557.61	64	64.47	60.12	55.76
65	697.01	653.45	609.88	65	69.70	65.34	60.99
66	758.00	714.43	662.16	66	75.80	71.44	66.22
67	818.98	775.42	723.15	67	81.90	77.54	72.31
68	888.69	836.41	784.13	68	88.87	83.64	78.41
69	958.39	906.11	853.83	69	95.84	90.61	85.38

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,036.80	984.52	923.54	70	103.68	98.45	92.35
71	1,158.78	1,097.79	1,036.80	71	115.88	109.78	103.68
72	1,289.46	1,228.48	1,158.78	72	128.95	122.85	115.88
73	1,428.87	1,367.88	1,298.18	73	142.89	136.79	129.82
74	1,594.41	1,524.71	1,446.29	74	159.44	152.47	144.63
75	1,777.37	1,698.96	1,620.54	75	177.74	169.90	162.05
76	1,977.76	1,890.63	1,803.51	76	197.78	189.06	180.35
77	2,204.29	2,108.45	2,012.61	77	220.43	210.84	201.26
78	2,465.67	2,361.11	2,247.85	78	246.57	236.11	224.79
79	2,744.47	2,622.49	2,500.52	79	274.45	262.25	250.05
				80	305.81	292.74	278.80
				81	338.05	323.24	308.43
				82	373.77	357.22	340.66
				83	417.33	395.55	377.26
				84	456.54	444.34	416.46
				85	504.46	482.68	460.90
				86	568.06	543.67	519.27
				87	638.63	611.62	583.74
				88	718.79	687.42	656.93
				89	808.53	773.68	738.83
				90	909.60	870.39	831.18
				91	1,022.86	979.30	937.48
				92	1,150.93	1,101.27	1,051.61
				93	1,294.69	1,238.93	1,183.17
				94	1,456.75	1,394.02	1,330.41
				95	1,638.84	1,568.27	1,496.82
				96	1,843.59	1,763.43	1,684.15
				97	2,073.60	1,983.86	1,894.99
				98	2,333.23	2,232.17	2,131.10
				99	2,624.24	2,510.97	2,397.71

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	226.53	217.82	200.39	18-39	22.65	21.78	20.04
40	226.53	217.82	200.39	40	22.65	21.78	20.04
41	235.24	226.53	209.10	41	23.52	22.65	20.91
42	243.95	235.24	217.82	42	24.40	23.52	21.78
43	252.67	243.95	226.53	43	25.27	24.40	22.65
44	261.38	252.67	235.24	44	26.14	25.27	23.52
45	270.09	261.38	243.95	45	27.01	26.14	24.40
46	287.52	270.09	252.67	46	28.75	27.01	25.27
47	296.23	278.80	261.38	47	29.62	27.88	26.14
48	304.94	287.52	270.09	48	30.49	28.75	27.01
49	322.37	304.94	278.80	49	32.24	30.49	27.88
50	331.08	313.65	287.52	50	33.11	31.37	28.75
51	339.79	322.37	296.23	51	33.98	32.24	29.62
52	357.22	331.08	304.94	52	35.72	33.11	30.49
53	365.93	339.79	313.65	53	36.59	33.98	31.37
54	383.35	357.22	322.37	54	38.34	35.72	32.24
55	392.07	365.93	331.08	55	39.21	36.59	33.11
56	418.20	392.07	357.22	56	41.82	39.21	35.72
57	453.06	418.20	374.64	57	45.31	41.82	37.46
58	487.91	444.34	400.78	58	48.79	44.43	40.08
59	522.76	479.19	435.63	59	52.28	47.92	43.56
60	557.61	514.04	461.77	60	55.76	51.40	46.18
61	609.88	557.61	505.33	61	60.99	55.76	50.53
62	670.87	609.88	548.89	62	67.09	60.99	54.89
63	731.86	662.16	592.46	63	73.19	66.22	59.25
64	792.85	723.15	644.73	64	79.28	72.31	64.47
65	871.26	792.85	705.72	65	87.13	79.28	70.57
66	940.96	853.83	758.00	66	94.10	85.38	75.80
67	1,019.37	923.54	818.98	67	101.94	92.35	81.90
68	1,106.50	993.24	879.97	68	110.65	99.32	88.00
69	1,193.63	1,071.65	949.67	69	119.36	107.16	94.97

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,289.46	1,158.78	1,019.37	70	128.95	115.88	101.94
71	1,428.87	1,289.46	1,141.35	71	142.89	128.95	114.14
72	1,585.69	1,428.87	1,272.04	72	158.57	142.89	127.20
73	1,759.95	1,585.69	1,411.44	73	175.99	158.57	141.14
74	1,951.62	1,768.66	1,576.98	74	195.16	176.87	157.70
75	2,160.72	1,960.34	1,759.95	75	216.07	196.03	175.99
76	2,404.68	2,186.86	1,960.34	76	240.47	218.69	196.03
77	2,683.48	2,439.53	2,186.86	77	268.35	243.95	218.69
78	2,988.42	2,718.33	2,439.53	78	298.84	271.83	243.95
79	3,328.21	3,023.27	2,718.33	79	332.82	302.33	271.83
				80	371.16	337.18	303.20
				81	409.49	372.03	334.56
				82	453.06	412.11	370.29
				83	500.10	454.80	408.62
				84	552.38	501.85	452.18
				85	609.88	554.12	498.36
				86	686.55	623.82	561.09
				87	771.94	701.36	646.47
				88	868.65	789.36	710.08
				89	977.55	887.81	798.95
				90	1,099.53	999.34	898.27
				91	1,237.19	1,123.93	1,010.66
				92	1,391.40	1,264.20	1,136.99
				93	1,565.65	1,421.90	1,279.01
				94	1,760.82	1,599.63	1,439.32
				95	1,981.25	1,800.02	1,618.80
				96	2,228.68	2,024.81	1,820.93
				97	2,506.62	2,277.47	2,048.33
				98	2,820.27	2,562.38	2,304.48
				99	3,173.13	2,883.00	2,592.87

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	270.09	261.38	243.95	18-39	27.01	26.14	24.40
40	270.09	261.38	243.95	40	27.01	26.14	24.40
41	278.80	270.09	252.67	41	27.88	27.01	25.27
42	296.23	278.80	261.38	42	29.62	27.88	26.14
43	304.94	287.52	270.09	43	30.49	28.75	27.01
44	313.65	296.23	278.80	44	31.37	29.62	27.88
45	331.08	313.65	287.52	45	33.11	31.37	28.75
46	339.79	322.37	296.23	46	33.98	32.24	29.62
47	357.22	331.08	304.94	47	35.72	33.11	30.49
48	374.64	348.50	313.65	48	37.46	34.85	31.37
49	383.35	357.22	331.08	49	38.34	35.72	33.11
50	400.78	374.64	339.79	50	40.08	37.46	33.98
51	418.20	383.35	348.50	51	41.82	38.34	34.85
52	435.63	400.78	365.93	52	43.56	40.08	36.59
53	453.06	418.20	383.35	53	45.31	41.82	38.34
54	470.48	435.63	392.07	54	47.05	43.56	39.21
55	487.91	453.06	409.49	55	48.79	45.31	40.95
56	522.76	487.91	444.34	56	52.28	48.79	44.43
57	566.32	522.76	479.19	57	56.63	52.28	47.92
58	609.88	566.32	514.04	58	60.99	56.63	51.40
59	662.16	609.88	557.61	59	66.22	60.99	55.76
60	714.43	662.16	601.17	60	71.44	66.22	60.12
61	775.42	714.43	653.45	61	77.54	71.44	65.34
62	853.83	784.13	705.72	62	85.38	78.41	70.57
63	932.25	853.83	766.71	63	93.22	85.38	76.67
64	1,010.66	923.54	827.70	64	101.07	92.35	82.77
65	1,106.50	1,001.95	897.40	65	110.65	100.19	89.74
66	1,184.91	1,080.36	975.81	66	118.49	108.04	97.58
67	1,272.04	1,167.49	1,054.22	67	127.20	116.75	105.42
68	1,359.17	1,254.61	1,141.35	68	135.92	125.46	114.14
69	1,455.00	1,350.45	1,237.19	69	145.50	135.05	123.72

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,559.56	1,455.00	1,341.74	70	155.96	145.50	134.17
71	1,742.52	1,620.54	1,489.85	71	174.25	162.05	148.99
72	1,942.91	1,803.51	1,655.39	72	194.29	180.35	165.54
73	2,160.72	2,003.90	1,838.36	73	216.07	200.39	183.84
74	2,413.39	2,230.43	2,038.75	74	241.34	223.04	203.87
75	2,692.19	2,483.09	2,265.28	75	269.22	248.31	226.53
76	2,997.13	2,761.89	2,526.65	76	299.71	276.19	252.67
77	3,336.93	3,075.55	2,814.17	77	333.69	307.55	281.42
78	3,720.28	3,432.76	3,136.54	78	372.03	343.28	313.65
79	4,147.20	3,824.83	3,493.75	79	414.72	382.48	349.38
				80	461.77	426.05	389.45
				81	509.69	469.61	429.53
				82	562.83	518.40	473.97
				83	622.08	573.29	523.63
				84	686.55	632.53	577.65
				85	758.00	697.88	637.76
				86	852.96	785.88	717.92
				87	960.13	883.46	807.66
				88	1,079.49	994.11	908.72
				89	1,214.54	1,127.41	1,021.99
				90	1,366.14	1,258.10	1,150.06
				91	1,536.90	1,414.93	1,292.95
				92	1,729.45	1,591.79	1,455.00
				93	1,945.52	1,791.31	1,637.10
				94	2,188.61	2,015.22	1,840.97
				95	2,462.18	2,267.02	2,071.86
				96	2,769.74	2,550.18	2,330.62
				97	3,115.63	2,869.06	2,621.62
				98	3,505.08	3,227.15	2,949.22
				99	3,943.32	3,630.54	3,317.76

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	235.24	226.53	209.10	18-39	23.52	22.65	20.91
40	235.24	226.53	209.10	40	23.52	22.65	20.91
41	243.95	235.24	217.82	41	24.40	23.52	21.78
42	252.67	243.95	226.53	42	25.27	24.40	22.65
43	261.38	252.67	235.24	43	26.14	25.27	23.52
44	270.09	261.38	243.95	44	27.01	26.14	24.40
45	278.80	270.09	252.67	45	27.88	27.01	25.27
46	296.23	278.80	261.38	46	29.62	27.88	26.14
47	304.94	287.52	270.09	47	30.49	28.75	27.01
48	313.65	296.23	278.80	48	31.37	29.62	27.88
49	331.08	313.65	287.52	49	33.11	31.37	28.75
50	339.79	322.37	296.23	50	33.98	32.24	29.62
51	348.50	331.08	304.94	51	34.85	33.11	30.49
52	365.93	348.50	322.37	52	36.59	34.85	32.24
53	383.35	357.22	331.08	53	38.34	35.72	33.11
54	392.07	365.93	339.79	54	39.21	36.59	33.98
55	409.49	383.35	357.22	55	40.95	38.34	35.72
56	435.63	409.49	374.64	56	43.56	40.95	37.46
57	470.48	435.63	400.78	57	47.05	43.56	40.08
58	496.62	461.77	426.92	58	49.66	46.18	42.69
59	531.47	496.62	453.06	59	53.15	49.66	45.31
60	566.32	522.76	479.19	60	56.63	52.28	47.92
61	609.88	566.32	514.04	61	60.99	56.63	51.40
62	653.45	609.88	557.61	62	65.34	60.99	55.76
63	697.01	653.45	601.17	63	69.70	65.34	60.12
64	749.28	697.01	644.73	64	74.93	69.70	64.47
65	801.56	749.28	697.01	65	80.16	74.93	69.70
66	871.26	818.98	758.00	66	87.13	81.90	75.80
67	949.67	888.69	818.98	67	94.97	88.87	81.90
68	1,036.80	967.10	888.69	68	103.68	96.71	88.87
69	1,123.93	1,045.51	967.10	69	112.39	104.55	96.71

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,228.48	1,141.35	1,045.51	70	122.85	114.14	104.55
71	1,350.45	1,254.61	1,150.06	71	135.05	125.46	115.01
72	1,489.85	1,385.30	1,272.04	72	148.99	138.53	127.20
73	1,646.68	1,524.71	1,402.73	73	164.67	152.47	140.27
74	1,812.22	1,681.53	1,550.84	74	181.22	168.15	155.08
75	1,995.19	1,855.78	1,707.67	75	199.52	185.58	170.77
76	2,247.85	2,091.02	1,925.48	76	224.79	209.10	192.55
77	2,526.65	2,352.40	2,169.44	77	252.67	235.24	216.94
78	2,840.31	2,648.63	2,448.24	78	284.03	264.86	244.82
79	3,188.81	2,979.71	2,761.89	79	318.88	297.97	276.19
80		3,354.35	3,110.40	80		335.44	311.04
81		3,755.13	3,485.04	81		375.51	348.50
82		4,199.47	3,903.24	82		419.95	390.32
83		4,704.80	4,373.73	83		470.48	437.37
84		5,262.41	4,896.48	84		526.24	489.65

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	287.52	270.09	252.67	18-39	28.75	27.01	25.27
40	287.52	270.09	252.67	40	28.75	27.01	25.27
41	296.23	278.80	261.38	41	29.62	27.88	26.14
42	304.94	287.52	270.09	42	30.49	28.75	27.01
43	322.37	304.94	278.80	43	32.24	30.49	27.88
44	331.08	313.65	287.52	44	33.11	31.37	28.75
45	339.79	322.37	296.23	45	33.98	32.24	29.62
46	357.22	339.79	313.65	46	35.72	33.98	31.37
47	365.93	348.50	322.37	47	36.59	34.85	32.24
48	383.35	357.22	331.08	48	38.34	35.72	33.11
49	392.07	374.64	348.50	49	39.21	37.46	34.85
50	409.49	383.35	357.22	50	40.95	38.34	35.72
51	426.92	400.78	374.64	51	42.69	40.08	37.46
52	444.34	418.20	383.35	52	44.43	41.82	38.34
53	461.77	435.63	400.78	53	46.18	43.56	40.08
54	487.91	453.06	418.20	54	48.79	45.31	41.82
55	505.33	470.48	435.63	55	50.53	47.05	43.56
56	540.18	505.33	461.77	56	54.02	50.53	46.18
57	575.03	540.18	496.62	57	57.50	54.02	49.66
58	609.88	575.03	531.47	58	60.99	57.50	53.15
59	653.45	609.88	566.32	59	65.34	60.99	56.63
60	697.01	653.45	609.88	60	69.70	65.34	60.99
61	749.28	705.72	653.45	61	74.93	70.57	65.34
62	801.56	749.28	697.01	62	80.16	74.93	69.70
63	862.55	810.27	749.28	63	86.25	81.03	74.93
64	932.25	871.26	801.56	64	93.22	87.13	80.16
65	1,001.95	932.25	862.55	65	100.19	93.22	86.25
66	1,089.08	1,019.37	940.96	66	108.91	101.94	94.10
67	1,184.91	1,106.50	1,028.09	67	118.49	110.65	102.81
68	1,280.75	1,202.34	1,123.93	68	128.08	120.23	112.39
69	1,394.02	1,306.89	1,219.76	69	139.40	130.69	121.98

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,515.99	1,428.87	1,333.03	70	151.60	142.89	133.30
71	1,672.82	1,576.98	1,472.43	71	167.28	157.70	147.24
72	1,847.07	1,742.52	1,629.26	72	184.71	174.25	162.93
73	2,030.04	1,916.77	1,794.80	73	203.00	191.68	179.48
74	2,239.14	2,108.45	1,977.76	74	223.91	210.84	197.78
75	2,474.38	2,334.98	2,186.86	75	247.44	233.50	218.69
76	2,770.61	2,613.78	2,448.24	76	277.06	261.38	244.82
77	3,092.97	2,918.72	2,735.76	77	309.30	291.87	273.58
78	3,458.90	3,258.51	3,058.12	78	345.89	325.85	305.81
79	3,868.39	3,650.58	3,424.05	79	386.84	365.06	342.41

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	348.50	331.08	304.94	18-39	34.85	33.11	30.49
40	348.50	331.08	304.94	40	34.85	33.11	30.49
41	365.93	339.79	313.65	41	36.59	33.98	31.37
42	374.64	357.22	331.08	42	37.46	35.72	33.11
43	392.07	365.93	339.79	43	39.21	36.59	33.98
44	409.49	383.35	357.22	44	40.95	38.34	35.72
45	426.92	400.78	365.93	45	42.69	40.08	36.59
46	444.34	418.20	383.35	46	44.43	41.82	38.34
47	461.77	435.63	400.78	47	46.18	43.56	40.08
48	479.19	444.34	409.49	48	47.92	44.43	40.95
49	496.62	461.77	426.92	49	49.66	46.18	42.69
50	514.04	479.19	444.34	50	51.40	47.92	44.43
51	531.47	496.62	461.77	51	53.15	49.66	46.18
52	557.61	522.76	479.19	52	55.76	52.28	47.92
53	575.03	540.18	496.62	53	57.50	54.02	49.66
54	592.46	557.61	514.04	54	59.25	55.76	51.40
55	618.59	575.03	531.47	55	61.86	57.50	53.15
56	662.16	618.59	566.32	56	66.22	61.86	56.63
57	705.72	662.16	609.88	57	70.57	66.22	60.99
58	758.00	705.72	653.45	58	75.80	70.57	65.34
59	810.27	758.00	697.01	59	81.03	75.80	69.70
60	871.26	810.27	749.28	60	87.13	81.03	74.93
61	940.96	871.26	801.56	61	94.10	87.13	80.16
62	1,010.66	940.96	862.55	62	101.07	94.10	86.25
63	1,089.08	1,010.66	923.54	63	108.91	101.07	92.35
64	1,176.20	1,089.08	993.24	64	117.62	108.91	99.32
65	1,263.33	1,167.49	1,062.94	65	126.33	116.75	106.29
66	1,376.59	1,272.04	1,158.78	66	137.66	127.20	115.88
67	1,498.57	1,385.30	1,263.33	67	149.86	138.53	126.33
68	1,629.26	1,507.28	1,385.30	68	162.93	150.73	138.53
69	1,777.37	1,646.68	1,507.28	69	177.74	164.67	150.73

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,934.20	1,794.80	1,646.68	70	193.42	179.48	164.67
71	2,134.59	1,977.76	1,812.22	71	213.46	197.78	181.22
72	2,343.69	2,169.44	1,995.19	72	234.37	216.94	199.52
73	2,587.64	2,395.97	2,195.58	73	258.76	239.60	219.56
74	2,849.02	2,639.92	2,422.10	74	284.90	263.99	242.21
75	3,136.54	2,901.30	2,666.06	75	313.65	290.13	266.61
76	3,485.04	3,241.09	2,988.42	76	348.50	324.11	298.84
77	3,868.39	3,615.73	3,354.35	77	386.84	361.57	335.44
78	4,304.02	4,033.93	3,763.84	78	430.40	403.39	376.38
79	4,774.50	4,495.70	4,216.90	79	477.45	449.57	421.69

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	444.34	426.92	400.78	18-39	44.43	42.69	40.08
40	444.34	426.92	400.78	40	44.43	42.69	40.08
41	461.77	444.34	418.20	41	46.18	44.43	41.82
42	487.91	461.77	435.63	42	48.79	46.18	43.56
43	505.33	479.19	453.06	43	50.53	47.92	45.31
44	522.76	496.62	470.48	44	52.28	49.66	47.05
45	548.89	522.76	487.91	45	54.89	52.28	48.79
46	575.03	548.89	514.04	46	57.50	54.89	51.40
47	601.17	566.32	531.47	47	60.12	56.63	53.15
48	627.31	592.46	557.61	48	62.73	59.25	55.76
49	653.45	618.59	575.03	49	65.34	61.86	57.50
50	679.58	644.73	601.17	50	67.96	64.47	60.12
51	705.72	670.87	627.31	51	70.57	67.09	62.73
52	740.57	697.01	644.73	52	74.06	69.70	64.47
53	766.71	723.15	670.87	53	76.67	72.31	67.09
54	801.56	749.28	697.01	54	80.16	74.93	69.70
55	836.41	784.13	723.15	55	83.64	78.41	72.31
56	897.40	836.41	775.42	56	89.74	83.64	77.54
57	958.39	897.40	827.70	57	95.84	89.74	82.77
58	1,028.09	958.39	879.97	58	102.81	95.84	88.00
59	1,097.79	1,019.37	940.96	59	109.78	101.94	94.10
60	1,176.20	1,089.08	1,001.95	60	117.62	108.91	100.19
61	1,263.33	1,167.49	1,071.65	61	126.33	116.75	107.16
62	1,350.45	1,254.61	1,158.78	62	135.05	125.46	115.88
63	1,455.00	1,350.45	1,237.19	63	145.50	135.05	123.72
64	1,559.56	1,446.29	1,333.03	64	155.96	144.63	133.30
65	1,672.82	1,550.84	1,428.87	65	167.28	155.08	142.89
66	1,803.51	1,681.53	1,559.56	66	180.35	168.15	155.96
67	1,942.91	1,820.93	1,698.96	67	194.29	182.09	169.90
68	2,091.02	1,977.76	1,855.78	68	209.10	197.78	185.58
69	2,256.56	2,143.30	2,030.04	69	225.66	214.33	203.00

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,430.82	2,326.26	2,213.00	70	243.08	232.63	221.30
71	2,683.48	2,561.50	2,430.82	71	268.35	256.15	243.08
72	2,953.57	2,814.17	2,674.77	72	295.36	281.42	267.48
73	3,258.51	3,101.69	2,944.86	73	325.85	310.17	294.49
74	3,598.30	3,424.05	3,241.09	74	359.83	342.41	324.11
75	3,964.23	3,763.84	3,563.45	75	396.42	376.38	356.35
76	4,417.29	4,182.05	3,946.81	76	441.73	418.20	394.68
77	4,913.91	4,643.82	4,373.73	77	491.39	464.38	437.37
78	5,471.51	5,166.57	4,852.92	78	547.15	516.66	485.29
79	6,090.11	5,732.89	5,375.67	79	609.01	573.29	537.57

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	339.79	322.37	304.94	18-39	33.98	32.24	30.49
40	339.79	322.37	304.94	40	33.98	32.24	30.49
41	348.50	331.08	313.65	41	34.85	33.11	31.37
42	357.22	339.79	322.37	42	35.72	33.98	32.24
43	374.64	357.22	331.08	43	37.46	35.72	33.11
44	383.35	365.93	339.79	44	38.34	36.59	33.98
45	392.07	374.64	348.50	45	39.21	37.46	34.85
46	400.78	383.35	357.22	46	40.08	38.34	35.72
47	418.20	392.07	365.93	47	41.82	39.21	36.59
48	426.92	409.49	383.35	48	42.69	40.95	38.34
49	444.34	418.20	392.07	49	44.43	41.82	39.21
50	453.06	426.92	400.78	50	45.31	42.69	40.08
51	470.48	444.34	409.49	51	47.05	44.43	40.95
52	479.19	453.06	426.92	52	47.92	45.31	42.69
53	496.62	470.48	435.63	53	49.66	47.05	43.56
54	505.33	479.19	453.06	54	50.53	47.92	45.31
55	522.76	496.62	461.77	55	52.28	49.66	46.18
56	548.89	522.76	487.91	56	54.89	52.28	48.79
57	583.74	548.89	514.04	57	58.37	54.89	51.40
58	618.59	583.74	540.18	58	61.86	58.37	54.02
59	653.45	609.88	566.32	59	65.34	60.99	56.63
60	688.30	644.73	592.46	60	68.83	64.47	59.25
61	731.86	688.30	636.02	61	73.19	68.83	63.60
62	784.13	731.86	670.87	62	78.41	73.19	67.09
63	836.41	784.13	723.15	63	83.64	78.41	72.31
64	888.69	827.70	766.71	64	88.87	82.77	76.67
65	949.67	888.69	818.98	65	94.97	88.87	81.90
66	1,019.37	949.67	879.97	66	101.94	94.97	88.00
67	1,097.79	1,028.09	949.67	67	109.78	102.81	94.97
68	1,184.91	1,106.50	1,028.09	68	118.49	110.65	102.81
69	1,280.75	1,193.63	1,106.50	69	128.08	119.36	110.65

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,376.59	1,289.46	1,193.63	70	137.66	128.95	119.36
71	1,507.28	1,411.44	1,306.89	71	150.73	141.14	130.69
72	1,655.39	1,550.84	1,437.58	72	165.54	155.08	143.76
73	1,820.93	1,698.96	1,576.98	73	182.09	169.90	157.70
74	1,995.19	1,864.50	1,733.81	74	199.52	186.45	173.38
75	2,186.86	2,047.46	1,899.35	75	218.69	204.75	189.93
76	2,456.95	2,300.13	2,134.59	76	245.70	230.01	213.46
77	2,761.89	2,578.93	2,395.97	77	276.19	257.89	239.60
78	3,101.69	2,901.30	2,700.91	78	310.17	290.13	270.09
79	3,485.04	3,258.51	3,031.98	79	348.50	325.85	303.20
80		3,668.00	3,406.63	80		366.80	340.66
81		4,077.50	3,789.98	81		407.75	379.00
82		4,547.98	4,225.61	82		454.80	422.56
83		5,062.02	4,704.80	83		506.20	470.48
84		5,637.05	5,236.27	84		563.71	523.63

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	426.92	400.78	365.93	18-39	42.69	40.08	36.59
40	426.92	400.78	365.93	40	42.69	40.08	36.59
41	435.63	409.49	374.64	41	43.56	40.95	37.46
42	453.06	418.20	383.35	42	45.31	41.82	38.34
43	461.77	435.63	400.78	43	46.18	43.56	40.08
44	479.19	444.34	409.49	44	47.92	44.43	40.95
45	487.91	453.06	418.20	45	48.79	45.31	41.82
46	505.33	470.48	435.63	46	50.53	47.05	43.56
47	514.04	479.19	444.34	47	51.40	47.92	44.43
48	531.47	496.62	461.77	48	53.15	49.66	46.18
49	540.18	505.33	470.48	49	54.02	50.53	47.05
50	557.61	522.76	487.91	50	55.76	52.28	48.79
51	575.03	540.18	505.33	51	57.50	54.02	50.53
52	592.46	557.61	514.04	52	59.25	55.76	51.40
53	609.88	575.03	531.47	53	60.99	57.50	53.15
54	627.31	592.46	548.89	54	62.73	59.25	54.89
55	644.73	609.88	566.32	55	64.47	60.99	56.63
56	679.58	644.73	601.17	56	67.96	64.47	60.12
57	723.15	679.58	627.31	57	72.31	67.96	62.73
58	766.71	714.43	662.16	58	76.67	71.44	66.22
59	810.27	758.00	705.72	59	81.03	75.80	70.57
60	862.55	801.56	740.57	60	86.25	80.16	74.06
61	914.82	853.83	792.85	61	91.48	85.38	79.28
62	975.81	914.82	845.12	62	97.58	91.48	84.51
63	1,045.51	975.81	897.40	63	104.55	97.58	89.74
64	1,115.21	1,036.80	958.39	64	111.52	103.68	95.84
65	1,184.91	1,106.50	1,019.37	65	118.49	110.65	101.94
66	1,280.75	1,193.63	1,106.50	66	128.08	119.36	110.65
67	1,385.30	1,289.46	1,193.63	67	138.53	128.95	119.36
68	1,498.57	1,394.02	1,289.46	68	149.86	139.40	128.95
69	1,620.54	1,515.99	1,402.73	69	162.05	151.60	140.27

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,751.23	1,637.97	1,515.99	70	175.12	163.80	151.60
71	1,916.77	1,794.80	1,664.11	71	191.68	179.48	166.41
72	2,108.45	1,969.05	1,829.65	72	210.84	196.90	182.96
73	2,308.84	2,160.72	2,003.90	73	230.88	216.07	200.39
74	2,535.37	2,369.83	2,204.29	74	253.54	236.98	220.43
75	2,779.32	2,605.07	2,422.10	75	277.93	260.51	242.21
76	3,092.97	2,892.58	2,692.19	76	309.30	289.26	269.22
77	3,441.48	3,223.66	2,997.13	77	344.15	322.37	299.71
78	3,833.54	3,580.88	3,328.21	78	383.35	358.09	332.82
79	4,269.17	3,990.37	3,702.86	79	426.92	399.04	370.29

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	531.47	496.62	453.06	18-39	53.15	49.66	45.31
40	531.47	496.62	453.06	40	53.15	49.66	45.31
41	548.89	514.04	470.48	41	54.89	51.40	47.05
42	566.32	522.76	479.19	42	56.63	52.28	47.92
43	575.03	540.18	496.62	43	57.50	54.02	49.66
44	592.46	557.61	514.04	44	59.25	55.76	51.40
45	609.88	566.32	522.76	45	60.99	56.63	52.28
46	627.31	583.74	540.18	46	62.73	58.37	54.02
47	644.73	601.17	557.61	47	64.47	60.12	55.76
48	670.87	627.31	575.03	48	67.09	62.73	57.50
49	688.30	644.73	592.46	49	68.83	64.47	59.25
50	705.72	662.16	609.88	50	70.57	66.22	60.99
51	723.15	679.58	627.31	51	72.31	67.96	62.73
52	749.28	697.01	644.73	52	74.93	69.70	64.47
53	766.71	714.43	662.16	53	76.67	71.44	66.22
54	784.13	740.57	688.30	54	78.41	74.06	68.83
55	810.27	758.00	705.72	55	81.03	75.80	70.57
56	862.55	810.27	749.28	56	86.25	81.03	74.93
57	906.11	853.83	792.85	57	90.61	85.38	79.28
58	967.10	906.11	836.41	58	96.71	90.61	83.64
59	1,019.37	949.67	879.97	59	101.94	94.97	88.00
60	1,080.36	1,010.66	932.25	60	108.04	101.07	93.22
61	1,150.06	1,071.65	993.24	61	115.01	107.16	99.32
62	1,228.48	1,141.35	1,054.22	62	122.85	114.14	105.42
63	1,315.60	1,219.76	1,123.93	63	131.56	121.98	112.39
64	1,402.73	1,298.18	1,193.63	64	140.27	129.82	119.36
65	1,498.57	1,385.30	1,272.04	65	149.86	138.53	127.20
66	1,620.54	1,498.57	1,376.59	66	162.05	149.86	137.66
67	1,751.23	1,629.26	1,498.57	67	175.12	162.93	149.86
68	1,899.35	1,768.66	1,629.26	68	189.93	176.87	162.93
69	2,056.17	1,916.77	1,768.66	69	205.62	191.68	176.87

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,221.71	2,073.60	1,916.77	70	222.17	207.36	191.68
71	2,430.82	2,265.28	2,091.02	71	243.08	226.53	209.10
72	2,666.06	2,474.38	2,282.70	72	266.61	247.44	228.27
73	2,918.72	2,709.62	2,491.80	73	291.87	270.96	249.18
74	3,188.81	2,953.57	2,718.33	74	318.88	295.36	271.83
75	3,493.75	3,232.37	2,971.00	75	349.38	323.24	297.10
76	3,868.39	3,598.30	3,319.50	76	386.84	359.83	331.95
77	4,277.89	3,990.37	3,702.86	77	427.79	399.04	370.29
78	4,730.94	4,434.71	4,129.77	78	473.09	443.47	412.98
79	5,236.27	4,922.62	4,608.97	79	523.63	492.26	460.90

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	688.30	653.45	609.88	18-39	68.83	65.34	60.99
40	688.30	653.45	609.88	40	68.83	65.34	60.99
41	714.43	679.58	636.02	41	71.44	67.96	63.60
42	740.57	697.01	653.45	42	74.06	69.70	65.34
43	766.71	723.15	679.58	43	76.67	72.31	67.96
44	792.85	749.28	705.72	44	79.28	74.93	70.57
45	818.98	775.42	731.86	45	81.90	77.54	73.19
46	845.12	801.56	758.00	46	84.51	80.16	75.80
47	879.97	836.41	784.13	47	88.00	83.64	78.41
48	906.11	862.55	810.27	48	90.61	86.25	81.03
49	940.96	888.69	836.41	49	94.10	88.87	83.64
50	975.81	923.54	871.26	50	97.58	92.35	87.13
51	1,001.95	949.67	888.69	51	100.19	94.97	88.87
52	1,028.09	975.81	914.82	52	102.81	97.58	91.48
53	1,054.22	1,001.95	940.96	53	105.42	100.19	94.10
54	1,089.08	1,028.09	958.39	54	108.91	102.81	95.84
55	1,115.21	1,054.22	984.52	55	111.52	105.42	98.45
56	1,176.20	1,106.50	1,036.80	56	117.62	110.65	103.68
57	1,245.90	1,167.49	1,089.08	57	124.59	116.75	108.91
58	1,315.60	1,228.48	1,141.35	58	131.56	122.85	114.14
59	1,394.02	1,298.18	1,202.34	59	139.40	129.82	120.23
60	1,472.43	1,367.88	1,263.33	60	147.24	136.79	126.33
61	1,568.27	1,455.00	1,341.74	61	156.83	145.50	134.17
62	1,664.11	1,550.84	1,428.87	62	166.41	155.08	142.89
63	1,768.66	1,646.68	1,524.71	63	176.87	164.67	152.47
64	1,881.92	1,751.23	1,620.54	64	188.19	175.12	162.05
65	2,003.90	1,864.50	1,725.09	65	200.39	186.45	172.51
66	2,143.30	2,003.90	1,864.50	66	214.33	200.39	186.45
67	2,291.41	2,160.72	2,021.32	67	229.14	216.07	202.13
68	2,456.95	2,326.26	2,195.58	68	245.70	232.63	219.56
69	2,631.21	2,500.52	2,369.83	69	263.12	250.05	236.98

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,814.17	2,692.19	2,570.22	70	281.42	269.22	257.02
71	3,084.26	2,944.86	2,805.46	71	308.43	294.49	280.55
72	3,371.78	3,214.95	3,058.12	72	337.18	321.49	305.81
73	3,694.14	3,519.89	3,336.93	73	369.41	351.99	333.69
74	4,042.65	3,842.26	3,641.87	74	404.26	384.23	364.19
75	4,426.00	4,199.47	3,972.95	75	442.60	419.95	397.29
76	4,905.19	4,643.82	4,382.44	76	490.52	464.38	438.24
77	5,445.38	5,140.43	4,826.78	77	544.54	514.04	482.68
78	6,037.83	5,680.62	5,323.40	78	603.78	568.06	532.34
79	6,699.99	6,290.50	5,872.29	79	670.00	629.05	587.23

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

METLIFE INSURANCE COMPANY USA

Address: 1209 Orange Street, Wilmington, DE 19801

Actuarial Memorandum for the LTC4 Tax-Qualified Nursing Facility Only Product

November 2015

Product or Rider	Form Number
Nursing Facility Insurance	H-LTC4JFQ
Nursing Facility Insurance	H-LTC4JFQ20
Annual 5% Compound Benefit Inflation Rider	H-5AICFO
Annual 5% Simple Benefit Inflation Rider	H-5AISFO
Cost of Living (CPI) Benefit Rider	H-COLFO
Cost of Living (CPI) Benefit Rider	H-COLFO-3
Nonforfeiture Benefit Rider	H-NF3-6

These policy forms are tax-qualified individual policy forms providing facility only long term care coverage. These forms were issued in Virginia from February 1999 through September 2000.

1. Purpose of Filing

This actuarial memorandum has been prepared for the purpose of documenting the rates and demonstrating that the anticipated loss ratio of this product with those rates meets the minimum requirements in the statutes of Virginia. It may not be suitable for other purposes.

2. Description of Benefits

These are individually underwritten policies which pay a daily benefit for Nursing Facility Care, Assisted Living Facility Care, Alzheimer's Facility Care, Hospice Facility Care, Bed Reservation, and Respite Care provided in a Facility setting.

Elimination periods are 20, 60, and 100 days. The elimination period applies to all benefits except the Respite Care Benefit, Care Coordination Benefit, and Supplemental Benefits. The elimination period must be satisfied in full only once during the life of the contract.

Benefit periods are 2 years, 3 years, 5 years, and unlimited. Benefit eligibility is defined as having a 90-day certification period and not being able to perform at least two of six ADLs (dressing, eating, toileting, transferring, bathing, and continence) or cognitive impairment.

Premiums will be waived if benefits, other than Respite Care, Care Coordination, or Supplemental, are being paid.

A 5% simple, a 5% compound, and a cost of living (CPI) inflation rider as well as a non-forfeiture rider are available options.

3. Renewability

These policy forms are guaranteed renewable for life.

4. Applicability

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

5. Actuarial Assumptions

a. Expected Claim Costs are the product of the reinsurer's (General Electric Capital Assurance Company; GECA) expected claim costs used at the time of the reinsurance transaction executed in 2000 between Travelers and GECA and actual-to-expected factors that reflect actual emerging experience on these policy forms.

At the time the expected claim costs were developed, the reinsurer had been marketing nursing home and home health care benefit riders and policies on a direct basis for over 20 and 10 years, respectively. Using the experience on this business, both the expected incidence and severity of claims were developed for nursing home benefits. Selection factors were applied to the incidence rates in order to reflect the effects of underwriting.

The expected incidence rates, lengths of stay, and amount of benefit payments were separately identified for all combinations of plan options.

Actual-to-expected adjustment factors were developed from actual emerging experience through June 30, 2012 and are shown in the following table:

METLIFE INSURANCE COMPANY USA

Address: 1209 Orange Street, Wilmington, DE 19801

Actuarial Memorandum for the LTC4 Tax-Qualified Nursing Facility Only Product

November 2015

Actual-to-Expected Adjustment Factors

Policy Duration	Factor
1 - 4	132.5%
5	158.2%
6 - 7	163.4%
8 - 9	185.3%
10 - 11	194.8%
12	204.3%
13	206.4%
14	218.3%
15	220.5%
16 - 17	215.6%
18 - 19	210.7%
20	205.8%
21	200.7%
22	195.6%
23	190.7%
24	186.0%
25	181.3%
26	176.8%
27	172.4%
28	168.1%
29	163.9%
30	159.8%
31	155.8%
32	151.9%
33	148.1%
34	144.4%
35	140.8%
36	137.3%
37	133.8%
38	130.5%
39	127.2%
40	124.0%
41	120.9%
42	117.9%
43	115.0%
44	112.1%
45	109.3%
46	106.6%
47+	105.1%

b. Termination Rates. Historical termination rates are based on actual experience of this policy form.

Future voluntary lapse rates vary by duration as developed from actual experience through March 31, 2012 and are shown in the following table:

Voluntary Lapse Rates

Policy Duration	Lapse Rate
1	6.00%
2	4.00%
3	2.50%
4	1.50%
5	1.30%
6	1.10%
7 - 13	1.00%
14 - 19	1.40%
20 +	1.75%

Future mortality is based on 1983 IAM with selection factors consistent with experience and shown in the following table:

Mortality Selection Factors

Policy Duration	Factor
1	30.0%
2	40.0%
3	45.0%
4	50.0%
5	55.0%
6	60.0%
7	65.0%
8	67.0%
9	70.0%
10	72.0%
11	75.0%
12	77.0%
13	80.0%
14	82.0%
15	85.0%
16	87.0%
17	90.0%
18	92.0%
19	94.0%
20+	95.0%

c. Expenses. Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate, except that commission will not be paid on any increase in premium.

The above assumptions are based on actual experience of the policies in-force under these policy forms and general experience of the reinsurer and are deemed reasonable for these particular policies.

6. Marketing Method

These policy forms were marketed by agents as well as through various subsidiaries of Citigroup.

7. Underwriting Description

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

8. Premiums

Premiums are unisex, level and payable for life. The premiums vary by issue age, elimination period, benefit period, initial daily benefit, and inflation protection option.

9. Issue Age Range

Elimination periods of 20, 60, and 100 days are available for issue ages 18 to 79. Only the 60 and 100 day elimination periods of the 2-year benefit period are available for issue ages 80 through 84.

10. Area Factors

Area factors are not used for this product.

11. Premium Modalization Rules

The following modal factors and nationwide percent distributions (based on in-force count as of 12/31/2012) are applied to the annual premium (AP):

Premium Mode	Modal Factors	Percent Distribution
Annual	1.00*AP	56.3%
Semi-Annual	0.51*AP	10.5%
Quarterly	0.26*AP	13.4%
Monthly	0.09*AP	19.8%

12. Reserves

Active life reserves have not been used in this rate increase analysis, except in the loss ratio calculation in Exhibits III and IV and as described in the Supplement to the Actuarial Memorandum. Claim reserves as of December 31, 2012 have been discounted to the incurred date of each respective claim and included in historical incurred claims. Incurred but not reported balances as of December 31, 2012 have been allocated to a calendar year of incurred and included in historic incurred claims.

13. Trend Assumptions

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

14. Past and Future Policy Experience

Nationwide experience for these policy forms is shown in Exhibit I and includes earned premiums, paid claims, incurred claims, and loss ratios. The experience and projections in Exhibit I have been restated to reflect a rate level similar to that approved in Virginia on a nationwide basis.

Virginia-specific experience for these policy forms is shown in Exhibit II, including any previously implemented rate increases as described in Section 16 of this memorandum.

The company has chosen a credibility standard of 1,082 claims. Based on this parameter, Virginia-specific experience for the above-referenced forms is not considered fully credible, but is being provided as required.

Historical experience is shown by claim incurral year with the loss ratio for each loss year calculated by the following formula:

$$LR_j = \frac{\sum_{t=j}^{2012} Pmt_t^j * v^{t-j} + {}_jCR_{2012} * v^{2012-j+1/2} + {}_jIBNR_{2012} * v^{2012-j+1/2}}{EP_j}$$

LR_j = loss ratio for year *j*

Pmt_t^j = claim payments in year *t* on claims incurred in year *j*, assumed to occur mid-year

${}_jCR_{2012}$ = open claim reserve held on December 31, 2012 for claims incurred in year *j*

${}_jIBNR_{2012}$ = incurred but not reported reserve as of December 31, 2012 attributable to claims incurred in year *j*

EP_j = earned premium in year *j*, assumed mid-year

j = year of incurral

$v = 1 / 1.0585 = 0.944714$

A future annual loss ratio is calculated, with and without interest, as anticipated incurred claims divided by earned premiums.

A lifetime loss ratio as of 12/31/2012 is calculated as the sum of accumulated past and discounted future claims divided by the sum of accumulated past and discounted future earned premium.

Pursuant to 14VAC5-130-75, the loss ratios are calculated using an interest rate that is on a consistent basis, but not identical in value, to the interest rate assumed in the determination of premiums. The original pricing interest rate of 6.5% used in the determination of premiums is assumed to be reflective of a pre-tax net investment earnings rate. That is, the company's actual and future expected pre-tax investment earnings rate net of investment expenses and default risk.

The company's actual earned rates were only available beginning in 2004, so the weighted-average interest rate of 5.85% (using earned premium on all of MetLife Insurance Company USA's individual long-term care policy forms as weights) was assumed for the entire historical period (1988 through 2012). The historical earned rates are net of investment expenses and default risk, but are on a pre-tax basis.

The prospective interest rate assumption was derived from the 2012 cash flow testing results. The rates represent the runoff of the assets currently backing the company's long-term care liabilities and a reinvestment strategy consistent with the 2012 cash flow testing. Again, the prospective interest rates are net of investment expenses and default risk, but are on a pre-tax basis.

Exhibit III shows nationwide past experience including earned premiums, incurred claims, increase in active life reserves, and incurred loss ratios by calendar year. Exhibit IV provides similar information on a Virginia-specific basis. The company does not consider Virginia-specific experience as fully credible, but is providing it as required by the rate revisions checklist. The incurred loss ratio is defined as the sum of incurred claims and increase in active life reserves divided by earned premium. The values in these exhibits are shown without interest accumulation.

15. Projected Earned Premiums and Incurred Claims

Exhibits I and II contain lifetime projections of earned premium and incurred claims based on the current premiums and the filed premium rate schedule increase. Earned premiums and incurred claims for projection years 2013 through 2052 are developed from an asset share model representing actual contracts in-force as of December 31, 2012. The assumptions described above for morbidity, voluntary lapse and mortality are used to project life years, earned premiums and incurred claims. The projections reflecting the rate increase assume that the increase is effective on each policy's first anniversary on or after January 1, 2014.

16. History of Previous Rate Revisions

Two prior rate increases have been approved and implemented on these policy forms and associated riders. A 20.0% increase was approved on May 6, 2005 and implemented on each contract's next billing anniversary beginning August 27, 2005. A 30.0% increase was approved on May 4, 2011 and implemented on each contract's next billing anniversary beginning August 5, 2011.

The experience and projections in Exhibit I have been restated to reflect a rate level similar to that approved in Virginia on a nationwide basis.

17. Requested Rate Increase and Demonstration of Satisfaction of Loss Ratio Requirements

The company originally requested an increase of 25.7%. After extensive review and analysis of the data presented, the Virginia State Corporation Commission determined that a rate increase of 11.7% was the maximum percentage increase that was allowable at this time. The company has revised its request to 11.7% at this time. Projected experience assuming this increase is implemented is shown in Exhibits I and II. As shown in Exhibits I and II, the expected lifetime loss ratio with and without the requested rate increase exceeds the minimum loss ratio of 60%.

Current rate tables are included with this memorandum in Exhibit V. Rate tables reflecting the 11.7% increase are included with this memorandum in Exhibit VI. The proposed rates are uniformly 11.7% higher than the current rates. The actual rates implemented may vary slightly from those in Exhibit VI due to rounding in the implementation algorithm.

18. Virginia Average Annual Premium (Annual Premium Based on 2012 In-force)

Before increase: $2,805
After increase: $3,133

19. Proposed Effective Date

The rate increase will apply to policies on their billing anniversary date following at least a 60-day policyholder notification period following approval.

20. Nationwide Distribution of Business as of 12/31/2012 (based on in-force count)

By Issue Age:

Issue Ages	Percent Distribution
< 48	2.2%
48 - 52	4.2%
53 - 57	11.7%
58 - 62	22.4%
63 - 67	23.7%
68 - 72	20.2%
73 +	15.6%

By Elimination Period:

Elimination Period	Percent Distribution
20-day	38.0%
60-day	10.0%
100-day	52.0%

By Benefit Period:

Benefit Period	Percent Distribution
2-Year	10.5%
3-Year	26.8%
5-Year	30.7%
Unlimited	32.0%

By Inflation Protection Option:

Inflation Option	Percent Distribution
None	23.9%
Simple	16.4%
Compound	42.9%
CPI	16.8%

21. Number of Policyholders

As of 12/31/2012, the number of policies in-force and annualized premium in the state and nationwide is:

	Number of Insured	Annual Premium based on 2012 In-force
Virginia	11	$30,858
Nationwide	410	$710,350

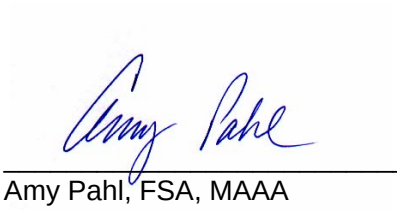
22. Actuarial Certification

I am a Principal and Consulting Actuary for Milliman, Inc. and have been retained by GNA Corporation (Genworth), a reinsurer of this business, to prepare this memorandum on behalf of MetLife Insurance Company USA. I am a Fellow of the Society of Actuaries and a member of the American Academy of Actuaries. I meet the Academy's qualification standards to render this actuarial opinion and am familiar with the requirements for filing long-term care insurance premium and rate increases. This memorandum has been prepared for the sole purpose stated, and it may not be appropriate for other purposes.

I believe this rate filing is in compliance with the applicable laws of the State of Virginia and with the rules of the Bureau. This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8 and 18.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of the state where it is filed. Furthermore, the actuarial assumptions are appropriate and the rates are not excessive or unfairly discriminatory. The premiums are reasonable in relation to the benefits, as provided in 14VAC5-130-75.

In preparing this actuarial memorandum, I relied on data provided to me by Union Fidelity Life Insurance Company, the retrocessionaire on this business, and Genworth. I did not audit this data but did review it for reasonableness. To the extent that this data is incomplete or inaccurate the contents of this memorandum may be materially affected.



Amy Pahl, FSA, MAAA
Principal and Consulting Actuary, Milliman, Inc.

Date: November 4, 2015

Exhibit I
MetLife Insurance Company USA
Nationwide Experience Projections with No Increase
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Loss Ratio Demonstration									Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest					With Interest				Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	3,427	0	0	0.0%	26	7,817	0	0	0.0%				0.0000		1.0000		5.85%	2.2811
	1999	276,504	0	0	0.0%	397	595,865	0	0	0.0%				0.0222		0.9778		5.85%	2.1550
	2000	739,022	0	0	0.0%	668	1,504,538	0	0	0.0%				0.0578		0.9422		5.85%	2.0359
	2001	907,491	2,679	75,294	8.3%	647	1,745,374	5,153	144,813	8.3%				0.0541		0.9459		5.85%	1.9233
	2002	867,718	47,430	205,558	23.7%	627	1,576,614	86,178	373,491	23.7%				0.0309		0.9691		5.85%	1.8170
	2003	841,621	112,363	52,671	6.3%	605	1,444,653	192,873	90,411	6.3%				0.0351		0.9649		5.85%	1.7165
	2004	894,035	103,556	225,073	25.2%	573	1,449,778	167,928	364,981	25.2%				0.0529		0.9471		5.85%	1.6216
	2005	905,664	95,703	347,947	38.4%	533	1,387,442	146,614	533,041	38.4%				0.0698		0.9302		5.85%	1.5320
	2006	855,031	103,190	625,178	73.1%	516	1,237,456	149,343	904,798	73.1%				0.0319		0.9681		5.85%	1.4473
	2007	832,927	73,931	32,343	3.9%	504	1,138,820	101,082	44,222	3.9%				0.0233		0.9767		5.85%	1.3673
	2008	808,250	549,240	504,729	62.4%	486	1,043,985	709,431	651,939	62.4%				0.0357		0.9643		5.85%	1.2917
	2009	771,517	571,991	782,493	101.4%	468	941,443	697,972	954,838	101.4%				0.0370		0.9630		5.85%	1.2203
	2010	735,897	671,638	652,187	88.6%	448	848,333	774,256	751,833	88.6%				0.0427		0.9573		5.85%	1.1528
	2011	792,505	718,959	941,838	118.8%	426	863,081	782,985	1,025,713	118.8%				0.0491		0.9509		5.85%	1.0891
	2012	845,313	790,149	898,290	106.3%	410	869,696	812,940	924,201	106.3%				0.0376		0.9624		5.85%	1.0288
Projected Future Experience	2013	804,932	809,294	1,019,981	126.7%	390	783,671	787,918	993,039	126.7%	1.0000	1.1924	1.0000	0.0484	0.0000	0.9516	0.9522	5.50%	0.9736
	2014	755,375	1,105,775	1,099,017	145.5%	369	697,406	1,020,915	1,014,676	145.5%	1.0000	1.1482	1.0000	0.0537	0.0000	0.9463	0.9384	5.47%	0.9233
	2015	704,436	1,223,463	1,149,785	163.2%	348	617,219	1,071,984	1,007,428	163.2%	1.0000	1.1218	1.0000	0.0581	0.0000	0.9419	0.9326	5.43%	0.8762
	2016	653,064	1,237,773	1,190,252	182.3%	326	543,419	1,029,959	990,417	182.3%	1.0000	1.1166	1.0000	0.0626	0.0000	0.9374	0.9271	5.39%	0.8321
	2017	601,750	1,249,264	1,223,774	203.4%	304	475,782	987,749	967,595	203.4%	1.0000	1.1158	1.0000	0.0672	0.0000	0.9328	0.9214	5.36%	0.7907
	2018	550,990	1,260,372	1,246,834	226.3%	282	413,969	946,942	936,771	226.3%	1.0000	1.1127	1.0000	0.0723	0.0000	0.9277	0.9156	5.34%	0.7513
	2019	501,090	1,279,066	1,253,604	250.2%	260	357,622	912,854	894,682	250.2%	1.0000	1.1056	1.0000	0.0782	0.0000	0.9218	0.9094	5.33%	0.7137
	2020	452,586	1,290,923	1,244,566	275.0%	238	306,691	874,783	843,369	275.0%	1.0000	1.0992	1.0000	0.0832	0.0000	0.9168	0.9032	5.33%	0.6776
	2021	406,503	1,292,068	1,225,648	301.5%	218	261,440	830,984	788,266	301.5%	1.0000	1.0964	1.0000	0.0871	0.0000	0.9129	0.8982	5.33%	0.6431
	2022	363,327	1,282,465	1,198,946	330.0%	198	221,667	782,437	731,482	330.0%	1.0000	1.0945	1.0000	0.0911	0.0000	0.9089	0.8938	5.34%	0.6101
	2023	323,121	1,264,411	1,168,483	361.6%	179	187,029	731,866	676,341	361.6%	1.0000	1.0959	1.0000	0.0952	0.0000	0.9048	0.8893	5.35%	0.5788
	2024	285,911	1,240,067	1,134,117	396.7%	161	157,055	681,186	622,986	396.7%	1.0000	1.0969	1.0000	0.0995	0.0000	0.9005	0.8848	5.35%	0.5493
	2025	251,685	1,209,878	1,093,156	434.3%	144	131,203	630,708	569,861	434.3%	1.0000	1.0950	1.0000	0.1038	0.0000	0.8962	0.8803	5.35%	0.5213
	2026	220,398	1,174,536	1,049,638	476.2%	129	109,048	581,132	519,336	476.2%	1.0000	1.0965	1.0000	0.1082	0.0000	0.8918	0.8757	5.35%	0.4948
	2027	191,978	1,135,660	1,006,007	524.0%	114	90,184	533,492	472,585	524.0%	1.0000	1.1003	1.0000	0.1128	0.0000	0.8872	0.8711	5.35%	0.4698
	2028	166,324	1,094,013	959,926	577.1%	101	74,215	488,159	428,328	577.1%	1.0000	1.1014	1.0000	0.1174	0.0000	0.8826	0.8664	5.34%	0.4462
	2029	143,311	1,049,422	909,545	634.7%	89	60,771	445,006	385,691	634.7%	1.0000	1.0997	1.0000	0.1221	0.0000	0.8779	0.8616	5.34%	0.4240
	2030	122,797	1,001,268	853,368	694.9%	77	49,509	403,686	344,057	694.9%	1.0000	1.0950	1.0000	0.1269	0.0000	0.8731	0.8569	5.33%	0.4032
	2031	104,624	948,746	792,557	757.5%	67	40,125	363,862	303,961	757.5%	1.0000	1.0901	1.0000	0.1318	0.0000	0.8682	0.8520	5.32%	0.3835
	2032	88,627	892,119	731,111	824.9%	58	32,352	325,656	266,882	824.9%	1.0000	1.0890	1.0000	0.1368	0.0000	0.8632	0.8471	5.30%	0.3650
	2033	74,633	832,315	669,670	897.3%	50	25,944	289,335	232,795	897.3%	1.0000	1.0877	1.0000	0.1418	0.0000	0.8582	0.8421	5.29%	0.3476
	2034	62,470	770,552	609,400	975.5%	42	20,689	255,190	201,820	975.5%	1.0000	1.0872	1.0000	0.1468	0.0000	0.8532	0.8370	5.27%	0.3312
	2035	51,968	708,368	551,761	1061.7%	36	16,403	223,593	174,161	1061.7%	1.0000	1.0884	1.0000	0.1518	0.0000	0.8482	0.8319	5.26%	0.3156
	2036	42,959	646,917	495,925	1154.4%	30	12,937	194,814	149,344	1154.4%	1.0000	1.0873	1.0000	0.1567	0.0000	0.8433	0.8267	5.24%	0.3011
	2037	35,285	586,860	442,299	1253.5%	25	10,154	168,876	127,277	1253.5%	1.0000	1.0858	1.0000	0.1616	0.0000	0.8384	0.8214	5.22%	0.2878
	2038	28,793	528,510	389,066	1351.2%	21	7,929	145,540	107,140	1351.2%	1.0000	1.0780	1.0000	0.1664	0.0000	0.8336	0.8160	5.19%	0.2754
	2039	23,341	472,077	338,566	1450.5%	18	6,156	124,516	89,301	1450.5%	1.0000	1.0735	1.0000	0.1711	0.0000	0.8289	0.8106	5.16%	0.2638
	2040	18,795	417,969	290,626	1546.3%	14	4,751	105,649	73,461	1546.3%	1.0000	1.0660	1.0000	0.1756	0.0000	0.8244	0.8052	5.13%	0.2528
	2041	15,033	366,395	246,231	1637.9%	12	3,643	88,785	59,667	1637.9%	1.0000	1.0592	1.0000	0.1798	0.0000	0.8202	0.7999	5.10%	0.2423
	2042	11,945	317,970	206,288	1727.0%	10	2,776	73,883	47,933	1727.0%	1.0000	1.0544	1.0000	0.1838	0.0000	0.8162	0.7946	5.07%	0.2324
	2043	9,429	273,161	170,531	1808.5%	8	2,101	60,867	37,999	1808.5%	1.0000	1.0472	1.0000	0.1874	0.0000	0.8126	0.7894	5.05%	0.2228
	2044	7,397	232,232	139,140	1881.2%	6	1,580	49,617	29,727	1881.2%	1.0000	1.0402	1.0000	0.1906	0.0000	0.8094	0.7844	5.02%	0.2137
	2045	5,767	195,536	113,092	1960.9%	5	1,181	40,048	23,163	1960.9%	1.0000	1.0424	1.0000	0.1934	0.0000	0.8066	0.7797	5.00%	0.2048
	2046	4,472	163,594	92,630	2071.5%	4	878	32,113	18,183	2071.5%	1.0000	1.0564	1.0000	0.1958	0.0000	0.8042	0.7753	4.98%	0.1963
	2047	3,449	136,571	76,663	2222.8%	3	649	25,689	14,420	2222.8%	1.0000	1.0730	1.0000	0.1980	0.0000	0.8020	0.7713	4.96%	0.1881
	2048	2,647	113,873	62,813	2372.8%	3	477	20,523	11,321	2372.8%	1.0000	1.0675	1.0000	0.1999	0.0000	0.8001	0.7675	4.95%	0.1802
	2049	2,023	94,740	51,304	2536.5%	2	349	16,361	8,860	2536.5%	1.0000	1.0690	1.0000	0.2019	0.0000	0.7981	0.7641	4.93%	0.1727
	2050	1,539	78,594	41,556	2700.5%	2	255	13,005	6,876	2700.5%	1.0000	1.0647	1.0000	0.2040	0.0000	0.7960	0.7608	4.91%	0.1655
	2051	1,166	64,913	33,297	2856.0%	1	185	10,292	5,279	2856.0%	1.0000	1.0576	1.0000	0.2063	0.0000	0.7937	0.7577	4.90%	0.1586
	2052	880	53,335	26,579	3020.9%	1	134	8,104	4,039	3020.9%	1.0000	1.0577	1.0000	0.2089	0.0000	0.7911	0.7547	4.89%	0.1520
	Past	11,076,922	3,840,829	5,343,601	48.2%	7,334	16,654,897	4,626,756	6,764,280	40.6%									
	Future	8,096,819	30,095,069	26,597,750	328.5%	4,347	5,729,546	16,378,082	15,180,519	265.0%									
	Lifetime	19,173,741	33,935,897	31,941,351	166.6%	11,681	22,384,444	21,004,837	21,944,798	98.0%									

Exhibit I
MetLife Insurance Company USA
Nationwide Experience Projections with 11.7% Increase
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Loss Ratio Demonstration									Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest					With Interest				Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
Historical Experience	1998	3,427	0	0	0.0%	26	7,817	0	0	0.0%				0.0000		1.0000		5.85%	2.2811
	1999	276,504	0	0	0.0%	397	595,865	0	0	0.0%				0.0222		0.9778		5.85%	2.1550
	2000	739,022	0	0	0.0%	668	1,504,538	0	0	0.0%				0.0578		0.9422		5.85%	2.0359
	2001	907,491	2,679	75,294	8.3%	647	1,745,374	5,153	144,813	8.3%				0.0541		0.9459		5.85%	1.9233
	2002	867,718	47,430	205,558	23.7%	627	1,576,614	86,178	373,491	23.7%				0.0309		0.9691		5.85%	1.8170
	2003	841,621	112,363	52,671	6.3%	605	1,444,653	192,873	90,411	6.3%				0.0351		0.9649		5.85%	1.7165
	2004	894,035	103,556	225,073	25.2%	573	1,449,778	167,928	364,981	25.2%				0.0529		0.9471		5.85%	1.6216
	2005	905,664	95,703	347,947	38.4%	533	1,387,442	146,614	533,041	38.4%				0.0698		0.9302		5.85%	1.5320
	2006	855,031	103,190	625,178	73.1%	516	1,237,456	149,343	904,798	73.1%				0.0319		0.9681		5.85%	1.4473
	2007	832,927	73,931	32,343	3.9%	504	1,138,820	101,082	44,222	3.9%				0.0233		0.9767		5.85%	1.3673
	2008	808,250	549,240	504,729	62.4%	486	1,043,985	709,431	651,939	62.4%				0.0357		0.9643		5.85%	1.2917
	2009	771,517	571,991	782,493	101.4%	468	941,443	697,972	954,838	101.4%				0.0370		0.9630		5.85%	1.2203
	2010	735,897	671,638	652,187	88.6%	448	848,333	774,256	751,833	88.6%				0.0427		0.9573		5.85%	1.1528
	2011	792,505	718,959	941,838	118.8%	426	863,081	782,985	1,025,713	118.8%				0.0491		0.9509		5.85%	1.0891
	2012	845,313	790,149	898,290	106.3%	410	869,696	812,940	924,201	106.3%				0.0376		0.9624		5.85%	1.0288
Projected Future Experience	2013	804,932	809,294	1,019,981	126.7%	390	783,671	787,918	993,039	126.7%	1.0000	1.1924	1.0000	0.0484	0.0000	0.9516	0.9522	5.50%	0.9736
	2014	799,560	1,105,775	1,099,017	137.5%	369	738,200	1,020,915	1,014,676	137.5%	1.0604	1.1482	1.0000	0.0537	0.0000	0.9463	0.9384	5.47%	0.9233
	2015	786,855	1,223,463	1,149,785	146.1%	348	689,434	1,071,984	1,007,428	146.1%	1.0534	1.1218	1.0000	0.0581	0.0000	0.9419	0.9326	5.43%	0.8762
	2016	729,473	1,237,773	1,190,252	163.2%	326	606,999	1,029,959	990,417	163.2%	1.0000	1.1166	1.0000	0.0626	0.0000	0.9374	0.9271	5.39%	0.8321
	2017	672,155	1,249,264	1,223,774	182.1%	304	531,449	987,749	967,595	182.1%	1.0000	1.1158	1.0000	0.0672	0.0000	0.9328	0.9214	5.36%	0.7907
	2018	615,455	1,260,372	1,246,834	202.6%	282	462,404	946,942	936,771	202.6%	1.0000	1.1127	1.0000	0.0723	0.0000	0.9277	0.9156	5.34%	0.7513
	2019	559,718	1,279,066	1,253,604	224.0%	260	399,463	912,854	894,682	224.0%	1.0000	1.1056	1.0000	0.0782	0.0000	0.9218	0.9094	5.33%	0.7137
	2020	505,539	1,290,923	1,244,566	246.2%	238	342,574	874,783	843,369	246.2%	1.0000	1.0992	1.0000	0.0832	0.0000	0.9168	0.9032	5.33%	0.6776
	2021	454,064	1,292,068	1,225,648	269.9%	218	292,028	830,984	788,266	269.9%	1.0000	1.0964	1.0000	0.0871	0.0000	0.9129	0.8982	5.33%	0.6431
	2022	405,836	1,282,465	1,198,946	295.4%	198	247,602	782,437	731,482	295.4%	1.0000	1.0945	1.0000	0.0911	0.0000	0.9089	0.8938	5.34%	0.6101
	2023	360,926	1,264,411	1,168,483	323.7%	179	208,911	731,866	676,341	323.7%	1.0000	1.0959	1.0000	0.0952	0.0000	0.9048	0.8893	5.35%	0.5788
	2024	319,363	1,240,067	1,134,117	355.1%	161	175,430	681,186	622,986	355.1%	1.0000	1.0969	1.0000	0.0995	0.0000	0.9005	0.8848	5.35%	0.5493
	2025	281,132	1,209,878	1,093,156	388.8%	144	146,554	630,708	569,861	388.8%	1.0000	1.0950	1.0000	0.1038	0.0000	0.8962	0.8803	5.35%	0.5213
	2026	246,185	1,174,536	1,049,638	426.4%	129	121,806	581,132	519,336	426.4%	1.0000	1.0965	1.0000	0.1082	0.0000	0.8918	0.8757	5.35%	0.4948
	2027	214,440	1,135,660	1,006,007	469.1%	114	100,736	533,492	472,585	469.1%	1.0000	1.1003	1.0000	0.1128	0.0000	0.8872	0.8711	5.35%	0.4698
	2028	185,783	1,094,013	959,926	516.7%	101	82,898	488,159	428,328	516.7%	1.0000	1.1014	1.0000	0.1174	0.0000	0.8826	0.8664	5.34%	0.4462
	2029	160,078	1,049,422	909,545	568.2%	89	67,881	445,006	385,691	568.2%	1.0000	1.0997	1.0000	0.1221	0.0000	0.8779	0.8616	5.34%	0.4240
	2030	137,164	1,001,268	853,368	622.2%	77	55,301	403,686	344,057	622.2%	1.0000	1.0950	1.0000	0.1269	0.0000	0.8731	0.8569	5.33%	0.4032
	2031	116,865	948,746	792,557	678.2%	67	44,820	363,862	303,961	678.2%	1.0000	1.0901	1.0000	0.1318	0.0000	0.8682	0.8520	5.32%	0.3835
	2032	98,996	892,119	731,111	738.5%	58	36,137	325,656	266,882	738.5%	1.0000	1.0890	1.0000	0.1368	0.0000	0.8632	0.8471	5.30%	0.3650
	2033	83,365	832,315	669,670	803.3%	50	28,980	289,335	232,795	803.3%	1.0000	1.0877	1.0000	0.1418	0.0000	0.8582	0.8421	5.29%	0.3476
	2034	69,779	770,552	609,400	873.3%	42	23,109	255,190	201,820	873.3%	1.0000	1.0872	1.0000	0.1468	0.0000	0.8532	0.8370	5.27%	0.3312
	2035	58,048	708,368	551,761	950.5%	36	18,323	223,593	174,161	950.5%	1.0000	1.0884	1.0000	0.1518	0.0000	0.8482	0.8319	5.26%	0.3156
	2036	47,986	646,917	495,925	1033.5%	30	14,450	194,814	149,344	1033.5%	1.0000	1.0873	1.0000	0.1567	0.0000	0.8433	0.8267	5.24%	0.3011
	2037	39,413	586,860	442,299	1122.2%	25	11,342	168,876	127,277	1122.2%	1.0000	1.0858	1.0000	0.1616	0.0000	0.8384	0.8214	5.22%	0.2878
	2038	32,162	528,510	389,066	1209.7%	21	8,857	145,540	107,140	1209.7%	1.0000	1.0780	1.0000	0.1664	0.0000	0.8336	0.8160	5.19%	0.2754
	2039	26,072	472,077	338,566	1298.6%	18	6,877	124,516	89,301	1298.6%	1.0000	1.0735	1.0000	0.1711	0.0000	0.8289	0.8106	5.16%	0.2638
	2040	20,994	417,969	290,626	1384.3%	14	5,307	105,649	73,461	1384.3%	1.0000	1.0660	1.0000	0.1756	0.0000	0.8244	0.8052	5.13%	0.2528
	2041	16,792	366,395	246,231	1466.3%	12	4,069	88,785	59,667	1466.3%	1.0000	1.0592	1.0000	0.1798	0.0000	0.8202	0.7999	5.10%	0.2423
	2042	13,343	317,970	206,288	1546.1%	10	3,100	73,883	47,933	1546.1%	1.0000	1.0544	1.0000	0.1838	0.0000	0.8162	0.7946	5.07%	0.2324
	2043	10,532	273,161	170,531	1619.1%	8	2,347	60,867	37,999	1619.1%	1.0000	1.0472	1.0000	0.1874	0.0000	0.8126	0.7894	5.05%	0.2228
	2044	8,262	232,232	139,140	1684.1%	6	1,765	49,617	29,727	1684.1%	1.0000	1.0402	1.0000	0.1906	0.0000	0.8094	0.7844	5.02%	0.2137
	2045	6,442	195,536	113,092	1755.5%	5	1,319	40,048	23,163	1755.5%	1.0000	1.0424	1.0000	0.1934	0.0000	0.8066	0.7797	5.00%	0.2048
	2046	4,995	163,594	92,630	1854.5%	4	980	32,113	18,183	1854.5%	1.0000	1.0564	1.0000	0.1958	0.0000	0.8042	0.7753	4.98%	0.1963
	2047	3,852	136,571	76,663	1990.0%	3	725	25,689	14,420	1990.0%	1.0000	1.0730	1.0000	0.1980	0.0000	0.8020	0.7713	4.96%	0.1881
	2048	2,957	113,873	62,813	2124.2%	3	533	20,523	11,321	2124.2%	1.0000	1.0675	1.0000	0.1999	0.0000	0.8001	0.7675	4.95%	0.1802
	2049	2,259	94,740	51,304	2270.8%	2	390	16,361	8,860	2270.8%	1.0000	1.0690	1.0000	0.2019	0.0000	0.7981	0.7641	4.93%	0.1727
	2050	1,719	78,594	41,556	2417.7%	2	284	13,005	6,876	2417.7%	1.0000	1.0647	1.0000	0.2040	0.0000	0.7960	0.7608	4.91%	0.1655
	2051	1,302	64,913	33,297	2556.8%	1	206	10,292	5,279	2556.8%	1.0000	1.0576	1.0000	0.2063	0.0000	0.7937	0.7577	4.90%	0.1586
	2052	983	53,335	26,579	2704.4%	1	149	8,104	4,039	2704.4%	1.0000	1.0577	1.0000	0.2089	0.0000	0.7911	0.7547	4.89%	0.1520
	Past	11,076,922	3,840,829	5,343,601	48.2%	7,334	16,654,897	4,626,756	6,764,280	40.6%									
	Future	9,565,720	29,381,984	25,926,499	271.0%	4,308	6,267,412	16,378,082	15,180,519	242.2%									
	Lifetime	20,642,642	33,222,813	31,270,100	151.5%	11,642	22,922,309	21,004,837	21,944,798	95.7%									

Exhibit II
MetLife Insurance Company USA
Virginia-Specific Experience Projections with No Increase
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Loss Ratio Demonstration									Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest					With Interest				Premium	Morbidity Factors		Persistency Factors					
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
	1998	0	0	0	0.0%	0	0	0	0	0.0%				0.0000		1.0000		5.85%	2.2811
Historical	1999	11,223	0	0	0.0%	14	24,184	0	0	0.0%				0.0667		0.9333		5.85%	2.1550
Experience	2000	25,678	0	0	0.0%	15	52,276	0	0	0.0%				0.0625		0.9375		5.85%	2.0359
	2001	23,965	0	0	0.0%	14	46,092	0	0	0.0%				0.0667		0.9333		5.85%	1.9233
	2002	22,977	0	0	0.0%	14	41,749	0	0	0.0%				0.0000		1.0000		5.85%	1.8170
	2003	23,019	0	0	0.0%	14	39,513	0	0	0.0%				0.0000		1.0000		5.85%	1.7165
	2004	23,071	0	0	0.0%	14	37,413	0	0	0.0%				0.0000		1.0000		5.85%	1.6216
	2005	22,478	0	0	0.0%	13	34,435	0	0	0.0%				0.0714		0.9286		5.85%	1.5320
	2006	23,230	0	0	0.0%	13	33,619	0	0	0.0%				0.0000		1.0000		5.85%	1.4473
	2007	24,806	0	0	0.0%	13	33,917	0	0	0.0%				0.0000		1.0000		5.85%	1.3673
	2008	25,119	0	0	0.0%	13	32,445	0	0	0.0%				0.0000		1.0000		5.85%	1.2917
	2009	24,441	0	0	0.0%	12	29,824	0	0	0.0%				0.0769		0.9231		5.85%	1.2203
	2010	24,056	0	728	3.0%	12	27,732	0	840	3.0%				0.0000		1.0000		5.85%	1.1528
	2011	24,025	0	3,077	12.8%	11	26,165	0	3,351	12.8%				0.0833		0.9167		5.85%	1.0891
	2012	28,189	0	15,933	56.5%	11	29,002	0	16,393	56.5%				0.0000		1.0000		5.85%	1.0288
	2013	29,824	15,062	58,366	195.7%	10	29,036	14,664	56,825	195.7%	1.0000	3.4624	1.0000	0.0525	0.0000	0.9475	1.0580	5.50%	0.9736
Projected	2014	27,708	36,894	60,590	218.7%	10	25,582	34,062	55,940	218.7%	1.0000	1.1173	1.0000	0.0578	0.0000	0.9422	0.9291	5.47%	0.9233
Future	2015	25,555	50,413	61,917	242.3%	9	22,391	44,171	54,251	242.3%	1.0000	1.1080	1.0000	0.0629	0.0000	0.9371	0.9223	5.43%	0.8762
Experience	2016	23,392	58,356	63,746	272.5%	9	19,464	48,559	53,044	272.5%	1.0000	1.1248	1.0000	0.0685	0.0000	0.9315	0.9153	5.39%	0.8321
	2017	21,246	62,735	64,981	305.9%	8	16,798	49,603	51,378	305.9%	1.0000	1.1223	1.0000	0.0741	0.0000	0.9259	0.9083	5.36%	0.7907
	2018	19,151	65,083	65,361	341.3%	7	14,388	48,898	49,107	341.3%	1.0000	1.1159	1.0000	0.0797	0.0000	0.9203	0.9014	5.34%	0.7513
	2019	17,115	65,945	64,730	378.2%	7	12,215	47,064	46,197	378.2%	1.0000	1.1082	1.0000	0.0876	0.0000	0.9124	0.8937	5.33%	0.7137
	2020	15,171	65,987	62,855	414.3%	6	10,281	44,715	42,593	414.3%	1.0000	1.0954	1.0000	0.0929	0.0000	0.9071	0.8864	5.33%	0.6776
	2021	13,366	64,965	59,990	448.8%	5	8,596	41,782	38,582	448.8%	1.0000	1.0833	1.0000	0.0977	0.0000	0.9023	0.8810	5.33%	0.6431
	2022	11,705	62,961	56,403	481.9%	5	7,141	38,413	34,411	481.9%	1.0000	1.0736	1.0000	0.1026	0.0000	0.8974	0.8758	5.34%	0.6101
	2023	10,189	60,299	52,457	514.8%	4	5,898	34,902	30,363	514.8%	1.0000	1.0684	1.0000	0.1075	0.0000	0.8925	0.8705	5.35%	0.5788
	2024	8,817	57,152	48,128	545.8%	4	4,843	31,394	26,437	545.8%	1.0000	1.0603	1.0000	0.1125	0.0000	0.8875	0.8653	5.35%	0.5493
	2025	7,585	53,516	43,217	569.8%	3	3,954	27,898	22,529	569.8%	1.0000	1.0438	1.0000	0.1175	0.0000	0.8825	0.8603	5.35%	0.5213
	2026	6,488	49,515	38,343	591.0%	3	3,210	24,499	18,971	591.0%	1.0000	1.0373	1.0000	0.1225	0.0000	0.8775	0.8554	5.35%	0.4948
	2027	5,519	45,412	34,205	619.8%	3	2,593	21,333	16,068	619.8%	1.0000	1.0487	1.0000	0.1275	0.0000	0.8725	0.8507	5.35%	0.4698
	2028	4,670	41,426	30,568	654.6%	2	2,084	18,485	13,640	654.6%	1.0000	1.0562	1.0000	0.1327	0.0000	0.8673	0.8461	5.34%	0.4462
	2029	3,930	37,681	27,514	700.1%	2	1,667	15,979	11,667	700.1%	1.0000	1.0694	1.0000	0.1380	0.0000	0.8620	0.8417	5.34%	0.4240
	2030	3,290	34,279	24,875	756.0%	2	1,327	13,820	10,029	756.0%	1.0000	1.0798	1.0000	0.1437	0.0000	0.8563	0.8372	5.33%	0.4032
	2031	2,740	31,228	22,490	820.8%	1	1,051	11,977	8,625	820.8%	1.0000	1.0857	1.0000	0.1496	0.0000	0.8504	0.8327	5.32%	0.3835
	2032	2,269	28,440	20,172	889.1%	1	828	10,381	7,364	889.1%	1.0000	1.0832	1.0000	0.1560	0.0000	0.8440	0.8280	5.30%	0.3650
	2033	1,867	25,790	17,898	958.5%	1	649	8,965	6,222	958.5%	1.0000	1.0780	1.0000	0.1627	0.0000	0.8373	0.8230	5.29%	0.3476
	2034	1,527	23,235	15,903	1041.5%	1	506	7,695	5,267	1041.5%	1.0000	1.0866	1.0000	0.1697	0.0000	0.8303	0.8177	5.27%	0.3312
	2035	1,240	20,736	13,808	1113.7%	1	391	6,545	4,358	1113.7%	1.0000	1.0693	1.0000	0.1771	0.0000	0.8229	0.8120	5.26%	0.3156
	2036	999	18,248	11,702	1171.0%	1	301	5,495	3,524	1171.0%	1.0000	1.0515	1.0000	0.1848	0.0000	0.8152	0.8060	5.24%	0.3011
	2037	799	15,810	9,804	1226.6%	1	230	4,549	2,821	1226.6%	1.0000	1.0475	1.0000	0.1927	0.0000	0.8073	0.7998	5.22%	0.2878
	2038	634	13,497	8,033	1266.5%	1	175	3,717	2,212	1266.5%	1.0000	1.0325	1.0000	0.2007	0.0000	0.7993	0.7935	5.19%	0.2754
	2039	499	11,363	6,485	1298.9%	1	132	2,997	1,710	1298.9%	1.0000	1.0256	1.0000	0.2091	0.0000	0.7909	0.7872	5.16%	0.2638
	2040	390	9,447	5,191	1332.0%	1	98	2,388	1,312	1332.0%	1.0000	1.0255	1.0000	0.2178	0.0000	0.7822	0.7805	5.13%	0.2528
	2041	301	7,763	4,110	1364.0%	1	73	1,881	996	1364.0%	1.0000	1.0241	1.0000	0.2271	0.0000	0.7729	0.7733	5.10%	0.2423
	2042	231	6,319	3,303	1432.6%	1	54	1,468	767	1432.6%	1.0000	1.0503	1.0000	0.2374	0.0000	0.7626	0.7651	5.07%	0.2324
	2043	174	5,101	2,550	1464.3%	1	39	1,137	568	1464.3%	1.0000	1.0222	1.0000	0.2491	0.0000	0.7509	0.7554	5.05%	0.2228
	2044	130	4,072	1,975	1524.3%	1	28	870	422	1524.3%	1.0000	1.0410	1.0000	0.2625	0.0000	0.7375	0.7440	5.02%	0.2137
	2045	95	3,223	1,505	1590.8%	1	19	660	308	1590.8%	1.0000	1.0436	1.0000	0.2780	0.0000	0.7220	0.7304	5.00%	0.2048
	2046	68	2,526	1,120	1656.9%	1	13	496	220	1656.9%	1.0000	1.0416	1.0000	0.2960	0.0000	0.7040	0.7143	4.98%	0.1963
	2047	47	1,956	849	1807.1%	1	9	368	160	1807.1%	1.0000	1.0907	1.0000	0.3168	0.0000	0.6832	0.6954	4.96%	0.1881
	2048	32	1,490	600	1894.0%	1	6	269	108	1894.0%	1.0000	1.0481	1.0000	0.3407	0.0000	0.6593	0.6735	4.95%	0.1802
	2049	21	1,112	407	1983.7%	1	4	192	70	1983.7%	1.0000	1.0474	1.0000	0.3680	0.0000	0.6320	0.6486	4.93%	0.1727
	2050	13	812	264	2075.9%	1	2	134	44	2075.9%	1.0000	1.0465	1.0000	0.3987	0.0000	0.6013	0.6204	4.91%	0.1655
	2051	8	579	163	2169.1%	1	1	92	26	2169.1%	1.0000	1.0449	1.0000	0.4329	0.0000	0.5671	0.5892	4.90%	0.1586
	2052	4	402	94	2263.4%	1	1	61	14	2263.4%	1.0000	1.0435	1.0000	0.4707	0.0000	0.5293	0.5548	4.89%	0.1520
	Past	326,278	0	19,738	6.0%	183	488,367	0	20,583	4.2%									
	Future	268,806	1,160,829	1,066,672	396.8%	122	196,076	672,578	679,153	346.4%									
	Lifetime	595,084	1,160,829	1,086,410	182.6%	305	684,442	672,578	699,736	102.2%									

Exhibit II
MetLife Insurance Company USA
Virginia-Specific Experience Projections with 11.7% Increase
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Loss Ratio Demonstration									Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest					With Interest				Premium	Morbidity Factors		Persistency Factors					
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
	1998	0	0	0	0.0%	0	0	0	0	0.0%				0.0000		1.0000		5.85%	2.2811
Historical	1999	11,223	0	0	0.0%	14	24,184	0	0	0.0%				0.0667		0.9333		5.85%	2.1550
Experience	2000	25,678	0	0	0.0%	15	52,276	0	0	0.0%				0.0625		0.9375		5.85%	2.0359
	2001	23,965	0	0	0.0%	14	46,092	0	0	0.0%				0.0667		0.9333		5.85%	1.9233
	2002	22,977	0	0	0.0%	14	41,749	0	0	0.0%				0.0000		1.0000		5.85%	1.8170
	2003	23,019	0	0	0.0%	14	39,513	0	0	0.0%				0.0000		1.0000		5.85%	1.7165
	2004	23,071	0	0	0.0%	14	37,413	0	0	0.0%				0.0000		1.0000		5.85%	1.6216
	2005	22,478	0	0	0.0%	13	34,435	0	0	0.0%				0.0714		0.9286		5.85%	1.5320
	2006	23,230	0	0	0.0%	13	33,619	0	0	0.0%				0.0000		1.0000		5.85%	1.4473
	2007	24,806	0	0	0.0%	13	33,917	0	0	0.0%				0.0000		1.0000		5.85%	1.3673
	2008	25,119	0	0	0.0%	13	32,445	0	0	0.0%				0.0000		1.0000		5.85%	1.2917
	2009	24,441	0	0	0.0%	12	29,824	0	0	0.0%				0.0769		0.9231		5.85%	1.2203
	2010	24,056	0	728	3.0%	12	27,732	0	840	3.0%				0.0000		1.0000		5.85%	1.1528
	2011	24,025	0	3,077	12.8%	11	26,165	0	3,351	12.8%				0.0833		0.9167		5.85%	1.0891
	2012	28,189	0	15,933	56.5%	11	29,002	0	16,393	56.5%				0.0000		1.0000		5.85%	1.0288
	2013	29,824	15,062	58,366	195.7%	10	29,036	14,664	56,825	195.7%	1.0000	3.4624	1.0000	0.0525	0.0000	0.9475	1.0580	5.50%	0.9736
Projected	2014	29,076	36,894	60,590	208.4%	10	26,845	34,062	55,940	208.4%	1.0517	1.1173	1.0000	0.0578	0.0000	0.9422	0.9291	5.47%	0.9233
Future	2015	28,545	50,413	61,917	216.9%	9	25,011	44,171	54,251	216.9%	1.0621	1.1080	1.0000	0.0629	0.0000	0.9371	0.9223	5.43%	0.8762
Experience	2016	26,129	58,356	63,746	244.0%	9	21,742	48,559	53,044	244.0%	1.0000	1.1248	1.0000	0.0685	0.0000	0.9315	0.9153	5.39%	0.8321
	2017	23,732	62,735	64,981	273.8%	8	18,764	49,603	51,378	273.8%	1.0000	1.1223	1.0000	0.0741	0.0000	0.9259	0.9083	5.36%	0.7907
	2018	21,391	65,083	65,361	305.5%	7	16,072	48,898	49,107	305.5%	1.0000	1.1159	1.0000	0.0797	0.0000	0.9203	0.9014	5.34%	0.7513
	2019	19,117	65,945	64,730	338.6%	7	13,644	47,064	46,197	338.6%	1.0000	1.1082	1.0000	0.0876	0.0000	0.9124	0.8937	5.33%	0.7137
	2020	16,946	65,987	62,855	370.9%	6	11,483	44,715	42,593	370.9%	1.0000	1.0954	1.0000	0.0929	0.0000	0.9071	0.8864	5.33%	0.6776
	2021	14,929	64,965	59,990	401.8%	5	9,602	41,782	38,582	401.8%	1.0000	1.0833	1.0000	0.0977	0.0000	0.9023	0.8810	5.33%	0.6431
	2022	13,074	62,961	56,403	431.4%	5	7,977	38,413	34,411	431.4%	1.0000	1.0736	1.0000	0.1026	0.0000	0.8974	0.8758	5.34%	0.6101
	2023	11,381	60,299	52,457	460.9%	4	6,588	34,902	30,363	460.9%	1.0000	1.0684	1.0000	0.1075	0.0000	0.8925	0.8705	5.35%	0.5788
	2024	9,849	57,152	48,128	488.7%	4	5,410	31,394	26,437	488.7%	1.0000	1.0603	1.0000	0.1125	0.0000	0.8875	0.8653	5.35%	0.5493
	2025	8,472	53,516	43,217	510.1%	3	4,417	27,898	22,529	510.1%	1.0000	1.0438	1.0000	0.1175	0.0000	0.8825	0.8603	5.35%	0.5213
	2026	7,247	49,515	38,343	529.1%	3	3,586	24,499	18,971	529.1%	1.0000	1.0373	1.0000	0.1225	0.0000	0.8775	0.8554	5.35%	0.4948
	2027	6,165	45,412	34,205	554.9%	3	2,896	21,333	16,068	554.9%	1.0000	1.0487	1.0000	0.1275	0.0000	0.8725	0.8507	5.35%	0.4698
	2028	5,216	41,426	30,568	586.1%	2	2,327	18,485	13,640	586.1%	1.0000	1.0562	1.0000	0.1327	0.0000	0.8673	0.8461	5.34%	0.4462
	2029	4,390	37,681	27,514	626.7%	2	1,862	15,979	11,667	626.7%	1.0000	1.0694	1.0000	0.1380	0.0000	0.8620	0.8417	5.34%	0.4240
	2030	3,675	34,279	24,875	676.8%	2	1,482	13,820	10,029	676.8%	1.0000	1.0798	1.0000	0.1437	0.0000	0.8563	0.8372	5.33%	0.4032
	2031	3,061	31,228	22,490	734.8%	1	1,174	11,977	8,625	734.8%	1.0000	1.0857	1.0000	0.1496	0.0000	0.8504	0.8327	5.32%	0.3835
	2032	2,534	28,440	20,172	796.0%	1	925	10,381	7,364	796.0%	1.0000	1.0832	1.0000	0.1560	0.0000	0.8440	0.8280	5.30%	0.3650
	2033	2,086	25,790	17,898	858.1%	1	725	8,965	6,222	858.1%	1.0000	1.0780	1.0000	0.1627	0.0000	0.8373	0.8230	5.29%	0.3476
	2034	1,706	23,235	15,903	932.4%	1	565	7,695	5,267	932.4%	1.0000	1.0866	1.0000	0.1697	0.0000	0.8303	0.8177	5.27%	0.3312
	2035	1,385	20,736	13,808	997.0%	1	437	6,545	4,358	997.0%	1.0000	1.0693	1.0000	0.1771	0.0000	0.8229	0.8120	5.26%	0.3156
	2036	1,116	18,248	11,702	1048.4%	1	336	5,495	3,524	1048.4%	1.0000	1.0515	1.0000	0.1848	0.0000	0.8152	0.8060	5.24%	0.3011
	2037	893	15,810	9,804	1098.1%	1	257	4,549	2,821	1098.1%	1.0000	1.0475	1.0000	0.1927	0.0000	0.8073	0.7998	5.22%	0.2878
	2038	708	13,497	8,033	1133.8%	1	195	3,717	2,212	1133.8%	1.0000	1.0325	1.0000	0.2007	0.0000	0.7993	0.7935	5.19%	0.2754
	2039	558	11,363	6,485	1162.8%	1	147	2,997	1,710	1162.8%	1.0000	1.0256	1.0000	0.2091	0.0000	0.7909	0.7872	5.16%	0.2638
	2040	435	9,447	5,191	1192.5%	1	110	2,388	1,312	1192.5%	1.0000	1.0255	1.0000	0.2178	0.0000	0.7822	0.7805	5.13%	0.2528
	2041	337	7,763	4,110	1221.2%	1	82	1,881	996	1221.2%	1.0000	1.0241	1.0000	0.2271	0.0000	0.7729	0.7733	5.10%	0.2423
	2042	258	6,319	3,303	1282.5%	1	60	1,468	767	1282.5%	1.0000	1.0503	1.0000	0.2374	0.0000	0.7626	0.7651	5.07%	0.2324
	2043	195	5,101	2,550	1311.0%	1	43	1,137	568	1311.0%	1.0000	1.0222	1.0000	0.2491	0.0000	0.7509	0.7554	5.05%	0.2228
	2044	145	4,072	1,975	1364.7%	1	31	870	422	1364.7%	1.0000	1.0410	1.0000	0.2625	0.0000	0.7375	0.7440	5.02%	0.2137
	2045	106	3,223	1,505	1424.1%	1	22	660	308	1424.1%	1.0000	1.0436	1.0000	0.2780	0.0000	0.7220	0.7304	5.00%	0.2048
	2046	76	2,526	1,120	1483.4%	1	15	496	220	1483.4%	1.0000	1.0416	1.0000	0.2960	0.0000	0.7040	0.7143	4.98%	0.1963
	2047	53	1,956	849	1617.8%	1	10	368	160	1617.8%	1.0000	1.0907	1.0000	0.3168	0.0000	0.6832	0.6954	4.96%	0.1881
	2048	35	1,490	600	1695.6%	1	6	269	108	1695.6%	1.0000	1.0481	1.0000	0.3407	0.0000	0.6593	0.6735	4.95%	0.1802
	2049	23	1,112	407	1775.9%	1	4	192	70	1775.9%	1.0000	1.0474	1.0000	0.3680	0.0000	0.6320	0.6486	4.93%	0.1727
	2050	14	812	264	1858.4%	1	2	134	44	1858.4%	1.0000	1.0465	1.0000	0.3987	0.0000	0.6013	0.6204	4.91%	0.1655
	2051	8	579	163	1941.9%	1	1	92	26	1941.9%	1.0000	1.0449	1.0000	0.4329	0.0000	0.5671	0.5892	4.90%	0.1586
	2052	5	402	94	2026.3%	1	1	61	14	2026.3%	1.0000	1.0435	1.0000	0.4707	0.0000	0.5293	0.5548	4.89%	0.1520
	Past	326,278	0	19,738	6.0%	183	488,367	0	20,583	4.2%									
	Future	316,175	1,132,855	1,040,526	329.1%	121	213,889	672,578	679,153	317.5%									
	Lifetime	642,453	1,132,855	1,060,264	165.0%	304	702,256	672,578	699,736	99.6%									

Exhibit III
MetLife Insurance Company USA
Incurred Loss Ratio Including the Change in Active Life Reserves
Nationwide Experience, without Interest
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

Calendar Year	(a) Earned Premium	(b) Incurred Claims	(c) Change in Active Life Reserves	(d) = (b+c)/(a) Incurred Loss Ratio
1998	3,427	0	4,431	129.3%
1999	276,504	0	69,206	25.0%
2000	739,022	0	381,698	51.6%
2001	907,491	75,294	668,761	82.0%
2002	867,718	205,558	737,396	108.7%
2003	841,621	52,671	724,629	92.4%
2004	894,035	225,073	683,650	101.6%
2005	905,664	347,947	522,913	96.2%
2006	855,031	625,178	636,987	147.6%
2007	832,927	32,343	691,649	86.9%
2008	808,250	504,729	632,691	140.7%
2009	771,517	782,493	575,763	176.1%
2010	735,897	652,187	566,105	165.6%
2011	792,505	941,838	597,655	194.3%
2012	845,313	898,290	612,293	178.7%
Total	11,076,922	5,343,601	8,105,826	121.4%

Exhibit IV
MetLife Insurance Company USA
Incurred Loss Ratio Including the Change in Active Life Reserves
Virginia-Specific Experience, without Interest
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

Calendar Year	(a) Earned Premium	(b) Incurred Claims	(c) Change in Active Life Reserves	(d) = (b+c)/(a) Incurred Loss Ratio
1998	0	0	0	0.0%
1999	11,223	0	3,101	27.6%
2000	25,678	0	14,801	57.6%
2001	23,965	0	19,310	80.6%
2002	22,977	0	21,893	95.3%
2003	23,019	0	23,085	100.3%
2004	23,071	0	24,338	105.5%
2005	22,478	0	13,962	62.1%
2006	23,230	0	24,862	107.0%
2007	24,806	0	26,150	105.4%
2008	25,119	0	27,800	110.7%
2009	24,441	0	2,915	11.9%
2010	24,056	728	26,748	114.2%
2011	24,025	3,077	20,930	99.9%
2012	28,189	15,933	28,094	156.2%
Total	326,278	19,738	277,990	91.2%

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	140.40	132.60	124.80	18-39	14.04	13.26	12.48
40	140.40	132.60	124.80	40	14.04	13.26	12.48
41	148.20	140.40	132.60	41	14.82	14.04	13.26
42	148.20	140.40	132.60	42	14.82	14.04	13.26
43	156.00	148.20	140.40	43	15.60	14.82	14.04
44	163.80	156.00	140.40	44	16.38	15.60	14.04
45	163.80	156.00	148.20	45	16.38	15.60	14.82
46	171.60	163.80	148.20	46	17.16	16.38	14.82
47	179.40	171.60	156.00	47	17.94	17.16	15.60
48	179.40	171.60	163.80	48	17.94	17.16	16.38
49	187.20	179.40	163.80	49	18.72	17.94	16.38
50	195.00	187.20	171.60	50	19.50	18.72	17.16
51	202.80	195.00	179.40	51	20.28	19.50	17.94
52	218.40	210.60	195.00	52	21.84	21.06	19.50
53	234.00	218.40	202.80	53	23.40	21.84	20.28
54	241.80	226.20	210.60	54	24.18	22.62	21.06
55	257.40	241.80	226.20	55	25.74	24.18	22.62
56	273.00	257.40	234.00	56	27.30	25.74	23.40
57	288.60	273.00	249.60	57	28.86	27.30	24.96
58	312.00	288.60	265.20	58	31.20	28.86	26.52
59	327.60	304.20	273.00	59	32.76	30.42	27.30
60	351.00	319.80	288.60	60	35.10	31.98	28.86
61	382.20	351.00	312.00	61	38.22	35.10	31.20
62	405.60	374.40	335.40	62	40.56	37.44	33.54
63	444.60	405.60	366.60	63	44.46	40.56	36.66
64	475.80	436.80	397.80	64	47.58	43.68	39.78
65	514.80	475.80	429.00	65	51.48	47.58	42.90
66	561.60	514.80	468.00	66	56.16	51.48	46.80
67	616.20	561.60	507.00	67	61.62	56.16	50.70
68	670.80	608.40	546.00	68	67.08	60.84	54.60
69	733.20	663.00	592.80	69	73.32	66.30	59.28

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	803.40	725.40	647.40	70	80.34	72.54	64.74
71	889.20	803.40	709.80	71	88.92	80.34	70.98
72	990.60	889.20	780.00	72	99.06	88.92	78.00
73	1,099.80	982.80	858.00	73	109.98	98.28	85.80
74	1,224.60	1,084.20	943.80	74	122.46	108.42	94.38
75	1,357.20	1,201.20	1,037.40	75	135.72	120.12	103.74
76	1,513.20	1,333.80	1,154.40	76	151.32	133.38	115.44
77	1,692.60	1,497.60	1,294.80	77	169.26	149.76	129.48
78	1,895.40	1,669.20	1,443.00	78	189.54	166.92	144.30
79	2,113.80	1,864.20	1,606.80	79	211.38	186.42	160.68
80		2,082.60	1,794.00	80	236.34	208.26	179.40
81		2,301.00	1,981.20	81	261.30	230.10	198.12
82		2,542.80	2,191.80	82	289.38	254.28	219.18
83		2,815.80	2,425.80	83	319.80	281.58	242.58
84		3,112.20	2,683.20	84	353.34	311.22	268.32
				85	390.78	343.98	297.18
				86	439.92	387.66	334.62
				87	495.30	436.02	376.74
				88	556.92	489.84	423.54
				89	626.34	551.46	476.58
				90	709.02	620.10	535.86
				91	792.48	698.10	602.94
				92	891.54	784.68	677.82
				93	1,003.08	882.96	762.84
				94	1,128.66	992.94	858.00
				95	1,269.06	1,117.74	965.64
				96	1,428.18	1,257.36	1,085.76
				97	1,606.80	1,414.14	1,221.48
				98	1,807.26	1,591.20	1,374.36
				99	2,032.68	1,789.32	1,545.96

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	179.40	171.60	156.00	18-39	17.94	17.16	15.60
40	179.40	171.60	156.00	40	17.94	17.16	15.60
41	187.20	179.40	163.80	41	18.72	17.94	16.38
42	187.20	179.40	163.80	42	18.72	17.94	16.38
43	195.00	187.20	171.60	43	19.50	18.72	17.16
44	202.80	195.00	179.40	44	20.28	19.50	17.94
45	210.60	195.00	179.40	45	21.06	19.50	17.94
46	218.40	202.80	187.20	46	21.84	20.28	18.72
47	218.40	210.60	195.00	47	21.84	21.06	19.50
48	226.20	210.60	195.00	48	22.62	21.06	19.50
49	234.00	218.40	202.80	49	23.40	21.84	20.28
50	241.80	226.20	210.60	50	24.18	22.62	21.06
51	249.60	234.00	218.40	51	24.96	23.40	21.84
52	265.20	249.60	226.20	52	26.52	24.96	22.62
53	280.80	257.40	234.00	53	28.08	25.74	23.40
54	288.60	273.00	249.60	54	28.86	27.30	24.96
55	304.20	280.80	257.40	55	30.42	28.08	25.74
56	327.60	304.20	273.00	56	32.76	30.42	27.30
57	343.20	319.80	296.40	57	34.32	31.98	29.64
58	366.60	343.20	312.00	58	36.66	34.32	31.20
59	397.80	366.60	335.40	59	39.78	36.66	33.54
60	421.20	390.00	358.80	60	42.12	39.00	35.88
61	452.40	421.20	390.00	61	45.24	42.12	39.00
62	491.40	460.20	421.20	62	49.14	46.02	42.12
63	530.40	499.20	460.20	63	53.04	49.92	46.02
64	577.20	538.20	499.20	64	57.72	53.82	49.92
65	624.00	585.00	546.00	65	62.40	58.50	54.60
66	678.60	639.60	592.80	66	67.86	63.96	59.28
67	733.20	694.20	647.40	67	73.32	69.42	64.74
68	795.60	748.80	702.00	68	79.56	74.88	70.20
69	858.00	811.20	764.40	69	85.80	81.12	76.44

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	928.20	881.40	826.80	70	92.82	88.14	82.68
71	1,037.40	982.80	928.20	71	103.74	98.28	92.82
72	1,154.40	1,099.80	1,037.40	72	115.44	109.98	103.74
73	1,279.20	1,224.60	1,162.20	73	127.92	122.46	116.22
74	1,427.40	1,365.00	1,294.80	74	142.74	136.50	129.48
75	1,591.20	1,521.00	1,450.80	75	159.12	152.10	145.08
76	1,770.60	1,692.60	1,614.60	76	177.06	169.26	161.46
77	1,973.40	1,887.60	1,801.80	77	197.34	188.76	180.18
78	2,207.40	2,113.80	2,012.40	78	220.74	211.38	201.24
79	2,457.00	2,347.80	2,238.60	79	245.70	234.78	223.86
				80	273.78	262.08	249.60
				81	302.64	289.38	276.12
				82	334.62	319.80	304.98
				83	373.62	354.12	337.74
				84	408.72	397.80	372.84
				85	451.62	432.12	412.62
				86	508.56	486.72	464.88
				87	571.74	547.56	522.60
				88	643.50	615.42	588.12
				89	723.84	692.64	661.44
				90	814.32	779.22	744.12
				91	915.72	876.72	839.28
				92	1,030.38	985.92	941.46
				93	1,159.08	1,109.16	1,059.24
				94	1,304.16	1,248.00	1,191.06
				95	1,467.18	1,404.00	1,340.04
				96	1,650.48	1,578.72	1,507.74
				97	1,856.40	1,776.06	1,696.50
				98	2,088.84	1,998.36	1,907.88
				99	2,349.36	2,247.96	2,146.56

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	202.80	195.00	179.40	18-39	20.28	19.50	17.94
40	202.80	195.00	179.40	40	20.28	19.50	17.94
41	210.60	202.80	187.20	41	21.06	20.28	18.72
42	218.40	210.60	195.00	42	21.84	21.06	19.50
43	226.20	218.40	202.80	43	22.62	21.84	20.28
44	234.00	226.20	210.60	44	23.40	22.62	21.06
45	241.80	234.00	218.40	45	24.18	23.40	21.84
46	257.40	241.80	226.20	46	25.74	24.18	22.62
47	265.20	249.60	234.00	47	26.52	24.96	23.40
48	273.00	257.40	241.80	48	27.30	25.74	24.18
49	288.60	273.00	249.60	49	28.86	27.30	24.96
50	296.40	280.80	257.40	50	29.64	28.08	25.74
51	304.20	288.60	265.20	51	30.42	28.86	26.52
52	319.80	296.40	273.00	52	31.98	29.64	27.30
53	327.60	304.20	280.80	53	32.76	30.42	28.08
54	343.20	319.80	288.60	54	34.32	31.98	28.86
55	351.00	327.60	296.40	55	35.10	32.76	29.64
56	374.40	351.00	319.80	56	37.44	35.10	31.98
57	405.60	374.40	335.40	57	40.56	37.44	33.54
58	436.80	397.80	358.80	58	43.68	39.78	35.88
59	468.00	429.00	390.00	59	46.80	42.90	39.00
60	499.20	460.20	413.40	60	49.92	46.02	41.34
61	546.00	499.20	452.40	61	54.60	49.92	45.24
62	600.60	546.00	491.40	62	60.06	54.60	49.14
63	655.20	592.80	530.40	63	65.52	59.28	53.04
64	709.80	647.40	577.20	64	70.98	64.74	57.72
65	780.00	709.80	631.80	65	78.00	70.98	63.18
66	842.40	764.40	678.60	66	84.24	76.44	67.86
67	912.60	826.80	733.20	67	91.26	82.68	73.32
68	990.60	889.20	787.80	68	99.06	88.92	78.78
69	1,068.60	959.40	850.20	69	106.86	95.94	85.02

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,154.40	1,037.40	912.60	70	115.44	103.74	91.26
71	1,279.20	1,154.40	1,021.80	71	127.92	115.44	102.18
72	1,419.60	1,279.20	1,138.80	72	141.96	127.92	113.88
73	1,575.60	1,419.60	1,263.60	73	157.56	141.96	126.36
74	1,747.20	1,583.40	1,411.80	74	174.72	158.34	141.18
75	1,934.40	1,755.00	1,575.60	75	193.44	175.50	157.56
76	2,152.80	1,957.80	1,755.00	76	215.28	195.78	175.50
77	2,402.40	2,184.00	1,957.80	77	240.24	218.40	195.78
78	2,675.40	2,433.60	2,184.00	78	267.54	243.36	218.40
79	2,979.60	2,706.60	2,433.60	79	297.96	270.66	243.36
				80	332.28	301.86	271.44
				81	366.60	333.06	299.52
				82	405.60	368.94	331.50
				83	447.72	407.16	365.82
				84	494.52	449.28	404.82
				85	546.00	496.08	446.16
				86	614.64	558.48	502.32
				87	691.08	627.90	578.76
				88	777.66	706.68	635.70
				89	875.16	794.82	715.26
				90	984.36	894.66	804.18
				91	1,107.60	1,006.20	904.80
				92	1,245.66	1,131.78	1,017.90
				93	1,401.66	1,272.96	1,145.04
				94	1,576.38	1,432.08	1,288.56
				95	1,773.72	1,611.48	1,449.24
				96	1,995.24	1,812.72	1,630.20
				97	2,244.06	2,038.92	1,833.78
				98	2,524.86	2,293.98	2,063.10
				99	2,840.76	2,581.02	2,321.28

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	241.80	234.00	218.40	18-39	24.18	23.40	21.84
40	241.80	234.00	218.40	40	24.18	23.40	21.84
41	249.60	241.80	226.20	41	24.96	24.18	22.62
42	265.20	249.60	234.00	42	26.52	24.96	23.40
43	273.00	257.40	241.80	43	27.30	25.74	24.18
44	280.80	265.20	249.60	44	28.08	26.52	24.96
45	296.40	280.80	257.40	45	29.64	28.08	25.74
46	304.20	288.60	265.20	46	30.42	28.86	26.52
47	319.80	296.40	273.00	47	31.98	29.64	27.30
48	335.40	312.00	280.80	48	33.54	31.20	28.08
49	343.20	319.80	296.40	49	34.32	31.98	29.64
50	358.80	335.40	304.20	50	35.88	33.54	30.42
51	374.40	343.20	312.00	51	37.44	34.32	31.20
52	390.00	358.80	327.60	52	39.00	35.88	32.76
53	405.60	374.40	343.20	53	40.56	37.44	34.32
54	421.20	390.00	351.00	54	42.12	39.00	35.10
55	436.80	405.60	366.60	55	43.68	40.56	36.66
56	468.00	436.80	397.80	56	46.80	43.68	39.78
57	507.00	468.00	429.00	57	50.70	46.80	42.90
58	546.00	507.00	460.20	58	54.60	50.70	46.02
59	592.80	546.00	499.20	59	59.28	54.60	49.92
60	639.60	592.80	538.20	60	63.96	59.28	53.82
61	694.20	639.60	585.00	61	69.42	63.96	58.50
62	764.40	702.00	631.80	62	76.44	70.20	63.18
63	834.60	764.40	686.40	63	83.46	76.44	68.64
64	904.80	826.80	741.00	64	90.48	82.68	74.10
65	990.60	897.00	803.40	65	99.06	89.70	80.34
66	1,060.80	967.20	873.60	66	106.08	96.72	87.36
67	1,138.80	1,045.20	943.80	67	113.88	104.52	94.38
68	1,216.80	1,123.20	1,021.80	68	121.68	112.32	102.18
69	1,302.60	1,209.00	1,107.60	69	130.26	120.90	110.76

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,396.20	1,302.60	1,201.20	70	139.62	130.26	120.12
71	1,560.00	1,450.80	1,333.80	71	156.00	145.08	133.38
72	1,739.40	1,614.60	1,482.00	72	173.94	161.46	148.20
73	1,934.40	1,794.00	1,645.80	73	193.44	179.40	164.58
74	2,160.60	1,996.80	1,825.20	74	216.06	199.68	182.52
75	2,410.20	2,223.00	2,028.00	75	241.02	222.30	202.80
76	2,683.20	2,472.60	2,262.00	76	268.32	247.26	226.20
77	2,987.40	2,753.40	2,519.40	77	298.74	275.34	251.94
78	3,330.60	3,073.20	2,808.00	78	333.06	307.32	280.80
79	3,712.80	3,424.20	3,127.80	79	371.28	342.42	312.78
				80	413.40	381.42	348.66
				81	456.30	420.42	384.54
				82	503.88	464.10	424.32
				83	556.92	513.24	468.78
				84	614.64	566.28	517.14
				85	678.60	624.78	570.96
				86	763.62	703.56	642.72
				87	859.56	790.92	723.06
				88	966.42	889.98	813.54
				89	1,087.32	1,009.32	914.94
				90	1,223.04	1,126.32	1,029.60
				91	1,375.92	1,266.72	1,157.52
				92	1,548.30	1,425.06	1,302.60
				93	1,741.74	1,603.68	1,465.62
				94	1,959.36	1,804.14	1,648.14
				95	2,204.28	2,029.56	1,854.84
				96	2,479.62	2,283.06	2,086.50
				97	2,789.28	2,568.54	2,347.02
				98	3,137.94	2,889.12	2,640.30
				99	3,530.28	3,250.26	2,970.24

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	210.60	202.80	187.20	18-39	21.06	20.28	18.72
40	210.60	202.80	187.20	40	21.06	20.28	18.72
41	218.40	210.60	195.00	41	21.84	21.06	19.50
42	226.20	218.40	202.80	42	22.62	21.84	20.28
43	234.00	226.20	210.60	43	23.40	22.62	21.06
44	241.80	234.00	218.40	44	24.18	23.40	21.84
45	249.60	241.80	226.20	45	24.96	24.18	22.62
46	265.20	249.60	234.00	46	26.52	24.96	23.40
47	273.00	257.40	241.80	47	27.30	25.74	24.18
48	280.80	265.20	249.60	48	28.08	26.52	24.96
49	296.40	280.80	257.40	49	29.64	28.08	25.74
50	304.20	288.60	265.20	50	30.42	28.86	26.52
51	312.00	296.40	273.00	51	31.20	29.64	27.30
52	327.60	312.00	288.60	52	32.76	31.20	28.86
53	343.20	319.80	296.40	53	34.32	31.98	29.64
54	351.00	327.60	304.20	54	35.10	32.76	30.42
55	366.60	343.20	319.80	55	36.66	34.32	31.98
56	390.00	366.60	335.40	56	39.00	36.66	33.54
57	421.20	390.00	358.80	57	42.12	39.00	35.88
58	444.60	413.40	382.20	58	44.46	41.34	38.22
59	475.80	444.60	405.60	59	47.58	44.46	40.56
60	507.00	468.00	429.00	60	50.70	46.80	42.90
61	546.00	507.00	460.20	61	54.60	50.70	46.02
62	585.00	546.00	499.20	62	58.50	54.60	49.92
63	624.00	585.00	538.20	63	62.40	58.50	53.82
64	670.80	624.00	577.20	64	67.08	62.40	57.72
65	717.60	670.80	624.00	65	71.76	67.08	62.40
66	780.00	733.20	678.60	66	78.00	73.32	67.86
67	850.20	795.60	733.20	67	85.02	79.56	73.32
68	928.20	865.80	795.60	68	92.82	86.58	79.56
69	1,006.20	936.00	865.80	69	100.62	93.60	86.58

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,099.80	1,021.80	936.00	70	109.98	102.18	93.60
71	1,209.00	1,123.20	1,029.60	71	120.90	112.32	102.96
72	1,333.80	1,240.20	1,138.80	72	133.38	124.02	113.88
73	1,474.20	1,365.00	1,255.80	73	147.42	136.50	125.58
74	1,622.40	1,505.40	1,388.40	74	162.24	150.54	138.84
75	1,786.20	1,661.40	1,528.80	75	178.62	166.14	152.88
76	2,012.40	1,872.00	1,723.80	76	201.24	187.20	172.38
77	2,262.00	2,106.00	1,942.20	77	226.20	210.60	194.22
78	2,542.80	2,371.20	2,191.80	78	254.28	237.12	219.18
79	2,854.80	2,667.60	2,472.60	79	285.48	266.76	247.26
80		3,003.00	2,784.60	80		300.30	278.46
81		3,361.80	3,120.00	81		336.18	312.00
82		3,759.60	3,494.40	82		375.96	349.44
83		4,212.00	3,915.60	83		421.20	391.56
84		4,711.20	4,383.60	84		471.12	438.36

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	257.40	241.80	226.20	18-39	25.74	24.18	22.62
40	257.40	241.80	226.20	40	25.74	24.18	22.62
41	265.20	249.60	234.00	41	26.52	24.96	23.40
42	273.00	257.40	241.80	42	27.30	25.74	24.18
43	288.60	273.00	249.60	43	28.86	27.30	24.96
44	296.40	280.80	257.40	44	29.64	28.08	25.74
45	304.20	288.60	265.20	45	30.42	28.86	26.52
46	319.80	304.20	280.80	46	31.98	30.42	28.08
47	327.60	312.00	288.60	47	32.76	31.20	28.86
48	343.20	319.80	296.40	48	34.32	31.98	29.64
49	351.00	335.40	312.00	49	35.10	33.54	31.20
50	366.60	343.20	319.80	50	36.66	34.32	31.98
51	382.20	358.80	335.40	51	38.22	35.88	33.54
52	397.80	374.40	343.20	52	39.78	37.44	34.32
53	413.40	390.00	358.80	53	41.34	39.00	35.88
54	436.80	405.60	374.40	54	43.68	40.56	37.44
55	452.40	421.20	390.00	55	45.24	42.12	39.00
56	483.60	452.40	413.40	56	48.36	45.24	41.34
57	514.80	483.60	444.60	57	51.48	48.36	44.46
58	546.00	514.80	475.80	58	54.60	51.48	47.58
59	585.00	546.00	507.00	59	58.50	54.60	50.70
60	624.00	585.00	546.00	60	62.40	58.50	54.60
61	670.80	631.80	585.00	61	67.08	63.18	58.50
62	717.60	670.80	624.00	62	71.76	67.08	62.40
63	772.20	725.40	670.80	63	77.22	72.54	67.08
64	834.60	780.00	717.60	64	83.46	78.00	71.76
65	897.00	834.60	772.20	65	89.70	83.46	77.22
66	975.00	912.60	842.40	66	97.50	91.26	84.24
67	1,060.80	990.60	920.40	67	106.08	99.06	92.04
68	1,146.60	1,076.40	1,006.20	68	114.66	107.64	100.62
69	1,248.00	1,170.00	1,092.00	69	124.80	117.00	109.20

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,357.20	1,279.20	1,193.40	70	135.72	127.92	119.34
71	1,497.60	1,411.80	1,318.20	71	149.76	141.18	131.82
72	1,653.60	1,560.00	1,458.60	72	165.36	156.00	145.86
73	1,817.40	1,716.00	1,606.80	73	181.74	171.60	160.68
74	2,004.60	1,887.60	1,770.60	74	200.46	188.76	177.06
75	2,215.20	2,090.40	1,957.80	75	221.52	209.04	195.78
76	2,480.40	2,340.00	2,191.80	76	248.04	234.00	219.18
77	2,769.00	2,613.00	2,449.20	77	276.90	261.30	244.92
78	3,096.60	2,917.20	2,737.80	78	309.66	291.72	273.78
79	3,463.20	3,268.20	3,065.40	79	346.32	326.82	306.54

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	312.00	296.40	273.00	18-39	31.20	29.64	27.30
40	312.00	296.40	273.00	40	31.20	29.64	27.30
41	327.60	304.20	280.80	41	32.76	30.42	28.08
42	335.40	319.80	296.40	42	33.54	31.98	29.64
43	351.00	327.60	304.20	43	35.10	32.76	30.42
44	366.60	343.20	319.80	44	36.66	34.32	31.98
45	382.20	358.80	327.60	45	38.22	35.88	32.76
46	397.80	374.40	343.20	46	39.78	37.44	34.32
47	413.40	390.00	358.80	47	41.34	39.00	35.88
48	429.00	397.80	366.60	48	42.90	39.78	36.66
49	444.60	413.40	382.20	49	44.46	41.34	38.22
50	460.20	429.00	397.80	50	46.02	42.90	39.78
51	475.80	444.60	413.40	51	47.58	44.46	41.34
52	499.20	468.00	429.00	52	49.92	46.80	42.90
53	514.80	483.60	444.60	53	51.48	48.36	44.46
54	530.40	499.20	460.20	54	53.04	49.92	46.02
55	553.80	514.80	475.80	55	55.38	51.48	47.58
56	592.80	553.80	507.00	56	59.28	55.38	50.70
57	631.80	592.80	546.00	57	63.18	59.28	54.60
58	678.60	631.80	585.00	58	67.86	63.18	58.50
59	725.40	678.60	624.00	59	72.54	67.86	62.40
60	780.00	725.40	670.80	60	78.00	72.54	67.08
61	842.40	780.00	717.60	61	84.24	78.00	71.76
62	904.80	842.40	772.20	62	90.48	84.24	77.22
63	975.00	904.80	826.80	63	97.50	90.48	82.68
64	1,053.00	975.00	889.20	64	105.30	97.50	88.92
65	1,131.00	1,045.20	951.60	65	113.10	104.52	95.16
66	1,232.40	1,138.80	1,037.40	66	123.24	113.88	103.74
67	1,341.60	1,240.20	1,131.00	67	134.16	124.02	113.10
68	1,458.60	1,349.40	1,240.20	68	145.86	134.94	124.02
69	1,591.20	1,474.20	1,349.40	69	159.12	147.42	134.94

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,731.60	1,606.80	1,474.20	70	173.16	160.68	147.42
71	1,911.00	1,770.60	1,622.40	71	191.10	177.06	162.24
72	2,098.20	1,942.20	1,786.20	72	209.82	194.22	178.62
73	2,316.60	2,145.00	1,965.60	73	231.66	214.50	196.56
74	2,550.60	2,363.40	2,168.40	74	255.06	236.34	216.84
75	2,808.00	2,597.40	2,386.80	75	280.80	259.74	238.68
76	3,120.00	2,901.60	2,675.40	76	312.00	290.16	267.54
77	3,463.20	3,237.00	3,003.00	77	346.32	323.70	300.30
78	3,853.20	3,611.40	3,369.60	78	385.32	361.14	336.96
79	4,274.40	4,024.80	3,775.20	79	427.44	402.48	377.52

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	397.80	382.20	358.80	18-39	39.78	38.22	35.88
40	397.80	382.20	358.80	40	39.78	38.22	35.88
41	413.40	397.80	374.40	41	41.34	39.78	37.44
42	436.80	413.40	390.00	42	43.68	41.34	39.00
43	452.40	429.00	405.60	43	45.24	42.90	40.56
44	468.00	444.60	421.20	44	46.80	44.46	42.12
45	491.40	468.00	436.80	45	49.14	46.80	43.68
46	514.80	491.40	460.20	46	51.48	49.14	46.02
47	538.20	507.00	475.80	47	53.82	50.70	47.58
48	561.60	530.40	499.20	48	56.16	53.04	49.92
49	585.00	553.80	514.80	49	58.50	55.38	51.48
50	608.40	577.20	538.20	50	60.84	57.72	53.82
51	631.80	600.60	561.60	51	63.18	60.06	56.16
52	663.00	624.00	577.20	52	66.30	62.40	57.72
53	686.40	647.40	600.60	53	68.64	64.74	60.06
54	717.60	670.80	624.00	54	71.76	67.08	62.40
55	748.80	702.00	647.40	55	74.88	70.20	64.74
56	803.40	748.80	694.20	56	80.34	74.88	69.42
57	858.00	803.40	741.00	57	85.80	80.34	74.10
58	920.40	858.00	787.80	58	92.04	85.80	78.78
59	982.80	912.60	842.40	59	98.28	91.26	84.24
60	1,053.00	975.00	897.00	60	105.30	97.50	89.70
61	1,131.00	1,045.20	959.40	61	113.10	104.52	95.94
62	1,209.00	1,123.20	1,037.40	62	120.90	112.32	103.74
63	1,302.60	1,209.00	1,107.60	63	130.26	120.90	110.76
64	1,396.20	1,294.80	1,193.40	64	139.62	129.48	119.34
65	1,497.60	1,388.40	1,279.20	65	149.76	138.84	127.92
66	1,614.60	1,505.40	1,396.20	66	161.46	150.54	139.62
67	1,739.40	1,630.20	1,521.00	67	173.94	163.02	152.10
68	1,872.00	1,770.60	1,661.40	68	187.20	177.06	166.14
69	2,020.20	1,918.80	1,817.40	69	202.02	191.88	181.74

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,176.20	2,082.60	1,981.20	70	217.62	208.26	198.12
71	2,402.40	2,293.20	2,176.20	71	240.24	229.32	217.62
72	2,644.20	2,519.40	2,394.60	72	264.42	251.94	239.46
73	2,917.20	2,776.80	2,636.40	73	291.72	277.68	263.64
74	3,221.40	3,065.40	2,901.60	74	322.14	306.54	290.16
75	3,549.00	3,369.60	3,190.20	75	354.90	336.96	319.02
76	3,954.60	3,744.00	3,533.40	76	395.46	374.40	353.34
77	4,399.20	4,157.40	3,915.60	77	439.92	415.74	391.56
78	4,898.40	4,625.40	4,344.60	78	489.84	462.54	434.46
79	5,452.20	5,132.40	4,812.60	79	545.22	513.24	481.26

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	304.20	288.60	273.00	18-39	30.42	28.86	27.30
40	304.20	288.60	273.00	40	30.42	28.86	27.30
41	312.00	296.40	280.80	41	31.20	29.64	28.08
42	319.80	304.20	288.60	42	31.98	30.42	28.86
43	335.40	319.80	296.40	43	33.54	31.98	29.64
44	343.20	327.60	304.20	44	34.32	32.76	30.42
45	351.00	335.40	312.00	45	35.10	33.54	31.20
46	358.80	343.20	319.80	46	35.88	34.32	31.98
47	374.40	351.00	327.60	47	37.44	35.10	32.76
48	382.20	366.60	343.20	48	38.22	36.66	34.32
49	397.80	374.40	351.00	49	39.78	37.44	35.10
50	405.60	382.20	358.80	50	40.56	38.22	35.88
51	421.20	397.80	366.60	51	42.12	39.78	36.66
52	429.00	405.60	382.20	52	42.90	40.56	38.22
53	444.60	421.20	390.00	53	44.46	42.12	39.00
54	452.40	429.00	405.60	54	45.24	42.90	40.56
55	468.00	444.60	413.40	55	46.80	44.46	41.34
56	491.40	468.00	436.80	56	49.14	46.80	43.68
57	522.60	491.40	460.20	57	52.26	49.14	46.02
58	553.80	522.60	483.60	58	55.38	52.26	48.36
59	585.00	546.00	507.00	59	58.50	54.60	50.70
60	616.20	577.20	530.40	60	61.62	57.72	53.04
61	655.20	616.20	569.40	61	65.52	61.62	56.94
62	702.00	655.20	600.60	62	70.20	65.52	60.06
63	748.80	702.00	647.40	63	74.88	70.20	64.74
64	795.60	741.00	686.40	64	79.56	74.10	68.64
65	850.20	795.60	733.20	65	85.02	79.56	73.32
66	912.60	850.20	787.80	66	91.26	85.02	78.78
67	982.80	920.40	850.20	67	98.28	92.04	85.02
68	1,060.80	990.60	920.40	68	106.08	99.06	92.04
69	1,146.60	1,068.60	990.60	69	114.66	106.86	99.06

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,232.40	1,154.40	1,068.60	70	123.24	115.44	106.86
71	1,349.40	1,263.60	1,170.00	71	134.94	126.36	117.00
72	1,482.00	1,388.40	1,287.00	72	148.20	138.84	128.70
73	1,630.20	1,521.00	1,411.80	73	163.02	152.10	141.18
74	1,786.20	1,669.20	1,552.20	74	178.62	166.92	155.22
75	1,957.80	1,833.00	1,700.40	75	195.78	183.30	170.04
76	2,199.60	2,059.20	1,911.00	76	219.96	205.92	191.10
77	2,472.60	2,308.80	2,145.00	77	247.26	230.88	214.50
78	2,776.80	2,597.40	2,418.00	78	277.68	259.74	241.80
79	3,120.00	2,917.20	2,714.40	79	312.00	291.72	271.44
80		3,283.80	3,049.80	80		328.38	304.98
81		3,650.40	3,393.00	81		365.04	339.30
82		4,071.60	3,783.00	82		407.16	378.30
83		4,531.80	4,212.00	83		453.18	421.20
84		5,046.60	4,687.80	84		504.66	468.78

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	382.20	358.80	327.60	18-39	38.22	35.88	32.76
40	382.20	358.80	327.60	40	38.22	35.88	32.76
41	390.00	366.60	335.40	41	39.00	36.66	33.54
42	405.60	374.40	343.20	42	40.56	37.44	34.32
43	413.40	390.00	358.80	43	41.34	39.00	35.88
44	429.00	397.80	366.60	44	42.90	39.78	36.66
45	436.80	405.60	374.40	45	43.68	40.56	37.44
46	452.40	421.20	390.00	46	45.24	42.12	39.00
47	460.20	429.00	397.80	47	46.02	42.90	39.78
48	475.80	444.60	413.40	48	47.58	44.46	41.34
49	483.60	452.40	421.20	49	48.36	45.24	42.12
50	499.20	468.00	436.80	50	49.92	46.80	43.68
51	514.80	483.60	452.40	51	51.48	48.36	45.24
52	530.40	499.20	460.20	52	53.04	49.92	46.02
53	546.00	514.80	475.80	53	54.60	51.48	47.58
54	561.60	530.40	491.40	54	56.16	53.04	49.14
55	577.20	546.00	507.00	55	57.72	54.60	50.70
56	608.40	577.20	538.20	56	60.84	57.72	53.82
57	647.40	608.40	561.60	57	64.74	60.84	56.16
58	686.40	639.60	592.80	58	68.64	63.96	59.28
59	725.40	678.60	631.80	59	72.54	67.86	63.18
60	772.20	717.60	663.00	60	77.22	71.76	66.30
61	819.00	764.40	709.80	61	81.90	76.44	70.98
62	873.60	819.00	756.60	62	87.36	81.90	75.66
63	936.00	873.60	803.40	63	93.60	87.36	80.34
64	998.40	928.20	858.00	64	99.84	92.82	85.80
65	1,060.80	990.60	912.60	65	106.08	99.06	91.26
66	1,146.60	1,068.60	990.60	66	114.66	106.86	99.06
67	1,240.20	1,154.40	1,068.60	67	124.02	115.44	106.86
68	1,341.60	1,248.00	1,154.40	68	134.16	124.80	115.44
69	1,450.80	1,357.20	1,255.80	69	145.08	135.72	125.58

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,567.80	1,466.40	1,357.20	70	156.78	146.64	135.72
71	1,716.00	1,606.80	1,489.80	71	171.60	160.68	148.98
72	1,887.60	1,762.80	1,638.00	72	188.76	176.28	163.80
73	2,067.00	1,934.40	1,794.00	73	206.70	193.44	179.40
74	2,269.80	2,121.60	1,973.40	74	226.98	212.16	197.34
75	2,488.20	2,332.20	2,168.40	75	248.82	233.22	216.84
76	2,769.00	2,589.60	2,410.20	76	276.90	258.96	241.02
77	3,081.00	2,886.00	2,683.20	77	308.10	288.60	268.32
78	3,432.00	3,205.80	2,979.60	78	343.20	320.58	297.96
79	3,822.00	3,572.40	3,315.00	79	382.20	357.24	331.50

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	475.80	444.60	405.60	18-39	47.58	44.46	40.56
40	475.80	444.60	405.60	40	47.58	44.46	40.56
41	491.40	460.20	421.20	41	49.14	46.02	42.12
42	507.00	468.00	429.00	42	50.70	46.80	42.90
43	514.80	483.60	444.60	43	51.48	48.36	44.46
44	530.40	499.20	460.20	44	53.04	49.92	46.02
45	546.00	507.00	468.00	45	54.60	50.70	46.80
46	561.60	522.60	483.60	46	56.16	52.26	48.36
47	577.20	538.20	499.20	47	57.72	53.82	49.92
48	600.60	561.60	514.80	48	60.06	56.16	51.48
49	616.20	577.20	530.40	49	61.62	57.72	53.04
50	631.80	592.80	546.00	50	63.18	59.28	54.60
51	647.40	608.40	561.60	51	64.74	60.84	56.16
52	670.80	624.00	577.20	52	67.08	62.40	57.72
53	686.40	639.60	592.80	53	68.64	63.96	59.28
54	702.00	663.00	616.20	54	70.20	66.30	61.62
55	725.40	678.60	631.80	55	72.54	67.86	63.18
56	772.20	725.40	670.80	56	77.22	72.54	67.08
57	811.20	764.40	709.80	57	81.12	76.44	70.98
58	865.80	811.20	748.80	58	86.58	81.12	74.88
59	912.60	850.20	787.80	59	91.26	85.02	78.78
60	967.20	904.80	834.60	60	96.72	90.48	83.46
61	1,029.60	959.40	889.20	61	102.96	95.94	88.92
62	1,099.80	1,021.80	943.80	62	109.98	102.18	94.38
63	1,177.80	1,092.00	1,006.20	63	117.78	109.20	100.62
64	1,255.80	1,162.20	1,068.60	64	125.58	116.22	106.86
65	1,341.60	1,240.20	1,138.80	65	134.16	124.02	113.88
66	1,450.80	1,341.60	1,232.40	66	145.08	134.16	123.24
67	1,567.80	1,458.60	1,341.60	67	156.78	145.86	134.16
68	1,700.40	1,583.40	1,458.60	68	170.04	158.34	145.86
69	1,840.80	1,716.00	1,583.40	69	184.08	171.60	158.34

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,989.00	1,856.40	1,716.00	70	198.90	185.64	171.60
71	2,176.20	2,028.00	1,872.00	71	217.62	202.80	187.20
72	2,386.80	2,215.20	2,043.60	72	238.68	221.52	204.36
73	2,613.00	2,425.80	2,230.80	73	261.30	242.58	223.08
74	2,854.80	2,644.20	2,433.60	74	285.48	264.42	243.36
75	3,127.80	2,893.80	2,659.80	75	312.78	289.38	265.98
76	3,463.20	3,221.40	2,971.80	76	346.32	322.14	297.18
77	3,829.80	3,572.40	3,315.00	77	382.98	357.24	331.50
78	4,235.40	3,970.20	3,697.20	78	423.54	397.02	369.72
79	4,687.80	4,407.00	4,126.20	79	468.78	440.70	412.62

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	616.20	585.00	546.00	18-39	61.62	58.50	54.60
40	616.20	585.00	546.00	40	61.62	58.50	54.60
41	639.60	608.40	569.40	41	63.96	60.84	56.94
42	663.00	624.00	585.00	42	66.30	62.40	58.50
43	686.40	647.40	608.40	43	68.64	64.74	60.84
44	709.80	670.80	631.80	44	70.98	67.08	63.18
45	733.20	694.20	655.20	45	73.32	69.42	65.52
46	756.60	717.60	678.60	46	75.66	71.76	67.86
47	787.80	748.80	702.00	47	78.78	74.88	70.20
48	811.20	772.20	725.40	48	81.12	77.22	72.54
49	842.40	795.60	748.80	49	84.24	79.56	74.88
50	873.60	826.80	780.00	50	87.36	82.68	78.00
51	897.00	850.20	795.60	51	89.70	85.02	79.56
52	920.40	873.60	819.00	52	92.04	87.36	81.90
53	943.80	897.00	842.40	53	94.38	89.70	84.24
54	975.00	920.40	858.00	54	97.50	92.04	85.80
55	998.40	943.80	881.40	55	99.84	94.38	88.14
56	1,053.00	990.60	928.20	56	105.30	99.06	92.82
57	1,115.40	1,045.20	975.00	57	111.54	104.52	97.50
58	1,177.80	1,099.80	1,021.80	58	117.78	109.98	102.18
59	1,248.00	1,162.20	1,076.40	59	124.80	116.22	107.64
60	1,318.20	1,224.60	1,131.00	60	131.82	122.46	113.10
61	1,404.00	1,302.60	1,201.20	61	140.40	130.26	120.12
62	1,489.80	1,388.40	1,279.20	62	148.98	138.84	127.92
63	1,583.40	1,474.20	1,365.00	63	158.34	147.42	136.50
64	1,684.80	1,567.80	1,450.80	64	168.48	156.78	145.08
65	1,794.00	1,669.20	1,544.40	65	179.40	166.92	154.44
66	1,918.80	1,794.00	1,669.20	66	191.88	179.40	166.92
67	2,051.40	1,934.40	1,809.60	67	205.14	193.44	180.96
68	2,199.60	2,082.60	1,965.60	68	219.96	208.26	196.56
69	2,355.60	2,238.60	2,121.60	69	235.56	223.86	212.16

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,519.40	2,410.20	2,301.00	70	251.94	241.02	230.10
71	2,761.20	2,636.40	2,511.60	71	276.12	263.64	251.16
72	3,018.60	2,878.20	2,737.80	72	301.86	287.82	273.78
73	3,307.20	3,151.20	2,987.40	73	330.72	315.12	298.74
74	3,619.20	3,439.80	3,260.40	74	361.92	343.98	326.04
75	3,962.40	3,759.60	3,556.80	75	396.24	375.96	355.68
76	4,391.40	4,157.40	3,923.40	76	439.14	415.74	392.34
77	4,875.00	4,602.00	4,321.20	77	487.50	460.20	432.12
78	5,405.40	5,085.60	4,765.80	78	540.54	508.56	476.58
79	5,998.20	5,631.60	5,257.20	79	599.82	563.16	525.72

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	156.83	148.11	139.40	18-39	15.68	14.81	13.94
40	156.83	148.11	139.40	40	15.68	14.81	13.94
41	165.54	156.83	148.11	41	16.55	15.68	14.81
42	165.54	156.83	148.11	42	16.55	15.68	14.81
43	174.25	165.54	156.83	43	17.43	16.55	15.68
44	182.96	174.25	156.83	44	18.30	17.43	15.68
45	182.96	174.25	165.54	45	18.30	17.43	16.55
46	191.68	182.96	165.54	46	19.17	18.30	16.55
47	200.39	191.68	174.25	47	20.04	19.17	17.43
48	200.39	191.68	182.96	48	20.04	19.17	18.30
49	209.10	200.39	182.96	49	20.91	20.04	18.30
50	217.82	209.10	191.68	50	21.78	20.91	19.17
51	226.53	217.82	200.39	51	22.65	21.78	20.04
52	243.95	235.24	217.82	52	24.40	23.52	21.78
53	261.38	243.95	226.53	53	26.14	24.40	22.65
54	270.09	252.67	235.24	54	27.01	25.27	23.52
55	287.52	270.09	252.67	55	28.75	27.01	25.27
56	304.94	287.52	261.38	56	30.49	28.75	26.14
57	322.37	304.94	278.80	57	32.24	30.49	27.88
58	348.50	322.37	296.23	58	34.85	32.24	29.62
59	365.93	339.79	304.94	59	36.59	33.98	30.49
60	392.07	357.22	322.37	60	39.21	35.72	32.24
61	426.92	392.07	348.50	61	42.69	39.21	34.85
62	453.06	418.20	374.64	62	45.31	41.82	37.46
63	496.62	453.06	409.49	63	49.66	45.31	40.95
64	531.47	487.91	444.34	64	53.15	48.79	44.43
65	575.03	531.47	479.19	65	57.50	53.15	47.92
66	627.31	575.03	522.76	66	62.73	57.50	52.28
67	688.30	627.31	566.32	67	68.83	62.73	56.63
68	749.28	679.58	609.88	68	74.93	67.96	60.99
69	818.98	740.57	662.16	69	81.90	74.06	66.22

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	897.40	810.27	723.15	70	89.74	81.03	72.31
71	993.24	897.40	792.85	71	99.32	89.74	79.28
72	1,106.50	993.24	871.26	72	110.65	99.32	87.13
73	1,228.48	1,097.79	958.39	73	122.85	109.78	95.84
74	1,367.88	1,211.05	1,054.22	74	136.79	121.11	105.42
75	1,515.99	1,341.74	1,158.78	75	151.60	134.17	115.88
76	1,690.24	1,489.85	1,289.46	76	169.02	148.99	128.95
77	1,890.63	1,672.82	1,446.29	77	189.06	167.28	144.63
78	2,117.16	1,864.50	1,611.83	78	211.72	186.45	161.18
79	2,361.11	2,082.31	1,794.80	79	236.11	208.23	179.48
80		2,326.26	2,003.90	80	263.99	232.63	200.39
81		2,570.22	2,213.00	81	291.87	257.02	221.30
82		2,840.31	2,448.24	82	323.24	284.03	244.82
83		3,145.25	2,709.62	83	357.22	314.52	270.96
84		3,476.33	2,997.13	84	394.68	347.63	299.71
				85	436.50	384.23	331.95
				86	491.39	433.02	373.77
				87	553.25	487.03	420.82
				88	622.08	547.15	473.09
				89	699.62	615.98	532.34
				90	791.98	692.65	598.56
				91	885.20	779.78	673.48
				92	995.85	876.49	757.12
				93	1,120.44	986.27	852.09
				94	1,260.71	1,109.11	958.39
				95	1,417.54	1,248.52	1,078.62
				96	1,595.28	1,404.47	1,212.79
				97	1,794.80	1,579.59	1,364.39
				98	2,018.71	1,777.37	1,535.16
				99	2,270.50	1,998.67	1,726.84

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	200.39	191.68	174.25	18-39	20.04	19.17	17.43
40	200.39	191.68	174.25	40	20.04	19.17	17.43
41	209.10	200.39	182.96	41	20.91	20.04	18.30
42	209.10	200.39	182.96	42	20.91	20.04	18.30
43	217.82	209.10	191.68	43	21.78	20.91	19.17
44	226.53	217.82	200.39	44	22.65	21.78	20.04
45	235.24	217.82	200.39	45	23.52	21.78	20.04
46	243.95	226.53	209.10	46	24.40	22.65	20.91
47	243.95	235.24	217.82	47	24.40	23.52	21.78
48	252.67	235.24	217.82	48	25.27	23.52	21.78
49	261.38	243.95	226.53	49	26.14	24.40	22.65
50	270.09	252.67	235.24	50	27.01	25.27	23.52
51	278.80	261.38	243.95	51	27.88	26.14	24.40
52	296.23	278.80	252.67	52	29.62	27.88	25.27
53	313.65	287.52	261.38	53	31.37	28.75	26.14
54	322.37	304.94	278.80	54	32.24	30.49	27.88
55	339.79	313.65	287.52	55	33.98	31.37	28.75
56	365.93	339.79	304.94	56	36.59	33.98	30.49
57	383.35	357.22	331.08	57	38.34	35.72	33.11
58	409.49	383.35	348.50	58	40.95	38.34	34.85
59	444.34	409.49	374.64	59	44.43	40.95	37.46
60	470.48	435.63	400.78	60	47.05	43.56	40.08
61	505.33	470.48	435.63	61	50.53	47.05	43.56
62	548.89	514.04	470.48	62	54.89	51.40	47.05
63	592.46	557.61	514.04	63	59.25	55.76	51.40
64	644.73	601.17	557.61	64	64.47	60.12	55.76
65	697.01	653.45	609.88	65	69.70	65.34	60.99
66	758.00	714.43	662.16	66	75.80	71.44	66.22
67	818.98	775.42	723.15	67	81.90	77.54	72.31
68	888.69	836.41	784.13	68	88.87	83.64	78.41
69	958.39	906.11	853.83	69	95.84	90.61	85.38

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,036.80	984.52	923.54	70	103.68	98.45	92.35
71	1,158.78	1,097.79	1,036.80	71	115.88	109.78	103.68
72	1,289.46	1,228.48	1,158.78	72	128.95	122.85	115.88
73	1,428.87	1,367.88	1,298.18	73	142.89	136.79	129.82
74	1,594.41	1,524.71	1,446.29	74	159.44	152.47	144.63
75	1,777.37	1,698.96	1,620.54	75	177.74	169.90	162.05
76	1,977.76	1,890.63	1,803.51	76	197.78	189.06	180.35
77	2,204.29	2,108.45	2,012.61	77	220.43	210.84	201.26
78	2,465.67	2,361.11	2,247.85	78	246.57	236.11	224.79
79	2,744.47	2,622.49	2,500.52	79	274.45	262.25	250.05
				80	305.81	292.74	278.80
				81	338.05	323.24	308.43
				82	373.77	357.22	340.66
				83	417.33	395.55	377.26
				84	456.54	444.34	416.46
				85	504.46	482.68	460.90
				86	568.06	543.67	519.27
				87	638.63	611.62	583.74
				88	718.79	687.42	656.93
				89	808.53	773.68	738.83
				90	909.60	870.39	831.18
				91	1,022.86	979.30	937.48
				92	1,150.93	1,101.27	1,051.61
				93	1,294.69	1,238.93	1,183.17
				94	1,456.75	1,394.02	1,330.41
				95	1,638.84	1,568.27	1,496.82
				96	1,843.59	1,763.43	1,684.15
				97	2,073.60	1,983.86	1,894.99
				98	2,333.23	2,232.17	2,131.10
				99	2,624.24	2,510.97	2,397.71

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	226.53	217.82	200.39	18-39	22.65	21.78	20.04
40	226.53	217.82	200.39	40	22.65	21.78	20.04
41	235.24	226.53	209.10	41	23.52	22.65	20.91
42	243.95	235.24	217.82	42	24.40	23.52	21.78
43	252.67	243.95	226.53	43	25.27	24.40	22.65
44	261.38	252.67	235.24	44	26.14	25.27	23.52
45	270.09	261.38	243.95	45	27.01	26.14	24.40
46	287.52	270.09	252.67	46	28.75	27.01	25.27
47	296.23	278.80	261.38	47	29.62	27.88	26.14
48	304.94	287.52	270.09	48	30.49	28.75	27.01
49	322.37	304.94	278.80	49	32.24	30.49	27.88
50	331.08	313.65	287.52	50	33.11	31.37	28.75
51	339.79	322.37	296.23	51	33.98	32.24	29.62
52	357.22	331.08	304.94	52	35.72	33.11	30.49
53	365.93	339.79	313.65	53	36.59	33.98	31.37
54	383.35	357.22	322.37	54	38.34	35.72	32.24
55	392.07	365.93	331.08	55	39.21	36.59	33.11
56	418.20	392.07	357.22	56	41.82	39.21	35.72
57	453.06	418.20	374.64	57	45.31	41.82	37.46
58	487.91	444.34	400.78	58	48.79	44.43	40.08
59	522.76	479.19	435.63	59	52.28	47.92	43.56
60	557.61	514.04	461.77	60	55.76	51.40	46.18
61	609.88	557.61	505.33	61	60.99	55.76	50.53
62	670.87	609.88	548.89	62	67.09	60.99	54.89
63	731.86	662.16	592.46	63	73.19	66.22	59.25
64	792.85	723.15	644.73	64	79.28	72.31	64.47
65	871.26	792.85	705.72	65	87.13	79.28	70.57
66	940.96	853.83	758.00	66	94.10	85.38	75.80
67	1,019.37	923.54	818.98	67	101.94	92.35	81.90
68	1,106.50	993.24	879.97	68	110.65	99.32	88.00
69	1,193.63	1,071.65	949.67	69	119.36	107.16	94.97

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,289.46	1,158.78	1,019.37	70	128.95	115.88	101.94
71	1,428.87	1,289.46	1,141.35	71	142.89	128.95	114.14
72	1,585.69	1,428.87	1,272.04	72	158.57	142.89	127.20
73	1,759.95	1,585.69	1,411.44	73	175.99	158.57	141.14
74	1,951.62	1,768.66	1,576.98	74	195.16	176.87	157.70
75	2,160.72	1,960.34	1,759.95	75	216.07	196.03	175.99
76	2,404.68	2,186.86	1,960.34	76	240.47	218.69	196.03
77	2,683.48	2,439.53	2,186.86	77	268.35	243.95	218.69
78	2,988.42	2,718.33	2,439.53	78	298.84	271.83	243.95
79	3,328.21	3,023.27	2,718.33	79	332.82	302.33	271.83
				80	371.16	337.18	303.20
				81	409.49	372.03	334.56
				82	453.06	412.11	370.29
				83	500.10	454.80	408.62
				84	552.38	501.85	452.18
				85	609.88	554.12	498.36
				86	686.55	623.82	561.09
				87	771.94	701.36	646.47
				88	868.65	789.36	710.08
				89	977.55	887.81	798.95
				90	1,099.53	999.34	898.27
				91	1,237.19	1,123.93	1,010.66
				92	1,391.40	1,264.20	1,136.99
				93	1,565.65	1,421.90	1,279.01
				94	1,760.82	1,599.63	1,439.32
				95	1,981.25	1,800.02	1,618.80
				96	2,228.68	2,024.81	1,820.93
				97	2,506.62	2,277.47	2,048.33
				98	2,820.27	2,562.38	2,304.48
				99	3,173.13	2,883.00	2,592.87

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	270.09	261.38	243.95	18-39	27.01	26.14	24.40
40	270.09	261.38	243.95	40	27.01	26.14	24.40
41	278.80	270.09	252.67	41	27.88	27.01	25.27
42	296.23	278.80	261.38	42	29.62	27.88	26.14
43	304.94	287.52	270.09	43	30.49	28.75	27.01
44	313.65	296.23	278.80	44	31.37	29.62	27.88
45	331.08	313.65	287.52	45	33.11	31.37	28.75
46	339.79	322.37	296.23	46	33.98	32.24	29.62
47	357.22	331.08	304.94	47	35.72	33.11	30.49
48	374.64	348.50	313.65	48	37.46	34.85	31.37
49	383.35	357.22	331.08	49	38.34	35.72	33.11
50	400.78	374.64	339.79	50	40.08	37.46	33.98
51	418.20	383.35	348.50	51	41.82	38.34	34.85
52	435.63	400.78	365.93	52	43.56	40.08	36.59
53	453.06	418.20	383.35	53	45.31	41.82	38.34
54	470.48	435.63	392.07	54	47.05	43.56	39.21
55	487.91	453.06	409.49	55	48.79	45.31	40.95
56	522.76	487.91	444.34	56	52.28	48.79	44.43
57	566.32	522.76	479.19	57	56.63	52.28	47.92
58	609.88	566.32	514.04	58	60.99	56.63	51.40
59	662.16	609.88	557.61	59	66.22	60.99	55.76
60	714.43	662.16	601.17	60	71.44	66.22	60.12
61	775.42	714.43	653.45	61	77.54	71.44	65.34
62	853.83	784.13	705.72	62	85.38	78.41	70.57
63	932.25	853.83	766.71	63	93.22	85.38	76.67
64	1,010.66	923.54	827.70	64	101.07	92.35	82.77
65	1,106.50	1,001.95	897.40	65	110.65	100.19	89.74
66	1,184.91	1,080.36	975.81	66	118.49	108.04	97.58
67	1,272.04	1,167.49	1,054.22	67	127.20	116.75	105.42
68	1,359.17	1,254.61	1,141.35	68	135.92	125.46	114.14
69	1,455.00	1,350.45	1,237.19	69	145.50	135.05	123.72

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,559.56	1,455.00	1,341.74	70	155.96	145.50	134.17
71	1,742.52	1,620.54	1,489.85	71	174.25	162.05	148.99
72	1,942.91	1,803.51	1,655.39	72	194.29	180.35	165.54
73	2,160.72	2,003.90	1,838.36	73	216.07	200.39	183.84
74	2,413.39	2,230.43	2,038.75	74	241.34	223.04	203.87
75	2,692.19	2,483.09	2,265.28	75	269.22	248.31	226.53
76	2,997.13	2,761.89	2,526.65	76	299.71	276.19	252.67
77	3,336.93	3,075.55	2,814.17	77	333.69	307.55	281.42
78	3,720.28	3,432.76	3,136.54	78	372.03	343.28	313.65
79	4,147.20	3,824.83	3,493.75	79	414.72	382.48	349.38
				80	461.77	426.05	389.45
				81	509.69	469.61	429.53
				82	562.83	518.40	473.97
				83	622.08	573.29	523.63
				84	686.55	632.53	577.65
				85	758.00	697.88	637.76
				86	852.96	785.88	717.92
				87	960.13	883.46	807.66
				88	1,079.49	994.11	908.72
				89	1,214.54	1,127.41	1,021.99
				90	1,366.14	1,258.10	1,150.06
				91	1,536.90	1,414.93	1,292.95
				92	1,729.45	1,591.79	1,455.00
				93	1,945.52	1,791.31	1,637.10
				94	2,188.61	2,015.22	1,840.97
				95	2,462.18	2,267.02	2,071.86
				96	2,769.74	2,550.18	2,330.62
				97	3,115.63	2,869.06	2,621.62
				98	3,505.08	3,227.15	2,949.22
				99	3,943.32	3,630.54	3,317.76

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	235.24	226.53	209.10	18-39	23.52	22.65	20.91
40	235.24	226.53	209.10	40	23.52	22.65	20.91
41	243.95	235.24	217.82	41	24.40	23.52	21.78
42	252.67	243.95	226.53	42	25.27	24.40	22.65
43	261.38	252.67	235.24	43	26.14	25.27	23.52
44	270.09	261.38	243.95	44	27.01	26.14	24.40
45	278.80	270.09	252.67	45	27.88	27.01	25.27
46	296.23	278.80	261.38	46	29.62	27.88	26.14
47	304.94	287.52	270.09	47	30.49	28.75	27.01
48	313.65	296.23	278.80	48	31.37	29.62	27.88
49	331.08	313.65	287.52	49	33.11	31.37	28.75
50	339.79	322.37	296.23	50	33.98	32.24	29.62
51	348.50	331.08	304.94	51	34.85	33.11	30.49
52	365.93	348.50	322.37	52	36.59	34.85	32.24
53	383.35	357.22	331.08	53	38.34	35.72	33.11
54	392.07	365.93	339.79	54	39.21	36.59	33.98
55	409.49	383.35	357.22	55	40.95	38.34	35.72
56	435.63	409.49	374.64	56	43.56	40.95	37.46
57	470.48	435.63	400.78	57	47.05	43.56	40.08
58	496.62	461.77	426.92	58	49.66	46.18	42.69
59	531.47	496.62	453.06	59	53.15	49.66	45.31
60	566.32	522.76	479.19	60	56.63	52.28	47.92
61	609.88	566.32	514.04	61	60.99	56.63	51.40
62	653.45	609.88	557.61	62	65.34	60.99	55.76
63	697.01	653.45	601.17	63	69.70	65.34	60.12
64	749.28	697.01	644.73	64	74.93	69.70	64.47
65	801.56	749.28	697.01	65	80.16	74.93	69.70
66	871.26	818.98	758.00	66	87.13	81.90	75.80
67	949.67	888.69	818.98	67	94.97	88.87	81.90
68	1,036.80	967.10	888.69	68	103.68	96.71	88.87
69	1,123.93	1,045.51	967.10	69	112.39	104.55	96.71

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,228.48	1,141.35	1,045.51	70	122.85	114.14	104.55
71	1,350.45	1,254.61	1,150.06	71	135.05	125.46	115.01
72	1,489.85	1,385.30	1,272.04	72	148.99	138.53	127.20
73	1,646.68	1,524.71	1,402.73	73	164.67	152.47	140.27
74	1,812.22	1,681.53	1,550.84	74	181.22	168.15	155.08
75	1,995.19	1,855.78	1,707.67	75	199.52	185.58	170.77
76	2,247.85	2,091.02	1,925.48	76	224.79	209.10	192.55
77	2,526.65	2,352.40	2,169.44	77	252.67	235.24	216.94
78	2,840.31	2,648.63	2,448.24	78	284.03	264.86	244.82
79	3,188.81	2,979.71	2,761.89	79	318.88	297.97	276.19
80		3,354.35	3,110.40	80		335.44	311.04
81		3,755.13	3,485.04	81		375.51	348.50
82		4,199.47	3,903.24	82		419.95	390.32
83		4,704.80	4,373.73	83		470.48	437.37
84		5,262.41	4,896.48	84		526.24	489.65

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	287.52	270.09	252.67	18-39	28.75	27.01	25.27
40	287.52	270.09	252.67	40	28.75	27.01	25.27
41	296.23	278.80	261.38	41	29.62	27.88	26.14
42	304.94	287.52	270.09	42	30.49	28.75	27.01
43	322.37	304.94	278.80	43	32.24	30.49	27.88
44	331.08	313.65	287.52	44	33.11	31.37	28.75
45	339.79	322.37	296.23	45	33.98	32.24	29.62
46	357.22	339.79	313.65	46	35.72	33.98	31.37
47	365.93	348.50	322.37	47	36.59	34.85	32.24
48	383.35	357.22	331.08	48	38.34	35.72	33.11
49	392.07	374.64	348.50	49	39.21	37.46	34.85
50	409.49	383.35	357.22	50	40.95	38.34	35.72
51	426.92	400.78	374.64	51	42.69	40.08	37.46
52	444.34	418.20	383.35	52	44.43	41.82	38.34
53	461.77	435.63	400.78	53	46.18	43.56	40.08
54	487.91	453.06	418.20	54	48.79	45.31	41.82
55	505.33	470.48	435.63	55	50.53	47.05	43.56
56	540.18	505.33	461.77	56	54.02	50.53	46.18
57	575.03	540.18	496.62	57	57.50	54.02	49.66
58	609.88	575.03	531.47	58	60.99	57.50	53.15
59	653.45	609.88	566.32	59	65.34	60.99	56.63
60	697.01	653.45	609.88	60	69.70	65.34	60.99
61	749.28	705.72	653.45	61	74.93	70.57	65.34
62	801.56	749.28	697.01	62	80.16	74.93	69.70
63	862.55	810.27	749.28	63	86.25	81.03	74.93
64	932.25	871.26	801.56	64	93.22	87.13	80.16
65	1,001.95	932.25	862.55	65	100.19	93.22	86.25
66	1,089.08	1,019.37	940.96	66	108.91	101.94	94.10
67	1,184.91	1,106.50	1,028.09	67	118.49	110.65	102.81
68	1,280.75	1,202.34	1,123.93	68	128.08	120.23	112.39
69	1,394.02	1,306.89	1,219.76	69	139.40	130.69	121.98

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,515.99	1,428.87	1,333.03	70	151.60	142.89	133.30
71	1,672.82	1,576.98	1,472.43	71	167.28	157.70	147.24
72	1,847.07	1,742.52	1,629.26	72	184.71	174.25	162.93
73	2,030.04	1,916.77	1,794.80	73	203.00	191.68	179.48
74	2,239.14	2,108.45	1,977.76	74	223.91	210.84	197.78
75	2,474.38	2,334.98	2,186.86	75	247.44	233.50	218.69
76	2,770.61	2,613.78	2,448.24	76	277.06	261.38	244.82
77	3,092.97	2,918.72	2,735.76	77	309.30	291.87	273.58
78	3,458.90	3,258.51	3,058.12	78	345.89	325.85	305.81
79	3,868.39	3,650.58	3,424.05	79	386.84	365.06	342.41

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	348.50	331.08	304.94	18-39	34.85	33.11	30.49
40	348.50	331.08	304.94	40	34.85	33.11	30.49
41	365.93	339.79	313.65	41	36.59	33.98	31.37
42	374.64	357.22	331.08	42	37.46	35.72	33.11
43	392.07	365.93	339.79	43	39.21	36.59	33.98
44	409.49	383.35	357.22	44	40.95	38.34	35.72
45	426.92	400.78	365.93	45	42.69	40.08	36.59
46	444.34	418.20	383.35	46	44.43	41.82	38.34
47	461.77	435.63	400.78	47	46.18	43.56	40.08
48	479.19	444.34	409.49	48	47.92	44.43	40.95
49	496.62	461.77	426.92	49	49.66	46.18	42.69
50	514.04	479.19	444.34	50	51.40	47.92	44.43
51	531.47	496.62	461.77	51	53.15	49.66	46.18
52	557.61	522.76	479.19	52	55.76	52.28	47.92
53	575.03	540.18	496.62	53	57.50	54.02	49.66
54	592.46	557.61	514.04	54	59.25	55.76	51.40
55	618.59	575.03	531.47	55	61.86	57.50	53.15
56	662.16	618.59	566.32	56	66.22	61.86	56.63
57	705.72	662.16	609.88	57	70.57	66.22	60.99
58	758.00	705.72	653.45	58	75.80	70.57	65.34
59	810.27	758.00	697.01	59	81.03	75.80	69.70
60	871.26	810.27	749.28	60	87.13	81.03	74.93
61	940.96	871.26	801.56	61	94.10	87.13	80.16
62	1,010.66	940.96	862.55	62	101.07	94.10	86.25
63	1,089.08	1,010.66	923.54	63	108.91	101.07	92.35
64	1,176.20	1,089.08	993.24	64	117.62	108.91	99.32
65	1,263.33	1,167.49	1,062.94	65	126.33	116.75	106.29
66	1,376.59	1,272.04	1,158.78	66	137.66	127.20	115.88
67	1,498.57	1,385.30	1,263.33	67	149.86	138.53	126.33
68	1,629.26	1,507.28	1,385.30	68	162.93	150.73	138.53
69	1,777.37	1,646.68	1,507.28	69	177.74	164.67	150.73

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,934.20	1,794.80	1,646.68	70	193.42	179.48	164.67
71	2,134.59	1,977.76	1,812.22	71	213.46	197.78	181.22
72	2,343.69	2,169.44	1,995.19	72	234.37	216.94	199.52
73	2,587.64	2,395.97	2,195.58	73	258.76	239.60	219.56
74	2,849.02	2,639.92	2,422.10	74	284.90	263.99	242.21
75	3,136.54	2,901.30	2,666.06	75	313.65	290.13	266.61
76	3,485.04	3,241.09	2,988.42	76	348.50	324.11	298.84
77	3,868.39	3,615.73	3,354.35	77	386.84	361.57	335.44
78	4,304.02	4,033.93	3,763.84	78	430.40	403.39	376.38
79	4,774.50	4,495.70	4,216.90	79	477.45	449.57	421.69

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	444.34	426.92	400.78	18-39	44.43	42.69	40.08
40	444.34	426.92	400.78	40	44.43	42.69	40.08
41	461.77	444.34	418.20	41	46.18	44.43	41.82
42	487.91	461.77	435.63	42	48.79	46.18	43.56
43	505.33	479.19	453.06	43	50.53	47.92	45.31
44	522.76	496.62	470.48	44	52.28	49.66	47.05
45	548.89	522.76	487.91	45	54.89	52.28	48.79
46	575.03	548.89	514.04	46	57.50	54.89	51.40
47	601.17	566.32	531.47	47	60.12	56.63	53.15
48	627.31	592.46	557.61	48	62.73	59.25	55.76
49	653.45	618.59	575.03	49	65.34	61.86	57.50
50	679.58	644.73	601.17	50	67.96	64.47	60.12
51	705.72	670.87	627.31	51	70.57	67.09	62.73
52	740.57	697.01	644.73	52	74.06	69.70	64.47
53	766.71	723.15	670.87	53	76.67	72.31	67.09
54	801.56	749.28	697.01	54	80.16	74.93	69.70
55	836.41	784.13	723.15	55	83.64	78.41	72.31
56	897.40	836.41	775.42	56	89.74	83.64	77.54
57	958.39	897.40	827.70	57	95.84	89.74	82.77
58	1,028.09	958.39	879.97	58	102.81	95.84	88.00
59	1,097.79	1,019.37	940.96	59	109.78	101.94	94.10
60	1,176.20	1,089.08	1,001.95	60	117.62	108.91	100.19
61	1,263.33	1,167.49	1,071.65	61	126.33	116.75	107.16
62	1,350.45	1,254.61	1,158.78	62	135.05	125.46	115.88
63	1,455.00	1,350.45	1,237.19	63	145.50	135.05	123.72
64	1,559.56	1,446.29	1,333.03	64	155.96	144.63	133.30
65	1,672.82	1,550.84	1,428.87	65	167.28	155.08	142.89
66	1,803.51	1,681.53	1,559.56	66	180.35	168.15	155.96
67	1,942.91	1,820.93	1,698.96	67	194.29	182.09	169.90
68	2,091.02	1,977.76	1,855.78	68	209.10	197.78	185.58
69	2,256.56	2,143.30	2,030.04	69	225.66	214.33	203.00

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,430.82	2,326.26	2,213.00	70	243.08	232.63	221.30
71	2,683.48	2,561.50	2,430.82	71	268.35	256.15	243.08
72	2,953.57	2,814.17	2,674.77	72	295.36	281.42	267.48
73	3,258.51	3,101.69	2,944.86	73	325.85	310.17	294.49
74	3,598.30	3,424.05	3,241.09	74	359.83	342.41	324.11
75	3,964.23	3,763.84	3,563.45	75	396.42	376.38	356.35
76	4,417.29	4,182.05	3,946.81	76	441.73	418.20	394.68
77	4,913.91	4,643.82	4,373.73	77	491.39	464.38	437.37
78	5,471.51	5,166.57	4,852.92	78	547.15	516.66	485.29
79	6,090.11	5,732.89	5,375.67	79	609.01	573.29	537.57

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	339.79	322.37	304.94	18-39	33.98	32.24	30.49
40	339.79	322.37	304.94	40	33.98	32.24	30.49
41	348.50	331.08	313.65	41	34.85	33.11	31.37
42	357.22	339.79	322.37	42	35.72	33.98	32.24
43	374.64	357.22	331.08	43	37.46	35.72	33.11
44	383.35	365.93	339.79	44	38.34	36.59	33.98
45	392.07	374.64	348.50	45	39.21	37.46	34.85
46	400.78	383.35	357.22	46	40.08	38.34	35.72
47	418.20	392.07	365.93	47	41.82	39.21	36.59
48	426.92	409.49	383.35	48	42.69	40.95	38.34
49	444.34	418.20	392.07	49	44.43	41.82	39.21
50	453.06	426.92	400.78	50	45.31	42.69	40.08
51	470.48	444.34	409.49	51	47.05	44.43	40.95
52	479.19	453.06	426.92	52	47.92	45.31	42.69
53	496.62	470.48	435.63	53	49.66	47.05	43.56
54	505.33	479.19	453.06	54	50.53	47.92	45.31
55	522.76	496.62	461.77	55	52.28	49.66	46.18
56	548.89	522.76	487.91	56	54.89	52.28	48.79
57	583.74	548.89	514.04	57	58.37	54.89	51.40
58	618.59	583.74	540.18	58	61.86	58.37	54.02
59	653.45	609.88	566.32	59	65.34	60.99	56.63
60	688.30	644.73	592.46	60	68.83	64.47	59.25
61	731.86	688.30	636.02	61	73.19	68.83	63.60
62	784.13	731.86	670.87	62	78.41	73.19	67.09
63	836.41	784.13	723.15	63	83.64	78.41	72.31
64	888.69	827.70	766.71	64	88.87	82.77	76.67
65	949.67	888.69	818.98	65	94.97	88.87	81.90
66	1,019.37	949.67	879.97	66	101.94	94.97	88.00
67	1,097.79	1,028.09	949.67	67	109.78	102.81	94.97
68	1,184.91	1,106.50	1,028.09	68	118.49	110.65	102.81
69	1,280.75	1,193.63	1,106.50	69	128.08	119.36	110.65

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,376.59	1,289.46	1,193.63	70	137.66	128.95	119.36
71	1,507.28	1,411.44	1,306.89	71	150.73	141.14	130.69
72	1,655.39	1,550.84	1,437.58	72	165.54	155.08	143.76
73	1,820.93	1,698.96	1,576.98	73	182.09	169.90	157.70
74	1,995.19	1,864.50	1,733.81	74	199.52	186.45	173.38
75	2,186.86	2,047.46	1,899.35	75	218.69	204.75	189.93
76	2,456.95	2,300.13	2,134.59	76	245.70	230.01	213.46
77	2,761.89	2,578.93	2,395.97	77	276.19	257.89	239.60
78	3,101.69	2,901.30	2,700.91	78	310.17	290.13	270.09
79	3,485.04	3,258.51	3,031.98	79	348.50	325.85	303.20
80		3,668.00	3,406.63	80		366.80	340.66
81		4,077.50	3,789.98	81		407.75	379.00
82		4,547.98	4,225.61	82		454.80	422.56
83		5,062.02	4,704.80	83		506.20	470.48
84		5,637.05	5,236.27	84		563.71	523.63

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	426.92	400.78	365.93	18-39	42.69	40.08	36.59
40	426.92	400.78	365.93	40	42.69	40.08	36.59
41	435.63	409.49	374.64	41	43.56	40.95	37.46
42	453.06	418.20	383.35	42	45.31	41.82	38.34
43	461.77	435.63	400.78	43	46.18	43.56	40.08
44	479.19	444.34	409.49	44	47.92	44.43	40.95
45	487.91	453.06	418.20	45	48.79	45.31	41.82
46	505.33	470.48	435.63	46	50.53	47.05	43.56
47	514.04	479.19	444.34	47	51.40	47.92	44.43
48	531.47	496.62	461.77	48	53.15	49.66	46.18
49	540.18	505.33	470.48	49	54.02	50.53	47.05
50	557.61	522.76	487.91	50	55.76	52.28	48.79
51	575.03	540.18	505.33	51	57.50	54.02	50.53
52	592.46	557.61	514.04	52	59.25	55.76	51.40
53	609.88	575.03	531.47	53	60.99	57.50	53.15
54	627.31	592.46	548.89	54	62.73	59.25	54.89
55	644.73	609.88	566.32	55	64.47	60.99	56.63
56	679.58	644.73	601.17	56	67.96	64.47	60.12
57	723.15	679.58	627.31	57	72.31	67.96	62.73
58	766.71	714.43	662.16	58	76.67	71.44	66.22
59	810.27	758.00	705.72	59	81.03	75.80	70.57
60	862.55	801.56	740.57	60	86.25	80.16	74.06
61	914.82	853.83	792.85	61	91.48	85.38	79.28
62	975.81	914.82	845.12	62	97.58	91.48	84.51
63	1,045.51	975.81	897.40	63	104.55	97.58	89.74
64	1,115.21	1,036.80	958.39	64	111.52	103.68	95.84
65	1,184.91	1,106.50	1,019.37	65	118.49	110.65	101.94
66	1,280.75	1,193.63	1,106.50	66	128.08	119.36	110.65
67	1,385.30	1,289.46	1,193.63	67	138.53	128.95	119.36
68	1,498.57	1,394.02	1,289.46	68	149.86	139.40	128.95
69	1,620.54	1,515.99	1,402.73	69	162.05	151.60	140.27

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,751.23	1,637.97	1,515.99	70	175.12	163.80	151.60
71	1,916.77	1,794.80	1,664.11	71	191.68	179.48	166.41
72	2,108.45	1,969.05	1,829.65	72	210.84	196.90	182.96
73	2,308.84	2,160.72	2,003.90	73	230.88	216.07	200.39
74	2,535.37	2,369.83	2,204.29	74	253.54	236.98	220.43
75	2,779.32	2,605.07	2,422.10	75	277.93	260.51	242.21
76	3,092.97	2,892.58	2,692.19	76	309.30	289.26	269.22
77	3,441.48	3,223.66	2,997.13	77	344.15	322.37	299.71
78	3,833.54	3,580.88	3,328.21	78	383.35	358.09	332.82
79	4,269.17	3,990.37	3,702.86	79	426.92	399.04	370.29

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	531.47	496.62	453.06	18-39	53.15	49.66	45.31
40	531.47	496.62	453.06	40	53.15	49.66	45.31
41	548.89	514.04	470.48	41	54.89	51.40	47.05
42	566.32	522.76	479.19	42	56.63	52.28	47.92
43	575.03	540.18	496.62	43	57.50	54.02	49.66
44	592.46	557.61	514.04	44	59.25	55.76	51.40
45	609.88	566.32	522.76	45	60.99	56.63	52.28
46	627.31	583.74	540.18	46	62.73	58.37	54.02
47	644.73	601.17	557.61	47	64.47	60.12	55.76
48	670.87	627.31	575.03	48	67.09	62.73	57.50
49	688.30	644.73	592.46	49	68.83	64.47	59.25
50	705.72	662.16	609.88	50	70.57	66.22	60.99
51	723.15	679.58	627.31	51	72.31	67.96	62.73
52	749.28	697.01	644.73	52	74.93	69.70	64.47
53	766.71	714.43	662.16	53	76.67	71.44	66.22
54	784.13	740.57	688.30	54	78.41	74.06	68.83
55	810.27	758.00	705.72	55	81.03	75.80	70.57
56	862.55	810.27	749.28	56	86.25	81.03	74.93
57	906.11	853.83	792.85	57	90.61	85.38	79.28
58	967.10	906.11	836.41	58	96.71	90.61	83.64
59	1,019.37	949.67	879.97	59	101.94	94.97	88.00
60	1,080.36	1,010.66	932.25	60	108.04	101.07	93.22
61	1,150.06	1,071.65	993.24	61	115.01	107.16	99.32
62	1,228.48	1,141.35	1,054.22	62	122.85	114.14	105.42
63	1,315.60	1,219.76	1,123.93	63	131.56	121.98	112.39
64	1,402.73	1,298.18	1,193.63	64	140.27	129.82	119.36
65	1,498.57	1,385.30	1,272.04	65	149.86	138.53	127.20
66	1,620.54	1,498.57	1,376.59	66	162.05	149.86	137.66
67	1,751.23	1,629.26	1,498.57	67	175.12	162.93	149.86
68	1,899.35	1,768.66	1,629.26	68	189.93	176.87	162.93
69	2,056.17	1,916.77	1,768.66	69	205.62	191.68	176.87

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,221.71	2,073.60	1,916.77	70	222.17	207.36	191.68
71	2,430.82	2,265.28	2,091.02	71	243.08	226.53	209.10
72	2,666.06	2,474.38	2,282.70	72	266.61	247.44	228.27
73	2,918.72	2,709.62	2,491.80	73	291.87	270.96	249.18
74	3,188.81	2,953.57	2,718.33	74	318.88	295.36	271.83
75	3,493.75	3,232.37	2,971.00	75	349.38	323.24	297.10
76	3,868.39	3,598.30	3,319.50	76	386.84	359.83	331.95
77	4,277.89	3,990.37	3,702.86	77	427.79	399.04	370.29
78	4,730.94	4,434.71	4,129.77	78	473.09	443.47	412.98
79	5,236.27	4,922.62	4,608.97	79	523.63	492.26	460.90

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	688.30	653.45	609.88	18-39	68.83	65.34	60.99
40	688.30	653.45	609.88	40	68.83	65.34	60.99
41	714.43	679.58	636.02	41	71.44	67.96	63.60
42	740.57	697.01	653.45	42	74.06	69.70	65.34
43	766.71	723.15	679.58	43	76.67	72.31	67.96
44	792.85	749.28	705.72	44	79.28	74.93	70.57
45	818.98	775.42	731.86	45	81.90	77.54	73.19
46	845.12	801.56	758.00	46	84.51	80.16	75.80
47	879.97	836.41	784.13	47	88.00	83.64	78.41
48	906.11	862.55	810.27	48	90.61	86.25	81.03
49	940.96	888.69	836.41	49	94.10	88.87	83.64
50	975.81	923.54	871.26	50	97.58	92.35	87.13
51	1,001.95	949.67	888.69	51	100.19	94.97	88.87
52	1,028.09	975.81	914.82	52	102.81	97.58	91.48
53	1,054.22	1,001.95	940.96	53	105.42	100.19	94.10
54	1,089.08	1,028.09	958.39	54	108.91	102.81	95.84
55	1,115.21	1,054.22	984.52	55	111.52	105.42	98.45
56	1,176.20	1,106.50	1,036.80	56	117.62	110.65	103.68
57	1,245.90	1,167.49	1,089.08	57	124.59	116.75	108.91
58	1,315.60	1,228.48	1,141.35	58	131.56	122.85	114.14
59	1,394.02	1,298.18	1,202.34	59	139.40	129.82	120.23
60	1,472.43	1,367.88	1,263.33	60	147.24	136.79	126.33
61	1,568.27	1,455.00	1,341.74	61	156.83	145.50	134.17
62	1,664.11	1,550.84	1,428.87	62	166.41	155.08	142.89
63	1,768.66	1,646.68	1,524.71	63	176.87	164.67	152.47
64	1,881.92	1,751.23	1,620.54	64	188.19	175.12	162.05
65	2,003.90	1,864.50	1,725.09	65	200.39	186.45	172.51
66	2,143.30	2,003.90	1,864.50	66	214.33	200.39	186.45
67	2,291.41	2,160.72	2,021.32	67	229.14	216.07	202.13
68	2,456.95	2,326.26	2,195.58	68	245.70	232.63	219.56
69	2,631.21	2,500.52	2,369.83	69	263.12	250.05	236.98

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 11.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,814.17	2,692.19	2,570.22	70	281.42	269.22	257.02
71	3,084.26	2,944.86	2,805.46	71	308.43	294.49	280.55
72	3,371.78	3,214.95	3,058.12	72	337.18	321.49	305.81
73	3,694.14	3,519.89	3,336.93	73	369.41	351.99	333.69
74	4,042.65	3,842.26	3,641.87	74	404.26	384.23	364.19
75	4,426.00	4,199.47	3,972.95	75	442.60	419.95	397.29
76	4,905.19	4,643.82	4,382.44	76	490.52	464.38	438.24
77	5,445.38	5,140.43	4,826.78	77	544.54	514.04	482.68
78	6,037.83	5,680.62	5,323.40	78	603.78	568.06	532.34
79	6,699.99	6,290.50	5,872.29	79	670.00	629.05	587.23

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

MetLife Insurance Company USA
Certification of Compliance

The company has reviewed the enclosed policy forms(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

Forms	Description
MICC CNF VA 09/01/2015	**Contingent Nonforfeiture Benefit Endorsement**

Amy Pahl

Officer's Signature

Principal and Consulting Actuary

Officer's Title

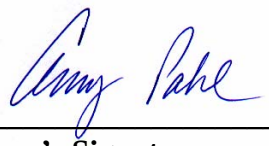
November 4, 2015

Date

MetLife Insurance Company USA
Certification of Compliance

The company has reviewed the enclosed policy forms(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

Forms	Description
MICC RIL VA 10/29/2015	**Policyholder Rate Increase Notification Letter**



Officer's Signature

Principal and Consulting Actuary
Officer's Title

November 4, 2015
Date

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer MetLife Insurance Company USA
1209 Orange Street
Wilmington, DE 19801

Title of Form Contingent Nonforfeiture Benefit Endorsement

Policy Form Number MICC CNF VA 09/01/2015

I hereby certify that the Flesch reading ease score of the above policy form is 49.9. It contains 18 sentences, 408 words and 646 syllables. The type size of the text of the policy forms is Arial point type, 10 point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Amy Pahl Signature of an Officer of the Insurer

Amy Pahl Name (Print)

Principal and Consulting Actuary Title

November 4, 2015 Date

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer MetLife Insurance Company USA
1209 Orange Street
Wilmington, DE 19801

Title of Form Policyholder Rate Increase Notification Letter

Policy Form Number MICC RIL VA 10/29/2015

I hereby certify that the Flesch reading ease score of the above policy form is 46.1. It contains 73 sentences, 1,359 words and 2,278 syllables. The type size of the text of the policy forms is Arial point type, 10 point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Amy Pahl Signature of an Officer of the Insurer

Amy Pahl Name (Print)

Principal and Consulting Actuary Title

November 4, 2015 Date

MetLife Insurance Company USA

STATEMENT OF VARIABILITY

General Guidelines

While not enclosed in brackets, we may vary the names and /or titles of officers that appear on any of the forms. We may vary items such as addresses and telephone numbers, company officer names, titles and signatures. Case and individual information, such as names, numbers, amounts, timeframes, etc., included in bracketed [] information will be completed with information appropriate to the specific insured as described below. The appropriate sequential page numbers will be assigned to the bottom of each page.

Policyholder Rate Increase Notification Letter

Explanation of Variable Language Applicable to the Policyholder Rate Increase Notification Letter

General Guidelines

While not enclosed in brackets, we may vary the names and /or titles of officers that appear on any of the forms. We may vary items such as addresses and telephone numbers, company officer names, titles and signatures. Case and individual information, such as names, numbers, amounts, timeframes, etc., included in bracketed [] information will be completed with information appropriate to the specific insured as described below. The appropriate sequential page numbers will be assigned to the bottom of each page.

The following shows the variable limits applicable to the letter. Wording may vary in the indicated spot as follows:

-
- Where [document date] appears, we will insert the date that the letter generates.
- Where [Insured_name1] appears we will insert the name of the insured/policyholder associated with the applicable policy.
- Where [policy number] appears we will insert the policy number of the applicable policy.
- Where [company_phone], [company_hours 1], and [company_hours 2] appear, we will insert the current company phone number and hours of operation.
- [Agent] will only appear if there is a current servicing agent assigned to the policy. When this prints, where [servicing_agent name], [servicing_agent_address1], [servicing_agent_address2], etc. appears, we will insert the name and current address of the servicing agent as reflected in our administration system.
- Where [mailing name], [mailing_address1], [mailing_address2], etc. appears, we will insert the policyholder name and current mailing address as reflected in our administration system.
- Where [salutation name] appears, we will insert the name of the policyholder.

- Where [999 999.9999] appears, we will insert the contact phone number for customer service.
- The [<if not phased> paragraph will only print if the rate increase is not being implemented over a period of several years. If this paragraph prints, within this paragraph we will print the current billing mode in the [monthly <or> quarterly <or> semiannual <or> annual] field. The billing anniversary will print in the [mm/dd/yyyy] field and the actual rate increase percentage that is being implemented will print in the [999.999%] field.
- The [<if phased> paragraph will only print if the rate increase is being implemented over a period of several years. If this paragraph prints, within this paragraph we will print the current billing mode in the [monthly <or> quarterly <or> semiannual <or> annual] field. The billing anniversary will print in the [mm/dd/yyyy] field and the actual rate increase percentage that is being implemented will print in the [999.999%] field.
- Within the 2nd [<if phased>] paragraph the billing anniversary, premium prior to billing anniversary date, and new premium on billing anniversary date will print for each year scheduled.
- [<if CPI>] sentence will print if the rate increase is phased and the policy includes the cost of inflation benefit rider.
- In the section "What are my Options?" the billing anniversary date of the policy will print wherever [billing anniversary date] is shown. If the policy is on any premium mode and method other than monthly automatic deduction from a bank account, the sentence following [<if not monthly EFT>] will print.
- If the policy includes a nonforfeiture benefit rider, then the paragraph following [<if NFO Rider on Policy>] will print as Option 3.
- If the policy does not include a nonforfeiture benefit rider, but the policy does qualify for the contingent nonforfeiture benefit then [<if CNF>] paragraph will print as Option 3.
- If there is a current servicing agent assigned to the policy, we will print the name of that agent where [cc: [cc_name1] and [cc_name2]] appears.
- Where [enclosure[s]: [enclosure1], [enclosure2]…] appears we will print the names of all additional enclosures that are included with the letter.

Contingent Nonforfeiture Benefit Endorsement

Explanation of Variable Language Applicable to the Contingent Nonforfeiture Benefit Endorsement

The following shows the variable limits applicable to the endorsement. Wording may vary in the indicated spot as follows:

- Where [name] appears, we will print the full name of the policyholder.
- Where [policy] appears, we will print the policy number of the applicable policy.

Virginia Rate Increase Filing History

Explanation of Variable Language Applicable to the Virginia Rate Increase Filing History

The following shows the variable limits applicable to the letter. Wording may vary in the indicated spot as follows:

- The table in brackets will be updated in the event that future rate increases are implemented to reflect the year and percentage applicable for that product and year.

Coverage Amendment Rider

Explanation of Variable Language Applicable to the Coverage Amendment Rider

The following shows the variable limits applicable to the rider. This rider is sent to the policyholder to reflect changes made to the benefits of the policy. Only changes made to the policy will be reflected on the amendment. Wording may vary in the indicated spot as follows:

- Where [LTCXXXXXXX] appears, we will print the policy number of the applicable policy.
- Where [NAME} appears, we will print the name of the policyholder.
- Where [xx/xx/xxxx] appears under the Effective Date of Change, we will print the date that the change in benefits is effective.
- Where [The premium on the Policy has changed to $xxx.xx per xx month(s) appears, we will print the new premium amount and premium mode.
- If the lifetime payment maximum is updated, we will print the sentence [Based on your current benefits, the Lifetime Payment Maximum is now [$xxx,xxx.xx] and the new lifetime payment maximum will appear.
- If the benefit period is updated, the sentence [The Nursing Home Benefit Limit is changed from [period] to [period] will print and include the old and the new benefit period.
- If the elimination period is changed, we will print the sentence [The Nursing Home Benefit Elimination Period/Deductible Period is changed from [xx] days to [xxx] days] and the old and new elimination period will print.
- If the benefit increase option is changed on the policy, we will print the sentence [The Benefit Increase Option is changed to [inflation protection] on the policy] and will print the new benefit inflation protection.
- Where the premium on the coverage has changed to $[$xxx.xx] appears, we will print the new premium amount applicable for the current modal premium.
- Where the current payment mode is changed from [xxxx to xxxx] will print the old and new premium modal periods.
- Where [Secretary] and [SIGNATURE] appear, we will print the current company officer and position of the officer.

METLIFE INSURANCE COMPANY USA

Address: 1209 Orange Street, Wilmington, DE 19801

Actuarial Memorandum for the LTC4 Tax-Qualified Nursing Facility Only Product

March 2015

Product or Rider	Form Number
Nursing Facility Insurance	H-LTC4JFQ
Nursing Facility Insurance	H-LTC4JFQ20
Annual 5% Compound Benefit Inflation Rider	H-5AICFO
Annual 5% Simple Benefit Inflation Rider	H-5AISFO
Cost of Living (CPI) Benefit Rider	H-COLFO
Cost of Living (CPI) Benefit Rider	H-COLFO-3
Nonforfeiture Benefit Rider	H-NF3-6

These policy forms are tax-qualified individual policy forms providing facility only long term care coverage. These forms were issued in Virginia from February 1999 through September 2000.

1. Purpose of Filing

This actuarial memorandum has been prepared for the purpose of documenting the rates and demonstrating that the anticipated loss ratio of this product with those rates meets the minimum requirements in the statutes of Virginia. It may not be suitable for other purposes.

2. Description of Benefits

These are individually underwritten policies which pay a daily benefit for Nursing Facility Care, Assisted Living Facility Care, Alzheimer's Facility Care, Hospice Facility Care, Bed Reservation, and Respite Care provided in a Facility setting.

Elimination periods are 20, 60, and 100 days. The elimination period applies to all benefits except the Respite Care Benefit, Care Coordination Benefit, and Supplemental Benefits. The elimination period must be satisfied in full only once during the life of the contract.

Benefit periods are 2 years, 3 years, 5 years, and unlimited. Benefit eligibility is defined as having a 90-day certification period and not being able to perform at least two of six ADLs (dressing, eating, toileting, transferring, bathing, and continence) or cognitive impairment.

Premiums will be waived if benefits, other than Respite Care, Care Coordination, or Supplemental, are being paid.

A 5% simple, a 5% compound, and a cost of living (CPI) inflation rider as well as a non-forfeiture rider are available options.

3. Renewability

These policy forms are guaranteed renewable for life.

4. Applicability

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

5. Actuarial Assumptions

a. Expected Claim Costs are the product of the reinsurer's (General Electric Capital Assurance Company; GECA) expected claim costs used at the time of the reinsurance transaction executed in 2000 between Travelers and GECA and actual-to-expected factors that reflect actual emerging experience on these policy forms.

At the time the expected claim costs were developed, the reinsurer had been marketing nursing home and home health care benefit riders and policies on a direct basis for over 20 and 10 years, respectively. Using the experience on this business, both the expected incidence and severity of claims were developed for nursing home benefits. Selection factors were applied to the incidence rates in order to reflect the effects of underwriting.

The expected incidence rates, lengths of stay, and amount of benefit payments were separately identified for all combinations of plan options.

Actual-to-expected adjustment factors were developed from actual emerging experience through June 30, 2012 and are shown in the following table:

METLIFE INSURANCE COMPANY USA

Address: 1209 Orange Street, Wilmington, DE 19801

Actuarial Memorandum for the LTC4 Tax-Qualified Nursing Facility Only Product

March 2015

Actual-to-Expected Adjustment Factors

Policy Duration	Factor
1 - 4	132.5%
5	158.2%
6 - 7	163.4%
8 - 9	185.3%
10 - 11	194.8%
12	204.3%
13	206.4%
14	218.3%
15	220.5%
16 - 17	215.6%
18 - 19	210.7%
20	205.8%
21	200.7%
22	195.6%
23	190.7%
24	186.0%
25	181.3%
26	176.8%
27	172.4%
28	168.1%
29	163.9%
30	159.8%
31	155.8%
32	151.9%
33	148.1%
34	144.4%
35	140.8%
36	137.3%
37	133.8%
38	130.5%
39	127.2%
40	124.0%
41	120.9%
42	117.9%
43	115.0%
44	112.1%
45	109.3%
46	106.6%
47+	105.1%

A cumulative 0.9% increase in morbidity is assumed due to adverse selection from the rate increase.

b. Termination Rates. Historical termination rates are based on actual experience of this policy form.

Future voluntary lapse rates vary by duration as developed from actual experience through March 31, 2012 and are shown in the following table:

Voluntary Lapse Rates

Policy Duration	Lapse Rate
1	6.00%
2	4.00%
3	2.50%
4	1.50%
5	1.30%
6	1.10%
7 - 13	1.00%
14 - 19	1.40%
20 +	1.75%

In the year of rate increase implementation, an additional 1.0% of in-force policyholders are assumed to lapse, and a 2.6% reduction in premium and claims is expected due to the election of reduced benefits.

Future mortality is based on 1983 IAM with selection factors consistent with experience and shown in the following table:

Mortality Selection Factors

Policy Duration	Factor
1	30.0%
2	40.0%
3	45.0%
4	50.0%
5	55.0%
6	60.0%
7	65.0%
8	67.0%
9	70.0%
10	72.0%
11	75.0%
12	77.0%
13	80.0%
14	82.0%
15	85.0%
16	87.0%
17	90.0%
18	92.0%
19	94.0%
20+	95.0%

c. Expenses. Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate, except that commission will not be paid on any increase in premium.

The above assumptions are based on actual experience of the policies in-force under these policy forms and general experience of the reinsurer and are deemed reasonable for these particular policies.

6. Marketing Method

These policy forms were marketed by agents as well as through various subsidiaries of Citigroup.

7. Underwriting Description

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

8. Premiums

Premiums are unisex, level and payable for life. The premiums vary by issue age, elimination period, benefit period, initial daily benefit, and inflation protection option.

9. Issue Age Range

Elimination periods of 20, 60, and 100 days are available for issue ages 18 to 79. Only the 60 and 100 day elimination periods of the 2-year benefit period are available for issue ages 80 through 84.

10. Area Factors

Area factors are not used for this product.

11. Premium Modalization Rules

The following modal factors and nationwide percent distributions (based on in-force count as of 12/31/2012) are applied to the annual premium (AP):

Premium Mode	Modal Factors	Percent Distribution
Annual	1.00*AP	56.3%
Semi-Annual	0.51*AP	10.5%
Quarterly	0.26*AP	13.4%
Monthly	0.09*AP	19.8%

12. Reserves

Active life reserves have not been used in this rate increase analysis, except in the loss ratio calculation in Exhibits III and IV and as described in the Supplement to the Actuarial Memorandum. Claim reserves as of December 31, 2012 have been discounted to the incurred date of each respective claim and included in historical incurred claims. Incurred but not reported balances as of December 31, 2012 have been allocated to a calendar year of incurred and included in historic incurred claims.

13. Trend Assumptions

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

14. Past and Future Policy Experience

Nationwide experience for these policy forms is shown in Exhibit I and includes earned premiums, paid claims, incurred claims, and loss ratios. The experience and projections in Exhibit I have been restated to reflect a rate level similar to that approved in Virginia on a nationwide basis.

Virginia-specific experience for these policy forms is shown in Exhibit II, including any previously implemented rate increases as described in Section 16 of this memorandum.

The company has chosen a credibility standard of 1,082 claims. Based on this parameter, Virginia-specific experience for the above-referenced forms is not considered fully credible, but is being provided as required.

Historical experience is shown by claim incurral year with the loss ratio for each loss year calculated by the following formula:

$$LR_j = \frac{\sum_{t=j}^{2012} Pmt_t^j * v^{t-j} + {}_jCR_{2012} * v^{2012-j+1/2} + {}_jIBNR_{2012} * v^{2012-j+1/2}}{EP_j}$$

LR_j = loss ratio for year *j*

Pmt_t^j = claim payments in year *t* on claims incurred in year *j*, assumed to occur mid-year

${}_jCR_{2012}$ = open claim reserve held on December 31, 2012 for claims incurred in year *j*

${}_jIBNR_{2012}$ = incurred but not reported reserve as of December 31, 2012 attributable to claims incurred in year *j*

EP_j = earned premium in year *j*, assumed mid-year

j = year of incurral

v = 1 / 1.0585 = 0.944714

A future annual loss ratio is calculated, with and without interest, as anticipated incurred claims divided by earned premiums.

A lifetime loss ratio as of 12/31/2012 is calculated as the sum of accumulated past and discounted future claims divided by the sum of accumulated past and discounted future earned premium.

Pursuant to 14VAC5-130-75, the loss ratios are calculated using an interest rate that is on a consistent basis, but not identical in value, to the interest rate assumed in the determination of premiums. The original pricing interest rate of 6.5% used in the determination of premiums is assumed to be reflective of a pre-tax net investment earnings rate. That is, the company's actual and future expected pre-tax investment earnings rate net of investment expenses and default risk.

The company's actual earned rates were only available beginning in 2004, so the weighted-average interest rate of 5.85% (using earned premium on all of MetLife Insurance Company USA's individual long-term care policy forms as weights) was assumed for the entire historical period (1988 through 2012). The historical earned rates are net of investment expenses and default risk, but are on a pre-tax basis.

The prospective interest rate assumption was derived from the 2012 cash flow testing results. The rates represent the runoff of the assets currently backing the

company's long-term care liabilities and a reinvestment strategy consistent with the 2012 cash flow testing. Again, the prospective interest rates are net of investment expenses and default risk, but are on a pre-tax basis.

Exhibit III shows nationwide past experience including earned premiums, incurred claims, increase in active life reserves, and incurred loss ratios by calendar year. Exhibit IV provides similar information on a Virginia-specific basis. The company does not consider Virginia-specific experience as fully credible, but is providing it as required by the rate revisions checklist. The incurred loss ratio is defined as the sum of incurred claims and increase in active life reserves divided by earned premium. The values in these exhibits are shown without interest accumulation.

15. Projected Earned Premiums and Incurred Claims

Exhibits I and II contain lifetime projections of earned premium and incurred claims based on the current premiums and the filed premium rate schedule increase. Earned premiums and incurred claims for projection years 2013 through 2052 are developed from an asset share model representing actual contracts in-force as of December 31, 2012. The assumptions described above for morbidity, voluntary lapse and mortality are used to project life years, earned premiums and incurred claims. The projections reflecting the rate increase assume that the increase is effective on each policy's first anniversary on or after January 1, 2014.

16. History of Previous Rate Revisions

Two prior rate increases have been approved and implemented on these policy forms and associated riders. A 20.0% increase was approved on May 6, 2005 and implemented on each contract's next billing anniversary beginning August 27, 2005. A 30.0% increase was approved on May 4, 2011 and implemented on each contract's next billing anniversary beginning August 5, 2011.

The experience and projections in Exhibit I have been restated to reflect a rate level similar to that approved in Virginia on a nationwide basis.

17. Requested Rate Increase and Demonstration of Satisfaction of Loss Ratio Requirements

The company is requesting an increase of 25.7%. Projected experience assuming this increase is implemented is shown in Exhibits I and II. As shown in Exhibits I and II, the expected lifetime loss ratio with and without the requested rate increase exceeds the minimum loss ratio of 60%.

Current rate tables are included with this memorandum in Exhibit V. Rate tables reflecting the 25.7% increase are included with this memorandum in Exhibit VI. The proposed rates are uniformly 25.7% higher than the current rates. The actual rates implemented may vary slightly from those in Exhibit VI due to rounding in the implementation algorithm.

18. Virginia Average Annual Premium (Annual Premium Based on 2012 In-force)

Before increase: $2,805
After increase: $3,526

19. Proposed Effective Date

The rate increase will apply to policies on their billing anniversary date following at least a 60-day policyholder notification period following approval.

20. Nationwide Distribution of Business as of 12/31/2012 (based on in-force count)

By Issue Age:

Issue Ages	Percent Distribution
< 48	2.2%
48 - 52	4.2%
53 - 57	11.7%
58 - 62	22.4%
63 - 67	23.7%
68 - 72	20.2%
73 +	15.6%

By Elimination Period:

Elimination Period	Percent Distribution
20-day	38.0%
60-day	10.0%
100-day	52.0%

By Benefit Period:

Benefit Period	Percent Distribution
2-Year	10.5%
3-Year	26.8%
5-Year	30.7%
Unlimited	32.0%

By Inflation Protection Option:

Inflation Option	Percent Distribution
None	23.9%
Simple	16.4%
Compound	42.9%
CPI	16.8%

21. Number of Policyholders

As of 12/31/2012, the number of policies in-force and annualized premium in the state and nationwide is:

	Number of Insured	Annual Premium based on 2012 In-force
Virginia	11	$30,858
Nationwide	410	$710,350

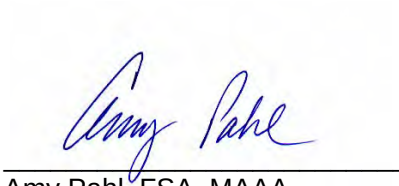
22. Actuarial Certification

I am a Principal and Consulting Actuary for Milliman, Inc. and have been retained by GNA Corporation (Genworth), a reinsurer of this business, to prepare this memorandum on behalf of MetLife Insurance Company USA. I am a Fellow of the Society of Actuaries and a member of the American Academy of Actuaries. I meet the Academy's qualification standards to render this actuarial opinion and am familiar with the requirements for filing long-term care insurance premium and rate increases. This memorandum has been prepared for the sole purpose stated, and it may not be appropriate for other purposes.

I believe this rate filing is in compliance with the applicable laws of the State of Virginia and with the rules of the Bureau. This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8 and 18.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of the state where it is filed. Furthermore, the actuarial assumptions are appropriate and the rates are not excessive or unfairly discriminatory. The premiums are reasonable in relation to the benefits, as provided in 14VAC5-130-75.

In preparing this actuarial memorandum, I relied on data provided to me by Union Fidelity Life Insurance Company, the retrocessionaire on this business, and Genworth. I did not audit this data but did review it for reasonableness. To the extent that this data is incomplete or inaccurate the contents of this memorandum may be materially affected.



Amy Pahl, FSA, MAAA
Principal and Consulting Actuary, Milliman, Inc.

Date: March 26, 2015

Exhibit I
MetLife Insurance Company USA
Nationwide Experience Projections with No Increase
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Loss Ratio Demonstration									Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest					With Interest				Premium	Morbidity Factors		Persistency Factors					
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
Historical Experience	1998	3,427	0	0	0.0%	26	7,817	0	0	0.0%				0.0000		1.0000		5.85%	2.2811
	1999	276,504	0	0	0.0%	397	595,865	0	0	0.0%				0.0222		0.9778		5.85%	2.1550
	2000	739,022	0	0	0.0%	668	1,504,538	0	0	0.0%				0.0578		0.9422		5.85%	2.0359
	2001	907,491	2,679	75,294	8.3%	647	1,745,374	5,153	144,813	8.3%				0.0541		0.9459		5.85%	1.9233
	2002	867,718	47,430	205,558	23.7%	627	1,576,614	86,178	373,491	23.7%				0.0309		0.9691		5.85%	1.8170
	2003	841,621	112,363	52,671	6.3%	605	1,444,653	192,873	90,411	6.3%				0.0351		0.9649		5.85%	1.7165
	2004	894,035	103,556	225,073	25.2%	573	1,449,778	167,928	364,981	25.2%				0.0529		0.9471		5.85%	1.6216
	2005	905,664	95,703	347,947	38.4%	533	1,387,442	146,614	533,041	38.4%				0.0698		0.9302		5.85%	1.5320
	2006	855,031	103,190	625,178	73.1%	516	1,237,456	149,343	904,798	73.1%				0.0319		0.9681		5.85%	1.4473
	2007	832,927	73,931	32,343	3.9%	504	1,138,820	101,082	44,222	3.9%				0.0233		0.9767		5.85%	1.3673
	2008	808,250	549,240	504,729	62.4%	486	1,043,985	709,431	651,939	62.4%				0.0357		0.9643		5.85%	1.2917
	2009	771,517	571,991	782,493	101.4%	468	941,443	697,972	954,838	101.4%				0.0370		0.9630		5.85%	1.2203
	2010	735,897	671,638	652,187	88.6%	448	848,333	774,256	751,833	88.6%				0.0427		0.9573		5.85%	1.1528
	2011	792,505	718,959	941,838	118.8%	426	863,081	782,985	1,025,713	118.8%				0.0491		0.9509		5.85%	1.0891
	2012	845,313	790,149	898,290	106.3%	410	869,696	812,940	924,201	106.3%				0.0376		0.9624		5.85%	1.0288
Projected Future Experience	2013	804,932	809,294	1,019,981	126.7%	390	783,671	787,918	993,039	126.7%	1.0000	1.1924	1.0000	0.0484	0.0000	0.9516	0.9522	5.50%	0.9736
	2014	755,375	1,105,775	1,099,017	145.5%	369	697,406	1,020,915	1,014,676	145.5%	1.0000	1.1482	1.0000	0.0537	0.0000	0.9463	0.9384	5.47%	0.9233
	2015	704,436	1,223,463	1,149,785	163.2%	348	617,219	1,071,984	1,007,428	163.2%	1.0000	1.1218	1.0000	0.0581	0.0000	0.9419	0.9326	5.43%	0.8762
	2016	653,064	1,237,773	1,190,252	182.3%	326	543,419	1,029,959	990,417	182.3%	1.0000	1.1166	1.0000	0.0626	0.0000	0.9374	0.9271	5.39%	0.8321
	2017	601,750	1,249,264	1,223,774	203.4%	304	475,782	987,749	967,595	203.4%	1.0000	1.1158	1.0000	0.0672	0.0000	0.9328	0.9214	5.36%	0.7907
	2018	550,990	1,260,372	1,246,834	226.3%	282	413,969	946,942	936,771	226.3%	1.0000	1.1127	1.0000	0.0723	0.0000	0.9277	0.9156	5.34%	0.7513
	2019	501,090	1,279,066	1,253,604	250.2%	260	357,622	912,854	894,682	250.2%	1.0000	1.1056	1.0000	0.0782	0.0000	0.9218	0.9094	5.33%	0.7137
	2020	452,586	1,290,923	1,244,566	275.0%	238	306,691	874,783	843,369	275.0%	1.0000	1.0992	1.0000	0.0832	0.0000	0.9168	0.9032	5.33%	0.6776
	2021	406,503	1,292,068	1,225,648	301.5%	218	261,440	830,984	788,266	301.5%	1.0000	1.0964	1.0000	0.0871	0.0000	0.9129	0.8982	5.33%	0.6431
	2022	363,327	1,282,465	1,198,946	330.0%	198	221,667	782,437	731,482	330.0%	1.0000	1.0945	1.0000	0.0911	0.0000	0.9089	0.8938	5.34%	0.6101
	2023	323,121	1,264,411	1,168,483	361.6%	179	187,029	731,866	676,341	361.6%	1.0000	1.0959	1.0000	0.0952	0.0000	0.9048	0.8893	5.35%	0.5788
	2024	285,911	1,240,067	1,134,117	396.7%	161	157,055	681,186	622,986	396.7%	1.0000	1.0969	1.0000	0.0995	0.0000	0.9005	0.8848	5.35%	0.5493
	2025	251,685	1,209,878	1,093,156	434.3%	144	131,203	630,708	569,861	434.3%	1.0000	1.0950	1.0000	0.1038	0.0000	0.8962	0.8803	5.35%	0.5213
	2026	220,398	1,174,536	1,049,638	476.2%	129	109,048	581,132	519,336	476.2%	1.0000	1.0965	1.0000	0.1082	0.0000	0.8918	0.8757	5.35%	0.4948
	2027	191,978	1,135,660	1,006,007	524.0%	114	90,184	533,492	472,585	524.0%	1.0000	1.1003	1.0000	0.1128	0.0000	0.8872	0.8711	5.35%	0.4698
	2028	166,324	1,094,013	959,926	577.1%	101	74,215	488,159	428,328	577.1%	1.0000	1.1014	1.0000	0.1174	0.0000	0.8826	0.8664	5.34%	0.4462
	2029	143,311	1,049,422	909,545	634.7%	89	60,771	445,006	385,691	634.7%	1.0000	1.0997	1.0000	0.1221	0.0000	0.8779	0.8616	5.34%	0.4240
	2030	122,797	1,001,268	853,368	694.9%	77	49,509	403,686	344,057	694.9%	1.0000	1.0950	1.0000	0.1269	0.0000	0.8731	0.8569	5.33%	0.4032
	2031	104,624	948,746	792,557	757.5%	67	40,125	363,862	303,961	757.5%	1.0000	1.0901	1.0000	0.1318	0.0000	0.8682	0.8520	5.32%	0.3835
	2032	88,627	892,119	731,111	824.9%	58	32,352	325,656	266,882	824.9%	1.0000	1.0890	1.0000	0.1368	0.0000	0.8632	0.8471	5.30%	0.3650
	2033	74,633	832,315	669,670	897.3%	50	25,944	289,335	232,795	897.3%	1.0000	1.0877	1.0000	0.1418	0.0000	0.8582	0.8421	5.29%	0.3476
	2034	62,470	770,552	609,400	975.5%	42	20,689	255,190	201,820	975.5%	1.0000	1.0872	1.0000	0.1468	0.0000	0.8532	0.8370	5.27%	0.3312
	2035	51,968	708,368	551,761	1061.7%	36	16,403	223,593	174,161	1061.7%	1.0000	1.0884	1.0000	0.1518	0.0000	0.8482	0.8319	5.26%	0.3156
	2036	42,959	646,917	495,925	1154.4%	30	12,937	194,814	149,344	1154.4%	1.0000	1.0873	1.0000	0.1567	0.0000	0.8433	0.8267	5.24%	0.3011
	2037	35,285	586,860	442,299	1253.5%	25	10,154	168,876	127,277	1253.5%	1.0000	1.0858	1.0000	0.1616	0.0000	0.8384	0.8214	5.22%	0.2878
	2038	28,793	528,510	389,066	1351.2%	21	7,929	145,540	107,140	1351.2%	1.0000	1.0780	1.0000	0.1664	0.0000	0.8336	0.8160	5.19%	0.2754
	2039	23,341	472,077	338,566	1450.5%	18	6,156	124,516	89,301	1450.5%	1.0000	1.0735	1.0000	0.1711	0.0000	0.8289	0.8106	5.16%	0.2638
	2040	18,795	417,969	290,626	1546.3%	14	4,751	105,649	73,461	1546.3%	1.0000	1.0660	1.0000	0.1756	0.0000	0.8244	0.8052	5.13%	0.2528
	2041	15,033	366,395	246,231	1637.9%	12	3,643	88,785	59,667	1637.9%	1.0000	1.0592	1.0000	0.1798	0.0000	0.8202	0.7999	5.10%	0.2423
	2042	11,945	317,970	206,288	1727.0%	10	2,776	73,883	47,933	1727.0%	1.0000	1.0544	1.0000	0.1838	0.0000	0.8162	0.7946	5.07%	0.2324
	2043	9,429	273,161	170,531	1808.5%	8	2,101	60,867	37,999	1808.5%	1.0000	1.0472	1.0000	0.1874	0.0000	0.8126	0.7894	5.05%	0.2228
	2044	7,397	232,232	139,140	1881.2%	6	1,580	49,617	29,727	1881.2%	1.0000	1.0402	1.0000	0.1906	0.0000	0.8094	0.7844	5.02%	0.2137
	2045	5,767	195,536	113,092	1960.9%	5	1,181	40,048	23,163	1960.9%	1.0000	1.0424	1.0000	0.1934	0.0000	0.8066	0.7797	5.00%	0.2048
	2046	4,472	163,594	92,630	2071.5%	4	878	32,113	18,183	2071.5%	1.0000	1.0564	1.0000	0.1958	0.0000	0.8042	0.7753	4.98%	0.1963
	2047	3,449	136,571	76,663	2222.8%	3	649	25,689	14,420	2222.8%	1.0000	1.0730	1.0000	0.1980	0.0000	0.8020	0.7713	4.96%	0.1881
	2048	2,647	113,873	62,813	2372.8%	3	477	20,523	11,321	2372.8%	1.0000	1.0675	1.0000	0.1999	0.0000	0.8001	0.7675	4.95%	0.1802
	2049	2,023	94,740	51,304	2536.5%	2	349	16,361	8,860	2536.5%	1.0000	1.0690	1.0000	0.2019	0.0000	0.7981	0.7641	4.93%	0.1727
	2050	1,539	78,594	41,556	2700.5%	2	255	13,005	6,876	2700.5%	1.0000	1.0647	1.0000	0.2040	0.0000	0.7960	0.7608	4.91%	0.1655
	2051	1,166	64,913	33,297	2856.0%	1	185	10,292	5,279	2856.0%	1.0000	1.0576	1.0000	0.2063	0.0000	0.7937	0.7577	4.90%	0.1586
	2052	880	53,335	26,579	3020.9%	1	134	8,104	4,039	3020.9%	1.0000	1.0577	1.0000	0.2089	0.0000	0.7911	0.7547	4.89%	0.1520
	Past	11,076,922	3,840,829	5,343,601	48.2%	7,334	16,654,897	4,626,756	6,764,280	40.6%									
	Future	8,096,819	30,095,069	26,597,750	328.5%	4,347	5,729,546	16,378,082	15,180,519	265.0%									
	Lifetime	19,173,741	33,935,897	31,941,351	166.6%	11,681	22,384,444	21,004,837	21,944,798	98.0%									

Exhibit I
MetLife Insurance Company USA
Nationwide Experience Projections with 25.7% Increase
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Loss Ratio Demonstration									Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest					With Interest				Premium	Morbidity Factors		Persistency Factors					
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
Historical Experience	1998	3,427	0	0	0.0%	26	7,817	0	0	0.0%				0.0000		1.0000		5.85%	2.2811
	1999	276,504	0	0	0.0%	397	595,865	0	0	0.0%				0.0222		0.9778		5.85%	2.1550
	2000	739,022	0	0	0.0%	668	1,504,538	0	0	0.0%				0.0578		0.9422		5.85%	2.0359
	2001	907,491	2,679	75,294	8.3%	647	1,745,374	5,153	144,813	8.3%				0.0541		0.9459		5.85%	1.9233
	2002	867,718	47,430	205,558	23.7%	627	1,576,614	86,178	373,491	23.7%				0.0309		0.9691		5.85%	1.8170
	2003	841,621	112,363	52,671	6.3%	605	1,444,653	192,873	90,411	6.3%				0.0351		0.9649		5.85%	1.7165
	2004	894,035	103,556	225,073	25.2%	573	1,449,778	167,928	364,981	25.2%				0.0529		0.9471		5.85%	1.6216
	2005	905,664	95,703	347,947	38.4%	533	1,387,442	146,614	533,041	38.4%				0.0698		0.9302		5.85%	1.5320
	2006	855,031	103,190	625,178	73.1%	516	1,237,456	149,343	904,798	73.1%				0.0319		0.9681		5.85%	1.4473
	2007	832,927	73,931	32,343	3.9%	504	1,138,820	101,082	44,222	3.9%				0.0233		0.9767		5.85%	1.3673
	2008	808,250	549,240	504,729	62.4%	486	1,043,985	709,431	651,939	62.4%				0.0357		0.9643		5.85%	1.2917
	2009	771,517	571,991	782,493	101.4%	468	941,443	697,972	954,838	101.4%				0.0370		0.9630		5.85%	1.2203
	2010	735,897	671,638	652,187	88.6%	448	848,333	774,256	751,833	88.6%				0.0427		0.9573		5.85%	1.1528
	2011	792,505	718,959	941,838	118.8%	426	863,081	782,985	1,025,713	118.8%				0.0491		0.9509		5.85%	1.0891
	2012	845,313	790,149	898,290	106.3%	410	869,696	812,940	924,201	106.3%				0.0376		0.9624		5.85%	1.0288
Projected Future Experience	2013	804,932	809,294	1,019,981	126.7%	390	783,671	787,918	993,039	126.7%	1.0000	1.1924	1.0000	0.0484	0.0000	0.9516	0.9522	5.50%	0.9736
	2014	835,606	1,102,448	1,082,739	129.6%	366	771,480	1,017,843	999,647	129.6%	1.1326	1.1459	1.0050	0.0537	0.0100	0.9368	0.9218	5.47%	0.9233
	2015	854,093	1,211,168	1,119,020	131.0%	344	748,346	1,061,212	980,473	131.0%	1.1098	1.1185	1.0090	0.0581	0.0000	0.9419	0.9157	5.43%	0.8762
	2016	791,806	1,216,089	1,158,405	146.3%	323	658,868	1,011,916	963,917	146.3%	1.0000	1.1067	1.0090	0.0626	0.0000	0.9374	0.9271	5.39%	0.8321
	2017	729,591	1,221,629	1,191,030	163.2%	301	576,861	965,899	941,705	163.2%	1.0000	1.1059	1.0090	0.0672	0.0000	0.9328	0.9214	5.36%	0.7907
	2018	668,046	1,229,396	1,213,473	181.6%	279	501,916	923,669	911,706	181.6%	1.0000	1.1028	1.0090	0.0723	0.0000	0.9277	0.9156	5.34%	0.7513
	2019	607,546	1,246,246	1,220,062	200.8%	257	433,598	889,430	870,743	200.8%	1.0000	1.0957	1.0090	0.0782	0.0000	0.9218	0.9094	5.33%	0.7137
	2020	548,737	1,257,178	1,211,265	220.7%	236	371,847	851,916	820,803	220.7%	1.0000	1.0894	1.0090	0.0832	0.0000	0.9168	0.9032	5.33%	0.6776
	2021	492,864	1,258,021	1,192,853	242.0%	215	316,982	809,087	767,175	242.0%	1.0000	1.0867	1.0090	0.0871	0.0000	0.9129	0.8982	5.33%	0.6431
	2022	440,515	1,248,498	1,166,866	264.9%	196	268,760	761,714	711,910	264.9%	1.0000	1.0847	1.0090	0.0911	0.0000	0.9089	0.8938	5.34%	0.6101
	2023	391,768	1,230,814	1,137,218	290.3%	177	226,763	712,420	658,245	290.3%	1.0000	1.0861	1.0090	0.0952	0.0000	0.9048	0.8893	5.35%	0.5788
	2024	346,652	1,207,047	1,103,772	318.4%	160	190,421	663,047	606,317	318.4%	1.0000	1.0871	1.0090	0.0995	0.0000	0.9005	0.8848	5.35%	0.5493
	2025	305,155	1,177,616	1,063,906	348.6%	143	159,077	613,890	554,613	348.6%	1.0000	1.0852	1.0090	0.1038	0.0000	0.8962	0.8803	5.35%	0.5213
	2026	267,222	1,143,186	1,021,553	382.3%	128	132,215	565,621	505,440	382.3%	1.0000	1.0867	1.0090	0.1082	0.0000	0.8918	0.8757	5.35%	0.4948
	2027	232,764	1,105,329	979,089	420.6%	113	109,344	519,243	459,941	420.6%	1.0000	1.0905	1.0090	0.1128	0.0000	0.8872	0.8711	5.35%	0.4698
	2028	201,659	1,064,781	934,241	463.3%	100	89,982	475,116	416,868	463.3%	1.0000	1.0915	1.0090	0.1174	0.0000	0.8826	0.8664	5.34%	0.4462
	2029	173,757	1,021,371	885,208	509.5%	88	73,681	433,111	375,372	509.5%	1.0000	1.0899	1.0090	0.1221	0.0000	0.8779	0.8616	5.34%	0.4240
	2030	148,885	974,497	830,535	557.8%	77	60,027	392,893	334,851	557.8%	1.0000	1.0852	1.0090	0.1269	0.0000	0.8731	0.8569	5.33%	0.4032
	2031	126,851	923,374	771,350	608.1%	66	48,650	354,132	295,828	608.1%	1.0000	1.0803	1.0090	0.1318	0.0000	0.8682	0.8520	5.32%	0.3835
	2032	107,455	868,258	711,549	662.2%	57	39,225	316,946	259,741	662.2%	1.0000	1.0793	1.0090	0.1368	0.0000	0.8632	0.8471	5.30%	0.3650
	2033	90,488	810,051	651,752	720.3%	49	31,456	281,595	226,566	720.3%	1.0000	1.0780	1.0090	0.1418	0.0000	0.8582	0.8421	5.29%	0.3476
	2034	75,742	749,938	593,095	783.0%	42	25,084	248,363	196,420	783.0%	1.0000	1.0775	1.0090	0.1468	0.0000	0.8532	0.8370	5.27%	0.3312
	2035	63,008	689,417	536,997	852.3%	36	19,888	217,611	169,501	852.3%	1.0000	1.0787	1.0090	0.1518	0.0000	0.8482	0.8319	5.26%	0.3156
	2036	52,086	629,609	482,655	926.7%	30	15,685	189,602	145,348	926.7%	1.0000	1.0776	1.0090	0.1567	0.0000	0.8433	0.8267	5.24%	0.3011
	2037	42,781	571,158	430,464	1006.2%	25	12,311	164,358	123,871	1006.2%	1.0000	1.0761	1.0090	0.1616	0.0000	0.8384	0.8214	5.22%	0.2878
	2038	34,910	514,370	378,656	1084.7%	21	9,614	141,646	104,274	1084.7%	1.0000	1.0684	1.0090	0.1664	0.0000	0.8336	0.8160	5.19%	0.2754
	2039	28,299	459,446	329,507	1164.4%	17	7,464	121,185	86,911	1164.4%	1.0000	1.0639	1.0090	0.1711	0.0000	0.8289	0.8106	5.16%	0.2638
	2040	22,788	406,785	282,849	1241.2%	14	5,760	102,822	71,495	1241.2%	1.0000	1.0565	1.0090	0.1756	0.0000	0.8244	0.8052	5.13%	0.2528
	2041	18,227	356,592	239,643	1314.7%	12	4,417	86,409	58,070	1314.7%	1.0000	1.0498	1.0090	0.1798	0.0000	0.8202	0.7999	5.10%	0.2423
	2042	14,483	309,462	200,768	1386.3%	10	3,365	71,906	46,650	1386.3%	1.0000	1.0450	1.0090	0.1838	0.0000	0.8162	0.7946	5.07%	0.2324
	2043	11,432	265,852	165,968	1451.7%	8	2,547	59,239	36,982	1451.7%	1.0000	1.0379	1.0090	0.1874	0.0000	0.8126	0.7894	5.05%	0.2228
	2044	8,968	226,018	135,417	1510.0%	6	1,916	48,289	28,932	1510.0%	1.0000	1.0309	1.0090	0.1906	0.0000	0.8094	0.7844	5.02%	0.2137
	2045	6,993	190,304	110,066	1574.0%	5	1,432	38,977	22,543	1574.0%	1.0000	1.0331	1.0090	0.1934	0.0000	0.8066	0.7797	5.00%	0.2048
	2046	5,422	159,217	90,152	1662.8%	4	1,064	31,254	17,697	1662.8%	1.0000	1.0470	1.0090	0.1958	0.0000	0.8042	0.7753	4.98%	0.1963
	2047	4,182	132,917	74,612	1784.2%	3	787	25,002	14,034	1784.2%	1.0000	1.0635	1.0090	0.1980	0.0000	0.8020	0.7713	4.96%	0.1881
	2048	3,210	110,826	61,133	1904.6%	3	578	19,974	11,018	1904.6%	1.0000	1.0580	1.0090	0.1999	0.0000	0.8001	0.7675	4.95%	0.1802
	2049	2,452	92,205	49,931	2036.0%	2	424	15,923	8,623	2036.0%	1.0000	1.0594	1.0090	0.2019	0.0000	0.7981	0.7641	4.93%	0.1727
	2050	1,866	76,491	40,444	2167.7%	2	309	12,657	6,693	2167.7%	1.0000	1.0552	1.0090	0.2040	0.0000	0.7960	0.7608	4.91%	0.1655
	2051	1,414	63,177	32,406	2292.5%	1	224	10,017	5,138	2292.5%	1.0000	1.0481	1.0090	0.2063	0.0000	0.7937	0.7577	4.90%	0.1586
	2052	1,067	51,908	25,868	2424.9%	1	162	7,888	3,931	2424.9%	1.0000	1.0483	1.0090	0.2089	0.0000	0.7911	0.7547	4.89%	0.1520
	Past	11,076,922	3,840,829	5,343,601	48.2%	7,334	16,654,897	4,626,756	6,764,280	40.6%									
	Future	9,565,720	29,381,984	25,926,499	271.0%	4,308	6,706,200	16,021,739	14,813,028	220.9%									
	Lifetime	20,642,642	33,222,813	31,270,100	151.5%	11,642	23,361,097	20,648,495	21,577,308	92.4%									

Exhibit II
MetLife Insurance Company USA
Virginia-Specific Experience Projections with No Increase
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Loss Ratio Demonstration									Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest					With Interest				Premium	Morbidity Factors		Persistency Factors				Calendar Year	Mid-Year
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor
	1998	0	0	0	0.0%	0	0	0	0	0.0%				0.0000		1.0000		5.85%	2.2811
Historical	1999	11,223	0	0	0.0%	14	24,184	0	0	0.0%				0.0667		0.9333		5.85%	2.1550
Experience	2000	25,678	0	0	0.0%	15	52,276	0	0	0.0%				0.0625		0.9375		5.85%	2.0359
	2001	23,965	0	0	0.0%	14	46,092	0	0	0.0%				0.0667		0.9333		5.85%	1.9233
	2002	22,977	0	0	0.0%	14	41,749	0	0	0.0%				0.0000		1.0000		5.85%	1.8170
	2003	23,019	0	0	0.0%	14	39,513	0	0	0.0%				0.0000		1.0000		5.85%	1.7165
	2004	23,071	0	0	0.0%	14	37,413	0	0	0.0%				0.0000		1.0000		5.85%	1.6216
	2005	22,478	0	0	0.0%	13	34,435	0	0	0.0%				0.0714		0.9286		5.85%	1.5320
	2006	23,230	0	0	0.0%	13	33,619	0	0	0.0%				0.0000		1.0000		5.85%	1.4473
	2007	24,806	0	0	0.0%	13	33,917	0	0	0.0%				0.0000		1.0000		5.85%	1.3673
	2008	25,119	0	0	0.0%	13	32,445	0	0	0.0%				0.0000		1.0000		5.85%	1.2917
	2009	24,441	0	0	0.0%	12	29,824	0	0	0.0%				0.0769		0.9231		5.85%	1.2203
	2010	24,056	0	728	3.0%	12	27,732	0	840	3.0%				0.0000		1.0000		5.85%	1.1528
	2011	24,025	0	3,077	12.8%	11	26,165	0	3,351	12.8%				0.0833		0.9167		5.85%	1.0891
	2012	28,189	0	15,933	56.5%	11	29,002	0	16,393	56.5%				0.0000		1.0000		5.85%	1.0288
	2013	29,824	15,062	58,366	195.7%	10	29,036	14,664	56,825	195.7%	1.0000	3.4624	1.0000	0.0525	0.0000	0.9475	1.0580	5.50%	0.9736
Projected	2014	27,708	36,894	60,590	218.7%	10	25,582	34,062	55,940	218.7%	1.0000	1.1173	1.0000	0.0578	0.0000	0.9422	0.9291	5.47%	0.9233
Future	2015	25,555	50,413	61,917	242.3%	9	22,391	44,171	54,251	242.3%	1.0000	1.1080	1.0000	0.0629	0.0000	0.9371	0.9223	5.43%	0.8762
Experience	2016	23,392	58,356	63,746	272.5%	9	19,464	48,559	53,044	272.5%	1.0000	1.1248	1.0000	0.0685	0.0000	0.9315	0.9153	5.39%	0.8321
	2017	21,246	62,735	64,981	305.9%	8	16,798	49,603	51,378	305.9%	1.0000	1.1223	1.0000	0.0741	0.0000	0.9259	0.9083	5.36%	0.7907
	2018	19,151	65,083	65,361	341.3%	7	14,388	48,898	49,107	341.3%	1.0000	1.1159	1.0000	0.0797	0.0000	0.9203	0.9014	5.34%	0.7513
	2019	17,115	65,945	64,730	378.2%	7	12,215	47,064	46,197	378.2%	1.0000	1.1082	1.0000	0.0876	0.0000	0.9124	0.8937	5.33%	0.7137
	2020	15,171	65,987	62,855	414.3%	6	10,281	44,715	42,593	414.3%	1.0000	1.0954	1.0000	0.0929	0.0000	0.9071	0.8864	5.33%	0.6776
	2021	13,366	64,965	59,990	448.8%	5	8,596	41,782	38,582	448.8%	1.0000	1.0833	1.0000	0.0977	0.0000	0.9023	0.8810	5.33%	0.6431
	2022	11,705	62,961	56,403	481.9%	5	7,141	38,413	34,411	481.9%	1.0000	1.0736	1.0000	0.1026	0.0000	0.8974	0.8758	5.34%	0.6101
	2023	10,189	60,299	52,457	514.8%	4	5,898	34,902	30,363	514.8%	1.0000	1.0684	1.0000	0.1075	0.0000	0.8925	0.8705	5.35%	0.5788
	2024	8,817	57,152	48,128	545.8%	4	4,843	31,394	26,437	545.8%	1.0000	1.0603	1.0000	0.1125	0.0000	0.8875	0.8653	5.35%	0.5493
	2025	7,585	53,516	43,217	569.8%	3	3,954	27,898	22,529	569.8%	1.0000	1.0438	1.0000	0.1175	0.0000	0.8825	0.8603	5.35%	0.5213
	2026	6,488	49,515	38,343	591.0%	3	3,210	24,499	18,971	591.0%	1.0000	1.0373	1.0000	0.1225	0.0000	0.8775	0.8554	5.35%	0.4948
	2027	5,519	45,412	34,205	619.8%	3	2,593	21,333	16,068	619.8%	1.0000	1.0487	1.0000	0.1275	0.0000	0.8725	0.8507	5.35%	0.4698
	2028	4,670	41,426	30,568	654.6%	2	2,084	18,485	13,640	654.6%	1.0000	1.0562	1.0000	0.1327	0.0000	0.8673	0.8461	5.34%	0.4462
	2029	3,930	37,681	27,514	700.1%	2	1,667	15,979	11,667	700.1%	1.0000	1.0694	1.0000	0.1380	0.0000	0.8620	0.8417	5.34%	0.4240
	2030	3,290	34,279	24,875	756.0%	2	1,327	13,820	10,029	756.0%	1.0000	1.0798	1.0000	0.1437	0.0000	0.8563	0.8372	5.33%	0.4032
	2031	2,740	31,228	22,490	820.8%	1	1,051	11,977	8,625	820.8%	1.0000	1.0857	1.0000	0.1496	0.0000	0.8504	0.8327	5.32%	0.3835
	2032	2,269	28,440	20,172	889.1%	1	828	10,381	7,364	889.1%	1.0000	1.0832	1.0000	0.1560	0.0000	0.8440	0.8280	5.30%	0.3650
	2033	1,867	25,790	17,898	958.5%	1	649	8,965	6,222	958.5%	1.0000	1.0780	1.0000	0.1627	0.0000	0.8373	0.8230	5.29%	0.3476
	2034	1,527	23,235	15,903	1041.5%	1	506	7,695	5,267	1041.5%	1.0000	1.0866	1.0000	0.1697	0.0000	0.8303	0.8177	5.27%	0.3312
	2035	1,240	20,736	13,808	1113.7%	1	391	6,545	4,358	1113.7%	1.0000	1.0693	1.0000	0.1771	0.0000	0.8229	0.8120	5.26%	0.3156
	2036	999	18,248	11,702	1171.0%	1	301	5,495	3,524	1171.0%	1.0000	1.0515	1.0000	0.1848	0.0000	0.8152	0.8060	5.24%	0.3011
	2037	799	15,810	9,804	1226.6%	1	230	4,549	2,821	1226.6%	1.0000	1.0475	1.0000	0.1927	0.0000	0.8073	0.7998	5.22%	0.2878
	2038	634	13,497	8,033	1266.5%	1	175	3,717	2,212	1266.5%	1.0000	1.0325	1.0000	0.2007	0.0000	0.7993	0.7935	5.19%	0.2754
	2039	499	11,363	6,485	1298.9%	1	132	2,997	1,710	1298.9%	1.0000	1.0256	1.0000	0.2091	0.0000	0.7909	0.7872	5.16%	0.2638
	2040	390	9,447	5,191	1332.0%	1	98	2,388	1,312	1332.0%	1.0000	1.0255	1.0000	0.2178	0.0000	0.7822	0.7805	5.13%	0.2528
	2041	301	7,763	4,110	1364.0%	1	73	1,881	996	1364.0%	1.0000	1.0241	1.0000	0.2271	0.0000	0.7729	0.7733	5.10%	0.2423
	2042	231	6,319	3,303	1432.6%	1	54	1,468	767	1432.6%	1.0000	1.0503	1.0000	0.2374	0.0000	0.7626	0.7651	5.07%	0.2324
	2043	174	5,101	2,550	1464.3%	1	39	1,137	568	1464.3%	1.0000	1.0222	1.0000	0.2491	0.0000	0.7509	0.7554	5.05%	0.2228
	2044	130	4,072	1,975	1524.3%	1	28	870	422	1524.3%	1.0000	1.0410	1.0000	0.2625	0.0000	0.7375	0.7440	5.02%	0.2137
	2045	95	3,223	1,505	1590.8%	1	19	660	308	1590.8%	1.0000	1.0436	1.0000	0.2780	0.0000	0.7220	0.7304	5.00%	0.2048
	2046	68	2,526	1,120	1656.9%	1	13	496	220	1656.9%	1.0000	1.0416	1.0000	0.2960	0.0000	0.7040	0.7143	4.98%	0.1963
	2047	47	1,956	849	1807.1%	1	9	368	160	1807.1%	1.0000	1.0907	1.0000	0.3168	0.0000	0.6832	0.6954	4.96%	0.1881
	2048	32	1,490	600	1894.0%	1	6	269	108	1894.0%	1.0000	1.0481	1.0000	0.3407	0.0000	0.6593	0.6735	4.95%	0.1802
	2049	21	1,112	407	1983.7%	1	4	192	70	1983.7%	1.0000	1.0474	1.0000	0.3680	0.0000	0.6320	0.6486	4.93%	0.1727
	2050	13	812	264	2075.9%	1	2	134	44	2075.9%	1.0000	1.0465	1.0000	0.3987	0.0000	0.6013	0.6204	4.91%	0.1655
	2051	8	579	163	2169.1%	1	1	92	26	2169.1%	1.0000	1.0449	1.0000	0.4329	0.0000	0.5671	0.5892	4.90%	0.1586
	2052	4	402	94	2263.4%	1	1	61	14	2263.4%	1.0000	1.0435	1.0000	0.4707	0.0000	0.5293	0.5548	4.89%	0.1520
	Past	326,278	0	19,738	6.0%	183	488,367	0	20,583	4.2%									
	Future	268,806	1,160,829	1,066,672	396.8%	122	196,076	672,578	679,153	346.4%									
	Lifetime	595,084	1,160,829	1,086,410	182.6%	305	684,442	672,578	699,736	102.2%									

Exhibit II
MetLife Insurance Company USA
Virginia-Specific Experience Projections with 25.7% Increase
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

		Loss Ratio Demonstration									Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
		Without Interest					With Interest				Premium	Morbidity Factors		Persistency Factors					
	Calendar Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Rate Increase Factor	Claim Factor	Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
	1998	0	0	0	0.0%	0	0	0	0	0.0%				0.0000		1.0000		5.85%	2.2811
Historical	1999	11,223	0	0	0.0%	14	24,184	0	0	0.0%				0.0667		0.9333		5.85%	2.1550
Experience	2000	25,678	0	0	0.0%	15	52,276	0	0	0.0%				0.0625		0.9375		5.85%	2.0359
	2001	23,965	0	0	0.0%	14	46,092	0	0	0.0%				0.0667		0.9333		5.85%	1.9233
	2002	22,977	0	0	0.0%	14	41,749	0	0	0.0%				0.0000		1.0000		5.85%	1.8170
	2003	23,019	0	0	0.0%	14	39,513	0	0	0.0%				0.0000		1.0000		5.85%	1.7165
	2004	23,071	0	0	0.0%	14	37,413	0	0	0.0%				0.0000		1.0000		5.85%	1.6216
	2005	22,478	0	0	0.0%	13	34,435	0	0	0.0%				0.0714		0.9286		5.85%	1.5320
	2006	23,230	0	0	0.0%	13	33,619	0	0	0.0%				0.0000		1.0000		5.85%	1.4473
	2007	24,806	0	0	0.0%	13	33,917	0	0	0.0%				0.0000		1.0000		5.85%	1.3673
	2008	25,119	0	0	0.0%	13	32,445	0	0	0.0%				0.0000		1.0000		5.85%	1.2917
	2009	24,441	0	0	0.0%	12	29,824	0	0	0.0%				0.0769		0.9231		5.85%	1.2203
	2010	24,056	0	728	3.0%	12	27,732	0	840	3.0%				0.0000		1.0000		5.85%	1.1528
	2011	24,025	0	3,077	12.8%	11	26,165	0	3,351	12.8%				0.0833		0.9167		5.85%	1.0891
	2012	28,189	0	15,933	56.5%	11	29,002	0	16,393	56.5%				0.0000		1.0000		5.85%	1.0288
	2013	29,824	15,062	58,366	195.7%	10	29,036	14,664	56,825	195.7%	1.0000	3.4624	1.0000	0.0525	0.0000	0.9475	1.0580	5.50%	0.9736
Projected	2014	30,193	36,727	59,802	198.1%	10	27,875	33,909	55,212	198.1%	1.1136	1.1147	1.0044	0.0578	0.0100	0.9328	0.9152	5.47%	0.9233
Future	2015	30,984	49,806	60,261	194.5%	9	27,148	43,640	52,800	194.5%	1.1288	1.1058	1.0090	0.0629	0.0000	0.9371	0.9031	5.43%	0.8762
Experience	2016	28,361	57,281	62,041	218.8%	8	23,600	47,664	51,624	218.8%	1.0000	1.1147	1.0090	0.0685	0.0000	0.9315	0.9153	5.39%	0.8321
	2017	25,760	61,337	63,243	245.5%	8	20,367	48,497	50,004	245.5%	1.0000	1.1123	1.0090	0.0741	0.0000	0.9259	0.9083	5.36%	0.7907
	2018	23,219	63,493	63,612	274.0%	7	17,445	47,703	47,793	274.0%	1.0000	1.1059	1.0090	0.0797	0.0000	0.9203	0.9014	5.34%	0.7513
	2019	20,751	64,254	62,998	303.6%	7	14,809	45,857	44,961	303.6%	1.0000	1.0983	1.0090	0.0876	0.0000	0.9124	0.8937	5.33%	0.7137
	2020	18,394	64,261	61,173	332.6%	6	12,465	43,546	41,454	332.6%	1.0000	1.0857	1.0090	0.0929	0.0000	0.9071	0.8864	5.33%	0.6776
	2021	16,205	63,254	58,385	360.3%	5	10,422	40,681	37,550	360.3%	1.0000	1.0737	1.0090	0.0977	0.0000	0.9023	0.8810	5.33%	0.6431
	2022	14,192	61,295	54,893	386.8%	5	8,658	37,396	33,491	386.8%	1.0000	1.0640	1.0090	0.1026	0.0000	0.8974	0.8758	5.34%	0.6101
	2023	12,354	58,698	51,053	413.2%	4	7,151	33,975	29,551	413.2%	1.0000	1.0588	1.0090	0.1075	0.0000	0.8925	0.8705	5.35%	0.5788
	2024	10,690	55,632	46,840	438.2%	4	5,872	30,559	25,730	438.2%	1.0000	1.0508	1.0090	0.1125	0.0000	0.8875	0.8653	5.35%	0.5493
	2025	9,196	52,090	42,061	457.4%	3	4,794	27,155	21,926	457.4%	1.0000	1.0345	1.0090	0.1175	0.0000	0.8825	0.8603	5.35%	0.5213
	2026	7,866	48,195	37,317	474.4%	3	3,892	23,846	18,464	474.4%	1.0000	1.0280	1.0090	0.1225	0.0000	0.8775	0.8554	5.35%	0.4948
	2027	6,691	44,200	33,290	497.5%	3	3,143	20,764	15,638	497.5%	1.0000	1.0393	1.0090	0.1275	0.0000	0.8725	0.8507	5.35%	0.4698
	2028	5,662	40,320	29,750	525.5%	2	2,526	17,991	13,275	525.5%	1.0000	1.0468	1.0090	0.1327	0.0000	0.8673	0.8461	5.34%	0.4462
	2029	4,765	36,675	26,778	562.0%	2	2,021	15,552	11,355	562.0%	1.0000	1.0599	1.0090	0.1380	0.0000	0.8620	0.8417	5.34%	0.4240
	2030	3,989	33,363	24,209	606.8%	2	1,608	13,451	9,761	606.8%	1.0000	1.0702	1.0090	0.1437	0.0000	0.8563	0.8372	5.33%	0.4032
	2031	3,322	30,394	21,888	658.8%	1	1,274	11,657	8,394	658.8%	1.0000	1.0760	1.0090	0.1496	0.0000	0.8504	0.8327	5.32%	0.3835
	2032	2,751	27,679	19,632	713.7%	1	1,004	10,104	7,167	713.7%	1.0000	1.0736	1.0090	0.1560	0.0000	0.8440	0.8280	5.30%	0.3650
	2033	2,264	25,101	17,419	769.4%	1	787	8,726	6,055	769.4%	1.0000	1.0684	1.0090	0.1627	0.0000	0.8373	0.8230	5.29%	0.3476
	2034	1,851	22,613	15,477	836.0%	1	613	7,489	5,126	836.0%	1.0000	1.0769	1.0090	0.1697	0.0000	0.8303	0.8177	5.27%	0.3312
	2035	1,503	20,181	13,439	894.0%	1	474	6,370	4,242	894.0%	1.0000	1.0598	1.0090	0.1771	0.0000	0.8229	0.8120	5.26%	0.3156
	2036	1,212	17,760	11,389	940.0%	1	365	5,348	3,430	940.0%	1.0000	1.0421	1.0090	0.1848	0.0000	0.8152	0.8060	5.24%	0.3011
	2037	969	15,387	9,541	984.6%	1	279	4,428	2,746	984.6%	1.0000	1.0381	1.0090	0.1927	0.0000	0.8073	0.7998	5.22%	0.2878
	2038	769	13,136	7,818	1016.6%	1	212	3,617	2,153	1016.6%	1.0000	1.0233	1.0090	0.2007	0.0000	0.7993	0.7935	5.19%	0.2754
	2039	605	11,059	6,311	1042.6%	1	160	2,917	1,665	1042.6%	1.0000	1.0164	1.0090	0.2091	0.0000	0.7909	0.7872	5.16%	0.2638
	2040	472	9,194	5,052	1069.2%	1	119	2,324	1,277	1069.2%	1.0000	1.0163	1.0090	0.2178	0.0000	0.7822	0.7805	5.13%	0.2528
	2041	365	7,556	4,000	1094.9%	1	89	1,831	969	1094.9%	1.0000	1.0149	1.0090	0.2271	0.0000	0.7729	0.7733	5.10%	0.2423
	2042	280	6,150	3,214	1149.9%	1	65	1,429	747	1149.9%	1.0000	1.0409	1.0090	0.2374	0.0000	0.7626	0.7651	5.07%	0.2324
	2043	211	4,965	2,482	1175.4%	1	47	1,106	553	1175.4%	1.0000	1.0131	1.0090	0.2491	0.0000	0.7509	0.7554	5.05%	0.2228
	2044	157	3,963	1,922	1223.6%	1	34	847	411	1223.6%	1.0000	1.0317	1.0090	0.2625	0.0000	0.7375	0.7440	5.02%	0.2137
	2045	115	3,137	1,465	1276.9%	1	23	642	300	1276.9%	1.0000	1.0343	1.0090	0.2780	0.0000	0.7220	0.7304	5.00%	0.2048
	2046	82	2,458	1,090	1330.0%	1	16	482	214	1330.0%	1.0000	1.0323	1.0090	0.2960	0.0000	0.7040	0.7143	4.98%	0.1963
	2047	57	1,903	827	1450.6%	1	11	358	155	1450.6%	1.0000	1.0809	1.0090	0.3168	0.0000	0.6832	0.6954	4.96%	0.1881
	2048	38	1,451	584	1520.3%	1	7	261	105	1520.3%	1.0000	1.0387	1.0090	0.3407	0.0000	0.6593	0.6735	4.95%	0.1802
	2049	25	1,082	396	1592.3%	1	4	187	68	1592.3%	1.0000	1.0380	1.0090	0.3680	0.0000	0.6320	0.6486	4.93%	0.1727
	2050	15	790	257	1666.3%	1	3	131	43	1666.3%	1.0000	1.0371	1.0090	0.3987	0.0000	0.6013	0.6204	4.91%	0.1655
	2051	9	563	158	1741.1%	1	1	89	25	1741.1%	1.0000	1.0356	1.0090	0.4329	0.0000	0.5671	0.5892	4.90%	0.1586
	2052	5	392	92	1816.8%	1	1	59	14	1816.8%	1.0000	1.0342	1.0090	0.4707	0.0000	0.5293	0.5548	4.89%	0.1520
	Past	326,278	0	19,738	6.0%	183	488,367	0	20,583	4.2%									
	Future	316,175	1,132,855	1,040,526	329.1%	121	228,422	657,253	663,270	290.4%									
	Lifetime	642,453	1,132,855	1,060,264	165.0%	304	716,788	657,253	683,853	95.4%									

Exhibit III
MetLife Insurance Company USA
Incurred Loss Ratio Including the Change in Active Life Reserves
Nationwide Experience, without Interest
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

Calendar Year	(a) Earned Premium	(b) Incurred Claims	(c) Change in Active Life Reserves	(d) = (b+c)/(a) Incurred Loss Ratio
1998	3,427	0	4,431	129.3%
1999	276,504	0	69,206	25.0%
2000	739,022	0	381,698	51.6%
2001	907,491	75,294	668,761	82.0%
2002	867,718	205,558	737,396	108.7%
2003	841,621	52,671	724,629	92.4%
2004	894,035	225,073	683,650	101.6%
2005	905,664	347,947	522,913	96.2%
2006	855,031	625,178	636,987	147.6%
2007	832,927	32,343	691,649	86.9%
2008	808,250	504,729	632,691	140.7%
2009	771,517	782,493	575,763	176.1%
2010	735,897	652,187	566,105	165.6%
2011	792,505	941,838	597,655	194.3%
2012	845,313	898,290	612,293	178.7%
Total	11,076,922	5,343,601	8,105,826	121.4%

Exhibit IV
MetLife Insurance Company USA
Incurred Loss Ratio Including the Change in Active Life Reserves
Virginia-Specific Experience, without Interest
LTC4 Tax-Qualified Nursing Facility Only Policy Forms

Calendar Year	(a) Earned Premium	(b) Incurred Claims	(c) Change in Active Life Reserves	(d) = (b+c)/(a) Incurred Loss Ratio
1998	0	0	0	0.0%
1999	11,223	0	3,101	27.6%
2000	25,678	0	14,801	57.6%
2001	23,965	0	19,310	80.6%
2002	22,977	0	21,893	95.3%
2003	23,019	0	23,085	100.3%
2004	23,071	0	24,338	105.5%
2005	22,478	0	13,962	62.1%
2006	23,230	0	24,862	107.0%
2007	24,806	0	26,150	105.4%
2008	25,119	0	27,800	110.7%
2009	24,441	0	2,915	11.9%
2010	24,056	728	26,748	114.2%
2011	24,025	3,077	20,930	99.9%
2012	28,189	15,933	28,094	156.2%
Total	326,278	19,738	277,990	91.2%

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	140.40	132.60	124.80	18-39	14.04	13.26	12.48
40	140.40	132.60	124.80	40	14.04	13.26	12.48
41	148.20	140.40	132.60	41	14.82	14.04	13.26
42	148.20	140.40	132.60	42	14.82	14.04	13.26
43	156.00	148.20	140.40	43	15.60	14.82	14.04
44	163.80	156.00	140.40	44	16.38	15.60	14.04
45	163.80	156.00	148.20	45	16.38	15.60	14.82
46	171.60	163.80	148.20	46	17.16	16.38	14.82
47	179.40	171.60	156.00	47	17.94	17.16	15.60
48	179.40	171.60	163.80	48	17.94	17.16	16.38
49	187.20	179.40	163.80	49	18.72	17.94	16.38
50	195.00	187.20	171.60	50	19.50	18.72	17.16
51	202.80	195.00	179.40	51	20.28	19.50	17.94
52	218.40	210.60	195.00	52	21.84	21.06	19.50
53	234.00	218.40	202.80	53	23.40	21.84	20.28
54	241.80	226.20	210.60	54	24.18	22.62	21.06
55	257.40	241.80	226.20	55	25.74	24.18	22.62
56	273.00	257.40	234.00	56	27.30	25.74	23.40
57	288.60	273.00	249.60	57	28.86	27.30	24.96
58	312.00	288.60	265.20	58	31.20	28.86	26.52
59	327.60	304.20	273.00	59	32.76	30.42	27.30
60	351.00	319.80	288.60	60	35.10	31.98	28.86
61	382.20	351.00	312.00	61	38.22	35.10	31.20
62	405.60	374.40	335.40	62	40.56	37.44	33.54
63	444.60	405.60	366.60	63	44.46	40.56	36.66
64	475.80	436.80	397.80	64	47.58	43.68	39.78
65	514.80	475.80	429.00	65	51.48	47.58	42.90
66	561.60	514.80	468.00	66	56.16	51.48	46.80
67	616.20	561.60	507.00	67	61.62	56.16	50.70
68	670.80	608.40	546.00	68	67.08	60.84	54.60
69	733.20	663.00	592.80	69	73.32	66.30	59.28

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	803.40	725.40	647.40	70	80.34	72.54	64.74
71	889.20	803.40	709.80	71	88.92	80.34	70.98
72	990.60	889.20	780.00	72	99.06	88.92	78.00
73	1,099.80	982.80	858.00	73	109.98	98.28	85.80
74	1,224.60	1,084.20	943.80	74	122.46	108.42	94.38
75	1,357.20	1,201.20	1,037.40	75	135.72	120.12	103.74
76	1,513.20	1,333.80	1,154.40	76	151.32	133.38	115.44
77	1,692.60	1,497.60	1,294.80	77	169.26	149.76	129.48
78	1,895.40	1,669.20	1,443.00	78	189.54	166.92	144.30
79	2,113.80	1,864.20	1,606.80	79	211.38	186.42	160.68
80		2,082.60	1,794.00	80	236.34	208.26	179.40
81		2,301.00	1,981.20	81	261.30	230.10	198.12
82		2,542.80	2,191.80	82	289.38	254.28	219.18
83		2,815.80	2,425.80	83	319.80	281.58	242.58
84		3,112.20	2,683.20	84	353.34	311.22	268.32
				85	390.78	343.98	297.18
				86	439.92	387.66	334.62
				87	495.30	436.02	376.74
				88	556.92	489.84	423.54
				89	626.34	551.46	476.58
				90	709.02	620.10	535.86
				91	792.48	698.10	602.94
				92	891.54	784.68	677.82
				93	1,003.08	882.96	762.84
				94	1,128.66	992.94	858.00
				95	1,269.06	1,117.74	965.64
				96	1,428.18	1,257.36	1,085.76
				97	1,606.80	1,414.14	1,221.48
				98	1,807.26	1,591.20	1,374.36
				99	2,032.68	1,789.32	1,545.96

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	179.40	171.60	156.00	18-39	17.94	17.16	15.60
40	179.40	171.60	156.00	40	17.94	17.16	15.60
41	187.20	179.40	163.80	41	18.72	17.94	16.38
42	187.20	179.40	163.80	42	18.72	17.94	16.38
43	195.00	187.20	171.60	43	19.50	18.72	17.16
44	202.80	195.00	179.40	44	20.28	19.50	17.94
45	210.60	195.00	179.40	45	21.06	19.50	17.94
46	218.40	202.80	187.20	46	21.84	20.28	18.72
47	218.40	210.60	195.00	47	21.84	21.06	19.50
48	226.20	210.60	195.00	48	22.62	21.06	19.50
49	234.00	218.40	202.80	49	23.40	21.84	20.28
50	241.80	226.20	210.60	50	24.18	22.62	21.06
51	249.60	234.00	218.40	51	24.96	23.40	21.84
52	265.20	249.60	226.20	52	26.52	24.96	22.62
53	280.80	257.40	234.00	53	28.08	25.74	23.40
54	288.60	273.00	249.60	54	28.86	27.30	24.96
55	304.20	280.80	257.40	55	30.42	28.08	25.74
56	327.60	304.20	273.00	56	32.76	30.42	27.30
57	343.20	319.80	296.40	57	34.32	31.98	29.64
58	366.60	343.20	312.00	58	36.66	34.32	31.20
59	397.80	366.60	335.40	59	39.78	36.66	33.54
60	421.20	390.00	358.80	60	42.12	39.00	35.88
61	452.40	421.20	390.00	61	45.24	42.12	39.00
62	491.40	460.20	421.20	62	49.14	46.02	42.12
63	530.40	499.20	460.20	63	53.04	49.92	46.02
64	577.20	538.20	499.20	64	57.72	53.82	49.92
65	624.00	585.00	546.00	65	62.40	58.50	54.60
66	678.60	639.60	592.80	66	67.86	63.96	59.28
67	733.20	694.20	647.40	67	73.32	69.42	64.74
68	795.60	748.80	702.00	68	79.56	74.88	70.20
69	858.00	811.20	764.40	69	85.80	81.12	76.44

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	928.20	881.40	826.80	70	92.82	88.14	82.68
71	1,037.40	982.80	928.20	71	103.74	98.28	92.82
72	1,154.40	1,099.80	1,037.40	72	115.44	109.98	103.74
73	1,279.20	1,224.60	1,162.20	73	127.92	122.46	116.22
74	1,427.40	1,365.00	1,294.80	74	142.74	136.50	129.48
75	1,591.20	1,521.00	1,450.80	75	159.12	152.10	145.08
76	1,770.60	1,692.60	1,614.60	76	177.06	169.26	161.46
77	1,973.40	1,887.60	1,801.80	77	197.34	188.76	180.18
78	2,207.40	2,113.80	2,012.40	78	220.74	211.38	201.24
79	2,457.00	2,347.80	2,238.60	79	245.70	234.78	223.86
				80	273.78	262.08	249.60
				81	302.64	289.38	276.12
				82	334.62	319.80	304.98
				83	373.62	354.12	337.74
				84	408.72	397.80	372.84
				85	451.62	432.12	412.62
				86	508.56	486.72	464.88
				87	571.74	547.56	522.60
				88	643.50	615.42	588.12
				89	723.84	692.64	661.44
				90	814.32	779.22	744.12
				91	915.72	876.72	839.28
				92	1,030.38	985.92	941.46
				93	1,159.08	1,109.16	1,059.24
				94	1,304.16	1,248.00	1,191.06
				95	1,467.18	1,404.00	1,340.04
				96	1,650.48	1,578.72	1,507.74
				97	1,856.40	1,776.06	1,696.50
				98	2,088.84	1,998.36	1,907.88
				99	2,349.36	2,247.96	2,146.56

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	202.80	195.00	179.40	18-39	20.28	19.50	17.94
40	202.80	195.00	179.40	40	20.28	19.50	17.94
41	210.60	202.80	187.20	41	21.06	20.28	18.72
42	218.40	210.60	195.00	42	21.84	21.06	19.50
43	226.20	218.40	202.80	43	22.62	21.84	20.28
44	234.00	226.20	210.60	44	23.40	22.62	21.06
45	241.80	234.00	218.40	45	24.18	23.40	21.84
46	257.40	241.80	226.20	46	25.74	24.18	22.62
47	265.20	249.60	234.00	47	26.52	24.96	23.40
48	273.00	257.40	241.80	48	27.30	25.74	24.18
49	288.60	273.00	249.60	49	28.86	27.30	24.96
50	296.40	280.80	257.40	50	29.64	28.08	25.74
51	304.20	288.60	265.20	51	30.42	28.86	26.52
52	319.80	296.40	273.00	52	31.98	29.64	27.30
53	327.60	304.20	280.80	53	32.76	30.42	28.08
54	343.20	319.80	288.60	54	34.32	31.98	28.86
55	351.00	327.60	296.40	55	35.10	32.76	29.64
56	374.40	351.00	319.80	56	37.44	35.10	31.98
57	405.60	374.40	335.40	57	40.56	37.44	33.54
58	436.80	397.80	358.80	58	43.68	39.78	35.88
59	468.00	429.00	390.00	59	46.80	42.90	39.00
60	499.20	460.20	413.40	60	49.92	46.02	41.34
61	546.00	499.20	452.40	61	54.60	49.92	45.24
62	600.60	546.00	491.40	62	60.06	54.60	49.14
63	655.20	592.80	530.40	63	65.52	59.28	53.04
64	709.80	647.40	577.20	64	70.98	64.74	57.72
65	780.00	709.80	631.80	65	78.00	70.98	63.18
66	842.40	764.40	678.60	66	84.24	76.44	67.86
67	912.60	826.80	733.20	67	91.26	82.68	73.32
68	990.60	889.20	787.80	68	99.06	88.92	78.78
69	1,068.60	959.40	850.20	69	106.86	95.94	85.02

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,154.40	1,037.40	912.60	70	115.44	103.74	91.26
71	1,279.20	1,154.40	1,021.80	71	127.92	115.44	102.18
72	1,419.60	1,279.20	1,138.80	72	141.96	127.92	113.88
73	1,575.60	1,419.60	1,263.60	73	157.56	141.96	126.36
74	1,747.20	1,583.40	1,411.80	74	174.72	158.34	141.18
75	1,934.40	1,755.00	1,575.60	75	193.44	175.50	157.56
76	2,152.80	1,957.80	1,755.00	76	215.28	195.78	175.50
77	2,402.40	2,184.00	1,957.80	77	240.24	218.40	195.78
78	2,675.40	2,433.60	2,184.00	78	267.54	243.36	218.40
79	2,979.60	2,706.60	2,433.60	79	297.96	270.66	243.36
				80	332.28	301.86	271.44
				81	366.60	333.06	299.52
				82	405.60	368.94	331.50
				83	447.72	407.16	365.82
				84	494.52	449.28	404.82
				85	546.00	496.08	446.16
				86	614.64	558.48	502.32
				87	691.08	627.90	578.76
				88	777.66	706.68	635.70
				89	875.16	794.82	715.26
				90	984.36	894.66	804.18
				91	1,107.60	1,006.20	904.80
				92	1,245.66	1,131.78	1,017.90
				93	1,401.66	1,272.96	1,145.04
				94	1,576.38	1,432.08	1,288.56
				95	1,773.72	1,611.48	1,449.24
				96	1,995.24	1,812.72	1,630.20
				97	2,244.06	2,038.92	1,833.78
				98	2,524.86	2,293.98	2,063.10
				99	2,840.76	2,581.02	2,321.28

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	241.80	234.00	218.40	18-39	24.18	23.40	21.84
40	241.80	234.00	218.40	40	24.18	23.40	21.84
41	249.60	241.80	226.20	41	24.96	24.18	22.62
42	265.20	249.60	234.00	42	26.52	24.96	23.40
43	273.00	257.40	241.80	43	27.30	25.74	24.18
44	280.80	265.20	249.60	44	28.08	26.52	24.96
45	296.40	280.80	257.40	45	29.64	28.08	25.74
46	304.20	288.60	265.20	46	30.42	28.86	26.52
47	319.80	296.40	273.00	47	31.98	29.64	27.30
48	335.40	312.00	280.80	48	33.54	31.20	28.08
49	343.20	319.80	296.40	49	34.32	31.98	29.64
50	358.80	335.40	304.20	50	35.88	33.54	30.42
51	374.40	343.20	312.00	51	37.44	34.32	31.20
52	390.00	358.80	327.60	52	39.00	35.88	32.76
53	405.60	374.40	343.20	53	40.56	37.44	34.32
54	421.20	390.00	351.00	54	42.12	39.00	35.10
55	436.80	405.60	366.60	55	43.68	40.56	36.66
56	468.00	436.80	397.80	56	46.80	43.68	39.78
57	507.00	468.00	429.00	57	50.70	46.80	42.90
58	546.00	507.00	460.20	58	54.60	50.70	46.02
59	592.80	546.00	499.20	59	59.28	54.60	49.92
60	639.60	592.80	538.20	60	63.96	59.28	53.82
61	694.20	639.60	585.00	61	69.42	63.96	58.50
62	764.40	702.00	631.80	62	76.44	70.20	63.18
63	834.60	764.40	686.40	63	83.46	76.44	68.64
64	904.80	826.80	741.00	64	90.48	82.68	74.10
65	990.60	897.00	803.40	65	99.06	89.70	80.34
66	1,060.80	967.20	873.60	66	106.08	96.72	87.36
67	1,138.80	1,045.20	943.80	67	113.88	104.52	94.38
68	1,216.80	1,123.20	1,021.80	68	121.68	112.32	102.18
69	1,302.60	1,209.00	1,107.60	69	130.26	120.90	110.76

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,396.20	1,302.60	1,201.20	70	139.62	130.26	120.12
71	1,560.00	1,450.80	1,333.80	71	156.00	145.08	133.38
72	1,739.40	1,614.60	1,482.00	72	173.94	161.46	148.20
73	1,934.40	1,794.00	1,645.80	73	193.44	179.40	164.58
74	2,160.60	1,996.80	1,825.20	74	216.06	199.68	182.52
75	2,410.20	2,223.00	2,028.00	75	241.02	222.30	202.80
76	2,683.20	2,472.60	2,262.00	76	268.32	247.26	226.20
77	2,987.40	2,753.40	2,519.40	77	298.74	275.34	251.94
78	3,330.60	3,073.20	2,808.00	78	333.06	307.32	280.80
79	3,712.80	3,424.20	3,127.80	79	371.28	342.42	312.78
				80	413.40	381.42	348.66
				81	456.30	420.42	384.54
				82	503.88	464.10	424.32
				83	556.92	513.24	468.78
				84	614.64	566.28	517.14
				85	678.60	624.78	570.96
				86	763.62	703.56	642.72
				87	859.56	790.92	723.06
				88	966.42	889.98	813.54
				89	1,087.32	1,009.32	914.94
				90	1,223.04	1,126.32	1,029.60
				91	1,375.92	1,266.72	1,157.52
				92	1,548.30	1,425.06	1,302.60
				93	1,741.74	1,603.68	1,465.62
				94	1,959.36	1,804.14	1,648.14
				95	2,204.28	2,029.56	1,854.84
				96	2,479.62	2,283.06	2,086.50
				97	2,789.28	2,568.54	2,347.02
				98	3,137.94	2,889.12	2,640.30
				99	3,530.28	3,250.26	2,970.24

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	210.60	202.80	187.20	18-39	21.06	20.28	18.72
40	210.60	202.80	187.20	40	21.06	20.28	18.72
41	218.40	210.60	195.00	41	21.84	21.06	19.50
42	226.20	218.40	202.80	42	22.62	21.84	20.28
43	234.00	226.20	210.60	43	23.40	22.62	21.06
44	241.80	234.00	218.40	44	24.18	23.40	21.84
45	249.60	241.80	226.20	45	24.96	24.18	22.62
46	265.20	249.60	234.00	46	26.52	24.96	23.40
47	273.00	257.40	241.80	47	27.30	25.74	24.18
48	280.80	265.20	249.60	48	28.08	26.52	24.96
49	296.40	280.80	257.40	49	29.64	28.08	25.74
50	304.20	288.60	265.20	50	30.42	28.86	26.52
51	312.00	296.40	273.00	51	31.20	29.64	27.30
52	327.60	312.00	288.60	52	32.76	31.20	28.86
53	343.20	319.80	296.40	53	34.32	31.98	29.64
54	351.00	327.60	304.20	54	35.10	32.76	30.42
55	366.60	343.20	319.80	55	36.66	34.32	31.98
56	390.00	366.60	335.40	56	39.00	36.66	33.54
57	421.20	390.00	358.80	57	42.12	39.00	35.88
58	444.60	413.40	382.20	58	44.46	41.34	38.22
59	475.80	444.60	405.60	59	47.58	44.46	40.56
60	507.00	468.00	429.00	60	50.70	46.80	42.90
61	546.00	507.00	460.20	61	54.60	50.70	46.02
62	585.00	546.00	499.20	62	58.50	54.60	49.92
63	624.00	585.00	538.20	63	62.40	58.50	53.82
64	670.80	624.00	577.20	64	67.08	62.40	57.72
65	717.60	670.80	624.00	65	71.76	67.08	62.40
66	780.00	733.20	678.60	66	78.00	73.32	67.86
67	850.20	795.60	733.20	67	85.02	79.56	73.32
68	928.20	865.80	795.60	68	92.82	86.58	79.56
69	1,006.20	936.00	865.80	69	100.62	93.60	86.58

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,099.80	1,021.80	936.00	70	109.98	102.18	93.60
71	1,209.00	1,123.20	1,029.60	71	120.90	112.32	102.96
72	1,333.80	1,240.20	1,138.80	72	133.38	124.02	113.88
73	1,474.20	1,365.00	1,255.80	73	147.42	136.50	125.58
74	1,622.40	1,505.40	1,388.40	74	162.24	150.54	138.84
75	1,786.20	1,661.40	1,528.80	75	178.62	166.14	152.88
76	2,012.40	1,872.00	1,723.80	76	201.24	187.20	172.38
77	2,262.00	2,106.00	1,942.20	77	226.20	210.60	194.22
78	2,542.80	2,371.20	2,191.80	78	254.28	237.12	219.18
79	2,854.80	2,667.60	2,472.60	79	285.48	266.76	247.26
80		3,003.00	2,784.60	80		300.30	278.46
81		3,361.80	3,120.00	81		336.18	312.00
82		3,759.60	3,494.40	82		375.96	349.44
83		4,212.00	3,915.60	83		421.20	391.56
84		4,711.20	4,383.60	84		471.12	438.36

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	257.40	241.80	226.20	18-39	25.74	24.18	22.62
40	257.40	241.80	226.20	40	25.74	24.18	22.62
41	265.20	249.60	234.00	41	26.52	24.96	23.40
42	273.00	257.40	241.80	42	27.30	25.74	24.18
43	288.60	273.00	249.60	43	28.86	27.30	24.96
44	296.40	280.80	257.40	44	29.64	28.08	25.74
45	304.20	288.60	265.20	45	30.42	28.86	26.52
46	319.80	304.20	280.80	46	31.98	30.42	28.08
47	327.60	312.00	288.60	47	32.76	31.20	28.86
48	343.20	319.80	296.40	48	34.32	31.98	29.64
49	351.00	335.40	312.00	49	35.10	33.54	31.20
50	366.60	343.20	319.80	50	36.66	34.32	31.98
51	382.20	358.80	335.40	51	38.22	35.88	33.54
52	397.80	374.40	343.20	52	39.78	37.44	34.32
53	413.40	390.00	358.80	53	41.34	39.00	35.88
54	436.80	405.60	374.40	54	43.68	40.56	37.44
55	452.40	421.20	390.00	55	45.24	42.12	39.00
56	483.60	452.40	413.40	56	48.36	45.24	41.34
57	514.80	483.60	444.60	57	51.48	48.36	44.46
58	546.00	514.80	475.80	58	54.60	51.48	47.58
59	585.00	546.00	507.00	59	58.50	54.60	50.70
60	624.00	585.00	546.00	60	62.40	58.50	54.60
61	670.80	631.80	585.00	61	67.08	63.18	58.50
62	717.60	670.80	624.00	62	71.76	67.08	62.40
63	772.20	725.40	670.80	63	77.22	72.54	67.08
64	834.60	780.00	717.60	64	83.46	78.00	71.76
65	897.00	834.60	772.20	65	89.70	83.46	77.22
66	975.00	912.60	842.40	66	97.50	91.26	84.24
67	1,060.80	990.60	920.40	67	106.08	99.06	92.04
68	1,146.60	1,076.40	1,006.20	68	114.66	107.64	100.62
69	1,248.00	1,170.00	1,092.00	69	124.80	117.00	109.20

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,357.20	1,279.20	1,193.40	70	135.72	127.92	119.34
71	1,497.60	1,411.80	1,318.20	71	149.76	141.18	131.82
72	1,653.60	1,560.00	1,458.60	72	165.36	156.00	145.86
73	1,817.40	1,716.00	1,606.80	73	181.74	171.60	160.68
74	2,004.60	1,887.60	1,770.60	74	200.46	188.76	177.06
75	2,215.20	2,090.40	1,957.80	75	221.52	209.04	195.78
76	2,480.40	2,340.00	2,191.80	76	248.04	234.00	219.18
77	2,769.00	2,613.00	2,449.20	77	276.90	261.30	244.92
78	3,096.60	2,917.20	2,737.80	78	309.66	291.72	273.78
79	3,463.20	3,268.20	3,065.40	79	346.32	326.82	306.54

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	312.00	296.40	273.00	18-39	31.20	29.64	27.30
40	312.00	296.40	273.00	40	31.20	29.64	27.30
41	327.60	304.20	280.80	41	32.76	30.42	28.08
42	335.40	319.80	296.40	42	33.54	31.98	29.64
43	351.00	327.60	304.20	43	35.10	32.76	30.42
44	366.60	343.20	319.80	44	36.66	34.32	31.98
45	382.20	358.80	327.60	45	38.22	35.88	32.76
46	397.80	374.40	343.20	46	39.78	37.44	34.32
47	413.40	390.00	358.80	47	41.34	39.00	35.88
48	429.00	397.80	366.60	48	42.90	39.78	36.66
49	444.60	413.40	382.20	49	44.46	41.34	38.22
50	460.20	429.00	397.80	50	46.02	42.90	39.78
51	475.80	444.60	413.40	51	47.58	44.46	41.34
52	499.20	468.00	429.00	52	49.92	46.80	42.90
53	514.80	483.60	444.60	53	51.48	48.36	44.46
54	530.40	499.20	460.20	54	53.04	49.92	46.02
55	553.80	514.80	475.80	55	55.38	51.48	47.58
56	592.80	553.80	507.00	56	59.28	55.38	50.70
57	631.80	592.80	546.00	57	63.18	59.28	54.60
58	678.60	631.80	585.00	58	67.86	63.18	58.50
59	725.40	678.60	624.00	59	72.54	67.86	62.40
60	780.00	725.40	670.80	60	78.00	72.54	67.08
61	842.40	780.00	717.60	61	84.24	78.00	71.76
62	904.80	842.40	772.20	62	90.48	84.24	77.22
63	975.00	904.80	826.80	63	97.50	90.48	82.68
64	1,053.00	975.00	889.20	64	105.30	97.50	88.92
65	1,131.00	1,045.20	951.60	65	113.10	104.52	95.16
66	1,232.40	1,138.80	1,037.40	66	123.24	113.88	103.74
67	1,341.60	1,240.20	1,131.00	67	134.16	124.02	113.10
68	1,458.60	1,349.40	1,240.20	68	145.86	134.94	124.02
69	1,591.20	1,474.20	1,349.40	69	159.12	147.42	134.94

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,731.60	1,606.80	1,474.20	70	173.16	160.68	147.42
71	1,911.00	1,770.60	1,622.40	71	191.10	177.06	162.24
72	2,098.20	1,942.20	1,786.20	72	209.82	194.22	178.62
73	2,316.60	2,145.00	1,965.60	73	231.66	214.50	196.56
74	2,550.60	2,363.40	2,168.40	74	255.06	236.34	216.84
75	2,808.00	2,597.40	2,386.80	75	280.80	259.74	238.68
76	3,120.00	2,901.60	2,675.40	76	312.00	290.16	267.54
77	3,463.20	3,237.00	3,003.00	77	346.32	323.70	300.30
78	3,853.20	3,611.40	3,369.60	78	385.32	361.14	336.96
79	4,274.40	4,024.80	3,775.20	79	427.44	402.48	377.52

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	397.80	382.20	358.80	18-39	39.78	38.22	35.88
40	397.80	382.20	358.80	40	39.78	38.22	35.88
41	413.40	397.80	374.40	41	41.34	39.78	37.44
42	436.80	413.40	390.00	42	43.68	41.34	39.00
43	452.40	429.00	405.60	43	45.24	42.90	40.56
44	468.00	444.60	421.20	44	46.80	44.46	42.12
45	491.40	468.00	436.80	45	49.14	46.80	43.68
46	514.80	491.40	460.20	46	51.48	49.14	46.02
47	538.20	507.00	475.80	47	53.82	50.70	47.58
48	561.60	530.40	499.20	48	56.16	53.04	49.92
49	585.00	553.80	514.80	49	58.50	55.38	51.48
50	608.40	577.20	538.20	50	60.84	57.72	53.82
51	631.80	600.60	561.60	51	63.18	60.06	56.16
52	663.00	624.00	577.20	52	66.30	62.40	57.72
53	686.40	647.40	600.60	53	68.64	64.74	60.06
54	717.60	670.80	624.00	54	71.76	67.08	62.40
55	748.80	702.00	647.40	55	74.88	70.20	64.74
56	803.40	748.80	694.20	56	80.34	74.88	69.42
57	858.00	803.40	741.00	57	85.80	80.34	74.10
58	920.40	858.00	787.80	58	92.04	85.80	78.78
59	982.80	912.60	842.40	59	98.28	91.26	84.24
60	1,053.00	975.00	897.00	60	105.30	97.50	89.70
61	1,131.00	1,045.20	959.40	61	113.10	104.52	95.94
62	1,209.00	1,123.20	1,037.40	62	120.90	112.32	103.74
63	1,302.60	1,209.00	1,107.60	63	130.26	120.90	110.76
64	1,396.20	1,294.80	1,193.40	64	139.62	129.48	119.34
65	1,497.60	1,388.40	1,279.20	65	149.76	138.84	127.92
66	1,614.60	1,505.40	1,396.20	66	161.46	150.54	139.62
67	1,739.40	1,630.20	1,521.00	67	173.94	163.02	152.10
68	1,872.00	1,770.60	1,661.40	68	187.20	177.06	166.14
69	2,020.20	1,918.80	1,817.40	69	202.02	191.88	181.74

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,176.20	2,082.60	1,981.20	70	217.62	208.26	198.12
71	2,402.40	2,293.20	2,176.20	71	240.24	229.32	217.62
72	2,644.20	2,519.40	2,394.60	72	264.42	251.94	239.46
73	2,917.20	2,776.80	2,636.40	73	291.72	277.68	263.64
74	3,221.40	3,065.40	2,901.60	74	322.14	306.54	290.16
75	3,549.00	3,369.60	3,190.20	75	354.90	336.96	319.02
76	3,954.60	3,744.00	3,533.40	76	395.46	374.40	353.34
77	4,399.20	4,157.40	3,915.60	77	439.92	415.74	391.56
78	4,898.40	4,625.40	4,344.60	78	489.84	462.54	434.46
79	5,452.20	5,132.40	4,812.60	79	545.22	513.24	481.26

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	304.20	288.60	273.00	18-39	30.42	28.86	27.30
40	304.20	288.60	273.00	40	30.42	28.86	27.30
41	312.00	296.40	280.80	41	31.20	29.64	28.08
42	319.80	304.20	288.60	42	31.98	30.42	28.86
43	335.40	319.80	296.40	43	33.54	31.98	29.64
44	343.20	327.60	304.20	44	34.32	32.76	30.42
45	351.00	335.40	312.00	45	35.10	33.54	31.20
46	358.80	343.20	319.80	46	35.88	34.32	31.98
47	374.40	351.00	327.60	47	37.44	35.10	32.76
48	382.20	366.60	343.20	48	38.22	36.66	34.32
49	397.80	374.40	351.00	49	39.78	37.44	35.10
50	405.60	382.20	358.80	50	40.56	38.22	35.88
51	421.20	397.80	366.60	51	42.12	39.78	36.66
52	429.00	405.60	382.20	52	42.90	40.56	38.22
53	444.60	421.20	390.00	53	44.46	42.12	39.00
54	452.40	429.00	405.60	54	45.24	42.90	40.56
55	468.00	444.60	413.40	55	46.80	44.46	41.34
56	491.40	468.00	436.80	56	49.14	46.80	43.68
57	522.60	491.40	460.20	57	52.26	49.14	46.02
58	553.80	522.60	483.60	58	55.38	52.26	48.36
59	585.00	546.00	507.00	59	58.50	54.60	50.70
60	616.20	577.20	530.40	60	61.62	57.72	53.04
61	655.20	616.20	569.40	61	65.52	61.62	56.94
62	702.00	655.20	600.60	62	70.20	65.52	60.06
63	748.80	702.00	647.40	63	74.88	70.20	64.74
64	795.60	741.00	686.40	64	79.56	74.10	68.64
65	850.20	795.60	733.20	65	85.02	79.56	73.32
66	912.60	850.20	787.80	66	91.26	85.02	78.78
67	982.80	920.40	850.20	67	98.28	92.04	85.02
68	1,060.80	990.60	920.40	68	106.08	99.06	92.04
69	1,146.60	1,068.60	990.60	69	114.66	106.86	99.06

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,232.40	1,154.40	1,068.60	70	123.24	115.44	106.86
71	1,349.40	1,263.60	1,170.00	71	134.94	126.36	117.00
72	1,482.00	1,388.40	1,287.00	72	148.20	138.84	128.70
73	1,630.20	1,521.00	1,411.80	73	163.02	152.10	141.18
74	1,786.20	1,669.20	1,552.20	74	178.62	166.92	155.22
75	1,957.80	1,833.00	1,700.40	75	195.78	183.30	170.04
76	2,199.60	2,059.20	1,911.00	76	219.96	205.92	191.10
77	2,472.60	2,308.80	2,145.00	77	247.26	230.88	214.50
78	2,776.80	2,597.40	2,418.00	78	277.68	259.74	241.80
79	3,120.00	2,917.20	2,714.40	79	312.00	291.72	271.44
80		3,283.80	3,049.80	80		328.38	304.98
81		3,650.40	3,393.00	81		365.04	339.30
82		4,071.60	3,783.00	82		407.16	378.30
83		4,531.80	4,212.00	83		453.18	421.20
84		5,046.60	4,687.80	84		504.66	468.78

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	382.20	358.80	327.60	18-39	38.22	35.88	32.76
40	382.20	358.80	327.60	40	38.22	35.88	32.76
41	390.00	366.60	335.40	41	39.00	36.66	33.54
42	405.60	374.40	343.20	42	40.56	37.44	34.32
43	413.40	390.00	358.80	43	41.34	39.00	35.88
44	429.00	397.80	366.60	44	42.90	39.78	36.66
45	436.80	405.60	374.40	45	43.68	40.56	37.44
46	452.40	421.20	390.00	46	45.24	42.12	39.00
47	460.20	429.00	397.80	47	46.02	42.90	39.78
48	475.80	444.60	413.40	48	47.58	44.46	41.34
49	483.60	452.40	421.20	49	48.36	45.24	42.12
50	499.20	468.00	436.80	50	49.92	46.80	43.68
51	514.80	483.60	452.40	51	51.48	48.36	45.24
52	530.40	499.20	460.20	52	53.04	49.92	46.02
53	546.00	514.80	475.80	53	54.60	51.48	47.58
54	561.60	530.40	491.40	54	56.16	53.04	49.14
55	577.20	546.00	507.00	55	57.72	54.60	50.70
56	608.40	577.20	538.20	56	60.84	57.72	53.82
57	647.40	608.40	561.60	57	64.74	60.84	56.16
58	686.40	639.60	592.80	58	68.64	63.96	59.28
59	725.40	678.60	631.80	59	72.54	67.86	63.18
60	772.20	717.60	663.00	60	77.22	71.76	66.30
61	819.00	764.40	709.80	61	81.90	76.44	70.98
62	873.60	819.00	756.60	62	87.36	81.90	75.66
63	936.00	873.60	803.40	63	93.60	87.36	80.34
64	998.40	928.20	858.00	64	99.84	92.82	85.80
65	1,060.80	990.60	912.60	65	106.08	99.06	91.26
66	1,146.60	1,068.60	990.60	66	114.66	106.86	99.06
67	1,240.20	1,154.40	1,068.60	67	124.02	115.44	106.86
68	1,341.60	1,248.00	1,154.40	68	134.16	124.80	115.44
69	1,450.80	1,357.20	1,255.80	69	145.08	135.72	125.58

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,567.80	1,466.40	1,357.20	70	156.78	146.64	135.72
71	1,716.00	1,606.80	1,489.80	71	171.60	160.68	148.98
72	1,887.60	1,762.80	1,638.00	72	188.76	176.28	163.80
73	2,067.00	1,934.40	1,794.00	73	206.70	193.44	179.40
74	2,269.80	2,121.60	1,973.40	74	226.98	212.16	197.34
75	2,488.20	2,332.20	2,168.40	75	248.82	233.22	216.84
76	2,769.00	2,589.60	2,410.20	76	276.90	258.96	241.02
77	3,081.00	2,886.00	2,683.20	77	308.10	288.60	268.32
78	3,432.00	3,205.80	2,979.60	78	343.20	320.58	297.96
79	3,822.00	3,572.40	3,315.00	79	382.20	357.24	331.50

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	475.80	444.60	405.60	18-39	47.58	44.46	40.56
40	475.80	444.60	405.60	40	47.58	44.46	40.56
41	491.40	460.20	421.20	41	49.14	46.02	42.12
42	507.00	468.00	429.00	42	50.70	46.80	42.90
43	514.80	483.60	444.60	43	51.48	48.36	44.46
44	530.40	499.20	460.20	44	53.04	49.92	46.02
45	546.00	507.00	468.00	45	54.60	50.70	46.80
46	561.60	522.60	483.60	46	56.16	52.26	48.36
47	577.20	538.20	499.20	47	57.72	53.82	49.92
48	600.60	561.60	514.80	48	60.06	56.16	51.48
49	616.20	577.20	530.40	49	61.62	57.72	53.04
50	631.80	592.80	546.00	50	63.18	59.28	54.60
51	647.40	608.40	561.60	51	64.74	60.84	56.16
52	670.80	624.00	577.20	52	67.08	62.40	57.72
53	686.40	639.60	592.80	53	68.64	63.96	59.28
54	702.00	663.00	616.20	54	70.20	66.30	61.62
55	725.40	678.60	631.80	55	72.54	67.86	63.18
56	772.20	725.40	670.80	56	77.22	72.54	67.08
57	811.20	764.40	709.80	57	81.12	76.44	70.98
58	865.80	811.20	748.80	58	86.58	81.12	74.88
59	912.60	850.20	787.80	59	91.26	85.02	78.78
60	967.20	904.80	834.60	60	96.72	90.48	83.46
61	1,029.60	959.40	889.20	61	102.96	95.94	88.92
62	1,099.80	1,021.80	943.80	62	109.98	102.18	94.38
63	1,177.80	1,092.00	1,006.20	63	117.78	109.20	100.62
64	1,255.80	1,162.20	1,068.60	64	125.58	116.22	106.86
65	1,341.60	1,240.20	1,138.80	65	134.16	124.02	113.88
66	1,450.80	1,341.60	1,232.40	66	145.08	134.16	123.24
67	1,567.80	1,458.60	1,341.60	67	156.78	145.86	134.16
68	1,700.40	1,583.40	1,458.60	68	170.04	158.34	145.86
69	1,840.80	1,716.00	1,583.40	69	184.08	171.60	158.34

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,989.00	1,856.40	1,716.00	70	198.90	185.64	171.60
71	2,176.20	2,028.00	1,872.00	71	217.62	202.80	187.20
72	2,386.80	2,215.20	2,043.60	72	238.68	221.52	204.36
73	2,613.00	2,425.80	2,230.80	73	261.30	242.58	223.08
74	2,854.80	2,644.20	2,433.60	74	285.48	264.42	243.36
75	3,127.80	2,893.80	2,659.80	75	312.78	289.38	265.98
76	3,463.20	3,221.40	2,971.80	76	346.32	322.14	297.18
77	3,829.80	3,572.40	3,315.00	77	382.98	357.24	331.50
78	4,235.40	3,970.20	3,697.20	78	423.54	397.02	369.72
79	4,687.80	4,407.00	4,126.20	79	468.78	440.70	412.62

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	616.20	585.00	546.00	18-39	61.62	58.50	54.60
40	616.20	585.00	546.00	40	61.62	58.50	54.60
41	639.60	608.40	569.40	41	63.96	60.84	56.94
42	663.00	624.00	585.00	42	66.30	62.40	58.50
43	686.40	647.40	608.40	43	68.64	64.74	60.84
44	709.80	670.80	631.80	44	70.98	67.08	63.18
45	733.20	694.20	655.20	45	73.32	69.42	65.52
46	756.60	717.60	678.60	46	75.66	71.76	67.86
47	787.80	748.80	702.00	47	78.78	74.88	70.20
48	811.20	772.20	725.40	48	81.12	77.22	72.54
49	842.40	795.60	748.80	49	84.24	79.56	74.88
50	873.60	826.80	780.00	50	87.36	82.68	78.00
51	897.00	850.20	795.60	51	89.70	85.02	79.56
52	920.40	873.60	819.00	52	92.04	87.36	81.90
53	943.80	897.00	842.40	53	94.38	89.70	84.24
54	975.00	920.40	858.00	54	97.50	92.04	85.80
55	998.40	943.80	881.40	55	99.84	94.38	88.14
56	1,053.00	990.60	928.20	56	105.30	99.06	92.82
57	1,115.40	1,045.20	975.00	57	111.54	104.52	97.50
58	1,177.80	1,099.80	1,021.80	58	117.78	109.98	102.18
59	1,248.00	1,162.20	1,076.40	59	124.80	116.22	107.64
60	1,318.20	1,224.60	1,131.00	60	131.82	122.46	113.10
61	1,404.00	1,302.60	1,201.20	61	140.40	130.26	120.12
62	1,489.80	1,388.40	1,279.20	62	148.98	138.84	127.92
63	1,583.40	1,474.20	1,365.00	63	158.34	147.42	136.50
64	1,684.80	1,567.80	1,450.80	64	168.48	156.78	145.08
65	1,794.00	1,669.20	1,544.40	65	179.40	166.92	154.44
66	1,918.80	1,794.00	1,669.20	66	191.88	179.40	166.92
67	2,051.40	1,934.40	1,809.60	67	205.14	193.44	180.96
68	2,199.60	2,082.60	1,965.60	68	219.96	208.26	196.56
69	2,355.60	2,238.60	2,121.60	69	235.56	223.86	212.16

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit V

METLIFE INSURANCE COMPANY USA
Current Annual Premiums

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,519.40	2,410.20	2,301.00	70	251.94	241.02	230.10
71	2,761.20	2,636.40	2,511.60	71	276.12	263.64	251.16
72	3,018.60	2,878.20	2,737.80	72	301.86	287.82	273.78
73	3,307.20	3,151.20	2,987.40	73	330.72	315.12	298.74
74	3,619.20	3,439.80	3,260.40	74	361.92	343.98	326.04
75	3,962.40	3,759.60	3,556.80	75	396.24	375.96	355.68
76	4,391.40	4,157.40	3,923.40	76	439.14	415.74	392.34
77	4,875.00	4,602.00	4,321.20	77	487.50	460.20	432.12
78	5,405.40	5,085.60	4,765.80	78	540.54	508.56	476.58
79	5,998.20	5,631.60	5,257.20	79	599.82	563.16	525.72

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	176.48	166.68	156.87	18-39	17.65	16.67	15.69
40	176.48	166.68	156.87	40	17.65	16.67	15.69
41	186.29	176.48	166.68	41	18.63	17.65	16.67
42	186.29	176.48	166.68	42	18.63	17.65	16.67
43	196.09	186.29	176.48	43	19.61	18.63	17.65
44	205.90	196.09	176.48	44	20.59	19.61	17.65
45	205.90	196.09	186.29	45	20.59	19.61	18.63
46	215.70	205.90	186.29	46	21.57	20.59	18.63
47	225.51	215.70	196.09	47	22.55	21.57	19.61
48	225.51	215.70	205.90	48	22.55	21.57	20.59
49	235.31	225.51	205.90	49	23.53	22.55	20.59
50	245.12	235.31	215.70	50	24.51	23.53	21.57
51	254.92	245.12	225.51	51	25.49	24.51	22.55
52	274.53	264.72	245.12	52	27.45	26.47	24.51
53	294.14	274.53	254.92	53	29.41	27.45	25.49
54	303.94	284.33	264.72	54	30.39	28.43	26.47
55	323.55	303.94	284.33	55	32.36	30.39	28.43
56	343.16	323.55	294.14	56	34.32	32.36	29.41
57	362.77	343.16	313.75	57	36.28	34.32	31.37
58	392.18	362.77	333.36	58	39.22	36.28	33.34
59	411.79	382.38	343.16	59	41.18	38.24	34.32
60	441.21	401.99	362.77	60	44.12	40.20	36.28
61	480.43	441.21	392.18	61	48.04	44.12	39.22
62	509.84	470.62	421.60	62	50.98	47.06	42.16
63	558.86	509.84	460.82	63	55.89	50.98	46.08
64	598.08	549.06	500.03	64	59.81	54.91	50.00
65	647.10	598.08	539.25	65	64.71	59.81	53.93
66	705.93	647.10	588.28	66	70.59	64.71	58.83
67	774.56	705.93	637.30	67	77.46	70.59	63.73
68	843.20	764.76	686.32	68	84.32	76.48	68.63
69	921.63	833.39	745.15	69	92.16	83.34	74.51

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,009.87	911.83	813.78	70	100.99	91.18	81.38
71	1,117.72	1,009.87	892.22	71	111.77	100.99	89.22
72	1,245.18	1,117.72	980.46	72	124.52	111.77	98.05
73	1,382.45	1,235.38	1,078.51	73	138.24	123.54	107.85
74	1,539.32	1,362.84	1,186.36	74	153.93	136.28	118.64
75	1,706.00	1,509.91	1,304.01	75	170.60	150.99	130.40
76	1,902.09	1,676.59	1,451.08	76	190.21	167.66	145.11
77	2,127.60	1,882.48	1,627.56	77	212.76	188.25	162.76
78	2,382.52	2,098.18	1,813.85	78	238.25	209.82	181.39
79	2,657.05	2,343.30	2,019.75	79	265.70	234.33	201.97
80		2,617.83	2,255.06	80	297.08	261.78	225.51
81		2,892.36	2,490.37	81	328.45	289.24	249.04
82		3,196.30	2,755.09	82	363.75	319.63	275.51
83		3,539.46	3,049.23	83	401.99	353.95	304.92
84		3,912.04	3,372.78	84	444.15	391.20	337.28
				85	491.21	432.38	373.56
				86	552.98	487.29	420.62
				87	622.59	548.08	473.56
				88	700.05	615.73	532.39
				89	787.31	693.19	599.06
				90	891.24	779.47	673.58
				91	996.15	877.51	757.90
				92	1,120.67	986.34	852.02
				93	1,260.87	1,109.88	958.89
				94	1,418.73	1,248.13	1,078.51
				95	1,595.21	1,405.00	1,213.81
				96	1,795.22	1,580.50	1,364.80
				97	2,019.75	1,777.57	1,535.40
				98	2,271.73	2,000.14	1,727.57
				99	2,555.08	2,249.18	1,943.27

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	225.51	215.70	196.09	18-39	22.55	21.57	19.61
40	225.51	215.70	196.09	40	22.55	21.57	19.61
41	235.31	225.51	205.90	41	23.53	22.55	20.59
42	235.31	225.51	205.90	42	23.53	22.55	20.59
43	245.12	235.31	215.70	43	24.51	23.53	21.57
44	254.92	245.12	225.51	44	25.49	24.51	22.55
45	264.72	245.12	225.51	45	26.47	24.51	22.55
46	274.53	254.92	235.31	46	27.45	25.49	23.53
47	274.53	264.72	245.12	47	27.45	26.47	24.51
48	284.33	264.72	245.12	48	28.43	26.47	24.51
49	294.14	274.53	254.92	49	29.41	27.45	25.49
50	303.94	284.33	264.72	50	30.39	28.43	26.47
51	313.75	294.14	274.53	51	31.37	29.41	27.45
52	333.36	313.75	284.33	52	33.34	31.37	28.43
53	352.97	323.55	294.14	53	35.30	32.36	29.41
54	362.77	343.16	313.75	54	36.28	34.32	31.37
55	382.38	352.97	323.55	55	38.24	35.30	32.36
56	411.79	382.38	343.16	56	41.18	38.24	34.32
57	431.40	401.99	372.57	57	43.14	40.20	37.26
58	460.82	431.40	392.18	58	46.08	43.14	39.22
59	500.03	460.82	421.60	59	50.00	46.08	42.16
60	529.45	490.23	451.01	60	52.94	49.02	45.10
61	568.67	529.45	490.23	61	56.87	52.94	49.02
62	617.69	578.47	529.45	62	61.77	57.85	52.94
63	666.71	627.49	578.47	63	66.67	62.75	57.85
64	725.54	676.52	627.49	64	72.55	67.65	62.75
65	784.37	735.35	686.32	65	78.44	73.53	68.63
66	853.00	803.98	745.15	66	85.30	80.40	74.51
67	921.63	872.61	813.78	67	92.16	87.26	81.38
68	1,000.07	941.24	882.41	68	100.01	94.12	88.24
69	1,078.51	1,019.68	960.85	69	107.85	101.97	96.09

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,166.75	1,107.92	1,039.29	70	116.67	110.79	103.93
71	1,304.01	1,235.38	1,166.75	71	130.40	123.54	116.67
72	1,451.08	1,382.45	1,304.01	72	145.11	138.24	130.40
73	1,607.95	1,539.32	1,460.89	73	160.80	153.93	146.09
74	1,794.24	1,715.81	1,627.56	74	179.42	171.58	162.76
75	2,000.14	1,911.90	1,823.66	75	200.01	191.19	182.37
76	2,225.64	2,127.60	2,029.55	76	222.56	212.76	202.96
77	2,480.56	2,372.71	2,264.86	77	248.06	237.27	226.49
78	2,774.70	2,657.05	2,529.59	78	277.47	265.70	252.96
79	3,088.45	2,951.18	2,813.92	79	308.84	295.12	281.39
				80	344.14	329.43	313.75
				81	380.42	363.75	347.08
				82	420.62	401.99	383.36
				83	469.64	445.13	424.54
				84	513.76	500.03	468.66
				85	567.69	543.17	518.66
				86	639.26	611.81	584.35
				87	718.68	688.28	656.91
				88	808.88	773.58	739.27
				89	909.87	870.65	831.43
				90	1,023.60	979.48	935.36
				91	1,151.06	1,102.04	1,054.97
				92	1,295.19	1,239.30	1,183.42
				93	1,456.96	1,394.21	1,331.46
				94	1,639.33	1,568.74	1,497.16
				95	1,844.25	1,764.83	1,684.43
				96	2,074.65	1,984.45	1,895.23
				97	2,333.49	2,232.51	2,132.50
				98	2,625.67	2,511.94	2,398.21
				99	2,953.15	2,825.69	2,698.23

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	254.92	245.12	225.51	18-39	25.49	24.51	22.55
40	254.92	245.12	225.51	40	25.49	24.51	22.55
41	264.72	254.92	235.31	41	26.47	25.49	23.53
42	274.53	264.72	245.12	42	27.45	26.47	24.51
43	284.33	274.53	254.92	43	28.43	27.45	25.49
44	294.14	284.33	264.72	44	29.41	28.43	26.47
45	303.94	294.14	274.53	45	30.39	29.41	27.45
46	323.55	303.94	284.33	46	32.36	30.39	28.43
47	333.36	313.75	294.14	47	33.34	31.37	29.41
48	343.16	323.55	303.94	48	34.32	32.36	30.39
49	362.77	343.16	313.75	49	36.28	34.32	31.37
50	372.57	352.97	323.55	50	37.26	35.30	32.36
51	382.38	362.77	333.36	51	38.24	36.28	33.34
52	401.99	372.57	343.16	52	40.20	37.26	34.32
53	411.79	382.38	352.97	53	41.18	38.24	35.30
54	431.40	401.99	362.77	54	43.14	40.20	36.28
55	441.21	411.79	372.57	55	44.12	41.18	37.26
56	470.62	441.21	401.99	56	47.06	44.12	40.20
57	509.84	470.62	421.60	57	50.98	47.06	42.16
58	549.06	500.03	451.01	58	54.91	50.00	45.10
59	588.28	539.25	490.23	59	58.83	53.93	49.02
60	627.49	578.47	519.64	60	62.75	57.85	51.96
61	686.32	627.49	568.67	61	68.63	62.75	56.87
62	754.95	686.32	617.69	62	75.50	68.63	61.77
63	823.59	745.15	666.71	63	82.36	74.51	66.67
64	892.22	813.78	725.54	64	89.22	81.38	72.55
65	980.46	892.22	794.17	65	98.05	89.22	79.42
66	1,058.90	960.85	853.00	66	105.89	96.09	85.30
67	1,147.14	1,039.29	921.63	67	114.71	103.93	92.16
68	1,245.18	1,117.72	990.26	68	124.52	111.77	99.03
69	1,343.23	1,205.97	1,068.70	69	134.32	120.60	106.87

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,451.08	1,304.01	1,147.14	70	145.11	130.40	114.71
71	1,607.95	1,451.08	1,284.40	71	160.80	145.11	128.44
72	1,784.44	1,607.95	1,431.47	72	178.44	160.80	143.15
73	1,980.53	1,784.44	1,588.35	73	198.05	178.44	158.83
74	2,196.23	1,990.33	1,774.63	74	219.62	199.03	177.46
75	2,431.54	2,206.04	1,980.53	75	243.15	220.60	198.05
76	2,706.07	2,460.95	2,206.04	76	270.61	246.10	220.60
77	3,019.82	2,745.29	2,460.95	77	301.98	274.53	246.10
78	3,362.98	3,059.04	2,745.29	78	336.30	305.90	274.53
79	3,745.36	3,402.20	3,059.04	79	374.54	340.22	305.90
				80	417.68	379.44	341.20
				81	460.82	418.66	376.50
				82	509.84	463.76	416.70
				83	562.78	511.80	459.84
				84	621.61	564.74	508.86
				85	686.32	623.57	560.82
				86	772.60	702.01	631.42
				87	868.69	789.27	727.50
				88	977.52	888.30	799.07
				89	1,100.08	999.09	899.08
				90	1,237.34	1,124.59	1,010.85
				91	1,392.25	1,264.79	1,137.33
				92	1,565.79	1,422.65	1,279.50
				93	1,761.89	1,600.11	1,439.32
				94	1,981.51	1,800.12	1,619.72
				95	2,229.57	2,025.63	1,821.69
				96	2,508.02	2,278.59	2,049.16
				97	2,820.78	2,562.92	2,305.06
				98	3,173.75	2,883.53	2,593.32
				99	3,570.84	3,244.34	2,917.85

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	303.94	294.14	274.53	18-39	30.39	29.41	27.45
40	303.94	294.14	274.53	40	30.39	29.41	27.45
41	313.75	303.94	284.33	41	31.37	30.39	28.43
42	333.36	313.75	294.14	42	33.34	31.37	29.41
43	343.16	323.55	303.94	43	34.32	32.36	30.39
44	352.97	333.36	313.75	44	35.30	33.34	31.37
45	372.57	352.97	323.55	45	37.26	35.30	32.36
46	382.38	362.77	333.36	46	38.24	36.28	33.34
47	401.99	372.57	343.16	47	40.20	37.26	34.32
48	421.60	392.18	352.97	48	42.16	39.22	35.30
49	431.40	401.99	372.57	49	43.14	40.20	37.26
50	451.01	421.60	382.38	50	45.10	42.16	38.24
51	470.62	431.40	392.18	51	47.06	43.14	39.22
52	490.23	451.01	411.79	52	49.02	45.10	41.18
53	509.84	470.62	431.40	53	50.98	47.06	43.14
54	529.45	490.23	441.21	54	52.94	49.02	44.12
55	549.06	509.84	460.82	55	54.91	50.98	46.08
56	588.28	549.06	500.03	56	58.83	54.91	50.00
57	637.30	588.28	539.25	57	63.73	58.83	53.93
58	686.32	637.30	578.47	58	68.63	63.73	57.85
59	745.15	686.32	627.49	59	74.51	68.63	62.75
60	803.98	745.15	676.52	60	80.40	74.51	67.65
61	872.61	803.98	735.35	61	87.26	80.40	73.53
62	960.85	882.41	794.17	62	96.09	88.24	79.42
63	1,049.09	960.85	862.80	63	104.91	96.09	86.28
64	1,137.33	1,039.29	931.44	64	113.73	103.93	93.14
65	1,245.18	1,127.53	1,009.87	65	124.52	112.75	100.99
66	1,333.43	1,215.77	1,098.12	66	133.34	121.58	109.81
67	1,431.47	1,313.82	1,186.36	67	143.15	131.38	118.64
68	1,529.52	1,411.86	1,284.40	68	152.95	141.19	128.44
69	1,637.37	1,519.71	1,392.25	69	163.74	151.97	139.23

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,755.02	1,637.37	1,509.91	70	175.50	163.74	150.99
71	1,960.92	1,823.66	1,676.59	71	196.09	182.37	167.66
72	2,186.43	2,029.55	1,862.87	72	218.64	202.96	186.29
73	2,431.54	2,255.06	2,068.77	73	243.15	225.51	206.88
74	2,715.87	2,509.98	2,294.28	74	271.59	251.00	229.43
75	3,029.62	2,794.31	2,549.20	75	302.96	279.43	254.92
76	3,372.78	3,108.06	2,843.33	76	337.28	310.81	284.33
77	3,755.16	3,461.02	3,166.89	77	375.52	346.10	316.69
78	4,186.56	3,863.01	3,529.66	78	418.66	386.30	352.97
79	4,666.99	4,304.22	3,931.64	79	466.70	430.42	393.16
				80	519.64	479.44	438.27
				81	573.57	528.47	483.37
				82	633.38	583.37	533.37
				83	700.05	645.14	589.26
				84	772.60	711.81	650.04
				85	853.00	785.35	717.70
				86	959.87	884.37	807.90
				87	1,080.47	994.19	908.89
				88	1,214.79	1,118.70	1,022.62
				89	1,366.76	1,268.72	1,150.08
				90	1,537.36	1,415.78	1,294.21
				91	1,729.53	1,592.27	1,455.00
				92	1,946.21	1,791.30	1,637.37
				93	2,189.37	2,015.83	1,842.28
				94	2,462.92	2,267.80	2,071.71
				95	2,770.78	2,551.16	2,331.53
				96	3,116.88	2,869.81	2,622.73
				97	3,506.12	3,228.65	2,950.20
				98	3,944.39	3,631.62	3,318.86
				99	4,437.56	4,085.58	3,733.59

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	264.72	254.92	235.31	18-39	26.47	25.49	23.53
40	264.72	254.92	235.31	40	26.47	25.49	23.53
41	274.53	264.72	245.12	41	27.45	26.47	24.51
42	284.33	274.53	254.92	42	28.43	27.45	25.49
43	294.14	284.33	264.72	43	29.41	28.43	26.47
44	303.94	294.14	274.53	44	30.39	29.41	27.45
45	313.75	303.94	284.33	45	31.37	30.39	28.43
46	333.36	313.75	294.14	46	33.34	31.37	29.41
47	343.16	323.55	303.94	47	34.32	32.36	30.39
48	352.97	333.36	313.75	48	35.30	33.34	31.37
49	372.57	352.97	323.55	49	37.26	35.30	32.36
50	382.38	362.77	333.36	50	38.24	36.28	33.34
51	392.18	372.57	343.16	51	39.22	37.26	34.32
52	411.79	392.18	362.77	52	41.18	39.22	36.28
53	431.40	401.99	372.57	53	43.14	40.20	37.26
54	441.21	411.79	382.38	54	44.12	41.18	38.24
55	460.82	431.40	401.99	55	46.08	43.14	40.20
56	490.23	460.82	421.60	56	49.02	46.08	42.16
57	529.45	490.23	451.01	57	52.94	49.02	45.10
58	558.86	519.64	480.43	58	55.89	51.96	48.04
59	598.08	558.86	509.84	59	59.81	55.89	50.98
60	637.30	588.28	539.25	60	63.73	58.83	53.93
61	686.32	637.30	578.47	61	68.63	63.73	57.85
62	735.35	686.32	627.49	62	73.53	68.63	62.75
63	784.37	735.35	676.52	63	78.44	73.53	67.65
64	843.20	784.37	725.54	64	84.32	78.44	72.55
65	902.02	843.20	784.37	65	90.20	84.32	78.44
66	980.46	921.63	853.00	66	98.05	92.16	85.30
67	1,068.70	1,000.07	921.63	67	106.87	100.01	92.16
68	1,166.75	1,088.31	1,000.07	68	116.67	108.83	100.01
69	1,264.79	1,176.55	1,088.31	69	126.48	117.66	108.83

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,382.45	1,284.40	1,176.55	70	138.24	128.44	117.66
71	1,519.71	1,411.86	1,294.21	71	151.97	141.19	129.42
72	1,676.59	1,558.93	1,431.47	72	167.66	155.89	143.15
73	1,853.07	1,715.81	1,578.54	73	185.31	171.58	157.85
74	2,039.36	1,892.29	1,745.22	74	203.94	189.23	174.52
75	2,245.25	2,088.38	1,921.70	75	224.53	208.84	192.17
76	2,529.59	2,353.10	2,166.82	76	252.96	235.31	216.68
77	2,843.33	2,647.24	2,441.35	77	284.33	264.72	244.13
78	3,196.30	2,980.60	2,755.09	78	319.63	298.06	275.51
79	3,588.48	3,353.17	3,108.06	79	358.85	335.32	310.81
80		3,774.77	3,500.24	80		377.48	350.02
81		4,225.78	3,921.84	81		422.58	392.18
82		4,725.82	4,392.46	82		472.58	439.25
83		5,294.48	4,921.91	83		529.45	492.19
84		5,921.98	5,510.19	84		592.20	551.02

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	323.55	303.94	284.33	18-39	32.36	30.39	28.43
40	323.55	303.94	284.33	40	32.36	30.39	28.43
41	333.36	313.75	294.14	41	33.34	31.37	29.41
42	343.16	323.55	303.94	42	34.32	32.36	30.39
43	362.77	343.16	313.75	43	36.28	34.32	31.37
44	372.57	352.97	323.55	44	37.26	35.30	32.36
45	382.38	362.77	333.36	45	38.24	36.28	33.34
46	401.99	382.38	352.97	46	40.20	38.24	35.30
47	411.79	392.18	362.77	47	41.18	39.22	36.28
48	431.40	401.99	372.57	48	43.14	40.20	37.26
49	441.21	421.60	392.18	49	44.12	42.16	39.22
50	460.82	431.40	401.99	50	46.08	43.14	40.20
51	480.43	451.01	421.60	51	48.04	45.10	42.16
52	500.03	470.62	431.40	52	50.00	47.06	43.14
53	519.64	490.23	451.01	53	51.96	49.02	45.10
54	549.06	509.84	470.62	54	54.91	50.98	47.06
55	568.67	529.45	490.23	55	56.87	52.94	49.02
56	607.89	568.67	519.64	56	60.79	56.87	51.96
57	647.10	607.89	558.86	57	64.71	60.79	55.89
58	686.32	647.10	598.08	58	68.63	64.71	59.81
59	735.35	686.32	637.30	59	73.53	68.63	63.73
60	784.37	735.35	686.32	60	78.44	73.53	68.63
61	843.20	794.17	735.35	61	84.32	79.42	73.53
62	902.02	843.20	784.37	62	90.20	84.32	78.44
63	970.66	911.83	843.20	63	97.07	91.18	84.32
64	1,049.09	980.46	902.02	64	104.91	98.05	90.20
65	1,127.53	1,049.09	970.66	65	112.75	104.91	97.07
66	1,225.58	1,147.14	1,058.90	66	122.56	114.71	105.89
67	1,333.43	1,245.18	1,156.94	67	133.34	124.52	115.69
68	1,441.28	1,353.03	1,264.79	68	144.13	135.30	126.48
69	1,568.74	1,470.69	1,372.64	69	156.87	147.07	137.26

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,706.00	1,607.95	1,500.10	70	170.60	160.80	150.01
71	1,882.48	1,774.63	1,656.98	71	188.25	177.46	165.70
72	2,078.58	1,960.92	1,833.46	72	207.86	196.09	183.35
73	2,284.47	2,157.01	2,019.75	73	228.45	215.70	201.97
74	2,519.78	2,372.71	2,225.64	74	251.98	237.27	222.56
75	2,784.51	2,627.63	2,460.95	75	278.45	262.76	246.10
76	3,117.86	2,941.38	2,755.09	76	311.79	294.14	275.51
77	3,480.63	3,284.54	3,078.64	77	348.06	328.45	307.86
78	3,892.43	3,666.92	3,441.41	78	389.24	366.69	344.14
79	4,353.24	4,108.13	3,853.21	79	435.32	410.81	385.32

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	392.18	372.57	343.16	18-39	39.22	37.26	34.32
40	392.18	372.57	343.16	40	39.22	37.26	34.32
41	411.79	382.38	352.97	41	41.18	38.24	35.30
42	421.60	401.99	372.57	42	42.16	40.20	37.26
43	441.21	411.79	382.38	43	44.12	41.18	38.24
44	460.82	431.40	401.99	44	46.08	43.14	40.20
45	480.43	451.01	411.79	45	48.04	45.10	41.18
46	500.03	470.62	431.40	46	50.00	47.06	43.14
47	519.64	490.23	451.01	47	51.96	49.02	45.10
48	539.25	500.03	460.82	48	53.93	50.00	46.08
49	558.86	519.64	480.43	49	55.89	51.96	48.04
50	578.47	539.25	500.03	50	57.85	53.93	50.00
51	598.08	558.86	519.64	51	59.81	55.89	51.96
52	627.49	588.28	539.25	52	62.75	58.83	53.93
53	647.10	607.89	558.86	53	64.71	60.79	55.89
54	666.71	627.49	578.47	54	66.67	62.75	57.85
55	696.13	647.10	598.08	55	69.61	64.71	59.81
56	745.15	696.13	637.30	56	74.51	69.61	63.73
57	794.17	745.15	686.32	57	79.42	74.51	68.63
58	853.00	794.17	735.35	58	85.30	79.42	73.53
59	911.83	853.00	784.37	59	91.18	85.30	78.44
60	980.46	911.83	843.20	60	98.05	91.18	84.32
61	1,058.90	980.46	902.02	61	105.89	98.05	90.20
62	1,137.33	1,058.90	970.66	62	113.73	105.89	97.07
63	1,225.58	1,137.33	1,039.29	63	122.56	113.73	103.93
64	1,323.62	1,225.58	1,117.72	64	132.36	122.56	111.77
65	1,421.67	1,313.82	1,196.16	65	142.17	131.38	119.62
66	1,549.13	1,431.47	1,304.01	66	154.91	143.15	130.40
67	1,686.39	1,558.93	1,421.67	67	168.64	155.89	142.17
68	1,833.46	1,696.20	1,558.93	68	183.35	169.62	155.89
69	2,000.14	1,853.07	1,696.20	69	200.01	185.31	169.62

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,176.62	2,019.75	1,853.07	70	217.66	201.97	185.31
71	2,402.13	2,225.64	2,039.36	71	240.21	222.56	203.94
72	2,637.44	2,441.35	2,245.25	72	263.74	244.13	224.53
73	2,911.97	2,696.27	2,470.76	73	291.20	269.63	247.08
74	3,206.10	2,970.79	2,725.68	74	320.61	297.08	272.57
75	3,529.66	3,264.93	3,000.21	75	352.97	326.49	300.02
76	3,921.84	3,647.31	3,362.98	76	392.18	364.73	336.30
77	4,353.24	4,068.91	3,774.77	77	435.32	406.89	377.48
78	4,843.47	4,539.53	4,235.59	78	484.35	453.95	423.56
79	5,372.92	5,059.17	4,745.43	79	537.29	505.92	474.54

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	500.03	480.43	451.01	18-39	50.00	48.04	45.10
40	500.03	480.43	451.01	40	50.00	48.04	45.10
41	519.64	500.03	470.62	41	51.96	50.00	47.06
42	549.06	519.64	490.23	42	54.91	51.96	49.02
43	568.67	539.25	509.84	43	56.87	53.93	50.98
44	588.28	558.86	529.45	44	58.83	55.89	52.94
45	617.69	588.28	549.06	45	61.77	58.83	54.91
46	647.10	617.69	578.47	46	64.71	61.77	57.85
47	676.52	637.30	598.08	47	67.65	63.73	59.81
48	705.93	666.71	627.49	48	70.59	66.67	62.75
49	735.35	696.13	647.10	49	73.53	69.61	64.71
50	764.76	725.54	676.52	50	76.48	72.55	67.65
51	794.17	754.95	705.93	51	79.42	75.50	70.59
52	833.39	784.37	725.54	52	83.34	78.44	72.55
53	862.80	813.78	754.95	53	86.28	81.38	75.50
54	902.02	843.20	784.37	54	90.20	84.32	78.44
55	941.24	882.41	813.78	55	94.12	88.24	81.38
56	1,009.87	941.24	872.61	56	100.99	94.12	87.26
57	1,078.51	1,009.87	931.44	57	107.85	100.99	93.14
58	1,156.94	1,078.51	990.26	58	115.69	107.85	99.03
59	1,235.38	1,147.14	1,058.90	59	123.54	114.71	105.89
60	1,323.62	1,225.58	1,127.53	60	132.36	122.56	112.75
61	1,421.67	1,313.82	1,205.97	61	142.17	131.38	120.60
62	1,519.71	1,411.86	1,304.01	62	151.97	141.19	130.40
63	1,637.37	1,519.71	1,392.25	63	163.74	151.97	139.23
64	1,755.02	1,627.56	1,500.10	64	175.50	162.76	150.01
65	1,882.48	1,745.22	1,607.95	65	188.25	174.52	160.80
66	2,029.55	1,892.29	1,755.02	66	202.96	189.23	175.50
67	2,186.43	2,049.16	1,911.90	67	218.64	204.92	191.19
68	2,353.10	2,225.64	2,088.38	68	235.31	222.56	208.84
69	2,539.39	2,411.93	2,284.47	69	253.94	241.19	228.45

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,735.48	2,617.83	2,490.37	70	273.55	261.78	249.04
71	3,019.82	2,882.55	2,735.48	71	301.98	288.26	273.55
72	3,323.76	3,166.89	3,010.01	72	332.38	316.69	301.00
73	3,666.92	3,490.44	3,313.95	73	366.69	349.04	331.40
74	4,049.30	3,853.21	3,647.31	74	404.93	385.32	364.73
75	4,461.09	4,235.59	4,010.08	75	446.11	423.56	401.01
76	4,970.93	4,706.21	4,441.48	76	497.09	470.62	444.15
77	5,529.79	5,225.85	4,921.91	77	552.98	522.59	492.19
78	6,157.29	5,814.13	5,461.16	78	615.73	581.41	546.12
79	6,853.42	6,451.43	6,049.44	79	685.34	645.14	604.94

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	382.38	362.77	343.16	18-39	38.24	36.28	34.32
40	382.38	362.77	343.16	40	38.24	36.28	34.32
41	392.18	372.57	352.97	41	39.22	37.26	35.30
42	401.99	382.38	362.77	42	40.20	38.24	36.28
43	421.60	401.99	372.57	43	42.16	40.20	37.26
44	431.40	411.79	382.38	44	43.14	41.18	38.24
45	441.21	421.60	392.18	45	44.12	42.16	39.22
46	451.01	431.40	401.99	46	45.10	43.14	40.20
47	470.62	441.21	411.79	47	47.06	44.12	41.18
48	480.43	460.82	431.40	48	48.04	46.08	43.14
49	500.03	470.62	441.21	49	50.00	47.06	44.12
50	509.84	480.43	451.01	50	50.98	48.04	45.10
51	529.45	500.03	460.82	51	52.94	50.00	46.08
52	539.25	509.84	480.43	52	53.93	50.98	48.04
53	558.86	529.45	490.23	53	55.89	52.94	49.02
54	568.67	539.25	509.84	54	56.87	53.93	50.98
55	588.28	558.86	519.64	55	58.83	55.89	51.96
56	617.69	588.28	549.06	56	61.77	58.83	54.91
57	656.91	617.69	578.47	57	65.69	61.77	57.85
58	696.13	656.91	607.89	58	69.61	65.69	60.79
59	735.35	686.32	637.30	59	73.53	68.63	63.73
60	774.56	725.54	666.71	60	77.46	72.55	66.67
61	823.59	774.56	715.74	61	82.36	77.46	71.57
62	882.41	823.59	754.95	62	88.24	82.36	75.50
63	941.24	882.41	813.78	63	94.12	88.24	81.38
64	1,000.07	931.44	862.80	64	100.01	93.14	86.28
65	1,068.70	1,000.07	921.63	65	106.87	100.01	92.16
66	1,147.14	1,068.70	990.26	66	114.71	106.87	99.03
67	1,235.38	1,156.94	1,068.70	67	123.54	115.69	106.87
68	1,333.43	1,245.18	1,156.94	68	133.34	124.52	115.69
69	1,441.28	1,343.23	1,245.18	69	144.13	134.32	124.52

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

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METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,549.13	1,451.08	1,343.23	70	154.91	145.11	134.32
71	1,696.20	1,588.35	1,470.69	71	169.62	158.83	147.07
72	1,862.87	1,745.22	1,617.76	72	186.29	174.52	161.78
73	2,049.16	1,911.90	1,774.63	73	204.92	191.19	177.46
74	2,245.25	2,098.18	1,951.12	74	224.53	209.82	195.11
75	2,460.95	2,304.08	2,137.40	75	246.10	230.41	213.74
76	2,764.90	2,588.41	2,402.13	76	276.49	258.84	240.21
77	3,108.06	2,902.16	2,696.27	77	310.81	290.22	269.63
78	3,490.44	3,264.93	3,039.43	78	349.04	326.49	303.94
79	3,921.84	3,666.92	3,412.00	79	392.18	366.69	341.20
80		4,127.74	3,833.60	80		412.77	383.36
81		4,588.55	4,265.00	81		458.86	426.50
82		5,118.00	4,755.23	82		511.80	475.52
83		5,696.47	5,294.48	83		569.65	529.45
84		6,343.58	5,892.56	84		634.36	589.26

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	480.43	451.01	411.79	18-39	48.04	45.10	41.18
40	480.43	451.01	411.79	40	48.04	45.10	41.18
41	490.23	460.82	421.60	41	49.02	46.08	42.16
42	509.84	470.62	431.40	42	50.98	47.06	43.14
43	519.64	490.23	451.01	43	51.96	49.02	45.10
44	539.25	500.03	460.82	44	53.93	50.00	46.08
45	549.06	509.84	470.62	45	54.91	50.98	47.06
46	568.67	529.45	490.23	46	56.87	52.94	49.02
47	578.47	539.25	500.03	47	57.85	53.93	50.00
48	598.08	558.86	519.64	48	59.81	55.89	51.96
49	607.89	568.67	529.45	49	60.79	56.87	52.94
50	627.49	588.28	549.06	50	62.75	58.83	54.91
51	647.10	607.89	568.67	51	64.71	60.79	56.87
52	666.71	627.49	578.47	52	66.67	62.75	57.85
53	686.32	647.10	598.08	53	68.63	64.71	59.81
54	705.93	666.71	617.69	54	70.59	66.67	61.77
55	725.54	686.32	637.30	55	72.55	68.63	63.73
56	764.76	725.54	676.52	56	76.48	72.55	67.65
57	813.78	764.76	705.93	57	81.38	76.48	70.59
58	862.80	803.98	745.15	58	86.28	80.40	74.51
59	911.83	853.00	794.17	59	91.18	85.30	79.42
60	970.66	902.02	833.39	60	97.07	90.20	83.34
61	1,029.48	960.85	892.22	61	102.95	96.09	89.22
62	1,098.12	1,029.48	951.05	62	109.81	102.95	95.10
63	1,176.55	1,098.12	1,009.87	63	117.66	109.81	100.99
64	1,254.99	1,166.75	1,078.51	64	125.50	116.67	107.85
65	1,333.43	1,245.18	1,147.14	65	133.34	124.52	114.71
66	1,441.28	1,343.23	1,245.18	66	144.13	134.32	124.52
67	1,558.93	1,451.08	1,343.23	67	155.89	145.11	134.32
68	1,686.39	1,568.74	1,451.08	68	168.64	156.87	145.11
69	1,823.66	1,706.00	1,578.54	69	182.37	170.60	157.85

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,970.72	1,843.26	1,706.00	70	197.07	184.33	170.60
71	2,157.01	2,019.75	1,872.68	71	215.70	201.97	187.27
72	2,372.71	2,215.84	2,058.97	72	237.27	221.58	205.90
73	2,598.22	2,431.54	2,255.06	73	259.82	243.15	225.51
74	2,853.14	2,666.85	2,480.56	74	285.31	266.69	248.06
75	3,127.67	2,931.58	2,725.68	75	312.77	293.16	272.57
76	3,480.63	3,255.13	3,029.62	76	348.06	325.51	302.96
77	3,872.82	3,627.70	3,372.78	77	387.28	362.77	337.28
78	4,314.02	4,029.69	3,745.36	78	431.40	402.97	374.54
79	4,804.25	4,490.51	4,166.96	79	480.43	449.05	416.70

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	598.08	558.86	509.84	18-39	59.81	55.89	50.98
40	598.08	558.86	509.84	40	59.81	55.89	50.98
41	617.69	578.47	529.45	41	61.77	57.85	52.94
42	637.30	588.28	539.25	42	63.73	58.83	53.93
43	647.10	607.89	558.86	43	64.71	60.79	55.89
44	666.71	627.49	578.47	44	66.67	62.75	57.85
45	686.32	637.30	588.28	45	68.63	63.73	58.83
46	705.93	656.91	607.89	46	70.59	65.69	60.79
47	725.54	676.52	627.49	47	72.55	67.65	62.75
48	754.95	705.93	647.10	48	75.50	70.59	64.71
49	774.56	725.54	666.71	49	77.46	72.55	66.67
50	794.17	745.15	686.32	50	79.42	74.51	68.63
51	813.78	764.76	705.93	51	81.38	76.48	70.59
52	843.20	784.37	725.54	52	84.32	78.44	72.55
53	862.80	803.98	745.15	53	86.28	80.40	74.51
54	882.41	833.39	774.56	54	88.24	83.34	77.46
55	911.83	853.00	794.17	55	91.18	85.30	79.42
56	970.66	911.83	843.20	56	97.07	91.18	84.32
57	1,019.68	960.85	892.22	57	101.97	96.09	89.22
58	1,088.31	1,019.68	941.24	58	108.83	101.97	94.12
59	1,147.14	1,068.70	990.26	59	114.71	106.87	99.03
60	1,215.77	1,137.33	1,049.09	60	121.58	113.73	104.91
61	1,294.21	1,205.97	1,117.72	61	129.42	120.60	111.77
62	1,382.45	1,284.40	1,186.36	62	138.24	128.44	118.64
63	1,480.49	1,372.64	1,264.79	63	148.05	137.26	126.48
64	1,578.54	1,460.89	1,343.23	64	157.85	146.09	134.32
65	1,686.39	1,558.93	1,431.47	65	168.64	155.89	143.15
66	1,823.66	1,686.39	1,549.13	66	182.37	168.64	154.91
67	1,970.72	1,833.46	1,686.39	67	197.07	183.35	168.64
68	2,137.40	1,990.33	1,833.46	68	213.74	199.03	183.35
69	2,313.89	2,157.01	1,990.33	69	231.39	215.70	199.03

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

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METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,500.17	2,333.49	2,157.01	70	250.02	233.35	215.70
71	2,735.48	2,549.20	2,353.10	71	273.55	254.92	235.31
72	3,000.21	2,784.51	2,568.81	72	300.02	278.45	256.88
73	3,284.54	3,049.23	2,804.12	73	328.45	304.92	280.41
74	3,588.48	3,323.76	3,059.04	74	358.85	332.38	305.90
75	3,931.64	3,637.51	3,343.37	75	393.16	363.75	334.34
76	4,353.24	4,049.30	3,735.55	76	435.32	404.93	373.56
77	4,814.06	4,490.51	4,166.96	77	481.41	449.05	416.70
78	5,323.90	4,990.54	4,647.38	78	532.39	499.05	464.74
79	5,892.56	5,539.60	5,186.63	79	589.26	553.96	518.66

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	774.56	735.35	686.32	18-39	77.46	73.53	68.63
40	774.56	735.35	686.32	40	77.46	73.53	68.63
41	803.98	764.76	715.74	41	80.40	76.48	71.57
42	833.39	784.37	735.35	42	83.34	78.44	73.53
43	862.80	813.78	764.76	43	86.28	81.38	76.48
44	892.22	843.20	794.17	44	89.22	84.32	79.42
45	921.63	872.61	823.59	45	92.16	87.26	82.36
46	951.05	902.02	853.00	46	95.10	90.20	85.30
47	990.26	941.24	882.41	47	99.03	94.12	88.24
48	1,019.68	970.66	911.83	48	101.97	97.07	91.18
49	1,058.90	1,000.07	941.24	49	105.89	100.01	94.12
50	1,098.12	1,039.29	980.46	50	109.81	103.93	98.05
51	1,127.53	1,068.70	1,000.07	51	112.75	106.87	100.01
52	1,156.94	1,098.12	1,029.48	52	115.69	109.81	102.95
53	1,186.36	1,127.53	1,058.90	53	118.64	112.75	105.89
54	1,225.58	1,156.94	1,078.51	54	122.56	115.69	107.85
55	1,254.99	1,186.36	1,107.92	55	125.50	118.64	110.79
56	1,323.62	1,245.18	1,166.75	56	132.36	124.52	116.67
57	1,402.06	1,313.82	1,225.58	57	140.21	131.38	122.56
58	1,480.49	1,382.45	1,284.40	58	148.05	138.24	128.44
59	1,568.74	1,460.89	1,353.03	59	156.87	146.09	135.30
60	1,656.98	1,539.32	1,421.67	60	165.70	153.93	142.17
61	1,764.83	1,637.37	1,509.91	61	176.48	163.74	150.99
62	1,872.68	1,745.22	1,607.95	62	187.27	174.52	160.80
63	1,990.33	1,853.07	1,715.81	63	199.03	185.31	171.58
64	2,117.79	1,970.72	1,823.66	64	211.78	197.07	182.37
65	2,255.06	2,098.18	1,941.31	65	225.51	209.82	194.13
66	2,411.93	2,255.06	2,098.18	66	241.19	225.51	209.82
67	2,578.61	2,431.54	2,274.67	67	257.86	243.15	227.47
68	2,764.90	2,617.83	2,470.76	68	276.49	261.78	247.08
69	2,960.99	2,813.92	2,666.85	69	296.10	281.39	266.69

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	3,166.89	3,029.62	2,892.36	70	316.69	302.96	289.24
71	3,470.83	3,313.95	3,157.08	71	347.08	331.40	315.71
72	3,794.38	3,617.90	3,441.41	72	379.44	361.79	344.14
73	4,157.15	3,961.06	3,755.16	73	415.72	396.11	375.52
74	4,549.33	4,323.83	4,098.32	74	454.93	432.38	409.83
75	4,980.74	4,725.82	4,470.90	75	498.07	472.58	447.09
76	5,519.99	5,225.85	4,931.71	76	552.00	522.59	493.17
77	6,127.88	5,784.71	5,431.75	77	612.79	578.47	543.17
78	6,794.59	6,392.60	5,990.61	78	679.46	639.26	599.06
79	7,539.74	7,078.92	6,608.30	79	753.97	707.89	660.83

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Reset Form

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Company Name and NAIC Number: MetLife Insurance Company USA, NAIC # 87726

SERFF Tracking Number: MILL-129963593

Effective Date: On Approval

(Projected) Number of Insureds Affected: 11

New Rates

Average Annual Premium Per Member: 2,805

Revised Rates

Average Annual Premium Per Member: 3,526

Average Requested Percentage Rate Change Per Member: 25.7%

Minimum Requested Percentage Rate Change Per Member: 25.7%

Maximum Requested Percentage Rate Change Per Member: 25.7%

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
H-LTC4JFQ	Nursing Facility Insurance
H-LTC4JFQ20	Nursing Facility Insurance
H-5AICFO	Annual 5% Compound Benefit Inflation Rider
H-5AISFO	Annual 5% Simple Benefit Inflation Rider
H-COLFO	Cost of Living (CPI) Benefit Rider
H-COLFO-3	Cost of Living (CPI) Benefit Rider
H-NF3-6	Nonforfeiture Benefit Rider

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	176.48	166.68	156.87	18-39	17.65	16.67	15.69
40	176.48	166.68	156.87	40	17.65	16.67	15.69
41	186.29	176.48	166.68	41	18.63	17.65	16.67
42	186.29	176.48	166.68	42	18.63	17.65	16.67
43	196.09	186.29	176.48	43	19.61	18.63	17.65
44	205.90	196.09	176.48	44	20.59	19.61	17.65
45	205.90	196.09	186.29	45	20.59	19.61	18.63
46	215.70	205.90	186.29	46	21.57	20.59	18.63
47	225.51	215.70	196.09	47	22.55	21.57	19.61
48	225.51	215.70	205.90	48	22.55	21.57	20.59
49	235.31	225.51	205.90	49	23.53	22.55	20.59
50	245.12	235.31	215.70	50	24.51	23.53	21.57
51	254.92	245.12	225.51	51	25.49	24.51	22.55
52	274.53	264.72	245.12	52	27.45	26.47	24.51
53	294.14	274.53	254.92	53	29.41	27.45	25.49
54	303.94	284.33	264.72	54	30.39	28.43	26.47
55	323.55	303.94	284.33	55	32.36	30.39	28.43
56	343.16	323.55	294.14	56	34.32	32.36	29.41
57	362.77	343.16	313.75	57	36.28	34.32	31.37
58	392.18	362.77	333.36	58	39.22	36.28	33.34
59	411.79	382.38	343.16	59	41.18	38.24	34.32
60	441.21	401.99	362.77	60	44.12	40.20	36.28
61	480.43	441.21	392.18	61	48.04	44.12	39.22
62	509.84	470.62	421.60	62	50.98	47.06	42.16
63	558.86	509.84	460.82	63	55.89	50.98	46.08
64	598.08	549.06	500.03	64	59.81	54.91	50.00
65	647.10	598.08	539.25	65	64.71	59.81	53.93
66	705.93	647.10	588.28	66	70.59	64.71	58.83
67	774.56	705.93	637.30	67	77.46	70.59	63.73
68	843.20	764.76	686.32	68	84.32	76.48	68.63
69	921.63	833.39	745.15	69	92.16	83.34	74.51

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,009.87	911.83	813.78	70	100.99	91.18	81.38
71	1,117.72	1,009.87	892.22	71	111.77	100.99	89.22
72	1,245.18	1,117.72	980.46	72	124.52	111.77	98.05
73	1,382.45	1,235.38	1,078.51	73	138.24	123.54	107.85
74	1,539.32	1,362.84	1,186.36	74	153.93	136.28	118.64
75	1,706.00	1,509.91	1,304.01	75	170.60	150.99	130.40
76	1,902.09	1,676.59	1,451.08	76	190.21	167.66	145.11
77	2,127.60	1,882.48	1,627.56	77	212.76	188.25	162.76
78	2,382.52	2,098.18	1,813.85	78	238.25	209.82	181.39
79	2,657.05	2,343.30	2,019.75	79	265.70	234.33	201.97
80		2,617.83	2,255.06	80	297.08	261.78	225.51
81		2,892.36	2,490.37	81	328.45	289.24	249.04
82		3,196.30	2,755.09	82	363.75	319.63	275.51
83		3,539.46	3,049.23	83	401.99	353.95	304.92
84		3,912.04	3,372.78	84	444.15	391.20	337.28
				85	491.21	432.38	373.56
				86	552.98	487.29	420.62
				87	622.59	548.08	473.56
				88	700.05	615.73	532.39
				89	787.31	693.19	599.06
				90	891.24	779.47	673.58
				91	996.15	877.51	757.90
				92	1,120.67	986.34	852.02
				93	1,260.87	1,109.88	958.89
				94	1,418.73	1,248.13	1,078.51
				95	1,595.21	1,405.00	1,213.81
				96	1,795.22	1,580.50	1,364.80
				97	2,019.75	1,777.57	1,535.40
				98	2,271.73	2,000.14	1,727.57
				99	2,555.08	2,249.18	1,943.27

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	225.51	215.70	196.09	18-39	22.55	21.57	19.61
40	225.51	215.70	196.09	40	22.55	21.57	19.61
41	235.31	225.51	205.90	41	23.53	22.55	20.59
42	235.31	225.51	205.90	42	23.53	22.55	20.59
43	245.12	235.31	215.70	43	24.51	23.53	21.57
44	254.92	245.12	225.51	44	25.49	24.51	22.55
45	264.72	245.12	225.51	45	26.47	24.51	22.55
46	274.53	254.92	235.31	46	27.45	25.49	23.53
47	274.53	264.72	245.12	47	27.45	26.47	24.51
48	284.33	264.72	245.12	48	28.43	26.47	24.51
49	294.14	274.53	254.92	49	29.41	27.45	25.49
50	303.94	284.33	264.72	50	30.39	28.43	26.47
51	313.75	294.14	274.53	51	31.37	29.41	27.45
52	333.36	313.75	284.33	52	33.34	31.37	28.43
53	352.97	323.55	294.14	53	35.30	32.36	29.41
54	362.77	343.16	313.75	54	36.28	34.32	31.37
55	382.38	352.97	323.55	55	38.24	35.30	32.36
56	411.79	382.38	343.16	56	41.18	38.24	34.32
57	431.40	401.99	372.57	57	43.14	40.20	37.26
58	460.82	431.40	392.18	58	46.08	43.14	39.22
59	500.03	460.82	421.60	59	50.00	46.08	42.16
60	529.45	490.23	451.01	60	52.94	49.02	45.10
61	568.67	529.45	490.23	61	56.87	52.94	49.02
62	617.69	578.47	529.45	62	61.77	57.85	52.94
63	666.71	627.49	578.47	63	66.67	62.75	57.85
64	725.54	676.52	627.49	64	72.55	67.65	62.75
65	784.37	735.35	686.32	65	78.44	73.53	68.63
66	853.00	803.98	745.15	66	85.30	80.40	74.51
67	921.63	872.61	813.78	67	92.16	87.26	81.38
68	1,000.07	941.24	882.41	68	100.01	94.12	88.24
69	1,078.51	1,019.68	960.85	69	107.85	101.97	96.09

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,166.75	1,107.92	1,039.29	70	116.67	110.79	103.93
71	1,304.01	1,235.38	1,166.75	71	130.40	123.54	116.67
72	1,451.08	1,382.45	1,304.01	72	145.11	138.24	130.40
73	1,607.95	1,539.32	1,460.89	73	160.80	153.93	146.09
74	1,794.24	1,715.81	1,627.56	74	179.42	171.58	162.76
75	2,000.14	1,911.90	1,823.66	75	200.01	191.19	182.37
76	2,225.64	2,127.60	2,029.55	76	222.56	212.76	202.96
77	2,480.56	2,372.71	2,264.86	77	248.06	237.27	226.49
78	2,774.70	2,657.05	2,529.59	78	277.47	265.70	252.96
79	3,088.45	2,951.18	2,813.92	79	308.84	295.12	281.39
				80	344.14	329.43	313.75
				81	380.42	363.75	347.08
				82	420.62	401.99	383.36
				83	469.64	445.13	424.54
				84	513.76	500.03	468.66
				85	567.69	543.17	518.66
				86	639.26	611.81	584.35
				87	718.68	688.28	656.91
				88	808.88	773.58	739.27
				89	909.87	870.65	831.43
				90	1,023.60	979.48	935.36
				91	1,151.06	1,102.04	1,054.97
				92	1,295.19	1,239.30	1,183.42
				93	1,456.96	1,394.21	1,331.46
				94	1,639.33	1,568.74	1,497.16
				95	1,844.25	1,764.83	1,684.43
				96	2,074.65	1,984.45	1,895.23
				97	2,333.49	2,232.51	2,132.50
				98	2,625.67	2,511.94	2,398.21
				99	2,953.15	2,825.69	2,698.23

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	254.92	245.12	225.51	18-39	25.49	24.51	22.55
40	254.92	245.12	225.51	40	25.49	24.51	22.55
41	264.72	254.92	235.31	41	26.47	25.49	23.53
42	274.53	264.72	245.12	42	27.45	26.47	24.51
43	284.33	274.53	254.92	43	28.43	27.45	25.49
44	294.14	284.33	264.72	44	29.41	28.43	26.47
45	303.94	294.14	274.53	45	30.39	29.41	27.45
46	323.55	303.94	284.33	46	32.36	30.39	28.43
47	333.36	313.75	294.14	47	33.34	31.37	29.41
48	343.16	323.55	303.94	48	34.32	32.36	30.39
49	362.77	343.16	313.75	49	36.28	34.32	31.37
50	372.57	352.97	323.55	50	37.26	35.30	32.36
51	382.38	362.77	333.36	51	38.24	36.28	33.34
52	401.99	372.57	343.16	52	40.20	37.26	34.32
53	411.79	382.38	352.97	53	41.18	38.24	35.30
54	431.40	401.99	362.77	54	43.14	40.20	36.28
55	441.21	411.79	372.57	55	44.12	41.18	37.26
56	470.62	441.21	401.99	56	47.06	44.12	40.20
57	509.84	470.62	421.60	57	50.98	47.06	42.16
58	549.06	500.03	451.01	58	54.91	50.00	45.10
59	588.28	539.25	490.23	59	58.83	53.93	49.02
60	627.49	578.47	519.64	60	62.75	57.85	51.96
61	686.32	627.49	568.67	61	68.63	62.75	56.87
62	754.95	686.32	617.69	62	75.50	68.63	61.77
63	823.59	745.15	666.71	63	82.36	74.51	66.67
64	892.22	813.78	725.54	64	89.22	81.38	72.55
65	980.46	892.22	794.17	65	98.05	89.22	79.42
66	1,058.90	960.85	853.00	66	105.89	96.09	85.30
67	1,147.14	1,039.29	921.63	67	114.71	103.93	92.16
68	1,245.18	1,117.72	990.26	68	124.52	111.77	99.03
69	1,343.23	1,205.97	1,068.70	69	134.32	120.60	106.87

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,451.08	1,304.01	1,147.14	70	145.11	130.40	114.71
71	1,607.95	1,451.08	1,284.40	71	160.80	145.11	128.44
72	1,784.44	1,607.95	1,431.47	72	178.44	160.80	143.15
73	1,980.53	1,784.44	1,588.35	73	198.05	178.44	158.83
74	2,196.23	1,990.33	1,774.63	74	219.62	199.03	177.46
75	2,431.54	2,206.04	1,980.53	75	243.15	220.60	198.05
76	2,706.07	2,460.95	2,206.04	76	270.61	246.10	220.60
77	3,019.82	2,745.29	2,460.95	77	301.98	274.53	246.10
78	3,362.98	3,059.04	2,745.29	78	336.30	305.90	274.53
79	3,745.36	3,402.20	3,059.04	79	374.54	340.22	305.90
				80	417.68	379.44	341.20
				81	460.82	418.66	376.50
				82	509.84	463.76	416.70
				83	562.78	511.80	459.84
				84	621.61	564.74	508.86
				85	686.32	623.57	560.82
				86	772.60	702.01	631.42
				87	868.69	789.27	727.50
				88	977.52	888.30	799.07
				89	1,100.08	999.09	899.08
				90	1,237.34	1,124.59	1,010.85
				91	1,392.25	1,264.79	1,137.33
				92	1,565.79	1,422.65	1,279.50
				93	1,761.89	1,600.11	1,439.32
				94	1,981.51	1,800.12	1,619.72
				95	2,229.57	2,025.63	1,821.69
				96	2,508.02	2,278.59	2,049.16
				97	2,820.78	2,562.92	2,305.06
				98	3,173.75	2,883.53	2,593.32
				99	3,570.84	3,244.34	2,917.85

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	303.94	294.14	274.53	18-39	30.39	29.41	27.45
40	303.94	294.14	274.53	40	30.39	29.41	27.45
41	313.75	303.94	284.33	41	31.37	30.39	28.43
42	333.36	313.75	294.14	42	33.34	31.37	29.41
43	343.16	323.55	303.94	43	34.32	32.36	30.39
44	352.97	333.36	313.75	44	35.30	33.34	31.37
45	372.57	352.97	323.55	45	37.26	35.30	32.36
46	382.38	362.77	333.36	46	38.24	36.28	33.34
47	401.99	372.57	343.16	47	40.20	37.26	34.32
48	421.60	392.18	352.97	48	42.16	39.22	35.30
49	431.40	401.99	372.57	49	43.14	40.20	37.26
50	451.01	421.60	382.38	50	45.10	42.16	38.24
51	470.62	431.40	392.18	51	47.06	43.14	39.22
52	490.23	451.01	411.79	52	49.02	45.10	41.18
53	509.84	470.62	431.40	53	50.98	47.06	43.14
54	529.45	490.23	441.21	54	52.94	49.02	44.12
55	549.06	509.84	460.82	55	54.91	50.98	46.08
56	588.28	549.06	500.03	56	58.83	54.91	50.00
57	637.30	588.28	539.25	57	63.73	58.83	53.93
58	686.32	637.30	578.47	58	68.63	63.73	57.85
59	745.15	686.32	627.49	59	74.51	68.63	62.75
60	803.98	745.15	676.52	60	80.40	74.51	67.65
61	872.61	803.98	735.35	61	87.26	80.40	73.53
62	960.85	882.41	794.17	62	96.09	88.24	79.42
63	1,049.09	960.85	862.80	63	104.91	96.09	86.28
64	1,137.33	1,039.29	931.44	64	113.73	103.93	93.14
65	1,245.18	1,127.53	1,009.87	65	124.52	112.75	100.99
66	1,333.43	1,215.77	1,098.12	66	133.34	121.58	109.81
67	1,431.47	1,313.82	1,186.36	67	143.15	131.38	118.64
68	1,529.52	1,411.86	1,284.40	68	152.95	141.19	128.44
69	1,637.37	1,519.71	1,392.25	69	163.74	151.97	139.23

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,755.02	1,637.37	1,509.91	70	175.50	163.74	150.99
71	1,960.92	1,823.66	1,676.59	71	196.09	182.37	167.66
72	2,186.43	2,029.55	1,862.87	72	218.64	202.96	186.29
73	2,431.54	2,255.06	2,068.77	73	243.15	225.51	206.88
74	2,715.87	2,509.98	2,294.28	74	271.59	251.00	229.43
75	3,029.62	2,794.31	2,549.20	75	302.96	279.43	254.92
76	3,372.78	3,108.06	2,843.33	76	337.28	310.81	284.33
77	3,755.16	3,461.02	3,166.89	77	375.52	346.10	316.69
78	4,186.56	3,863.01	3,529.66	78	418.66	386.30	352.97
79	4,666.99	4,304.22	3,931.64	79	466.70	430.42	393.16
				80	519.64	479.44	438.27
				81	573.57	528.47	483.37
				82	633.38	583.37	533.37
				83	700.05	645.14	589.26
				84	772.60	711.81	650.04
				85	853.00	785.35	717.70
				86	959.87	884.37	807.90
				87	1,080.47	994.19	908.89
				88	1,214.79	1,118.70	1,022.62
				89	1,366.76	1,268.72	1,150.08
				90	1,537.36	1,415.78	1,294.21
				91	1,729.53	1,592.27	1,455.00
				92	1,946.21	1,791.30	1,637.37
				93	2,189.37	2,015.83	1,842.28
				94	2,462.92	2,267.80	2,071.71
				95	2,770.78	2,551.16	2,331.53
				96	3,116.88	2,869.81	2,622.73
				97	3,506.12	3,228.65	2,950.20
				98	3,944.39	3,631.62	3,318.86
				99	4,437.56	4,085.58	3,733.59

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	264.72	254.92	235.31	18-39	26.47	25.49	23.53
40	264.72	254.92	235.31	40	26.47	25.49	23.53
41	274.53	264.72	245.12	41	27.45	26.47	24.51
42	284.33	274.53	254.92	42	28.43	27.45	25.49
43	294.14	284.33	264.72	43	29.41	28.43	26.47
44	303.94	294.14	274.53	44	30.39	29.41	27.45
45	313.75	303.94	284.33	45	31.37	30.39	28.43
46	333.36	313.75	294.14	46	33.34	31.37	29.41
47	343.16	323.55	303.94	47	34.32	32.36	30.39
48	352.97	333.36	313.75	48	35.30	33.34	31.37
49	372.57	352.97	323.55	49	37.26	35.30	32.36
50	382.38	362.77	333.36	50	38.24	36.28	33.34
51	392.18	372.57	343.16	51	39.22	37.26	34.32
52	411.79	392.18	362.77	52	41.18	39.22	36.28
53	431.40	401.99	372.57	53	43.14	40.20	37.26
54	441.21	411.79	382.38	54	44.12	41.18	38.24
55	460.82	431.40	401.99	55	46.08	43.14	40.20
56	490.23	460.82	421.60	56	49.02	46.08	42.16
57	529.45	490.23	451.01	57	52.94	49.02	45.10
58	558.86	519.64	480.43	58	55.89	51.96	48.04
59	598.08	558.86	509.84	59	59.81	55.89	50.98
60	637.30	588.28	539.25	60	63.73	58.83	53.93
61	686.32	637.30	578.47	61	68.63	63.73	57.85
62	735.35	686.32	627.49	62	73.53	68.63	62.75
63	784.37	735.35	676.52	63	78.44	73.53	67.65
64	843.20	784.37	725.54	64	84.32	78.44	72.55
65	902.02	843.20	784.37	65	90.20	84.32	78.44
66	980.46	921.63	853.00	66	98.05	92.16	85.30
67	1,068.70	1,000.07	921.63	67	106.87	100.01	92.16
68	1,166.75	1,088.31	1,000.07	68	116.67	108.83	100.01
69	1,264.79	1,176.55	1,088.31	69	126.48	117.66	108.83

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,382.45	1,284.40	1,176.55	70	138.24	128.44	117.66
71	1,519.71	1,411.86	1,294.21	71	151.97	141.19	129.42
72	1,676.59	1,558.93	1,431.47	72	167.66	155.89	143.15
73	1,853.07	1,715.81	1,578.54	73	185.31	171.58	157.85
74	2,039.36	1,892.29	1,745.22	74	203.94	189.23	174.52
75	2,245.25	2,088.38	1,921.70	75	224.53	208.84	192.17
76	2,529.59	2,353.10	2,166.82	76	252.96	235.31	216.68
77	2,843.33	2,647.24	2,441.35	77	284.33	264.72	244.13
78	3,196.30	2,980.60	2,755.09	78	319.63	298.06	275.51
79	3,588.48	3,353.17	3,108.06	79	358.85	335.32	310.81
80		3,774.77	3,500.24	80		377.48	350.02
81		4,225.78	3,921.84	81		422.58	392.18
82		4,725.82	4,392.46	82		472.58	439.25
83		5,294.48	4,921.91	83		529.45	492.19
84		5,921.98	5,510.19	84		592.20	551.02

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	323.55	303.94	284.33	18-39	32.36	30.39	28.43
40	323.55	303.94	284.33	40	32.36	30.39	28.43
41	333.36	313.75	294.14	41	33.34	31.37	29.41
42	343.16	323.55	303.94	42	34.32	32.36	30.39
43	362.77	343.16	313.75	43	36.28	34.32	31.37
44	372.57	352.97	323.55	44	37.26	35.30	32.36
45	382.38	362.77	333.36	45	38.24	36.28	33.34
46	401.99	382.38	352.97	46	40.20	38.24	35.30
47	411.79	392.18	362.77	47	41.18	39.22	36.28
48	431.40	401.99	372.57	48	43.14	40.20	37.26
49	441.21	421.60	392.18	49	44.12	42.16	39.22
50	460.82	431.40	401.99	50	46.08	43.14	40.20
51	480.43	451.01	421.60	51	48.04	45.10	42.16
52	500.03	470.62	431.40	52	50.00	47.06	43.14
53	519.64	490.23	451.01	53	51.96	49.02	45.10
54	549.06	509.84	470.62	54	54.91	50.98	47.06
55	568.67	529.45	490.23	55	56.87	52.94	49.02
56	607.89	568.67	519.64	56	60.79	56.87	51.96
57	647.10	607.89	558.86	57	64.71	60.79	55.89
58	686.32	647.10	598.08	58	68.63	64.71	59.81
59	735.35	686.32	637.30	59	73.53	68.63	63.73
60	784.37	735.35	686.32	60	78.44	73.53	68.63
61	843.20	794.17	735.35	61	84.32	79.42	73.53
62	902.02	843.20	784.37	62	90.20	84.32	78.44
63	970.66	911.83	843.20	63	97.07	91.18	84.32
64	1,049.09	980.46	902.02	64	104.91	98.05	90.20
65	1,127.53	1,049.09	970.66	65	112.75	104.91	97.07
66	1,225.58	1,147.14	1,058.90	66	122.56	114.71	105.89
67	1,333.43	1,245.18	1,156.94	67	133.34	124.52	115.69
68	1,441.28	1,353.03	1,264.79	68	144.13	135.30	126.48
69	1,568.74	1,470.69	1,372.64	69	156.87	147.07	137.26

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,706.00	1,607.95	1,500.10	70	170.60	160.80	150.01
71	1,882.48	1,774.63	1,656.98	71	188.25	177.46	165.70
72	2,078.58	1,960.92	1,833.46	72	207.86	196.09	183.35
73	2,284.47	2,157.01	2,019.75	73	228.45	215.70	201.97
74	2,519.78	2,372.71	2,225.64	74	251.98	237.27	222.56
75	2,784.51	2,627.63	2,460.95	75	278.45	262.76	246.10
76	3,117.86	2,941.38	2,755.09	76	311.79	294.14	275.51
77	3,480.63	3,284.54	3,078.64	77	348.06	328.45	307.86
78	3,892.43	3,666.92	3,441.41	78	389.24	366.69	344.14
79	4,353.24	4,108.13	3,853.21	79	435.32	410.81	385.32

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	392.18	372.57	343.16	18-39	39.22	37.26	34.32
40	392.18	372.57	343.16	40	39.22	37.26	34.32
41	411.79	382.38	352.97	41	41.18	38.24	35.30
42	421.60	401.99	372.57	42	42.16	40.20	37.26
43	441.21	411.79	382.38	43	44.12	41.18	38.24
44	460.82	431.40	401.99	44	46.08	43.14	40.20
45	480.43	451.01	411.79	45	48.04	45.10	41.18
46	500.03	470.62	431.40	46	50.00	47.06	43.14
47	519.64	490.23	451.01	47	51.96	49.02	45.10
48	539.25	500.03	460.82	48	53.93	50.00	46.08
49	558.86	519.64	480.43	49	55.89	51.96	48.04
50	578.47	539.25	500.03	50	57.85	53.93	50.00
51	598.08	558.86	519.64	51	59.81	55.89	51.96
52	627.49	588.28	539.25	52	62.75	58.83	53.93
53	647.10	607.89	558.86	53	64.71	60.79	55.89
54	666.71	627.49	578.47	54	66.67	62.75	57.85
55	696.13	647.10	598.08	55	69.61	64.71	59.81
56	745.15	696.13	637.30	56	74.51	69.61	63.73
57	794.17	745.15	686.32	57	79.42	74.51	68.63
58	853.00	794.17	735.35	58	85.30	79.42	73.53
59	911.83	853.00	784.37	59	91.18	85.30	78.44
60	980.46	911.83	843.20	60	98.05	91.18	84.32
61	1,058.90	980.46	902.02	61	105.89	98.05	90.20
62	1,137.33	1,058.90	970.66	62	113.73	105.89	97.07
63	1,225.58	1,137.33	1,039.29	63	122.56	113.73	103.93
64	1,323.62	1,225.58	1,117.72	64	132.36	122.56	111.77
65	1,421.67	1,313.82	1,196.16	65	142.17	131.38	119.62
66	1,549.13	1,431.47	1,304.01	66	154.91	143.15	130.40
67	1,686.39	1,558.93	1,421.67	67	168.64	155.89	142.17
68	1,833.46	1,696.20	1,558.93	68	183.35	169.62	155.89
69	2,000.14	1,853.07	1,696.20	69	200.01	185.31	169.62

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,176.62	2,019.75	1,853.07	70	217.66	201.97	185.31
71	2,402.13	2,225.64	2,039.36	71	240.21	222.56	203.94
72	2,637.44	2,441.35	2,245.25	72	263.74	244.13	224.53
73	2,911.97	2,696.27	2,470.76	73	291.20	269.63	247.08
74	3,206.10	2,970.79	2,725.68	74	320.61	297.08	272.57
75	3,529.66	3,264.93	3,000.21	75	352.97	326.49	300.02
76	3,921.84	3,647.31	3,362.98	76	392.18	364.73	336.30
77	4,353.24	4,068.91	3,774.77	77	435.32	406.89	377.48
78	4,843.47	4,539.53	4,235.59	78	484.35	453.95	423.56
79	5,372.92	5,059.17	4,745.43	79	537.29	505.92	474.54

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	500.03	480.43	451.01	18-39	50.00	48.04	45.10
40	500.03	480.43	451.01	40	50.00	48.04	45.10
41	519.64	500.03	470.62	41	51.96	50.00	47.06
42	549.06	519.64	490.23	42	54.91	51.96	49.02
43	568.67	539.25	509.84	43	56.87	53.93	50.98
44	588.28	558.86	529.45	44	58.83	55.89	52.94
45	617.69	588.28	549.06	45	61.77	58.83	54.91
46	647.10	617.69	578.47	46	64.71	61.77	57.85
47	676.52	637.30	598.08	47	67.65	63.73	59.81
48	705.93	666.71	627.49	48	70.59	66.67	62.75
49	735.35	696.13	647.10	49	73.53	69.61	64.71
50	764.76	725.54	676.52	50	76.48	72.55	67.65
51	794.17	754.95	705.93	51	79.42	75.50	70.59
52	833.39	784.37	725.54	52	83.34	78.44	72.55
53	862.80	813.78	754.95	53	86.28	81.38	75.50
54	902.02	843.20	784.37	54	90.20	84.32	78.44
55	941.24	882.41	813.78	55	94.12	88.24	81.38
56	1,009.87	941.24	872.61	56	100.99	94.12	87.26
57	1,078.51	1,009.87	931.44	57	107.85	100.99	93.14
58	1,156.94	1,078.51	990.26	58	115.69	107.85	99.03
59	1,235.38	1,147.14	1,058.90	59	123.54	114.71	105.89
60	1,323.62	1,225.58	1,127.53	60	132.36	122.56	112.75
61	1,421.67	1,313.82	1,205.97	61	142.17	131.38	120.60
62	1,519.71	1,411.86	1,304.01	62	151.97	141.19	130.40
63	1,637.37	1,519.71	1,392.25	63	163.74	151.97	139.23
64	1,755.02	1,627.56	1,500.10	64	175.50	162.76	150.01
65	1,882.48	1,745.22	1,607.95	65	188.25	174.52	160.80
66	2,029.55	1,892.29	1,755.02	66	202.96	189.23	175.50
67	2,186.43	2,049.16	1,911.90	67	218.64	204.92	191.19
68	2,353.10	2,225.64	2,088.38	68	235.31	222.56	208.84
69	2,539.39	2,411.93	2,284.47	69	253.94	241.19	228.45

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,735.48	2,617.83	2,490.37	70	273.55	261.78	249.04
71	3,019.82	2,882.55	2,735.48	71	301.98	288.26	273.55
72	3,323.76	3,166.89	3,010.01	72	332.38	316.69	301.00
73	3,666.92	3,490.44	3,313.95	73	366.69	349.04	331.40
74	4,049.30	3,853.21	3,647.31	74	404.93	385.32	364.73
75	4,461.09	4,235.59	4,010.08	75	446.11	423.56	401.01
76	4,970.93	4,706.21	4,441.48	76	497.09	470.62	444.15
77	5,529.79	5,225.85	4,921.91	77	552.98	522.59	492.19
78	6,157.29	5,814.13	5,461.16	78	615.73	581.41	546.12
79	6,853.42	6,451.43	6,049.44	79	685.34	645.14	604.94

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	382.38	362.77	343.16	18-39	38.24	36.28	34.32
40	382.38	362.77	343.16	40	38.24	36.28	34.32
41	392.18	372.57	352.97	41	39.22	37.26	35.30
42	401.99	382.38	362.77	42	40.20	38.24	36.28
43	421.60	401.99	372.57	43	42.16	40.20	37.26
44	431.40	411.79	382.38	44	43.14	41.18	38.24
45	441.21	421.60	392.18	45	44.12	42.16	39.22
46	451.01	431.40	401.99	46	45.10	43.14	40.20
47	470.62	441.21	411.79	47	47.06	44.12	41.18
48	480.43	460.82	431.40	48	48.04	46.08	43.14
49	500.03	470.62	441.21	49	50.00	47.06	44.12
50	509.84	480.43	451.01	50	50.98	48.04	45.10
51	529.45	500.03	460.82	51	52.94	50.00	46.08
52	539.25	509.84	480.43	52	53.93	50.98	48.04
53	558.86	529.45	490.23	53	55.89	52.94	49.02
54	568.67	539.25	509.84	54	56.87	53.93	50.98
55	588.28	558.86	519.64	55	58.83	55.89	51.96
56	617.69	588.28	549.06	56	61.77	58.83	54.91
57	656.91	617.69	578.47	57	65.69	61.77	57.85
58	696.13	656.91	607.89	58	69.61	65.69	60.79
59	735.35	686.32	637.30	59	73.53	68.63	63.73
60	774.56	725.54	666.71	60	77.46	72.55	66.67
61	823.59	774.56	715.74	61	82.36	77.46	71.57
62	882.41	823.59	754.95	62	88.24	82.36	75.50
63	941.24	882.41	813.78	63	94.12	88.24	81.38
64	1,000.07	931.44	862.80	64	100.01	93.14	86.28
65	1,068.70	1,000.07	921.63	65	106.87	100.01	92.16
66	1,147.14	1,068.70	990.26	66	114.71	106.87	99.03
67	1,235.38	1,156.94	1,068.70	67	123.54	115.69	106.87
68	1,333.43	1,245.18	1,156.94	68	133.34	124.52	115.69
69	1,441.28	1,343.23	1,245.18	69	144.13	134.32	124.52

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,549.13	1,451.08	1,343.23	70	154.91	145.11	134.32
71	1,696.20	1,588.35	1,470.69	71	169.62	158.83	147.07
72	1,862.87	1,745.22	1,617.76	72	186.29	174.52	161.78
73	2,049.16	1,911.90	1,774.63	73	204.92	191.19	177.46
74	2,245.25	2,098.18	1,951.12	74	224.53	209.82	195.11
75	2,460.95	2,304.08	2,137.40	75	246.10	230.41	213.74
76	2,764.90	2,588.41	2,402.13	76	276.49	258.84	240.21
77	3,108.06	2,902.16	2,696.27	77	310.81	290.22	269.63
78	3,490.44	3,264.93	3,039.43	78	349.04	326.49	303.94
79	3,921.84	3,666.92	3,412.00	79	392.18	366.69	341.20
80		4,127.74	3,833.60	80		412.77	383.36
81		4,588.55	4,265.00	81		458.86	426.50
82		5,118.00	4,755.23	82		511.80	475.52
83		5,696.47	5,294.48	83		569.65	529.45
84		6,343.58	5,892.56	84		634.36	589.26

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	480.43	451.01	411.79	18-39	48.04	45.10	41.18
40	480.43	451.01	411.79	40	48.04	45.10	41.18
41	490.23	460.82	421.60	41	49.02	46.08	42.16
42	509.84	470.62	431.40	42	50.98	47.06	43.14
43	519.64	490.23	451.01	43	51.96	49.02	45.10
44	539.25	500.03	460.82	44	53.93	50.00	46.08
45	549.06	509.84	470.62	45	54.91	50.98	47.06
46	568.67	529.45	490.23	46	56.87	52.94	49.02
47	578.47	539.25	500.03	47	57.85	53.93	50.00
48	598.08	558.86	519.64	48	59.81	55.89	51.96
49	607.89	568.67	529.45	49	60.79	56.87	52.94
50	627.49	588.28	549.06	50	62.75	58.83	54.91
51	647.10	607.89	568.67	51	64.71	60.79	56.87
52	666.71	627.49	578.47	52	66.67	62.75	57.85
53	686.32	647.10	598.08	53	68.63	64.71	59.81
54	705.93	666.71	617.69	54	70.59	66.67	61.77
55	725.54	686.32	637.30	55	72.55	68.63	63.73
56	764.76	725.54	676.52	56	76.48	72.55	67.65
57	813.78	764.76	705.93	57	81.38	76.48	70.59
58	862.80	803.98	745.15	58	86.28	80.40	74.51
59	911.83	853.00	794.17	59	91.18	85.30	79.42
60	970.66	902.02	833.39	60	97.07	90.20	83.34
61	1,029.48	960.85	892.22	61	102.95	96.09	89.22
62	1,098.12	1,029.48	951.05	62	109.81	102.95	95.10
63	1,176.55	1,098.12	1,009.87	63	117.66	109.81	100.99
64	1,254.99	1,166.75	1,078.51	64	125.50	116.67	107.85
65	1,333.43	1,245.18	1,147.14	65	133.34	124.52	114.71
66	1,441.28	1,343.23	1,245.18	66	144.13	134.32	124.52
67	1,558.93	1,451.08	1,343.23	67	155.89	145.11	134.32
68	1,686.39	1,568.74	1,451.08	68	168.64	156.87	145.11
69	1,823.66	1,706.00	1,578.54	69	182.37	170.60	157.85

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,970.72	1,843.26	1,706.00	70	197.07	184.33	170.60
71	2,157.01	2,019.75	1,872.68	71	215.70	201.97	187.27
72	2,372.71	2,215.84	2,058.97	72	237.27	221.58	205.90
73	2,598.22	2,431.54	2,255.06	73	259.82	243.15	225.51
74	2,853.14	2,666.85	2,480.56	74	285.31	266.69	248.06
75	3,127.67	2,931.58	2,725.68	75	312.77	293.16	272.57
76	3,480.63	3,255.13	3,029.62	76	348.06	325.51	302.96
77	3,872.82	3,627.70	3,372.78	77	387.28	362.77	337.28
78	4,314.02	4,029.69	3,745.36	78	431.40	402.97	374.54
79	4,804.25	4,490.51	4,166.96	79	480.43	449.05	416.70

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	598.08	558.86	509.84	18-39	59.81	55.89	50.98
40	598.08	558.86	509.84	40	59.81	55.89	50.98
41	617.69	578.47	529.45	41	61.77	57.85	52.94
42	637.30	588.28	539.25	42	63.73	58.83	53.93
43	647.10	607.89	558.86	43	64.71	60.79	55.89
44	666.71	627.49	578.47	44	66.67	62.75	57.85
45	686.32	637.30	588.28	45	68.63	63.73	58.83
46	705.93	656.91	607.89	46	70.59	65.69	60.79
47	725.54	676.52	627.49	47	72.55	67.65	62.75
48	754.95	705.93	647.10	48	75.50	70.59	64.71
49	774.56	725.54	666.71	49	77.46	72.55	66.67
50	794.17	745.15	686.32	50	79.42	74.51	68.63
51	813.78	764.76	705.93	51	81.38	76.48	70.59
52	843.20	784.37	725.54	52	84.32	78.44	72.55
53	862.80	803.98	745.15	53	86.28	80.40	74.51
54	882.41	833.39	774.56	54	88.24	83.34	77.46
55	911.83	853.00	794.17	55	91.18	85.30	79.42
56	970.66	911.83	843.20	56	97.07	91.18	84.32
57	1,019.68	960.85	892.22	57	101.97	96.09	89.22
58	1,088.31	1,019.68	941.24	58	108.83	101.97	94.12
59	1,147.14	1,068.70	990.26	59	114.71	106.87	99.03
60	1,215.77	1,137.33	1,049.09	60	121.58	113.73	104.91
61	1,294.21	1,205.97	1,117.72	61	129.42	120.60	111.77
62	1,382.45	1,284.40	1,186.36	62	138.24	128.44	118.64
63	1,480.49	1,372.64	1,264.79	63	148.05	137.26	126.48
64	1,578.54	1,460.89	1,343.23	64	157.85	146.09	134.32
65	1,686.39	1,558.93	1,431.47	65	168.64	155.89	143.15
66	1,823.66	1,686.39	1,549.13	66	182.37	168.64	154.91
67	1,970.72	1,833.46	1,686.39	67	197.07	183.35	168.64
68	2,137.40	1,990.33	1,833.46	68	213.74	199.03	183.35
69	2,313.89	2,157.01	1,990.33	69	231.39	215.70	199.03

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,500.17	2,333.49	2,157.01	70	250.02	233.35	215.70
71	2,735.48	2,549.20	2,353.10	71	273.55	254.92	235.31
72	3,000.21	2,784.51	2,568.81	72	300.02	278.45	256.88
73	3,284.54	3,049.23	2,804.12	73	328.45	304.92	280.41
74	3,588.48	3,323.76	3,059.04	74	358.85	332.38	305.90
75	3,931.64	3,637.51	3,343.37	75	393.16	363.75	334.34
76	4,353.24	4,049.30	3,735.55	76	435.32	404.93	373.56
77	4,814.06	4,490.51	4,166.96	77	481.41	449.05	416.70
78	5,323.90	4,990.54	4,647.38	78	532.39	499.05	464.74
79	5,892.56	5,539.60	5,186.63	79	589.26	553.96	518.66

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	774.56	735.35	686.32	18-39	77.46	73.53	68.63
40	774.56	735.35	686.32	40	77.46	73.53	68.63
41	803.98	764.76	715.74	41	80.40	76.48	71.57
42	833.39	784.37	735.35	42	83.34	78.44	73.53
43	862.80	813.78	764.76	43	86.28	81.38	76.48
44	892.22	843.20	794.17	44	89.22	84.32	79.42
45	921.63	872.61	823.59	45	92.16	87.26	82.36
46	951.05	902.02	853.00	46	95.10	90.20	85.30
47	990.26	941.24	882.41	47	99.03	94.12	88.24
48	1,019.68	970.66	911.83	48	101.97	97.07	91.18
49	1,058.90	1,000.07	941.24	49	105.89	100.01	94.12
50	1,098.12	1,039.29	980.46	50	109.81	103.93	98.05
51	1,127.53	1,068.70	1,000.07	51	112.75	106.87	100.01
52	1,156.94	1,098.12	1,029.48	52	115.69	109.81	102.95
53	1,186.36	1,127.53	1,058.90	53	118.64	112.75	105.89
54	1,225.58	1,156.94	1,078.51	54	122.56	115.69	107.85
55	1,254.99	1,186.36	1,107.92	55	125.50	118.64	110.79
56	1,323.62	1,245.18	1,166.75	56	132.36	124.52	116.67
57	1,402.06	1,313.82	1,225.58	57	140.21	131.38	122.56
58	1,480.49	1,382.45	1,284.40	58	148.05	138.24	128.44
59	1,568.74	1,460.89	1,353.03	59	156.87	146.09	135.30
60	1,656.98	1,539.32	1,421.67	60	165.70	153.93	142.17
61	1,764.83	1,637.37	1,509.91	61	176.48	163.74	150.99
62	1,872.68	1,745.22	1,607.95	62	187.27	174.52	160.80
63	1,990.33	1,853.07	1,715.81	63	199.03	185.31	171.58
64	2,117.79	1,970.72	1,823.66	64	211.78	197.07	182.37
65	2,255.06	2,098.18	1,941.31	65	225.51	209.82	194.13
66	2,411.93	2,255.06	2,098.18	66	241.19	225.51	209.82
67	2,578.61	2,431.54	2,274.67	67	257.86	243.15	227.47
68	2,764.90	2,617.83	2,470.76	68	276.49	261.78	247.08
69	2,960.99	2,813.92	2,666.85	69	296.10	281.39	266.69

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	3,166.89	3,029.62	2,892.36	70	316.69	302.96	289.24
71	3,470.83	3,313.95	3,157.08	71	347.08	331.40	315.71
72	3,794.38	3,617.90	3,441.41	72	379.44	361.79	344.14
73	4,157.15	3,961.06	3,755.16	73	415.72	396.11	375.52
74	4,549.33	4,323.83	4,098.32	74	454.93	432.38	409.83
75	4,980.74	4,725.82	4,470.90	75	498.07	472.58	447.09
76	5,519.99	5,225.85	4,931.71	76	552.00	522.59	493.17
77	6,127.88	5,784.71	5,431.75	77	612.79	578.47	543.17
78	6,794.59	6,392.60	5,990.61	78	679.46	639.26	599.06
79	7,539.74	7,078.92	6,608.30	79	753.97	707.89	660.83

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	176.48	166.68	156.87	18-39	17.65	16.67	15.69
40	176.48	166.68	156.87	40	17.65	16.67	15.69
41	186.29	176.48	166.68	41	18.63	17.65	16.67
42	186.29	176.48	166.68	42	18.63	17.65	16.67
43	196.09	186.29	176.48	43	19.61	18.63	17.65
44	205.90	196.09	176.48	44	20.59	19.61	17.65
45	205.90	196.09	186.29	45	20.59	19.61	18.63
46	215.70	205.90	186.29	46	21.57	20.59	18.63
47	225.51	215.70	196.09	47	22.55	21.57	19.61
48	225.51	215.70	205.90	48	22.55	21.57	20.59
49	235.31	225.51	205.90	49	23.53	22.55	20.59
50	245.12	235.31	215.70	50	24.51	23.53	21.57
51	254.92	245.12	225.51	51	25.49	24.51	22.55
52	274.53	264.72	245.12	52	27.45	26.47	24.51
53	294.14	274.53	254.92	53	29.41	27.45	25.49
54	303.94	284.33	264.72	54	30.39	28.43	26.47
55	323.55	303.94	284.33	55	32.36	30.39	28.43
56	343.16	323.55	294.14	56	34.32	32.36	29.41
57	362.77	343.16	313.75	57	36.28	34.32	31.37
58	392.18	362.77	333.36	58	39.22	36.28	33.34
59	411.79	382.38	343.16	59	41.18	38.24	34.32
60	441.21	401.99	362.77	60	44.12	40.20	36.28
61	480.43	441.21	392.18	61	48.04	44.12	39.22
62	509.84	470.62	421.60	62	50.98	47.06	42.16
63	558.86	509.84	460.82	63	55.89	50.98	46.08
64	598.08	549.06	500.03	64	59.81	54.91	50.00
65	647.10	598.08	539.25	65	64.71	59.81	53.93
66	705.93	647.10	588.28	66	70.59	64.71	58.83
67	774.56	705.93	637.30	67	77.46	70.59	63.73
68	843.20	764.76	686.32	68	84.32	76.48	68.63
69	921.63	833.39	745.15	69	92.16	83.34	74.51

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,009.87	911.83	813.78	70	100.99	91.18	81.38
71	1,117.72	1,009.87	892.22	71	111.77	100.99	89.22
72	1,245.18	1,117.72	980.46	72	124.52	111.77	98.05
73	1,382.45	1,235.38	1,078.51	73	138.24	123.54	107.85
74	1,539.32	1,362.84	1,186.36	74	153.93	136.28	118.64
75	1,706.00	1,509.91	1,304.01	75	170.60	150.99	130.40
76	1,902.09	1,676.59	1,451.08	76	190.21	167.66	145.11
77	2,127.60	1,882.48	1,627.56	77	212.76	188.25	162.76
78	2,382.52	2,098.18	1,813.85	78	238.25	209.82	181.39
79	2,657.05	2,343.30	2,019.75	79	265.70	234.33	201.97
80		2,617.83	2,255.06	80	297.08	261.78	225.51
81		2,892.36	2,490.37	81	328.45	289.24	249.04
82		3,196.30	2,755.09	82	363.75	319.63	275.51
83		3,539.46	3,049.23	83	401.99	353.95	304.92
84		3,912.04	3,372.78	84	444.15	391.20	337.28
				85	491.21	432.38	373.56
				86	552.98	487.29	420.62
				87	622.59	548.08	473.56
				88	700.05	615.73	532.39
				89	787.31	693.19	599.06
				90	891.24	779.47	673.58
				91	996.15	877.51	757.90
				92	1,120.67	986.34	852.02
				93	1,260.87	1,109.88	958.89
				94	1,418.73	1,248.13	1,078.51
				95	1,595.21	1,405.00	1,213.81
				96	1,795.22	1,580.50	1,364.80
				97	2,019.75	1,777.57	1,535.40
				98	2,271.73	2,000.14	1,727.57
				99	2,555.08	2,249.18	1,943.27

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	225.51	215.70	196.09	18-39	22.55	21.57	19.61
40	225.51	215.70	196.09	40	22.55	21.57	19.61
41	235.31	225.51	205.90	41	23.53	22.55	20.59
42	235.31	225.51	205.90	42	23.53	22.55	20.59
43	245.12	235.31	215.70	43	24.51	23.53	21.57
44	254.92	245.12	225.51	44	25.49	24.51	22.55
45	264.72	245.12	225.51	45	26.47	24.51	22.55
46	274.53	254.92	235.31	46	27.45	25.49	23.53
47	274.53	264.72	245.12	47	27.45	26.47	24.51
48	284.33	264.72	245.12	48	28.43	26.47	24.51
49	294.14	274.53	254.92	49	29.41	27.45	25.49
50	303.94	284.33	264.72	50	30.39	28.43	26.47
51	313.75	294.14	274.53	51	31.37	29.41	27.45
52	333.36	313.75	284.33	52	33.34	31.37	28.43
53	352.97	323.55	294.14	53	35.30	32.36	29.41
54	362.77	343.16	313.75	54	36.28	34.32	31.37
55	382.38	352.97	323.55	55	38.24	35.30	32.36
56	411.79	382.38	343.16	56	41.18	38.24	34.32
57	431.40	401.99	372.57	57	43.14	40.20	37.26
58	460.82	431.40	392.18	58	46.08	43.14	39.22
59	500.03	460.82	421.60	59	50.00	46.08	42.16
60	529.45	490.23	451.01	60	52.94	49.02	45.10
61	568.67	529.45	490.23	61	56.87	52.94	49.02
62	617.69	578.47	529.45	62	61.77	57.85	52.94
63	666.71	627.49	578.47	63	66.67	62.75	57.85
64	725.54	676.52	627.49	64	72.55	67.65	62.75
65	784.37	735.35	686.32	65	78.44	73.53	68.63
66	853.00	803.98	745.15	66	85.30	80.40	74.51
67	921.63	872.61	813.78	67	92.16	87.26	81.38
68	1,000.07	941.24	882.41	68	100.01	94.12	88.24
69	1,078.51	1,019.68	960.85	69	107.85	101.97	96.09

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,166.75	1,107.92	1,039.29	70	116.67	110.79	103.93
71	1,304.01	1,235.38	1,166.75	71	130.40	123.54	116.67
72	1,451.08	1,382.45	1,304.01	72	145.11	138.24	130.40
73	1,607.95	1,539.32	1,460.89	73	160.80	153.93	146.09
74	1,794.24	1,715.81	1,627.56	74	179.42	171.58	162.76
75	2,000.14	1,911.90	1,823.66	75	200.01	191.19	182.37
76	2,225.64	2,127.60	2,029.55	76	222.56	212.76	202.96
77	2,480.56	2,372.71	2,264.86	77	248.06	237.27	226.49
78	2,774.70	2,657.05	2,529.59	78	277.47	265.70	252.96
79	3,088.45	2,951.18	2,813.92	79	308.84	295.12	281.39
				80	344.14	329.43	313.75
				81	380.42	363.75	347.08
				82	420.62	401.99	383.36
				83	469.64	445.13	424.54
				84	513.76	500.03	468.66
				85	567.69	543.17	518.66
				86	639.26	611.81	584.35
				87	718.68	688.28	656.91
				88	808.88	773.58	739.27
				89	909.87	870.65	831.43
				90	1,023.60	979.48	935.36
				91	1,151.06	1,102.04	1,054.97
				92	1,295.19	1,239.30	1,183.42
				93	1,456.96	1,394.21	1,331.46
				94	1,639.33	1,568.74	1,497.16
				95	1,844.25	1,764.83	1,684.43
				96	2,074.65	1,984.45	1,895.23
				97	2,333.49	2,232.51	2,132.50
				98	2,625.67	2,511.94	2,398.21
				99	2,953.15	2,825.69	2,698.23

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	254.92	245.12	225.51	18-39	25.49	24.51	22.55
40	254.92	245.12	225.51	40	25.49	24.51	22.55
41	264.72	254.92	235.31	41	26.47	25.49	23.53
42	274.53	264.72	245.12	42	27.45	26.47	24.51
43	284.33	274.53	254.92	43	28.43	27.45	25.49
44	294.14	284.33	264.72	44	29.41	28.43	26.47
45	303.94	294.14	274.53	45	30.39	29.41	27.45
46	323.55	303.94	284.33	46	32.36	30.39	28.43
47	333.36	313.75	294.14	47	33.34	31.37	29.41
48	343.16	323.55	303.94	48	34.32	32.36	30.39
49	362.77	343.16	313.75	49	36.28	34.32	31.37
50	372.57	352.97	323.55	50	37.26	35.30	32.36
51	382.38	362.77	333.36	51	38.24	36.28	33.34
52	401.99	372.57	343.16	52	40.20	37.26	34.32
53	411.79	382.38	352.97	53	41.18	38.24	35.30
54	431.40	401.99	362.77	54	43.14	40.20	36.28
55	441.21	411.79	372.57	55	44.12	41.18	37.26
56	470.62	441.21	401.99	56	47.06	44.12	40.20
57	509.84	470.62	421.60	57	50.98	47.06	42.16
58	549.06	500.03	451.01	58	54.91	50.00	45.10
59	588.28	539.25	490.23	59	58.83	53.93	49.02
60	627.49	578.47	519.64	60	62.75	57.85	51.96
61	686.32	627.49	568.67	61	68.63	62.75	56.87
62	754.95	686.32	617.69	62	75.50	68.63	61.77
63	823.59	745.15	666.71	63	82.36	74.51	66.67
64	892.22	813.78	725.54	64	89.22	81.38	72.55
65	980.46	892.22	794.17	65	98.05	89.22	79.42
66	1,058.90	960.85	853.00	66	105.89	96.09	85.30
67	1,147.14	1,039.29	921.63	67	114.71	103.93	92.16
68	1,245.18	1,117.72	990.26	68	124.52	111.77	99.03
69	1,343.23	1,205.97	1,068.70	69	134.32	120.60	106.87

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,451.08	1,304.01	1,147.14	70	145.11	130.40	114.71
71	1,607.95	1,451.08	1,284.40	71	160.80	145.11	128.44
72	1,784.44	1,607.95	1,431.47	72	178.44	160.80	143.15
73	1,980.53	1,784.44	1,588.35	73	198.05	178.44	158.83
74	2,196.23	1,990.33	1,774.63	74	219.62	199.03	177.46
75	2,431.54	2,206.04	1,980.53	75	243.15	220.60	198.05
76	2,706.07	2,460.95	2,206.04	76	270.61	246.10	220.60
77	3,019.82	2,745.29	2,460.95	77	301.98	274.53	246.10
78	3,362.98	3,059.04	2,745.29	78	336.30	305.90	274.53
79	3,745.36	3,402.20	3,059.04	79	374.54	340.22	305.90
				80	417.68	379.44	341.20
				81	460.82	418.66	376.50
				82	509.84	463.76	416.70
				83	562.78	511.80	459.84
				84	621.61	564.74	508.86
				85	686.32	623.57	560.82
				86	772.60	702.01	631.42
				87	868.69	789.27	727.50
				88	977.52	888.30	799.07
				89	1,100.08	999.09	899.08
				90	1,237.34	1,124.59	1,010.85
				91	1,392.25	1,264.79	1,137.33
				92	1,565.79	1,422.65	1,279.50
				93	1,761.89	1,600.11	1,439.32
				94	1,981.51	1,800.12	1,619.72
				95	2,229.57	2,025.63	1,821.69
				96	2,508.02	2,278.59	2,049.16
				97	2,820.78	2,562.92	2,305.06
				98	3,173.75	2,883.53	2,593.32
				99	3,570.84	3,244.34	2,917.85

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	303.94	294.14	274.53	18-39	30.39	29.41	27.45
40	303.94	294.14	274.53	40	30.39	29.41	27.45
41	313.75	303.94	284.33	41	31.37	30.39	28.43
42	333.36	313.75	294.14	42	33.34	31.37	29.41
43	343.16	323.55	303.94	43	34.32	32.36	30.39
44	352.97	333.36	313.75	44	35.30	33.34	31.37
45	372.57	352.97	323.55	45	37.26	35.30	32.36
46	382.38	362.77	333.36	46	38.24	36.28	33.34
47	401.99	372.57	343.16	47	40.20	37.26	34.32
48	421.60	392.18	352.97	48	42.16	39.22	35.30
49	431.40	401.99	372.57	49	43.14	40.20	37.26
50	451.01	421.60	382.38	50	45.10	42.16	38.24
51	470.62	431.40	392.18	51	47.06	43.14	39.22
52	490.23	451.01	411.79	52	49.02	45.10	41.18
53	509.84	470.62	431.40	53	50.98	47.06	43.14
54	529.45	490.23	441.21	54	52.94	49.02	44.12
55	549.06	509.84	460.82	55	54.91	50.98	46.08
56	588.28	549.06	500.03	56	58.83	54.91	50.00
57	637.30	588.28	539.25	57	63.73	58.83	53.93
58	686.32	637.30	578.47	58	68.63	63.73	57.85
59	745.15	686.32	627.49	59	74.51	68.63	62.75
60	803.98	745.15	676.52	60	80.40	74.51	67.65
61	872.61	803.98	735.35	61	87.26	80.40	73.53
62	960.85	882.41	794.17	62	96.09	88.24	79.42
63	1,049.09	960.85	862.80	63	104.91	96.09	86.28
64	1,137.33	1,039.29	931.44	64	113.73	103.93	93.14
65	1,245.18	1,127.53	1,009.87	65	124.52	112.75	100.99
66	1,333.43	1,215.77	1,098.12	66	133.34	121.58	109.81
67	1,431.47	1,313.82	1,186.36	67	143.15	131.38	118.64
68	1,529.52	1,411.86	1,284.40	68	152.95	141.19	128.44
69	1,637.37	1,519.71	1,392.25	69	163.74	151.97	139.23

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,755.02	1,637.37	1,509.91	70	175.50	163.74	150.99
71	1,960.92	1,823.66	1,676.59	71	196.09	182.37	167.66
72	2,186.43	2,029.55	1,862.87	72	218.64	202.96	186.29
73	2,431.54	2,255.06	2,068.77	73	243.15	225.51	206.88
74	2,715.87	2,509.98	2,294.28	74	271.59	251.00	229.43
75	3,029.62	2,794.31	2,549.20	75	302.96	279.43	254.92
76	3,372.78	3,108.06	2,843.33	76	337.28	310.81	284.33
77	3,755.16	3,461.02	3,166.89	77	375.52	346.10	316.69
78	4,186.56	3,863.01	3,529.66	78	418.66	386.30	352.97
79	4,666.99	4,304.22	3,931.64	79	466.70	430.42	393.16
				80	519.64	479.44	438.27
				81	573.57	528.47	483.37
				82	633.38	583.37	533.37
				83	700.05	645.14	589.26
				84	772.60	711.81	650.04
				85	853.00	785.35	717.70
				86	959.87	884.37	807.90
				87	1,080.47	994.19	908.89
				88	1,214.79	1,118.70	1,022.62
				89	1,366.76	1,268.72	1,150.08
				90	1,537.36	1,415.78	1,294.21
				91	1,729.53	1,592.27	1,455.00
				92	1,946.21	1,791.30	1,637.37
				93	2,189.37	2,015.83	1,842.28
				94	2,462.92	2,267.80	2,071.71
				95	2,770.78	2,551.16	2,331.53
				96	3,116.88	2,869.81	2,622.73
				97	3,506.12	3,228.65	2,950.20
				98	3,944.39	3,631.62	3,318.86
				99	4,437.56	4,085.58	3,733.59

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	264.72	254.92	235.31	18-39	26.47	25.49	23.53
40	264.72	254.92	235.31	40	26.47	25.49	23.53
41	274.53	264.72	245.12	41	27.45	26.47	24.51
42	284.33	274.53	254.92	42	28.43	27.45	25.49
43	294.14	284.33	264.72	43	29.41	28.43	26.47
44	303.94	294.14	274.53	44	30.39	29.41	27.45
45	313.75	303.94	284.33	45	31.37	30.39	28.43
46	333.36	313.75	294.14	46	33.34	31.37	29.41
47	343.16	323.55	303.94	47	34.32	32.36	30.39
48	352.97	333.36	313.75	48	35.30	33.34	31.37
49	372.57	352.97	323.55	49	37.26	35.30	32.36
50	382.38	362.77	333.36	50	38.24	36.28	33.34
51	392.18	372.57	343.16	51	39.22	37.26	34.32
52	411.79	392.18	362.77	52	41.18	39.22	36.28
53	431.40	401.99	372.57	53	43.14	40.20	37.26
54	441.21	411.79	382.38	54	44.12	41.18	38.24
55	460.82	431.40	401.99	55	46.08	43.14	40.20
56	490.23	460.82	421.60	56	49.02	46.08	42.16
57	529.45	490.23	451.01	57	52.94	49.02	45.10
58	558.86	519.64	480.43	58	55.89	51.96	48.04
59	598.08	558.86	509.84	59	59.81	55.89	50.98
60	637.30	588.28	539.25	60	63.73	58.83	53.93
61	686.32	637.30	578.47	61	68.63	63.73	57.85
62	735.35	686.32	627.49	62	73.53	68.63	62.75
63	784.37	735.35	676.52	63	78.44	73.53	67.65
64	843.20	784.37	725.54	64	84.32	78.44	72.55
65	902.02	843.20	784.37	65	90.20	84.32	78.44
66	980.46	921.63	853.00	66	98.05	92.16	85.30
67	1,068.70	1,000.07	921.63	67	106.87	100.01	92.16
68	1,166.75	1,088.31	1,000.07	68	116.67	108.83	100.01
69	1,264.79	1,176.55	1,088.31	69	126.48	117.66	108.83

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,382.45	1,284.40	1,176.55	70	138.24	128.44	117.66
71	1,519.71	1,411.86	1,294.21	71	151.97	141.19	129.42
72	1,676.59	1,558.93	1,431.47	72	167.66	155.89	143.15
73	1,853.07	1,715.81	1,578.54	73	185.31	171.58	157.85
74	2,039.36	1,892.29	1,745.22	74	203.94	189.23	174.52
75	2,245.25	2,088.38	1,921.70	75	224.53	208.84	192.17
76	2,529.59	2,353.10	2,166.82	76	252.96	235.31	216.68
77	2,843.33	2,647.24	2,441.35	77	284.33	264.72	244.13
78	3,196.30	2,980.60	2,755.09	78	319.63	298.06	275.51
79	3,588.48	3,353.17	3,108.06	79	358.85	335.32	310.81
80		3,774.77	3,500.24	80		377.48	350.02
81		4,225.78	3,921.84	81		422.58	392.18
82		4,725.82	4,392.46	82		472.58	439.25
83		5,294.48	4,921.91	83		529.45	492.19
84		5,921.98	5,510.19	84		592.20	551.02

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	323.55	303.94	284.33	18-39	32.36	30.39	28.43
40	323.55	303.94	284.33	40	32.36	30.39	28.43
41	333.36	313.75	294.14	41	33.34	31.37	29.41
42	343.16	323.55	303.94	42	34.32	32.36	30.39
43	362.77	343.16	313.75	43	36.28	34.32	31.37
44	372.57	352.97	323.55	44	37.26	35.30	32.36
45	382.38	362.77	333.36	45	38.24	36.28	33.34
46	401.99	382.38	352.97	46	40.20	38.24	35.30
47	411.79	392.18	362.77	47	41.18	39.22	36.28
48	431.40	401.99	372.57	48	43.14	40.20	37.26
49	441.21	421.60	392.18	49	44.12	42.16	39.22
50	460.82	431.40	401.99	50	46.08	43.14	40.20
51	480.43	451.01	421.60	51	48.04	45.10	42.16
52	500.03	470.62	431.40	52	50.00	47.06	43.14
53	519.64	490.23	451.01	53	51.96	49.02	45.10
54	549.06	509.84	470.62	54	54.91	50.98	47.06
55	568.67	529.45	490.23	55	56.87	52.94	49.02
56	607.89	568.67	519.64	56	60.79	56.87	51.96
57	647.10	607.89	558.86	57	64.71	60.79	55.89
58	686.32	647.10	598.08	58	68.63	64.71	59.81
59	735.35	686.32	637.30	59	73.53	68.63	63.73
60	784.37	735.35	686.32	60	78.44	73.53	68.63
61	843.20	794.17	735.35	61	84.32	79.42	73.53
62	902.02	843.20	784.37	62	90.20	84.32	78.44
63	970.66	911.83	843.20	63	97.07	91.18	84.32
64	1,049.09	980.46	902.02	64	104.91	98.05	90.20
65	1,127.53	1,049.09	970.66	65	112.75	104.91	97.07
66	1,225.58	1,147.14	1,058.90	66	122.56	114.71	105.89
67	1,333.43	1,245.18	1,156.94	67	133.34	124.52	115.69
68	1,441.28	1,353.03	1,264.79	68	144.13	135.30	126.48
69	1,568.74	1,470.69	1,372.64	69	156.87	147.07	137.26

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,706.00	1,607.95	1,500.10	70	170.60	160.80	150.01
71	1,882.48	1,774.63	1,656.98	71	188.25	177.46	165.70
72	2,078.58	1,960.92	1,833.46	72	207.86	196.09	183.35
73	2,284.47	2,157.01	2,019.75	73	228.45	215.70	201.97
74	2,519.78	2,372.71	2,225.64	74	251.98	237.27	222.56
75	2,784.51	2,627.63	2,460.95	75	278.45	262.76	246.10
76	3,117.86	2,941.38	2,755.09	76	311.79	294.14	275.51
77	3,480.63	3,284.54	3,078.64	77	348.06	328.45	307.86
78	3,892.43	3,666.92	3,441.41	78	389.24	366.69	344.14
79	4,353.24	4,108.13	3,853.21	79	435.32	410.81	385.32

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	392.18	372.57	343.16	18-39	39.22	37.26	34.32
40	392.18	372.57	343.16	40	39.22	37.26	34.32
41	411.79	382.38	352.97	41	41.18	38.24	35.30
42	421.60	401.99	372.57	42	42.16	40.20	37.26
43	441.21	411.79	382.38	43	44.12	41.18	38.24
44	460.82	431.40	401.99	44	46.08	43.14	40.20
45	480.43	451.01	411.79	45	48.04	45.10	41.18
46	500.03	470.62	431.40	46	50.00	47.06	43.14
47	519.64	490.23	451.01	47	51.96	49.02	45.10
48	539.25	500.03	460.82	48	53.93	50.00	46.08
49	558.86	519.64	480.43	49	55.89	51.96	48.04
50	578.47	539.25	500.03	50	57.85	53.93	50.00
51	598.08	558.86	519.64	51	59.81	55.89	51.96
52	627.49	588.28	539.25	52	62.75	58.83	53.93
53	647.10	607.89	558.86	53	64.71	60.79	55.89
54	666.71	627.49	578.47	54	66.67	62.75	57.85
55	696.13	647.10	598.08	55	69.61	64.71	59.81
56	745.15	696.13	637.30	56	74.51	69.61	63.73
57	794.17	745.15	686.32	57	79.42	74.51	68.63
58	853.00	794.17	735.35	58	85.30	79.42	73.53
59	911.83	853.00	784.37	59	91.18	85.30	78.44
60	980.46	911.83	843.20	60	98.05	91.18	84.32
61	1,058.90	980.46	902.02	61	105.89	98.05	90.20
62	1,137.33	1,058.90	970.66	62	113.73	105.89	97.07
63	1,225.58	1,137.33	1,039.29	63	122.56	113.73	103.93
64	1,323.62	1,225.58	1,117.72	64	132.36	122.56	111.77
65	1,421.67	1,313.82	1,196.16	65	142.17	131.38	119.62
66	1,549.13	1,431.47	1,304.01	66	154.91	143.15	130.40
67	1,686.39	1,558.93	1,421.67	67	168.64	155.89	142.17
68	1,833.46	1,696.20	1,558.93	68	183.35	169.62	155.89
69	2,000.14	1,853.07	1,696.20	69	200.01	185.31	169.62

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,176.62	2,019.75	1,853.07	70	217.66	201.97	185.31
71	2,402.13	2,225.64	2,039.36	71	240.21	222.56	203.94
72	2,637.44	2,441.35	2,245.25	72	263.74	244.13	224.53
73	2,911.97	2,696.27	2,470.76	73	291.20	269.63	247.08
74	3,206.10	2,970.79	2,725.68	74	320.61	297.08	272.57
75	3,529.66	3,264.93	3,000.21	75	352.97	326.49	300.02
76	3,921.84	3,647.31	3,362.98	76	392.18	364.73	336.30
77	4,353.24	4,068.91	3,774.77	77	435.32	406.89	377.48
78	4,843.47	4,539.53	4,235.59	78	484.35	453.95	423.56
79	5,372.92	5,059.17	4,745.43	79	537.29	505.92	474.54

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	500.03	480.43	451.01	18-39	50.00	48.04	45.10
40	500.03	480.43	451.01	40	50.00	48.04	45.10
41	519.64	500.03	470.62	41	51.96	50.00	47.06
42	549.06	519.64	490.23	42	54.91	51.96	49.02
43	568.67	539.25	509.84	43	56.87	53.93	50.98
44	588.28	558.86	529.45	44	58.83	55.89	52.94
45	617.69	588.28	549.06	45	61.77	58.83	54.91
46	647.10	617.69	578.47	46	64.71	61.77	57.85
47	676.52	637.30	598.08	47	67.65	63.73	59.81
48	705.93	666.71	627.49	48	70.59	66.67	62.75
49	735.35	696.13	647.10	49	73.53	69.61	64.71
50	764.76	725.54	676.52	50	76.48	72.55	67.65
51	794.17	754.95	705.93	51	79.42	75.50	70.59
52	833.39	784.37	725.54	52	83.34	78.44	72.55
53	862.80	813.78	754.95	53	86.28	81.38	75.50
54	902.02	843.20	784.37	54	90.20	84.32	78.44
55	941.24	882.41	813.78	55	94.12	88.24	81.38
56	1,009.87	941.24	872.61	56	100.99	94.12	87.26
57	1,078.51	1,009.87	931.44	57	107.85	100.99	93.14
58	1,156.94	1,078.51	990.26	58	115.69	107.85	99.03
59	1,235.38	1,147.14	1,058.90	59	123.54	114.71	105.89
60	1,323.62	1,225.58	1,127.53	60	132.36	122.56	112.75
61	1,421.67	1,313.82	1,205.97	61	142.17	131.38	120.60
62	1,519.71	1,411.86	1,304.01	62	151.97	141.19	130.40
63	1,637.37	1,519.71	1,392.25	63	163.74	151.97	139.23
64	1,755.02	1,627.56	1,500.10	64	175.50	162.76	150.01
65	1,882.48	1,745.22	1,607.95	65	188.25	174.52	160.80
66	2,029.55	1,892.29	1,755.02	66	202.96	189.23	175.50
67	2,186.43	2,049.16	1,911.90	67	218.64	204.92	191.19
68	2,353.10	2,225.64	2,088.38	68	235.31	222.56	208.84
69	2,539.39	2,411.93	2,284.47	69	253.94	241.19	228.45

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

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METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,735.48	2,617.83	2,490.37	70	273.55	261.78	249.04
71	3,019.82	2,882.55	2,735.48	71	301.98	288.26	273.55
72	3,323.76	3,166.89	3,010.01	72	332.38	316.69	301.00
73	3,666.92	3,490.44	3,313.95	73	366.69	349.04	331.40
74	4,049.30	3,853.21	3,647.31	74	404.93	385.32	364.73
75	4,461.09	4,235.59	4,010.08	75	446.11	423.56	401.01
76	4,970.93	4,706.21	4,441.48	76	497.09	470.62	444.15
77	5,529.79	5,225.85	4,921.91	77	552.98	522.59	492.19
78	6,157.29	5,814.13	5,461.16	78	615.73	581.41	546.12
79	6,853.42	6,451.43	6,049.44	79	685.34	645.14	604.94

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	382.38	362.77	343.16	18-39	38.24	36.28	34.32
40	382.38	362.77	343.16	40	38.24	36.28	34.32
41	392.18	372.57	352.97	41	39.22	37.26	35.30
42	401.99	382.38	362.77	42	40.20	38.24	36.28
43	421.60	401.99	372.57	43	42.16	40.20	37.26
44	431.40	411.79	382.38	44	43.14	41.18	38.24
45	441.21	421.60	392.18	45	44.12	42.16	39.22
46	451.01	431.40	401.99	46	45.10	43.14	40.20
47	470.62	441.21	411.79	47	47.06	44.12	41.18
48	480.43	460.82	431.40	48	48.04	46.08	43.14
49	500.03	470.62	441.21	49	50.00	47.06	44.12
50	509.84	480.43	451.01	50	50.98	48.04	45.10
51	529.45	500.03	460.82	51	52.94	50.00	46.08
52	539.25	509.84	480.43	52	53.93	50.98	48.04
53	558.86	529.45	490.23	53	55.89	52.94	49.02
54	568.67	539.25	509.84	54	56.87	53.93	50.98
55	588.28	558.86	519.64	55	58.83	55.89	51.96
56	617.69	588.28	549.06	56	61.77	58.83	54.91
57	656.91	617.69	578.47	57	65.69	61.77	57.85
58	696.13	656.91	607.89	58	69.61	65.69	60.79
59	735.35	686.32	637.30	59	73.53	68.63	63.73
60	774.56	725.54	666.71	60	77.46	72.55	66.67
61	823.59	774.56	715.74	61	82.36	77.46	71.57
62	882.41	823.59	754.95	62	88.24	82.36	75.50
63	941.24	882.41	813.78	63	94.12	88.24	81.38
64	1,000.07	931.44	862.80	64	100.01	93.14	86.28
65	1,068.70	1,000.07	921.63	65	106.87	100.01	92.16
66	1,147.14	1,068.70	990.26	66	114.71	106.87	99.03
67	1,235.38	1,156.94	1,068.70	67	123.54	115.69	106.87
68	1,333.43	1,245.18	1,156.94	68	133.34	124.52	115.69
69	1,441.28	1,343.23	1,245.18	69	144.13	134.32	124.52

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,549.13	1,451.08	1,343.23	70	154.91	145.11	134.32
71	1,696.20	1,588.35	1,470.69	71	169.62	158.83	147.07
72	1,862.87	1,745.22	1,617.76	72	186.29	174.52	161.78
73	2,049.16	1,911.90	1,774.63	73	204.92	191.19	177.46
74	2,245.25	2,098.18	1,951.12	74	224.53	209.82	195.11
75	2,460.95	2,304.08	2,137.40	75	246.10	230.41	213.74
76	2,764.90	2,588.41	2,402.13	76	276.49	258.84	240.21
77	3,108.06	2,902.16	2,696.27	77	310.81	290.22	269.63
78	3,490.44	3,264.93	3,039.43	78	349.04	326.49	303.94
79	3,921.84	3,666.92	3,412.00	79	392.18	366.69	341.20
80		4,127.74	3,833.60	80		412.77	383.36
81		4,588.55	4,265.00	81		458.86	426.50
82		5,118.00	4,755.23	82		511.80	475.52
83		5,696.47	5,294.48	83		569.65	529.45
84		6,343.58	5,892.56	84		634.36	589.26

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	480.43	451.01	411.79	18-39	48.04	45.10	41.18
40	480.43	451.01	411.79	40	48.04	45.10	41.18
41	490.23	460.82	421.60	41	49.02	46.08	42.16
42	509.84	470.62	431.40	42	50.98	47.06	43.14
43	519.64	490.23	451.01	43	51.96	49.02	45.10
44	539.25	500.03	460.82	44	53.93	50.00	46.08
45	549.06	509.84	470.62	45	54.91	50.98	47.06
46	568.67	529.45	490.23	46	56.87	52.94	49.02
47	578.47	539.25	500.03	47	57.85	53.93	50.00
48	598.08	558.86	519.64	48	59.81	55.89	51.96
49	607.89	568.67	529.45	49	60.79	56.87	52.94
50	627.49	588.28	549.06	50	62.75	58.83	54.91
51	647.10	607.89	568.67	51	64.71	60.79	56.87
52	666.71	627.49	578.47	52	66.67	62.75	57.85
53	686.32	647.10	598.08	53	68.63	64.71	59.81
54	705.93	666.71	617.69	54	70.59	66.67	61.77
55	725.54	686.32	637.30	55	72.55	68.63	63.73
56	764.76	725.54	676.52	56	76.48	72.55	67.65
57	813.78	764.76	705.93	57	81.38	76.48	70.59
58	862.80	803.98	745.15	58	86.28	80.40	74.51
59	911.83	853.00	794.17	59	91.18	85.30	79.42
60	970.66	902.02	833.39	60	97.07	90.20	83.34
61	1,029.48	960.85	892.22	61	102.95	96.09	89.22
62	1,098.12	1,029.48	951.05	62	109.81	102.95	95.10
63	1,176.55	1,098.12	1,009.87	63	117.66	109.81	100.99
64	1,254.99	1,166.75	1,078.51	64	125.50	116.67	107.85
65	1,333.43	1,245.18	1,147.14	65	133.34	124.52	114.71
66	1,441.28	1,343.23	1,245.18	66	144.13	134.32	124.52
67	1,558.93	1,451.08	1,343.23	67	155.89	145.11	134.32
68	1,686.39	1,568.74	1,451.08	68	168.64	156.87	145.11
69	1,823.66	1,706.00	1,578.54	69	182.37	170.60	157.85

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,970.72	1,843.26	1,706.00	70	197.07	184.33	170.60
71	2,157.01	2,019.75	1,872.68	71	215.70	201.97	187.27
72	2,372.71	2,215.84	2,058.97	72	237.27	221.58	205.90
73	2,598.22	2,431.54	2,255.06	73	259.82	243.15	225.51
74	2,853.14	2,666.85	2,480.56	74	285.31	266.69	248.06
75	3,127.67	2,931.58	2,725.68	75	312.77	293.16	272.57
76	3,480.63	3,255.13	3,029.62	76	348.06	325.51	302.96
77	3,872.82	3,627.70	3,372.78	77	387.28	362.77	337.28
78	4,314.02	4,029.69	3,745.36	78	431.40	402.97	374.54
79	4,804.25	4,490.51	4,166.96	79	480.43	449.05	416.70

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

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METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	598.08	558.86	509.84	18-39	59.81	55.89	50.98
40	598.08	558.86	509.84	40	59.81	55.89	50.98
41	617.69	578.47	529.45	41	61.77	57.85	52.94
42	637.30	588.28	539.25	42	63.73	58.83	53.93
43	647.10	607.89	558.86	43	64.71	60.79	55.89
44	666.71	627.49	578.47	44	66.67	62.75	57.85
45	686.32	637.30	588.28	45	68.63	63.73	58.83
46	705.93	656.91	607.89	46	70.59	65.69	60.79
47	725.54	676.52	627.49	47	72.55	67.65	62.75
48	754.95	705.93	647.10	48	75.50	70.59	64.71
49	774.56	725.54	666.71	49	77.46	72.55	66.67
50	794.17	745.15	686.32	50	79.42	74.51	68.63
51	813.78	764.76	705.93	51	81.38	76.48	70.59
52	843.20	784.37	725.54	52	84.32	78.44	72.55
53	862.80	803.98	745.15	53	86.28	80.40	74.51
54	882.41	833.39	774.56	54	88.24	83.34	77.46
55	911.83	853.00	794.17	55	91.18	85.30	79.42
56	970.66	911.83	843.20	56	97.07	91.18	84.32
57	1,019.68	960.85	892.22	57	101.97	96.09	89.22
58	1,088.31	1,019.68	941.24	58	108.83	101.97	94.12
59	1,147.14	1,068.70	990.26	59	114.71	106.87	99.03
60	1,215.77	1,137.33	1,049.09	60	121.58	113.73	104.91
61	1,294.21	1,205.97	1,117.72	61	129.42	120.60	111.77
62	1,382.45	1,284.40	1,186.36	62	138.24	128.44	118.64
63	1,480.49	1,372.64	1,264.79	63	148.05	137.26	126.48
64	1,578.54	1,460.89	1,343.23	64	157.85	146.09	134.32
65	1,686.39	1,558.93	1,431.47	65	168.64	155.89	143.15
66	1,823.66	1,686.39	1,549.13	66	182.37	168.64	154.91
67	1,970.72	1,833.46	1,686.39	67	197.07	183.35	168.64
68	2,137.40	1,990.33	1,833.46	68	213.74	199.03	183.35
69	2,313.89	2,157.01	1,990.33	69	231.39	215.70	199.03

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,500.17	2,333.49	2,157.01	70	250.02	233.35	215.70
71	2,735.48	2,549.20	2,353.10	71	273.55	254.92	235.31
72	3,000.21	2,784.51	2,568.81	72	300.02	278.45	256.88
73	3,284.54	3,049.23	2,804.12	73	328.45	304.92	280.41
74	3,588.48	3,323.76	3,059.04	74	358.85	332.38	305.90
75	3,931.64	3,637.51	3,343.37	75	393.16	363.75	334.34
76	4,353.24	4,049.30	3,735.55	76	435.32	404.93	373.56
77	4,814.06	4,490.51	4,166.96	77	481.41	449.05	416.70
78	5,323.90	4,990.54	4,647.38	78	532.39	499.05	464.74
79	5,892.56	5,539.60	5,186.63	79	589.26	553.96	518.66

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	774.56	735.35	686.32	18-39	77.46	73.53	68.63
40	774.56	735.35	686.32	40	77.46	73.53	68.63
41	803.98	764.76	715.74	41	80.40	76.48	71.57
42	833.39	784.37	735.35	42	83.34	78.44	73.53
43	862.80	813.78	764.76	43	86.28	81.38	76.48
44	892.22	843.20	794.17	44	89.22	84.32	79.42
45	921.63	872.61	823.59	45	92.16	87.26	82.36
46	951.05	902.02	853.00	46	95.10	90.20	85.30
47	990.26	941.24	882.41	47	99.03	94.12	88.24
48	1,019.68	970.66	911.83	48	101.97	97.07	91.18
49	1,058.90	1,000.07	941.24	49	105.89	100.01	94.12
50	1,098.12	1,039.29	980.46	50	109.81	103.93	98.05
51	1,127.53	1,068.70	1,000.07	51	112.75	106.87	100.01
52	1,156.94	1,098.12	1,029.48	52	115.69	109.81	102.95
53	1,186.36	1,127.53	1,058.90	53	118.64	112.75	105.89
54	1,225.58	1,156.94	1,078.51	54	122.56	115.69	107.85
55	1,254.99	1,186.36	1,107.92	55	125.50	118.64	110.79
56	1,323.62	1,245.18	1,166.75	56	132.36	124.52	116.67
57	1,402.06	1,313.82	1,225.58	57	140.21	131.38	122.56
58	1,480.49	1,382.45	1,284.40	58	148.05	138.24	128.44
59	1,568.74	1,460.89	1,353.03	59	156.87	146.09	135.30
60	1,656.98	1,539.32	1,421.67	60	165.70	153.93	142.17
61	1,764.83	1,637.37	1,509.91	61	176.48	163.74	150.99
62	1,872.68	1,745.22	1,607.95	62	187.27	174.52	160.80
63	1,990.33	1,853.07	1,715.81	63	199.03	185.31	171.58
64	2,117.79	1,970.72	1,823.66	64	211.78	197.07	182.37
65	2,255.06	2,098.18	1,941.31	65	225.51	209.82	194.13
66	2,411.93	2,255.06	2,098.18	66	241.19	225.51	209.82
67	2,578.61	2,431.54	2,274.67	67	257.86	243.15	227.47
68	2,764.90	2,617.83	2,470.76	68	276.49	261.78	247.08
69	2,960.99	2,813.92	2,666.85	69	296.10	281.39	266.69

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	3,166.89	3,029.62	2,892.36	70	316.69	302.96	289.24
71	3,470.83	3,313.95	3,157.08	71	347.08	331.40	315.71
72	3,794.38	3,617.90	3,441.41	72	379.44	361.79	344.14
73	4,157.15	3,961.06	3,755.16	73	415.72	396.11	375.52
74	4,549.33	4,323.83	4,098.32	74	454.93	432.38	409.83
75	4,980.74	4,725.82	4,470.90	75	498.07	472.58	447.09
76	5,519.99	5,225.85	4,931.71	76	552.00	522.59	493.17
77	6,127.88	5,784.71	5,431.75	77	612.79	578.47	543.17
78	6,794.59	6,392.60	5,990.61	78	679.46	639.26	599.06
79	7,539.74	7,078.92	6,608.30	79	753.97	707.89	660.83

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	176.48	166.68	156.87	18-39	17.65	16.67	15.69
40	176.48	166.68	156.87	40	17.65	16.67	15.69
41	186.29	176.48	166.68	41	18.63	17.65	16.67
42	186.29	176.48	166.68	42	18.63	17.65	16.67
43	196.09	186.29	176.48	43	19.61	18.63	17.65
44	205.90	196.09	176.48	44	20.59	19.61	17.65
45	205.90	196.09	186.29	45	20.59	19.61	18.63
46	215.70	205.90	186.29	46	21.57	20.59	18.63
47	225.51	215.70	196.09	47	22.55	21.57	19.61
48	225.51	215.70	205.90	48	22.55	21.57	20.59
49	235.31	225.51	205.90	49	23.53	22.55	20.59
50	245.12	235.31	215.70	50	24.51	23.53	21.57
51	254.92	245.12	225.51	51	25.49	24.51	22.55
52	274.53	264.72	245.12	52	27.45	26.47	24.51
53	294.14	274.53	254.92	53	29.41	27.45	25.49
54	303.94	284.33	264.72	54	30.39	28.43	26.47
55	323.55	303.94	284.33	55	32.36	30.39	28.43
56	343.16	323.55	294.14	56	34.32	32.36	29.41
57	362.77	343.16	313.75	57	36.28	34.32	31.37
58	392.18	362.77	333.36	58	39.22	36.28	33.34
59	411.79	382.38	343.16	59	41.18	38.24	34.32
60	441.21	401.99	362.77	60	44.12	40.20	36.28
61	480.43	441.21	392.18	61	48.04	44.12	39.22
62	509.84	470.62	421.60	62	50.98	47.06	42.16
63	558.86	509.84	460.82	63	55.89	50.98	46.08
64	598.08	549.06	500.03	64	59.81	54.91	50.00
65	647.10	598.08	539.25	65	64.71	59.81	53.93
66	705.93	647.10	588.28	66	70.59	64.71	58.83
67	774.56	705.93	637.30	67	77.46	70.59	63.73
68	843.20	764.76	686.32	68	84.32	76.48	68.63
69	921.63	833.39	745.15	69	92.16	83.34	74.51

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,009.87	911.83	813.78	70	100.99	91.18	81.38
71	1,117.72	1,009.87	892.22	71	111.77	100.99	89.22
72	1,245.18	1,117.72	980.46	72	124.52	111.77	98.05
73	1,382.45	1,235.38	1,078.51	73	138.24	123.54	107.85
74	1,539.32	1,362.84	1,186.36	74	153.93	136.28	118.64
75	1,706.00	1,509.91	1,304.01	75	170.60	150.99	130.40
76	1,902.09	1,676.59	1,451.08	76	190.21	167.66	145.11
77	2,127.60	1,882.48	1,627.56	77	212.76	188.25	162.76
78	2,382.52	2,098.18	1,813.85	78	238.25	209.82	181.39
79	2,657.05	2,343.30	2,019.75	79	265.70	234.33	201.97
80		2,617.83	2,255.06	80	297.08	261.78	225.51
81		2,892.36	2,490.37	81	328.45	289.24	249.04
82		3,196.30	2,755.09	82	363.75	319.63	275.51
83		3,539.46	3,049.23	83	401.99	353.95	304.92
84		3,912.04	3,372.78	84	444.15	391.20	337.28
				85	491.21	432.38	373.56
				86	552.98	487.29	420.62
				87	622.59	548.08	473.56
				88	700.05	615.73	532.39
				89	787.31	693.19	599.06
				90	891.24	779.47	673.58
				91	996.15	877.51	757.90
				92	1,120.67	986.34	852.02
				93	1,260.87	1,109.88	958.89
				94	1,418.73	1,248.13	1,078.51
				95	1,595.21	1,405.00	1,213.81
				96	1,795.22	1,580.50	1,364.80
				97	2,019.75	1,777.57	1,535.40
				98	2,271.73	2,000.14	1,727.57
				99	2,555.08	2,249.18	1,943.27

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	225.51	215.70	196.09	18-39	22.55	21.57	19.61
40	225.51	215.70	196.09	40	22.55	21.57	19.61
41	235.31	225.51	205.90	41	23.53	22.55	20.59
42	235.31	225.51	205.90	42	23.53	22.55	20.59
43	245.12	235.31	215.70	43	24.51	23.53	21.57
44	254.92	245.12	225.51	44	25.49	24.51	22.55
45	264.72	245.12	225.51	45	26.47	24.51	22.55
46	274.53	254.92	235.31	46	27.45	25.49	23.53
47	274.53	264.72	245.12	47	27.45	26.47	24.51
48	284.33	264.72	245.12	48	28.43	26.47	24.51
49	294.14	274.53	254.92	49	29.41	27.45	25.49
50	303.94	284.33	264.72	50	30.39	28.43	26.47
51	313.75	294.14	274.53	51	31.37	29.41	27.45
52	333.36	313.75	284.33	52	33.34	31.37	28.43
53	352.97	323.55	294.14	53	35.30	32.36	29.41
54	362.77	343.16	313.75	54	36.28	34.32	31.37
55	382.38	352.97	323.55	55	38.24	35.30	32.36
56	411.79	382.38	343.16	56	41.18	38.24	34.32
57	431.40	401.99	372.57	57	43.14	40.20	37.26
58	460.82	431.40	392.18	58	46.08	43.14	39.22
59	500.03	460.82	421.60	59	50.00	46.08	42.16
60	529.45	490.23	451.01	60	52.94	49.02	45.10
61	568.67	529.45	490.23	61	56.87	52.94	49.02
62	617.69	578.47	529.45	62	61.77	57.85	52.94
63	666.71	627.49	578.47	63	66.67	62.75	57.85
64	725.54	676.52	627.49	64	72.55	67.65	62.75
65	784.37	735.35	686.32	65	78.44	73.53	68.63
66	853.00	803.98	745.15	66	85.30	80.40	74.51
67	921.63	872.61	813.78	67	92.16	87.26	81.38
68	1,000.07	941.24	882.41	68	100.01	94.12	88.24
69	1,078.51	1,019.68	960.85	69	107.85	101.97	96.09

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,166.75	1,107.92	1,039.29	70	116.67	110.79	103.93
71	1,304.01	1,235.38	1,166.75	71	130.40	123.54	116.67
72	1,451.08	1,382.45	1,304.01	72	145.11	138.24	130.40
73	1,607.95	1,539.32	1,460.89	73	160.80	153.93	146.09
74	1,794.24	1,715.81	1,627.56	74	179.42	171.58	162.76
75	2,000.14	1,911.90	1,823.66	75	200.01	191.19	182.37
76	2,225.64	2,127.60	2,029.55	76	222.56	212.76	202.96
77	2,480.56	2,372.71	2,264.86	77	248.06	237.27	226.49
78	2,774.70	2,657.05	2,529.59	78	277.47	265.70	252.96
79	3,088.45	2,951.18	2,813.92	79	308.84	295.12	281.39
				80	344.14	329.43	313.75
				81	380.42	363.75	347.08
				82	420.62	401.99	383.36
				83	469.64	445.13	424.54
				84	513.76	500.03	468.66
				85	567.69	543.17	518.66
				86	639.26	611.81	584.35
				87	718.68	688.28	656.91
				88	808.88	773.58	739.27
				89	909.87	870.65	831.43
				90	1,023.60	979.48	935.36
				91	1,151.06	1,102.04	1,054.97
				92	1,295.19	1,239.30	1,183.42
				93	1,456.96	1,394.21	1,331.46
				94	1,639.33	1,568.74	1,497.16
				95	1,844.25	1,764.83	1,684.43
				96	2,074.65	1,984.45	1,895.23
				97	2,333.49	2,232.51	2,132.50
				98	2,625.67	2,511.94	2,398.21
				99	2,953.15	2,825.69	2,698.23

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	254.92	245.12	225.51	18-39	25.49	24.51	22.55
40	254.92	245.12	225.51	40	25.49	24.51	22.55
41	264.72	254.92	235.31	41	26.47	25.49	23.53
42	274.53	264.72	245.12	42	27.45	26.47	24.51
43	284.33	274.53	254.92	43	28.43	27.45	25.49
44	294.14	284.33	264.72	44	29.41	28.43	26.47
45	303.94	294.14	274.53	45	30.39	29.41	27.45
46	323.55	303.94	284.33	46	32.36	30.39	28.43
47	333.36	313.75	294.14	47	33.34	31.37	29.41
48	343.16	323.55	303.94	48	34.32	32.36	30.39
49	362.77	343.16	313.75	49	36.28	34.32	31.37
50	372.57	352.97	323.55	50	37.26	35.30	32.36
51	382.38	362.77	333.36	51	38.24	36.28	33.34
52	401.99	372.57	343.16	52	40.20	37.26	34.32
53	411.79	382.38	352.97	53	41.18	38.24	35.30
54	431.40	401.99	362.77	54	43.14	40.20	36.28
55	441.21	411.79	372.57	55	44.12	41.18	37.26
56	470.62	441.21	401.99	56	47.06	44.12	40.20
57	509.84	470.62	421.60	57	50.98	47.06	42.16
58	549.06	500.03	451.01	58	54.91	50.00	45.10
59	588.28	539.25	490.23	59	58.83	53.93	49.02
60	627.49	578.47	519.64	60	62.75	57.85	51.96
61	686.32	627.49	568.67	61	68.63	62.75	56.87
62	754.95	686.32	617.69	62	75.50	68.63	61.77
63	823.59	745.15	666.71	63	82.36	74.51	66.67
64	892.22	813.78	725.54	64	89.22	81.38	72.55
65	980.46	892.22	794.17	65	98.05	89.22	79.42
66	1,058.90	960.85	853.00	66	105.89	96.09	85.30
67	1,147.14	1,039.29	921.63	67	114.71	103.93	92.16
68	1,245.18	1,117.72	990.26	68	124.52	111.77	99.03
69	1,343.23	1,205.97	1,068.70	69	134.32	120.60	106.87

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,451.08	1,304.01	1,147.14	70	145.11	130.40	114.71
71	1,607.95	1,451.08	1,284.40	71	160.80	145.11	128.44
72	1,784.44	1,607.95	1,431.47	72	178.44	160.80	143.15
73	1,980.53	1,784.44	1,588.35	73	198.05	178.44	158.83
74	2,196.23	1,990.33	1,774.63	74	219.62	199.03	177.46
75	2,431.54	2,206.04	1,980.53	75	243.15	220.60	198.05
76	2,706.07	2,460.95	2,206.04	76	270.61	246.10	220.60
77	3,019.82	2,745.29	2,460.95	77	301.98	274.53	246.10
78	3,362.98	3,059.04	2,745.29	78	336.30	305.90	274.53
79	3,745.36	3,402.20	3,059.04	79	374.54	340.22	305.90
				80	417.68	379.44	341.20
				81	460.82	418.66	376.50
				82	509.84	463.76	416.70
				83	562.78	511.80	459.84
				84	621.61	564.74	508.86
				85	686.32	623.57	560.82
				86	772.60	702.01	631.42
				87	868.69	789.27	727.50
				88	977.52	888.30	799.07
				89	1,100.08	999.09	899.08
				90	1,237.34	1,124.59	1,010.85
				91	1,392.25	1,264.79	1,137.33
				92	1,565.79	1,422.65	1,279.50
				93	1,761.89	1,600.11	1,439.32
				94	1,981.51	1,800.12	1,619.72
				95	2,229.57	2,025.63	1,821.69
				96	2,508.02	2,278.59	2,049.16
				97	2,820.78	2,562.92	2,305.06
				98	3,173.75	2,883.53	2,593.32
				99	3,570.84	3,244.34	2,917.85

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	303.94	294.14	274.53	18-39	30.39	29.41	27.45
40	303.94	294.14	274.53	40	30.39	29.41	27.45
41	313.75	303.94	284.33	41	31.37	30.39	28.43
42	333.36	313.75	294.14	42	33.34	31.37	29.41
43	343.16	323.55	303.94	43	34.32	32.36	30.39
44	352.97	333.36	313.75	44	35.30	33.34	31.37
45	372.57	352.97	323.55	45	37.26	35.30	32.36
46	382.38	362.77	333.36	46	38.24	36.28	33.34
47	401.99	372.57	343.16	47	40.20	37.26	34.32
48	421.60	392.18	352.97	48	42.16	39.22	35.30
49	431.40	401.99	372.57	49	43.14	40.20	37.26
50	451.01	421.60	382.38	50	45.10	42.16	38.24
51	470.62	431.40	392.18	51	47.06	43.14	39.22
52	490.23	451.01	411.79	52	49.02	45.10	41.18
53	509.84	470.62	431.40	53	50.98	47.06	43.14
54	529.45	490.23	441.21	54	52.94	49.02	44.12
55	549.06	509.84	460.82	55	54.91	50.98	46.08
56	588.28	549.06	500.03	56	58.83	54.91	50.00
57	637.30	588.28	539.25	57	63.73	58.83	53.93
58	686.32	637.30	578.47	58	68.63	63.73	57.85
59	745.15	686.32	627.49	59	74.51	68.63	62.75
60	803.98	745.15	676.52	60	80.40	74.51	67.65
61	872.61	803.98	735.35	61	87.26	80.40	73.53
62	960.85	882.41	794.17	62	96.09	88.24	79.42
63	1,049.09	960.85	862.80	63	104.91	96.09	86.28
64	1,137.33	1,039.29	931.44	64	113.73	103.93	93.14
65	1,245.18	1,127.53	1,009.87	65	124.52	112.75	100.99
66	1,333.43	1,215.77	1,098.12	66	133.34	121.58	109.81
67	1,431.47	1,313.82	1,186.36	67	143.15	131.38	118.64
68	1,529.52	1,411.86	1,284.40	68	152.95	141.19	128.44
69	1,637.37	1,519.71	1,392.25	69	163.74	151.97	139.23

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,755.02	1,637.37	1,509.91	70	175.50	163.74	150.99
71	1,960.92	1,823.66	1,676.59	71	196.09	182.37	167.66
72	2,186.43	2,029.55	1,862.87	72	218.64	202.96	186.29
73	2,431.54	2,255.06	2,068.77	73	243.15	225.51	206.88
74	2,715.87	2,509.98	2,294.28	74	271.59	251.00	229.43
75	3,029.62	2,794.31	2,549.20	75	302.96	279.43	254.92
76	3,372.78	3,108.06	2,843.33	76	337.28	310.81	284.33
77	3,755.16	3,461.02	3,166.89	77	375.52	346.10	316.69
78	4,186.56	3,863.01	3,529.66	78	418.66	386.30	352.97
79	4,666.99	4,304.22	3,931.64	79	466.70	430.42	393.16
				80	519.64	479.44	438.27
				81	573.57	528.47	483.37
				82	633.38	583.37	533.37
				83	700.05	645.14	589.26
				84	772.60	711.81	650.04
				85	853.00	785.35	717.70
				86	959.87	884.37	807.90
				87	1,080.47	994.19	908.89
				88	1,214.79	1,118.70	1,022.62
				89	1,366.76	1,268.72	1,150.08
				90	1,537.36	1,415.78	1,294.21
				91	1,729.53	1,592.27	1,455.00
				92	1,946.21	1,791.30	1,637.37
				93	2,189.37	2,015.83	1,842.28
				94	2,462.92	2,267.80	2,071.71
				95	2,770.78	2,551.16	2,331.53
				96	3,116.88	2,869.81	2,622.73
				97	3,506.12	3,228.65	2,950.20
				98	3,944.39	3,631.62	3,318.86
				99	4,437.56	4,085.58	3,733.59

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	264.72	254.92	235.31	18-39	26.47	25.49	23.53
40	264.72	254.92	235.31	40	26.47	25.49	23.53
41	274.53	264.72	245.12	41	27.45	26.47	24.51
42	284.33	274.53	254.92	42	28.43	27.45	25.49
43	294.14	284.33	264.72	43	29.41	28.43	26.47
44	303.94	294.14	274.53	44	30.39	29.41	27.45
45	313.75	303.94	284.33	45	31.37	30.39	28.43
46	333.36	313.75	294.14	46	33.34	31.37	29.41
47	343.16	323.55	303.94	47	34.32	32.36	30.39
48	352.97	333.36	313.75	48	35.30	33.34	31.37
49	372.57	352.97	323.55	49	37.26	35.30	32.36
50	382.38	362.77	333.36	50	38.24	36.28	33.34
51	392.18	372.57	343.16	51	39.22	37.26	34.32
52	411.79	392.18	362.77	52	41.18	39.22	36.28
53	431.40	401.99	372.57	53	43.14	40.20	37.26
54	441.21	411.79	382.38	54	44.12	41.18	38.24
55	460.82	431.40	401.99	55	46.08	43.14	40.20
56	490.23	460.82	421.60	56	49.02	46.08	42.16
57	529.45	490.23	451.01	57	52.94	49.02	45.10
58	558.86	519.64	480.43	58	55.89	51.96	48.04
59	598.08	558.86	509.84	59	59.81	55.89	50.98
60	637.30	588.28	539.25	60	63.73	58.83	53.93
61	686.32	637.30	578.47	61	68.63	63.73	57.85
62	735.35	686.32	627.49	62	73.53	68.63	62.75
63	784.37	735.35	676.52	63	78.44	73.53	67.65
64	843.20	784.37	725.54	64	84.32	78.44	72.55
65	902.02	843.20	784.37	65	90.20	84.32	78.44
66	980.46	921.63	853.00	66	98.05	92.16	85.30
67	1,068.70	1,000.07	921.63	67	106.87	100.01	92.16
68	1,166.75	1,088.31	1,000.07	68	116.67	108.83	100.01
69	1,264.79	1,176.55	1,088.31	69	126.48	117.66	108.83

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,382.45	1,284.40	1,176.55	70	138.24	128.44	117.66
71	1,519.71	1,411.86	1,294.21	71	151.97	141.19	129.42
72	1,676.59	1,558.93	1,431.47	72	167.66	155.89	143.15
73	1,853.07	1,715.81	1,578.54	73	185.31	171.58	157.85
74	2,039.36	1,892.29	1,745.22	74	203.94	189.23	174.52
75	2,245.25	2,088.38	1,921.70	75	224.53	208.84	192.17
76	2,529.59	2,353.10	2,166.82	76	252.96	235.31	216.68
77	2,843.33	2,647.24	2,441.35	77	284.33	264.72	244.13
78	3,196.30	2,980.60	2,755.09	78	319.63	298.06	275.51
79	3,588.48	3,353.17	3,108.06	79	358.85	335.32	310.81
80		3,774.77	3,500.24	80		377.48	350.02
81		4,225.78	3,921.84	81		422.58	392.18
82		4,725.82	4,392.46	82		472.58	439.25
83		5,294.48	4,921.91	83		529.45	492.19
84		5,921.98	5,510.19	84		592.20	551.02

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	323.55	303.94	284.33	18-39	32.36	30.39	28.43
40	323.55	303.94	284.33	40	32.36	30.39	28.43
41	333.36	313.75	294.14	41	33.34	31.37	29.41
42	343.16	323.55	303.94	42	34.32	32.36	30.39
43	362.77	343.16	313.75	43	36.28	34.32	31.37
44	372.57	352.97	323.55	44	37.26	35.30	32.36
45	382.38	362.77	333.36	45	38.24	36.28	33.34
46	401.99	382.38	352.97	46	40.20	38.24	35.30
47	411.79	392.18	362.77	47	41.18	39.22	36.28
48	431.40	401.99	372.57	48	43.14	40.20	37.26
49	441.21	421.60	392.18	49	44.12	42.16	39.22
50	460.82	431.40	401.99	50	46.08	43.14	40.20
51	480.43	451.01	421.60	51	48.04	45.10	42.16
52	500.03	470.62	431.40	52	50.00	47.06	43.14
53	519.64	490.23	451.01	53	51.96	49.02	45.10
54	549.06	509.84	470.62	54	54.91	50.98	47.06
55	568.67	529.45	490.23	55	56.87	52.94	49.02
56	607.89	568.67	519.64	56	60.79	56.87	51.96
57	647.10	607.89	558.86	57	64.71	60.79	55.89
58	686.32	647.10	598.08	58	68.63	64.71	59.81
59	735.35	686.32	637.30	59	73.53	68.63	63.73
60	784.37	735.35	686.32	60	78.44	73.53	68.63
61	843.20	794.17	735.35	61	84.32	79.42	73.53
62	902.02	843.20	784.37	62	90.20	84.32	78.44
63	970.66	911.83	843.20	63	97.07	91.18	84.32
64	1,049.09	980.46	902.02	64	104.91	98.05	90.20
65	1,127.53	1,049.09	970.66	65	112.75	104.91	97.07
66	1,225.58	1,147.14	1,058.90	66	122.56	114.71	105.89
67	1,333.43	1,245.18	1,156.94	67	133.34	124.52	115.69
68	1,441.28	1,353.03	1,264.79	68	144.13	135.30	126.48
69	1,568.74	1,470.69	1,372.64	69	156.87	147.07	137.26

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,706.00	1,607.95	1,500.10	70	170.60	160.80	150.01
71	1,882.48	1,774.63	1,656.98	71	188.25	177.46	165.70
72	2,078.58	1,960.92	1,833.46	72	207.86	196.09	183.35
73	2,284.47	2,157.01	2,019.75	73	228.45	215.70	201.97
74	2,519.78	2,372.71	2,225.64	74	251.98	237.27	222.56
75	2,784.51	2,627.63	2,460.95	75	278.45	262.76	246.10
76	3,117.86	2,941.38	2,755.09	76	311.79	294.14	275.51
77	3,480.63	3,284.54	3,078.64	77	348.06	328.45	307.86
78	3,892.43	3,666.92	3,441.41	78	389.24	366.69	344.14
79	4,353.24	4,108.13	3,853.21	79	435.32	410.81	385.32

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
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FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	392.18	372.57	343.16	18-39	39.22	37.26	34.32
40	392.18	372.57	343.16	40	39.22	37.26	34.32
41	411.79	382.38	352.97	41	41.18	38.24	35.30
42	421.60	401.99	372.57	42	42.16	40.20	37.26
43	441.21	411.79	382.38	43	44.12	41.18	38.24
44	460.82	431.40	401.99	44	46.08	43.14	40.20
45	480.43	451.01	411.79	45	48.04	45.10	41.18
46	500.03	470.62	431.40	46	50.00	47.06	43.14
47	519.64	490.23	451.01	47	51.96	49.02	45.10
48	539.25	500.03	460.82	48	53.93	50.00	46.08
49	558.86	519.64	480.43	49	55.89	51.96	48.04
50	578.47	539.25	500.03	50	57.85	53.93	50.00
51	598.08	558.86	519.64	51	59.81	55.89	51.96
52	627.49	588.28	539.25	52	62.75	58.83	53.93
53	647.10	607.89	558.86	53	64.71	60.79	55.89
54	666.71	627.49	578.47	54	66.67	62.75	57.85
55	696.13	647.10	598.08	55	69.61	64.71	59.81
56	745.15	696.13	637.30	56	74.51	69.61	63.73
57	794.17	745.15	686.32	57	79.42	74.51	68.63
58	853.00	794.17	735.35	58	85.30	79.42	73.53
59	911.83	853.00	784.37	59	91.18	85.30	78.44
60	980.46	911.83	843.20	60	98.05	91.18	84.32
61	1,058.90	980.46	902.02	61	105.89	98.05	90.20
62	1,137.33	1,058.90	970.66	62	113.73	105.89	97.07
63	1,225.58	1,137.33	1,039.29	63	122.56	113.73	103.93
64	1,323.62	1,225.58	1,117.72	64	132.36	122.56	111.77
65	1,421.67	1,313.82	1,196.16	65	142.17	131.38	119.62
66	1,549.13	1,431.47	1,304.01	66	154.91	143.15	130.40
67	1,686.39	1,558.93	1,421.67	67	168.64	155.89	142.17
68	1,833.46	1,696.20	1,558.93	68	183.35	169.62	155.89
69	2,000.14	1,853.07	1,696.20	69	200.01	185.31	169.62

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

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METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,176.62	2,019.75	1,853.07	70	217.66	201.97	185.31
71	2,402.13	2,225.64	2,039.36	71	240.21	222.56	203.94
72	2,637.44	2,441.35	2,245.25	72	263.74	244.13	224.53
73	2,911.97	2,696.27	2,470.76	73	291.20	269.63	247.08
74	3,206.10	2,970.79	2,725.68	74	320.61	297.08	272.57
75	3,529.66	3,264.93	3,000.21	75	352.97	326.49	300.02
76	3,921.84	3,647.31	3,362.98	76	392.18	364.73	336.30
77	4,353.24	4,068.91	3,774.77	77	435.32	406.89	377.48
78	4,843.47	4,539.53	4,235.59	78	484.35	453.95	423.56
79	5,372.92	5,059.17	4,745.43	79	537.29	505.92	474.54

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	500.03	480.43	451.01	18-39	50.00	48.04	45.10
40	500.03	480.43	451.01	40	50.00	48.04	45.10
41	519.64	500.03	470.62	41	51.96	50.00	47.06
42	549.06	519.64	490.23	42	54.91	51.96	49.02
43	568.67	539.25	509.84	43	56.87	53.93	50.98
44	588.28	558.86	529.45	44	58.83	55.89	52.94
45	617.69	588.28	549.06	45	61.77	58.83	54.91
46	647.10	617.69	578.47	46	64.71	61.77	57.85
47	676.52	637.30	598.08	47	67.65	63.73	59.81
48	705.93	666.71	627.49	48	70.59	66.67	62.75
49	735.35	696.13	647.10	49	73.53	69.61	64.71
50	764.76	725.54	676.52	50	76.48	72.55	67.65
51	794.17	754.95	705.93	51	79.42	75.50	70.59
52	833.39	784.37	725.54	52	83.34	78.44	72.55
53	862.80	813.78	754.95	53	86.28	81.38	75.50
54	902.02	843.20	784.37	54	90.20	84.32	78.44
55	941.24	882.41	813.78	55	94.12	88.24	81.38
56	1,009.87	941.24	872.61	56	100.99	94.12	87.26
57	1,078.51	1,009.87	931.44	57	107.85	100.99	93.14
58	1,156.94	1,078.51	990.26	58	115.69	107.85	99.03
59	1,235.38	1,147.14	1,058.90	59	123.54	114.71	105.89
60	1,323.62	1,225.58	1,127.53	60	132.36	122.56	112.75
61	1,421.67	1,313.82	1,205.97	61	142.17	131.38	120.60
62	1,519.71	1,411.86	1,304.01	62	151.97	141.19	130.40
63	1,637.37	1,519.71	1,392.25	63	163.74	151.97	139.23
64	1,755.02	1,627.56	1,500.10	64	175.50	162.76	150.01
65	1,882.48	1,745.22	1,607.95	65	188.25	174.52	160.80
66	2,029.55	1,892.29	1,755.02	66	202.96	189.23	175.50
67	2,186.43	2,049.16	1,911.90	67	218.64	204.92	191.19
68	2,353.10	2,225.64	2,088.38	68	235.31	222.56	208.84
69	2,539.39	2,411.93	2,284.47	69	253.94	241.19	228.45

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

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METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,735.48	2,617.83	2,490.37	70	273.55	261.78	249.04
71	3,019.82	2,882.55	2,735.48	71	301.98	288.26	273.55
72	3,323.76	3,166.89	3,010.01	72	332.38	316.69	301.00
73	3,666.92	3,490.44	3,313.95	73	366.69	349.04	331.40
74	4,049.30	3,853.21	3,647.31	74	404.93	385.32	364.73
75	4,461.09	4,235.59	4,010.08	75	446.11	423.56	401.01
76	4,970.93	4,706.21	4,441.48	76	497.09	470.62	444.15
77	5,529.79	5,225.85	4,921.91	77	552.98	522.59	492.19
78	6,157.29	5,814.13	5,461.16	78	615.73	581.41	546.12
79	6,853.42	6,451.43	6,049.44	79	685.34	645.14	604.94

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	382.38	362.77	343.16	18-39	38.24	36.28	34.32
40	382.38	362.77	343.16	40	38.24	36.28	34.32
41	392.18	372.57	352.97	41	39.22	37.26	35.30
42	401.99	382.38	362.77	42	40.20	38.24	36.28
43	421.60	401.99	372.57	43	42.16	40.20	37.26
44	431.40	411.79	382.38	44	43.14	41.18	38.24
45	441.21	421.60	392.18	45	44.12	42.16	39.22
46	451.01	431.40	401.99	46	45.10	43.14	40.20
47	470.62	441.21	411.79	47	47.06	44.12	41.18
48	480.43	460.82	431.40	48	48.04	46.08	43.14
49	500.03	470.62	441.21	49	50.00	47.06	44.12
50	509.84	480.43	451.01	50	50.98	48.04	45.10
51	529.45	500.03	460.82	51	52.94	50.00	46.08
52	539.25	509.84	480.43	52	53.93	50.98	48.04
53	558.86	529.45	490.23	53	55.89	52.94	49.02
54	568.67	539.25	509.84	54	56.87	53.93	50.98
55	588.28	558.86	519.64	55	58.83	55.89	51.96
56	617.69	588.28	549.06	56	61.77	58.83	54.91
57	656.91	617.69	578.47	57	65.69	61.77	57.85
58	696.13	656.91	607.89	58	69.61	65.69	60.79
59	735.35	686.32	637.30	59	73.53	68.63	63.73
60	774.56	725.54	666.71	60	77.46	72.55	66.67
61	823.59	774.56	715.74	61	82.36	77.46	71.57
62	882.41	823.59	754.95	62	88.24	82.36	75.50
63	941.24	882.41	813.78	63	94.12	88.24	81.38
64	1,000.07	931.44	862.80	64	100.01	93.14	86.28
65	1,068.70	1,000.07	921.63	65	106.87	100.01	92.16
66	1,147.14	1,068.70	990.26	66	114.71	106.87	99.03
67	1,235.38	1,156.94	1,068.70	67	123.54	115.69	106.87
68	1,333.43	1,245.18	1,156.94	68	133.34	124.52	115.69
69	1,441.28	1,343.23	1,245.18	69	144.13	134.32	124.52

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,549.13	1,451.08	1,343.23	70	154.91	145.11	134.32
71	1,696.20	1,588.35	1,470.69	71	169.62	158.83	147.07
72	1,862.87	1,745.22	1,617.76	72	186.29	174.52	161.78
73	2,049.16	1,911.90	1,774.63	73	204.92	191.19	177.46
74	2,245.25	2,098.18	1,951.12	74	224.53	209.82	195.11
75	2,460.95	2,304.08	2,137.40	75	246.10	230.41	213.74
76	2,764.90	2,588.41	2,402.13	76	276.49	258.84	240.21
77	3,108.06	2,902.16	2,696.27	77	310.81	290.22	269.63
78	3,490.44	3,264.93	3,039.43	78	349.04	326.49	303.94
79	3,921.84	3,666.92	3,412.00	79	392.18	366.69	341.20
80		4,127.74	3,833.60	80		412.77	383.36
81		4,588.55	4,265.00	81		458.86	426.50
82		5,118.00	4,755.23	82		511.80	475.52
83		5,696.47	5,294.48	83		569.65	529.45
84		6,343.58	5,892.56	84		634.36	589.26

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	480.43	451.01	411.79	18-39	48.04	45.10	41.18
40	480.43	451.01	411.79	40	48.04	45.10	41.18
41	490.23	460.82	421.60	41	49.02	46.08	42.16
42	509.84	470.62	431.40	42	50.98	47.06	43.14
43	519.64	490.23	451.01	43	51.96	49.02	45.10
44	539.25	500.03	460.82	44	53.93	50.00	46.08
45	549.06	509.84	470.62	45	54.91	50.98	47.06
46	568.67	529.45	490.23	46	56.87	52.94	49.02
47	578.47	539.25	500.03	47	57.85	53.93	50.00
48	598.08	558.86	519.64	48	59.81	55.89	51.96
49	607.89	568.67	529.45	49	60.79	56.87	52.94
50	627.49	588.28	549.06	50	62.75	58.83	54.91
51	647.10	607.89	568.67	51	64.71	60.79	56.87
52	666.71	627.49	578.47	52	66.67	62.75	57.85
53	686.32	647.10	598.08	53	68.63	64.71	59.81
54	705.93	666.71	617.69	54	70.59	66.67	61.77
55	725.54	686.32	637.30	55	72.55	68.63	63.73
56	764.76	725.54	676.52	56	76.48	72.55	67.65
57	813.78	764.76	705.93	57	81.38	76.48	70.59
58	862.80	803.98	745.15	58	86.28	80.40	74.51
59	911.83	853.00	794.17	59	91.18	85.30	79.42
60	970.66	902.02	833.39	60	97.07	90.20	83.34
61	1,029.48	960.85	892.22	61	102.95	96.09	89.22
62	1,098.12	1,029.48	951.05	62	109.81	102.95	95.10
63	1,176.55	1,098.12	1,009.87	63	117.66	109.81	100.99
64	1,254.99	1,166.75	1,078.51	64	125.50	116.67	107.85
65	1,333.43	1,245.18	1,147.14	65	133.34	124.52	114.71
66	1,441.28	1,343.23	1,245.18	66	144.13	134.32	124.52
67	1,558.93	1,451.08	1,343.23	67	155.89	145.11	134.32
68	1,686.39	1,568.74	1,451.08	68	168.64	156.87	145.11
69	1,823.66	1,706.00	1,578.54	69	182.37	170.60	157.85

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,970.72	1,843.26	1,706.00	70	197.07	184.33	170.60
71	2,157.01	2,019.75	1,872.68	71	215.70	201.97	187.27
72	2,372.71	2,215.84	2,058.97	72	237.27	221.58	205.90
73	2,598.22	2,431.54	2,255.06	73	259.82	243.15	225.51
74	2,853.14	2,666.85	2,480.56	74	285.31	266.69	248.06
75	3,127.67	2,931.58	2,725.68	75	312.77	293.16	272.57
76	3,480.63	3,255.13	3,029.62	76	348.06	325.51	302.96
77	3,872.82	3,627.70	3,372.78	77	387.28	362.77	337.28
78	4,314.02	4,029.69	3,745.36	78	431.40	402.97	374.54
79	4,804.25	4,490.51	4,166.96	79	480.43	449.05	416.70

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	598.08	558.86	509.84	18-39	59.81	55.89	50.98
40	598.08	558.86	509.84	40	59.81	55.89	50.98
41	617.69	578.47	529.45	41	61.77	57.85	52.94
42	637.30	588.28	539.25	42	63.73	58.83	53.93
43	647.10	607.89	558.86	43	64.71	60.79	55.89
44	666.71	627.49	578.47	44	66.67	62.75	57.85
45	686.32	637.30	588.28	45	68.63	63.73	58.83
46	705.93	656.91	607.89	46	70.59	65.69	60.79
47	725.54	676.52	627.49	47	72.55	67.65	62.75
48	754.95	705.93	647.10	48	75.50	70.59	64.71
49	774.56	725.54	666.71	49	77.46	72.55	66.67
50	794.17	745.15	686.32	50	79.42	74.51	68.63
51	813.78	764.76	705.93	51	81.38	76.48	70.59
52	843.20	784.37	725.54	52	84.32	78.44	72.55
53	862.80	803.98	745.15	53	86.28	80.40	74.51
54	882.41	833.39	774.56	54	88.24	83.34	77.46
55	911.83	853.00	794.17	55	91.18	85.30	79.42
56	970.66	911.83	843.20	56	97.07	91.18	84.32
57	1,019.68	960.85	892.22	57	101.97	96.09	89.22
58	1,088.31	1,019.68	941.24	58	108.83	101.97	94.12
59	1,147.14	1,068.70	990.26	59	114.71	106.87	99.03
60	1,215.77	1,137.33	1,049.09	60	121.58	113.73	104.91
61	1,294.21	1,205.97	1,117.72	61	129.42	120.60	111.77
62	1,382.45	1,284.40	1,186.36	62	138.24	128.44	118.64
63	1,480.49	1,372.64	1,264.79	63	148.05	137.26	126.48
64	1,578.54	1,460.89	1,343.23	64	157.85	146.09	134.32
65	1,686.39	1,558.93	1,431.47	65	168.64	155.89	143.15
66	1,823.66	1,686.39	1,549.13	66	182.37	168.64	154.91
67	1,970.72	1,833.46	1,686.39	67	197.07	183.35	168.64
68	2,137.40	1,990.33	1,833.46	68	213.74	199.03	183.35
69	2,313.89	2,157.01	1,990.33	69	231.39	215.70	199.03

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,500.17	2,333.49	2,157.01	70	250.02	233.35	215.70
71	2,735.48	2,549.20	2,353.10	71	273.55	254.92	235.31
72	3,000.21	2,784.51	2,568.81	72	300.02	278.45	256.88
73	3,284.54	3,049.23	2,804.12	73	328.45	304.92	280.41
74	3,588.48	3,323.76	3,059.04	74	358.85	332.38	305.90
75	3,931.64	3,637.51	3,343.37	75	393.16	363.75	334.34
76	4,353.24	4,049.30	3,735.55	76	435.32	404.93	373.56
77	4,814.06	4,490.51	4,166.96	77	481.41	449.05	416.70
78	5,323.90	4,990.54	4,647.38	78	532.39	499.05	464.74
79	5,892.56	5,539.60	5,186.63	79	589.26	553.96	518.66

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	774.56	735.35	686.32	18-39	77.46	73.53	68.63
40	774.56	735.35	686.32	40	77.46	73.53	68.63
41	803.98	764.76	715.74	41	80.40	76.48	71.57
42	833.39	784.37	735.35	42	83.34	78.44	73.53
43	862.80	813.78	764.76	43	86.28	81.38	76.48
44	892.22	843.20	794.17	44	89.22	84.32	79.42
45	921.63	872.61	823.59	45	92.16	87.26	82.36
46	951.05	902.02	853.00	46	95.10	90.20	85.30
47	990.26	941.24	882.41	47	99.03	94.12	88.24
48	1,019.68	970.66	911.83	48	101.97	97.07	91.18
49	1,058.90	1,000.07	941.24	49	105.89	100.01	94.12
50	1,098.12	1,039.29	980.46	50	109.81	103.93	98.05
51	1,127.53	1,068.70	1,000.07	51	112.75	106.87	100.01
52	1,156.94	1,098.12	1,029.48	52	115.69	109.81	102.95
53	1,186.36	1,127.53	1,058.90	53	118.64	112.75	105.89
54	1,225.58	1,156.94	1,078.51	54	122.56	115.69	107.85
55	1,254.99	1,186.36	1,107.92	55	125.50	118.64	110.79
56	1,323.62	1,245.18	1,166.75	56	132.36	124.52	116.67
57	1,402.06	1,313.82	1,225.58	57	140.21	131.38	122.56
58	1,480.49	1,382.45	1,284.40	58	148.05	138.24	128.44
59	1,568.74	1,460.89	1,353.03	59	156.87	146.09	135.30
60	1,656.98	1,539.32	1,421.67	60	165.70	153.93	142.17
61	1,764.83	1,637.37	1,509.91	61	176.48	163.74	150.99
62	1,872.68	1,745.22	1,607.95	62	187.27	174.52	160.80
63	1,990.33	1,853.07	1,715.81	63	199.03	185.31	171.58
64	2,117.79	1,970.72	1,823.66	64	211.78	197.07	182.37
65	2,255.06	2,098.18	1,941.31	65	225.51	209.82	194.13
66	2,411.93	2,255.06	2,098.18	66	241.19	225.51	209.82
67	2,578.61	2,431.54	2,274.67	67	257.86	243.15	227.47
68	2,764.90	2,617.83	2,470.76	68	276.49	261.78	247.08
69	2,960.99	2,813.92	2,666.85	69	296.10	281.39	266.69

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	3,166.89	3,029.62	2,892.36	70	316.69	302.96	289.24
71	3,470.83	3,313.95	3,157.08	71	347.08	331.40	315.71
72	3,794.38	3,617.90	3,441.41	72	379.44	361.79	344.14
73	4,157.15	3,961.06	3,755.16	73	415.72	396.11	375.52
74	4,549.33	4,323.83	4,098.32	74	454.93	432.38	409.83
75	4,980.74	4,725.82	4,470.90	75	498.07	472.58	447.09
76	5,519.99	5,225.85	4,931.71	76	552.00	522.59	493.17
77	6,127.88	5,784.71	5,431.75	77	612.79	578.47	543.17
78	6,794.59	6,392.60	5,990.61	78	679.46	639.26	599.06
79	7,539.74	7,078.92	6,608.30	79	753.97	707.89	660.83

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	176.48	166.68	156.87	18-39	17.65	16.67	15.69
40	176.48	166.68	156.87	40	17.65	16.67	15.69
41	186.29	176.48	166.68	41	18.63	17.65	16.67
42	186.29	176.48	166.68	42	18.63	17.65	16.67
43	196.09	186.29	176.48	43	19.61	18.63	17.65
44	205.90	196.09	176.48	44	20.59	19.61	17.65
45	205.90	196.09	186.29	45	20.59	19.61	18.63
46	215.70	205.90	186.29	46	21.57	20.59	18.63
47	225.51	215.70	196.09	47	22.55	21.57	19.61
48	225.51	215.70	205.90	48	22.55	21.57	20.59
49	235.31	225.51	205.90	49	23.53	22.55	20.59
50	245.12	235.31	215.70	50	24.51	23.53	21.57
51	254.92	245.12	225.51	51	25.49	24.51	22.55
52	274.53	264.72	245.12	52	27.45	26.47	24.51
53	294.14	274.53	254.92	53	29.41	27.45	25.49
54	303.94	284.33	264.72	54	30.39	28.43	26.47
55	323.55	303.94	284.33	55	32.36	30.39	28.43
56	343.16	323.55	294.14	56	34.32	32.36	29.41
57	362.77	343.16	313.75	57	36.28	34.32	31.37
58	392.18	362.77	333.36	58	39.22	36.28	33.34
59	411.79	382.38	343.16	59	41.18	38.24	34.32
60	441.21	401.99	362.77	60	44.12	40.20	36.28
61	480.43	441.21	392.18	61	48.04	44.12	39.22
62	509.84	470.62	421.60	62	50.98	47.06	42.16
63	558.86	509.84	460.82	63	55.89	50.98	46.08
64	598.08	549.06	500.03	64	59.81	54.91	50.00
65	647.10	598.08	539.25	65	64.71	59.81	53.93
66	705.93	647.10	588.28	66	70.59	64.71	58.83
67	774.56	705.93	637.30	67	77.46	70.59	63.73
68	843.20	764.76	686.32	68	84.32	76.48	68.63
69	921.63	833.39	745.15	69	92.16	83.34	74.51

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,009.87	911.83	813.78	70	100.99	91.18	81.38
71	1,117.72	1,009.87	892.22	71	111.77	100.99	89.22
72	1,245.18	1,117.72	980.46	72	124.52	111.77	98.05
73	1,382.45	1,235.38	1,078.51	73	138.24	123.54	107.85
74	1,539.32	1,362.84	1,186.36	74	153.93	136.28	118.64
75	1,706.00	1,509.91	1,304.01	75	170.60	150.99	130.40
76	1,902.09	1,676.59	1,451.08	76	190.21	167.66	145.11
77	2,127.60	1,882.48	1,627.56	77	212.76	188.25	162.76
78	2,382.52	2,098.18	1,813.85	78	238.25	209.82	181.39
79	2,657.05	2,343.30	2,019.75	79	265.70	234.33	201.97
80		2,617.83	2,255.06	80	297.08	261.78	225.51
81		2,892.36	2,490.37	81	328.45	289.24	249.04
82		3,196.30	2,755.09	82	363.75	319.63	275.51
83		3,539.46	3,049.23	83	401.99	353.95	304.92
84		3,912.04	3,372.78	84	444.15	391.20	337.28
				85	491.21	432.38	373.56
				86	552.98	487.29	420.62
				87	622.59	548.08	473.56
				88	700.05	615.73	532.39
				89	787.31	693.19	599.06
				90	891.24	779.47	673.58
				91	996.15	877.51	757.90
				92	1,120.67	986.34	852.02
				93	1,260.87	1,109.88	958.89
				94	1,418.73	1,248.13	1,078.51
				95	1,595.21	1,405.00	1,213.81
				96	1,795.22	1,580.50	1,364.80
				97	2,019.75	1,777.57	1,535.40
				98	2,271.73	2,000.14	1,727.57
				99	2,555.08	2,249.18	1,943.27

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	225.51	215.70	196.09	18-39	22.55	21.57	19.61
40	225.51	215.70	196.09	40	22.55	21.57	19.61
41	235.31	225.51	205.90	41	23.53	22.55	20.59
42	235.31	225.51	205.90	42	23.53	22.55	20.59
43	245.12	235.31	215.70	43	24.51	23.53	21.57
44	254.92	245.12	225.51	44	25.49	24.51	22.55
45	264.72	245.12	225.51	45	26.47	24.51	22.55
46	274.53	254.92	235.31	46	27.45	25.49	23.53
47	274.53	264.72	245.12	47	27.45	26.47	24.51
48	284.33	264.72	245.12	48	28.43	26.47	24.51
49	294.14	274.53	254.92	49	29.41	27.45	25.49
50	303.94	284.33	264.72	50	30.39	28.43	26.47
51	313.75	294.14	274.53	51	31.37	29.41	27.45
52	333.36	313.75	284.33	52	33.34	31.37	28.43
53	352.97	323.55	294.14	53	35.30	32.36	29.41
54	362.77	343.16	313.75	54	36.28	34.32	31.37
55	382.38	352.97	323.55	55	38.24	35.30	32.36
56	411.79	382.38	343.16	56	41.18	38.24	34.32
57	431.40	401.99	372.57	57	43.14	40.20	37.26
58	460.82	431.40	392.18	58	46.08	43.14	39.22
59	500.03	460.82	421.60	59	50.00	46.08	42.16
60	529.45	490.23	451.01	60	52.94	49.02	45.10
61	568.67	529.45	490.23	61	56.87	52.94	49.02
62	617.69	578.47	529.45	62	61.77	57.85	52.94
63	666.71	627.49	578.47	63	66.67	62.75	57.85
64	725.54	676.52	627.49	64	72.55	67.65	62.75
65	784.37	735.35	686.32	65	78.44	73.53	68.63
66	853.00	803.98	745.15	66	85.30	80.40	74.51
67	921.63	872.61	813.78	67	92.16	87.26	81.38
68	1,000.07	941.24	882.41	68	100.01	94.12	88.24
69	1,078.51	1,019.68	960.85	69	107.85	101.97	96.09

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,166.75	1,107.92	1,039.29	70	116.67	110.79	103.93
71	1,304.01	1,235.38	1,166.75	71	130.40	123.54	116.67
72	1,451.08	1,382.45	1,304.01	72	145.11	138.24	130.40
73	1,607.95	1,539.32	1,460.89	73	160.80	153.93	146.09
74	1,794.24	1,715.81	1,627.56	74	179.42	171.58	162.76
75	2,000.14	1,911.90	1,823.66	75	200.01	191.19	182.37
76	2,225.64	2,127.60	2,029.55	76	222.56	212.76	202.96
77	2,480.56	2,372.71	2,264.86	77	248.06	237.27	226.49
78	2,774.70	2,657.05	2,529.59	78	277.47	265.70	252.96
79	3,088.45	2,951.18	2,813.92	79	308.84	295.12	281.39
				80	344.14	329.43	313.75
				81	380.42	363.75	347.08
				82	420.62	401.99	383.36
				83	469.64	445.13	424.54
				84	513.76	500.03	468.66
				85	567.69	543.17	518.66
				86	639.26	611.81	584.35
				87	718.68	688.28	656.91
				88	808.88	773.58	739.27
				89	909.87	870.65	831.43
				90	1,023.60	979.48	935.36
				91	1,151.06	1,102.04	1,054.97
				92	1,295.19	1,239.30	1,183.42
				93	1,456.96	1,394.21	1,331.46
				94	1,639.33	1,568.74	1,497.16
				95	1,844.25	1,764.83	1,684.43
				96	2,074.65	1,984.45	1,895.23
				97	2,333.49	2,232.51	2,132.50
				98	2,625.67	2,511.94	2,398.21
				99	2,953.15	2,825.69	2,698.23

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	254.92	245.12	225.51	18-39	25.49	24.51	22.55
40	254.92	245.12	225.51	40	25.49	24.51	22.55
41	264.72	254.92	235.31	41	26.47	25.49	23.53
42	274.53	264.72	245.12	42	27.45	26.47	24.51
43	284.33	274.53	254.92	43	28.43	27.45	25.49
44	294.14	284.33	264.72	44	29.41	28.43	26.47
45	303.94	294.14	274.53	45	30.39	29.41	27.45
46	323.55	303.94	284.33	46	32.36	30.39	28.43
47	333.36	313.75	294.14	47	33.34	31.37	29.41
48	343.16	323.55	303.94	48	34.32	32.36	30.39
49	362.77	343.16	313.75	49	36.28	34.32	31.37
50	372.57	352.97	323.55	50	37.26	35.30	32.36
51	382.38	362.77	333.36	51	38.24	36.28	33.34
52	401.99	372.57	343.16	52	40.20	37.26	34.32
53	411.79	382.38	352.97	53	41.18	38.24	35.30
54	431.40	401.99	362.77	54	43.14	40.20	36.28
55	441.21	411.79	372.57	55	44.12	41.18	37.26
56	470.62	441.21	401.99	56	47.06	44.12	40.20
57	509.84	470.62	421.60	57	50.98	47.06	42.16
58	549.06	500.03	451.01	58	54.91	50.00	45.10
59	588.28	539.25	490.23	59	58.83	53.93	49.02
60	627.49	578.47	519.64	60	62.75	57.85	51.96
61	686.32	627.49	568.67	61	68.63	62.75	56.87
62	754.95	686.32	617.69	62	75.50	68.63	61.77
63	823.59	745.15	666.71	63	82.36	74.51	66.67
64	892.22	813.78	725.54	64	89.22	81.38	72.55
65	980.46	892.22	794.17	65	98.05	89.22	79.42
66	1,058.90	960.85	853.00	66	105.89	96.09	85.30
67	1,147.14	1,039.29	921.63	67	114.71	103.93	92.16
68	1,245.18	1,117.72	990.26	68	124.52	111.77	99.03
69	1,343.23	1,205.97	1,068.70	69	134.32	120.60	106.87

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,451.08	1,304.01	1,147.14	70	145.11	130.40	114.71
71	1,607.95	1,451.08	1,284.40	71	160.80	145.11	128.44
72	1,784.44	1,607.95	1,431.47	72	178.44	160.80	143.15
73	1,980.53	1,784.44	1,588.35	73	198.05	178.44	158.83
74	2,196.23	1,990.33	1,774.63	74	219.62	199.03	177.46
75	2,431.54	2,206.04	1,980.53	75	243.15	220.60	198.05
76	2,706.07	2,460.95	2,206.04	76	270.61	246.10	220.60
77	3,019.82	2,745.29	2,460.95	77	301.98	274.53	246.10
78	3,362.98	3,059.04	2,745.29	78	336.30	305.90	274.53
79	3,745.36	3,402.20	3,059.04	79	374.54	340.22	305.90
				80	417.68	379.44	341.20
				81	460.82	418.66	376.50
				82	509.84	463.76	416.70
				83	562.78	511.80	459.84
				84	621.61	564.74	508.86
				85	686.32	623.57	560.82
				86	772.60	702.01	631.42
				87	868.69	789.27	727.50
				88	977.52	888.30	799.07
				89	1,100.08	999.09	899.08
				90	1,237.34	1,124.59	1,010.85
				91	1,392.25	1,264.79	1,137.33
				92	1,565.79	1,422.65	1,279.50
				93	1,761.89	1,600.11	1,439.32
				94	1,981.51	1,800.12	1,619.72
				95	2,229.57	2,025.63	1,821.69
				96	2,508.02	2,278.59	2,049.16
				97	2,820.78	2,562.92	2,305.06
				98	3,173.75	2,883.53	2,593.32
				99	3,570.84	3,244.34	2,917.85

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	303.94	294.14	274.53	18-39	30.39	29.41	27.45
40	303.94	294.14	274.53	40	30.39	29.41	27.45
41	313.75	303.94	284.33	41	31.37	30.39	28.43
42	333.36	313.75	294.14	42	33.34	31.37	29.41
43	343.16	323.55	303.94	43	34.32	32.36	30.39
44	352.97	333.36	313.75	44	35.30	33.34	31.37
45	372.57	352.97	323.55	45	37.26	35.30	32.36
46	382.38	362.77	333.36	46	38.24	36.28	33.34
47	401.99	372.57	343.16	47	40.20	37.26	34.32
48	421.60	392.18	352.97	48	42.16	39.22	35.30
49	431.40	401.99	372.57	49	43.14	40.20	37.26
50	451.01	421.60	382.38	50	45.10	42.16	38.24
51	470.62	431.40	392.18	51	47.06	43.14	39.22
52	490.23	451.01	411.79	52	49.02	45.10	41.18
53	509.84	470.62	431.40	53	50.98	47.06	43.14
54	529.45	490.23	441.21	54	52.94	49.02	44.12
55	549.06	509.84	460.82	55	54.91	50.98	46.08
56	588.28	549.06	500.03	56	58.83	54.91	50.00
57	637.30	588.28	539.25	57	63.73	58.83	53.93
58	686.32	637.30	578.47	58	68.63	63.73	57.85
59	745.15	686.32	627.49	59	74.51	68.63	62.75
60	803.98	745.15	676.52	60	80.40	74.51	67.65
61	872.61	803.98	735.35	61	87.26	80.40	73.53
62	960.85	882.41	794.17	62	96.09	88.24	79.42
63	1,049.09	960.85	862.80	63	104.91	96.09	86.28
64	1,137.33	1,039.29	931.44	64	113.73	103.93	93.14
65	1,245.18	1,127.53	1,009.87	65	124.52	112.75	100.99
66	1,333.43	1,215.77	1,098.12	66	133.34	121.58	109.81
67	1,431.47	1,313.82	1,186.36	67	143.15	131.38	118.64
68	1,529.52	1,411.86	1,284.40	68	152.95	141.19	128.44
69	1,637.37	1,519.71	1,392.25	69	163.74	151.97	139.23

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,755.02	1,637.37	1,509.91	70	175.50	163.74	150.99
71	1,960.92	1,823.66	1,676.59	71	196.09	182.37	167.66
72	2,186.43	2,029.55	1,862.87	72	218.64	202.96	186.29
73	2,431.54	2,255.06	2,068.77	73	243.15	225.51	206.88
74	2,715.87	2,509.98	2,294.28	74	271.59	251.00	229.43
75	3,029.62	2,794.31	2,549.20	75	302.96	279.43	254.92
76	3,372.78	3,108.06	2,843.33	76	337.28	310.81	284.33
77	3,755.16	3,461.02	3,166.89	77	375.52	346.10	316.69
78	4,186.56	3,863.01	3,529.66	78	418.66	386.30	352.97
79	4,666.99	4,304.22	3,931.64	79	466.70	430.42	393.16
				80	519.64	479.44	438.27
				81	573.57	528.47	483.37
				82	633.38	583.37	533.37
				83	700.05	645.14	589.26
				84	772.60	711.81	650.04
				85	853.00	785.35	717.70
				86	959.87	884.37	807.90
				87	1,080.47	994.19	908.89
				88	1,214.79	1,118.70	1,022.62
				89	1,366.76	1,268.72	1,150.08
				90	1,537.36	1,415.78	1,294.21
				91	1,729.53	1,592.27	1,455.00
				92	1,946.21	1,791.30	1,637.37
				93	2,189.37	2,015.83	1,842.28
				94	2,462.92	2,267.80	2,071.71
				95	2,770.78	2,551.16	2,331.53
				96	3,116.88	2,869.81	2,622.73
				97	3,506.12	3,228.65	2,950.20
				98	3,944.39	3,631.62	3,318.86
				99	4,437.56	4,085.58	3,733.59

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	264.72	254.92	235.31	18-39	26.47	25.49	23.53
40	264.72	254.92	235.31	40	26.47	25.49	23.53
41	274.53	264.72	245.12	41	27.45	26.47	24.51
42	284.33	274.53	254.92	42	28.43	27.45	25.49
43	294.14	284.33	264.72	43	29.41	28.43	26.47
44	303.94	294.14	274.53	44	30.39	29.41	27.45
45	313.75	303.94	284.33	45	31.37	30.39	28.43
46	333.36	313.75	294.14	46	33.34	31.37	29.41
47	343.16	323.55	303.94	47	34.32	32.36	30.39
48	352.97	333.36	313.75	48	35.30	33.34	31.37
49	372.57	352.97	323.55	49	37.26	35.30	32.36
50	382.38	362.77	333.36	50	38.24	36.28	33.34
51	392.18	372.57	343.16	51	39.22	37.26	34.32
52	411.79	392.18	362.77	52	41.18	39.22	36.28
53	431.40	401.99	372.57	53	43.14	40.20	37.26
54	441.21	411.79	382.38	54	44.12	41.18	38.24
55	460.82	431.40	401.99	55	46.08	43.14	40.20
56	490.23	460.82	421.60	56	49.02	46.08	42.16
57	529.45	490.23	451.01	57	52.94	49.02	45.10
58	558.86	519.64	480.43	58	55.89	51.96	48.04
59	598.08	558.86	509.84	59	59.81	55.89	50.98
60	637.30	588.28	539.25	60	63.73	58.83	53.93
61	686.32	637.30	578.47	61	68.63	63.73	57.85
62	735.35	686.32	627.49	62	73.53	68.63	62.75
63	784.37	735.35	676.52	63	78.44	73.53	67.65
64	843.20	784.37	725.54	64	84.32	78.44	72.55
65	902.02	843.20	784.37	65	90.20	84.32	78.44
66	980.46	921.63	853.00	66	98.05	92.16	85.30
67	1,068.70	1,000.07	921.63	67	106.87	100.01	92.16
68	1,166.75	1,088.31	1,000.07	68	116.67	108.83	100.01
69	1,264.79	1,176.55	1,088.31	69	126.48	117.66	108.83

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,382.45	1,284.40	1,176.55	70	138.24	128.44	117.66
71	1,519.71	1,411.86	1,294.21	71	151.97	141.19	129.42
72	1,676.59	1,558.93	1,431.47	72	167.66	155.89	143.15
73	1,853.07	1,715.81	1,578.54	73	185.31	171.58	157.85
74	2,039.36	1,892.29	1,745.22	74	203.94	189.23	174.52
75	2,245.25	2,088.38	1,921.70	75	224.53	208.84	192.17
76	2,529.59	2,353.10	2,166.82	76	252.96	235.31	216.68
77	2,843.33	2,647.24	2,441.35	77	284.33	264.72	244.13
78	3,196.30	2,980.60	2,755.09	78	319.63	298.06	275.51
79	3,588.48	3,353.17	3,108.06	79	358.85	335.32	310.81
80		3,774.77	3,500.24	80		377.48	350.02
81		4,225.78	3,921.84	81		422.58	392.18
82		4,725.82	4,392.46	82		472.58	439.25
83		5,294.48	4,921.91	83		529.45	492.19
84		5,921.98	5,510.19	84		592.20	551.02

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	323.55	303.94	284.33	18-39	32.36	30.39	28.43
40	323.55	303.94	284.33	40	32.36	30.39	28.43
41	333.36	313.75	294.14	41	33.34	31.37	29.41
42	343.16	323.55	303.94	42	34.32	32.36	30.39
43	362.77	343.16	313.75	43	36.28	34.32	31.37
44	372.57	352.97	323.55	44	37.26	35.30	32.36
45	382.38	362.77	333.36	45	38.24	36.28	33.34
46	401.99	382.38	352.97	46	40.20	38.24	35.30
47	411.79	392.18	362.77	47	41.18	39.22	36.28
48	431.40	401.99	372.57	48	43.14	40.20	37.26
49	441.21	421.60	392.18	49	44.12	42.16	39.22
50	460.82	431.40	401.99	50	46.08	43.14	40.20
51	480.43	451.01	421.60	51	48.04	45.10	42.16
52	500.03	470.62	431.40	52	50.00	47.06	43.14
53	519.64	490.23	451.01	53	51.96	49.02	45.10
54	549.06	509.84	470.62	54	54.91	50.98	47.06
55	568.67	529.45	490.23	55	56.87	52.94	49.02
56	607.89	568.67	519.64	56	60.79	56.87	51.96
57	647.10	607.89	558.86	57	64.71	60.79	55.89
58	686.32	647.10	598.08	58	68.63	64.71	59.81
59	735.35	686.32	637.30	59	73.53	68.63	63.73
60	784.37	735.35	686.32	60	78.44	73.53	68.63
61	843.20	794.17	735.35	61	84.32	79.42	73.53
62	902.02	843.20	784.37	62	90.20	84.32	78.44
63	970.66	911.83	843.20	63	97.07	91.18	84.32
64	1,049.09	980.46	902.02	64	104.91	98.05	90.20
65	1,127.53	1,049.09	970.66	65	112.75	104.91	97.07
66	1,225.58	1,147.14	1,058.90	66	122.56	114.71	105.89
67	1,333.43	1,245.18	1,156.94	67	133.34	124.52	115.69
68	1,441.28	1,353.03	1,264.79	68	144.13	135.30	126.48
69	1,568.74	1,470.69	1,372.64	69	156.87	147.07	137.26

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,706.00	1,607.95	1,500.10	70	170.60	160.80	150.01
71	1,882.48	1,774.63	1,656.98	71	188.25	177.46	165.70
72	2,078.58	1,960.92	1,833.46	72	207.86	196.09	183.35
73	2,284.47	2,157.01	2,019.75	73	228.45	215.70	201.97
74	2,519.78	2,372.71	2,225.64	74	251.98	237.27	222.56
75	2,784.51	2,627.63	2,460.95	75	278.45	262.76	246.10
76	3,117.86	2,941.38	2,755.09	76	311.79	294.14	275.51
77	3,480.63	3,284.54	3,078.64	77	348.06	328.45	307.86
78	3,892.43	3,666.92	3,441.41	78	389.24	366.69	344.14
79	4,353.24	4,108.13	3,853.21	79	435.32	410.81	385.32

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	392.18	372.57	343.16	18-39	39.22	37.26	34.32
40	392.18	372.57	343.16	40	39.22	37.26	34.32
41	411.79	382.38	352.97	41	41.18	38.24	35.30
42	421.60	401.99	372.57	42	42.16	40.20	37.26
43	441.21	411.79	382.38	43	44.12	41.18	38.24
44	460.82	431.40	401.99	44	46.08	43.14	40.20
45	480.43	451.01	411.79	45	48.04	45.10	41.18
46	500.03	470.62	431.40	46	50.00	47.06	43.14
47	519.64	490.23	451.01	47	51.96	49.02	45.10
48	539.25	500.03	460.82	48	53.93	50.00	46.08
49	558.86	519.64	480.43	49	55.89	51.96	48.04
50	578.47	539.25	500.03	50	57.85	53.93	50.00
51	598.08	558.86	519.64	51	59.81	55.89	51.96
52	627.49	588.28	539.25	52	62.75	58.83	53.93
53	647.10	607.89	558.86	53	64.71	60.79	55.89
54	666.71	627.49	578.47	54	66.67	62.75	57.85
55	696.13	647.10	598.08	55	69.61	64.71	59.81
56	745.15	696.13	637.30	56	74.51	69.61	63.73
57	794.17	745.15	686.32	57	79.42	74.51	68.63
58	853.00	794.17	735.35	58	85.30	79.42	73.53
59	911.83	853.00	784.37	59	91.18	85.30	78.44
60	980.46	911.83	843.20	60	98.05	91.18	84.32
61	1,058.90	980.46	902.02	61	105.89	98.05	90.20
62	1,137.33	1,058.90	970.66	62	113.73	105.89	97.07
63	1,225.58	1,137.33	1,039.29	63	122.56	113.73	103.93
64	1,323.62	1,225.58	1,117.72	64	132.36	122.56	111.77
65	1,421.67	1,313.82	1,196.16	65	142.17	131.38	119.62
66	1,549.13	1,431.47	1,304.01	66	154.91	143.15	130.40
67	1,686.39	1,558.93	1,421.67	67	168.64	155.89	142.17
68	1,833.46	1,696.20	1,558.93	68	183.35	169.62	155.89
69	2,000.14	1,853.07	1,696.20	69	200.01	185.31	169.62

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,176.62	2,019.75	1,853.07	70	217.66	201.97	185.31
71	2,402.13	2,225.64	2,039.36	71	240.21	222.56	203.94
72	2,637.44	2,441.35	2,245.25	72	263.74	244.13	224.53
73	2,911.97	2,696.27	2,470.76	73	291.20	269.63	247.08
74	3,206.10	2,970.79	2,725.68	74	320.61	297.08	272.57
75	3,529.66	3,264.93	3,000.21	75	352.97	326.49	300.02
76	3,921.84	3,647.31	3,362.98	76	392.18	364.73	336.30
77	4,353.24	4,068.91	3,774.77	77	435.32	406.89	377.48
78	4,843.47	4,539.53	4,235.59	78	484.35	453.95	423.56
79	5,372.92	5,059.17	4,745.43	79	537.29	505.92	474.54

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	500.03	480.43	451.01	18-39	50.00	48.04	45.10
40	500.03	480.43	451.01	40	50.00	48.04	45.10
41	519.64	500.03	470.62	41	51.96	50.00	47.06
42	549.06	519.64	490.23	42	54.91	51.96	49.02
43	568.67	539.25	509.84	43	56.87	53.93	50.98
44	588.28	558.86	529.45	44	58.83	55.89	52.94
45	617.69	588.28	549.06	45	61.77	58.83	54.91
46	647.10	617.69	578.47	46	64.71	61.77	57.85
47	676.52	637.30	598.08	47	67.65	63.73	59.81
48	705.93	666.71	627.49	48	70.59	66.67	62.75
49	735.35	696.13	647.10	49	73.53	69.61	64.71
50	764.76	725.54	676.52	50	76.48	72.55	67.65
51	794.17	754.95	705.93	51	79.42	75.50	70.59
52	833.39	784.37	725.54	52	83.34	78.44	72.55
53	862.80	813.78	754.95	53	86.28	81.38	75.50
54	902.02	843.20	784.37	54	90.20	84.32	78.44
55	941.24	882.41	813.78	55	94.12	88.24	81.38
56	1,009.87	941.24	872.61	56	100.99	94.12	87.26
57	1,078.51	1,009.87	931.44	57	107.85	100.99	93.14
58	1,156.94	1,078.51	990.26	58	115.69	107.85	99.03
59	1,235.38	1,147.14	1,058.90	59	123.54	114.71	105.89
60	1,323.62	1,225.58	1,127.53	60	132.36	122.56	112.75
61	1,421.67	1,313.82	1,205.97	61	142.17	131.38	120.60
62	1,519.71	1,411.86	1,304.01	62	151.97	141.19	130.40
63	1,637.37	1,519.71	1,392.25	63	163.74	151.97	139.23
64	1,755.02	1,627.56	1,500.10	64	175.50	162.76	150.01
65	1,882.48	1,745.22	1,607.95	65	188.25	174.52	160.80
66	2,029.55	1,892.29	1,755.02	66	202.96	189.23	175.50
67	2,186.43	2,049.16	1,911.90	67	218.64	204.92	191.19
68	2,353.10	2,225.64	2,088.38	68	235.31	222.56	208.84
69	2,539.39	2,411.93	2,284.47	69	253.94	241.19	228.45

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,735.48	2,617.83	2,490.37	70	273.55	261.78	249.04
71	3,019.82	2,882.55	2,735.48	71	301.98	288.26	273.55
72	3,323.76	3,166.89	3,010.01	72	332.38	316.69	301.00
73	3,666.92	3,490.44	3,313.95	73	366.69	349.04	331.40
74	4,049.30	3,853.21	3,647.31	74	404.93	385.32	364.73
75	4,461.09	4,235.59	4,010.08	75	446.11	423.56	401.01
76	4,970.93	4,706.21	4,441.48	76	497.09	470.62	444.15
77	5,529.79	5,225.85	4,921.91	77	552.98	522.59	492.19
78	6,157.29	5,814.13	5,461.16	78	615.73	581.41	546.12
79	6,853.42	6,451.43	6,049.44	79	685.34	645.14	604.94

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	382.38	362.77	343.16	18-39	38.24	36.28	34.32
40	382.38	362.77	343.16	40	38.24	36.28	34.32
41	392.18	372.57	352.97	41	39.22	37.26	35.30
42	401.99	382.38	362.77	42	40.20	38.24	36.28
43	421.60	401.99	372.57	43	42.16	40.20	37.26
44	431.40	411.79	382.38	44	43.14	41.18	38.24
45	441.21	421.60	392.18	45	44.12	42.16	39.22
46	451.01	431.40	401.99	46	45.10	43.14	40.20
47	470.62	441.21	411.79	47	47.06	44.12	41.18
48	480.43	460.82	431.40	48	48.04	46.08	43.14
49	500.03	470.62	441.21	49	50.00	47.06	44.12
50	509.84	480.43	451.01	50	50.98	48.04	45.10
51	529.45	500.03	460.82	51	52.94	50.00	46.08
52	539.25	509.84	480.43	52	53.93	50.98	48.04
53	558.86	529.45	490.23	53	55.89	52.94	49.02
54	568.67	539.25	509.84	54	56.87	53.93	50.98
55	588.28	558.86	519.64	55	58.83	55.89	51.96
56	617.69	588.28	549.06	56	61.77	58.83	54.91
57	656.91	617.69	578.47	57	65.69	61.77	57.85
58	696.13	656.91	607.89	58	69.61	65.69	60.79
59	735.35	686.32	637.30	59	73.53	68.63	63.73
60	774.56	725.54	666.71	60	77.46	72.55	66.67
61	823.59	774.56	715.74	61	82.36	77.46	71.57
62	882.41	823.59	754.95	62	88.24	82.36	75.50
63	941.24	882.41	813.78	63	94.12	88.24	81.38
64	1,000.07	931.44	862.80	64	100.01	93.14	86.28
65	1,068.70	1,000.07	921.63	65	106.87	100.01	92.16
66	1,147.14	1,068.70	990.26	66	114.71	106.87	99.03
67	1,235.38	1,156.94	1,068.70	67	123.54	115.69	106.87
68	1,333.43	1,245.18	1,156.94	68	133.34	124.52	115.69
69	1,441.28	1,343.23	1,245.18	69	144.13	134.32	124.52

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,549.13	1,451.08	1,343.23	70	154.91	145.11	134.32
71	1,696.20	1,588.35	1,470.69	71	169.62	158.83	147.07
72	1,862.87	1,745.22	1,617.76	72	186.29	174.52	161.78
73	2,049.16	1,911.90	1,774.63	73	204.92	191.19	177.46
74	2,245.25	2,098.18	1,951.12	74	224.53	209.82	195.11
75	2,460.95	2,304.08	2,137.40	75	246.10	230.41	213.74
76	2,764.90	2,588.41	2,402.13	76	276.49	258.84	240.21
77	3,108.06	2,902.16	2,696.27	77	310.81	290.22	269.63
78	3,490.44	3,264.93	3,039.43	78	349.04	326.49	303.94
79	3,921.84	3,666.92	3,412.00	79	392.18	366.69	341.20
80		4,127.74	3,833.60	80		412.77	383.36
81		4,588.55	4,265.00	81		458.86	426.50
82		5,118.00	4,755.23	82		511.80	475.52
83		5,696.47	5,294.48	83		569.65	529.45
84		6,343.58	5,892.56	84		634.36	589.26

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	480.43	451.01	411.79	18-39	48.04	45.10	41.18
40	480.43	451.01	411.79	40	48.04	45.10	41.18
41	490.23	460.82	421.60	41	49.02	46.08	42.16
42	509.84	470.62	431.40	42	50.98	47.06	43.14
43	519.64	490.23	451.01	43	51.96	49.02	45.10
44	539.25	500.03	460.82	44	53.93	50.00	46.08
45	549.06	509.84	470.62	45	54.91	50.98	47.06
46	568.67	529.45	490.23	46	56.87	52.94	49.02
47	578.47	539.25	500.03	47	57.85	53.93	50.00
48	598.08	558.86	519.64	48	59.81	55.89	51.96
49	607.89	568.67	529.45	49	60.79	56.87	52.94
50	627.49	588.28	549.06	50	62.75	58.83	54.91
51	647.10	607.89	568.67	51	64.71	60.79	56.87
52	666.71	627.49	578.47	52	66.67	62.75	57.85
53	686.32	647.10	598.08	53	68.63	64.71	59.81
54	705.93	666.71	617.69	54	70.59	66.67	61.77
55	725.54	686.32	637.30	55	72.55	68.63	63.73
56	764.76	725.54	676.52	56	76.48	72.55	67.65
57	813.78	764.76	705.93	57	81.38	76.48	70.59
58	862.80	803.98	745.15	58	86.28	80.40	74.51
59	911.83	853.00	794.17	59	91.18	85.30	79.42
60	970.66	902.02	833.39	60	97.07	90.20	83.34
61	1,029.48	960.85	892.22	61	102.95	96.09	89.22
62	1,098.12	1,029.48	951.05	62	109.81	102.95	95.10
63	1,176.55	1,098.12	1,009.87	63	117.66	109.81	100.99
64	1,254.99	1,166.75	1,078.51	64	125.50	116.67	107.85
65	1,333.43	1,245.18	1,147.14	65	133.34	124.52	114.71
66	1,441.28	1,343.23	1,245.18	66	144.13	134.32	124.52
67	1,558.93	1,451.08	1,343.23	67	155.89	145.11	134.32
68	1,686.39	1,568.74	1,451.08	68	168.64	156.87	145.11
69	1,823.66	1,706.00	1,578.54	69	182.37	170.60	157.85

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,970.72	1,843.26	1,706.00	70	197.07	184.33	170.60
71	2,157.01	2,019.75	1,872.68	71	215.70	201.97	187.27
72	2,372.71	2,215.84	2,058.97	72	237.27	221.58	205.90
73	2,598.22	2,431.54	2,255.06	73	259.82	243.15	225.51
74	2,853.14	2,666.85	2,480.56	74	285.31	266.69	248.06
75	3,127.67	2,931.58	2,725.68	75	312.77	293.16	272.57
76	3,480.63	3,255.13	3,029.62	76	348.06	325.51	302.96
77	3,872.82	3,627.70	3,372.78	77	387.28	362.77	337.28
78	4,314.02	4,029.69	3,745.36	78	431.40	402.97	374.54
79	4,804.25	4,490.51	4,166.96	79	480.43	449.05	416.70

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

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Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	598.08	558.86	509.84	18-39	59.81	55.89	50.98
40	598.08	558.86	509.84	40	59.81	55.89	50.98
41	617.69	578.47	529.45	41	61.77	57.85	52.94
42	637.30	588.28	539.25	42	63.73	58.83	53.93
43	647.10	607.89	558.86	43	64.71	60.79	55.89
44	666.71	627.49	578.47	44	66.67	62.75	57.85
45	686.32	637.30	588.28	45	68.63	63.73	58.83
46	705.93	656.91	607.89	46	70.59	65.69	60.79
47	725.54	676.52	627.49	47	72.55	67.65	62.75
48	754.95	705.93	647.10	48	75.50	70.59	64.71
49	774.56	725.54	666.71	49	77.46	72.55	66.67
50	794.17	745.15	686.32	50	79.42	74.51	68.63
51	813.78	764.76	705.93	51	81.38	76.48	70.59
52	843.20	784.37	725.54	52	84.32	78.44	72.55
53	862.80	803.98	745.15	53	86.28	80.40	74.51
54	882.41	833.39	774.56	54	88.24	83.34	77.46
55	911.83	853.00	794.17	55	91.18	85.30	79.42
56	970.66	911.83	843.20	56	97.07	91.18	84.32
57	1,019.68	960.85	892.22	57	101.97	96.09	89.22
58	1,088.31	1,019.68	941.24	58	108.83	101.97	94.12
59	1,147.14	1,068.70	990.26	59	114.71	106.87	99.03
60	1,215.77	1,137.33	1,049.09	60	121.58	113.73	104.91
61	1,294.21	1,205.97	1,117.72	61	129.42	120.60	111.77
62	1,382.45	1,284.40	1,186.36	62	138.24	128.44	118.64
63	1,480.49	1,372.64	1,264.79	63	148.05	137.26	126.48
64	1,578.54	1,460.89	1,343.23	64	157.85	146.09	134.32
65	1,686.39	1,558.93	1,431.47	65	168.64	155.89	143.15
66	1,823.66	1,686.39	1,549.13	66	182.37	168.64	154.91
67	1,970.72	1,833.46	1,686.39	67	197.07	183.35	168.64
68	2,137.40	1,990.33	1,833.46	68	213.74	199.03	183.35
69	2,313.89	2,157.01	1,990.33	69	231.39	215.70	199.03

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

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Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,500.17	2,333.49	2,157.01	70	250.02	233.35	215.70
71	2,735.48	2,549.20	2,353.10	71	273.55	254.92	235.31
72	3,000.21	2,784.51	2,568.81	72	300.02	278.45	256.88
73	3,284.54	3,049.23	2,804.12	73	328.45	304.92	280.41
74	3,588.48	3,323.76	3,059.04	74	358.85	332.38	305.90
75	3,931.64	3,637.51	3,343.37	75	393.16	363.75	334.34
76	4,353.24	4,049.30	3,735.55	76	435.32	404.93	373.56
77	4,814.06	4,490.51	4,166.96	77	481.41	449.05	416.70
78	5,323.90	4,990.54	4,647.38	78	532.39	499.05	464.74
79	5,892.56	5,539.60	5,186.63	79	589.26	553.96	518.66

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	774.56	735.35	686.32	18-39	77.46	73.53	68.63
40	774.56	735.35	686.32	40	77.46	73.53	68.63
41	803.98	764.76	715.74	41	80.40	76.48	71.57
42	833.39	784.37	735.35	42	83.34	78.44	73.53
43	862.80	813.78	764.76	43	86.28	81.38	76.48
44	892.22	843.20	794.17	44	89.22	84.32	79.42
45	921.63	872.61	823.59	45	92.16	87.26	82.36
46	951.05	902.02	853.00	46	95.10	90.20	85.30
47	990.26	941.24	882.41	47	99.03	94.12	88.24
48	1,019.68	970.66	911.83	48	101.97	97.07	91.18
49	1,058.90	1,000.07	941.24	49	105.89	100.01	94.12
50	1,098.12	1,039.29	980.46	50	109.81	103.93	98.05
51	1,127.53	1,068.70	1,000.07	51	112.75	106.87	100.01
52	1,156.94	1,098.12	1,029.48	52	115.69	109.81	102.95
53	1,186.36	1,127.53	1,058.90	53	118.64	112.75	105.89
54	1,225.58	1,156.94	1,078.51	54	122.56	115.69	107.85
55	1,254.99	1,186.36	1,107.92	55	125.50	118.64	110.79
56	1,323.62	1,245.18	1,166.75	56	132.36	124.52	116.67
57	1,402.06	1,313.82	1,225.58	57	140.21	131.38	122.56
58	1,480.49	1,382.45	1,284.40	58	148.05	138.24	128.44
59	1,568.74	1,460.89	1,353.03	59	156.87	146.09	135.30
60	1,656.98	1,539.32	1,421.67	60	165.70	153.93	142.17
61	1,764.83	1,637.37	1,509.91	61	176.48	163.74	150.99
62	1,872.68	1,745.22	1,607.95	62	187.27	174.52	160.80
63	1,990.33	1,853.07	1,715.81	63	199.03	185.31	171.58
64	2,117.79	1,970.72	1,823.66	64	211.78	197.07	182.37
65	2,255.06	2,098.18	1,941.31	65	225.51	209.82	194.13
66	2,411.93	2,255.06	2,098.18	66	241.19	225.51	209.82
67	2,578.61	2,431.54	2,274.67	67	257.86	243.15	227.47
68	2,764.90	2,617.83	2,470.76	68	276.49	261.78	247.08
69	2,960.99	2,813.92	2,666.85	69	296.10	281.39	266.69

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	3,166.89	3,029.62	2,892.36	70	316.69	302.96	289.24
71	3,470.83	3,313.95	3,157.08	71	347.08	331.40	315.71
72	3,794.38	3,617.90	3,441.41	72	379.44	361.79	344.14
73	4,157.15	3,961.06	3,755.16	73	415.72	396.11	375.52
74	4,549.33	4,323.83	4,098.32	74	454.93	432.38	409.83
75	4,980.74	4,725.82	4,470.90	75	498.07	472.58	447.09
76	5,519.99	5,225.85	4,931.71	76	552.00	522.59	493.17
77	6,127.88	5,784.71	5,431.75	77	612.79	578.47	543.17
78	6,794.59	6,392.60	5,990.61	78	679.46	639.26	599.06
79	7,539.74	7,078.92	6,608.30	79	753.97	707.89	660.83

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	176.48	166.68	156.87	18-39	17.65	16.67	15.69
40	176.48	166.68	156.87	40	17.65	16.67	15.69
41	186.29	176.48	166.68	41	18.63	17.65	16.67
42	186.29	176.48	166.68	42	18.63	17.65	16.67
43	196.09	186.29	176.48	43	19.61	18.63	17.65
44	205.90	196.09	176.48	44	20.59	19.61	17.65
45	205.90	196.09	186.29	45	20.59	19.61	18.63
46	215.70	205.90	186.29	46	21.57	20.59	18.63
47	225.51	215.70	196.09	47	22.55	21.57	19.61
48	225.51	215.70	205.90	48	22.55	21.57	20.59
49	235.31	225.51	205.90	49	23.53	22.55	20.59
50	245.12	235.31	215.70	50	24.51	23.53	21.57
51	254.92	245.12	225.51	51	25.49	24.51	22.55
52	274.53	264.72	245.12	52	27.45	26.47	24.51
53	294.14	274.53	254.92	53	29.41	27.45	25.49
54	303.94	284.33	264.72	54	30.39	28.43	26.47
55	323.55	303.94	284.33	55	32.36	30.39	28.43
56	343.16	323.55	294.14	56	34.32	32.36	29.41
57	362.77	343.16	313.75	57	36.28	34.32	31.37
58	392.18	362.77	333.36	58	39.22	36.28	33.34
59	411.79	382.38	343.16	59	41.18	38.24	34.32
60	441.21	401.99	362.77	60	44.12	40.20	36.28
61	480.43	441.21	392.18	61	48.04	44.12	39.22
62	509.84	470.62	421.60	62	50.98	47.06	42.16
63	558.86	509.84	460.82	63	55.89	50.98	46.08
64	598.08	549.06	500.03	64	59.81	54.91	50.00
65	647.10	598.08	539.25	65	64.71	59.81	53.93
66	705.93	647.10	588.28	66	70.59	64.71	58.83
67	774.56	705.93	637.30	67	77.46	70.59	63.73
68	843.20	764.76	686.32	68	84.32	76.48	68.63
69	921.63	833.39	745.15	69	92.16	83.34	74.51

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,009.87	911.83	813.78	70	100.99	91.18	81.38
71	1,117.72	1,009.87	892.22	71	111.77	100.99	89.22
72	1,245.18	1,117.72	980.46	72	124.52	111.77	98.05
73	1,382.45	1,235.38	1,078.51	73	138.24	123.54	107.85
74	1,539.32	1,362.84	1,186.36	74	153.93	136.28	118.64
75	1,706.00	1,509.91	1,304.01	75	170.60	150.99	130.40
76	1,902.09	1,676.59	1,451.08	76	190.21	167.66	145.11
77	2,127.60	1,882.48	1,627.56	77	212.76	188.25	162.76
78	2,382.52	2,098.18	1,813.85	78	238.25	209.82	181.39
79	2,657.05	2,343.30	2,019.75	79	265.70	234.33	201.97
80		2,617.83	2,255.06	80	297.08	261.78	225.51
81		2,892.36	2,490.37	81	328.45	289.24	249.04
82		3,196.30	2,755.09	82	363.75	319.63	275.51
83		3,539.46	3,049.23	83	401.99	353.95	304.92
84		3,912.04	3,372.78	84	444.15	391.20	337.28
				85	491.21	432.38	373.56
				86	552.98	487.29	420.62
				87	622.59	548.08	473.56
				88	700.05	615.73	532.39
				89	787.31	693.19	599.06
				90	891.24	779.47	673.58
				91	996.15	877.51	757.90
				92	1,120.67	986.34	852.02
				93	1,260.87	1,109.88	958.89
				94	1,418.73	1,248.13	1,078.51
				95	1,595.21	1,405.00	1,213.81
				96	1,795.22	1,580.50	1,364.80
				97	2,019.75	1,777.57	1,535.40
				98	2,271.73	2,000.14	1,727.57
				99	2,555.08	2,249.18	1,943.27

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	225.51	215.70	196.09	18-39	22.55	21.57	19.61
40	225.51	215.70	196.09	40	22.55	21.57	19.61
41	235.31	225.51	205.90	41	23.53	22.55	20.59
42	235.31	225.51	205.90	42	23.53	22.55	20.59
43	245.12	235.31	215.70	43	24.51	23.53	21.57
44	254.92	245.12	225.51	44	25.49	24.51	22.55
45	264.72	245.12	225.51	45	26.47	24.51	22.55
46	274.53	254.92	235.31	46	27.45	25.49	23.53
47	274.53	264.72	245.12	47	27.45	26.47	24.51
48	284.33	264.72	245.12	48	28.43	26.47	24.51
49	294.14	274.53	254.92	49	29.41	27.45	25.49
50	303.94	284.33	264.72	50	30.39	28.43	26.47
51	313.75	294.14	274.53	51	31.37	29.41	27.45
52	333.36	313.75	284.33	52	33.34	31.37	28.43
53	352.97	323.55	294.14	53	35.30	32.36	29.41
54	362.77	343.16	313.75	54	36.28	34.32	31.37
55	382.38	352.97	323.55	55	38.24	35.30	32.36
56	411.79	382.38	343.16	56	41.18	38.24	34.32
57	431.40	401.99	372.57	57	43.14	40.20	37.26
58	460.82	431.40	392.18	58	46.08	43.14	39.22
59	500.03	460.82	421.60	59	50.00	46.08	42.16
60	529.45	490.23	451.01	60	52.94	49.02	45.10
61	568.67	529.45	490.23	61	56.87	52.94	49.02
62	617.69	578.47	529.45	62	61.77	57.85	52.94
63	666.71	627.49	578.47	63	66.67	62.75	57.85
64	725.54	676.52	627.49	64	72.55	67.65	62.75
65	784.37	735.35	686.32	65	78.44	73.53	68.63
66	853.00	803.98	745.15	66	85.30	80.40	74.51
67	921.63	872.61	813.78	67	92.16	87.26	81.38
68	1,000.07	941.24	882.41	68	100.01	94.12	88.24
69	1,078.51	1,019.68	960.85	69	107.85	101.97	96.09

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,166.75	1,107.92	1,039.29	70	116.67	110.79	103.93
71	1,304.01	1,235.38	1,166.75	71	130.40	123.54	116.67
72	1,451.08	1,382.45	1,304.01	72	145.11	138.24	130.40
73	1,607.95	1,539.32	1,460.89	73	160.80	153.93	146.09
74	1,794.24	1,715.81	1,627.56	74	179.42	171.58	162.76
75	2,000.14	1,911.90	1,823.66	75	200.01	191.19	182.37
76	2,225.64	2,127.60	2,029.55	76	222.56	212.76	202.96
77	2,480.56	2,372.71	2,264.86	77	248.06	237.27	226.49
78	2,774.70	2,657.05	2,529.59	78	277.47	265.70	252.96
79	3,088.45	2,951.18	2,813.92	79	308.84	295.12	281.39
				80	344.14	329.43	313.75
				81	380.42	363.75	347.08
				82	420.62	401.99	383.36
				83	469.64	445.13	424.54
				84	513.76	500.03	468.66
				85	567.69	543.17	518.66
				86	639.26	611.81	584.35
				87	718.68	688.28	656.91
				88	808.88	773.58	739.27
				89	909.87	870.65	831.43
				90	1,023.60	979.48	935.36
				91	1,151.06	1,102.04	1,054.97
				92	1,295.19	1,239.30	1,183.42
				93	1,456.96	1,394.21	1,331.46
				94	1,639.33	1,568.74	1,497.16
				95	1,844.25	1,764.83	1,684.43
				96	2,074.65	1,984.45	1,895.23
				97	2,333.49	2,232.51	2,132.50
				98	2,625.67	2,511.94	2,398.21
				99	2,953.15	2,825.69	2,698.23

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	254.92	245.12	225.51	18-39	25.49	24.51	22.55
40	254.92	245.12	225.51	40	25.49	24.51	22.55
41	264.72	254.92	235.31	41	26.47	25.49	23.53
42	274.53	264.72	245.12	42	27.45	26.47	24.51
43	284.33	274.53	254.92	43	28.43	27.45	25.49
44	294.14	284.33	264.72	44	29.41	28.43	26.47
45	303.94	294.14	274.53	45	30.39	29.41	27.45
46	323.55	303.94	284.33	46	32.36	30.39	28.43
47	333.36	313.75	294.14	47	33.34	31.37	29.41
48	343.16	323.55	303.94	48	34.32	32.36	30.39
49	362.77	343.16	313.75	49	36.28	34.32	31.37
50	372.57	352.97	323.55	50	37.26	35.30	32.36
51	382.38	362.77	333.36	51	38.24	36.28	33.34
52	401.99	372.57	343.16	52	40.20	37.26	34.32
53	411.79	382.38	352.97	53	41.18	38.24	35.30
54	431.40	401.99	362.77	54	43.14	40.20	36.28
55	441.21	411.79	372.57	55	44.12	41.18	37.26
56	470.62	441.21	401.99	56	47.06	44.12	40.20
57	509.84	470.62	421.60	57	50.98	47.06	42.16
58	549.06	500.03	451.01	58	54.91	50.00	45.10
59	588.28	539.25	490.23	59	58.83	53.93	49.02
60	627.49	578.47	519.64	60	62.75	57.85	51.96
61	686.32	627.49	568.67	61	68.63	62.75	56.87
62	754.95	686.32	617.69	62	75.50	68.63	61.77
63	823.59	745.15	666.71	63	82.36	74.51	66.67
64	892.22	813.78	725.54	64	89.22	81.38	72.55
65	980.46	892.22	794.17	65	98.05	89.22	79.42
66	1,058.90	960.85	853.00	66	105.89	96.09	85.30
67	1,147.14	1,039.29	921.63	67	114.71	103.93	92.16
68	1,245.18	1,117.72	990.26	68	124.52	111.77	99.03
69	1,343.23	1,205.97	1,068.70	69	134.32	120.60	106.87

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,451.08	1,304.01	1,147.14	70	145.11	130.40	114.71
71	1,607.95	1,451.08	1,284.40	71	160.80	145.11	128.44
72	1,784.44	1,607.95	1,431.47	72	178.44	160.80	143.15
73	1,980.53	1,784.44	1,588.35	73	198.05	178.44	158.83
74	2,196.23	1,990.33	1,774.63	74	219.62	199.03	177.46
75	2,431.54	2,206.04	1,980.53	75	243.15	220.60	198.05
76	2,706.07	2,460.95	2,206.04	76	270.61	246.10	220.60
77	3,019.82	2,745.29	2,460.95	77	301.98	274.53	246.10
78	3,362.98	3,059.04	2,745.29	78	336.30	305.90	274.53
79	3,745.36	3,402.20	3,059.04	79	374.54	340.22	305.90
				80	417.68	379.44	341.20
				81	460.82	418.66	376.50
				82	509.84	463.76	416.70
				83	562.78	511.80	459.84
				84	621.61	564.74	508.86
				85	686.32	623.57	560.82
				86	772.60	702.01	631.42
				87	868.69	789.27	727.50
				88	977.52	888.30	799.07
				89	1,100.08	999.09	899.08
				90	1,237.34	1,124.59	1,010.85
				91	1,392.25	1,264.79	1,137.33
				92	1,565.79	1,422.65	1,279.50
				93	1,761.89	1,600.11	1,439.32
				94	1,981.51	1,800.12	1,619.72
				95	2,229.57	2,025.63	1,821.69
				96	2,508.02	2,278.59	2,049.16
				97	2,820.78	2,562.92	2,305.06
				98	3,173.75	2,883.53	2,593.32
				99	3,570.84	3,244.34	2,917.85

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	303.94	294.14	274.53	18-39	30.39	29.41	27.45
40	303.94	294.14	274.53	40	30.39	29.41	27.45
41	313.75	303.94	284.33	41	31.37	30.39	28.43
42	333.36	313.75	294.14	42	33.34	31.37	29.41
43	343.16	323.55	303.94	43	34.32	32.36	30.39
44	352.97	333.36	313.75	44	35.30	33.34	31.37
45	372.57	352.97	323.55	45	37.26	35.30	32.36
46	382.38	362.77	333.36	46	38.24	36.28	33.34
47	401.99	372.57	343.16	47	40.20	37.26	34.32
48	421.60	392.18	352.97	48	42.16	39.22	35.30
49	431.40	401.99	372.57	49	43.14	40.20	37.26
50	451.01	421.60	382.38	50	45.10	42.16	38.24
51	470.62	431.40	392.18	51	47.06	43.14	39.22
52	490.23	451.01	411.79	52	49.02	45.10	41.18
53	509.84	470.62	431.40	53	50.98	47.06	43.14
54	529.45	490.23	441.21	54	52.94	49.02	44.12
55	549.06	509.84	460.82	55	54.91	50.98	46.08
56	588.28	549.06	500.03	56	58.83	54.91	50.00
57	637.30	588.28	539.25	57	63.73	58.83	53.93
58	686.32	637.30	578.47	58	68.63	63.73	57.85
59	745.15	686.32	627.49	59	74.51	68.63	62.75
60	803.98	745.15	676.52	60	80.40	74.51	67.65
61	872.61	803.98	735.35	61	87.26	80.40	73.53
62	960.85	882.41	794.17	62	96.09	88.24	79.42
63	1,049.09	960.85	862.80	63	104.91	96.09	86.28
64	1,137.33	1,039.29	931.44	64	113.73	103.93	93.14
65	1,245.18	1,127.53	1,009.87	65	124.52	112.75	100.99
66	1,333.43	1,215.77	1,098.12	66	133.34	121.58	109.81
67	1,431.47	1,313.82	1,186.36	67	143.15	131.38	118.64
68	1,529.52	1,411.86	1,284.40	68	152.95	141.19	128.44
69	1,637.37	1,519.71	1,392.25	69	163.74	151.97	139.23

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,755.02	1,637.37	1,509.91	70	175.50	163.74	150.99
71	1,960.92	1,823.66	1,676.59	71	196.09	182.37	167.66
72	2,186.43	2,029.55	1,862.87	72	218.64	202.96	186.29
73	2,431.54	2,255.06	2,068.77	73	243.15	225.51	206.88
74	2,715.87	2,509.98	2,294.28	74	271.59	251.00	229.43
75	3,029.62	2,794.31	2,549.20	75	302.96	279.43	254.92
76	3,372.78	3,108.06	2,843.33	76	337.28	310.81	284.33
77	3,755.16	3,461.02	3,166.89	77	375.52	346.10	316.69
78	4,186.56	3,863.01	3,529.66	78	418.66	386.30	352.97
79	4,666.99	4,304.22	3,931.64	79	466.70	430.42	393.16
				80	519.64	479.44	438.27
				81	573.57	528.47	483.37
				82	633.38	583.37	533.37
				83	700.05	645.14	589.26
				84	772.60	711.81	650.04
				85	853.00	785.35	717.70
				86	959.87	884.37	807.90
				87	1,080.47	994.19	908.89
				88	1,214.79	1,118.70	1,022.62
				89	1,366.76	1,268.72	1,150.08
				90	1,537.36	1,415.78	1,294.21
				91	1,729.53	1,592.27	1,455.00
				92	1,946.21	1,791.30	1,637.37
				93	2,189.37	2,015.83	1,842.28
				94	2,462.92	2,267.80	2,071.71
				95	2,770.78	2,551.16	2,331.53
				96	3,116.88	2,869.81	2,622.73
				97	3,506.12	3,228.65	2,950.20
				98	3,944.39	3,631.62	3,318.86
				99	4,437.56	4,085.58	3,733.59

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	264.72	254.92	235.31	18-39	26.47	25.49	23.53
40	264.72	254.92	235.31	40	26.47	25.49	23.53
41	274.53	264.72	245.12	41	27.45	26.47	24.51
42	284.33	274.53	254.92	42	28.43	27.45	25.49
43	294.14	284.33	264.72	43	29.41	28.43	26.47
44	303.94	294.14	274.53	44	30.39	29.41	27.45
45	313.75	303.94	284.33	45	31.37	30.39	28.43
46	333.36	313.75	294.14	46	33.34	31.37	29.41
47	343.16	323.55	303.94	47	34.32	32.36	30.39
48	352.97	333.36	313.75	48	35.30	33.34	31.37
49	372.57	352.97	323.55	49	37.26	35.30	32.36
50	382.38	362.77	333.36	50	38.24	36.28	33.34
51	392.18	372.57	343.16	51	39.22	37.26	34.32
52	411.79	392.18	362.77	52	41.18	39.22	36.28
53	431.40	401.99	372.57	53	43.14	40.20	37.26
54	441.21	411.79	382.38	54	44.12	41.18	38.24
55	460.82	431.40	401.99	55	46.08	43.14	40.20
56	490.23	460.82	421.60	56	49.02	46.08	42.16
57	529.45	490.23	451.01	57	52.94	49.02	45.10
58	558.86	519.64	480.43	58	55.89	51.96	48.04
59	598.08	558.86	509.84	59	59.81	55.89	50.98
60	637.30	588.28	539.25	60	63.73	58.83	53.93
61	686.32	637.30	578.47	61	68.63	63.73	57.85
62	735.35	686.32	627.49	62	73.53	68.63	62.75
63	784.37	735.35	676.52	63	78.44	73.53	67.65
64	843.20	784.37	725.54	64	84.32	78.44	72.55
65	902.02	843.20	784.37	65	90.20	84.32	78.44
66	980.46	921.63	853.00	66	98.05	92.16	85.30
67	1,068.70	1,000.07	921.63	67	106.87	100.01	92.16
68	1,166.75	1,088.31	1,000.07	68	116.67	108.83	100.01
69	1,264.79	1,176.55	1,088.31	69	126.48	117.66	108.83

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,382.45	1,284.40	1,176.55	70	138.24	128.44	117.66
71	1,519.71	1,411.86	1,294.21	71	151.97	141.19	129.42
72	1,676.59	1,558.93	1,431.47	72	167.66	155.89	143.15
73	1,853.07	1,715.81	1,578.54	73	185.31	171.58	157.85
74	2,039.36	1,892.29	1,745.22	74	203.94	189.23	174.52
75	2,245.25	2,088.38	1,921.70	75	224.53	208.84	192.17
76	2,529.59	2,353.10	2,166.82	76	252.96	235.31	216.68
77	2,843.33	2,647.24	2,441.35	77	284.33	264.72	244.13
78	3,196.30	2,980.60	2,755.09	78	319.63	298.06	275.51
79	3,588.48	3,353.17	3,108.06	79	358.85	335.32	310.81
80		3,774.77	3,500.24	80		377.48	350.02
81		4,225.78	3,921.84	81		422.58	392.18
82		4,725.82	4,392.46	82		472.58	439.25
83		5,294.48	4,921.91	83		529.45	492.19
84		5,921.98	5,510.19	84		592.20	551.02

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	323.55	303.94	284.33	18-39	32.36	30.39	28.43
40	323.55	303.94	284.33	40	32.36	30.39	28.43
41	333.36	313.75	294.14	41	33.34	31.37	29.41
42	343.16	323.55	303.94	42	34.32	32.36	30.39
43	362.77	343.16	313.75	43	36.28	34.32	31.37
44	372.57	352.97	323.55	44	37.26	35.30	32.36
45	382.38	362.77	333.36	45	38.24	36.28	33.34
46	401.99	382.38	352.97	46	40.20	38.24	35.30
47	411.79	392.18	362.77	47	41.18	39.22	36.28
48	431.40	401.99	372.57	48	43.14	40.20	37.26
49	441.21	421.60	392.18	49	44.12	42.16	39.22
50	460.82	431.40	401.99	50	46.08	43.14	40.20
51	480.43	451.01	421.60	51	48.04	45.10	42.16
52	500.03	470.62	431.40	52	50.00	47.06	43.14
53	519.64	490.23	451.01	53	51.96	49.02	45.10
54	549.06	509.84	470.62	54	54.91	50.98	47.06
55	568.67	529.45	490.23	55	56.87	52.94	49.02
56	607.89	568.67	519.64	56	60.79	56.87	51.96
57	647.10	607.89	558.86	57	64.71	60.79	55.89
58	686.32	647.10	598.08	58	68.63	64.71	59.81
59	735.35	686.32	637.30	59	73.53	68.63	63.73
60	784.37	735.35	686.32	60	78.44	73.53	68.63
61	843.20	794.17	735.35	61	84.32	79.42	73.53
62	902.02	843.20	784.37	62	90.20	84.32	78.44
63	970.66	911.83	843.20	63	97.07	91.18	84.32
64	1,049.09	980.46	902.02	64	104.91	98.05	90.20
65	1,127.53	1,049.09	970.66	65	112.75	104.91	97.07
66	1,225.58	1,147.14	1,058.90	66	122.56	114.71	105.89
67	1,333.43	1,245.18	1,156.94	67	133.34	124.52	115.69
68	1,441.28	1,353.03	1,264.79	68	144.13	135.30	126.48
69	1,568.74	1,470.69	1,372.64	69	156.87	147.07	137.26

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,706.00	1,607.95	1,500.10	70	170.60	160.80	150.01
71	1,882.48	1,774.63	1,656.98	71	188.25	177.46	165.70
72	2,078.58	1,960.92	1,833.46	72	207.86	196.09	183.35
73	2,284.47	2,157.01	2,019.75	73	228.45	215.70	201.97
74	2,519.78	2,372.71	2,225.64	74	251.98	237.27	222.56
75	2,784.51	2,627.63	2,460.95	75	278.45	262.76	246.10
76	3,117.86	2,941.38	2,755.09	76	311.79	294.14	275.51
77	3,480.63	3,284.54	3,078.64	77	348.06	328.45	307.86
78	3,892.43	3,666.92	3,441.41	78	389.24	366.69	344.14
79	4,353.24	4,108.13	3,853.21	79	435.32	410.81	385.32

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	392.18	372.57	343.16	18-39	39.22	37.26	34.32
40	392.18	372.57	343.16	40	39.22	37.26	34.32
41	411.79	382.38	352.97	41	41.18	38.24	35.30
42	421.60	401.99	372.57	42	42.16	40.20	37.26
43	441.21	411.79	382.38	43	44.12	41.18	38.24
44	460.82	431.40	401.99	44	46.08	43.14	40.20
45	480.43	451.01	411.79	45	48.04	45.10	41.18
46	500.03	470.62	431.40	46	50.00	47.06	43.14
47	519.64	490.23	451.01	47	51.96	49.02	45.10
48	539.25	500.03	460.82	48	53.93	50.00	46.08
49	558.86	519.64	480.43	49	55.89	51.96	48.04
50	578.47	539.25	500.03	50	57.85	53.93	50.00
51	598.08	558.86	519.64	51	59.81	55.89	51.96
52	627.49	588.28	539.25	52	62.75	58.83	53.93
53	647.10	607.89	558.86	53	64.71	60.79	55.89
54	666.71	627.49	578.47	54	66.67	62.75	57.85
55	696.13	647.10	598.08	55	69.61	64.71	59.81
56	745.15	696.13	637.30	56	74.51	69.61	63.73
57	794.17	745.15	686.32	57	79.42	74.51	68.63
58	853.00	794.17	735.35	58	85.30	79.42	73.53
59	911.83	853.00	784.37	59	91.18	85.30	78.44
60	980.46	911.83	843.20	60	98.05	91.18	84.32
61	1,058.90	980.46	902.02	61	105.89	98.05	90.20
62	1,137.33	1,058.90	970.66	62	113.73	105.89	97.07
63	1,225.58	1,137.33	1,039.29	63	122.56	113.73	103.93
64	1,323.62	1,225.58	1,117.72	64	132.36	122.56	111.77
65	1,421.67	1,313.82	1,196.16	65	142.17	131.38	119.62
66	1,549.13	1,431.47	1,304.01	66	154.91	143.15	130.40
67	1,686.39	1,558.93	1,421.67	67	168.64	155.89	142.17
68	1,833.46	1,696.20	1,558.93	68	183.35	169.62	155.89
69	2,000.14	1,853.07	1,696.20	69	200.01	185.31	169.62

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,176.62	2,019.75	1,853.07	70	217.66	201.97	185.31
71	2,402.13	2,225.64	2,039.36	71	240.21	222.56	203.94
72	2,637.44	2,441.35	2,245.25	72	263.74	244.13	224.53
73	2,911.97	2,696.27	2,470.76	73	291.20	269.63	247.08
74	3,206.10	2,970.79	2,725.68	74	320.61	297.08	272.57
75	3,529.66	3,264.93	3,000.21	75	352.97	326.49	300.02
76	3,921.84	3,647.31	3,362.98	76	392.18	364.73	336.30
77	4,353.24	4,068.91	3,774.77	77	435.32	406.89	377.48
78	4,843.47	4,539.53	4,235.59	78	484.35	453.95	423.56
79	5,372.92	5,059.17	4,745.43	79	537.29	505.92	474.54

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	500.03	480.43	451.01	18-39	50.00	48.04	45.10
40	500.03	480.43	451.01	40	50.00	48.04	45.10
41	519.64	500.03	470.62	41	51.96	50.00	47.06
42	549.06	519.64	490.23	42	54.91	51.96	49.02
43	568.67	539.25	509.84	43	56.87	53.93	50.98
44	588.28	558.86	529.45	44	58.83	55.89	52.94
45	617.69	588.28	549.06	45	61.77	58.83	54.91
46	647.10	617.69	578.47	46	64.71	61.77	57.85
47	676.52	637.30	598.08	47	67.65	63.73	59.81
48	705.93	666.71	627.49	48	70.59	66.67	62.75
49	735.35	696.13	647.10	49	73.53	69.61	64.71
50	764.76	725.54	676.52	50	76.48	72.55	67.65
51	794.17	754.95	705.93	51	79.42	75.50	70.59
52	833.39	784.37	725.54	52	83.34	78.44	72.55
53	862.80	813.78	754.95	53	86.28	81.38	75.50
54	902.02	843.20	784.37	54	90.20	84.32	78.44
55	941.24	882.41	813.78	55	94.12	88.24	81.38
56	1,009.87	941.24	872.61	56	100.99	94.12	87.26
57	1,078.51	1,009.87	931.44	57	107.85	100.99	93.14
58	1,156.94	1,078.51	990.26	58	115.69	107.85	99.03
59	1,235.38	1,147.14	1,058.90	59	123.54	114.71	105.89
60	1,323.62	1,225.58	1,127.53	60	132.36	122.56	112.75
61	1,421.67	1,313.82	1,205.97	61	142.17	131.38	120.60
62	1,519.71	1,411.86	1,304.01	62	151.97	141.19	130.40
63	1,637.37	1,519.71	1,392.25	63	163.74	151.97	139.23
64	1,755.02	1,627.56	1,500.10	64	175.50	162.76	150.01
65	1,882.48	1,745.22	1,607.95	65	188.25	174.52	160.80
66	2,029.55	1,892.29	1,755.02	66	202.96	189.23	175.50
67	2,186.43	2,049.16	1,911.90	67	218.64	204.92	191.19
68	2,353.10	2,225.64	2,088.38	68	235.31	222.56	208.84
69	2,539.39	2,411.93	2,284.47	69	253.94	241.19	228.45

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,735.48	2,617.83	2,490.37	70	273.55	261.78	249.04
71	3,019.82	2,882.55	2,735.48	71	301.98	288.26	273.55
72	3,323.76	3,166.89	3,010.01	72	332.38	316.69	301.00
73	3,666.92	3,490.44	3,313.95	73	366.69	349.04	331.40
74	4,049.30	3,853.21	3,647.31	74	404.93	385.32	364.73
75	4,461.09	4,235.59	4,010.08	75	446.11	423.56	401.01
76	4,970.93	4,706.21	4,441.48	76	497.09	470.62	444.15
77	5,529.79	5,225.85	4,921.91	77	552.98	522.59	492.19
78	6,157.29	5,814.13	5,461.16	78	615.73	581.41	546.12
79	6,853.42	6,451.43	6,049.44	79	685.34	645.14	604.94

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	382.38	362.77	343.16	18-39	38.24	36.28	34.32
40	382.38	362.77	343.16	40	38.24	36.28	34.32
41	392.18	372.57	352.97	41	39.22	37.26	35.30
42	401.99	382.38	362.77	42	40.20	38.24	36.28
43	421.60	401.99	372.57	43	42.16	40.20	37.26
44	431.40	411.79	382.38	44	43.14	41.18	38.24
45	441.21	421.60	392.18	45	44.12	42.16	39.22
46	451.01	431.40	401.99	46	45.10	43.14	40.20
47	470.62	441.21	411.79	47	47.06	44.12	41.18
48	480.43	460.82	431.40	48	48.04	46.08	43.14
49	500.03	470.62	441.21	49	50.00	47.06	44.12
50	509.84	480.43	451.01	50	50.98	48.04	45.10
51	529.45	500.03	460.82	51	52.94	50.00	46.08
52	539.25	509.84	480.43	52	53.93	50.98	48.04
53	558.86	529.45	490.23	53	55.89	52.94	49.02
54	568.67	539.25	509.84	54	56.87	53.93	50.98
55	588.28	558.86	519.64	55	58.83	55.89	51.96
56	617.69	588.28	549.06	56	61.77	58.83	54.91
57	656.91	617.69	578.47	57	65.69	61.77	57.85
58	696.13	656.91	607.89	58	69.61	65.69	60.79
59	735.35	686.32	637.30	59	73.53	68.63	63.73
60	774.56	725.54	666.71	60	77.46	72.55	66.67
61	823.59	774.56	715.74	61	82.36	77.46	71.57
62	882.41	823.59	754.95	62	88.24	82.36	75.50
63	941.24	882.41	813.78	63	94.12	88.24	81.38
64	1,000.07	931.44	862.80	64	100.01	93.14	86.28
65	1,068.70	1,000.07	921.63	65	106.87	100.01	92.16
66	1,147.14	1,068.70	990.26	66	114.71	106.87	99.03
67	1,235.38	1,156.94	1,068.70	67	123.54	115.69	106.87
68	1,333.43	1,245.18	1,156.94	68	133.34	124.52	115.69
69	1,441.28	1,343.23	1,245.18	69	144.13	134.32	124.52

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,549.13	1,451.08	1,343.23	70	154.91	145.11	134.32
71	1,696.20	1,588.35	1,470.69	71	169.62	158.83	147.07
72	1,862.87	1,745.22	1,617.76	72	186.29	174.52	161.78
73	2,049.16	1,911.90	1,774.63	73	204.92	191.19	177.46
74	2,245.25	2,098.18	1,951.12	74	224.53	209.82	195.11
75	2,460.95	2,304.08	2,137.40	75	246.10	230.41	213.74
76	2,764.90	2,588.41	2,402.13	76	276.49	258.84	240.21
77	3,108.06	2,902.16	2,696.27	77	310.81	290.22	269.63
78	3,490.44	3,264.93	3,039.43	78	349.04	326.49	303.94
79	3,921.84	3,666.92	3,412.00	79	392.18	366.69	341.20
80		4,127.74	3,833.60	80		412.77	383.36
81		4,588.55	4,265.00	81		458.86	426.50
82		5,118.00	4,755.23	82		511.80	475.52
83		5,696.47	5,294.48	83		569.65	529.45
84		6,343.58	5,892.56	84		634.36	589.26

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	480.43	451.01	411.79	18-39	48.04	45.10	41.18
40	480.43	451.01	411.79	40	48.04	45.10	41.18
41	490.23	460.82	421.60	41	49.02	46.08	42.16
42	509.84	470.62	431.40	42	50.98	47.06	43.14
43	519.64	490.23	451.01	43	51.96	49.02	45.10
44	539.25	500.03	460.82	44	53.93	50.00	46.08
45	549.06	509.84	470.62	45	54.91	50.98	47.06
46	568.67	529.45	490.23	46	56.87	52.94	49.02
47	578.47	539.25	500.03	47	57.85	53.93	50.00
48	598.08	558.86	519.64	48	59.81	55.89	51.96
49	607.89	568.67	529.45	49	60.79	56.87	52.94
50	627.49	588.28	549.06	50	62.75	58.83	54.91
51	647.10	607.89	568.67	51	64.71	60.79	56.87
52	666.71	627.49	578.47	52	66.67	62.75	57.85
53	686.32	647.10	598.08	53	68.63	64.71	59.81
54	705.93	666.71	617.69	54	70.59	66.67	61.77
55	725.54	686.32	637.30	55	72.55	68.63	63.73
56	764.76	725.54	676.52	56	76.48	72.55	67.65
57	813.78	764.76	705.93	57	81.38	76.48	70.59
58	862.80	803.98	745.15	58	86.28	80.40	74.51
59	911.83	853.00	794.17	59	91.18	85.30	79.42
60	970.66	902.02	833.39	60	97.07	90.20	83.34
61	1,029.48	960.85	892.22	61	102.95	96.09	89.22
62	1,098.12	1,029.48	951.05	62	109.81	102.95	95.10
63	1,176.55	1,098.12	1,009.87	63	117.66	109.81	100.99
64	1,254.99	1,166.75	1,078.51	64	125.50	116.67	107.85
65	1,333.43	1,245.18	1,147.14	65	133.34	124.52	114.71
66	1,441.28	1,343.23	1,245.18	66	144.13	134.32	124.52
67	1,558.93	1,451.08	1,343.23	67	155.89	145.11	134.32
68	1,686.39	1,568.74	1,451.08	68	168.64	156.87	145.11
69	1,823.66	1,706.00	1,578.54	69	182.37	170.60	157.85

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,970.72	1,843.26	1,706.00	70	197.07	184.33	170.60
71	2,157.01	2,019.75	1,872.68	71	215.70	201.97	187.27
72	2,372.71	2,215.84	2,058.97	72	237.27	221.58	205.90
73	2,598.22	2,431.54	2,255.06	73	259.82	243.15	225.51
74	2,853.14	2,666.85	2,480.56	74	285.31	266.69	248.06
75	3,127.67	2,931.58	2,725.68	75	312.77	293.16	272.57
76	3,480.63	3,255.13	3,029.62	76	348.06	325.51	302.96
77	3,872.82	3,627.70	3,372.78	77	387.28	362.77	337.28
78	4,314.02	4,029.69	3,745.36	78	431.40	402.97	374.54
79	4,804.25	4,490.51	4,166.96	79	480.43	449.05	416.70

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	598.08	558.86	509.84	18-39	59.81	55.89	50.98
40	598.08	558.86	509.84	40	59.81	55.89	50.98
41	617.69	578.47	529.45	41	61.77	57.85	52.94
42	637.30	588.28	539.25	42	63.73	58.83	53.93
43	647.10	607.89	558.86	43	64.71	60.79	55.89
44	666.71	627.49	578.47	44	66.67	62.75	57.85
45	686.32	637.30	588.28	45	68.63	63.73	58.83
46	705.93	656.91	607.89	46	70.59	65.69	60.79
47	725.54	676.52	627.49	47	72.55	67.65	62.75
48	754.95	705.93	647.10	48	75.50	70.59	64.71
49	774.56	725.54	666.71	49	77.46	72.55	66.67
50	794.17	745.15	686.32	50	79.42	74.51	68.63
51	813.78	764.76	705.93	51	81.38	76.48	70.59
52	843.20	784.37	725.54	52	84.32	78.44	72.55
53	862.80	803.98	745.15	53	86.28	80.40	74.51
54	882.41	833.39	774.56	54	88.24	83.34	77.46
55	911.83	853.00	794.17	55	91.18	85.30	79.42
56	970.66	911.83	843.20	56	97.07	91.18	84.32
57	1,019.68	960.85	892.22	57	101.97	96.09	89.22
58	1,088.31	1,019.68	941.24	58	108.83	101.97	94.12
59	1,147.14	1,068.70	990.26	59	114.71	106.87	99.03
60	1,215.77	1,137.33	1,049.09	60	121.58	113.73	104.91
61	1,294.21	1,205.97	1,117.72	61	129.42	120.60	111.77
62	1,382.45	1,284.40	1,186.36	62	138.24	128.44	118.64
63	1,480.49	1,372.64	1,264.79	63	148.05	137.26	126.48
64	1,578.54	1,460.89	1,343.23	64	157.85	146.09	134.32
65	1,686.39	1,558.93	1,431.47	65	168.64	155.89	143.15
66	1,823.66	1,686.39	1,549.13	66	182.37	168.64	154.91
67	1,970.72	1,833.46	1,686.39	67	197.07	183.35	168.64
68	2,137.40	1,990.33	1,833.46	68	213.74	199.03	183.35
69	2,313.89	2,157.01	1,990.33	69	231.39	215.70	199.03

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,500.17	2,333.49	2,157.01	70	250.02	233.35	215.70
71	2,735.48	2,549.20	2,353.10	71	273.55	254.92	235.31
72	3,000.21	2,784.51	2,568.81	72	300.02	278.45	256.88
73	3,284.54	3,049.23	2,804.12	73	328.45	304.92	280.41
74	3,588.48	3,323.76	3,059.04	74	358.85	332.38	305.90
75	3,931.64	3,637.51	3,343.37	75	393.16	363.75	334.34
76	4,353.24	4,049.30	3,735.55	76	435.32	404.93	373.56
77	4,814.06	4,490.51	4,166.96	77	481.41	449.05	416.70
78	5,323.90	4,990.54	4,647.38	78	532.39	499.05	464.74
79	5,892.56	5,539.60	5,186.63	79	589.26	553.96	518.66

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	774.56	735.35	686.32	18-39	77.46	73.53	68.63
40	774.56	735.35	686.32	40	77.46	73.53	68.63
41	803.98	764.76	715.74	41	80.40	76.48	71.57
42	833.39	784.37	735.35	42	83.34	78.44	73.53
43	862.80	813.78	764.76	43	86.28	81.38	76.48
44	892.22	843.20	794.17	44	89.22	84.32	79.42
45	921.63	872.61	823.59	45	92.16	87.26	82.36
46	951.05	902.02	853.00	46	95.10	90.20	85.30
47	990.26	941.24	882.41	47	99.03	94.12	88.24
48	1,019.68	970.66	911.83	48	101.97	97.07	91.18
49	1,058.90	1,000.07	941.24	49	105.89	100.01	94.12
50	1,098.12	1,039.29	980.46	50	109.81	103.93	98.05
51	1,127.53	1,068.70	1,000.07	51	112.75	106.87	100.01
52	1,156.94	1,098.12	1,029.48	52	115.69	109.81	102.95
53	1,186.36	1,127.53	1,058.90	53	118.64	112.75	105.89
54	1,225.58	1,156.94	1,078.51	54	122.56	115.69	107.85
55	1,254.99	1,186.36	1,107.92	55	125.50	118.64	110.79
56	1,323.62	1,245.18	1,166.75	56	132.36	124.52	116.67
57	1,402.06	1,313.82	1,225.58	57	140.21	131.38	122.56
58	1,480.49	1,382.45	1,284.40	58	148.05	138.24	128.44
59	1,568.74	1,460.89	1,353.03	59	156.87	146.09	135.30
60	1,656.98	1,539.32	1,421.67	60	165.70	153.93	142.17
61	1,764.83	1,637.37	1,509.91	61	176.48	163.74	150.99
62	1,872.68	1,745.22	1,607.95	62	187.27	174.52	160.80
63	1,990.33	1,853.07	1,715.81	63	199.03	185.31	171.58
64	2,117.79	1,970.72	1,823.66	64	211.78	197.07	182.37
65	2,255.06	2,098.18	1,941.31	65	225.51	209.82	194.13
66	2,411.93	2,255.06	2,098.18	66	241.19	225.51	209.82
67	2,578.61	2,431.54	2,274.67	67	257.86	243.15	227.47
68	2,764.90	2,617.83	2,470.76	68	276.49	261.78	247.08
69	2,960.99	2,813.92	2,666.85	69	296.10	281.39	266.69

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	3,166.89	3,029.62	2,892.36	70	316.69	302.96	289.24
71	3,470.83	3,313.95	3,157.08	71	347.08	331.40	315.71
72	3,794.38	3,617.90	3,441.41	72	379.44	361.79	344.14
73	4,157.15	3,961.06	3,755.16	73	415.72	396.11	375.52
74	4,549.33	4,323.83	4,098.32	74	454.93	432.38	409.83
75	4,980.74	4,725.82	4,470.90	75	498.07	472.58	447.09
76	5,519.99	5,225.85	4,931.71	76	552.00	522.59	493.17
77	6,127.88	5,784.71	5,431.75	77	612.79	578.47	543.17
78	6,794.59	6,392.60	5,990.61	78	679.46	639.26	599.06
79	7,539.74	7,078.92	6,608.30	79	753.97	707.89	660.83

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	176.48	166.68	156.87	18-39	17.65	16.67	15.69
40	176.48	166.68	156.87	40	17.65	16.67	15.69
41	186.29	176.48	166.68	41	18.63	17.65	16.67
42	186.29	176.48	166.68	42	18.63	17.65	16.67
43	196.09	186.29	176.48	43	19.61	18.63	17.65
44	205.90	196.09	176.48	44	20.59	19.61	17.65
45	205.90	196.09	186.29	45	20.59	19.61	18.63
46	215.70	205.90	186.29	46	21.57	20.59	18.63
47	225.51	215.70	196.09	47	22.55	21.57	19.61
48	225.51	215.70	205.90	48	22.55	21.57	20.59
49	235.31	225.51	205.90	49	23.53	22.55	20.59
50	245.12	235.31	215.70	50	24.51	23.53	21.57
51	254.92	245.12	225.51	51	25.49	24.51	22.55
52	274.53	264.72	245.12	52	27.45	26.47	24.51
53	294.14	274.53	254.92	53	29.41	27.45	25.49
54	303.94	284.33	264.72	54	30.39	28.43	26.47
55	323.55	303.94	284.33	55	32.36	30.39	28.43
56	343.16	323.55	294.14	56	34.32	32.36	29.41
57	362.77	343.16	313.75	57	36.28	34.32	31.37
58	392.18	362.77	333.36	58	39.22	36.28	33.34
59	411.79	382.38	343.16	59	41.18	38.24	34.32
60	441.21	401.99	362.77	60	44.12	40.20	36.28
61	480.43	441.21	392.18	61	48.04	44.12	39.22
62	509.84	470.62	421.60	62	50.98	47.06	42.16
63	558.86	509.84	460.82	63	55.89	50.98	46.08
64	598.08	549.06	500.03	64	59.81	54.91	50.00
65	647.10	598.08	539.25	65	64.71	59.81	53.93
66	705.93	647.10	588.28	66	70.59	64.71	58.83
67	774.56	705.93	637.30	67	77.46	70.59	63.73
68	843.20	764.76	686.32	68	84.32	76.48	68.63
69	921.63	833.39	745.15	69	92.16	83.34	74.51

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,009.87	911.83	813.78	70	100.99	91.18	81.38
71	1,117.72	1,009.87	892.22	71	111.77	100.99	89.22
72	1,245.18	1,117.72	980.46	72	124.52	111.77	98.05
73	1,382.45	1,235.38	1,078.51	73	138.24	123.54	107.85
74	1,539.32	1,362.84	1,186.36	74	153.93	136.28	118.64
75	1,706.00	1,509.91	1,304.01	75	170.60	150.99	130.40
76	1,902.09	1,676.59	1,451.08	76	190.21	167.66	145.11
77	2,127.60	1,882.48	1,627.56	77	212.76	188.25	162.76
78	2,382.52	2,098.18	1,813.85	78	238.25	209.82	181.39
79	2,657.05	2,343.30	2,019.75	79	265.70	234.33	201.97
80		2,617.83	2,255.06	80	297.08	261.78	225.51
81		2,892.36	2,490.37	81	328.45	289.24	249.04
82		3,196.30	2,755.09	82	363.75	319.63	275.51
83		3,539.46	3,049.23	83	401.99	353.95	304.92
84		3,912.04	3,372.78	84	444.15	391.20	337.28
				85	491.21	432.38	373.56
				86	552.98	487.29	420.62
				87	622.59	548.08	473.56
				88	700.05	615.73	532.39
				89	787.31	693.19	599.06
				90	891.24	779.47	673.58
				91	996.15	877.51	757.90
				92	1,120.67	986.34	852.02
				93	1,260.87	1,109.88	958.89
				94	1,418.73	1,248.13	1,078.51
				95	1,595.21	1,405.00	1,213.81
				96	1,795.22	1,580.50	1,364.80
				97	2,019.75	1,777.57	1,535.40
				98	2,271.73	2,000.14	1,727.57
				99	2,555.08	2,249.18	1,943.27

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	225.51	215.70	196.09	18-39	22.55	21.57	19.61
40	225.51	215.70	196.09	40	22.55	21.57	19.61
41	235.31	225.51	205.90	41	23.53	22.55	20.59
42	235.31	225.51	205.90	42	23.53	22.55	20.59
43	245.12	235.31	215.70	43	24.51	23.53	21.57
44	254.92	245.12	225.51	44	25.49	24.51	22.55
45	264.72	245.12	225.51	45	26.47	24.51	22.55
46	274.53	254.92	235.31	46	27.45	25.49	23.53
47	274.53	264.72	245.12	47	27.45	26.47	24.51
48	284.33	264.72	245.12	48	28.43	26.47	24.51
49	294.14	274.53	254.92	49	29.41	27.45	25.49
50	303.94	284.33	264.72	50	30.39	28.43	26.47
51	313.75	294.14	274.53	51	31.37	29.41	27.45
52	333.36	313.75	284.33	52	33.34	31.37	28.43
53	352.97	323.55	294.14	53	35.30	32.36	29.41
54	362.77	343.16	313.75	54	36.28	34.32	31.37
55	382.38	352.97	323.55	55	38.24	35.30	32.36
56	411.79	382.38	343.16	56	41.18	38.24	34.32
57	431.40	401.99	372.57	57	43.14	40.20	37.26
58	460.82	431.40	392.18	58	46.08	43.14	39.22
59	500.03	460.82	421.60	59	50.00	46.08	42.16
60	529.45	490.23	451.01	60	52.94	49.02	45.10
61	568.67	529.45	490.23	61	56.87	52.94	49.02
62	617.69	578.47	529.45	62	61.77	57.85	52.94
63	666.71	627.49	578.47	63	66.67	62.75	57.85
64	725.54	676.52	627.49	64	72.55	67.65	62.75
65	784.37	735.35	686.32	65	78.44	73.53	68.63
66	853.00	803.98	745.15	66	85.30	80.40	74.51
67	921.63	872.61	813.78	67	92.16	87.26	81.38
68	1,000.07	941.24	882.41	68	100.01	94.12	88.24
69	1,078.51	1,019.68	960.85	69	107.85	101.97	96.09

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,166.75	1,107.92	1,039.29	70	116.67	110.79	103.93
71	1,304.01	1,235.38	1,166.75	71	130.40	123.54	116.67
72	1,451.08	1,382.45	1,304.01	72	145.11	138.24	130.40
73	1,607.95	1,539.32	1,460.89	73	160.80	153.93	146.09
74	1,794.24	1,715.81	1,627.56	74	179.42	171.58	162.76
75	2,000.14	1,911.90	1,823.66	75	200.01	191.19	182.37
76	2,225.64	2,127.60	2,029.55	76	222.56	212.76	202.96
77	2,480.56	2,372.71	2,264.86	77	248.06	237.27	226.49
78	2,774.70	2,657.05	2,529.59	78	277.47	265.70	252.96
79	3,088.45	2,951.18	2,813.92	79	308.84	295.12	281.39
				80	344.14	329.43	313.75
				81	380.42	363.75	347.08
				82	420.62	401.99	383.36
				83	469.64	445.13	424.54
				84	513.76	500.03	468.66
				85	567.69	543.17	518.66
				86	639.26	611.81	584.35
				87	718.68	688.28	656.91
				88	808.88	773.58	739.27
				89	909.87	870.65	831.43
				90	1,023.60	979.48	935.36
				91	1,151.06	1,102.04	1,054.97
				92	1,295.19	1,239.30	1,183.42
				93	1,456.96	1,394.21	1,331.46
				94	1,639.33	1,568.74	1,497.16
				95	1,844.25	1,764.83	1,684.43
				96	2,074.65	1,984.45	1,895.23
				97	2,333.49	2,232.51	2,132.50
				98	2,625.67	2,511.94	2,398.21
				99	2,953.15	2,825.69	2,698.23

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	254.92	245.12	225.51	18-39	25.49	24.51	22.55
40	254.92	245.12	225.51	40	25.49	24.51	22.55
41	264.72	254.92	235.31	41	26.47	25.49	23.53
42	274.53	264.72	245.12	42	27.45	26.47	24.51
43	284.33	274.53	254.92	43	28.43	27.45	25.49
44	294.14	284.33	264.72	44	29.41	28.43	26.47
45	303.94	294.14	274.53	45	30.39	29.41	27.45
46	323.55	303.94	284.33	46	32.36	30.39	28.43
47	333.36	313.75	294.14	47	33.34	31.37	29.41
48	343.16	323.55	303.94	48	34.32	32.36	30.39
49	362.77	343.16	313.75	49	36.28	34.32	31.37
50	372.57	352.97	323.55	50	37.26	35.30	32.36
51	382.38	362.77	333.36	51	38.24	36.28	33.34
52	401.99	372.57	343.16	52	40.20	37.26	34.32
53	411.79	382.38	352.97	53	41.18	38.24	35.30
54	431.40	401.99	362.77	54	43.14	40.20	36.28
55	441.21	411.79	372.57	55	44.12	41.18	37.26
56	470.62	441.21	401.99	56	47.06	44.12	40.20
57	509.84	470.62	421.60	57	50.98	47.06	42.16
58	549.06	500.03	451.01	58	54.91	50.00	45.10
59	588.28	539.25	490.23	59	58.83	53.93	49.02
60	627.49	578.47	519.64	60	62.75	57.85	51.96
61	686.32	627.49	568.67	61	68.63	62.75	56.87
62	754.95	686.32	617.69	62	75.50	68.63	61.77
63	823.59	745.15	666.71	63	82.36	74.51	66.67
64	892.22	813.78	725.54	64	89.22	81.38	72.55
65	980.46	892.22	794.17	65	98.05	89.22	79.42
66	1,058.90	960.85	853.00	66	105.89	96.09	85.30
67	1,147.14	1,039.29	921.63	67	114.71	103.93	92.16
68	1,245.18	1,117.72	990.26	68	124.52	111.77	99.03
69	1,343.23	1,205.97	1,068.70	69	134.32	120.60	106.87

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,451.08	1,304.01	1,147.14	70	145.11	130.40	114.71
71	1,607.95	1,451.08	1,284.40	71	160.80	145.11	128.44
72	1,784.44	1,607.95	1,431.47	72	178.44	160.80	143.15
73	1,980.53	1,784.44	1,588.35	73	198.05	178.44	158.83
74	2,196.23	1,990.33	1,774.63	74	219.62	199.03	177.46
75	2,431.54	2,206.04	1,980.53	75	243.15	220.60	198.05
76	2,706.07	2,460.95	2,206.04	76	270.61	246.10	220.60
77	3,019.82	2,745.29	2,460.95	77	301.98	274.53	246.10
78	3,362.98	3,059.04	2,745.29	78	336.30	305.90	274.53
79	3,745.36	3,402.20	3,059.04	79	374.54	340.22	305.90
				80	417.68	379.44	341.20
				81	460.82	418.66	376.50
				82	509.84	463.76	416.70
				83	562.78	511.80	459.84
				84	621.61	564.74	508.86
				85	686.32	623.57	560.82
				86	772.60	702.01	631.42
				87	868.69	789.27	727.50
				88	977.52	888.30	799.07
				89	1,100.08	999.09	899.08
				90	1,237.34	1,124.59	1,010.85
				91	1,392.25	1,264.79	1,137.33
				92	1,565.79	1,422.65	1,279.50
				93	1,761.89	1,600.11	1,439.32
				94	1,981.51	1,800.12	1,619.72
				95	2,229.57	2,025.63	1,821.69
				96	2,508.02	2,278.59	2,049.16
				97	2,820.78	2,562.92	2,305.06
				98	3,173.75	2,883.53	2,593.32
				99	3,570.84	3,244.34	2,917.85

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	303.94	294.14	274.53	18-39	30.39	29.41	27.45
40	303.94	294.14	274.53	40	30.39	29.41	27.45
41	313.75	303.94	284.33	41	31.37	30.39	28.43
42	333.36	313.75	294.14	42	33.34	31.37	29.41
43	343.16	323.55	303.94	43	34.32	32.36	30.39
44	352.97	333.36	313.75	44	35.30	33.34	31.37
45	372.57	352.97	323.55	45	37.26	35.30	32.36
46	382.38	362.77	333.36	46	38.24	36.28	33.34
47	401.99	372.57	343.16	47	40.20	37.26	34.32
48	421.60	392.18	352.97	48	42.16	39.22	35.30
49	431.40	401.99	372.57	49	43.14	40.20	37.26
50	451.01	421.60	382.38	50	45.10	42.16	38.24
51	470.62	431.40	392.18	51	47.06	43.14	39.22
52	490.23	451.01	411.79	52	49.02	45.10	41.18
53	509.84	470.62	431.40	53	50.98	47.06	43.14
54	529.45	490.23	441.21	54	52.94	49.02	44.12
55	549.06	509.84	460.82	55	54.91	50.98	46.08
56	588.28	549.06	500.03	56	58.83	54.91	50.00
57	637.30	588.28	539.25	57	63.73	58.83	53.93
58	686.32	637.30	578.47	58	68.63	63.73	57.85
59	745.15	686.32	627.49	59	74.51	68.63	62.75
60	803.98	745.15	676.52	60	80.40	74.51	67.65
61	872.61	803.98	735.35	61	87.26	80.40	73.53
62	960.85	882.41	794.17	62	96.09	88.24	79.42
63	1,049.09	960.85	862.80	63	104.91	96.09	86.28
64	1,137.33	1,039.29	931.44	64	113.73	103.93	93.14
65	1,245.18	1,127.53	1,009.87	65	124.52	112.75	100.99
66	1,333.43	1,215.77	1,098.12	66	133.34	121.58	109.81
67	1,431.47	1,313.82	1,186.36	67	143.15	131.38	118.64
68	1,529.52	1,411.86	1,284.40	68	152.95	141.19	128.44
69	1,637.37	1,519.71	1,392.25	69	163.74	151.97	139.23

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,755.02	1,637.37	1,509.91	70	175.50	163.74	150.99
71	1,960.92	1,823.66	1,676.59	71	196.09	182.37	167.66
72	2,186.43	2,029.55	1,862.87	72	218.64	202.96	186.29
73	2,431.54	2,255.06	2,068.77	73	243.15	225.51	206.88
74	2,715.87	2,509.98	2,294.28	74	271.59	251.00	229.43
75	3,029.62	2,794.31	2,549.20	75	302.96	279.43	254.92
76	3,372.78	3,108.06	2,843.33	76	337.28	310.81	284.33
77	3,755.16	3,461.02	3,166.89	77	375.52	346.10	316.69
78	4,186.56	3,863.01	3,529.66	78	418.66	386.30	352.97
79	4,666.99	4,304.22	3,931.64	79	466.70	430.42	393.16
				80	519.64	479.44	438.27
				81	573.57	528.47	483.37
				82	633.38	583.37	533.37
				83	700.05	645.14	589.26
				84	772.60	711.81	650.04
				85	853.00	785.35	717.70
				86	959.87	884.37	807.90
				87	1,080.47	994.19	908.89
				88	1,214.79	1,118.70	1,022.62
				89	1,366.76	1,268.72	1,150.08
				90	1,537.36	1,415.78	1,294.21
				91	1,729.53	1,592.27	1,455.00
				92	1,946.21	1,791.30	1,637.37
				93	2,189.37	2,015.83	1,842.28
				94	2,462.92	2,267.80	2,071.71
				95	2,770.78	2,551.16	2,331.53
				96	3,116.88	2,869.81	2,622.73
				97	3,506.12	3,228.65	2,950.20
				98	3,944.39	3,631.62	3,318.86
				99	4,437.56	4,085.58	3,733.59

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	264.72	254.92	235.31	18-39	26.47	25.49	23.53
40	264.72	254.92	235.31	40	26.47	25.49	23.53
41	274.53	264.72	245.12	41	27.45	26.47	24.51
42	284.33	274.53	254.92	42	28.43	27.45	25.49
43	294.14	284.33	264.72	43	29.41	28.43	26.47
44	303.94	294.14	274.53	44	30.39	29.41	27.45
45	313.75	303.94	284.33	45	31.37	30.39	28.43
46	333.36	313.75	294.14	46	33.34	31.37	29.41
47	343.16	323.55	303.94	47	34.32	32.36	30.39
48	352.97	333.36	313.75	48	35.30	33.34	31.37
49	372.57	352.97	323.55	49	37.26	35.30	32.36
50	382.38	362.77	333.36	50	38.24	36.28	33.34
51	392.18	372.57	343.16	51	39.22	37.26	34.32
52	411.79	392.18	362.77	52	41.18	39.22	36.28
53	431.40	401.99	372.57	53	43.14	40.20	37.26
54	441.21	411.79	382.38	54	44.12	41.18	38.24
55	460.82	431.40	401.99	55	46.08	43.14	40.20
56	490.23	460.82	421.60	56	49.02	46.08	42.16
57	529.45	490.23	451.01	57	52.94	49.02	45.10
58	558.86	519.64	480.43	58	55.89	51.96	48.04
59	598.08	558.86	509.84	59	59.81	55.89	50.98
60	637.30	588.28	539.25	60	63.73	58.83	53.93
61	686.32	637.30	578.47	61	68.63	63.73	57.85
62	735.35	686.32	627.49	62	73.53	68.63	62.75
63	784.37	735.35	676.52	63	78.44	73.53	67.65
64	843.20	784.37	725.54	64	84.32	78.44	72.55
65	902.02	843.20	784.37	65	90.20	84.32	78.44
66	980.46	921.63	853.00	66	98.05	92.16	85.30
67	1,068.70	1,000.07	921.63	67	106.87	100.01	92.16
68	1,166.75	1,088.31	1,000.07	68	116.67	108.83	100.01
69	1,264.79	1,176.55	1,088.31	69	126.48	117.66	108.83

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,382.45	1,284.40	1,176.55	70	138.24	128.44	117.66
71	1,519.71	1,411.86	1,294.21	71	151.97	141.19	129.42
72	1,676.59	1,558.93	1,431.47	72	167.66	155.89	143.15
73	1,853.07	1,715.81	1,578.54	73	185.31	171.58	157.85
74	2,039.36	1,892.29	1,745.22	74	203.94	189.23	174.52
75	2,245.25	2,088.38	1,921.70	75	224.53	208.84	192.17
76	2,529.59	2,353.10	2,166.82	76	252.96	235.31	216.68
77	2,843.33	2,647.24	2,441.35	77	284.33	264.72	244.13
78	3,196.30	2,980.60	2,755.09	78	319.63	298.06	275.51
79	3,588.48	3,353.17	3,108.06	79	358.85	335.32	310.81
80		3,774.77	3,500.24	80		377.48	350.02
81		4,225.78	3,921.84	81		422.58	392.18
82		4,725.82	4,392.46	82		472.58	439.25
83		5,294.48	4,921.91	83		529.45	492.19
84		5,921.98	5,510.19	84		592.20	551.02

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	323.55	303.94	284.33	18-39	32.36	30.39	28.43
40	323.55	303.94	284.33	40	32.36	30.39	28.43
41	333.36	313.75	294.14	41	33.34	31.37	29.41
42	343.16	323.55	303.94	42	34.32	32.36	30.39
43	362.77	343.16	313.75	43	36.28	34.32	31.37
44	372.57	352.97	323.55	44	37.26	35.30	32.36
45	382.38	362.77	333.36	45	38.24	36.28	33.34
46	401.99	382.38	352.97	46	40.20	38.24	35.30
47	411.79	392.18	362.77	47	41.18	39.22	36.28
48	431.40	401.99	372.57	48	43.14	40.20	37.26
49	441.21	421.60	392.18	49	44.12	42.16	39.22
50	460.82	431.40	401.99	50	46.08	43.14	40.20
51	480.43	451.01	421.60	51	48.04	45.10	42.16
52	500.03	470.62	431.40	52	50.00	47.06	43.14
53	519.64	490.23	451.01	53	51.96	49.02	45.10
54	549.06	509.84	470.62	54	54.91	50.98	47.06
55	568.67	529.45	490.23	55	56.87	52.94	49.02
56	607.89	568.67	519.64	56	60.79	56.87	51.96
57	647.10	607.89	558.86	57	64.71	60.79	55.89
58	686.32	647.10	598.08	58	68.63	64.71	59.81
59	735.35	686.32	637.30	59	73.53	68.63	63.73
60	784.37	735.35	686.32	60	78.44	73.53	68.63
61	843.20	794.17	735.35	61	84.32	79.42	73.53
62	902.02	843.20	784.37	62	90.20	84.32	78.44
63	970.66	911.83	843.20	63	97.07	91.18	84.32
64	1,049.09	980.46	902.02	64	104.91	98.05	90.20
65	1,127.53	1,049.09	970.66	65	112.75	104.91	97.07
66	1,225.58	1,147.14	1,058.90	66	122.56	114.71	105.89
67	1,333.43	1,245.18	1,156.94	67	133.34	124.52	115.69
68	1,441.28	1,353.03	1,264.79	68	144.13	135.30	126.48
69	1,568.74	1,470.69	1,372.64	69	156.87	147.07	137.26

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,706.00	1,607.95	1,500.10	70	170.60	160.80	150.01
71	1,882.48	1,774.63	1,656.98	71	188.25	177.46	165.70
72	2,078.58	1,960.92	1,833.46	72	207.86	196.09	183.35
73	2,284.47	2,157.01	2,019.75	73	228.45	215.70	201.97
74	2,519.78	2,372.71	2,225.64	74	251.98	237.27	222.56
75	2,784.51	2,627.63	2,460.95	75	278.45	262.76	246.10
76	3,117.86	2,941.38	2,755.09	76	311.79	294.14	275.51
77	3,480.63	3,284.54	3,078.64	77	348.06	328.45	307.86
78	3,892.43	3,666.92	3,441.41	78	389.24	366.69	344.14
79	4,353.24	4,108.13	3,853.21	79	435.32	410.81	385.32

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	392.18	372.57	343.16	18-39	39.22	37.26	34.32
40	392.18	372.57	343.16	40	39.22	37.26	34.32
41	411.79	382.38	352.97	41	41.18	38.24	35.30
42	421.60	401.99	372.57	42	42.16	40.20	37.26
43	441.21	411.79	382.38	43	44.12	41.18	38.24
44	460.82	431.40	401.99	44	46.08	43.14	40.20
45	480.43	451.01	411.79	45	48.04	45.10	41.18
46	500.03	470.62	431.40	46	50.00	47.06	43.14
47	519.64	490.23	451.01	47	51.96	49.02	45.10
48	539.25	500.03	460.82	48	53.93	50.00	46.08
49	558.86	519.64	480.43	49	55.89	51.96	48.04
50	578.47	539.25	500.03	50	57.85	53.93	50.00
51	598.08	558.86	519.64	51	59.81	55.89	51.96
52	627.49	588.28	539.25	52	62.75	58.83	53.93
53	647.10	607.89	558.86	53	64.71	60.79	55.89
54	666.71	627.49	578.47	54	66.67	62.75	57.85
55	696.13	647.10	598.08	55	69.61	64.71	59.81
56	745.15	696.13	637.30	56	74.51	69.61	63.73
57	794.17	745.15	686.32	57	79.42	74.51	68.63
58	853.00	794.17	735.35	58	85.30	79.42	73.53
59	911.83	853.00	784.37	59	91.18	85.30	78.44
60	980.46	911.83	843.20	60	98.05	91.18	84.32
61	1,058.90	980.46	902.02	61	105.89	98.05	90.20
62	1,137.33	1,058.90	970.66	62	113.73	105.89	97.07
63	1,225.58	1,137.33	1,039.29	63	122.56	113.73	103.93
64	1,323.62	1,225.58	1,117.72	64	132.36	122.56	111.77
65	1,421.67	1,313.82	1,196.16	65	142.17	131.38	119.62
66	1,549.13	1,431.47	1,304.01	66	154.91	143.15	130.40
67	1,686.39	1,558.93	1,421.67	67	168.64	155.89	142.17
68	1,833.46	1,696.20	1,558.93	68	183.35	169.62	155.89
69	2,000.14	1,853.07	1,696.20	69	200.01	185.31	169.62

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,176.62	2,019.75	1,853.07	70	217.66	201.97	185.31
71	2,402.13	2,225.64	2,039.36	71	240.21	222.56	203.94
72	2,637.44	2,441.35	2,245.25	72	263.74	244.13	224.53
73	2,911.97	2,696.27	2,470.76	73	291.20	269.63	247.08
74	3,206.10	2,970.79	2,725.68	74	320.61	297.08	272.57
75	3,529.66	3,264.93	3,000.21	75	352.97	326.49	300.02
76	3,921.84	3,647.31	3,362.98	76	392.18	364.73	336.30
77	4,353.24	4,068.91	3,774.77	77	435.32	406.89	377.48
78	4,843.47	4,539.53	4,235.59	78	484.35	453.95	423.56
79	5,372.92	5,059.17	4,745.43	79	537.29	505.92	474.54

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	500.03	480.43	451.01	18-39	50.00	48.04	45.10
40	500.03	480.43	451.01	40	50.00	48.04	45.10
41	519.64	500.03	470.62	41	51.96	50.00	47.06
42	549.06	519.64	490.23	42	54.91	51.96	49.02
43	568.67	539.25	509.84	43	56.87	53.93	50.98
44	588.28	558.86	529.45	44	58.83	55.89	52.94
45	617.69	588.28	549.06	45	61.77	58.83	54.91
46	647.10	617.69	578.47	46	64.71	61.77	57.85
47	676.52	637.30	598.08	47	67.65	63.73	59.81
48	705.93	666.71	627.49	48	70.59	66.67	62.75
49	735.35	696.13	647.10	49	73.53	69.61	64.71
50	764.76	725.54	676.52	50	76.48	72.55	67.65
51	794.17	754.95	705.93	51	79.42	75.50	70.59
52	833.39	784.37	725.54	52	83.34	78.44	72.55
53	862.80	813.78	754.95	53	86.28	81.38	75.50
54	902.02	843.20	784.37	54	90.20	84.32	78.44
55	941.24	882.41	813.78	55	94.12	88.24	81.38
56	1,009.87	941.24	872.61	56	100.99	94.12	87.26
57	1,078.51	1,009.87	931.44	57	107.85	100.99	93.14
58	1,156.94	1,078.51	990.26	58	115.69	107.85	99.03
59	1,235.38	1,147.14	1,058.90	59	123.54	114.71	105.89
60	1,323.62	1,225.58	1,127.53	60	132.36	122.56	112.75
61	1,421.67	1,313.82	1,205.97	61	142.17	131.38	120.60
62	1,519.71	1,411.86	1,304.01	62	151.97	141.19	130.40
63	1,637.37	1,519.71	1,392.25	63	163.74	151.97	139.23
64	1,755.02	1,627.56	1,500.10	64	175.50	162.76	150.01
65	1,882.48	1,745.22	1,607.95	65	188.25	174.52	160.80
66	2,029.55	1,892.29	1,755.02	66	202.96	189.23	175.50
67	2,186.43	2,049.16	1,911.90	67	218.64	204.92	191.19
68	2,353.10	2,225.64	2,088.38	68	235.31	222.56	208.84
69	2,539.39	2,411.93	2,284.47	69	253.94	241.19	228.45

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,735.48	2,617.83	2,490.37	70	273.55	261.78	249.04
71	3,019.82	2,882.55	2,735.48	71	301.98	288.26	273.55
72	3,323.76	3,166.89	3,010.01	72	332.38	316.69	301.00
73	3,666.92	3,490.44	3,313.95	73	366.69	349.04	331.40
74	4,049.30	3,853.21	3,647.31	74	404.93	385.32	364.73
75	4,461.09	4,235.59	4,010.08	75	446.11	423.56	401.01
76	4,970.93	4,706.21	4,441.48	76	497.09	470.62	444.15
77	5,529.79	5,225.85	4,921.91	77	552.98	522.59	492.19
78	6,157.29	5,814.13	5,461.16	78	615.73	581.41	546.12
79	6,853.42	6,451.43	6,049.44	79	685.34	645.14	604.94

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	382.38	362.77	343.16	18-39	38.24	36.28	34.32
40	382.38	362.77	343.16	40	38.24	36.28	34.32
41	392.18	372.57	352.97	41	39.22	37.26	35.30
42	401.99	382.38	362.77	42	40.20	38.24	36.28
43	421.60	401.99	372.57	43	42.16	40.20	37.26
44	431.40	411.79	382.38	44	43.14	41.18	38.24
45	441.21	421.60	392.18	45	44.12	42.16	39.22
46	451.01	431.40	401.99	46	45.10	43.14	40.20
47	470.62	441.21	411.79	47	47.06	44.12	41.18
48	480.43	460.82	431.40	48	48.04	46.08	43.14
49	500.03	470.62	441.21	49	50.00	47.06	44.12
50	509.84	480.43	451.01	50	50.98	48.04	45.10
51	529.45	500.03	460.82	51	52.94	50.00	46.08
52	539.25	509.84	480.43	52	53.93	50.98	48.04
53	558.86	529.45	490.23	53	55.89	52.94	49.02
54	568.67	539.25	509.84	54	56.87	53.93	50.98
55	588.28	558.86	519.64	55	58.83	55.89	51.96
56	617.69	588.28	549.06	56	61.77	58.83	54.91
57	656.91	617.69	578.47	57	65.69	61.77	57.85
58	696.13	656.91	607.89	58	69.61	65.69	60.79
59	735.35	686.32	637.30	59	73.53	68.63	63.73
60	774.56	725.54	666.71	60	77.46	72.55	66.67
61	823.59	774.56	715.74	61	82.36	77.46	71.57
62	882.41	823.59	754.95	62	88.24	82.36	75.50
63	941.24	882.41	813.78	63	94.12	88.24	81.38
64	1,000.07	931.44	862.80	64	100.01	93.14	86.28
65	1,068.70	1,000.07	921.63	65	106.87	100.01	92.16
66	1,147.14	1,068.70	990.26	66	114.71	106.87	99.03
67	1,235.38	1,156.94	1,068.70	67	123.54	115.69	106.87
68	1,333.43	1,245.18	1,156.94	68	133.34	124.52	115.69
69	1,441.28	1,343.23	1,245.18	69	144.13	134.32	124.52

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,549.13	1,451.08	1,343.23	70	154.91	145.11	134.32
71	1,696.20	1,588.35	1,470.69	71	169.62	158.83	147.07
72	1,862.87	1,745.22	1,617.76	72	186.29	174.52	161.78
73	2,049.16	1,911.90	1,774.63	73	204.92	191.19	177.46
74	2,245.25	2,098.18	1,951.12	74	224.53	209.82	195.11
75	2,460.95	2,304.08	2,137.40	75	246.10	230.41	213.74
76	2,764.90	2,588.41	2,402.13	76	276.49	258.84	240.21
77	3,108.06	2,902.16	2,696.27	77	310.81	290.22	269.63
78	3,490.44	3,264.93	3,039.43	78	349.04	326.49	303.94
79	3,921.84	3,666.92	3,412.00	79	392.18	366.69	341.20
80		4,127.74	3,833.60	80		412.77	383.36
81		4,588.55	4,265.00	81		458.86	426.50
82		5,118.00	4,755.23	82		511.80	475.52
83		5,696.47	5,294.48	83		569.65	529.45
84		6,343.58	5,892.56	84		634.36	589.26

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	480.43	451.01	411.79	18-39	48.04	45.10	41.18
40	480.43	451.01	411.79	40	48.04	45.10	41.18
41	490.23	460.82	421.60	41	49.02	46.08	42.16
42	509.84	470.62	431.40	42	50.98	47.06	43.14
43	519.64	490.23	451.01	43	51.96	49.02	45.10
44	539.25	500.03	460.82	44	53.93	50.00	46.08
45	549.06	509.84	470.62	45	54.91	50.98	47.06
46	568.67	529.45	490.23	46	56.87	52.94	49.02
47	578.47	539.25	500.03	47	57.85	53.93	50.00
48	598.08	558.86	519.64	48	59.81	55.89	51.96
49	607.89	568.67	529.45	49	60.79	56.87	52.94
50	627.49	588.28	549.06	50	62.75	58.83	54.91
51	647.10	607.89	568.67	51	64.71	60.79	56.87
52	666.71	627.49	578.47	52	66.67	62.75	57.85
53	686.32	647.10	598.08	53	68.63	64.71	59.81
54	705.93	666.71	617.69	54	70.59	66.67	61.77
55	725.54	686.32	637.30	55	72.55	68.63	63.73
56	764.76	725.54	676.52	56	76.48	72.55	67.65
57	813.78	764.76	705.93	57	81.38	76.48	70.59
58	862.80	803.98	745.15	58	86.28	80.40	74.51
59	911.83	853.00	794.17	59	91.18	85.30	79.42
60	970.66	902.02	833.39	60	97.07	90.20	83.34
61	1,029.48	960.85	892.22	61	102.95	96.09	89.22
62	1,098.12	1,029.48	951.05	62	109.81	102.95	95.10
63	1,176.55	1,098.12	1,009.87	63	117.66	109.81	100.99
64	1,254.99	1,166.75	1,078.51	64	125.50	116.67	107.85
65	1,333.43	1,245.18	1,147.14	65	133.34	124.52	114.71
66	1,441.28	1,343.23	1,245.18	66	144.13	134.32	124.52
67	1,558.93	1,451.08	1,343.23	67	155.89	145.11	134.32
68	1,686.39	1,568.74	1,451.08	68	168.64	156.87	145.11
69	1,823.66	1,706.00	1,578.54	69	182.37	170.60	157.85

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,970.72	1,843.26	1,706.00	70	197.07	184.33	170.60
71	2,157.01	2,019.75	1,872.68	71	215.70	201.97	187.27
72	2,372.71	2,215.84	2,058.97	72	237.27	221.58	205.90
73	2,598.22	2,431.54	2,255.06	73	259.82	243.15	225.51
74	2,853.14	2,666.85	2,480.56	74	285.31	266.69	248.06
75	3,127.67	2,931.58	2,725.68	75	312.77	293.16	272.57
76	3,480.63	3,255.13	3,029.62	76	348.06	325.51	302.96
77	3,872.82	3,627.70	3,372.78	77	387.28	362.77	337.28
78	4,314.02	4,029.69	3,745.36	78	431.40	402.97	374.54
79	4,804.25	4,490.51	4,166.96	79	480.43	449.05	416.70

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	598.08	558.86	509.84	18-39	59.81	55.89	50.98
40	598.08	558.86	509.84	40	59.81	55.89	50.98
41	617.69	578.47	529.45	41	61.77	57.85	52.94
42	637.30	588.28	539.25	42	63.73	58.83	53.93
43	647.10	607.89	558.86	43	64.71	60.79	55.89
44	666.71	627.49	578.47	44	66.67	62.75	57.85
45	686.32	637.30	588.28	45	68.63	63.73	58.83
46	705.93	656.91	607.89	46	70.59	65.69	60.79
47	725.54	676.52	627.49	47	72.55	67.65	62.75
48	754.95	705.93	647.10	48	75.50	70.59	64.71
49	774.56	725.54	666.71	49	77.46	72.55	66.67
50	794.17	745.15	686.32	50	79.42	74.51	68.63
51	813.78	764.76	705.93	51	81.38	76.48	70.59
52	843.20	784.37	725.54	52	84.32	78.44	72.55
53	862.80	803.98	745.15	53	86.28	80.40	74.51
54	882.41	833.39	774.56	54	88.24	83.34	77.46
55	911.83	853.00	794.17	55	91.18	85.30	79.42
56	970.66	911.83	843.20	56	97.07	91.18	84.32
57	1,019.68	960.85	892.22	57	101.97	96.09	89.22
58	1,088.31	1,019.68	941.24	58	108.83	101.97	94.12
59	1,147.14	1,068.70	990.26	59	114.71	106.87	99.03
60	1,215.77	1,137.33	1,049.09	60	121.58	113.73	104.91
61	1,294.21	1,205.97	1,117.72	61	129.42	120.60	111.77
62	1,382.45	1,284.40	1,186.36	62	138.24	128.44	118.64
63	1,480.49	1,372.64	1,264.79	63	148.05	137.26	126.48
64	1,578.54	1,460.89	1,343.23	64	157.85	146.09	134.32
65	1,686.39	1,558.93	1,431.47	65	168.64	155.89	143.15
66	1,823.66	1,686.39	1,549.13	66	182.37	168.64	154.91
67	1,970.72	1,833.46	1,686.39	67	197.07	183.35	168.64
68	2,137.40	1,990.33	1,833.46	68	213.74	199.03	183.35
69	2,313.89	2,157.01	1,990.33	69	231.39	215.70	199.03

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

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FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,500.17	2,333.49	2,157.01	70	250.02	233.35	215.70
71	2,735.48	2,549.20	2,353.10	71	273.55	254.92	235.31
72	3,000.21	2,784.51	2,568.81	72	300.02	278.45	256.88
73	3,284.54	3,049.23	2,804.12	73	328.45	304.92	280.41
74	3,588.48	3,323.76	3,059.04	74	358.85	332.38	305.90
75	3,931.64	3,637.51	3,343.37	75	393.16	363.75	334.34
76	4,353.24	4,049.30	3,735.55	76	435.32	404.93	373.56
77	4,814.06	4,490.51	4,166.96	77	481.41	449.05	416.70
78	5,323.90	4,990.54	4,647.38	78	532.39	499.05	464.74
79	5,892.56	5,539.60	5,186.63	79	589.26	553.96	518.66

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	774.56	735.35	686.32	18-39	77.46	73.53	68.63
40	774.56	735.35	686.32	40	77.46	73.53	68.63
41	803.98	764.76	715.74	41	80.40	76.48	71.57
42	833.39	784.37	735.35	42	83.34	78.44	73.53
43	862.80	813.78	764.76	43	86.28	81.38	76.48
44	892.22	843.20	794.17	44	89.22	84.32	79.42
45	921.63	872.61	823.59	45	92.16	87.26	82.36
46	951.05	902.02	853.00	46	95.10	90.20	85.30
47	990.26	941.24	882.41	47	99.03	94.12	88.24
48	1,019.68	970.66	911.83	48	101.97	97.07	91.18
49	1,058.90	1,000.07	941.24	49	105.89	100.01	94.12
50	1,098.12	1,039.29	980.46	50	109.81	103.93	98.05
51	1,127.53	1,068.70	1,000.07	51	112.75	106.87	100.01
52	1,156.94	1,098.12	1,029.48	52	115.69	109.81	102.95
53	1,186.36	1,127.53	1,058.90	53	118.64	112.75	105.89
54	1,225.58	1,156.94	1,078.51	54	122.56	115.69	107.85
55	1,254.99	1,186.36	1,107.92	55	125.50	118.64	110.79
56	1,323.62	1,245.18	1,166.75	56	132.36	124.52	116.67
57	1,402.06	1,313.82	1,225.58	57	140.21	131.38	122.56
58	1,480.49	1,382.45	1,284.40	58	148.05	138.24	128.44
59	1,568.74	1,460.89	1,353.03	59	156.87	146.09	135.30
60	1,656.98	1,539.32	1,421.67	60	165.70	153.93	142.17
61	1,764.83	1,637.37	1,509.91	61	176.48	163.74	150.99
62	1,872.68	1,745.22	1,607.95	62	187.27	174.52	160.80
63	1,990.33	1,853.07	1,715.81	63	199.03	185.31	171.58
64	2,117.79	1,970.72	1,823.66	64	211.78	197.07	182.37
65	2,255.06	2,098.18	1,941.31	65	225.51	209.82	194.13
66	2,411.93	2,255.06	2,098.18	66	241.19	225.51	209.82
67	2,578.61	2,431.54	2,274.67	67	257.86	243.15	227.47
68	2,764.90	2,617.83	2,470.76	68	276.49	261.78	247.08
69	2,960.99	2,813.92	2,666.85	69	296.10	281.39	266.69

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

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METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	3,166.89	3,029.62	2,892.36	70	316.69	302.96	289.24
71	3,470.83	3,313.95	3,157.08	71	347.08	331.40	315.71
72	3,794.38	3,617.90	3,441.41	72	379.44	361.79	344.14
73	4,157.15	3,961.06	3,755.16	73	415.72	396.11	375.52
74	4,549.33	4,323.83	4,098.32	74	454.93	432.38	409.83
75	4,980.74	4,725.82	4,470.90	75	498.07	472.58	447.09
76	5,519.99	5,225.85	4,931.71	76	552.00	522.59	493.17
77	6,127.88	5,784.71	5,431.75	77	612.79	578.47	543.17
78	6,794.59	6,392.60	5,990.61	78	679.46	639.26	599.06
79	7,539.74	7,078.92	6,608.30	79	753.97	707.89	660.83

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	176.48	166.68	156.87	18-39	17.65	16.67	15.69
40	176.48	166.68	156.87	40	17.65	16.67	15.69
41	186.29	176.48	166.68	41	18.63	17.65	16.67
42	186.29	176.48	166.68	42	18.63	17.65	16.67
43	196.09	186.29	176.48	43	19.61	18.63	17.65
44	205.90	196.09	176.48	44	20.59	19.61	17.65
45	205.90	196.09	186.29	45	20.59	19.61	18.63
46	215.70	205.90	186.29	46	21.57	20.59	18.63
47	225.51	215.70	196.09	47	22.55	21.57	19.61
48	225.51	215.70	205.90	48	22.55	21.57	20.59
49	235.31	225.51	205.90	49	23.53	22.55	20.59
50	245.12	235.31	215.70	50	24.51	23.53	21.57
51	254.92	245.12	225.51	51	25.49	24.51	22.55
52	274.53	264.72	245.12	52	27.45	26.47	24.51
53	294.14	274.53	254.92	53	29.41	27.45	25.49
54	303.94	284.33	264.72	54	30.39	28.43	26.47
55	323.55	303.94	284.33	55	32.36	30.39	28.43
56	343.16	323.55	294.14	56	34.32	32.36	29.41
57	362.77	343.16	313.75	57	36.28	34.32	31.37
58	392.18	362.77	333.36	58	39.22	36.28	33.34
59	411.79	382.38	343.16	59	41.18	38.24	34.32
60	441.21	401.99	362.77	60	44.12	40.20	36.28
61	480.43	441.21	392.18	61	48.04	44.12	39.22
62	509.84	470.62	421.60	62	50.98	47.06	42.16
63	558.86	509.84	460.82	63	55.89	50.98	46.08
64	598.08	549.06	500.03	64	59.81	54.91	50.00
65	647.10	598.08	539.25	65	64.71	59.81	53.93
66	705.93	647.10	588.28	66	70.59	64.71	58.83
67	774.56	705.93	637.30	67	77.46	70.59	63.73
68	843.20	764.76	686.32	68	84.32	76.48	68.63
69	921.63	833.39	745.15	69	92.16	83.34	74.51

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,009.87	911.83	813.78	70	100.99	91.18	81.38
71	1,117.72	1,009.87	892.22	71	111.77	100.99	89.22
72	1,245.18	1,117.72	980.46	72	124.52	111.77	98.05
73	1,382.45	1,235.38	1,078.51	73	138.24	123.54	107.85
74	1,539.32	1,362.84	1,186.36	74	153.93	136.28	118.64
75	1,706.00	1,509.91	1,304.01	75	170.60	150.99	130.40
76	1,902.09	1,676.59	1,451.08	76	190.21	167.66	145.11
77	2,127.60	1,882.48	1,627.56	77	212.76	188.25	162.76
78	2,382.52	2,098.18	1,813.85	78	238.25	209.82	181.39
79	2,657.05	2,343.30	2,019.75	79	265.70	234.33	201.97
80		2,617.83	2,255.06	80	297.08	261.78	225.51
81		2,892.36	2,490.37	81	328.45	289.24	249.04
82		3,196.30	2,755.09	82	363.75	319.63	275.51
83		3,539.46	3,049.23	83	401.99	353.95	304.92
84		3,912.04	3,372.78	84	444.15	391.20	337.28
				85	491.21	432.38	373.56
				86	552.98	487.29	420.62
				87	622.59	548.08	473.56
				88	700.05	615.73	532.39
				89	787.31	693.19	599.06
				90	891.24	779.47	673.58
				91	996.15	877.51	757.90
				92	1,120.67	986.34	852.02
				93	1,260.87	1,109.88	958.89
				94	1,418.73	1,248.13	1,078.51
				95	1,595.21	1,405.00	1,213.81
				96	1,795.22	1,580.50	1,364.80
				97	2,019.75	1,777.57	1,535.40
				98	2,271.73	2,000.14	1,727.57
				99	2,555.08	2,249.18	1,943.27

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	225.51	215.70	196.09	18-39	22.55	21.57	19.61
40	225.51	215.70	196.09	40	22.55	21.57	19.61
41	235.31	225.51	205.90	41	23.53	22.55	20.59
42	235.31	225.51	205.90	42	23.53	22.55	20.59
43	245.12	235.31	215.70	43	24.51	23.53	21.57
44	254.92	245.12	225.51	44	25.49	24.51	22.55
45	264.72	245.12	225.51	45	26.47	24.51	22.55
46	274.53	254.92	235.31	46	27.45	25.49	23.53
47	274.53	264.72	245.12	47	27.45	26.47	24.51
48	284.33	264.72	245.12	48	28.43	26.47	24.51
49	294.14	274.53	254.92	49	29.41	27.45	25.49
50	303.94	284.33	264.72	50	30.39	28.43	26.47
51	313.75	294.14	274.53	51	31.37	29.41	27.45
52	333.36	313.75	284.33	52	33.34	31.37	28.43
53	352.97	323.55	294.14	53	35.30	32.36	29.41
54	362.77	343.16	313.75	54	36.28	34.32	31.37
55	382.38	352.97	323.55	55	38.24	35.30	32.36
56	411.79	382.38	343.16	56	41.18	38.24	34.32
57	431.40	401.99	372.57	57	43.14	40.20	37.26
58	460.82	431.40	392.18	58	46.08	43.14	39.22
59	500.03	460.82	421.60	59	50.00	46.08	42.16
60	529.45	490.23	451.01	60	52.94	49.02	45.10
61	568.67	529.45	490.23	61	56.87	52.94	49.02
62	617.69	578.47	529.45	62	61.77	57.85	52.94
63	666.71	627.49	578.47	63	66.67	62.75	57.85
64	725.54	676.52	627.49	64	72.55	67.65	62.75
65	784.37	735.35	686.32	65	78.44	73.53	68.63
66	853.00	803.98	745.15	66	85.30	80.40	74.51
67	921.63	872.61	813.78	67	92.16	87.26	81.38
68	1,000.07	941.24	882.41	68	100.01	94.12	88.24
69	1,078.51	1,019.68	960.85	69	107.85	101.97	96.09

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,166.75	1,107.92	1,039.29	70	116.67	110.79	103.93
71	1,304.01	1,235.38	1,166.75	71	130.40	123.54	116.67
72	1,451.08	1,382.45	1,304.01	72	145.11	138.24	130.40
73	1,607.95	1,539.32	1,460.89	73	160.80	153.93	146.09
74	1,794.24	1,715.81	1,627.56	74	179.42	171.58	162.76
75	2,000.14	1,911.90	1,823.66	75	200.01	191.19	182.37
76	2,225.64	2,127.60	2,029.55	76	222.56	212.76	202.96
77	2,480.56	2,372.71	2,264.86	77	248.06	237.27	226.49
78	2,774.70	2,657.05	2,529.59	78	277.47	265.70	252.96
79	3,088.45	2,951.18	2,813.92	79	308.84	295.12	281.39
				80	344.14	329.43	313.75
				81	380.42	363.75	347.08
				82	420.62	401.99	383.36
				83	469.64	445.13	424.54
				84	513.76	500.03	468.66
				85	567.69	543.17	518.66
				86	639.26	611.81	584.35
				87	718.68	688.28	656.91
				88	808.88	773.58	739.27
				89	909.87	870.65	831.43
				90	1,023.60	979.48	935.36
				91	1,151.06	1,102.04	1,054.97
				92	1,295.19	1,239.30	1,183.42
				93	1,456.96	1,394.21	1,331.46
				94	1,639.33	1,568.74	1,497.16
				95	1,844.25	1,764.83	1,684.43
				96	2,074.65	1,984.45	1,895.23
				97	2,333.49	2,232.51	2,132.50
				98	2,625.67	2,511.94	2,398.21
				99	2,953.15	2,825.69	2,698.23

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	254.92	245.12	225.51	18-39	25.49	24.51	22.55
40	254.92	245.12	225.51	40	25.49	24.51	22.55
41	264.72	254.92	235.31	41	26.47	25.49	23.53
42	274.53	264.72	245.12	42	27.45	26.47	24.51
43	284.33	274.53	254.92	43	28.43	27.45	25.49
44	294.14	284.33	264.72	44	29.41	28.43	26.47
45	303.94	294.14	274.53	45	30.39	29.41	27.45
46	323.55	303.94	284.33	46	32.36	30.39	28.43
47	333.36	313.75	294.14	47	33.34	31.37	29.41
48	343.16	323.55	303.94	48	34.32	32.36	30.39
49	362.77	343.16	313.75	49	36.28	34.32	31.37
50	372.57	352.97	323.55	50	37.26	35.30	32.36
51	382.38	362.77	333.36	51	38.24	36.28	33.34
52	401.99	372.57	343.16	52	40.20	37.26	34.32
53	411.79	382.38	352.97	53	41.18	38.24	35.30
54	431.40	401.99	362.77	54	43.14	40.20	36.28
55	441.21	411.79	372.57	55	44.12	41.18	37.26
56	470.62	441.21	401.99	56	47.06	44.12	40.20
57	509.84	470.62	421.60	57	50.98	47.06	42.16
58	549.06	500.03	451.01	58	54.91	50.00	45.10
59	588.28	539.25	490.23	59	58.83	53.93	49.02
60	627.49	578.47	519.64	60	62.75	57.85	51.96
61	686.32	627.49	568.67	61	68.63	62.75	56.87
62	754.95	686.32	617.69	62	75.50	68.63	61.77
63	823.59	745.15	666.71	63	82.36	74.51	66.67
64	892.22	813.78	725.54	64	89.22	81.38	72.55
65	980.46	892.22	794.17	65	98.05	89.22	79.42
66	1,058.90	960.85	853.00	66	105.89	96.09	85.30
67	1,147.14	1,039.29	921.63	67	114.71	103.93	92.16
68	1,245.18	1,117.72	990.26	68	124.52	111.77	99.03
69	1,343.23	1,205.97	1,068.70	69	134.32	120.60	106.87

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,451.08	1,304.01	1,147.14	70	145.11	130.40	114.71
71	1,607.95	1,451.08	1,284.40	71	160.80	145.11	128.44
72	1,784.44	1,607.95	1,431.47	72	178.44	160.80	143.15
73	1,980.53	1,784.44	1,588.35	73	198.05	178.44	158.83
74	2,196.23	1,990.33	1,774.63	74	219.62	199.03	177.46
75	2,431.54	2,206.04	1,980.53	75	243.15	220.60	198.05
76	2,706.07	2,460.95	2,206.04	76	270.61	246.10	220.60
77	3,019.82	2,745.29	2,460.95	77	301.98	274.53	246.10
78	3,362.98	3,059.04	2,745.29	78	336.30	305.90	274.53
79	3,745.36	3,402.20	3,059.04	79	374.54	340.22	305.90
				80	417.68	379.44	341.20
				81	460.82	418.66	376.50
				82	509.84	463.76	416.70
				83	562.78	511.80	459.84
				84	621.61	564.74	508.86
				85	686.32	623.57	560.82
				86	772.60	702.01	631.42
				87	868.69	789.27	727.50
				88	977.52	888.30	799.07
				89	1,100.08	999.09	899.08
				90	1,237.34	1,124.59	1,010.85
				91	1,392.25	1,264.79	1,137.33
				92	1,565.79	1,422.65	1,279.50
				93	1,761.89	1,600.11	1,439.32
				94	1,981.51	1,800.12	1,619.72
				95	2,229.57	2,025.63	1,821.69
				96	2,508.02	2,278.59	2,049.16
				97	2,820.78	2,562.92	2,305.06
				98	3,173.75	2,883.53	2,593.32
				99	3,570.84	3,244.34	2,917.85

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	303.94	294.14	274.53	18-39	30.39	29.41	27.45
40	303.94	294.14	274.53	40	30.39	29.41	27.45
41	313.75	303.94	284.33	41	31.37	30.39	28.43
42	333.36	313.75	294.14	42	33.34	31.37	29.41
43	343.16	323.55	303.94	43	34.32	32.36	30.39
44	352.97	333.36	313.75	44	35.30	33.34	31.37
45	372.57	352.97	323.55	45	37.26	35.30	32.36
46	382.38	362.77	333.36	46	38.24	36.28	33.34
47	401.99	372.57	343.16	47	40.20	37.26	34.32
48	421.60	392.18	352.97	48	42.16	39.22	35.30
49	431.40	401.99	372.57	49	43.14	40.20	37.26
50	451.01	421.60	382.38	50	45.10	42.16	38.24
51	470.62	431.40	392.18	51	47.06	43.14	39.22
52	490.23	451.01	411.79	52	49.02	45.10	41.18
53	509.84	470.62	431.40	53	50.98	47.06	43.14
54	529.45	490.23	441.21	54	52.94	49.02	44.12
55	549.06	509.84	460.82	55	54.91	50.98	46.08
56	588.28	549.06	500.03	56	58.83	54.91	50.00
57	637.30	588.28	539.25	57	63.73	58.83	53.93
58	686.32	637.30	578.47	58	68.63	63.73	57.85
59	745.15	686.32	627.49	59	74.51	68.63	62.75
60	803.98	745.15	676.52	60	80.40	74.51	67.65
61	872.61	803.98	735.35	61	87.26	80.40	73.53
62	960.85	882.41	794.17	62	96.09	88.24	79.42
63	1,049.09	960.85	862.80	63	104.91	96.09	86.28
64	1,137.33	1,039.29	931.44	64	113.73	103.93	93.14
65	1,245.18	1,127.53	1,009.87	65	124.52	112.75	100.99
66	1,333.43	1,215.77	1,098.12	66	133.34	121.58	109.81
67	1,431.47	1,313.82	1,186.36	67	143.15	131.38	118.64
68	1,529.52	1,411.86	1,284.40	68	152.95	141.19	128.44
69	1,637.37	1,519.71	1,392.25	69	163.74	151.97	139.23

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-COLFO, H-COLFO-3

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,755.02	1,637.37	1,509.91	70	175.50	163.74	150.99
71	1,960.92	1,823.66	1,676.59	71	196.09	182.37	167.66
72	2,186.43	2,029.55	1,862.87	72	218.64	202.96	186.29
73	2,431.54	2,255.06	2,068.77	73	243.15	225.51	206.88
74	2,715.87	2,509.98	2,294.28	74	271.59	251.00	229.43
75	3,029.62	2,794.31	2,549.20	75	302.96	279.43	254.92
76	3,372.78	3,108.06	2,843.33	76	337.28	310.81	284.33
77	3,755.16	3,461.02	3,166.89	77	375.52	346.10	316.69
78	4,186.56	3,863.01	3,529.66	78	418.66	386.30	352.97
79	4,666.99	4,304.22	3,931.64	79	466.70	430.42	393.16
				80	519.64	479.44	438.27
				81	573.57	528.47	483.37
				82	633.38	583.37	533.37
				83	700.05	645.14	589.26
				84	772.60	711.81	650.04
				85	853.00	785.35	717.70
				86	959.87	884.37	807.90
				87	1,080.47	994.19	908.89
				88	1,214.79	1,118.70	1,022.62
				89	1,366.76	1,268.72	1,150.08
				90	1,537.36	1,415.78	1,294.21
				91	1,729.53	1,592.27	1,455.00
				92	1,946.21	1,791.30	1,637.37
				93	2,189.37	2,015.83	1,842.28
				94	2,462.92	2,267.80	2,071.71
				95	2,770.78	2,551.16	2,331.53
				96	3,116.88	2,869.81	2,622.73
				97	3,506.12	3,228.65	2,950.20
				98	3,944.39	3,631.62	3,318.86
				99	4,437.56	4,085.58	3,733.59

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	264.72	254.92	235.31	18-39	26.47	25.49	23.53
40	264.72	254.92	235.31	40	26.47	25.49	23.53
41	274.53	264.72	245.12	41	27.45	26.47	24.51
42	284.33	274.53	254.92	42	28.43	27.45	25.49
43	294.14	284.33	264.72	43	29.41	28.43	26.47
44	303.94	294.14	274.53	44	30.39	29.41	27.45
45	313.75	303.94	284.33	45	31.37	30.39	28.43
46	333.36	313.75	294.14	46	33.34	31.37	29.41
47	343.16	323.55	303.94	47	34.32	32.36	30.39
48	352.97	333.36	313.75	48	35.30	33.34	31.37
49	372.57	352.97	323.55	49	37.26	35.30	32.36
50	382.38	362.77	333.36	50	38.24	36.28	33.34
51	392.18	372.57	343.16	51	39.22	37.26	34.32
52	411.79	392.18	362.77	52	41.18	39.22	36.28
53	431.40	401.99	372.57	53	43.14	40.20	37.26
54	441.21	411.79	382.38	54	44.12	41.18	38.24
55	460.82	431.40	401.99	55	46.08	43.14	40.20
56	490.23	460.82	421.60	56	49.02	46.08	42.16
57	529.45	490.23	451.01	57	52.94	49.02	45.10
58	558.86	519.64	480.43	58	55.89	51.96	48.04
59	598.08	558.86	509.84	59	59.81	55.89	50.98
60	637.30	588.28	539.25	60	63.73	58.83	53.93
61	686.32	637.30	578.47	61	68.63	63.73	57.85
62	735.35	686.32	627.49	62	73.53	68.63	62.75
63	784.37	735.35	676.52	63	78.44	73.53	67.65
64	843.20	784.37	725.54	64	84.32	78.44	72.55
65	902.02	843.20	784.37	65	90.20	84.32	78.44
66	980.46	921.63	853.00	66	98.05	92.16	85.30
67	1,068.70	1,000.07	921.63	67	106.87	100.01	92.16
68	1,166.75	1,088.31	1,000.07	68	116.67	108.83	100.01
69	1,264.79	1,176.55	1,088.31	69	126.48	117.66	108.83

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,382.45	1,284.40	1,176.55	70	138.24	128.44	117.66
71	1,519.71	1,411.86	1,294.21	71	151.97	141.19	129.42
72	1,676.59	1,558.93	1,431.47	72	167.66	155.89	143.15
73	1,853.07	1,715.81	1,578.54	73	185.31	171.58	157.85
74	2,039.36	1,892.29	1,745.22	74	203.94	189.23	174.52
75	2,245.25	2,088.38	1,921.70	75	224.53	208.84	192.17
76	2,529.59	2,353.10	2,166.82	76	252.96	235.31	216.68
77	2,843.33	2,647.24	2,441.35	77	284.33	264.72	244.13
78	3,196.30	2,980.60	2,755.09	78	319.63	298.06	275.51
79	3,588.48	3,353.17	3,108.06	79	358.85	335.32	310.81
80		3,774.77	3,500.24	80		377.48	350.02
81		4,225.78	3,921.84	81		422.58	392.18
82		4,725.82	4,392.46	82		472.58	439.25
83		5,294.48	4,921.91	83		529.45	492.19
84		5,921.98	5,510.19	84		592.20	551.02

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	323.55	303.94	284.33	18-39	32.36	30.39	28.43
40	323.55	303.94	284.33	40	32.36	30.39	28.43
41	333.36	313.75	294.14	41	33.34	31.37	29.41
42	343.16	323.55	303.94	42	34.32	32.36	30.39
43	362.77	343.16	313.75	43	36.28	34.32	31.37
44	372.57	352.97	323.55	44	37.26	35.30	32.36
45	382.38	362.77	333.36	45	38.24	36.28	33.34
46	401.99	382.38	352.97	46	40.20	38.24	35.30
47	411.79	392.18	362.77	47	41.18	39.22	36.28
48	431.40	401.99	372.57	48	43.14	40.20	37.26
49	441.21	421.60	392.18	49	44.12	42.16	39.22
50	460.82	431.40	401.99	50	46.08	43.14	40.20
51	480.43	451.01	421.60	51	48.04	45.10	42.16
52	500.03	470.62	431.40	52	50.00	47.06	43.14
53	519.64	490.23	451.01	53	51.96	49.02	45.10
54	549.06	509.84	470.62	54	54.91	50.98	47.06
55	568.67	529.45	490.23	55	56.87	52.94	49.02
56	607.89	568.67	519.64	56	60.79	56.87	51.96
57	647.10	607.89	558.86	57	64.71	60.79	55.89
58	686.32	647.10	598.08	58	68.63	64.71	59.81
59	735.35	686.32	637.30	59	73.53	68.63	63.73
60	784.37	735.35	686.32	60	78.44	73.53	68.63
61	843.20	794.17	735.35	61	84.32	79.42	73.53
62	902.02	843.20	784.37	62	90.20	84.32	78.44
63	970.66	911.83	843.20	63	97.07	91.18	84.32
64	1,049.09	980.46	902.02	64	104.91	98.05	90.20
65	1,127.53	1,049.09	970.66	65	112.75	104.91	97.07
66	1,225.58	1,147.14	1,058.90	66	122.56	114.71	105.89
67	1,333.43	1,245.18	1,156.94	67	133.34	124.52	115.69
68	1,441.28	1,353.03	1,264.79	68	144.13	135.30	126.48
69	1,568.74	1,470.69	1,372.64	69	156.87	147.07	137.26

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,706.00	1,607.95	1,500.10	70	170.60	160.80	150.01
71	1,882.48	1,774.63	1,656.98	71	188.25	177.46	165.70
72	2,078.58	1,960.92	1,833.46	72	207.86	196.09	183.35
73	2,284.47	2,157.01	2,019.75	73	228.45	215.70	201.97
74	2,519.78	2,372.71	2,225.64	74	251.98	237.27	222.56
75	2,784.51	2,627.63	2,460.95	75	278.45	262.76	246.10
76	3,117.86	2,941.38	2,755.09	76	311.79	294.14	275.51
77	3,480.63	3,284.54	3,078.64	77	348.06	328.45	307.86
78	3,892.43	3,666.92	3,441.41	78	389.24	366.69	344.14
79	4,353.24	4,108.13	3,853.21	79	435.32	410.81	385.32

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	392.18	372.57	343.16	18-39	39.22	37.26	34.32
40	392.18	372.57	343.16	40	39.22	37.26	34.32
41	411.79	382.38	352.97	41	41.18	38.24	35.30
42	421.60	401.99	372.57	42	42.16	40.20	37.26
43	441.21	411.79	382.38	43	44.12	41.18	38.24
44	460.82	431.40	401.99	44	46.08	43.14	40.20
45	480.43	451.01	411.79	45	48.04	45.10	41.18
46	500.03	470.62	431.40	46	50.00	47.06	43.14
47	519.64	490.23	451.01	47	51.96	49.02	45.10
48	539.25	500.03	460.82	48	53.93	50.00	46.08
49	558.86	519.64	480.43	49	55.89	51.96	48.04
50	578.47	539.25	500.03	50	57.85	53.93	50.00
51	598.08	558.86	519.64	51	59.81	55.89	51.96
52	627.49	588.28	539.25	52	62.75	58.83	53.93
53	647.10	607.89	558.86	53	64.71	60.79	55.89
54	666.71	627.49	578.47	54	66.67	62.75	57.85
55	696.13	647.10	598.08	55	69.61	64.71	59.81
56	745.15	696.13	637.30	56	74.51	69.61	63.73
57	794.17	745.15	686.32	57	79.42	74.51	68.63
58	853.00	794.17	735.35	58	85.30	79.42	73.53
59	911.83	853.00	784.37	59	91.18	85.30	78.44
60	980.46	911.83	843.20	60	98.05	91.18	84.32
61	1,058.90	980.46	902.02	61	105.89	98.05	90.20
62	1,137.33	1,058.90	970.66	62	113.73	105.89	97.07
63	1,225.58	1,137.33	1,039.29	63	122.56	113.73	103.93
64	1,323.62	1,225.58	1,117.72	64	132.36	122.56	111.77
65	1,421.67	1,313.82	1,196.16	65	142.17	131.38	119.62
66	1,549.13	1,431.47	1,304.01	66	154.91	143.15	130.40
67	1,686.39	1,558.93	1,421.67	67	168.64	155.89	142.17
68	1,833.46	1,696.20	1,558.93	68	183.35	169.62	155.89
69	2,000.14	1,853.07	1,696.20	69	200.01	185.31	169.62

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,176.62	2,019.75	1,853.07	70	217.66	201.97	185.31
71	2,402.13	2,225.64	2,039.36	71	240.21	222.56	203.94
72	2,637.44	2,441.35	2,245.25	72	263.74	244.13	224.53
73	2,911.97	2,696.27	2,470.76	73	291.20	269.63	247.08
74	3,206.10	2,970.79	2,725.68	74	320.61	297.08	272.57
75	3,529.66	3,264.93	3,000.21	75	352.97	326.49	300.02
76	3,921.84	3,647.31	3,362.98	76	392.18	364.73	336.30
77	4,353.24	4,068.91	3,774.77	77	435.32	406.89	377.48
78	4,843.47	4,539.53	4,235.59	78	484.35	453.95	423.56
79	5,372.92	5,059.17	4,745.43	79	537.29	505.92	474.54

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	500.03	480.43	451.01	18-39	50.00	48.04	45.10
40	500.03	480.43	451.01	40	50.00	48.04	45.10
41	519.64	500.03	470.62	41	51.96	50.00	47.06
42	549.06	519.64	490.23	42	54.91	51.96	49.02
43	568.67	539.25	509.84	43	56.87	53.93	50.98
44	588.28	558.86	529.45	44	58.83	55.89	52.94
45	617.69	588.28	549.06	45	61.77	58.83	54.91
46	647.10	617.69	578.47	46	64.71	61.77	57.85
47	676.52	637.30	598.08	47	67.65	63.73	59.81
48	705.93	666.71	627.49	48	70.59	66.67	62.75
49	735.35	696.13	647.10	49	73.53	69.61	64.71
50	764.76	725.54	676.52	50	76.48	72.55	67.65
51	794.17	754.95	705.93	51	79.42	75.50	70.59
52	833.39	784.37	725.54	52	83.34	78.44	72.55
53	862.80	813.78	754.95	53	86.28	81.38	75.50
54	902.02	843.20	784.37	54	90.20	84.32	78.44
55	941.24	882.41	813.78	55	94.12	88.24	81.38
56	1,009.87	941.24	872.61	56	100.99	94.12	87.26
57	1,078.51	1,009.87	931.44	57	107.85	100.99	93.14
58	1,156.94	1,078.51	990.26	58	115.69	107.85	99.03
59	1,235.38	1,147.14	1,058.90	59	123.54	114.71	105.89
60	1,323.62	1,225.58	1,127.53	60	132.36	122.56	112.75
61	1,421.67	1,313.82	1,205.97	61	142.17	131.38	120.60
62	1,519.71	1,411.86	1,304.01	62	151.97	141.19	130.40
63	1,637.37	1,519.71	1,392.25	63	163.74	151.97	139.23
64	1,755.02	1,627.56	1,500.10	64	175.50	162.76	150.01
65	1,882.48	1,745.22	1,607.95	65	188.25	174.52	160.80
66	2,029.55	1,892.29	1,755.02	66	202.96	189.23	175.50
67	2,186.43	2,049.16	1,911.90	67	218.64	204.92	191.19
68	2,353.10	2,225.64	2,088.38	68	235.31	222.56	208.84
69	2,539.39	2,411.93	2,284.47	69	253.94	241.19	228.45

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

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Annual Premiums with 25.7% Rate Increase

FACILITY ONLY SIMPLE INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AISFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,735.48	2,617.83	2,490.37	70	273.55	261.78	249.04
71	3,019.82	2,882.55	2,735.48	71	301.98	288.26	273.55
72	3,323.76	3,166.89	3,010.01	72	332.38	316.69	301.00
73	3,666.92	3,490.44	3,313.95	73	366.69	349.04	331.40
74	4,049.30	3,853.21	3,647.31	74	404.93	385.32	364.73
75	4,461.09	4,235.59	4,010.08	75	446.11	423.56	401.01
76	4,970.93	4,706.21	4,441.48	76	497.09	470.62	444.15
77	5,529.79	5,225.85	4,921.91	77	552.98	522.59	492.19
78	6,157.29	5,814.13	5,461.16	78	615.73	581.41	546.12
79	6,853.42	6,451.43	6,049.44	79	685.34	645.14	604.94

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	382.38	362.77	343.16	18-39	38.24	36.28	34.32
40	382.38	362.77	343.16	40	38.24	36.28	34.32
41	392.18	372.57	352.97	41	39.22	37.26	35.30
42	401.99	382.38	362.77	42	40.20	38.24	36.28
43	421.60	401.99	372.57	43	42.16	40.20	37.26
44	431.40	411.79	382.38	44	43.14	41.18	38.24
45	441.21	421.60	392.18	45	44.12	42.16	39.22
46	451.01	431.40	401.99	46	45.10	43.14	40.20
47	470.62	441.21	411.79	47	47.06	44.12	41.18
48	480.43	460.82	431.40	48	48.04	46.08	43.14
49	500.03	470.62	441.21	49	50.00	47.06	44.12
50	509.84	480.43	451.01	50	50.98	48.04	45.10
51	529.45	500.03	460.82	51	52.94	50.00	46.08
52	539.25	509.84	480.43	52	53.93	50.98	48.04
53	558.86	529.45	490.23	53	55.89	52.94	49.02
54	568.67	539.25	509.84	54	56.87	53.93	50.98
55	588.28	558.86	519.64	55	58.83	55.89	51.96
56	617.69	588.28	549.06	56	61.77	58.83	54.91
57	656.91	617.69	578.47	57	65.69	61.77	57.85
58	696.13	656.91	607.89	58	69.61	65.69	60.79
59	735.35	686.32	637.30	59	73.53	68.63	63.73
60	774.56	725.54	666.71	60	77.46	72.55	66.67
61	823.59	774.56	715.74	61	82.36	77.46	71.57
62	882.41	823.59	754.95	62	88.24	82.36	75.50
63	941.24	882.41	813.78	63	94.12	88.24	81.38
64	1,000.07	931.44	862.80	64	100.01	93.14	86.28
65	1,068.70	1,000.07	921.63	65	106.87	100.01	92.16
66	1,147.14	1,068.70	990.26	66	114.71	106.87	99.03
67	1,235.38	1,156.94	1,068.70	67	123.54	115.69	106.87
68	1,333.43	1,245.18	1,156.94	68	133.34	124.52	115.69
69	1,441.28	1,343.23	1,245.18	69	144.13	134.32	124.52

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

2-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,549.13	1,451.08	1,343.23	70	154.91	145.11	134.32
71	1,696.20	1,588.35	1,470.69	71	169.62	158.83	147.07
72	1,862.87	1,745.22	1,617.76	72	186.29	174.52	161.78
73	2,049.16	1,911.90	1,774.63	73	204.92	191.19	177.46
74	2,245.25	2,098.18	1,951.12	74	224.53	209.82	195.11
75	2,460.95	2,304.08	2,137.40	75	246.10	230.41	213.74
76	2,764.90	2,588.41	2,402.13	76	276.49	258.84	240.21
77	3,108.06	2,902.16	2,696.27	77	310.81	290.22	269.63
78	3,490.44	3,264.93	3,039.43	78	349.04	326.49	303.94
79	3,921.84	3,666.92	3,412.00	79	392.18	366.69	341.20
80		4,127.74	3,833.60	80		412.77	383.36
81		4,588.55	4,265.00	81		458.86	426.50
82		5,118.00	4,755.23	82		511.80	475.52
83		5,696.47	5,294.48	83		569.65	529.45
84		6,343.58	5,892.56	84		634.36	589.26

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	480.43	451.01	411.79	18-39	48.04	45.10	41.18
40	480.43	451.01	411.79	40	48.04	45.10	41.18
41	490.23	460.82	421.60	41	49.02	46.08	42.16
42	509.84	470.62	431.40	42	50.98	47.06	43.14
43	519.64	490.23	451.01	43	51.96	49.02	45.10
44	539.25	500.03	460.82	44	53.93	50.00	46.08
45	549.06	509.84	470.62	45	54.91	50.98	47.06
46	568.67	529.45	490.23	46	56.87	52.94	49.02
47	578.47	539.25	500.03	47	57.85	53.93	50.00
48	598.08	558.86	519.64	48	59.81	55.89	51.96
49	607.89	568.67	529.45	49	60.79	56.87	52.94
50	627.49	588.28	549.06	50	62.75	58.83	54.91
51	647.10	607.89	568.67	51	64.71	60.79	56.87
52	666.71	627.49	578.47	52	66.67	62.75	57.85
53	686.32	647.10	598.08	53	68.63	64.71	59.81
54	705.93	666.71	617.69	54	70.59	66.67	61.77
55	725.54	686.32	637.30	55	72.55	68.63	63.73
56	764.76	725.54	676.52	56	76.48	72.55	67.65
57	813.78	764.76	705.93	57	81.38	76.48	70.59
58	862.80	803.98	745.15	58	86.28	80.40	74.51
59	911.83	853.00	794.17	59	91.18	85.30	79.42
60	970.66	902.02	833.39	60	97.07	90.20	83.34
61	1,029.48	960.85	892.22	61	102.95	96.09	89.22
62	1,098.12	1,029.48	951.05	62	109.81	102.95	95.10
63	1,176.55	1,098.12	1,009.87	63	117.66	109.81	100.99
64	1,254.99	1,166.75	1,078.51	64	125.50	116.67	107.85
65	1,333.43	1,245.18	1,147.14	65	133.34	124.52	114.71
66	1,441.28	1,343.23	1,245.18	66	144.13	134.32	124.52
67	1,558.93	1,451.08	1,343.23	67	155.89	145.11	134.32
68	1,686.39	1,568.74	1,451.08	68	168.64	156.87	145.11
69	1,823.66	1,706.00	1,578.54	69	182.37	170.60	157.85

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

3-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	1,970.72	1,843.26	1,706.00	70	197.07	184.33	170.60
71	2,157.01	2,019.75	1,872.68	71	215.70	201.97	187.27
72	2,372.71	2,215.84	2,058.97	72	237.27	221.58	205.90
73	2,598.22	2,431.54	2,255.06	73	259.82	243.15	225.51
74	2,853.14	2,666.85	2,480.56	74	285.31	266.69	248.06
75	3,127.67	2,931.58	2,725.68	75	312.77	293.16	272.57
76	3,480.63	3,255.13	3,029.62	76	348.06	325.51	302.96
77	3,872.82	3,627.70	3,372.78	77	387.28	362.77	337.28
78	4,314.02	4,029.69	3,745.36	78	431.40	402.97	374.54
79	4,804.25	4,490.51	4,166.96	79	480.43	449.05	416.70

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	598.08	558.86	509.84	18-39	59.81	55.89	50.98
40	598.08	558.86	509.84	40	59.81	55.89	50.98
41	617.69	578.47	529.45	41	61.77	57.85	52.94
42	637.30	588.28	539.25	42	63.73	58.83	53.93
43	647.10	607.89	558.86	43	64.71	60.79	55.89
44	666.71	627.49	578.47	44	66.67	62.75	57.85
45	686.32	637.30	588.28	45	68.63	63.73	58.83
46	705.93	656.91	607.89	46	70.59	65.69	60.79
47	725.54	676.52	627.49	47	72.55	67.65	62.75
48	754.95	705.93	647.10	48	75.50	70.59	64.71
49	774.56	725.54	666.71	49	77.46	72.55	66.67
50	794.17	745.15	686.32	50	79.42	74.51	68.63
51	813.78	764.76	705.93	51	81.38	76.48	70.59
52	843.20	784.37	725.54	52	84.32	78.44	72.55
53	862.80	803.98	745.15	53	86.28	80.40	74.51
54	882.41	833.39	774.56	54	88.24	83.34	77.46
55	911.83	853.00	794.17	55	91.18	85.30	79.42
56	970.66	911.83	843.20	56	97.07	91.18	84.32
57	1,019.68	960.85	892.22	57	101.97	96.09	89.22
58	1,088.31	1,019.68	941.24	58	108.83	101.97	94.12
59	1,147.14	1,068.70	990.26	59	114.71	106.87	99.03
60	1,215.77	1,137.33	1,049.09	60	121.58	113.73	104.91
61	1,294.21	1,205.97	1,117.72	61	129.42	120.60	111.77
62	1,382.45	1,284.40	1,186.36	62	138.24	128.44	118.64
63	1,480.49	1,372.64	1,264.79	63	148.05	137.26	126.48
64	1,578.54	1,460.89	1,343.23	64	157.85	146.09	134.32
65	1,686.39	1,558.93	1,431.47	65	168.64	155.89	143.15
66	1,823.66	1,686.39	1,549.13	66	182.37	168.64	154.91
67	1,970.72	1,833.46	1,686.39	67	197.07	183.35	168.64
68	2,137.40	1,990.33	1,833.46	68	213.74	199.03	183.35
69	2,313.89	2,157.01	1,990.33	69	231.39	215.70	199.03

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 25% of total premium (Rider H-NF3-6)

Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

5-YEAR BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	2,500.17	2,333.49	2,157.01	70	250.02	233.35	215.70
71	2,735.48	2,549.20	2,353.10	71	273.55	254.92	235.31
72	3,000.21	2,784.51	2,568.81	72	300.02	278.45	256.88
73	3,284.54	3,049.23	2,804.12	73	328.45	304.92	280.41
74	3,588.48	3,323.76	3,059.04	74	358.85	332.38	305.90
75	3,931.64	3,637.51	3,343.37	75	393.16	363.75	334.34
76	4,353.24	4,049.30	3,735.55	76	435.32	404.93	373.56
77	4,814.06	4,490.51	4,166.96	77	481.41	449.05	416.70
78	5,323.90	4,990.54	4,647.38	78	532.39	499.05	464.74
79	5,892.56	5,539.60	5,186.63	79	589.26	553.96	518.66

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

METLIFE INSURANCE COMPANY USA
Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
18-39	774.56	735.35	686.32	18-39	77.46	73.53	68.63
40	774.56	735.35	686.32	40	77.46	73.53	68.63
41	803.98	764.76	715.74	41	80.40	76.48	71.57
42	833.39	784.37	735.35	42	83.34	78.44	73.53
43	862.80	813.78	764.76	43	86.28	81.38	76.48
44	892.22	843.20	794.17	44	89.22	84.32	79.42
45	921.63	872.61	823.59	45	92.16	87.26	82.36
46	951.05	902.02	853.00	46	95.10	90.20	85.30
47	990.26	941.24	882.41	47	99.03	94.12	88.24
48	1,019.68	970.66	911.83	48	101.97	97.07	91.18
49	1,058.90	1,000.07	941.24	49	105.89	100.01	94.12
50	1,098.12	1,039.29	980.46	50	109.81	103.93	98.05
51	1,127.53	1,068.70	1,000.07	51	112.75	106.87	100.01
52	1,156.94	1,098.12	1,029.48	52	115.69	109.81	102.95
53	1,186.36	1,127.53	1,058.90	53	118.64	112.75	105.89
54	1,225.58	1,156.94	1,078.51	54	122.56	115.69	107.85
55	1,254.99	1,186.36	1,107.92	55	125.50	118.64	110.79
56	1,323.62	1,245.18	1,166.75	56	132.36	124.52	116.67
57	1,402.06	1,313.82	1,225.58	57	140.21	131.38	122.56
58	1,480.49	1,382.45	1,284.40	58	148.05	138.24	128.44
59	1,568.74	1,460.89	1,353.03	59	156.87	146.09	135.30
60	1,656.98	1,539.32	1,421.67	60	165.70	153.93	142.17
61	1,764.83	1,637.37	1,509.91	61	176.48	163.74	150.99
62	1,872.68	1,745.22	1,607.95	62	187.27	174.52	160.80
63	1,990.33	1,853.07	1,715.81	63	199.03	185.31	171.58
64	2,117.79	1,970.72	1,823.66	64	211.78	197.07	182.37
65	2,255.06	2,098.18	1,941.31	65	225.51	209.82	194.13
66	2,411.93	2,255.06	2,098.18	66	241.19	225.51	209.82
67	2,578.61	2,431.54	2,274.67	67	257.86	243.15	227.47
68	2,764.90	2,617.83	2,470.76	68	276.49	261.78	247.08
69	2,960.99	2,813.92	2,666.85	69	296.10	281.39	266.69

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Annual Premiums with 25.7% Rate Increase

FACILITY ONLY COMPOUND INFLATION BENEFITS
FORM: H-LTC4JFQ, H-LTC4JFQ20
RIDER: H-5AICFO

UNLIMITED BENEFIT PERIOD

	$50 Base Benefit Elimination Period				Additional $5 Increments Elimination Period		
Issue Age	20 Days	60 Days	100 Days	Issue Age	20 Days	60 Days	100 Days
70	3,166.89	3,029.62	2,892.36	70	316.69	302.96	289.24
71	3,470.83	3,313.95	3,157.08	71	347.08	331.40	315.71
72	3,794.38	3,617.90	3,441.41	72	379.44	361.79	344.14
73	4,157.15	3,961.06	3,755.16	73	415.72	396.11	375.52
74	4,549.33	4,323.83	4,098.32	74	454.93	432.38	409.83
75	4,980.74	4,725.82	4,470.90	75	498.07	472.58	447.09
76	5,519.99	5,225.85	4,931.71	76	552.00	522.59	493.17
77	6,127.88	5,784.71	5,431.75	77	612.79	578.47	543.17
78	6,794.59	6,392.60	5,990.61	78	679.46	639.26	599.06
79	7,539.74	7,078.92	6,608.30	79	753.97	707.89	660.83

Fractional Premiums (expressed as a percent of annual premium)	
Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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