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<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Individual Long-Term Care Insurance		
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

## Filing at a Glance

Company:	Metropolitan Life Insurance Company
Product Name:	Individual Long-Term Care Insurance
State:	Virginia
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.001 Qualified
Filing Type:	Form/Rate
Date Submitted:	03/13/2019
SERFF Tr Num:	META-131864670
SERFF Status:	Closed-Approved and Filed
State Tr Num:	META-131864670
State Status:	Approved
Co Tr Num:	CT19-218 VIP2-OLD (RATE) (RW)
Implementation	On Approval
Date Requested:	
Author(s):	Cherise Livingston, Cory Searles, Patricia Brabant
Reviewer(s):	Bill Dismore (primary), Elsie Andy
Disposition Date:	01/21/2020
Disposition Status:	Approved and Filed
Implementation Date:	

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## General Information

Project Name: 2019 Rate Increase Filings  
Project Number: CT19-218 VIP2-Old (rate)  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact: 69%

Deemer Date: 12/19/2019  
Submitted By: Robert Waldron

Status of Filing in Domicile: Authorized  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Individual  
Individual Market Type:  
Filing Status Changed: 01/21/2020  
State Status Changed: 01/21/2020  
Created By: Robert Waldron  
Corresponding Filing Tracking Number:  
State TOI: LTC03I Individual Long Term Care

Filing Description:

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This is a premium rate schedule increase filing for individual long-term care insurance policies. Please see our filing letter for details.

Virginia Bureau of Insurance  
 State Corporation Commission  
 1300 East Main Street  
 Richmond, VA 23219

Re:Metropolitan Life Insurance Company ("MetLife")  
 Individual Long-Term Care Insurance –  
 Inforce Premium Rate Schedule Increase Filing for Policy Forms LTC2-IDEAL-VA, et al.  
 NAIC Company No. is 65978  
 FEIN No. is 13-5581829

Dear Sir/Madam:

This is a resubmission of SERFF # META-130643281.

We are filing, for your review and authorization, a request for a 105% premium rate schedule increase with respect to the policy forms listed below. The policy forms are tax-qualified individual long-term care insurance policies.

LTC2-IDEAL-VA- approved by your Department in 2005  
 LTC2-FAC-VA- approved by your Department in 2005  
 LTC2-VAL-VA- approved by your Department in 2005  
 LTC2-PREM-VA- approved by your Department in 2005

The inforce premium rate schedule increase for which we are seeking authorization in this filing will only apply to the above listed policies, along with those riders and endorsements that were contemporaneously or subsequently authorized for use by your Department, in connection with policy application dates on or before 6/15/09, as these policies were not subject to the prospective premium rate schedule increase that your Department authorized on 4/1/09. Please note these policy forms are no longer being marketed in any state. Nationwide, these policy forms were last issued in 2012.

Please note that we are submitting a separate filing for the policies issued on the forms listed above that were subject to the prospective premium rate schedule increase that your Department authorized.

We are fully aware that a premium increase may be difficult for our policyholders; therefore, we will be providing policyholders with an array of options, if available, which will help them mitigate the impact of any increase. Most importantly, for those policyholders who elected compound or simple inflation, we will provide them, if applicable, with the ability to completely avoid the increase by reducing their benefit increase coverage from 5 percent automatic compound or simple benefit increase to a lower percentage benefit increase. Policyholders can choose to completely or partially avoid the increase in premium resulting from the rate increase by opting for a reduction in inflation protection levels. The lower benefit increase percentage will apply on a prospective basis only. We are, therefore, filing the following riders for each policy series to implement these options.

Policy SeriesNew Compound Rider FormNew Lower Compound Amount(s)New Simple Rider FormNew Lower Simple

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Amount(s)

LTC2-IDEAL-VA LTC2-FAC-VA

LTC2-VAL-VA

LTC2-PREM-VAACI-VIP-MR0.1% - 4.9%ASI-VIP-MR0.1% - 4.9%

Upon policyholder selection, their current inflation rider will be replaced by the new rider. Please note, that we are extending the use of the following endorsements, as we may offer inflation mitigation options to insureds outside of this requested rate increase.

As it relates to DRA Partnership, the rider will change the percentage amount for inflation increases and will continue to comply with state requirements. The insured may be offered the ability to decrease to a lower level of inflation, based on our understanding of your state's DRA Partnership requirements as follows:

- Under issue age 61: any level of compound inflation
- Issue Age 61 – 75: any level of compound inflation
- Issue Age 76 and over: No inflation requirement

Please see below for a description of each rider.

**ACI-VIP-MRAutomatic Compound Inflation Protection Modification Rider.** This rider will be issued to policyholders who have been issued Policy Form #'s LTC2-IDEAL-VA, LTC2-FAC-VA, LTC2-VAL-VA, LTC2-PREM-VA, in place of the automatic compound inflation rider that is currently in effect. The new rider will go into effect when the current rider ends. The new rider will provide a lower percentage amount for automatic inflation increases to mitigate the rate increase impact

**ASI-VIP-MRAutomatic Simple Inflation Protection Modification Rider.** This rider will be issued to policyholders who have been issued Policy Form #'s LTC2-IDEAL-VA, LTC2-FAC-VA, LTC2-VAL-VA, LTC2-PREM-VA, in place of the automatic compound inflation rider that is currently in effect. The new rider will go into effect when the current rider ends. The new rider will provide a lower percentage amount for automatic inflation increases to mitigate the rate increase impact.

Please note that previously, premium rate increase requests of 58% and 88% were rejected by your Department on 1/12/16 and 9/6/16, and not implemented.

We are submitting an actuarial memorandum, which reflects inflation protection landing spots applicable to our proposed rate increase request.

#### Notification to Policyholders of Premium Rate Schedule Increase

After we have obtained authorization of the premium rate increase, this rate increase will become effective on each policy's modal premium due date (monthly, quarterly, semi-annually and annually), following at least a 75 day advance written notification to the policyholder. In our written notification we will include explanatory information related to the rate increase, including:

- The amount of the increase requested in this filing and the amount of the increase authorized by your Department;
- If the full amount of the requested increase is authorized by your Department, a statement that the policy may be subject to rate increases in the future and, if the amount of the increase authorized by your Department is less than the amount requested in this filing, the notice may include an additional statement about the likelihood of MetLife making future rate increase requests on the policy. The wording of the statement will depend on the degree of variance from the amount



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requested;

- The current premium rate and the premium rate after the increase is applied;
- A statement that the premium rate adjustment will be effective on the policy's modal premium due date as described above;
- The following options available to the policyholder:

1.the policyholder can continue his/her current coverage by paying the new premium amount when due;

2.the policyholder can reduce his/her coverage to lessen the impact of the premium rate schedule, if the current level of coverage permits a reduction; or

3.if the policyholder's coverage lapses (due to nonpayment of premium or cancellation) at any time from the date of our written notification up to 120 days following the first due date of the new premium ("Election Period"), then the policyholder will have nonforfeiture coverage as follows.

olf the policyholder's coverage does not include the nonforfeiture coverage provision, or includes the nonforfeiture coverage provision but that provision provides benefits less than the Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL"), we will issue the policyholder the LCUL.

olf the policyholder's policy includes Contingent Benefits Upon Lapse and the policyholder qualifies for coverage under Contingent Benefits Upon Lapse, we will instead provide coverage under the LCUL, since the benefit payable under the LCUL is equal to the benefit payable under Contingent Benefits Upon Lapse.

olf the policyholder's coverage includes the nonforfeiture coverage provision and that provision provides benefits equal to the LCUL, we will provide coverage under the nonforfeiture coverage provision.

We will not provide coverage under more than one feature that provides for a nonforfeiture benefit.

We have included a copy of our policyholder notification letter and coverage change form for informational purposes.

We are extending the use of the Limited Coverage Upon Lapse Following Premium Increase Endorsement (LCUL), which was previously authorized by your Department on 11/9/18.

The answers to the department's objections as stated in the closed disposition dated 9/6/16 are as follows:

- 1) The Virginia State Corporation Commission in 2015 adopted revisions to the Rules Governing Long-Term Care Insurance set forth in Chapter 200 of Title 14 of the Virginia Administrative Code. As part of the revisions, the commission revised the requirements for policyholder notifications regarding rate increases as stated in 14 VAC5-200-75 D. As a result, the company will need to submit for review a policyholder notification letter in compliance with the requirements of 14VAC5-200-75. For compliance with this regulation, please address the following concerns:
  - For compliance with 14 VAC5-100-50 1 and 2, please attach the policyholder letter to the Form Schedule in SERFF. A form number must appear in the lower lefthand corner of the first page. The full and proper corporate name of the insurer shall prominently appear and may not be variable information in the policyholder letter.
  - Please provide a Certification of Compliance in accordance with 14VAC5-100-40 3.
  - It is not necessary to file separate letters for each requested long term care rate increase provided the filed letter contains the appropriate variability to accommodate various scenarios. Please let us know if the company prefers to submit one letter or a

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separate letter for each filing. Please provide a statement of variability explaining any bracketed information in the letter.

- The letter references the full corporate name of the insurer and later as only MetLife. While we do not have a concern regarding this format, the letter should explain that the corporate name may be referred to as MetLife. Our concern would be resolved if the first sentence of the letter were stated as "When you purchased your long term care insurance policy from Metropolitan Life Insurance Company (MetLife)...."
  - Please add the words "Virginia's State Corporation" before the word "commission" in the third paragraph. (Please capitalize commission.)
  - Should the company wish to only use one letter as noted above, it should place brackets around 58% in the fourth paragraph. If it does not, please revise the percentage to reflect the percentage applicable to the revised filing.
  - Please remove the language in the fourth paragraph that states "...if applicable, may or may not be available." This language is not in compliance with 14VAC5-200-75 D 2.
  - The letter contains the disclosure that all options may not be of equal value. Since this is a disclosure set forth in 14VAC5-200-75 D 2 b, that information must be emphasized to bring attention to its importance such as highlighting, bolding, or using larger print.
  - 14VAC5-200-75 D 3 requires a clear identification of the driving factors of the rate increase. Please expand upon the explanation that a variation in claims and other key actuarial assumptions have not materialized as expected. Please be more specific as to what assumptions the company is referring and why rates must be increased. Below is a example:  
 "Rates are being raised on all policies like yours to pay for anticipated claims that are higher than expected. This is due in part to individuals living longer and keeping their policies longer, which has resulted in more claims being filed than we anticipated when this policy was originally priced. As a result, premiums need to be adjusted to ensure there is adequate funding to pay current and anticipated future claims."
  - It is unclear why the following sentence in the fifth paragraph is bracketed since the options (and not just one option) must be offered in the letter:  
 "Should you prefer to reduce your policy benefits rather than pay an increased premium, we are providing you with an option (or options) to consider."
  - What is the minimum benefit duration that an insured can reduce his benefit?
  - Under the Cancel your Coverage, please provide more information regarding the Limited Coverage Upon Lapse Following Premium Increase (LCUL). Please explain how it differs from the Contingent Benefit Upon Lapse Nonforfeiture Feature (CBUL) which must be compliant with 14VAC5-200-185 D as revised last year.
  - Please clarify what is meant by the last sentence under option 3 Cancel your Coverage in the optional paragraph for those insureds who have an existing NF benefit: "  
 (Please note that this limited coverage is not intended to replace coverage you currently have.)"
  - Please confirm the Coverage Change Form is not attached and becomes a part of the contract.
  - Option 4 relates to the potential removal of riders as an option to reduce the impact of the rate increase. In regards to an inflation rider, will the policyholder only be able to reduce the inflation protection to a lower percentage based on those percentages currently offered or has the company determined actuarially a percentage reduction that would allow the rate increase to be zeroed out if accepted which would result in no rate increase, commonly referred to as a landing spot?
  - Please indicate in the letter that options to reduce benefits may occur at any time, not just at the time of a rate increase.
- Response: The policyholder letter provided contains all the department's requirements as recently reviewed in SERFF Filing number META-130643303. A Statement of Variability, Certification of Compliance and landing spot materials have also been included.

2) Please advise how the policy is updated for such benefit changes. If the policy is revised or changed in any way, the policyowner must first agree to the changes, which in this case, performed via the Coverage Change Form. The policy, itself, must be amended or endorsed by an approved form such as a rider, endorsement, application or schedule of benefits that has

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been reviewed and approved by the Virginia Bureau of Insurance. The document must be dated or have an indication of the effective date of change in the policy benefits, state that a change is being made to the policy and this new document will be made a part of the contract. If the company has such forms available for this purpose, please provide a copy of the form, the SERFF tracking number and date of approval. If the company does not have any available documents to effectuate such changes, a form will need to be submitted for review and approval. It can be attached to this filing if desired. Please keep in mind, there are several options provided in the policyholder letter to reduce the effect of the rate increase. Please be sure all options are covered in the new form or forms including the contingent benefit upon lapse and/or optional nonforfeiture benefit. If the company chooses to include variability in the form, please provide a statement of variability. A Certification of Compliance would be required in accordance with 14VAC5-100-40 3 as well as Readability Certification in accordance with 14VAC5-110-60. Provided there is sufficient variability, forms only need to be filed for review and approval once to be used on all future filings unless the company wishes to use specific form numbers for each filing.

Response: A coverage change form and corresponding Statement of Variability have been provided and contains all the department's requirements as recently reviewed in SERFF Filing number META-130643303.

3) According to the filing, the proposed rate increase includes any rider or endorsement forms that were contemporaneously or subsequently approved for use with the four policy forms. Please expand the "Affected Form Numbers" in SERFF to include any riders or endorsement forms for which the rates are associated with each form and for which the increase would be applicable. The form number should match exactly the form number as approved in Virginia. The Actuarial Memorandum should also be updated accordingly.

Response: The affected form numbers have been added to Supporting Documentation.

4) The memorandum states the forms were issued in Virginia from November 2005 to March 2012; however, nationwide the last policies were issued in 2011. Please clarify as it would seem nationwide forms had to be issued as least to March 2012 to match the Virginia information.

Response: This policy form was issued nationwide between March 2005 and November 2010, while it was issued in Virginia between April 2005 and December 2009.

5) The Previous State Filing Number META-128896442 referenced in Rate Action Information tab in the Rate/Rule Schedule was not approved and would not be applicable.

Response: The SERFF number is not referenced in this filing

6) Please provide a rate schedule reflecting the current rates for these plans for comparison to the proposed rates.

Response: The current rates for these policy forms are 105% lower than the proposed rates submitted in this filing.

7) It appears the product checklist was attached in error for the Rate Request Summary. Please complete the attached form and attach a brief narrative to summarize the key information used to develop the rates including the main drivers for revised rates.

Response: The Rate Request Summary and narrative have been included.

8) Please advise if the company wishes to request a series of scheduled rate increase that are actuarially equivalent to a single amount requested over the lifetime of the policy as set forth in 14VAC5-200-153 B 5. If so, please advise what the increases would be at each implementation period and amend the Actuarial Memorandum and policyholder letter accordingly.

Response: No, MetLife is requesting a single increase of 105%.

9) Please include the following information:

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- An exhibit illustrating an actual to expected analysis based on the original assumptions.
- Re-state the nationwide experience using Virginia approved rates.
- Please provide sufficient detail or documentation provided so that any projections can be recreated. Please provide excel spreadsheets, if possible.
- Advise in what states the company has requested rate increases on this block, how the rate changes requested in Virginia compare with those requested in other states, and the current status of the reviews in other states.
- Please provide a loss ratio projection reflecting the actual historical experience during the historical experience period and then, utilizing the actual inforce as of the projection date, projecting forward the expected earned premiums and incurred claims using the original pricing assumptions for interest, mortality, morbidity and persistency into the future and assuming the future premiums are paid based on the original premium scale with no increases.
- Please provide a loss ratio projection (both past and future) which reflects all of the original pricing assumptions for interest, mortality, morbidity, persistency and premium scale, but uses the actual distribution of policies as issued rather than the originally assumed mix of business.
- According to the Actuarial Certification, the projection do not reflect any margins for moderately adverse experience. Please explain what, if any, margins are included in the proposed rates to ensure that future rate increases will not be needed presuming the experience develops as - projected including a demonstration that actual and projected costs exceed costs anticipated at the time of initial pricing under moderately adverse experience and that the composite margin is projected to be exhausted.

Response: The projections do not reflect any margins for moderately adverse experience. The assumptions used in the projections are based on the current best estimate assumptions. The projections based on pricing assumptions were reproduced using the pricing loss ratios vectors reflecting actual mix of business and can be found in Attachment 2 and 3.

10) How does the company plan to comply with 14VAC5-200-153.G.1.

Response: We are offering the Limited Coverage Upon Lapse (LCUL) which removes the age limit.

11) The Certification of Compliance contained in this filing refers to South Carolina. Please provide a certification for compliance with 14 VAC5-100-40 3.

Response: The correct Certification of Compliance has been included.

The contact person for this filing is:

Gina Jisonna  
1300 Hall Boulevard  
Bloomfield, CT 06002  
Telephone: 860-656-3809  
gjisonna@metlife.com

Thank you for your attention to our filing. We look forward to hearing from you.

Sincerely,

Thomas G. Reilly  
Assistant Vice President  
Product Management & Compliance

## Company and Contact

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**Filing Contact Information**

Gina Jisonna, Sr. Product Consultant gjisonna@metlife.com  
1300 Hall Blvd 860-656-3809 [Phone]  
Bloomfield, CT 06002 860-656-3815 [FAX]

**Filing Company Information**

Metropolitan Life Insurance Company	CoCode: 65978	State of Domicile: New York
MetLife	Group Code: 241	Company Type: Life
200 Park Avenue	Group Name:	State ID Number:
New York, NY 10166	FEIN Number: 13-5581829	
(212) 578-2211 ext. [Phone]		

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**Filing Fees**

Fee Required? No  
Retaliatory? No  
Fee Explanation:

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved and Filed	Bill Dismore	01/21/2020	01/21/2020

## Objection Letters and Response Letters

### Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bill Dismore	01/16/2020	01/16/2020
Info has been requested from company	Bill Dismore	12/12/2019	12/12/2019
Info has been requested from company	Bill Dismore	11/26/2019	11/26/2019
Info has been requested from company	Elsie Andy	11/15/2019	11/15/2019
Info has been requested from company	Bill Dismore	09/26/2019	09/26/2019
Disapproved	Elsie Andy	07/23/2019	07/23/2019
Info has been requested from company	Bill Dismore	05/13/2019	05/13/2019
Info has been requested from company	Bill Dismore	04/30/2019	04/30/2019

### Response Letters

Responded By	Created On	Date Submitted
Cory Searles	01/21/2020	01/21/2020
Cory Searles	12/12/2019	12/12/2019
Cory Searles	12/11/2019	12/11/2019
Cory Searles	11/19/2019	11/19/2019
Cory Searles	10/10/2019	10/10/2019
Cory Searles	08/16/2019	08/16/2019
Cherise Livingston	05/13/2019	05/13/2019
Cherise Livingston	05/02/2019	05/02/2019

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	VA_VIP2old_rates_69%Increase	Cory Searles	01/16/2020	01/16/2020
Rate	Final Factors to File-VIP2old	Cory Searles	01/16/2020	01/16/2020

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## Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	L&H Actuarial Memorandum	Cory Searles	01/16/2020	01/16/2020
Supporting Document	VIP2 Exhibit I-revised	Cory Searles	01/16/2020	01/16/2020
Supporting Document	Offer Response 2020-01-16	Cory Searles	01/16/2020	01/16/2020
Rate	Final Factors to File-VIP2old	Cory Searles	10/10/2019	10/10/2019
Supporting Document	Response Letter 2019-05-02	Cherise Livingston	05/02/2019	05/02/2019
Supporting Document	Removed	Cory Searles	04/25/2019	04/30/2019
Supporting Document	Statement of Variability	Cory Searles	04/25/2019	04/30/2019
Supporting Document	Updated Policyholder Letters	Cory Searles	04/25/2019	04/30/2019
Supporting Document	Policyholder Letter updated John Doe Versions	Cory Searles	04/25/2019	04/30/2019

## Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Post Submission Amendment Review needed	Note To Reviewer	Cory Searles	04/25/2019	04/25/2019
Actuarial Review - Final Summary Report	Reviewer Note	Bill Dismore	01/21/2020	
Conference Call - 1/13/2020	Reviewer Note	Bill Dismore	01/13/2020	
12/27/2019 - call with MetLife	Reviewer Note	Bill Dismore	12/30/2019	
Conference Call - 11/27/2019	Reviewer Note	Bill Dismore	12/03/2019	
VALR for LTCI Filings	Reviewer Note	Bill Dismore	07/18/2019	
RRS	Reviewer Note	Bill Dismore	04/10/2019	

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## Disposition

Disposition Date: 01/21/2020

Implementation Date:

Status: Approved and Filed

Comment:

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):
Metropolitan Life Insurance Company	69.000%	69.000%	\$2,063,402	1,526	\$2,990,438	69.000%	69.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document	Product Checklist	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document (revised)	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document (revised)	L&H Readability - Health	Received & Acknowledged	Yes
Supporting Document	Filing Letter	Received & Acknowledged	Yes
Supporting Document	call center scripting	Received & Acknowledged	Yes
Supporting Document (revised)	Removed	Received & Acknowledged	Yes
Supporting Document (revised)	Statement of Variability	Received & Acknowledged	Yes
Supporting Document	Explanation of Variable for the Coverage Change Form	Received & Acknowledged	Yes
Supporting Document	Policy Forms	Received & Acknowledged	Yes
Supporting Document	Updated Policyholder Letters	Received & Acknowledged	Yes
Supporting Document	Policyholder Letter updated John Doe Versions	Received & Acknowledged	Yes
Supporting Document (revised)	Response Letter 2019-05-02	Received & Acknowledged	Yes
Supporting Document	Response Letter 2019-05-13	Received & Acknowledged	Yes



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Schedule	Schedule Item	Schedule Item Status	Public Access
<b>Supporting Document (revised)</b>	Explanation of Variable-revised	Received & Acknowledged	Yes
<b>Supporting Document</b>	Explanation of Variable	Withdrawn	Yes
<b>Supporting Document</b>	Objection Response 2019-07-23	Received & Acknowledged	Yes
<b>Supporting Document</b>	Objection Response	Received & Acknowledged	Yes
<b>Supporting Document</b>	Long Term Care Insurance Rate Request Summary	Withdrawn	No
<b>Supporting Document</b>	L&H Readability - Health	Withdrawn	No
<b>Supporting Document</b>	VA_LTC97_VIP2_Insured RA ltr FAQs	Withdrawn	No
<b>Supporting Document</b>	Statement of Variability	Withdrawn	No
<b>Supporting Document</b>	Response Letter 2019-05-02	Withdrawn	No
<b>Supporting Document</b>	Response to Objection 2019-11-18	Received & Acknowledged	Yes
<b>Supporting Document (revised)</b>	VIP2 Exhibit I-revised	Received & Acknowledged	Yes
<b>Supporting Document</b>	VIP2 Exhibit I	Withdrawn	No
<b>Supporting Document</b>	Response to Objection 2019-11-26	Received & Acknowledged	Yes
<b>Supporting Document</b>	Response to Objection 2019-12-12	Received & Acknowledged	Yes
<b>Supporting Document</b>	Offer Response 2020-01-16	Received & Acknowledged	Yes
<b>Form (revised)</b>	Removed	Filed	Yes
<b>Form</b>	VIP Rate Increase Mitigation Rider_ACI_Landing Spots	Approved	Yes
<b>Form</b>	VIP Rate Increase Mitigation Rider_ASI_Landing Spots	Approved	Yes
<b>Form</b>	VA_Cov Chng Form	Withdrawn	No
<b>Form</b>	VA_Cov Chng Form	Withdrawn	No
<b>Rate (revised)</b>	VA_VIP2old_rates_69%Increase	Approved	Yes
<b>Rate</b>	VA_VIP2old_rates_99%Increase	Withdrawn	No
<b>Rate</b>	VA_VIP2old_rates_105%Increase	Withdrawn	No
<b>Rate (revised)</b>	Final Factors to File-VIP2old	Filed	Yes
<b>Rate</b>	Final Factors to File-VIP2old	Withdrawn	No
<b>Rate</b>	VIP2old_Landing_Spot_Rating_Factors	Withdrawn	No

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**State:** Virginia **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Individual Long-Term Care Insurance  
**Project Name/Number:** 2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)

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## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/16/2020
Submitted Date	01/16/2020
Respond By Date	01/23/2020

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Dear Gina Jisonna,

**Introduction:**

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**

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please revise the Rate Request Summary and Rate Increase Narrative to reflect the changes to the proposed rate increase.

**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.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,  
Bill Dismore

**State:** Virginia **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Individual Long-Term Care Insurance  
**Project Name/Number:** 2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/12/2019
Submitted Date	12/12/2019
Respond By Date	12/19/2019

Dear Gina Jisonna,

### **Introduction:**

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**

- L&H Actuarial Memorandum (Supporting Document)
- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please revise the above referenced documents and accompanying exhibits to support the revised proposed rate increase.

### **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.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be *DISAPPROVED* unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,  
Bill Dismore

**State:** Virginia **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Individual Long-Term Care Insurance  
**Project Name/Number:** 2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/26/2019
Submitted Date	11/26/2019
Respond By Date	12/10/2019

Dear Gina Jisonna,

### Introduction:

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

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please contact the undersigned at (804) 371-9370 or via email at [bill.dismore@scc.virginia.gov](mailto:bill.dismore@scc.virginia.gov) to set up a conference call between the VA BOI and the Company's actuary(ies) and compliance officer to resolve the following issues present in this filing and META-131864567.

The issue in question is as follows:

Both filings have requested rate increases for the same form numbers. The forms were issued in Virginia from April of 2005 through December of 2009. The Company has labeled the filings VIP2 (Old) which is META-131864670, requesting a 105% rate increase; and VIP2 (New) which is META-131864657 requesting a 42% rate increase. MetLife has separated the filings by application date. All policies in which the applications were received on or before 6/15/2009 (1,526 policies) will receive a 105% rate increase. All policies in which the applications were received on or after 6/16/2009 (191 policies) will receive a 42% rate increase.

MetLife argues that the policies issued on 6/16/2009 or later, where approved, were issued at higher premiums to address emerging rate inadequacies, specifically material changes in pricing assumptions including lapse and mortality. MetLife intends for the rate increase differential in these filings to moderate the gap between the two base rates, which they feel is appropriate given the similarity of the features, demographics and risk profile. They also state that this has been their approach nationwide and they have never been asked to combine the base rates by states that have approved rate increases. They believe it is most equitable to maintain this practice for the VA filings.

The Virginia Bureau of Insurance expressed their concerns regarding separate filings for the same form, under SERFF Tracking # META-128896442 in their 10/24/2014 Objection letter, specifically stated under Objection #1. The Company did not respond to that objection and the filing was ultimately rejected.

### 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.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be *DISAPPROVED* unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

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<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Individual Long-Term Care Insurance		
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

*Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.*

*Thank you for your courtesy and consideration in this matter.*

*Sincerely,  
Bill Dismore*

**State:** Virginia **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Individual Long-Term Care Insurance  
**Project Name/Number:** 2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/15/2019
Submitted Date	11/15/2019
Respond By Date	12/15/2019

Dear Gina Jisonna,

### Introduction:

Metropolitan Life Insurance Company

SERFF Tracking No: META-131864670

Form Nos.: ACI-VIP-MR and ASI-VIP-MR

We need some additional information in order to continue our review of the forms.

### Objection 1

- VIP Rate Increase Mitigation Rider\_ACI\_Landing Spots, ACI-VIP-MR (Form)

Comments: The rider includes three variable references to percentage of compounded inflation protection with the explanation that the percentage is customized for each insured. Please advise the minimum and maximum values for these fields.

### Objection 2

- VIP Rate Increase Mitigation Rider\_ASI\_Landing Spots, ASI-VIP-MR (Form)

Comments: The rider includes two variable references to percentage of simple inflation protection with the explanation that the percentage is customized for each insured. Please advise the minimum and maximum values for these fields.

### Objection 3

- Explanation of Variable (Supporting Document)

- VIP Rate Increase Mitigation Rider\_ACI\_Landing Spots, ACI-VIP-MR (Form)

- VIP Rate Increase Mitigation Rider\_ASI\_Landing Spots, ASI-VIP-MR (Form)

Comments: The officers name, signature and office are bracketed. Please update the Statement of Variability to include a description of this variable field.

### Conclusion:

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

A response to this objection and request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Elsie Andy  
Manager, Forms and Rates

**Company Tracking #:** CT19-218 VIP2-OLD (RATE)  
(RW)

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**State:** Virginia **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Individual Long-Term Care Insurance  
**Project Name/Number:** 2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)

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## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	09/26/2019
Submitted Date	09/26/2019
Respond By Date	10/24/2019

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Dear Gina Jisonna,

### **Introduction:**

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**

- VA\_Cov Chng Form, COVCHG-VA (2019) (Form)

Comments: Please withdraw the Cov Chng Form (Form) from this filing and file the form under the Form Schedule under SERFF # META-130643279, as this is the SERFF tracking number for the policyholder notification letter form.

### **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.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,  
Bill Dismore



**State:** Virginia **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Individual Long-Term Care Insurance  
**Project Name/Number:** 2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)

## Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	07/23/2019
Submitted Date	07/23/2019
Respond By Date	08/22/2019

Dear Gina Jisonna,

### Introduction:

Metropolitan Life Insurance Company

SERFF Tracking No: META-131864670

Form Nos.: COVCHG-VA (2019), et al.

We continued our review of the filing and noted the following concerns regarding the forms.

### Objection 1

- Policy Forms (Supporting Document)

Comments: Please provide us with the SERFF Tracking Numbers where the affected long-term care partnership policies were certified.

### Objection 2

Comments: We have concerns with the following statement made in the Filing Description:

As it relates to DRA Partnership, the rider will change the percentage amount for inflation increases and will continue to comply with state requirements. The insured may be offered the ability to decrease to a lower level of inflation, based on our understanding of your states DRA Partnership requirements as follows:

Under issue age 61: any level of compound inflation

Issue Age 61 75: any level of compound inflation

Issue Age 76 and over: No inflation requirement.

14 VAC 5-200-205 B 4 a provides that if a policy is sold to an individual who has not attained the age of 61 as of the date of purchase the policy shall provide compound inflation at a rate of 3 to 5 per cent. Any level of compound inflation protection does not satisfy regulatory requirements.

14 VAC 5-200-205 B 4 b provides that if the policy is sold to an individual who has attained age 61 but has not attained age 76 as of the date of purchase the policy must provide inflation protection at a rate of 3 to 5 per cent. As stated above, any level of inflation protection does not satisfy regulatory requirements.

### Objection 3

- VA\_Cov Chng Form, COVCHG-VA (2019) (Form)

Comments: Pursuant to 14 VAC 5-100-50 2, the full and proper corporate name of the insurer shall appear prominently on the form.

### Objection 4

- VA\_Cov Chng Form, COVCHG-VA (2019) (Form)

Comments: As an observation, please note that the second option under the Coverage Change Options section should be reduce rather than educe.

### Objection 5

**State:** Virginia **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Individual Long-Term Care Insurance  
**Project Name/Number:** 2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)

- L&H Readability - Health (Supporting Document)
- VIP Rate Increase Mitigation Rider\_ACI\_Landing Spots, ACI-VIP-MR (Form)
- VIP Rate Increase Mitigation Rider\_ASI\_Landing Spots, ASI-VIP-MR (Form)

Comments: Please provide us with the certification of readability, as required by 14 VAC 5-110-60, for forms ACI-VIP-MR and ASI-VIP-MR.

#### **Objection 6**

- VIP Rate Increase Mitigation Rider\_ACI\_Landing Spots, ACI-VIP-MR (Form)
- VIP Rate Increase Mitigation Rider\_ASI\_Landing Spots, ASI-VIP-MR (Form)

Comments: Please provide us with a statement of variability that describes the variable fields appearing in forms ACI-VIP-MR and ASI-VIP-MR.

#### **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.

A response to this objection and request for information is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Elsie Andy  
Manager, Forms and Rates  
Life and Health Division

Sincerely,  
Elsie Andy

**State:** Virginia **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Individual Long-Term Care Insurance  
**Project Name/Number:** 2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	05/13/2019
Submitted Date	05/13/2019
Respond By Date	05/27/2019

Dear Gina Jisonna,

### Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

### Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: The Virginia BOI has a concern that the requested increase would put Virginia at 105% which is higher than any other state. From the data submitted as of 1/31/2019, an average nationwide rate increase of 50% has been approved and the maximum approved in any state is 88%.

Please provide an explanation for the higher increase request for Virginia compared to other states.

### Conclusion:

We shall be glad to reconsider this submission upon receipt of the requested information to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,  
Bill Dismore

**State:** Virginia **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Individual Long-Term Care Insurance  
**Project Name/Number:** 2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/30/2019
Submitted Date	04/30/2019
Respond By Date	05/30/2019

Dear Gina Jisonna,

### Introduction:

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

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please provide the SERFF Tracking number.

### Objection 2

- VA\_LTC97\_VIP2\_Insured RA ltr FAQs (Supporting Document)

Comments: 1) Please move the policyholder notification letter (PH-LTR-VA (2019)) to the Form Schedule for review and approval. The VA BOI understands that the Company has withdrawn this letter from META-130643303 and intends for the policyholder notification letter to be approved under SERFF Tracking # META-131864670. The letter has not been previously approved. Please confirm that this understanding is correct.

2) Please list all SERFF Tracking numbers for active rate increase filings to which the policyholder notification letter (PH-LTR-VA (2019)) will apply.

3) Please provide a "JOHN DOE" version of the letter so that we may review the letter through the eyes of a policyholder. Include all attachments that are sent with the notification letter. The "JOHN DOE" letter should be placed under the Supporting Documentation tab.

### 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.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,  
Bill Dismore

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Individual Long-Term Care Insurance		
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/21/2020
Submitted Date	01/21/2020

*Dear Bill Dismore,*

### **Introduction:**

*We are in receipt of your Objection January 16, 2020 in connection with the above-captioned submission.*

### **Response 1**

#### **Comments:**

*The Rate Request Summary and Rate Increase Narrative have been updated to reflect the changes to the proposed rate increase.*

### **Related Objection 1**

*Applies To:*

*- Long Term Care Insurance Rate Request Summary (Supporting Document)*

*Comments: Please revise the Rate Request Summary and Rate Increase Narrative to reflect the changes to the proposed rate increase.*

### **Changed Items:**

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Individual Long-Term Care Insurance		
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Long Term Care Insurance Rate Request Summary
<b>Comments:</b>	Please see the attached revised Long Term Care Insurance Rate Request Summary.
<b>Attachment(s):</b>	VA_Part 1LTC Rate Request Summary - VIP2 Old.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Long Term Care Insurance Rate Request Summary</i>
<b>Comments:</b>	<i>Please see the attached revised Long Term Care Insurance Rate Request Summary.</i>
<b>Attachment(s):</b>	<i>VA_Part 1LTC Rate Request Summary - VIP2 Old.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Long Term Care Insurance Rate Request Summary</i>
<b>Comments:</b>	<i>Please see the attached Long Term Care Insurance Rate Request Summary</i>
<b>Attachment(s):</b>	<i>VA_Part 1LTC Rate Request Summary - VIP2 Old.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Long Term Care Insurance Rate Request Summary</i>
<b>Comments:</b>	<i>Please see the attached Long Term Care Insurance Rate Request Summary</i>
<b>Attachment(s):</b>	<i>VA_Part 1LTC Rate Request Summary - VIP2 Old.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Thank you for your attention to our filing.

Sincerely,

Gina Jisonna  
MetLife Long Term Care  
Manager, Product Development  
860-656-3809

Sincerely,  
Cory Searles

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Individual Long-Term Care Insurance		
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/12/2019
Submitted Date	12/12/2019

Dear Bill Dismore,

### Introduction:

Thank you for your response dated December 12, 2019. Here are the answers to your questions:

### Response 1

#### Comments:

We have updated the referenced documents and accompanying exhibits as requested.

### Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)
- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please revise the above referenced documents and accompanying exhibits to support the revised proposed rate increase.

### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	Please see the attached revised Actuarial Memorandum.
<b>Attachment(s):</b>	VIP2 Old - Act Memo and Exhibits_99% Increase.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum
<b>Attachment(s):</b>	2018_VIP2_ActMemo_RateStability - Virginia (FINAL).pdf

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Individual Long-Term Care Insurance		
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	Please see the attached revised Actuarial Memorandum.
<b>Attachment(s):</b>	VIP2 Old - Act Memo and Exhibits_99% Increase.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	<i>Please see the attached Actuarial Memorandum</i>
<b>Attachment(s):</b>	<i>2018_VIP2_ActMemo_RateStability - Virginia (FINAL).pdf</i>

<b>Satisfied - Item:</b>	Long Term Care Insurance Rate Request Summary
<b>Comments:</b>	Please see the attached revised Long Term Care Insurance Rate Request Summary.
<b>Attachment(s):</b>	VA_Part 1LTC Rate Request Summary - VIP2 Old.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Long Term Care Insurance Rate Request Summary</i>
<b>Comments:</b>	<i>Please see the attached Long Term Care Insurance Rate Request Summary</i>
<b>Attachment(s):</b>	<i>VA_Part 1LTC Rate Request Summary - VIP2 Old.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Long Term Care Insurance Rate Request Summary</i>
<b>Comments:</b>	<i>Please see the attached Long Term Care Insurance Rate Request Summary</i>
<b>Attachment(s):</b>	<i>VA_Part 1LTC Rate Request Summary - VIP2 Old.pdf</i>



<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Individual Long-Term Care Insurance		
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	Please see the attached revised Actuarial Memorandum.
<b>Attachment(s):</b>	VIP2 Old - Act Memo and Exhibits_99% Increase.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	<i>Please see the attached Actuarial Memorandum</i>
<b>Attachment(s):</b>	<i>2018_VIP2_ActMemo_RateStability - Virginia (FINAL).pdf</i>
<b>Satisfied - Item:</b>	Long Term Care Insurance Rate Request Summary
<b>Comments:</b>	Please see the attached revised Long Term Care Insurance Rate Request Summary.
<b>Attachment(s):</b>	VA_Part 1LTC Rate Request Summary - VIP2 Old.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Long Term Care Insurance Rate Request Summary</i>
<b>Comments:</b>	<i>Please see the attached Long Term Care Insurance Rate Request Summary</i>
<b>Attachment(s):</b>	<i>VA_Part 1LTC Rate Request Summary - VIP2 Old.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Long Term Care Insurance Rate Request Summary</i>
<b>Comments:</b>	<i>Please see the attached Long Term Care Insurance Rate Request Summary</i>
<b>Attachment(s):</b>	<i>VA_Part 1LTC Rate Request Summary - VIP2 Old.pdf</i>
<b>Satisfied - Item:</b>	Response to Objection 2019-12-12
<b>Comments:</b>	Please see the attached Response to Objection 2019-12-12.
<b>Attachment(s):</b>	Virginia VIP2 Response to Objection Dated 2019-12-12.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

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<b>SERFF Tracking #:</b>	META-131864670	<b>State Tracking #:</b>	META-131864670	<b>Company Tracking #:</b>	CT19-218 VIP2-OLD (RATE) (RW)
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Individual Long-Term Care Insurance		
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

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

*Thank you for your timely response and consideration.*

*Sincerely,*

Mark D. Newton, FSA, MAAA  
Actuarial Director, Metropolitan Life Insurance Company

*Sincerely,*  
Cory Searles

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/11/2019
Submitted Date	12/11/2019

Dear Bill Dismore,

### Introduction:

Thank you for your response dated November 26, 2019. Here are the answers to your questions:

### Response 1

#### Comments:

We are requesting a 99% premium increase on all VIP2 policies based on the combined experience of the two VIP2 filings. Combined experience is demonstrated in the file titled VIP2 All Combined - Exhibit I. New rate tables reflecting the updated request are provided with this response.

### Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please contact the undersigned at (804) 371-9370 or via email at bill.dismore@scc.virginia.gov to set up a conference call between the VA BOI and the Company's actuary(ies) and compliance officer to resolve the following issues present in this filing and META-131864567.

The issue in question is as follows:

Both filings have requested rate increases for the same form numbers. The forms were issued in Virginia from April of 2005 through December of 2009. The Company has labeled the filings VIP2 (Old) which is META-131864670, requesting a 105% rate increase; and VIP2 (New) which is META-131864657 requesting a 42% rate increase. MetLife has separated the filings by application date. All policies in which the applications were received on or before 6/15/2009 (1,526 policies) will receive a 105% rate increase. All policies in which the applications were received on or after 6/16/2009 (191 policies) will receive a 42% rate increase.

MetLife argues that the policies issued on 6/16/2009 or later, where approved, were issued at higher premiums to address emerging rate inadequacies, specifically material changes in pricing assumptions including lapse and mortality. MetLife intends for the rate increase differential in these filings to moderate the gap between the two base rates, which they feel is appropriate given the similarity of the features, demographics and risk profile. They also state that this has been their approach nationwide and they have never been asked to combine the base rates by states that have approved rate increases. They believe it is most equitable to maintain this practice for the VA filings.

The Virginia Bureau of Insurance expressed their concerns regarding separate filings for the same form, under SERFF Tracking # META-128896442 in their 10/24/2014 Objection letter, specifically stated under Objection #1. The Company did not respond to that objection and the filing was ultimately rejected.

### Changed Items:

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Individual Long-Term Care Insurance		
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VIP2 Exhibit I
<b>Comments:</b>	Please see the attached VIP2 Exhibit I.
<b>Attachment(s):</b>	VIP2 All Combined - Exhibit I.pdf

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VIP2 Exhibit I
<b>Comments:</b>	Please see the attached VIP2 Exhibit I.
<b>Attachment(s):</b>	VIP2 All Combined - Exhibit I.pdf

<b>Satisfied - Item:</b>	Response to Objection 2019-11-26
<b>Comments:</b>	Please see the attached Response to Objection 2019-11-26.
<b>Attachment(s):</b>	Virginia VIP2 Response to Objection Dated 2019-11-26.pdf

No Form Schedule items changed.

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	VA_VIP2old_rates_99 %Increase	LTC2-FAC-VA, LTC2-VAL-VA, LTC2-IDEAL-VA, LTC2-PREM-VA	Revised	Previous State Filing Number: META-130643281 Percent Rate Change Request: 99	VA_VIP2old_rates_99 %Increase.pdf,	12/11/2019 By: Cory Searles
<i>Previous Version</i>						
1	VA_VIP2old_rates_105 %Increase	LTC2-FAC-VA, LTC2-VAL-VA, LTC2-IDEAL-VA, LTC2-PREM-VA	Revised	Previous State Filing Number: META-130643281 Percent Rate Change Request: 105	VA_VIP2old_rates_105 %Increase.pdf,	03/13/2019 By: Robert Waldron

**Conclusion:**

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<b>SERFF Tracking #:</b>	META-131864670	<b>State Tracking #:</b>	META-131864670	<b>Company Tracking #:</b>	CT19-218 VIP2-OLD (RATE) (RW)
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Individual Long-Term Care Insurance		
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

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

*Thank you for your timely response and consideration.*

*Sincerely,*

Mark D. Newton, FSA, MAAA  
Actuarial Director, Metropolitan Life Insurance Company

*Sincerely,*  
Cory Searles

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/19/2019
Submitted Date	11/19/2019

Dear Bill Dismore,

### Introduction:

Thank you for your response dated November 18, 2019. Here are the answers to your questions:

### Response 1

#### Comments:

The range of the inflation decrease option would be between 0.1% - 4.9%. We have included a revised EOV with this response.

### Related Objection 1

Applies To:

- VIP Rate Increase Mitigation Rider\_ACI\_Landing Spots, ACI-VIP-MR (Form)

Comments: The rider includes three variable references to percentage of compounded inflation protection with the explanation that the percentage is customized for each insured. Please advise the minimum and maximum values for these fields.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Response 2

#### Comments:

The range of the inflation decrease option would be between 0.1% - 4.9%. We have included a revised EOV with this response.

### Related Objection 2

Applies To:

- VIP Rate Increase Mitigation Rider\_ASI\_Landing Spots, ASI-VIP-MR (Form)

Comments: The rider includes two variable references to percentage of simple inflation protection with the explanation that the percentage is customized for each insured. Please advise the minimum and maximum values for these fields.

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Individual Long-Term Care Insurance		
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Response 3

#### Comments:

The EOv includes a description of the variable field.

### Related Objection 3

Applies To:

- VIP Rate Increase Mitigation Rider\_ACI\_Landing Spots, ACI-VIP-MR (Form)
- VIP Rate Increase Mitigation Rider\_ASI\_Landing Spots, ASI-VIP-MR (Form)
- Explanation of Variable (Supporting Document)

Comments: The officers name, signature and office are bracketed. Please update the Statement of Variability to include a description of this variable field.

### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Explanation of Variable-revised
<b>Comments:</b>	Please see the attached revised Explanation of Variables.
<b>Attachment(s):</b>	EOV_Automatic Compound Inflation Mitigation Rider.pdf EOV_Simple Compound Inflation Mitigation Rider.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Explanation of Variable
<b>Comments:</b>	Please see the attached Explanation of Variables.
<b>Attachment(s):</b>	EOV_ACI Protection Modification Rider MN.pdf EOV_ASI Protection Modification Rider MN.pdf

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Individual Long-Term Care Insurance		
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Explanation of Variable-revised
<b>Comments:</b>	Please see the attached revised Explanation of Variables.
<b>Attachment(s):</b>	EOV_Automatic Compound Inflation Mitigation Rider.pdf EOV_Simple Compound Inflation Mitigation Rider.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Explanation of Variable</i>
<b>Comments:</b>	<i>Please see the attached Explanation of Variables.</i>
<b>Attachment(s):</b>	<i>EOV_ACI Protection Modification Rider MN.pdf EOV_ASI Protection Modification Rider MN.pdf</i>
<b>Satisfied - Item:</b>	Response to Objection 2019-11-18
<b>Comments:</b>	Please see the attached response letter to objection 2019-11-18.
<b>Attachment(s):</b>	VA VIP2 Old 11-18-19 Obj Response.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Thank you for your timely response and consideration.

Sincerely,

Gina Jisonna

Sincerely,

Cory Searles



State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/10/2019
Submitted Date	10/10/2019

Dear Bill Dismore,

### Introduction:

Thank you for your response dated September 27, 2019. Here are the answers to your questions:

### Response 1

#### Comments:

The COVCHG-VA form has been withdrawn from this filing and filed under the Form Schedule under SERFF # META-130643279 as requested.

### Related Objection 1

Applies To:

- VA\_Cov Chng Form, COVCHG-VA (2019) (Form)

Comments: Please withdraw the Cov Chng Form (Form) from this filing and file the form under the Form Schedule under SERFF # META-130643279, as this is the SERFF tracking number for the policyholder notification letter form.

### Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Objection Response
Comments:	Please see the attached response to your recent inquiries.
Attachment(s):	VA VIP2 Old 10-10-19 Obj Response.pdf

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Individual Long-Term Care Insurance		
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Removed	COVCHG-VA (2019)	OTH	Initial		56.000		Date Submitted: 10/10/2019 By: Cory Searles
<i>Previous Version</i>								
1	VA_Cov Chng Form	COVCHG-VA (2019)	OTH	Initial		56.000	VA_Cov Chng Form.pdf	Date Submitted: 08/16/2019 By: Cory Searles
<i>Previous Version</i>								
1	VA_Cov Chng Form	COVCHG-VA (2019)	OTH	Initial		56.000	VA_Cov Chng Form.pdf	Date Submitted: 03/13/2019 By: Robert Waldron

No Rate/Rule Schedule items changed.

**Conclusion:**

Thank you for your timely response and consideration.

Sincerely,

Gina Jisonna

Sincerely,

Cory Searles

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Individual Long-Term Care Insurance		
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/16/2019
Submitted Date	08/16/2019

Dear Bill Dismore,

### **Introduction:**

*This is in response to the Bureau's objection dated July 23, 2019.*

### **Response 1**

#### **Comments:**

*The SERFF Tracking number where the long-term care partnership policies were certified is META-125216549. The Bureau closed and approved this filing on August 22, 2007.*

### **Related Objection 1**

*Applies To:*

*- Policy Forms (Supporting Document)*

*Comments: Please provide us with the SERFF Tracking Numbers where the affected long-term care partnership policies were certified.*

### **Changed Items:**

*No Supporting Documents changed.*

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

### **Response 2**

#### **Comments:**

*Thank you for clarifying. We have updated our documents to correctly reflect VAs DRA Partnership inflation requirements.*

### **Related Objection 2**

<b>SERFF Tracking #:</b>	META-131864670	<b>State Tracking #:</b>	META-131864670	<b>Company Tracking #:</b>	CT19-218 VIP2-OLD (RATE) (RW)
<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
<b>Product Name:</b>	Individual Long-Term Care Insurance				
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)				

*Comments: We have concerns with the following statement made in the Filing Description:*

*As it relates to DRA Partnership, the rider will change the percentage amount for inflation increases and will continue to comply with state requirements. The insured may be offered the ability to decrease to a lower level of inflation, based on our understanding of your states DRA Partnership requirements as follows:*

*Under issue age 61: any level of compound inflation*

*Issue Age 61 75: any level of compound inflation*

*Issue Age 76 and over: No inflation requirement.*

*14 VAC 5-200-205 B 4 a provides that if a policy is sold to an individual who has not attained the age of 61 as of the date of purchase the policy shall provide compound inflation at a rate of 3 to 5 per cent. Any level of compound inflation protection does not satisfy regulatory requirements.*

*14 VAC 5-200-205 B 4 b provides that if the policy is sold to an individual who has attained age 61 but has not attained age 76 as of the date of purchase the policy must provide inflation protection at a rate of 3 to 5 per cent. As stated above, any level of inflation protection does not satisfy regulatory requirements.*

#### **Changed Items:**

*No Supporting Documents changed.*

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

#### **Response 3**

##### **Comments:**

*The full and proper corporate name has been added to the top of the form (in the shaded box).*

#### **Related Objection 3**

*Applies To:*

*- VA\_Cov Chng Form, COVCHG-VA (2019) (Form)*

*Comments: Pursuant to 14 VAC 5-100-50 2, the full and proper corporate name of the insurer shall appear prominently on the form.*

#### **Changed Items:**

*No Supporting Documents changed.*

State: Virginia Filing Company: Metropolitan Life Insurance Company  
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified  
 Product Name: Individual Long-Term Care Insurance  
 Project Name/Number: 2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA_Cov Chng Form	COVCHG-VA (2019)	OTH	Initial		56.000	VA_Cov Chng Form.pdf	Date Submitted: 08/16/2019 By: Cory Searles
<i>Previous Version</i>								
1	VA_Cov Chng Form	COVCHG-VA (2019)	OTH	Initial		56.000	VA_Cov Chng Form.pdf	Date Submitted: 03/13/2019 By: Robert Waldron

No Rate/Rule Schedule items changed.

#### Response 4

##### Comments:

This has been corrected.

#### Related Objection 4

Applies To:

- VA\_Cov Chng Form, COVCHG-VA (2019) (Form)

Comments: As an observation, please note that the second option under the Coverage Change Options section should be reduce rather than educe.

#### Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	VA_Cov Chng Form	COVCHG-VA (2019)	OTH	Initial		56.000	VA_Cov Chng Form.pdf	Date Submitted: 08/16/2019 By: Cory Searles
<i>Previous Version</i>								
1	VA_Cov Chng Form	COVCHG-VA (2019)	OTH	Initial		56.000	VA_Cov Chng Form.pdf	Date Submitted: 03/13/2019 By: Robert Waldron

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Individual Long-Term Care Insurance		
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

No Rate/Rule Schedule items changed.

## Response 5

### Comments:

The certifications of readability are included with this response. Please clarify the term on the form, point-leaded.

## Related Objection 5

Applies To:

- L&H Readability - Health (Supporting Document)
- VIP Rate Increase Mitigation Rider\_ACI\_Landing Spots, ACI-VIP-MR (Form)
- VIP Rate Increase Mitigation Rider\_ASI\_Landing Spots, ASI-VIP-MR (Form)

Comments: Please provide us with the certification of readability, as required by 14 VAC 5-110-60, for forms ACI-VIP-MR and ASI-VIP-MR.

## Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	L&H Readability - Health
<b>Comments:</b>	Please see the attached Readability Certifications.
<b>Attachment(s):</b>	ACI_Readability Certification.pdf ASI_Readability Certification.pdf
<i>Previous Version</i>	
<b>Bypassed - Item:</b>	L&H Readability - Health
<b>Bypass Reason:</b>	N/A for this filing
<b>Attachment(s):</b>	

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

## Response 6

### Comments:

The statements of variability are included with this response.

## Related Objection 6

Applies To:

- VIP Rate Increase Mitigation Rider\_ACI\_Landing Spots, ACI-VIP-MR (Form)

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Individual Long-Term Care Insurance		
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

- VIP Rate Increase Mitigation Rider\_ASI\_Landing Spots, ASI-VIP-MR (Form)

Comments: Please provide us with a statement of variability that describes the variable fields appearing in forms ACI-VIP-MR and ASI-VIP-MR.

**Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Explanation of Variable
<b>Comments:</b>	Please see the attached Explanation of Variables.
<b>Attachment(s):</b>	EOV_ACI Protection Modification Rider MN.pdf EOV_ASI Protection Modification Rider MN.pdf

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Explanation of Variable
<b>Comments:</b>	Please see the attached Explanation of Variables.
<b>Attachment(s):</b>	EOV_ACI Protection Modification Rider MN.pdf EOV_ASI Protection Modification Rider MN.pdf

<b>Satisfied - Item:</b>	Objection Response 2019-07-23
<b>Comments:</b>	Please see the attached Objection Response 2019-07-23.
<b>Attachment(s):</b>	VA VIP2 old 7-23-19 OBJ Response.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Thank you for your attention to our filing. We look forward to hearing from you.

Sincerely,

Thomas G. Reilly  
Assistant Vice President, Product Management & Compliance

Sincerely,  
Cory Searles

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/13/2019
Submitted Date	05/13/2019

Dear Bill Dismore,

### Introduction:

Dear Mr. Dismore:

The following is our response to your objection letter dated May 13, 2019:

### Response 1

#### Comments:

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: The Virginia BOI has a concern that the requested increase would put Virginia at 105% which is higher than any other state. From the data submitted as of 1/31/2019, an average nationwide rate increase of 50% has been approved and the maximum approved in any state is 88%.

Please provide an explanation for the higher increase request for Virginia compared to other states.

Response: We ask for uniform rate increases across all states. Since your Department has granted no increases or lower previous increases than other states, MetLife must continue to ask for the amount that is needed based on your prior approvals.

### Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: The Virginia BOI has a concern that the requested increase would put Virginia at 105% which is higher than any other state. From the data submitted as of 1/31/2019, an average nationwide rate increase of 50% has been approved and the maximum approved in any state is 88%.

Please provide an explanation for the higher increase request for Virginia compared to other states.

### Changed Items:



State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response Letter 2019-05-13
Comments:	Please see the attached Response Letter 2019-05-13
Attachment(s):	VA VIP2 Old Response to Objection Dated 2019-5-13.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Thank you for your timely response and consideration.

Sincerely,

Gina Jisonna  
Manager, Product Development  
Sincerely,  
Cherise Livingston

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Individual Long-Term Care Insurance		
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/02/2019
Submitted Date	05/02/2019

Dear Bill Dismore,

**Introduction:**

Dear Mr. Dismore:

The following is our response to your objection letter dated April 29, 2019

**Response 1**

**Comments:**

The SERFF Tracking Number has been added to the Rate Request Summary.

**Related Objection 1**

Applies To:

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please provide the SERFF Tracking number.

**Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Long Term Care Insurance Rate Request Summary
<b>Comments:</b>	Please see the attached Long Term Care Insurance Rate Request Summary
<b>Attachment(s):</b>	VA_Part 1LTC Rate Request Summary - VIP2 Old.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Long Term Care Insurance Rate Request Summary</i>
<b>Comments:</b>	<i>Please see the attached Long Term Care Insurance Rate Request Summary</i>
<b>Attachment(s):</b>	<i>VA_Part 1LTC Rate Request Summary - VIP2 Old.pdf</i>

<b>SERFF Tracking #:</b>	META-131864670	<b>State Tracking #:</b>	META-131864670	<b>Company Tracking #:</b>	CT19-218 VIP2-OLD (RATE) (RW)
<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
<b>Product Name:</b>	Individual Long-Term Care Insurance				
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)				
Supporting Document Schedule Item Changes					
<b>Satisfied - Item:</b>	Long Term Care Insurance Rate Request Summary				
<b>Comments:</b>	Please see the attached Long Term Care Insurance Rate Request Summary				
<b>Attachment(s):</b>	VA_Part 1LTC Rate Request Summary - VIP2 Old.pdf				
Previous Version					
<b>Satisfied - Item:</b>	Long Term Care Insurance Rate Request Summary				
<b>Comments:</b>	Please see the attached Long Term Care Insurance Rate Request Summary				
<b>Attachment(s):</b>	VA_Part 1LTC Rate Request Summary - VIP2 Old.pdf				
<b>Satisfied - Item:</b>	Response Letter 2019-05-02				
<b>Comments:</b>	Please see attached the Response Letter 2019-05-02				
<b>Attachment(s):</b>	VA VIP2 Old Response to Objection Dated 2019-4-29.pdf				

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

## Response 2

### Comments:

1) We confirm that the policyholder notification was withdrawn from META-130643303. However, we intend the letter to be approved under SERFF Tracking # META-130643279 where it was included in the Form Schedule. Therefore, we have kept the policyholder letter in the Supporting Documentation tab of this filing (META-131864670).

2) The revised policyholder letter will apply to the following SERFF Tracking numbers:

META-130643279 (found on Form Schedule tab)

META-130643303 (found on Supporting Documentation tab)

META-131864670 (found on Supporting Documentation tab)

META-131864657(found on Supporting Documentation tab)

META-131864567 (found on Supporting Documentation tab)

All EOVs and John Doe versions have been included on the Supporting Documentation tab in all filings

3) The John Doe versions were included on the Supporting Documentation tab with the Amendment submission on 4/30/19.

## Related Objection 2

Applies To:

- VA\_LTC97\_VIP2\_Insured RA ltr FAQs (Supporting Document)

<b>SERFF Tracking #:</b>	META-131864670	<b>State Tracking #:</b>	META-131864670	<b>Company Tracking #:</b>	CT19-218 VIP2-OLD (RATE) (RW)
<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
<b>Product Name:</b>	Individual Long-Term Care Insurance				
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)				

Comments: 1) Please move the policyholder notification letter (PH-LTR-VA (2019)) to the Form Schedule for review and approval. The VA BOI understands that the Company has withdrawn this letter from META-130643303 and intends for the policyholder notification letter to be approved under SERFF Tracking # META-131864670. The letter has not been previously approved. Please confirm that this understanding is correct.

2) Please list all SERFF Tracking numbers for active rate increase filings to which the policyholder notification letter (PH-LTR-VA (2019)) will apply.

3) Please provide a "JOHN DOE" version of the letter so that we may review the letter through the eyes of a policyholder. Include all attachments that are sent with the notification letter. The "JOHN DOE" letter should be placed under the Supporting Documentation tab.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Sincerely,  
Cherise Livingston

<b>SERFF Tracking #:</b>	META-131864670	<b>State Tracking #:</b>	META-131864670	<b>Company Tracking #:</b>	CT19-218 VIP2-OLD (RATE) (RW)
<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
<b>Product Name:</b>	Individual Long-Term Care Insurance				
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)				

## Amendment Letter

Submitted Date: 01/16/2020

Comments:

Dear Mr. Dismore:

We have revised our filing to reflect a 69% rate increase as agreed upon by your department. We are submitting revised rates, actuarial memorandum and exhibits for your review.

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

Thank you for your timely response and consideration.

Sincerely,

Mark D. Newton, FSA, MAAA  
Actuarial Director, Metropolitan Life Insurance Company

Changed Items:

*No Form Schedule Items Changed.*

State: Virginia Filing Company: Metropolitan Life Insurance Company  
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified  
 Product Name: Individual Long-Term Care Insurance  
 Project Name/Number: 2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	VA_VIP2old_rates_69 %Increase	LTC2-FAC-VA, LTC2-VAL-VA, LTC2-IDEAL-VA, LTC2-PREM-VA	Revised	Previous State Filing Number: META-130643281 Percent Rate Change Request: 69	VA_VIP2old_rates_69 %Increase.pdf,	01/16/2020 By:
Previous Version						
1	VA_VIP2old_rates_99 %Increase	LTC2-FAC-VA, LTC2-VAL-VA, LTC2-IDEAL-VA, LTC2-PREM-VA	Revised	Previous State Filing Number: META-130643281 Percent Rate Change Request: 99	VA_VIP2old_rates_99 %Increase.pdf,	12/11/2019 By: Cory Searles
Previous Version						
1	VA_VIP2old_rates_105 %Increase	LTC2-FAC-VA, LTC2-VAL-VA, LTC2-IDEAL-VA, LTC2-PREM-VA	Revised	Previous State Filing Number: META-130643281 Percent Rate Change Request: 105	VA_VIP2old_rates_105 %Increase.pdf,	03/13/2019 By: Robert Waldron
2	Final Factors to File-VIP2old	LTC2-FAC-VA, LTC2-VAL-VA, LTC2-IDEAL-VA, LTC2-PREM-VA	Revised	Previous State Filing Number: META-130643281 Percent Rate Change Request: 69	Final Factors to File-VIP2old.pdf,	01/16/2020 By:
Previous Version						
2	Final Factors to File-VIP2old	LTC2-FAC-VA, LTC2-VAL-VA, LTC2-IDEAL-VA, LTC2-PREM-VA	Revised	Previous State Filing Number: META-130643281 Percent Rate Change Request: 105	Final Factors to File-VIP2old.pdf,	10/10/2019 By:
Previous Version						
2	VIP2old_Landing_Spot_Rating_Factors	LTC2-FAC-VA, LTC2-VAL-VA, LTC2-IDEAL-	Revised	Previous State Filing Number:	VIP2old_Landing_Spot_Rating_Factors.pdf,	03/13/2019 By: Robert Waldron

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Individual Long-Term Care Insurance		
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

Rate/Rule Schedule Item Changes						
		VA, LTC2-PREM-VA		META-130643281 Percent Rate Change Request: 105		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	Please see the attached revised Actuarial Memorandum.
<b>Attachment(s):</b>	VIP2 Old - Act Memo_69% Increase.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	Please see the attached revised Actuarial Memorandum.
<b>Attachment(s):</b>	VIP2 Old - Act Memo and Exhibits_99% Increase.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum
<b>Attachment(s):</b>	2018_VIP2_ActMemo_RateStability - Virginia (FINAL).pdf

<b>Satisfied - Item:</b>	VIP2 Exhibit I-revised
<b>Comments:</b>	Please see the attached revised VIP2 Exhibit I.
<b>Attachment(s):</b>	VIP2 All Combined - Exhibit I_69% Increase.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	VIP2 Exhibit I
<b>Comments:</b>	Please see the attached VIP2 Exhibit I.
<b>Attachment(s):</b>	VIP2 All Combined - Exhibit I.pdf

<b>Satisfied - Item:</b>	Offer Response 2020-01-16
<b>Comments:</b>	Please see the attached Offer Response 2020-01-16.
<b>Attachment(s):</b>	VA VIP2 Old Offer Response 2020-1-16.pdf

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Individual Long-Term Care Insurance		
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

## Amendment Letter

Submitted Date: 10/10/2019

Comments:

Please also see the attached revised Landing Spot Rating Factors for your review.

Changed Items:

*No Form Schedule Items Changed.*

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Final Factors to File-VIP2old	LTC2-FAC-VA, LTC2-VAL-VA, LTC2-IDEAL-VA, LTC2-PREM-VA	Revised	Previous State Filing Number: META-130643281 Percent Rate Change Request: 105	Final Factors to File-VIP2old.pdf,	10/10/2019 By:
<i>Previous Version</i>						
1	<i>VIP2old_Landing_Spot_Rating_Factors</i>	<i>LTC2-FAC-VA, LTC2-VAL-VA, LTC2-IDEAL-VA, LTC2-PREM-VA</i>	<i>Revised</i>	<i>Previous State Filing Number: META-130643281 Percent Rate Change Request: 105</i>	<i>VIP2old_Landing_Spot_Rating_Factors.pdf,</i>	<i>03/13/2019 By: Robert Waldron</i>

*No Supporting Documents Changed.*



<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Individual Long-Term Care Insurance		
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

## Amendment Letter

Submitted Date: 05/02/2019

Comments:

Please see the revised Response Letter

Changed Items:

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Response Letter 2019-05-02
<b>Comments:</b>	Please see attached the Response Letter 2019-05-02
<b>Attachment(s):</b>	VA VIP2 Old Response to Objection Dated 2019-4-29.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Response Letter 2019-05-02</i>
<b>Comments:</b>	<i>Please see attached the Response Letter 2019-05-02</i>
<b>Attachment(s):</b>	<i>VA VIP2 Old Response to Objection Dated 2019-4-29.pdf</i>

<b>SERFF Tracking #:</b>	META-131864670	<b>State Tracking #:</b>	META-131864670	<b>Company Tracking #:</b>	CT19-218 VIP2-OLD (RATE) (RW)
<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
<b>Product Name:</b>	Individual Long-Term Care Insurance				
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)				

## Amendment Letter

Submitted Date: 04/30/2019

Comments:

Dear Mr. Dismore,

As outlined in our objection response to SERFF Filing # META-130643279, we are submitting revised Policyholder letter templates, EOVs and corresponding John Doe versions. The updated versions are all inclusive of your department's latest recommendations and approved language. They also include variability for all possible filing requests (i.e., increases with or without phased implementation; increases with or without landing spot offers). The same revised forms were submitted for your review and approval in SERFF filing # META-130643279.

Thank you,

Gina Jisonna

Changed Items:

*No Form Schedule Items Changed.*

*No Rate Schedule Items Changed.*

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Individual Long-Term Care Insurance		
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Removed
<b>Comments:</b>	Removed
<b>Attachment(s):</b>	
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	VA_LTC97_VIP2_Insured RA ltr FAQs
<b>Comments:</b>	Attached is the VA_LTC97_VIP2_Insured RA ltr FAQs
<b>Attachment(s):</b>	VA_LTC97_VIP2_Insured RA ltr FAQs.pdf
<b>Satisfied - Item:</b>	Statement of Variability
<b>Comments:</b>	Attached are the updated Statement of Variability
<b>Attachment(s):</b>	EOV_VA PH ltr_W_WO LS_W_WO Phase.pdf EOV_VA PH ltr_W_WO LS_Phase 2.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Statement of Variability
<b>Comments:</b>	Attached is the Statement of Variability for the VA_LTC97_VIP2_Insured RA ltr FAQs
<b>Attachment(s):</b>	EOV_VA LTC97_VIP2_RA ltr FAQs.pdf
<b>Satisfied - Item:</b>	Updated Policyholder Letters
<b>Comments:</b>	Attached are the updated Policyholder Letters
<b>Attachment(s):</b>	VA PH ltr_W_WO LS_W_WO Phase.pdf VA PH ltr_W_WO LS_Phase 2.pdf
<b>Satisfied - Item:</b>	Policyholder Letter updated John Doe Versions
<b>Comments:</b>	Attached are the Policyholder Letter updated John Doe Versions
<b>Attachment(s):</b>	VA PH ltr_W_WO LS_W_WO Phase- John Doe.pdf VA PH ltr_W_WO LS_Phase 2 - John Doe.pdf

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<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Individual Long-Term Care Insurance		
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

## Note To Reviewer

**Created By:**

Cory Searles on 04/25/2019 03:21 PM

**Last Edited By:**

Cory Searles

**Submitted On:**

04/25/2019 03:21 PM

**Subject:**

Post Submission Amendment Review needed

**Comments:**

Dear Mr. Dismore,

As outlined in our objection response to SERFF Filing # META-130643279, we are submitting revised Policyholder letter templates, EOVs and corresponding John Doe versions. The updated versions are all inclusive of your department's latest recommendations and approved language. They also include variability for all possible filing requests (i.e., increases with or without phased implementation; increases with or without landing spot offers). The same revised forms were submitted for your review and approval in SERFF filing # META-130643279.

Thank you,

Gina Jisonna

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**State:** Virginia **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Individual Long-Term Care Insurance  
**Project Name/Number:** 2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)

## Reviewer Note

**Created By:**

Bill Dismore on 01/21/2020 01:16 PM

**Last Edited By:**

Bill Dismore

**Submitted On:**

01/21/2020 01:23 PM

**Subject:**

Actuarial Review - Final Summary Report

**Comments:**

5/10/2019 - Final summary report received.

May 10, 2019

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

Subject: **SERFF Tracking #META-131864670**

At the request of the Virginia SCC Bureau of Insurance (the “Bureau”), I have reviewed the filing for the above captioned submission from **Metropolitan Life Insurance Company** (the “Company”). This is a rate increase filing for a block of Long Term Care Insurance.

### **Recommendation**

My review of this filing was performed according to the provisions of 14VAC5-200-153. 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, I believe that the Company has demonstrated that the request is in compliance with all applicable regulations.

Other Considerations: The Bureau may wish to consider that the cumulative increase in Virginia with this increase request would be higher than the nationwide average.

### **Historical Background**

These policy forms were issued in Virginia from 2005 to 2009. As of 09/30/2018, there were 1,526 insureds with \$3.0M premium in force in Virginia, and annual premiums of \$159.1M nationwide, making Virginia’s block approximately 1.9% of the total.

No previous increases have been approved. In 2016, the Company submitted two separate increases of 58% and 88% that were rejected by the Bureau for nonresponsiveness and other technical reasons. The Company is currently requesting a rate increase of 105%.

The Company presents the following rationale for this increase: “*Generally, worse than expected morbidity and lower decrements are the primary reasons for the rate action.*”

## Methodology

My approach was to a) review the submitted 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 projections for reasonableness, and e) analyze the current increase and cumulative increase in Virginia relative to other states.

## Assumptions

Morbidity – The current morbidity assumptions are based on Company experience through June 2017 with selection factors wearing off after 3 years. The original assumptions were based on a study published by the Society of Actuaries based on the 1985 NNHS with modifications at the time of original pricing.

The A/E based on the revised assumptions is 99% for incidence and 101% for terminations. This data was not available under original assumptions.

One basis for measuring credibility is the formula recommended by the American Academy of Actuaries (“AAA”) in a Long-term Care Credibility Monograph issued in August 2016. Under the formula recommended, 3,246 claims are needed for full LTCI data credibility. The standard is applied to cumulative historical experience to determine the credibility of the block. The Company’s aggregate morbidity is based on over 57,000 claims, resulting in full credibility.

Mortality – The mortality is set at 88% of the Annuity 2000 Basic Table with selection factors from 25% to 100% over 10 years. The original assumption was set at 105% of the Annuity 2000 Basic Table with selection factors from 67% to 100% over 7 years. The current mortality produces an A/E ratio of 80%.

Voluntary Lapse – The current lapse assumptions are based on Company experience through June 2017. The ultimate lapse rate is 0.9% at durations 11+. Shock lapses of 3.22% and benefit reductions of 2.14% are assumed in the year of implementation. The original ultimate assumption was 1.5% in years 15+. The A/E vs. current assumptions is 94% at durations 7+.

Interest – the average valuation interest rate is 4.02% and is used for discounting the projections. The original pricing rate was 4.00%.

## Inflation Landing Spots

The Company is offering the policyholder the option to reduce the future inflation percentage in return for a reduction in premium. Rather than using a single percentage offered to all policyholders (“landing spot”), the Company is calculating for each policyholder a reduced inflation factor to bring their new premium to the same level as the premium before the increase. This varies based on the issue age of the insured. Because the premium reduction factors are based on an interpolation of the difference

between the 5% inflation premium and the no inflation premium for each issue age, this approach appears to be much more equitable to the policyholder versus the typical approach of a single landing spot calculated by use of averages and offered to all policyholders.

### **Projections**

The Company has included both nationwide and Virginia-only loss ratio projections as of 12/31/2017. Because the Virginia-only business is not credible on its own, the Company has used the nationwide experience under this form as the basis for its request. Since experience is not expected to have a large variation by geographic region, I agree that it is appropriate to use the nationwide data for increased credibility.

In Attachment 2 submitted by the Company, the lifetime loss ratio in the original filing was 60.0% using actual sales at 4.0%. The data in Attachment 3 by calendar year results in an original loss ratio of 59.7% at 4.02%. The projected lifetime loss ratio without an increase is 130% and 96% after the requested increase. The future loss ratio taking into account the active life reserve is 126%.

### 58/85 Test

59.7/85 Minimum Claims	Projected Incurred Claims	Pass/Fail
2,918 M	4,264 M	PASS

The 58/85 test prescribes the use of the valuation interest rate, which averaged 4.02% over the issue years of the policies covered by this filing. While not required, we also substituted the original loss ratio of 59.7% where appropriate.

### PV of Future Loss Test

Scenario	PV Future Loss
Original	-523 M
No Incr	-3,017 M
105% Incr	-1,780 M

The goal of this test is to ensure that, when looking only into the future, the company is not in a better position financially than if the assumptions were to play out according to original assumptions (except for interest). This is done by calculating the present value of the future expected loss under original assumptions and comparing that to the current assumptions with and without the proposed premium action. For this filing, the loss is greater under the current assumptions than original assumptions, so this test would not limit the increase.



## State Rate Equity

From the data submitted as of 1/31/2019, an average nationwide rate increase of 50% has already been approved, and the maximum in any state is 88%. The Company did not supply any information about pending rate increases in other states.

The requested increase would put Virginia at 105%, which is higher than any other state. An increase of 50% would bring Virginia to 50%; a 88% increase would bring Virginia to 88%.

## Reliance and Qualifications

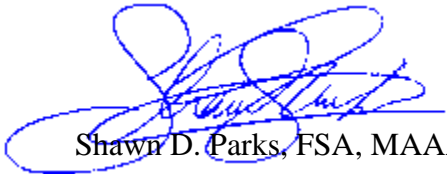
I am providing this letter to the Bureau as the sole intended user. The scope of the review relates only to compliance with applicable laws and regulations relating to the actuarial aspects of the filing under consideration, and the intended purpose is to communicate my findings regarding this filing. Distribution of this letter to parties other than the Bureau by me or any other party does not constitute advice by me to those parties. The reliance of parties other than the Bureau on any aspect of this work is not authorized by me and is done at their own risk.

In arriving at my opinion, I 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, my findings and conclusions may need to be revised. While I have relied on the data provided without independent investigation or verification, I have reviewed the data for consistency and reasonableness. In the event that I found the data inconsistent or unreasonable, I have requested clarification.

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

If you have any questions regarding this filing, please contact me to discuss.

Sincerely,



Shawn D. Parks, FSA, MAAA

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<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Individual Long-Term Care Insurance		
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

## Reviewer Note

**Created By:**

Bill Dismore on 01/13/2020 02:18 PM

**Last Edited By:**

Bill Dismore

**Submitted On:**

01/21/2020 01:23 PM

**Subject:**

Conference Call - 1/13/2020

**Comments:**

Conference call with MetLife to discuss requested rate increase repricing of a 99% rate increase for both VIP2-Old and VIP2-New. Since the increase does not pass 58/85, PVGL, or Texas Method loss ratio testing the BOI offered a 69% rate increase for both old and new policyholders based upon actuarial review and justification. While a higher increase could be justified for VIP2-Old this would not be considered fair for the VIP2-New policyholders who were paying higher rate increases. It was explained to MetLife that they should have recognized that the VIP2-Old rates were not actuarially sound and those rates should have been revised at the time of the request to offer VIP2-New rates. We also advised MetLife that going forward, it was the BOI's expectation that they will need to manage the combined block as a single filing with two rate subsets (VIP2-Old and VIP2-New) and future rate increases would be held to the standard of the expectations for the combined block going forward.

MetLife will review the 69% rate increase proposal and let us know within the next day or two.

Present on the call for MetLife were Tom Reilly, Jonathan Trend and Steve Hess. For the BOI it was Bob Grissom, Greg Smith, Shawn Parks (consulting actuary with ARC) and myself.

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Individual Long-Term Care Insurance		
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

## Reviewer Note

**Created By:**

Bill Dismore on 12/30/2019 07:52 AM

**Last Edited By:**

Bill Dismore

## Submitted On:

01/21/2020 01:23 PM

**Subject:**

12/27/2019 - call with MetLife

**Comments:**

Spoke with Tom Reilly. Offered to approve a 42% rate increase on both VIP2(Old) and VIP2(New), the lowest amount actuarially justified by our consulting actuary. Tom discussed with his actuary and after that discussion declined the offer. They want to have a conference call after the first of the year to discuss the rate increase.

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<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Individual Long-Term Care Insurance		
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

## Reviewer Note

**Created By:**

Bill Dismore on 12/03/2019 02:46 PM

**Last Edited By:**

Bill Dismore

**Submitted On:**

01/21/2020 01:23 PM

**Subject:**

Conference Call - 11/27/2019

**Comments:**

Teleconference call with MetLife to discuss META-13184657 and META-131864670 (VIP2 Form New and Old blocks - rate differentials). The concern was to avoid unfair discrimination. The BOI explained to MetLife that it wants actuarial assurance that the older forms premiums are not equal or higher than the newer form premiums and that the same rate differentials have been maintained.

The status of the policyholder notification letter filed under META-130643279 was also discussed.

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**State:** Virginia **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Individual Long-Term Care Insurance  
**Project Name/Number:** 2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)

## Reviewer Note

**Created By:**

Bill Dismore on 07/18/2019 06:29 AM

**Last Edited By:**

Bill Dismore

**Submitted On:**

07/19/2019 01:33 PM

**Subject:**

VALR for LTCI Filings

**Comments:**

Comments and status from the VA BOI's review MetLife's resistance to recalculate the policy reserve.

**From:** [Bob Grissom](#)  
**To:** [Bill Dismore](#); [Elsie Andy](#)  
**Cc:** [Greg Smith](#)  
**Subject:** FW: MetLife comments re: VALR for LTCI filings  
**Date:** Wednesday, July 17, 2019 7:18:44 PM  
**Attachments:** [MetLife comments regarding VALR.pdf](#)

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***I know that Greg is out until Monday, but let me know if either of you have any questions or suggestions regarding the below.***

Alison, we've now completed our review of the attached, in which the company questioned the Bureau of Insurance's use of the active life reserves in the determination of the future loss ratio for long term care rate increases. Two different consulting actuaries were requested to review the company's arguments and provide their opinions. Both consultants continue to agree with the original analysis that led to this requirement and do not agree with the company's overall argument that any inclusion of policy reserves in the future loss ratio calculation is unreasonable.

Previously the company was given the opportunity to recalculate the policy reserve but, unless it's been overlooked, the company declined to do so; presumably on the grounds that they were constrained by New York Life law. While we understand this for reporting purposes, nothing prevents the company from doing this for the purposes of this calculation. Therefore, if the company so chooses, it may submit the active life reserve that would have been held for the actual cohort of policies in force on the projection date (12/31/2015) using reserve assumptions without margins for conservatism; i.e., original pricing mortality, original pricing morbidity, original pricing persistency, and average valuation interest rate. If the company decides to do so, this value should be provided separately for pre-stability and post-stability cohorts.

In the next couple of weeks we'll be reviewing all of the pending forms and rates. So, if it's decided to provide the revised active life reserves as noted above, then please do so as soon as possible.

Also, preliminary reviews continue to indicate concerns with some of the policyholder notification letters. The biggest issue continues to be compliance with 14VAC5-100-50 2, included below, although concerns with 14VAC5-200-75 D have been noted and some statements of variability appear to be incomplete.

#### *14VAC5-100-50 2*

*The full and proper corporate name of the insurer shall prominently appear on the cover sheet of all policies, certificates, riders, endorsements, applications and other forms required to be submitted pursuant to §§ [38.2-316](#) and [38.2-3725](#) of the Code of Virginia. The use of a trade name or the name of an affiliated company on a policy form in such a way that implies that another company is responsible for the obligations undertaken in the policy is prohibited. The inclusion of a logo, trade mark or other symbol in addition to the full corporate name is not prohibited provided such logo, trade mark, or symbol does not imply that a company other than the actual*

*insurer is responsible for the obligations undertaken in the policy. The home office address of the insurer must prominently appear on each policy. Such address may be limited to a designation of the city and state in which the home office of the company is located.*

Unless additional or updated information is received, we'll provide a summary of our reviews of each filing within the next two weeks.

Bob Grissom  
Chief Insurance Market Examiner  
Market Regulation  
Virginia Bureau of Insurance  
804-371-9152

---

**From:** Kelly, Alison <alison.kelly@metlife.com>  
**Sent:** Thursday, May 16, 2019 4:28 PM  
**To:** Scott White <Scott.White@scc.virginia.gov>  
**Cc:** Bob Grissom <Bob.Grissom@scc.virginia.gov>  
**Subject:** MetLife comments re: VALR for LTCI filings

Dear Commissioner White,

Attached for your consideration, please find a summary prepared by MetLife of the Virginia Bureau's interpretation and application of the NAIC model regulation for Long-Term Care Insurance (LTCI). Specifically, we discuss the Bureau's inclusion of policy reserves in calculating the Virginia anticipated loss ratio and our concerns with this approach. We do not believe this issue is ripe for the upcoming LTCI hearing on May 21, 2019. However, we wanted to share this information as you give thought to next steps on LTCI generally. We welcome a discussion on this topic as well as our pending LTCI filings with you and any members of your team you wish to include. Please let me know if you have any questions and whether you are open to further discussion with us on this matter. Thank you for your time and attention.

Regards,  
Alison

**Alison Kelly** | Assistant Vice President | State Advocacy & Supervision | MetLife  
200 Park Avenue, New York, NY 10166 | T. 212-578-7911 | M. 347-334-2261 |  
[alison.kelly@metlife.com](mailto:alison.kelly@metlife.com)

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## **EXECUTIVE SUMMARY**

The Virginia Bureau of Insurance has adopted the NAIC model regulations for Long Term Care Insurance. Those regulations include the following language:

“In evaluating the expected loss ratio, due consideration shall be given to all relevant factors, including:

...

11. Policy reserves;”

Virginia’s interpretation and application of this language in evaluating applications for inforce rate increases is unique to our knowledge.

The standard for evaluation of rate increases is compliance with the minimum lifetime loss ratio (LLR) which is typically defined as the present value of all past and future claims divided by all past and future premiums. No other parameters are included such as expenses, capital, profits or policy reserves.

Virginia has required carriers calculate and provide a “Virginia anticipated loss ratio” (VALR) which (1) ignores history and depends only on the projected future premium and claims and (2) includes a reduction for the current policy reserves.

Both of these items materially distort the analysis that leads to a non-level playing field amongst carriers and their policyholders. Effectively, carriers with more conservative (higher) reserves will have lower approvals and carriers with more aggressive reserves (lower) will receive higher approvals. This effectively rewards carriers (and punishes consumers) who have the lowest reserves. This practice also incentivizes behavior such as attempts to game reserve allocations or even take on balance sheet risks – neither of which is in anyone’s interest. Virginia’s approach is also highly leveraged because it spreads experience deviations over the policies’ future lifetime, not their entire lifetime.

Using the standard metric of the LLR is the most equitable and transparent method for analyzing rate increases.



## NUMERICAL EXAMPLES

- Three companies all used the same original pricing projections and targeted a 60% pricing loss ratio.

	Original Pricing		
	Premium	Claims	PLLR
Past	\$3,400	\$300	<b>60%</b>
Future	<u>\$1,100</u>	<u>\$2,400</u>	
Lifetime	\$4,500	\$2,700	

- These companies now seek a rate increase in Virginia (based on VALR) and other states (based on PLLR).
- Company A reflects actual experience and utilizes projections based on new assumptions.

<b>COMPANY A</b>	Premium	Claims	PLLR	Reserves	VALR	Increase per	
						VALR	PLLR
Past	\$3,500	\$400		\$3,200	<b>92%</b>	<b>54%</b>	<b>67%</b>
Current							
Future	<u>\$1,300</u>	<u>\$4,400</u>					
Lifetime	\$4,800	\$4,800	<b>100%</b>			\$700	\$867

- Company B has experience & projections identical to Company A, but it has 10% lower reserves.

<b>COMPANY B</b>	Premium	Claims	PLLR	Reserves	VALR	Increase per	
						VALR	PLLR
Past	\$3,500	\$400		\$2,880	<b>117%</b>	<b>95%</b>	<b>67%</b>
Current							
Future	<u>\$1,300</u>	<u>\$4,400</u>					
Lifetime	\$4,800	\$4,800	<b>100%</b>			\$1,233	\$867

- Company C has different experience & projections than Company A, but it has an identical PLLR.

<b>COMPANY C</b>	Premium	Claims	PLLR	Reserves	VALR	Increase per	
						VALR	PLLR
Past	\$3,600	\$200		\$3,200	<b>118%</b>	<b>97%</b>	<b>67%</b>
Current							
Future	<u>\$1,100</u>	<u>\$4,500</u>					
Lifetime	\$4,700	\$4,700	<b>100%</b>			\$1,261	\$867

- The PLLR for all companies is identical, resulting in a 67% rate increase in most states. However, even though the reserve difference between company A and company B is small, Virginia's approach gives company B a 95% higher rate increase, much higher than company A. Even though the premium and claim differences between company A and company C are also small, Virginia's approach gives company C a 97% higher rate increase, also much higher than A.

## DOCUMENT

When reviewing LTCI rate increase requests on pre-rate-stability business, Virginia has required carriers calculate and provide a “Virginia anticipated loss ratio” (VALR), which presumably helps determine how much rate increase, if any, can be approved. While this metric has some similarities to the projected lifetime loss ratio (PLLR) used in other states, there are significant differences – (1) the VALR depends only on the projected future premium and claims, whereas the PLLR also includes the block’s historical premium and claims, and (2) the VALR metric includes a reduction that varies based on the current policy reserves.

MetLife has concerns with using the VALR instead of the PLLR for LTCI rate increase analysis:

- A) **The PLLR metric is well established and understood.** This metric is used by other states that have adopted statutes and regulations similar to Virginia. Depending on the circumstances, the VALR may be lower or higher than the PLLR. However, using the VALR is concerning because it is different from the approach used by other states, complicating a carrier’s approach to rate increases in a way that does not seem helpful to carriers, Virginia consumers in Virginia, or consumers in other states. Encouraging carriers to request lower or higher rate increases in Virginia than in other states is inappropriate. So is encouraging carriers to request increases in Virginia when they are not requesting increases in other states – or vice versa. Most carriers manage their LTCI blocks on a nationwide basis, but Virginia’s approach forces carriers to make entirely different rate analyses and business decisions for Virginia.
- B) **Using policy reserves in the VALR leads to counterintuitive outcomes.** For instance, when a 60% VALR metric is targeted, every additional \$1 of policy reserves translates into a rate increase that is \$1.67 smaller in present value (and every reduction of \$1 to policy reserves translates into a rate increase that is \$1.67 larger in present value). This creates inequitable treatment and illogical incentives from both a rate increase perspective and a reserving perspective. Virginia’s approach encourages carriers to search for blocks with low policy reserves on which to request rate increases, in order to offset the blocks with higher policy reserves on which Virginia will cut back or reject requests.
- C) **Statutory reserve margins further distort the VALR formula.** Carriers include such margins in base policy reserve assumptions to provide for adverse deviation. As a result, the VALR is expected to go below the pricing loss ratio in the very early policy years even for carriers with no such adverse deviation. By the time rate increases are typically requested, their VALR will have dropped significantly and the margins in their reserves will have grown very large in dollar terms. Thus, the VALR formula is a misleading metric for describing a single carrier’s financial experience over time.
- D) **Virginia’s approach is highly leveraged.** When experience projections evolve and when the impact of reserves, including reserve margins, is considered, the impact on the VALR is usually significantly larger than the impact on the PLLR.

This outcome results directly from Virginia's use of a loss ratio based on future premium and not all lifetime premium

**E) Carriers with similar premium and claim experience should not be treated differently by Virginia simply due to differences in current policy reserves.**

Using the policy reserves in the VALR is unfair when applied across a broad array of carriers. For instance:

- **Carriers have different policy reserve assumptions based on their unique philosophies.** As an example, regulations for LTCI reserves usually do not explicitly specify the morbidity basis, so valuation actuaries often determine a margin for conservatism that they apply to pricing assumptions. Carriers who hold policy reserves based on aggressive assumptions should not be rewarded with higher rate increase approvals. Because conservative reserves are generally beneficial to consumers, carriers who choose to fund reserves conservatively should not be penalized. These unintended results are not useful.
- **Carriers have policy reserves that are regulated by their state of domicile.** States often dictate specific levels of conservatism for reserve assumptions, so the VALR does not provide a "level playing field" between carriers from different states. Carriers who are required by law to hold a larger policy reserve due to external reserve requirements should not be penalized, and that penalty should not become exponentially larger as the level of conservatism increases. These unintended results are unfair.
- **Carriers combine contracts differently for reserving purposes than for pricing purposes.** Unlike rate increase requests, statutory reserve regulations and appointed actuary opinions generally apply to an entire statutory entity or a specific line of business. While the exact dividing point for contract groupings varies from company to company, rate increase requests are generally applied at a lower level, such as a specific policy form. Virginia mandates a level even lower when requiring carriers to make rate increase requests for pre-rate-stability and post-rate-stability business in separate rate filings. Furthermore, Virginia requests VALR calculations for both the entire nation and for Virginia policyholders, but most reserve analyses and opinions cover all policyholders nationwide.
- **Reserves from asset adequacy testing introduce more concerns.** Many LTCI carriers have established such reserves in addition to base reserves. Since the specific margins required under tested scenarios are mandated by each state of domicile and are also impacted by the appointed actuary's opinion, concerns about base reserves apply to any asset adequacy reserves included in the VALR also. In addition, the level of asset adequacy reserves can depend on the aggregation of multiple lines of business. Also, carriers that establish asset adequacy reserves before requesting a rate increase from Virginia will be unfairly treated versus those that first request the rate increase. Finally, carriers that changing base policy reserve assumptions as a result of asset adequacy concerns would be even further disadvantaged –

since base reserves automatically grow over time – compared to those that establish a separately identifiable asset adequacy reserve.

F) **Experience deviations affect the VALR quite differently than the PLLR; this causes unintended inequities when using the VALR to evaluate rate increase requests.** For LTCI, many assumptions are used and experience deviating from original assumptions will emerge over a long period of time, with the timing of such deviation varying dramatically for different assumptions. Regardless of when the experience deviates or which assumption is affected, the PLLR measures the impact of deviations similarly - in the context of a lifetime loss ratio.

- **The VALR does not treat experience deviations for different assumptions (i.e., claim cost, persistency) similarly.** When lapse and mortality experience emerges worse than assumed, higher policy reserves are held since they automatically increase to reflect the number of inforce lives is greater than expected. On the other hand, unfavorable morbidity developments have a greater impact on future claims than on past claims, and often do not impact base policy reserves at all. Unlike the PLLR, the VALR does not treat these losses similarly.
- **The impact of experience deviations on the VALR also depends on when those deviations are recognized.** As policies mature, experience emerges and carriers revise their assumptions about the future. Since the VALR considers only future premium and claims, assumption revisions recognized later in time generate a larger rate increase percentage. PLLR revisions are less affected by timing, because it considers the entire lifetime of the policies.
- **The combination of many different assumptions that can deviate at many different points in time creates a variety of circumstances that the VALR does not treat reasonably and fairly.** Consider a carrier that initially has favorable lapse experience and unfavorable morbidity, so that these deviations offset from a lifetime (PLLR) perspective. While other states grant no increase, Virginia looks favorably on an increase since the policy reserves are lower than expected. Alternatively, consider a carrier that initially has unfavorable lapse experience and favorable morbidity that offset over the lifetime, but the policy reserves are higher than expected. Should the morbidity later revert to original expectations (or even worse), the high reserves unreasonably limit the Virginia rate increase.
- **Even when actual claim costs do not vary from expected, deviations in lapse and mortality can produce unintended VALR results.** Consider a carrier that initially experiences favorable lapse rates, and thus holds lower policy reserves than expected. Yet the deviation is expected to affect only early policy durations, so the assumed ultimate lapse remains unchanged. If they also have reduced their mortality assumption since pricing in a way that offsets the initial lapse experience over the entire lifetime, their PLLR would remain unchanged. In this situation, most states would reject a rate increase request, but the low current reserves will drive up the VALR and would more likely lead to a Virginia approval.

## 14VAC5-200-150. Premium Rate Increases for Policies Issued Before October 1, 2003.

A. This section applies to any premium rate increase filed with the commission on or after September 1, 2015, for any long-term care insurance policy issued in this Commonwealth before October 1, 2003.

B. Benefits under long-term care insurance policies shall be deemed reasonable in relation to premiums provided **the expected loss ratio is the greater of 60% or the lifetime loss ratio used in the original pricing applied to the current rate schedule**

plus:

- (i) 80% applied to any premium rate increase for individual policy forms  
or
- (ii) 75% applied to any premium rate increase on group policy forms.

**In evaluating the expected loss ratio, due consideration shall be given to all relevant factors, including:**

1. Statistical credibility of incurred claims experience and earned premiums;
2. The period for which rates are computed to provide coverage;
3. Experienced and projected trends;
4. Concentration of experience within early policy duration;
5. Expected claim fluctuation;
6. Experience refunds, adjustments or dividends;
7. Renewability features;
8. All appropriate expense factors;
9. Interest;
10. Experimental nature of the coverage;
11. **Policy reserves;**

12. Mix of business by risk classification; and

13. Product features such as long elimination periods, high deductibles and high maximum limits.

Notwithstanding the provisions of [14VAC5-130-50](#) with regard to interest, demonstrations of loss ratios shall be made in compliance with the Rules Governing the Filing of Rates for Individual and Certain Group Accident and Sickness Insurance Policy Forms ([14VAC5-130](#)). All present and accumulated values used to determine rate increases, including the lifetime loss ratio used in the original pricing, shall use the maximum valuation interest rate for contract reserves as specified in § [38.2-1371](#) of the Code of Virginia.

#### 14VAC5-130-40. Definitions.

- "Anticipated loss ratio" means the ratio of the present value of the future benefits to the present value of the future premiums of a policy form **over the entire period for which rates are computed to provide coverage.**

**From:** [Kelly, Alison](#)  
**To:** [Bob Grissom](#)  
**Cc:** [Bill Dismore](#); [Greg Smith](#); [Elsie Andy](#)  
**Subject:** Re: MetLife comments re: VALR for LTCI filings  
**Date:** Friday, July 19, 2019 2:21:10 PM

---

Hi Bob,

Thank you so much for following up with the write up. I will share it internally and reach out with our response next week. We are very appreciative of the Bureau's continued willingness to work with us on these filings. Enjoy your weekend!

Thanks,  
Alison

On Jul 19, 2019, at 2:02 PM, Bob Grissom <[Bob.Grissom@scc.virginia.gov](mailto:Bob.Grissom@scc.virginia.gov)> wrote:

Alison, as we discussed this morning, we've completed our review of the attached. Two different consulting actuaries were requested to review the company's arguments and provide their opinions. Both consultants continue to agree with the original analysis that led to this requirement and do not agree with the company's overall argument that any inclusion of policy reserves in the future loss ratio calculation is unreasonable.

To address the issue of conservatism, the company was previously given the opportunity to recalculate the policy reserve, but, unless it's been overlooked, the company declined to do so; presumably on the grounds that they were constrained by New York Life law. While we understand this for reporting purposes, nothing prevents the company from doing this for the purposes of this calculation. Therefore, if the company so chooses, it may submit the active life reserve that would have been held for the actual cohort of policies in force on the projection date (12/31/2015) using reserve assumptions without margins for conservatism; i.e., original pricing mortality, original pricing morbidity, original pricing persistency, and average valuation interest rate. If the company decides to do so, this value should be provided separately for pre-stability and post-stability cohorts. In the next couple of weeks we'll be reviewing all of the pending forms and rates and will let you know what, if any, objections remain. So, if it's decided to provide the revised active life reserves as noted above, please do so as soon as possible.

Also, preliminary reviews continue to indicate concerns with some of the policyholder notification letters. The biggest issue continues to be compliance with 14VAC5-100-50 2, included below, although concerns with 14VAC5-200-75 D have been noted and some statements of variability appear to be incomplete.

*14VAC5-100-50 2*

*The full and proper corporate name of the insurer shall prominently appear on the cover sheet of all policies, certificates, riders, endorsements, applications and other forms required to be submitted pursuant to §§ [38.2-316](#) and [38.2-3725](#) of the Code of Virginia. The use of a trade name or the name of an affiliated company on a policy form in such a way that implies that another company is responsible for the obligations undertaken in the policy is prohibited. The inclusion of a logo, trade mark or other symbol in addition to the full corporate name is not prohibited provided such logo, trade mark, or symbol does not imply that a company other than the actual insurer is responsible for the obligations undertaken in the policy. The home office address of the insurer must prominently appear on each policy. Such address may be limited to a designation of the city and state in which the home office of the company is located.*

Unless additional or updated information is received, we'll provide a summary of our reviews of each filing within the next two weeks.

Bob Grissom  
Chief Insurance Market Examiner  
Market Regulation  
Virginia Bureau of Insurance  
804-371-9152

---

**From:** Kelly, Alison <[alison.kelly@metlife.com](mailto:alison.kelly@metlife.com)>  
**Sent:** Thursday, May 16, 2019 4:28 PM  
**To:** Scott White <[Scott.White@scc.virginia.gov](mailto:Scott.White@scc.virginia.gov)>  
**Cc:** Bob Grissom <[Bob.Grissom@scc.virginia.gov](mailto:Bob.Grissom@scc.virginia.gov)>  
**Subject:** MetLife comments re: VALR for LTCL filings

Dear Commissioner White,

Attached for your consideration, please find a summary prepared by MetLife of the Virginia Bureau's interpretation and application of the NAIC model regulation for Long-Term Care Insurance (LTCL). Specifically, we discuss the Bureau's inclusion of policy reserves in calculating the Virginia anticipated loss ratio and our concerns with this approach. We do not believe this issue is ripe for the upcoming LTCL hearing on May 21, 2019. However, we wanted to share this information as you give thought to next steps on LTCL generally. We welcome a discussion on this topic as well as our pending LTCL filings with you and any members of your team you wish to include. Please let me know if you have any questions and whether you are open to further discussion with us on this matter. Thank you for your time and attention.

Regards,



Alison

**Alison Kelly** | Assistant Vice President | State Advocacy & Supervision |  
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<MetLife comments regarding VALR.pdf.attachctrl>

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Individual Long-Term Care Insurance		
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

## Reviewer Note

**Created By:**

Bill Dismore on 04/10/2019 02:31 PM

**Last Edited By:**

Bill Dismore

## Submitted On:

02/13/2020 10:33 AM

**Subject:**

RRS

**Comments:**

## Rate Review Summary

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

Reset Form

Company Name and NAIC Number:	Metropolitan Life Insurance Company NAIC#: 65978
SERFF Tracking Number:	META-131864670
Effective Date:	4/1/20

Revised Rates

Average Annual Premium Per Member:	\$1352.00
Average Requested Percentage Rate Change Per Member:	69%
Minimum Requested Percentage Rate Change Per Member:	69%
Maximum Requested Percentage Rate Change Per Member:	69%
Number of Policy Holders Affected :	1526

Plans Affected

(The Form Number and “Product Name”)

Form#	“Product Name”(if applicable)
LTC-VAL-VA LTC-IDEAL-VA LTC-PREM-VA LTC-FAC-VA	VIP2

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 Narrative**

Over time, evidence emerged that LTC insurance certificateholders keep their certificates longer, collect their benefits earlier and use their benefits longer than we originally anticipated. As a result, actuarial pricing assumptions were changed to reflect new expectations – such as a larger number of claims and claims that lasted longer than initially expected. To update those premiums that were still based on outdated assumptions, many insurance companies requested increases to their LTC insurance premiums. These pricing challenges impacted the overall industry and were not unique to any one Company.

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

**Company Name and NAIC Number:** Metropolitan Life Insurance Company - 65978

**SERFF Tracking Number:** META-131864670

**Disposition:** Approved

**Approval Date:** 1/21/2020

**Revised Rates**

**Average Annual Premium Per Member:** \$1,352

**Average Requested Percentage Rate Change Per Member:** 69%

**Minimum Requested Percentage Rate Change Per Member:** 69%

**Maximum Requested Percentage Rate Change Per Member:** 69%

**Number of Policy Holders Affected:** 1,526

Metropolitan Life Insurance Company (the Company) requested a 69% increase for their individual long-term care insurance forms (LTC-VAL-VA; LTC-IDEAL-VA; LTC-PREM-VA; LTC-FAC-VA). As the forms were issued in Virginia from 2005 through 2009, the experience was reviewed based on the rules in effect at the time of issue. For policies issued October 1, 2003 or later, they were reviewed according to the requirements of 14VAC5-200-153 (post-rate stability).

The Bureau of Insurance's (the Bureau) consulting actuary reviewed the filing and indicated that the rate increase will result in lifetime loss ratios more than the original target for this block (59.7% vs. 96%). Therefore, the requested rate increase was approved.

This increase will impact approximately 1,526 insureds in Virginia. The primary reasons for the rate increase are that policyholders are living longer and keeping their policies in force longer, which has resulted in more claims being filed than the Company anticipated when the policy was originally priced. The Company determined that a premium increase is necessary to reflect that future claims are expected to be

This document is intended to explain the decision made by the Bureau of Insurance and it is only a summary of the Bureau's review. 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.

significantly higher on these policies than originally expected or priced and to ensure that sufficient funds are available to pay claims.

Even with this increase, the Company advised that they believe additional increases will be needed on this block unless the actual experience improves.

The Company is offering all policyholders options 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, or a paid-up policy equal to the sum of premiums paid. Specific options are included in the letter sent to all policyholders notifying them of the rate increase and may be discussed directly with the company by calling its customer service department.

The filing can be reviewed on the Bureau's webpage under the Rate/Policy Form Search at: <http://www.scc.virginia.gov/boi/SERFFInquiry/default.asp>

This document is intended to explain the decision made by the Bureau of Insurance and it is only a summary of the Bureau's review. 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:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Individual Long-Term Care Insurance  
**Project Name/Number:** 2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)

## Post Submission Update Request Processed On 04/30/2019

Status: Disallowed  
Created By: Cory Searles  
Processed By: Bill Dismore  
Comments: It is not necessary to send notification of form changes via a post submission update. In the future, please utilize the "Note to Reviewer" to communicate this information.

### General Information:

Field Name	Requested Change	Prior Value
Domicile Status Comments	Dear Mr. Dismore, As outlined in our objection response to SERFF Filing # META-130643279, we are submitting revised Policyholder letter templates, EOVs and corresponding John Doe versions. The updated versions are all inclusive of your departments latest recommendations and approved language. They also include variability for all possible filing requests (i.e., increases with or without phased implementation; increases with or without landing spot offers). The same revised forms were submitted for your review and approval in SERFF filing # META-130643279. Thank you, Gina Jisonna	

**State:** Virginia **Filing Company:** Metropolitan Life Insurance Company  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Individual Long-Term Care Insurance  
**Project Name/Number:** 2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)

## Post Submission Update Request Processed On 01/16/2020

Status: Allowed  
Created By: Cory Searles  
Processed By: Bill Dismore  
Comments:

### General Information:

Field Name	Requested Change	Prior Value
Overall Rate Impact	69	105

### Company Rate Information:

Company Name:Metropolitan Life Insurance Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	69.000%	99.000%
Overall % Rate Impact	69.000%	99.000%
Written Premium Change for this Program	\$2063402	\$2960534
Maximum %Change (where required)	69.000%	99.000%
Minimum %Change (where required)	69.000%	99.000%



<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Individual Long-Term Care Insurance		
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

## Form Schedule

Lead Form Number: COVCHG-VA (2019)								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Filed 01/21/2020	Removed	COVCHG-VA (2019)	OTH	Initial		56.000	
2	Approved 01/21/2020	VIP Rate Increase Mitigation Rider_ACI_Landing Spots	ACI-VIP-MR	POLA	Initial		47.000	VIP Rate Increase Mitigation Rider_ACI_Landing Spots.pdf
3	Approved 01/21/2020	VIP Rate Increase Mitigation Rider_ASI_Landing Spots	ASI-VIP-MR	POLA	Initial		55.000	VIP Rate Increase Mitigation Rider_ASI_Landing Spots.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NAP</b>	Network Access Plan
<b>NOC</b>	Notice of Coverage	<b>OTH</b>	Other
<b>OUT</b>	Outline of Coverage	<b>PJK</b>	Policy Jacket
<b>POL</b>	Policy/Contract/Fraternal Certificate	<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
<b>PRC</b>	Provider Contract/Provider Addendum/Provider Leading Agreement	<b>PRD</b>	Provider Directory

METROPOLITAN LIFE INSURANCE COMPANY

**Automatic Compound Inflation Protection Modification Rider**

**This Rider provides for an automatic benefit increase of [X] percent per year, compounded annually.**

This Rider is part of the policy to which it is attached if it is referred to on page 3 of the policy. This Rider provides coverage as described below.

**Automatic  
Compound  
Inflation Benefit**

Your benefit amounts will automatically increase each year with no corresponding increase in premium. The amounts of the increases are equal to [X] percent of the benefit amounts in effect at the end of the prior **Policy Year**.

If You have received any **Benefits** under the policy, then with regard to the **Total Lifetime Benefit, Needs Assessment**, and if applicable, **Transition Expense Allowance** and **Informal Caregiver Training Benefit Amounts**, the [X] percent increase will be applied to the remaining amounts.

The benefit amount increases will occur on each **Policy Anniversary** for the lifetime of Your policy, even when You are receiving **Benefits**. These increases will be made without regard to Your age, claim status, claim history, health, or the length of time You have been covered under the policy.

**Your premium is not expected to increase as a result of the benefit amount increases provided by this Rider. However, We reserve the right to adjust premiums on a class basis.**

**Limitations**

No increases will be made if nonforfeiture coverage is in effect under the policy.

**Effective Date of  
this Rider**

This Rider takes effect on the Rider Effective Date shown below. If this Rider is in effect, it will be set forth on Your Schedule of Benefits (page 3 of the policy).

**Termination of  
this Rider**

This Rider will end on the earlier of:

1. the last day of the **Policy Month** in which We receive Your written request to end this Rider. In this case, We will send You a revised Schedule of Benefits (page 3 of the policy) to be attached to Your policy; or
2. the date on which the policy ends.

**Premium for this  
Rider**

The premium for this Rider is shown in the Premium Schedule on page 3 of the policy. The premium for this Rider will terminate as of the date this Rider ends. The same conditions that apply to the premium for the policy will apply to the premium for this Rider.

**In all other respects, the provisions and conditions of the policy remain the same. This Rider is subject to the terms and provisions of the policy. It is to be attached to and made a part of Your policy.**

Signed for Metropolitan Life Insurance Company

[



**Rider Effective Date: [DATE]**

**Jeannette Pina  
Vice-President and Secretary]**

ACI-VIP-MR

**METROPOLITAN LIFE INSURANCE COMPANY**

**Automatic Simple Inflation Protection Modification Rider**

**This Rider provides for an automatic benefit increase of [X] percent of the original benefit amounts per year.**

This Rider is part of the policy to which it is attached if it is referred to on page 3 of the policy. This Rider provides coverage as described below.

**Automatic Simple Inflation Benefit**

Your benefit amounts will automatically increase each year with no corresponding increase in premium. The amounts of the increases are equal to [X] percent of the benefit amounts on the **Original Coverage Effective Date** as shown on page 3 of the policy, or on the lowest base daily benefit amount if a decrease has been made.

If You increase, or have previously increased, Your benefit amounts under the terms of Your policy, the additional benefit amounts purchased will be added to the benefit amounts in effect on the **Original Coverage Effective Date** for purposes of determining subsequent increases under this Rider.

If You decrease, or have previously decreased, Your benefit amounts under the terms of Your policy, the percentage decrease in your **Nursing Home** or **Facility** (whichever is shown on page 3 of the policy) daily benefit amount will be applied to the benefit amounts otherwise used for purposes of determining subsequent increases under this Rider.

If You have received any **Benefits** under the policy, then with regard to the **Total Lifetime Benefit, Needs Assessment**, and if applicable, **Transition Expense Allowance** and **Informal Caregiver Training Benefit Amounts**, the actual percentage increase in Your **Nursing Home** or **Facility** (whichever is shown on page 3 of the policy) daily benefit amount over the amount in effect at the end of the prior **Policy Year** will be applied to the remaining amounts.

The benefit amount increases will occur on each **Policy Anniversary** for the lifetime of Your policy, even when You are receiving **Benefits**. These increases will be made without regard to Your age, claim status, claim history, health, or the length of time You have been covered under the policy.

**Your premium is not expected to increase as a result of the benefit amount increases provided by this Rider. However, we reserve the right to adjust premiums on a class basis.**

**Limitations**

No increases will be made if nonforfeiture coverage is in effect under the policy.

**Effective Date of this Rider**

This Rider takes effect on the Rider Effective Date shown below. If this Rider is in effect, it will be set forth on Your Schedule of Benefits (page 3 of the policy).

**Termination of this Rider**

This Rider will end on the earlier of:

1. the last day of the **Policy Month** in which We receive Your written request to end this Rider. In this case, We will send You a revised Schedule of Benefits (page 3 of the policy) to be attached to Your policy; or
2. the date on which the policy ends.

**Premium for this Rider**

The premium for this Rider is shown in the Premium Schedule on page 3 of the policy. The premium for this Rider will terminate as of the date this Rider ends. The same conditions that apply to the premium for the policy will apply to the premium for this Rider.

### **Automatic Simple Inflation Protection Modification Rider (Continued)**

**In all other respects, the provisions and conditions of the policy remain the same. This Rider is subject to the terms and provisions of the policy. It is to be attached to and made a part of Your policy.**

Signed for Metropolitan Life Insurance Company

[

A handwritten signature in dark ink, appearing to read "Jeannette Pina", followed by a long horizontal flourish line.

**Rider Effective Date: [DATE]**

**Jeannette Pina**

**Vice-President and Secretary]**

<b>SERFF Tracking #:</b>	META-131864670	<b>State Tracking #:</b>	META-131864670	<b>Company Tracking #:</b>	CT19-218 VIP2-OLD (RATE) (RW)
<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company		
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
<b>Product Name:</b>	Individual Long-Term Care Insurance				
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)				

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	%
<b>Effective Date of Last Rate Revision:</b>	
<b>Filing Method of Last Filing:</b>	See section 16 of the actuarial memorandum
<b>SERFF Tracking Number of Last Filing:</b>	META-130643281

## Company Rate Information

<b>Company Name:</b>	<b>Overall % Indicated Change:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b>Number of Policy Holders Affected for this Program:</b>	<b>Written Premium for this Program:</b>	<b>Maximum % Change (where req'd):</b>	<b>Minimum % Change (where req'd):</b>
Metropolitan Life Insurance Company	69.000%	69.000%	\$2,063,402	1,526	\$2,990,438	69.000%	69.000%

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Individual Long-Term Care Insurance		
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		VA_VIP2old_rates_69%Increase	LTC2-FAC-VA, LTC2-VAL-VA, LTC2-IDEAL-VA, LTC2-PREM-VA	Revised	Previous State Filing Number: META-130643281 Percent Rate Change Request: 69	VA_VIP2old_rates_69%Increase.pdf,
2		Final Factors to File-VIP2old	LTC2-FAC-VA, LTC2-VAL-VA, LTC2-IDEAL-VA, LTC2-PREM-VA	Revised	Previous State Filing Number: META-130643281 Percent Rate Change Request: 69	Final Factors to File-VIP2old.pdf,

**Policy Form Series: LTC2-FAC**  
**Facilities Only**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**No Home Care**  
**No Inflation**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	\$38.68	\$45.71	\$51.75	\$57.58	\$63.68	\$70.30	\$77.64
31	\$39.01	\$46.27	\$52.53	\$58.52	\$64.76	\$71.55	\$79.13
32	\$39.33	\$46.85	\$53.32	\$59.47	\$65.88	\$72.82	\$80.63
33	\$39.65	\$47.42	\$54.11	\$60.45	\$67.01	\$74.12	\$82.18
34	\$39.97	\$48.01	\$54.94	\$61.43	\$68.16	\$75.44	\$83.76
35	\$40.31	\$48.60	\$55.77	\$62.43	\$69.32	\$76.78	\$85.36
36	\$40.68	\$49.25	\$56.65	\$63.49	\$70.54	\$78.16	\$86.98
37	\$41.07	\$49.91	\$57.54	\$64.56	\$71.77	\$79.57	\$88.64
38	\$41.46	\$50.56	\$58.46	\$65.64	\$73.04	\$81.00	\$90.33
39	\$41.84	\$51.24	\$59.37	\$66.74	\$74.31	\$82.46	\$92.05
40	\$42.23	\$51.93	\$60.32	\$67.87	\$75.63	\$83.94	\$93.80
41	\$42.64	\$52.63	\$61.26	\$69.00	\$76.95	\$85.46	\$95.59
42	\$43.04	\$53.32	\$62.23	\$70.17	\$78.30	\$87.00	\$97.41
43	\$43.45	\$54.03	\$63.22	\$71.35	\$79.67	\$88.57	\$99.27
44	\$43.86	\$54.76	\$64.22	\$72.55	\$81.07	\$90.16	\$101.16
45	\$44.26	\$55.48	\$65.23	\$73.77	\$82.49	\$91.78	\$103.09
46	\$44.90	\$56.46	\$66.52	\$75.27	\$84.21	\$93.74	\$105.32
47	\$45.55	\$57.46	\$67.82	\$76.81	\$85.99	\$95.76	\$107.60
48	\$46.19	\$58.47	\$69.15	\$78.38	\$87.78	\$97.78	\$109.93
49	\$46.85	\$59.50	\$70.52	\$79.99	\$89.62	\$99.88	\$112.32
50	\$47.52	\$60.55	\$71.91	\$81.63	\$91.50	\$102.01	\$114.75
51	\$48.20	\$61.62	\$73.33	\$83.30	\$93.42	\$104.19	\$117.25
52	\$48.89	\$62.70	\$74.78	\$85.01	\$95.38	\$106.40	\$119.79
53	\$49.58	\$63.80	\$76.25	\$86.75	\$97.38	\$108.67	\$122.39
54	\$50.29	\$64.93	\$77.76	\$88.52	\$99.42	\$111.00	\$125.04
55	\$51.02	\$66.08	\$79.29	\$90.33	\$101.50	\$113.37	\$127.75
56	\$55.04	\$70.90	\$84.70	\$96.60	\$108.63	\$121.38	\$136.86
57	\$59.40	\$76.07	\$90.50	\$103.31	\$116.26	\$129.98	\$146.61
58	\$64.10	\$81.61	\$96.68	\$110.48	\$124.42	\$139.17	\$157.05
59	\$69.17	\$87.54	\$103.29	\$118.15	\$133.14	\$149.01	\$168.24
60	\$74.65	\$93.93	\$110.36	\$126.34	\$142.48	\$159.55	\$180.22
61	\$80.56	\$100.77	\$117.89	\$135.12	\$152.47	\$170.86	\$193.07
62	\$86.93	\$108.13	\$125.96	\$144.50	\$163.17	\$182.94	\$206.82
63	\$94.88	\$118.10	\$137.62	\$158.00	\$178.53	\$200.23	\$226.43
64	\$103.55	\$129.00	\$150.36	\$172.77	\$195.33	\$219.18	\$247.89
65	\$112.99	\$140.90	\$164.28	\$188.93	\$213.72	\$239.90	\$271.40
66	\$123.32	\$153.89	\$179.49	\$206.59	\$233.83	\$262.58	\$297.14
67	\$134.59	\$168.09	\$196.12	\$225.90	\$255.83	\$287.42	\$325.31
68	\$150.12	\$187.93	\$219.56	\$252.47	\$285.56	\$320.49	\$362.45
69	\$167.45	\$210.10	\$245.79	\$282.18	\$318.75	\$357.38	\$403.84
70	\$186.78	\$234.91	\$275.17	\$315.37	\$355.80	\$398.52	\$449.96
71	\$208.33	\$262.63	\$308.05	\$352.48	\$397.15	\$444.39	\$501.34
72	\$232.38	\$293.62	\$344.88	\$393.96	\$443.30	\$495.54	\$558.60
73	\$260.77	\$330.72	\$389.29	\$443.69	\$498.40	\$556.31	\$626.36
74	\$292.64	\$372.51	\$439.43	\$499.70	\$560.32	\$624.56	\$702.35
75	\$328.42	\$419.58	\$496.03	\$562.79	\$629.93	\$701.15	\$787.57
76	\$368.56	\$472.59	\$559.91	\$633.85	\$708.19	\$787.13	\$883.11
77	\$413.61	\$532.32	\$632.03	\$713.87	\$796.19	\$883.67	\$990.26
78	\$454.78	\$587.02	\$698.29	\$786.88	\$876.01	\$970.77	\$1,085.94
79	\$500.05	\$647.34	\$771.50	\$867.36	\$963.82	\$1,066.42	\$1,190.89
80	\$549.82	\$713.86	\$852.40	\$956.05	\$1,060.46	\$1,171.52	\$1,305.98
81	\$604.55	\$787.20	\$941.77	\$1,053.82	\$1,166.76	\$1,286.99	\$1,432.17
82	\$664.73	\$868.10	\$1,040.50	\$1,161.59	\$1,283.72	\$1,413.82	\$1,570.58
83	\$729.45	\$955.58	\$1,148.07	\$1,279.19	\$1,411.57	\$1,552.64	\$1,722.50
84	\$800.49	\$1,051.87	\$1,266.74	\$1,408.68	\$1,552.15	\$1,705.07	\$1,889.12
85	\$878.43	\$1,157.89	\$1,397.70	\$1,551.30	\$1,706.73	\$1,872.47	\$2,071.86
86	\$963.96	\$1,274.56	\$1,542.18	\$1,708.35	\$1,876.71	\$2,056.32	\$2,272.27
87	\$1,057.84	\$1,403.02	\$1,701.59	\$1,881.29	\$2,063.61	\$2,258.21	\$2,492.07
88	\$1,147.29	\$1,524.55	\$1,852.00	\$2,043.26	\$2,238.25	\$2,446.80	\$2,698.19
89	\$1,244.33	\$1,656.61	\$2,015.70	\$2,219.16	\$2,427.69	\$2,651.15	\$2,921.35
90	\$1,349.57	\$1,800.12	\$2,193.87	\$2,410.21	\$2,633.14	\$2,872.56	\$3,162.97
91	\$1,463.69	\$1,956.06	\$2,387.78	\$2,617.69	\$2,856.00	\$3,112.47	\$3,424.57
92	\$1,587.48	\$2,125.50	\$2,598.85	\$2,843.05	\$3,097.70	\$3,372.41	\$3,707.81
93	\$1,700.85	\$2,280.87	\$2,792.12	\$3,046.90	\$3,314.34	\$3,603.67	\$3,957.51
94	\$1,822.33	\$2,447.63	\$2,999.75	\$3,265.37	\$3,546.11	\$3,850.78	\$4,224.04
95	\$1,952.46	\$2,626.56	\$3,222.83	\$3,499.48	\$3,794.10	\$4,114.83	\$4,508.51
96	\$2,091.90	\$2,818.58	\$3,462.51	\$3,750.40	\$4,059.43	\$4,396.99	\$4,812.14
97	\$2,241.28	\$3,024.64	\$3,719.99	\$4,019.31	\$4,343.32	\$4,698.50	\$5,136.21
98	\$2,401.34	\$3,245.76	\$3,996.63	\$4,307.51	\$4,647.04	\$5,020.70	\$5,482.12
99	\$2,572.84	\$3,483.04	\$4,293.85	\$4,616.35	\$4,972.01	\$5,364.97	\$5,851.32
100	\$2,756.58	\$3,737.67	\$4,613.18	\$4,947.34	\$5,319.73	\$5,732.87	\$6,245.38

**Policy Form Series: LTC2-FAC  
Facilities Only  
\$10 Annual Rates with 69% increase  
100 Day Elimination Period  
No Home Care  
5% Simple Inflation Rider**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	\$40.62	\$50.90	\$59.19	\$67.58	\$75.63	\$83.92	\$92.95
31	\$42.07	\$52.84	\$61.50	\$70.28	\$78.69	\$87.35	\$96.79
32	\$43.57	\$54.86	\$63.92	\$73.09	\$81.88	\$90.92	\$100.77
33	\$45.11	\$56.93	\$66.43	\$76.00	\$85.19	\$94.62	\$104.93
34	\$46.71	\$59.11	\$69.03	\$79.04	\$88.66	\$98.49	\$109.26
35	\$48.37	\$61.36	\$71.76	\$82.20	\$92.24	\$102.52	\$113.77
36	\$49.81	\$63.33	\$74.11	\$84.92	\$95.35	\$105.99	\$117.67
37	\$51.28	\$65.36	\$76.54	\$87.76	\$98.56	\$109.60	\$121.70
38	\$52.82	\$67.43	\$79.04	\$90.67	\$101.89	\$113.31	\$125.87
39	\$54.38	\$69.58	\$81.63	\$93.70	\$105.32	\$117.16	\$130.18
40	\$56.00	\$71.80	\$84.32	\$96.80	\$108.87	\$121.12	\$134.65
41	\$57.66	\$74.11	\$87.07	\$100.03	\$112.54	\$125.24	\$139.26
42	\$59.38	\$76.47	\$89.93	\$103.36	\$116.34	\$129.49	\$144.04
43	\$61.14	\$78.91	\$92.86	\$106.79	\$120.26	\$133.88	\$148.97
44	\$62.97	\$81.43	\$95.91	\$110.34	\$124.32	\$138.43	\$154.07
45	\$64.84	\$84.02	\$99.05	\$114.01	\$128.51	\$143.12	\$159.35
46	\$66.60	\$86.46	\$101.98	\$117.44	\$132.39	\$147.50	\$164.23
47	\$68.42	\$88.96	\$105.00	\$120.97	\$136.42	\$152.00	\$169.25
48	\$70.27	\$91.53	\$108.09	\$124.60	\$140.56	\$156.64	\$174.44
49	\$72.18	\$94.16	\$111.30	\$128.34	\$144.83	\$161.43	\$179.78
50	\$74.14	\$96.90	\$114.58	\$132.19	\$149.23	\$166.35	\$185.27
51	\$76.15	\$99.70	\$117.98	\$136.16	\$153.75	\$171.44	\$190.95
52	\$78.23	\$102.58	\$121.46	\$140.26	\$158.42	\$176.65	\$196.80
53	\$80.35	\$105.54	\$125.06	\$144.46	\$163.22	\$182.07	\$202.82
54	\$82.54	\$108.60	\$128.75	\$148.79	\$168.17	\$187.61	\$209.02
55	\$84.77	\$111.74	\$132.56	\$153.27	\$173.27	\$193.34	\$215.43
56	\$90.39	\$119.12	\$141.23	\$163.51	\$185.05	\$206.62	\$230.33
57	\$96.38	\$126.97	\$150.50	\$174.44	\$197.62	\$220.80	\$246.27
58	\$102.75	\$135.34	\$160.36	\$186.12	\$211.05	\$235.96	\$263.32
59	\$109.56	\$144.27	\$170.86	\$198.56	\$225.38	\$252.17	\$281.54
60	\$116.82	\$153.79	\$182.07	\$211.84	\$240.67	\$269.47	\$301.02
61	\$124.55	\$163.93	\$193.99	\$226.03	\$257.03	\$287.98	\$321.86
62	\$132.80	\$174.75	\$206.71	\$241.13	\$274.49	\$307.75	\$344.13
63	\$144.82	\$190.47	\$225.15	\$262.21	\$298.11	\$333.96	\$373.22
64	\$157.95	\$207.60	\$245.24	\$285.12	\$323.79	\$362.41	\$404.76
65	\$172.26	\$226.28	\$267.12	\$310.05	\$351.67	\$393.27	\$438.95
66	\$187.86	\$246.64	\$290.95	\$337.14	\$381.96	\$426.75	\$476.04
67	\$204.88	\$268.83	\$316.92	\$366.59	\$414.84	\$463.10	\$516.26
68	\$226.83	\$298.34	\$352.26	\$406.11	\$458.38	\$510.75	\$568.56
69	\$251.12	\$331.09	\$391.55	\$449.86	\$506.49	\$563.31	\$626.16
70	\$278.01	\$367.42	\$435.23	\$498.35	\$559.65	\$621.28	\$689.60
71	\$307.79	\$407.75	\$483.78	\$552.04	\$618.39	\$685.20	\$759.47
72	\$340.76	\$452.51	\$537.74	\$611.55	\$683.30	\$755.72	\$836.42
73	\$378.97	\$505.35	\$602.31	\$682.96	\$761.36	\$840.60	\$929.04
74	\$421.49	\$564.33	\$674.63	\$762.73	\$848.36	\$935.03	\$1,031.93
75	\$468.77	\$630.22	\$755.65	\$851.83	\$945.30	\$1,040.05	\$1,146.22
76	\$521.35	\$703.78	\$846.38	\$951.32	\$1,053.30	\$1,156.87	\$1,273.18
77	\$579.84	\$785.96	\$948.03	\$1,062.43	\$1,173.67	\$1,286.84	\$1,414.18
78	\$634.21	\$862.56	\$1,043.66	\$1,166.18	\$1,285.19	\$1,406.32	\$1,542.58
79	\$693.67	\$946.64	\$1,148.93	\$1,280.09	\$1,407.33	\$1,536.88	\$1,682.65
80	\$758.72	\$1,038.91	\$1,264.83	\$1,405.10	\$1,541.06	\$1,679.58	\$1,835.42
81	\$829.88	\$1,140.17	\$1,392.43	\$1,542.33	\$1,687.50	\$1,835.55	\$2,002.09
82	\$907.70	\$1,251.32	\$1,532.88	\$1,692.96	\$1,847.84	\$2,005.96	\$2,183.88
83	\$995.68	\$1,377.94	\$1,693.99	\$1,866.13	\$2,032.63	\$2,202.72	\$2,393.85
84	\$1,092.20	\$1,517.36	\$1,872.05	\$2,057.01	\$2,235.91	\$2,418.74	\$2,624.00
85	\$1,170.14	\$1,623.38	\$2,003.01	\$2,199.63	\$2,390.49	\$2,586.14	\$2,806.74
86	\$1,255.67	\$1,740.05	\$2,147.49	\$2,356.68	\$2,560.47	\$2,769.99	\$3,007.15
87	\$1,349.55	\$1,868.51	\$2,306.90	\$2,529.62	\$2,747.37	\$2,971.88	\$3,226.95
88	\$1,439.00	\$1,990.04	\$2,457.31	\$2,691.59	\$2,922.01	\$3,160.47	\$3,433.07
89	\$1,536.04	\$2,122.10	\$2,621.01	\$2,867.49	\$3,111.45	\$3,364.82	\$3,656.23
90	\$1,641.28	\$2,265.61	\$2,799.18	\$3,058.54	\$3,316.90	\$3,586.23	\$3,897.85
91	\$1,755.40	\$2,421.55	\$2,993.09	\$3,266.02	\$3,539.76	\$3,826.14	\$4,159.45
92	\$1,879.19	\$2,590.99	\$3,204.16	\$3,491.38	\$3,781.46	\$4,086.08	\$4,442.69
93	\$1,992.56	\$2,746.36	\$3,397.43	\$3,695.23	\$3,998.10	\$4,317.34	\$4,692.39
94	\$2,114.04	\$2,913.12	\$3,605.06	\$3,913.70	\$4,229.87	\$4,564.45	\$4,958.92
95	\$2,244.17	\$3,092.05	\$3,828.14	\$4,147.81	\$4,477.86	\$4,828.50	\$5,243.39
96	\$2,383.61	\$3,284.07	\$4,067.82	\$4,398.73	\$4,743.19	\$5,110.66	\$5,547.02
97	\$2,532.99	\$3,490.13	\$4,325.30	\$4,667.64	\$5,027.08	\$5,412.17	\$5,871.09
98	\$2,693.05	\$3,711.25	\$4,601.94	\$4,955.84	\$5,330.80	\$5,734.37	\$6,217.00
99	\$2,864.55	\$3,948.53	\$4,899.16	\$5,264.68	\$5,655.77	\$6,078.64	\$6,586.20
100	\$3,048.29	\$4,203.16	\$5,218.49	\$5,595.67	\$6,003.49	\$6,446.54	\$6,980.26



**Policy Form Series: LTC2-FAC  
Facilities Only  
\$10 Annual Rates with 69% increase  
100 Day Elimination Period  
No Home Care  
5% Compound Inflation Rider**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	\$82.97	\$106.70	\$127.11	\$148.65	\$169.85	\$191.46	\$216.49
31	\$85.01	\$109.36	\$130.30	\$152.42	\$174.20	\$196.41	\$222.17
32	\$87.07	\$112.07	\$133.56	\$156.29	\$178.67	\$201.48	\$228.00
33	\$89.18	\$114.83	\$136.92	\$160.26	\$183.25	\$206.68	\$233.98
34	\$91.35	\$117.67	\$140.35	\$164.33	\$187.95	\$212.01	\$240.14
35	\$93.56	\$120.59	\$143.87	\$168.51	\$192.76	\$217.49	\$246.43
36	\$95.17	\$122.73	\$146.46	\$171.57	\$196.31	\$221.54	\$251.10
37	\$96.81	\$124.90	\$149.09	\$174.70	\$199.92	\$225.67	\$255.85
38	\$98.46	\$127.08	\$151.76	\$177.89	\$203.63	\$229.87	\$260.68
39	\$100.16	\$129.33	\$154.48	\$181.14	\$207.38	\$234.15	\$265.61
40	\$101.89	\$131.61	\$157.26	\$184.43	\$211.20	\$238.51	\$270.66
41	\$103.63	\$133.94	\$160.07	\$187.79	\$215.11	\$242.93	\$275.78
42	\$105.42	\$136.30	\$162.95	\$191.22	\$219.06	\$247.47	\$280.98
43	\$107.23	\$138.72	\$165.87	\$194.70	\$223.10	\$252.08	\$286.30
44	\$109.08	\$141.15	\$168.85	\$198.25	\$227.22	\$256.76	\$291.71
45	\$110.95	\$143.65	\$171.89	\$201.87	\$231.41	\$261.54	\$297.24
46	\$112.62	\$145.86	\$174.58	\$205.10	\$235.14	\$265.82	\$302.12
47	\$114.30	\$148.11	\$177.33	\$208.38	\$238.97	\$270.17	\$307.07
48	\$116.02	\$150.41	\$180.12	\$211.70	\$242.82	\$274.57	\$312.10
49	\$117.76	\$152.72	\$182.96	\$215.09	\$246.76	\$279.05	\$317.23
50	\$119.51	\$155.09	\$185.83	\$218.54	\$250.75	\$283.60	\$322.43
51	\$121.31	\$157.49	\$188.76	\$222.02	\$254.80	\$288.23	\$327.72
52	\$123.13	\$159.93	\$191.71	\$225.57	\$258.92	\$292.94	\$333.10
53	\$124.97	\$162.39	\$194.74	\$229.18	\$263.12	\$297.73	\$338.56
54	\$126.85	\$164.89	\$197.80	\$232.83	\$267.37	\$302.58	\$344.11
55	\$128.76	\$167.45	\$200.90	\$236.57	\$271.70	\$307.53	\$349.77
56	\$134.39	\$175.09	\$210.33	\$247.97	\$285.08	\$322.91	\$367.44
57	\$140.28	\$183.08	\$220.19	\$259.94	\$299.13	\$339.07	\$386.02
58	\$146.42	\$191.44	\$230.51	\$272.48	\$313.85	\$356.03	\$405.53
59	\$152.84	\$200.18	\$241.31	\$285.63	\$329.32	\$373.85	\$426.03
60	\$159.54	\$209.31	\$252.62	\$299.40	\$345.53	\$392.55	\$447.58
61	\$166.51	\$218.87	\$264.46	\$313.85	\$362.55	\$412.19	\$470.21
62	\$173.80	\$228.86	\$276.88	\$329.00	\$380.42	\$432.81	\$493.97
63	\$187.00	\$245.83	\$297.05	\$352.05	\$406.27	\$461.54	\$526.13
64	\$201.20	\$264.05	\$318.70	\$376.70	\$433.89	\$492.20	\$560.37
65	\$216.49	\$283.62	\$341.92	\$403.09	\$463.38	\$524.88	\$596.84
66	\$232.92	\$304.64	\$366.84	\$431.33	\$494.88	\$559.73	\$635.70
67	\$250.61	\$327.22	\$393.58	\$461.54	\$528.51	\$596.89	\$677.07
68	\$273.81	\$358.23	\$431.44	\$503.96	\$575.41	\$648.35	\$734.05
69	\$299.19	\$392.16	\$472.93	\$550.26	\$626.45	\$704.24	\$795.82
70	\$326.90	\$429.33	\$518.41	\$600.84	\$682.02	\$764.96	\$862.79
71	\$357.17	\$470.03	\$568.26	\$656.05	\$742.52	\$830.91	\$935.42
72	\$390.26	\$514.55	\$622.92	\$716.36	\$808.37	\$902.54	\$1,014.14
73	\$429.48	\$568.42	\$689.79	\$790.95	\$890.53	\$992.45	\$1,113.45
74	\$472.66	\$627.90	\$763.84	\$873.31	\$981.03	\$1,091.34	\$1,222.53
75	\$520.18	\$693.65	\$845.86	\$964.25	\$1,080.72	\$1,200.07	\$1,342.26
76	\$572.49	\$766.24	\$936.68	\$1,064.65	\$1,190.55	\$1,319.63	\$1,473.73
77	\$630.05	\$846.46	\$1,037.26	\$1,175.51	\$1,311.54	\$1,451.12	\$1,618.08
78	\$685.43	\$923.99	\$1,134.94	\$1,282.52	\$1,427.71	\$1,576.64	\$1,754.17
79	\$745.69	\$1,008.65	\$1,241.83	\$1,399.29	\$1,554.15	\$1,713.01	\$1,901.70
80	\$811.25	\$1,101.04	\$1,358.77	\$1,526.68	\$1,691.83	\$1,861.19	\$2,061.65
81	\$882.59	\$1,201.91	\$1,486.74	\$1,665.67	\$1,841.66	\$2,022.19	\$2,235.04
82	\$960.18	\$1,312.01	\$1,626.76	\$1,817.29	\$2,004.79	\$2,197.10	\$2,423.02
83	\$1,052.10	\$1,443.18	\$1,794.21	\$1,999.20	\$2,201.12	\$2,408.29	\$2,651.24
84	\$1,152.87	\$1,587.43	\$1,978.89	\$2,199.30	\$2,416.70	\$2,639.76	\$2,900.94
85	\$1,230.81	\$1,693.45	\$2,109.85	\$2,341.92	\$2,571.28	\$2,807.16	\$3,083.68
86	\$1,316.34	\$1,810.12	\$2,254.33	\$2,498.97	\$2,741.26	\$2,991.01	\$3,284.09
87	\$1,410.22	\$1,938.58	\$2,413.74	\$2,671.91	\$2,928.16	\$3,192.90	\$3,503.89
88	\$1,499.67	\$2,060.11	\$2,564.15	\$2,833.88	\$3,102.80	\$3,381.49	\$3,710.01
89	\$1,596.71	\$2,192.17	\$2,727.85	\$3,009.78	\$3,292.24	\$3,585.84	\$3,933.17
90	\$1,701.95	\$2,335.68	\$2,906.02	\$3,200.83	\$3,497.69	\$3,807.25	\$4,174.79
91	\$1,816.07	\$2,491.62	\$3,099.93	\$3,408.31	\$3,720.55	\$4,047.16	\$4,436.39
92	\$1,939.86	\$2,661.06	\$3,311.00	\$3,633.67	\$3,962.25	\$4,307.10	\$4,719.63
93	\$2,053.23	\$2,816.43	\$3,504.27	\$3,837.52	\$4,178.89	\$4,538.36	\$4,969.33
94	\$2,174.71	\$2,983.19	\$3,711.90	\$4,055.99	\$4,410.66	\$4,785.47	\$5,235.86
95	\$2,304.84	\$3,162.12	\$3,934.98	\$4,290.10	\$4,658.65	\$5,049.52	\$5,520.33
96	\$2,444.28	\$3,354.14	\$4,174.66	\$4,541.02	\$4,923.98	\$5,331.68	\$5,823.96
97	\$2,593.66	\$3,560.20	\$4,432.14	\$4,809.93	\$5,207.87	\$5,633.19	\$6,148.03
98	\$2,753.72	\$3,781.32	\$4,708.78	\$5,098.13	\$5,511.59	\$5,955.39	\$6,493.94
99	\$2,925.22	\$4,018.60	\$5,006.00	\$5,406.97	\$5,836.56	\$6,299.66	\$6,863.14
100	\$3,108.96	\$4,273.23	\$5,325.33	\$5,737.96	\$6,184.28	\$6,667.56	\$7,257.20

**Policy Form Series: LTC2-IDEAL**  
**Ideal**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**100% Home Care**  
**No Inflation**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	\$49.26	\$58.61	\$66.30	\$73.72	\$81.56	\$90.21	\$101.11
31	\$49.97	\$59.66	\$67.62	\$75.22	\$83.28	\$92.16	\$103.31
32	\$50.70	\$60.70	\$68.95	\$76.78	\$85.04	\$94.13	\$105.54
33	\$51.43	\$61.79	\$70.32	\$78.37	\$86.83	\$96.16	\$107.84
34	\$52.17	\$62.88	\$71.71	\$79.97	\$88.67	\$98.24	\$110.19
35	\$52.93	\$63.98	\$73.13	\$81.61	\$90.55	\$100.35	\$112.57
36	\$53.69	\$65.10	\$74.51	\$83.22	\$92.36	\$102.40	\$114.89
37	\$54.47	\$66.21	\$75.93	\$84.85	\$94.22	\$104.49	\$117.24
38	\$55.26	\$67.36	\$77.39	\$86.53	\$96.11	\$106.64	\$119.65
39	\$56.06	\$68.53	\$78.86	\$88.22	\$98.05	\$108.82	\$122.10
40	\$56.87	\$69.71	\$80.36	\$89.96	\$100.01	\$111.03	\$124.60
41	\$57.70	\$70.91	\$81.88	\$91.73	\$102.03	\$113.30	\$127.16
42	\$58.52	\$72.13	\$83.45	\$93.52	\$104.09	\$115.61	\$129.76
43	\$59.37	\$73.38	\$85.04	\$95.37	\$106.17	\$117.98	\$132.43
44	\$60.23	\$74.65	\$86.65	\$97.24	\$108.31	\$120.40	\$135.15
45	\$61.09	\$75.93	\$88.30	\$99.15	\$110.49	\$122.85	\$137.92
46	\$62.16	\$77.40	\$90.16	\$101.28	\$112.91	\$125.58	\$141.01
47	\$63.22	\$78.92	\$92.05	\$103.46	\$115.38	\$128.37	\$144.17
48	\$64.30	\$80.46	\$94.00	\$105.69	\$117.91	\$131.21	\$147.42
49	\$65.42	\$82.03	\$95.98	\$107.97	\$120.48	\$134.14	\$150.71
50	\$66.55	\$83.62	\$98.00	\$110.29	\$123.13	\$137.11	\$154.11
51	\$67.68	\$85.26	\$100.06	\$112.67	\$125.82	\$140.15	\$157.56
52	\$68.85	\$86.92	\$102.16	\$115.09	\$128.58	\$143.26	\$161.11
53	\$70.05	\$88.61	\$104.32	\$117.57	\$131.40	\$146.44	\$164.72
54	\$71.25	\$90.35	\$106.52	\$120.11	\$134.27	\$149.70	\$168.41
55	\$72.48	\$92.11	\$108.75	\$122.69	\$137.21	\$153.01	\$172.19
56	\$78.15	\$98.66	\$115.97	\$130.96	\$146.56	\$163.54	\$184.13
57	\$84.25	\$105.68	\$123.67	\$139.78	\$156.56	\$174.80	\$196.89
58	\$90.84	\$113.20	\$131.89	\$149.21	\$167.23	\$186.81	\$210.52
59	\$97.94	\$121.26	\$140.64	\$159.27	\$178.63	\$199.67	\$225.11
60	\$105.59	\$129.89	\$149.97	\$170.00	\$190.80	\$213.41	\$240.71
61	\$113.84	\$139.14	\$159.92	\$181.44	\$203.81	\$228.08	\$257.39
62	\$122.74	\$149.04	\$170.54	\$193.67	\$217.71	\$243.77	\$275.22
63	\$133.66	\$162.34	\$185.76	\$211.13	\$237.46	\$266.02	\$300.45
64	\$145.58	\$176.82	\$202.36	\$230.16	\$259.01	\$290.29	\$328.00
65	\$158.54	\$192.59	\$220.43	\$250.90	\$282.52	\$316.79	\$358.06
66	\$172.67	\$209.76	\$240.10	\$273.51	\$308.17	\$345.71	\$390.88
67	\$188.03	\$228.47	\$261.54	\$298.17	\$336.14	\$377.26	\$426.73
68	\$209.05	\$254.48	\$291.69	\$332.02	\$373.84	\$419.17	\$473.76
69	\$232.41	\$283.45	\$325.33	\$369.70	\$415.77	\$465.75	\$525.98
70	\$258.37	\$315.71	\$362.84	\$411.68	\$462.42	\$517.49	\$583.98
71	\$287.25	\$351.64	\$404.69	\$458.41	\$514.30	\$574.99	\$648.35
72	\$319.34	\$391.66	\$451.35	\$510.46	\$571.98	\$638.87	\$719.82
73	\$356.98	\$439.21	\$507.29	\$572.45	\$640.36	\$714.28	\$803.88
74	\$399.04	\$492.55	\$570.14	\$642.00	\$716.91	\$798.56	\$897.74
75	\$446.08	\$552.36	\$640.80	\$719.97	\$802.63	\$892.81	\$1,002.56
76	\$498.65	\$619.44	\$720.21	\$807.41	\$898.57	\$998.18	\$1,119.63
77	\$557.43	\$694.66	\$809.48	\$905.50	\$1,005.99	\$1,115.97	\$1,250.36
78	\$607.45	\$759.47	\$887.10	\$990.36	\$1,098.48	\$1,216.85	\$1,361.26
79	\$661.97	\$830.35	\$972.17	\$1,083.17	\$1,199.48	\$1,326.84	\$1,481.98
80	\$721.39	\$907.83	\$1,065.41	\$1,184.69	\$1,309.75	\$1,446.78	\$1,613.41
81	\$786.15	\$992.55	\$1,167.59	\$1,295.71	\$1,430.16	\$1,577.55	\$1,756.50
82	\$856.71	\$1,085.18	\$1,279.57	\$1,417.13	\$1,561.64	\$1,720.13	\$1,912.29
83	\$940.15	\$1,194.53	\$1,411.83	\$1,560.61	\$1,717.16	\$1,889.03	\$2,097.26
84	\$1,031.68	\$1,314.92	\$1,557.77	\$1,718.59	\$1,888.17	\$2,074.49	\$2,300.12
85	\$1,132.15	\$1,447.42	\$1,718.81	\$1,892.58	\$2,076.22	\$2,278.17	\$2,522.61
86	\$1,242.39	\$1,593.28	\$1,896.48	\$2,084.19	\$2,282.99	\$2,501.84	\$2,766.63
87	\$1,363.36	\$1,753.85	\$2,092.54	\$2,295.19	\$2,510.34	\$2,747.47	\$3,034.26
88	\$1,478.67	\$1,905.78	\$2,277.49	\$2,492.77	\$2,722.81	\$2,976.94	\$3,285.21
89	\$1,603.71	\$2,070.86	\$2,478.81	\$2,707.38	\$2,953.24	\$3,225.55	\$3,556.93
90	\$1,739.35	\$2,250.25	\$2,697.90	\$2,940.45	\$3,203.19	\$3,494.94	\$3,851.10
91	\$1,886.45	\$2,445.18	\$2,936.38	\$3,193.59	\$3,474.29	\$3,786.82	\$4,169.64
92	\$2,045.98	\$2,657.00	\$3,195.91	\$3,468.52	\$3,768.31	\$4,103.08	\$4,514.50
93	\$2,192.10	\$2,851.23	\$3,433.59	\$3,717.21	\$4,031.85	\$4,384.43	\$4,818.53
94	\$2,348.64	\$3,059.68	\$3,688.93	\$3,983.74	\$4,313.79	\$4,685.09	\$5,143.04
95	\$2,516.38	\$3,283.37	\$3,963.25	\$4,269.38	\$4,615.47	\$5,006.35	\$5,489.39
96	\$2,696.07	\$3,523.40	\$4,257.99	\$4,575.49	\$4,938.23	\$5,349.66	\$5,859.08
97	\$2,888.62	\$3,780.97	\$4,574.64	\$4,903.55	\$5,283.58	\$5,716.49	\$6,253.68
98	\$3,094.91	\$4,057.39	\$4,914.84	\$5,255.14	\$5,653.07	\$6,108.49	\$6,674.84
99	\$3,315.93	\$4,354.01	\$5,280.34	\$5,631.94	\$6,048.39	\$6,527.35	\$7,124.36
100	\$3,552.73	\$4,672.31	\$5,673.03	\$6,035.75	\$6,471.38	\$6,974.95	\$7,604.16

**Policy Form Series: LTC2-IDEAL**  
**Ideal**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**100% Home Care**  
**5% Simple Inflation Rider**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	\$56.24	\$68.83	\$78.94	\$89.42	\$99.85	\$110.90	\$123.72
31	\$58.35	\$71.56	\$82.10	\$93.03	\$103.91	\$115.45	\$128.76
32	\$60.54	\$74.36	\$85.38	\$96.81	\$108.16	\$120.17	\$134.02
33	\$62.82	\$77.30	\$88.79	\$100.71	\$112.59	\$125.11	\$139.48
34	\$65.18	\$80.34	\$92.36	\$104.78	\$117.18	\$130.25	\$145.16
35	\$67.63	\$83.50	\$96.06	\$109.02	\$121.97	\$135.59	\$151.09
36	\$69.69	\$86.16	\$99.15	\$112.59	\$125.99	\$140.07	\$156.08
37	\$71.81	\$88.89	\$102.36	\$116.25	\$130.15	\$144.71	\$161.25
38	\$74.00	\$91.71	\$105.66	\$120.06	\$134.42	\$149.52	\$166.58
39	\$76.26	\$94.64	\$109.08	\$123.98	\$138.86	\$154.47	\$172.09
40	\$78.57	\$97.65	\$112.61	\$128.02	\$143.44	\$159.58	\$177.78
41	\$80.97	\$100.74	\$116.24	\$132.21	\$148.18	\$164.88	\$183.67
42	\$83.43	\$103.95	\$119.99	\$136.51	\$153.07	\$170.33	\$189.74
43	\$85.97	\$107.25	\$123.88	\$140.98	\$158.12	\$175.98	\$196.02
44	\$88.59	\$110.66	\$127.87	\$145.57	\$163.32	\$181.81	\$202.51
45	\$91.29	\$114.17	\$132.00	\$150.34	\$168.71	\$187.85	\$209.20
46	\$93.66	\$117.27	\$135.64	\$154.53	\$173.48	\$193.18	\$215.17
47	\$96.09	\$120.43	\$139.37	\$158.86	\$178.38	\$198.67	\$221.30
48	\$98.57	\$123.67	\$143.21	\$163.30	\$183.43	\$204.34	\$227.61
49	\$101.13	\$127.02	\$147.15	\$167.86	\$188.62	\$210.16	\$234.09
50	\$103.75	\$130.45	\$151.20	\$172.57	\$193.96	\$216.13	\$240.77
51	\$106.43	\$133.97	\$155.36	\$177.40	\$199.44	\$222.28	\$247.64
52	\$109.19	\$137.60	\$159.64	\$182.35	\$205.09	\$228.62	\$254.70
53	\$112.01	\$141.30	\$164.03	\$187.45	\$210.88	\$235.13	\$261.96
54	\$114.92	\$145.12	\$168.56	\$192.70	\$216.84	\$241.82	\$269.44
55	\$117.89	\$149.05	\$173.19	\$198.08	\$222.98	\$248.70	\$277.11
56	\$125.18	\$158.18	\$183.77	\$210.49	\$237.18	\$264.74	\$295.15
57	\$132.91	\$167.91	\$195.00	\$223.67	\$252.28	\$281.81	\$314.36
58	\$141.12	\$178.20	\$206.93	\$237.66	\$268.36	\$299.97	\$334.80
59	\$149.84	\$189.15	\$219.56	\$252.54	\$285.44	\$319.31	\$356.59
60	\$159.10	\$200.73	\$232.97	\$268.36	\$303.62	\$339.89	\$379.80
61	\$168.92	\$213.06	\$247.21	\$285.14	\$322.96	\$361.79	\$404.52
62	\$179.36	\$226.14	\$262.31	\$303.00	\$343.53	\$385.12	\$430.84
63	\$194.65	\$245.30	\$284.42	\$328.03	\$371.51	\$416.13	\$465.26
64	\$211.25	\$266.09	\$308.39	\$355.14	\$401.76	\$449.64	\$502.44
65	\$229.27	\$288.65	\$334.39	\$384.48	\$434.50	\$485.86	\$542.59
66	\$248.80	\$313.10	\$362.57	\$416.25	\$469.89	\$524.99	\$585.94
67	\$270.03	\$339.66	\$393.12	\$450.64	\$508.15	\$567.27	\$632.77
68	\$297.61	\$375.40	\$435.31	\$497.39	\$559.49	\$623.42	\$694.42
69	\$328.03	\$414.92	\$482.01	\$548.98	\$616.00	\$685.15	\$762.07
70	\$361.54	\$458.57	\$533.73	\$605.91	\$678.23	\$752.96	\$836.31
71	\$398.49	\$506.83	\$591.00	\$668.76	\$746.76	\$827.51	\$917.80
72	\$439.21	\$560.17	\$654.40	\$738.14	\$822.20	\$909.42	\$1,007.22
73	\$486.84	\$623.76	\$731.01	\$822.22	\$913.84	\$1,009.05	\$1,115.99
74	\$539.63	\$694.56	\$816.56	\$915.90	\$1,015.69	\$1,119.58	\$1,236.52
75	\$598.16	\$773.40	\$912.15	\$1,020.22	\$1,128.90	\$1,242.22	\$1,370.05
76	\$663.02	\$861.19	\$1,018.90	\$1,136.44	\$1,254.72	\$1,378.29	\$1,518.01
77	\$734.93	\$958.94	\$1,138.15	\$1,265.89	\$1,394.57	\$1,529.28	\$1,681.95
78	\$798.62	\$1,046.75	\$1,246.75	\$1,382.96	\$1,520.07	\$1,663.70	\$1,826.48
79	\$867.85	\$1,142.61	\$1,365.69	\$1,510.86	\$1,656.88	\$1,809.96	\$1,983.45
80	\$943.07	\$1,247.23	\$1,495.99	\$1,650.59	\$1,806.00	\$1,969.06	\$2,153.89
81	\$1,024.81	\$1,361.44	\$1,638.73	\$1,803.23	\$1,968.53	\$2,142.13	\$2,338.98
82	\$1,113.64	\$1,486.10	\$1,795.09	\$1,969.98	\$2,145.69	\$2,330.42	\$2,539.99
83	\$1,221.59	\$1,636.48	\$1,983.76	\$2,171.49	\$2,360.27	\$2,558.98	\$2,784.18
84	\$1,340.00	\$1,802.06	\$2,192.25	\$2,393.61	\$2,596.30	\$2,809.96	\$3,051.87
85	\$1,440.47	\$1,934.56	\$2,353.29	\$2,567.60	\$2,784.35	\$3,013.64	\$3,274.36
86	\$1,550.71	\$2,080.42	\$2,530.96	\$2,759.21	\$2,991.12	\$3,237.31	\$3,518.38
87	\$1,671.68	\$2,240.99	\$2,727.02	\$2,970.21	\$3,218.47	\$3,482.94	\$3,786.01
88	\$1,786.99	\$2,392.92	\$2,911.97	\$3,167.79	\$3,430.94	\$3,712.41	\$4,036.96
89	\$1,912.03	\$2,558.00	\$3,113.29	\$3,382.40	\$3,661.37	\$3,961.02	\$4,308.68
90	\$2,047.67	\$2,737.39	\$3,332.38	\$3,615.47	\$3,911.32	\$4,230.41	\$4,602.85
91	\$2,194.77	\$2,932.32	\$3,570.86	\$3,868.61	\$4,182.42	\$4,522.29	\$4,921.39
92	\$2,354.30	\$3,144.14	\$3,830.39	\$4,143.54	\$4,476.44	\$4,838.55	\$5,266.25
93	\$2,500.42	\$3,338.37	\$4,068.07	\$4,392.23	\$4,739.98	\$5,119.90	\$5,570.28
94	\$2,656.96	\$3,546.82	\$4,323.41	\$4,658.76	\$5,021.92	\$5,420.56	\$5,894.79
95	\$2,824.70	\$3,770.51	\$4,597.73	\$4,944.40	\$5,323.60	\$5,741.82	\$6,241.14
96	\$3,004.39	\$4,010.54	\$4,892.47	\$5,250.51	\$5,646.36	\$6,085.13	\$6,610.83
97	\$3,196.94	\$4,268.11	\$5,209.12	\$5,578.57	\$5,991.71	\$6,451.96	\$7,005.43
98	\$3,403.23	\$4,544.53	\$5,549.32	\$5,930.16	\$6,361.20	\$6,843.96	\$7,426.59
99	\$3,624.25	\$4,841.15	\$5,914.82	\$6,306.96	\$6,756.52	\$7,262.82	\$7,876.11
100	\$3,861.05	\$5,159.45	\$6,307.51	\$6,710.77	\$7,179.51	\$7,710.42	\$8,355.91

**Policy Form Series: LTC2-IDEAL**  
**Ideal**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**100% Home Care**  
**5% Compound Inflation Rider**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	\$104.69	\$129.93	\$151.90	\$175.86	\$199.93	\$224.90	\$253.62
31	\$107.26	\$133.18	\$155.74	\$180.34	\$205.06	\$230.72	\$260.26
32	\$109.90	\$136.48	\$159.65	\$184.94	\$210.34	\$236.68	\$267.07
33	\$112.61	\$139.88	\$163.68	\$189.64	\$215.73	\$242.80	\$274.07
34	\$115.36	\$143.37	\$167.80	\$194.47	\$221.27	\$249.09	\$281.23
35	\$118.20	\$146.94	\$172.03	\$199.42	\$226.97	\$255.53	\$288.60
36	\$120.26	\$149.57	\$175.13	\$203.07	\$231.16	\$260.30	\$294.05
37	\$122.36	\$152.21	\$178.29	\$206.78	\$235.44	\$265.14	\$299.59
38	\$124.50	\$154.94	\$181.51	\$210.58	\$239.78	\$270.08	\$305.23
39	\$126.67	\$157.69	\$184.79	\$214.43	\$244.22	\$275.12	\$310.99
40	\$128.88	\$160.50	\$188.11	\$218.35	\$248.73	\$280.23	\$316.85
41	\$131.13	\$163.35	\$191.51	\$222.33	\$253.34	\$285.48	\$322.83
42	\$133.40	\$166.26	\$194.96	\$226.40	\$258.02	\$290.78	\$328.93
43	\$135.74	\$169.22	\$198.47	\$230.55	\$262.78	\$296.21	\$335.13
44	\$138.11	\$172.23	\$202.06	\$234.77	\$267.64	\$301.74	\$341.43
45	\$140.52	\$175.29	\$205.70	\$239.07	\$272.59	\$307.36	\$347.87
46	\$142.64	\$178.01	\$208.93	\$242.89	\$277.01	\$312.38	\$353.60
47	\$144.78	\$180.76	\$212.23	\$246.77	\$281.49	\$317.48	\$359.43
48	\$146.96	\$183.55	\$215.58	\$250.73	\$286.05	\$322.69	\$365.35
49	\$149.19	\$186.40	\$218.98	\$254.75	\$290.70	\$327.97	\$371.37
50	\$151.44	\$189.28	\$222.42	\$258.82	\$295.39	\$333.32	\$377.49
51	\$153.72	\$192.22	\$225.91	\$262.96	\$300.19	\$338.78	\$383.70
52	\$156.04	\$195.20	\$229.48	\$267.17	\$305.05	\$344.32	\$390.02
53	\$158.39	\$198.21	\$233.10	\$271.44	\$310.00	\$349.95	\$396.45
54	\$160.79	\$201.28	\$236.77	\$275.79	\$315.02	\$355.68	\$402.98
55	\$163.20	\$204.39	\$240.49	\$280.21	\$320.12	\$361.49	\$409.62
56	\$170.20	\$213.56	\$251.61	\$293.55	\$335.70	\$379.37	\$430.16
57	\$177.52	\$223.15	\$263.23	\$307.55	\$352.06	\$398.15	\$451.73
58	\$185.13	\$233.17	\$275.39	\$322.20	\$369.20	\$417.85	\$474.36
59	\$193.09	\$243.63	\$288.11	\$337.55	\$387.16	\$438.53	\$498.15
60	\$201.36	\$254.56	\$301.43	\$353.62	\$406.02	\$460.23	\$523.11
61	\$210.00	\$265.99	\$315.35	\$370.47	\$425.77	\$483.02	\$549.34
62	\$219.00	\$277.92	\$329.92	\$388.10	\$446.52	\$506.92	\$576.87
63	\$235.35	\$298.18	\$353.59	\$414.91	\$476.44	\$540.12	\$613.95
64	\$252.90	\$319.93	\$378.98	\$443.56	\$508.39	\$575.48	\$653.39
65	\$271.75	\$343.25	\$406.19	\$474.18	\$542.46	\$613.17	\$695.38
66	\$292.02	\$368.27	\$435.36	\$506.92	\$578.81	\$653.32	\$740.08
67	\$313.80	\$395.12	\$466.60	\$541.92	\$617.61	\$696.11	\$787.65
68	\$342.44	\$432.12	\$511.04	\$591.27	\$671.91	\$755.60	\$853.40
69	\$373.69	\$472.59	\$559.72	\$645.10	\$730.97	\$820.19	\$924.67
70	\$407.82	\$516.85	\$612.99	\$703.85	\$795.25	\$890.29	\$1,001.87
71	\$445.05	\$565.24	\$671.37	\$767.93	\$865.16	\$966.38	\$1,085.52
72	\$485.67	\$618.17	\$735.29	\$837.85	\$941.23	\$1,048.97	\$1,176.17
73	\$534.01	\$682.40	\$813.77	\$924.65	\$1,036.43	\$1,153.02	\$1,290.95
74	\$587.15	\$753.28	\$900.64	\$1,020.44	\$1,141.25	\$1,267.38	\$1,416.92
75	\$645.60	\$831.55	\$996.76	\$1,126.13	\$1,256.68	\$1,393.08	\$1,555.22
76	\$709.85	\$917.94	\$1,103.15	\$1,242.79	\$1,383.79	\$1,531.27	\$1,707.01
77	\$780.49	\$1,013.31	\$1,220.89	\$1,371.53	\$1,523.76	\$1,683.15	\$1,873.58
78	\$845.00	\$1,101.64	\$1,331.05	\$1,491.36	\$1,653.37	\$1,823.02	\$2,025.13
79	\$914.84	\$1,197.69	\$1,451.13	\$1,621.64	\$1,794.01	\$1,974.52	\$2,188.94
80	\$990.44	\$1,302.11	\$1,582.08	\$1,763.31	\$1,946.61	\$2,138.58	\$2,366.00
81	\$1,072.30	\$1,415.62	\$1,724.83	\$1,917.36	\$2,112.18	\$2,316.30	\$2,557.37
82	\$1,160.93	\$1,539.03	\$1,880.47	\$2,084.87	\$2,291.84	\$2,508.77	\$2,764.24
83	\$1,272.10	\$1,692.89	\$2,074.02	\$2,293.55	\$2,516.29	\$2,749.90	\$3,024.58
84	\$1,393.91	\$1,862.11	\$2,287.50	\$2,523.11	\$2,762.73	\$3,014.21	\$3,309.42
85	\$1,494.38	\$1,994.61	\$2,448.54	\$2,697.10	\$2,950.78	\$3,217.89	\$3,531.91
86	\$1,604.62	\$2,140.47	\$2,626.21	\$2,888.71	\$3,157.55	\$3,441.56	\$3,775.93
87	\$1,725.59	\$2,301.04	\$2,822.27	\$3,099.71	\$3,384.90	\$3,687.19	\$4,043.56
88	\$1,840.90	\$2,452.97	\$3,007.22	\$3,297.29	\$3,597.37	\$3,916.66	\$4,294.51
89	\$1,965.94	\$2,618.05	\$3,208.54	\$3,511.90	\$3,827.80	\$4,165.27	\$4,566.23
90	\$2,101.58	\$2,797.44	\$3,427.63	\$3,744.97	\$4,077.75	\$4,434.66	\$4,860.40
91	\$2,248.68	\$2,992.37	\$3,666.11	\$3,998.11	\$4,348.85	\$4,726.54	\$5,178.94
92	\$2,408.21	\$3,204.19	\$3,925.64	\$4,273.04	\$4,642.87	\$5,042.80	\$5,523.80
93	\$2,554.33	\$3,398.42	\$4,163.32	\$4,521.73	\$4,906.41	\$5,324.15	\$5,827.83
94	\$2,710.87	\$3,606.87	\$4,418.66	\$4,788.26	\$5,188.35	\$5,624.81	\$6,152.34
95	\$2,878.61	\$3,830.56	\$4,692.98	\$5,073.90	\$5,490.03	\$5,946.07	\$6,498.69
96	\$3,058.30	\$4,070.59	\$4,987.72	\$5,380.01	\$5,812.79	\$6,289.38	\$6,868.38
97	\$3,250.85	\$4,328.16	\$5,304.37	\$5,708.07	\$6,158.14	\$6,656.21	\$7,262.98
98	\$3,457.14	\$4,604.58	\$5,644.57	\$6,059.66	\$6,527.63	\$7,048.21	\$7,684.14
99	\$3,678.16	\$4,901.20	\$6,010.07	\$6,436.46	\$6,922.95	\$7,467.07	\$8,133.66
100	\$3,914.96	\$5,219.50	\$6,402.76	\$6,840.27	\$7,345.94	\$7,914.67	\$8,613.46

**Policy Form Series: LTC2-IDEAL**  
**Ideal**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**75% Home Care**  
**No Inflation**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	\$46.26	\$54.89	\$62.19	\$69.22	\$76.64	\$84.80	\$95.06
31	\$46.91	\$55.85	\$63.43	\$70.66	\$78.26	\$86.63	\$97.12
32	\$47.59	\$56.85	\$64.68	\$72.11	\$79.92	\$88.49	\$99.24
33	\$48.28	\$57.85	\$65.96	\$73.60	\$81.61	\$90.40	\$101.38
34	\$48.98	\$58.88	\$67.26	\$75.10	\$83.33	\$92.34	\$103.58
35	\$49.69	\$59.91	\$68.60	\$76.66	\$85.09	\$94.34	\$105.84
36	\$50.41	\$60.96	\$69.90	\$78.16	\$86.82	\$96.26	\$108.01
37	\$51.14	\$62.01	\$71.23	\$79.70	\$88.56	\$98.24	\$110.22
38	\$51.88	\$63.07	\$72.59	\$81.26	\$90.33	\$100.23	\$112.49
39	\$52.63	\$64.15	\$73.97	\$82.86	\$92.16	\$102.30	\$114.78
40	\$53.39	\$65.27	\$75.37	\$84.48	\$94.00	\$104.37	\$117.15
41	\$54.16	\$66.40	\$76.81	\$86.16	\$95.89	\$106.52	\$119.55
42	\$54.94	\$67.53	\$78.26	\$87.85	\$97.82	\$108.68	\$122.00
43	\$55.74	\$68.70	\$79.75	\$89.57	\$99.79	\$110.91	\$124.50
44	\$56.55	\$69.88	\$81.27	\$91.33	\$101.79	\$113.18	\$127.05
45	\$57.36	\$71.10	\$82.83	\$93.12	\$103.83	\$115.49	\$129.66
46	\$58.36	\$72.48	\$84.57	\$95.13	\$106.12	\$118.05	\$132.58
47	\$59.35	\$73.89	\$86.34	\$97.18	\$108.43	\$120.68	\$135.55
48	\$60.38	\$75.34	\$88.17	\$99.27	\$110.81	\$123.35	\$138.60
49	\$61.41	\$76.81	\$90.03	\$101.40	\$113.25	\$126.09	\$141.71
50	\$62.48	\$78.30	\$91.92	\$103.60	\$115.71	\$128.90	\$144.88
51	\$63.54	\$79.82	\$93.85	\$105.81	\$118.25	\$131.75	\$148.13
52	\$64.64	\$81.39	\$95.82	\$108.09	\$120.84	\$134.68	\$151.46
53	\$65.76	\$82.96	\$97.85	\$110.42	\$123.49	\$137.67	\$154.85
54	\$66.89	\$84.58	\$99.90	\$112.81	\$126.19	\$140.73	\$158.34
55	\$68.04	\$86.24	\$102.01	\$115.22	\$128.96	\$143.85	\$161.89
56	\$73.36	\$92.38	\$108.79	\$123.00	\$137.75	\$153.74	\$173.11
57	\$79.09	\$98.95	\$116.00	\$131.28	\$147.13	\$164.32	\$185.11
58	\$85.28	\$106.00	\$123.69	\$140.13	\$157.17	\$175.62	\$197.93
59	\$91.94	\$113.53	\$131.90	\$149.58	\$167.88	\$187.71	\$211.64
60	\$99.12	\$121.63	\$140.66	\$159.65	\$179.33	\$200.62	\$226.31
61	\$106.88	\$130.28	\$150.00	\$170.42	\$191.54	\$214.41	\$241.99
62	\$115.22	\$139.56	\$159.96	\$181.89	\$204.61	\$229.16	\$258.76
63	\$125.48	\$152.00	\$174.24	\$198.29	\$223.18	\$250.07	\$282.47
64	\$136.67	\$165.55	\$189.80	\$216.17	\$243.43	\$272.90	\$308.37
65	\$148.84	\$180.32	\$206.74	\$235.64	\$265.53	\$297.81	\$336.63
66	\$162.09	\$196.41	\$225.21	\$256.88	\$289.63	\$324.99	\$367.49
67	\$176.54	\$213.92	\$245.32	\$280.03	\$315.91	\$354.65	\$401.19
68	\$196.26	\$238.27	\$273.59	\$311.82	\$351.35	\$394.04	\$445.42
69	\$218.18	\$265.40	\$305.15	\$347.23	\$390.76	\$437.83	\$494.51
70	\$242.57	\$295.60	\$340.33	\$386.64	\$434.60	\$486.47	\$549.03
71	\$269.67	\$329.25	\$379.57	\$430.54	\$483.36	\$540.53	\$609.55
72	\$299.79	\$366.71	\$423.35	\$479.42	\$537.57	\$600.58	\$676.74
73	\$335.13	\$411.24	\$475.80	\$537.66	\$601.84	\$671.45	\$755.77
74	\$374.62	\$461.18	\$534.77	\$602.96	\$673.80	\$750.70	\$844.02
75	\$418.78	\$517.19	\$601.05	\$676.20	\$754.35	\$839.30	\$942.56
76	\$468.15	\$579.99	\$675.53	\$758.32	\$844.53	\$938.36	\$1,052.63
77	\$523.31	\$650.43	\$759.25	\$850.44	\$945.49	\$1,049.08	\$1,175.55
78	\$570.29	\$711.12	\$832.05	\$930.14	\$1,032.40	\$1,143.91	\$1,279.79
79	\$621.48	\$777.48	\$911.86	\$1,017.31	\$1,127.33	\$1,247.30	\$1,393.30
80	\$677.27	\$850.04	\$999.30	\$1,112.65	\$1,230.96	\$1,360.06	\$1,516.86
81	\$738.06	\$929.35	\$1,095.14	\$1,216.92	\$1,344.14	\$1,482.99	\$1,651.38
82	\$804.30	\$1,016.08	\$1,200.17	\$1,330.98	\$1,467.71	\$1,617.04	\$1,797.86
83	\$882.62	\$1,118.48	\$1,324.23	\$1,465.72	\$1,613.88	\$1,775.80	\$1,971.76
84	\$968.56	\$1,231.18	\$1,461.12	\$1,614.10	\$1,774.60	\$1,950.16	\$2,162.49
85	\$1,062.87	\$1,355.26	\$1,612.16	\$1,777.51	\$1,951.32	\$2,141.62	\$2,371.66
86	\$1,166.37	\$1,491.85	\$1,778.81	\$1,957.46	\$2,145.66	\$2,351.89	\$2,601.08
87	\$1,279.94	\$1,642.17	\$1,962.70	\$2,155.63	\$2,359.34	\$2,582.79	\$2,852.69
88	\$1,388.18	\$1,784.44	\$2,136.18	\$2,341.21	\$2,559.01	\$2,798.50	\$3,088.63
89	\$1,505.59	\$1,939.00	\$2,325.00	\$2,542.76	\$2,775.61	\$3,032.21	\$3,344.07
90	\$1,632.91	\$2,106.97	\$2,530.50	\$2,761.65	\$3,010.52	\$3,285.46	\$3,620.66
91	\$1,771.02	\$2,289.49	\$2,754.18	\$2,999.40	\$3,265.30	\$3,559.85	\$3,920.11
92	\$1,920.80	\$2,487.82	\$2,997.60	\$3,257.61	\$3,541.65	\$3,857.15	\$4,244.33
93	\$2,057.98	\$2,669.69	\$3,220.53	\$3,491.19	\$3,789.32	\$4,121.64	\$4,530.18
94	\$2,204.94	\$2,864.87	\$3,460.04	\$3,741.51	\$4,054.31	\$4,404.28	\$4,835.28
95	\$2,362.40	\$3,074.30	\$3,717.34	\$4,009.78	\$4,337.84	\$4,706.28	\$5,160.91
96	\$2,531.11	\$3,299.05	\$3,993.79	\$4,297.28	\$4,641.20	\$5,029.00	\$5,508.47
97	\$2,711.88	\$3,540.23	\$4,290.79	\$4,605.40	\$4,965.76	\$5,373.86	\$5,879.44
98	\$2,905.53	\$3,799.05	\$4,609.88	\$4,935.61	\$5,313.02	\$5,742.35	\$6,275.41
99	\$3,113.03	\$4,076.79	\$4,952.70	\$5,289.50	\$5,684.59	\$6,136.12	\$6,698.03
100	\$3,335.35	\$4,374.82	\$5,321.02	\$5,668.75	\$6,082.11	\$6,556.90	\$7,149.11

**Policy Form Series: LTC2-IDEAL**  
**Ideal**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**75% Home Care**  
**5% Simple Inflation Rider**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	\$53.92	\$66.25	\$76.15	\$86.37	\$96.50	\$107.19	\$119.60
31	\$55.93	\$68.86	\$79.21	\$89.88	\$100.43	\$111.59	\$124.46
32	\$58.03	\$71.57	\$82.37	\$93.51	\$104.54	\$116.16	\$129.56
33	\$60.21	\$74.40	\$85.67	\$97.29	\$108.80	\$120.92	\$134.83
34	\$62.48	\$77.32	\$89.09	\$101.21	\$113.24	\$125.89	\$140.32
35	\$64.83	\$80.36	\$92.67	\$105.32	\$117.88	\$131.05	\$146.05
36	\$66.80	\$82.91	\$95.67	\$108.75	\$121.77	\$135.38	\$150.89
37	\$68.83	\$85.55	\$98.74	\$112.30	\$125.77	\$139.86	\$155.87
38	\$70.93	\$88.27	\$101.95	\$115.97	\$129.93	\$144.51	\$161.03
39	\$73.10	\$91.07	\$105.24	\$119.75	\$134.21	\$149.30	\$166.36
40	\$75.33	\$93.98	\$108.63	\$123.67	\$138.63	\$154.24	\$171.86
41	\$77.62	\$96.96	\$112.15	\$127.72	\$143.21	\$159.35	\$177.55
42	\$79.99	\$100.05	\$115.76	\$131.87	\$147.93	\$164.64	\$183.41
43	\$82.43	\$103.23	\$119.50	\$136.18	\$152.81	\$170.09	\$189.50
44	\$84.93	\$106.50	\$123.37	\$140.63	\$157.85	\$175.73	\$195.77
45	\$87.53	\$109.89	\$127.36	\$145.22	\$163.05	\$181.55	\$202.25
46	\$89.79	\$112.85	\$130.86	\$149.28	\$167.67	\$186.71	\$208.00
47	\$92.10	\$115.90	\$134.45	\$153.46	\$172.41	\$192.03	\$213.93
48	\$94.48	\$119.04	\$138.16	\$157.74	\$177.28	\$197.49	\$220.04
49	\$96.93	\$122.25	\$141.96	\$162.17	\$182.30	\$203.12	\$226.31
50	\$99.46	\$125.55	\$145.88	\$166.70	\$187.45	\$208.90	\$232.76
51	\$102.02	\$128.95	\$149.89	\$171.37	\$192.76	\$214.85	\$239.39
52	\$104.66	\$132.43	\$154.02	\$176.15	\$198.21	\$220.97	\$246.22
53	\$107.38	\$135.99	\$158.25	\$181.08	\$203.82	\$227.26	\$253.24
54	\$110.15	\$139.67	\$162.62	\$186.16	\$209.57	\$233.73	\$260.47
55	\$113.01	\$143.45	\$167.09	\$191.35	\$215.50	\$240.38	\$267.89
56	\$119.99	\$152.26	\$177.30	\$203.33	\$229.23	\$255.88	\$285.33
57	\$127.41	\$161.60	\$188.13	\$216.05	\$243.83	\$272.38	\$303.88
58	\$135.29	\$171.50	\$199.62	\$229.58	\$259.36	\$289.93	\$323.65
59	\$143.64	\$182.03	\$211.82	\$243.95	\$275.87	\$308.63	\$344.73
60	\$152.51	\$193.20	\$224.77	\$259.21	\$293.46	\$328.52	\$367.15
61	\$161.94	\$205.06	\$238.49	\$275.45	\$312.14	\$349.69	\$391.05
62	\$171.94	\$217.65	\$253.08	\$292.69	\$332.02	\$372.24	\$416.49
63	\$186.59	\$236.09	\$274.41	\$316.88	\$359.06	\$402.20	\$449.78
64	\$202.51	\$256.10	\$297.52	\$343.06	\$388.31	\$434.60	\$485.70
65	\$219.77	\$277.82	\$322.61	\$371.40	\$419.93	\$469.60	\$524.52
66	\$238.51	\$301.36	\$349.80	\$402.08	\$454.13	\$507.43	\$566.44
67	\$258.84	\$326.90	\$379.27	\$435.31	\$491.11	\$548.29	\$611.70
68	\$285.29	\$361.30	\$419.96	\$480.47	\$540.73	\$602.57	\$671.29
69	\$314.46	\$399.33	\$465.04	\$530.31	\$595.37	\$662.21	\$736.69
70	\$346.59	\$441.35	\$514.92	\$585.32	\$655.52	\$727.77	\$808.46
71	\$381.99	\$487.81	\$570.17	\$646.02	\$721.73	\$799.81	\$887.23
72	\$421.03	\$539.14	\$631.36	\$713.03	\$794.64	\$878.99	\$973.67
73	\$466.70	\$600.33	\$705.25	\$794.25	\$883.21	\$975.28	\$1,078.83
74	\$517.31	\$668.48	\$787.80	\$884.73	\$981.65	\$1,082.11	\$1,195.34
75	\$573.40	\$744.36	\$880.00	\$985.52	\$1,091.07	\$1,200.64	\$1,324.43
76	\$635.58	\$828.84	\$983.01	\$1,097.79	\$1,212.68	\$1,332.18	\$1,467.46
77	\$704.51	\$922.93	\$1,098.06	\$1,222.85	\$1,347.85	\$1,478.10	\$1,625.95
78	\$765.57	\$1,007.44	\$1,202.82	\$1,335.93	\$1,469.13	\$1,608.03	\$1,765.68
79	\$831.94	\$1,099.70	\$1,317.60	\$1,459.46	\$1,601.36	\$1,749.38	\$1,917.40
80	\$904.03	\$1,200.39	\$1,443.30	\$1,594.45	\$1,745.48	\$1,903.14	\$2,082.17
81	\$982.40	\$1,310.33	\$1,581.00	\$1,741.88	\$1,902.57	\$2,070.43	\$2,261.10
82	\$1,067.55	\$1,430.30	\$1,731.84	\$1,902.98	\$2,073.78	\$2,252.43	\$2,455.41
83	\$1,171.04	\$1,575.03	\$1,913.87	\$2,097.63	\$2,281.16	\$2,473.35	\$2,691.48
84	\$1,284.54	\$1,734.39	\$2,115.01	\$2,312.19	\$2,509.29	\$2,715.93	\$2,950.23
85	\$1,378.85	\$1,858.47	\$2,266.05	\$2,475.60	\$2,686.01	\$2,907.39	\$3,159.40
86	\$1,482.35	\$1,995.06	\$2,432.70	\$2,655.55	\$2,880.35	\$3,117.66	\$3,388.82
87	\$1,595.92	\$2,145.38	\$2,616.59	\$2,853.72	\$3,094.03	\$3,348.56	\$3,640.43
88	\$1,704.16	\$2,287.65	\$2,790.07	\$3,039.30	\$3,293.70	\$3,564.27	\$3,876.37
89	\$1,821.57	\$2,442.21	\$2,978.89	\$3,240.85	\$3,510.30	\$3,797.98	\$4,131.81
90	\$1,948.89	\$2,610.18	\$3,184.39	\$3,459.74	\$3,745.21	\$4,051.23	\$4,408.40
91	\$2,087.00	\$2,792.70	\$3,408.07	\$3,697.49	\$3,999.99	\$4,325.62	\$4,707.85
92	\$2,236.78	\$2,991.03	\$3,651.49	\$3,955.70	\$4,276.34	\$4,622.92	\$5,032.07
93	\$2,373.96	\$3,172.90	\$3,874.42	\$4,189.28	\$4,524.01	\$4,887.41	\$5,317.92
94	\$2,520.92	\$3,368.08	\$4,113.93	\$4,439.60	\$4,789.00	\$5,170.05	\$5,623.02
95	\$2,678.38	\$3,577.51	\$4,371.23	\$4,707.87	\$5,072.53	\$5,472.05	\$5,948.65
96	\$2,847.09	\$3,802.26	\$4,647.68	\$4,995.37	\$5,375.89	\$5,794.77	\$6,296.21
97	\$3,027.86	\$4,043.44	\$4,944.68	\$5,303.49	\$5,700.45	\$6,139.63	\$6,667.18
98	\$3,221.51	\$4,302.26	\$5,263.77	\$5,633.70	\$6,047.71	\$6,508.12	\$7,063.15
99	\$3,429.01	\$4,580.00	\$5,606.59	\$5,987.59	\$6,419.28	\$6,901.89	\$7,485.77
100	\$3,651.33	\$4,878.03	\$5,974.91	\$6,366.84	\$6,816.80	\$7,322.67	\$7,936.85

**Policy Form Series: LTC2-IDEAL**  
**Ideal**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**75% Home Care**  
**5% Compound Inflation Rider**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	\$101.66	\$126.66	\$148.41	\$172.02	\$195.70	\$220.20	\$248.51
31	\$104.15	\$129.82	\$152.16	\$176.42	\$200.72	\$225.90	\$255.02
32	\$106.71	\$133.05	\$155.99	\$180.90	\$205.88	\$231.73	\$261.70
33	\$109.32	\$136.38	\$159.92	\$185.51	\$211.17	\$237.73	\$268.54
34	\$112.02	\$139.78	\$163.94	\$190.24	\$216.59	\$243.87	\$275.57
35	\$114.76	\$143.26	\$168.07	\$195.08	\$222.15	\$250.19	\$282.78
36	\$116.76	\$145.81	\$171.11	\$198.64	\$226.26	\$254.85	\$288.13
37	\$118.79	\$148.40	\$174.18	\$202.28	\$230.44	\$259.60	\$293.55
38	\$120.87	\$151.03	\$177.34	\$205.98	\$234.69	\$264.43	\$299.10
39	\$122.98	\$153.72	\$180.54	\$209.75	\$239.04	\$269.37	\$304.72
40	\$125.13	\$156.46	\$183.78	\$213.58	\$243.46	\$274.38	\$310.47
41	\$127.30	\$159.25	\$187.12	\$217.51	\$247.96	\$279.49	\$316.33
42	\$129.52	\$162.09	\$190.48	\$221.48	\$252.54	\$284.71	\$322.30
43	\$131.79	\$164.96	\$193.93	\$225.53	\$257.21	\$290.02	\$328.36
44	\$134.09	\$167.90	\$197.42	\$229.66	\$261.97	\$295.43	\$334.57
45	\$136.42	\$170.89	\$200.98	\$233.86	\$266.81	\$300.92	\$340.88
46	\$138.48	\$173.53	\$204.15	\$237.60	\$271.13	\$305.86	\$346.48
47	\$140.57	\$176.22	\$207.36	\$241.40	\$275.52	\$310.86	\$352.19
48	\$142.68	\$178.95	\$210.63	\$245.27	\$279.98	\$315.93	\$358.00
49	\$144.83	\$181.73	\$213.94	\$249.19	\$284.53	\$321.10	\$363.89
50	\$147.03	\$184.53	\$217.32	\$253.18	\$289.14	\$326.36	\$369.89
51	\$149.24	\$187.39	\$220.74	\$257.23	\$293.82	\$331.69	\$375.98
52	\$151.49	\$190.29	\$224.21	\$261.36	\$298.59	\$337.13	\$382.18
53	\$153.78	\$193.23	\$227.74	\$265.53	\$303.42	\$342.63	\$388.46
54	\$156.09	\$196.22	\$231.33	\$269.79	\$308.34	\$348.25	\$394.87
55	\$158.46	\$199.27	\$234.98	\$274.10	\$313.34	\$353.93	\$401.38
56	\$165.25	\$208.21	\$245.83	\$287.17	\$328.58	\$371.45	\$421.49
57	\$172.34	\$217.55	\$257.18	\$300.84	\$344.59	\$389.83	\$442.62
58	\$179.73	\$227.31	\$269.06	\$315.16	\$361.37	\$409.11	\$464.80
59	\$187.46	\$237.51	\$281.50	\$330.19	\$378.96	\$429.36	\$488.11
60	\$195.50	\$248.18	\$294.50	\$345.90	\$397.41	\$450.62	\$512.58
61	\$203.89	\$259.31	\$308.10	\$362.39	\$416.75	\$472.91	\$538.26
62	\$212.63	\$270.94	\$322.35	\$379.65	\$437.05	\$496.32	\$565.26
63	\$228.49	\$290.70	\$345.49	\$405.87	\$466.34	\$528.82	\$601.58
64	\$245.52	\$311.89	\$370.29	\$433.89	\$497.61	\$563.46	\$640.24
65	\$263.84	\$334.63	\$396.88	\$463.86	\$530.94	\$600.35	\$681.37
66	\$283.52	\$359.02	\$425.36	\$495.88	\$566.54	\$639.67	\$725.18
67	\$304.66	\$385.20	\$455.89	\$530.10	\$604.51	\$681.56	\$771.77
68	\$332.47	\$421.26	\$499.31	\$578.38	\$657.66	\$739.81	\$836.22
69	\$362.81	\$460.73	\$546.85	\$631.05	\$715.48	\$803.04	\$906.04
70	\$395.94	\$503.86	\$598.92	\$688.51	\$778.38	\$871.67	\$981.69
71	\$432.08	\$551.05	\$655.95	\$751.20	\$846.83	\$946.16	\$1,063.67
72	\$471.53	\$602.65	\$718.42	\$819.60	\$921.27	\$1,027.03	\$1,152.48
73	\$518.46	\$665.25	\$795.09	\$904.51	\$1,014.45	\$1,128.90	\$1,264.95
74	\$570.05	\$734.37	\$879.95	\$998.20	\$1,117.05	\$1,240.88	\$1,388.40
75	\$626.79	\$810.66	\$973.88	\$1,101.61	\$1,230.05	\$1,363.96	\$1,523.89
76	\$689.19	\$894.89	\$1,077.82	\$1,215.72	\$1,354.45	\$1,499.27	\$1,672.61
77	\$757.76	\$987.86	\$1,192.85	\$1,341.66	\$1,491.44	\$1,647.97	\$1,835.85
78	\$820.39	\$1,073.98	\$1,300.48	\$1,458.86	\$1,618.31	\$1,784.91	\$1,984.35
79	\$888.20	\$1,167.60	\$1,417.83	\$1,586.32	\$1,755.96	\$1,933.22	\$2,144.84
80	\$961.61	\$1,269.40	\$1,545.76	\$1,724.90	\$1,905.32	\$2,093.87	\$2,318.34
81	\$1,041.08	\$1,380.07	\$1,685.24	\$1,875.60	\$2,067.39	\$2,267.86	\$2,505.86
82	\$1,127.12	\$1,500.38	\$1,837.30	\$2,039.44	\$2,243.25	\$2,456.31	\$2,708.55
83	\$1,235.05	\$1,650.37	\$2,026.41	\$2,243.58	\$2,462.94	\$2,692.41	\$2,963.65
84	\$1,353.32	\$1,815.35	\$2,234.99	\$2,468.16	\$2,704.15	\$2,951.20	\$3,242.77
85	\$1,447.63	\$1,939.43	\$2,386.03	\$2,631.57	\$2,880.87	\$3,142.66	\$3,451.94
86	\$1,551.13	\$2,076.02	\$2,552.68	\$2,811.52	\$3,075.21	\$3,352.93	\$3,681.36
87	\$1,664.70	\$2,226.34	\$2,736.57	\$3,009.69	\$3,288.89	\$3,583.83	\$3,932.97
88	\$1,772.94	\$2,368.61	\$2,910.05	\$3,195.27	\$3,488.56	\$3,799.54	\$4,168.91
89	\$1,890.35	\$2,523.17	\$3,098.87	\$3,396.82	\$3,705.16	\$4,033.25	\$4,424.35
90	\$2,017.67	\$2,691.14	\$3,304.37	\$3,615.71	\$3,940.07	\$4,286.50	\$4,700.94
91	\$2,155.78	\$2,873.66	\$3,528.05	\$3,853.46	\$4,194.85	\$4,560.89	\$5,000.39
92	\$2,305.56	\$3,071.99	\$3,771.47	\$4,111.67	\$4,471.20	\$4,858.19	\$5,324.61
93	\$2,442.74	\$3,253.86	\$3,994.40	\$4,345.25	\$4,718.87	\$5,122.68	\$5,610.46
94	\$2,589.70	\$3,449.04	\$4,233.91	\$4,595.57	\$4,983.86	\$5,405.32	\$5,915.56
95	\$2,747.16	\$3,658.47	\$4,491.21	\$4,863.84	\$5,267.39	\$5,707.32	\$6,241.19
96	\$2,915.87	\$3,883.22	\$4,767.66	\$5,151.34	\$5,570.75	\$6,030.04	\$6,588.75
97	\$3,096.64	\$4,124.40	\$5,064.66	\$5,459.46	\$5,895.31	\$6,374.90	\$6,959.72
98	\$3,290.29	\$4,383.22	\$5,383.75	\$5,789.67	\$6,242.57	\$6,743.39	\$7,355.69
99	\$3,497.79	\$4,660.96	\$5,726.57	\$6,143.56	\$6,614.14	\$7,137.16	\$7,778.31
100	\$3,720.11	\$4,958.99	\$6,094.89	\$6,522.81	\$7,011.66	\$7,557.94	\$8,229.39

**Policy Form Series: LTC2-IDEAL**  
**Ideal**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**50% Home Care**  
**No Inflation**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	\$42.77	\$50.97	\$58.00	\$64.73	\$71.76	\$79.41	\$89.06
31	\$43.40	\$51.88	\$59.15	\$66.06	\$73.26	\$81.12	\$91.01
32	\$44.02	\$52.80	\$60.32	\$67.41	\$74.82	\$82.88	\$92.98
33	\$44.65	\$53.74	\$61.50	\$68.80	\$76.40	\$84.67	\$94.99
34	\$45.29	\$54.69	\$62.72	\$70.22	\$78.01	\$86.49	\$97.06
35	\$45.95	\$55.65	\$63.97	\$71.67	\$79.67	\$88.35	\$99.17
36	\$46.63	\$56.62	\$65.18	\$73.08	\$81.26	\$90.16	\$101.20
37	\$47.29	\$57.60	\$66.42	\$74.51	\$82.89	\$92.00	\$103.28
38	\$47.98	\$58.58	\$67.68	\$75.98	\$84.57	\$93.88	\$105.41
39	\$48.67	\$59.59	\$68.97	\$77.47	\$86.26	\$95.79	\$107.55
40	\$49.38	\$60.62	\$70.29	\$78.99	\$88.00	\$97.75	\$109.77
41	\$50.09	\$61.67	\$71.62	\$80.55	\$89.77	\$99.74	\$112.01
42	\$50.82	\$62.73	\$72.99	\$82.13	\$91.56	\$101.79	\$114.31
43	\$51.55	\$63.81	\$74.38	\$83.74	\$93.41	\$103.87	\$116.66
44	\$52.29	\$64.91	\$75.80	\$85.40	\$95.28	\$106.00	\$119.04
45	\$53.05	\$66.03	\$77.23	\$87.07	\$97.21	\$108.16	\$121.49
46	\$53.96	\$67.33	\$78.87	\$88.94	\$99.34	\$110.56	\$124.22
47	\$54.89	\$68.63	\$80.53	\$90.85	\$101.50	\$113.01	\$127.00
48	\$55.84	\$69.97	\$82.22	\$92.81	\$103.73	\$115.53	\$129.86
49	\$56.80	\$71.33	\$83.96	\$94.81	\$106.00	\$118.08	\$132.77
50	\$57.78	\$72.72	\$85.72	\$96.85	\$108.33	\$120.72	\$135.76
51	\$58.78	\$74.14	\$87.53	\$98.93	\$110.70	\$123.39	\$138.80
52	\$59.78	\$75.59	\$89.37	\$101.06	\$113.13	\$126.12	\$141.91
53	\$60.81	\$77.06	\$91.24	\$103.24	\$115.60	\$128.93	\$145.10
54	\$61.85	\$78.57	\$93.17	\$105.47	\$118.13	\$131.79	\$148.37
55	\$62.92	\$80.11	\$95.13	\$107.74	\$120.72	\$134.71	\$151.69
56	\$67.84	\$85.80	\$101.45	\$114.99	\$128.95	\$143.99	\$162.21
57	\$73.14	\$91.90	\$108.18	\$122.74	\$137.74	\$153.89	\$173.44
58	\$78.86	\$98.46	\$115.36	\$131.01	\$147.13	\$164.47	\$185.46
59	\$85.02	\$105.46	\$123.02	\$139.85	\$157.15	\$175.79	\$198.30
60	\$91.67	\$112.96	\$131.18	\$149.28	\$167.87	\$187.88	\$212.04
61	\$98.83	\$121.00	\$139.88	\$159.33	\$179.31	\$200.81	\$226.75
62	\$106.57	\$129.62	\$149.18	\$170.06	\$191.53	\$214.61	\$242.45
63	\$116.05	\$141.18	\$162.49	\$185.39	\$208.92	\$234.20	\$264.67
64	\$126.40	\$153.77	\$176.99	\$202.11	\$227.88	\$255.58	\$288.94
65	\$137.65	\$167.50	\$192.81	\$220.31	\$248.57	\$278.90	\$315.42
66	\$149.90	\$182.44	\$210.02	\$240.17	\$271.13	\$304.35	\$344.34
67	\$163.25	\$198.71	\$228.78	\$261.81	\$295.73	\$332.12	\$375.91
68	\$181.51	\$221.32	\$255.16	\$291.54	\$328.91	\$369.03	\$417.35
69	\$201.79	\$246.50	\$284.58	\$324.63	\$365.80	\$410.03	\$463.35
70	\$224.33	\$274.57	\$317.38	\$361.49	\$406.83	\$455.59	\$514.44
71	\$249.39	\$305.82	\$353.99	\$402.54	\$452.48	\$506.21	\$571.15
72	\$277.26	\$340.62	\$394.80	\$448.24	\$503.23	\$562.45	\$634.10
73	\$309.93	\$381.99	\$443.73	\$502.69	\$563.40	\$628.83	\$708.16
74	\$346.47	\$428.36	\$498.72	\$563.73	\$630.74	\$703.04	\$790.84
75	\$387.30	\$480.38	\$560.52	\$632.21	\$706.15	\$786.02	\$883.18
76	\$432.94	\$538.72	\$629.98	\$709.01	\$790.57	\$878.78	\$986.30
77	\$483.97	\$604.14	\$708.06	\$795.13	\$885.07	\$982.48	\$1,101.47
78	\$527.42	\$660.52	\$775.96	\$869.64	\$966.44	\$1,071.29	\$1,199.16
79	\$574.75	\$722.15	\$850.37	\$951.15	\$1,055.30	\$1,168.13	\$1,305.51
80	\$626.35	\$789.53	\$931.93	\$1,040.28	\$1,152.33	\$1,273.72	\$1,421.29
81	\$682.56	\$863.22	\$1,021.30	\$1,137.78	\$1,258.26	\$1,388.84	\$1,547.35
82	\$743.82	\$943.76	\$1,119.25	\$1,244.40	\$1,373.94	\$1,514.39	\$1,684.58
83	\$816.25	\$1,038.88	\$1,234.95	\$1,370.39	\$1,510.76	\$1,663.06	\$1,847.52
84	\$895.73	\$1,143.57	\$1,362.61	\$1,509.12	\$1,661.22	\$1,826.35	\$2,026.24
85	\$982.95	\$1,258.81	\$1,503.47	\$1,661.90	\$1,826.65	\$2,005.66	\$2,222.23
86	\$1,078.68	\$1,385.68	\$1,658.89	\$1,830.15	\$2,008.58	\$2,202.58	\$2,437.20
87	\$1,183.71	\$1,525.31	\$1,830.37	\$2,015.43	\$2,208.61	\$2,418.83	\$2,672.95
88	\$1,283.81	\$1,657.45	\$1,992.16	\$2,188.92	\$2,395.52	\$2,620.85	\$2,894.02
89	\$1,392.39	\$1,801.02	\$2,168.25	\$2,377.37	\$2,598.27	\$2,839.72	\$3,133.38
90	\$1,510.15	\$1,957.04	\$2,359.90	\$2,582.03	\$2,818.18	\$3,076.88	\$3,392.54
91	\$1,637.86	\$2,126.56	\$2,568.50	\$2,804.32	\$3,056.69	\$3,333.86	\$3,673.13
92	\$1,776.39	\$2,310.77	\$2,795.51	\$3,045.73	\$3,315.37	\$3,612.29	\$3,976.92
93	\$1,903.24	\$2,479.70	\$3,003.42	\$3,264.12	\$3,547.23	\$3,859.99	\$4,244.76
94	\$2,039.15	\$2,660.99	\$3,226.77	\$3,498.16	\$3,795.28	\$4,124.68	\$4,530.62
95	\$2,184.78	\$2,855.53	\$3,466.73	\$3,748.98	\$4,060.70	\$4,407.52	\$4,835.75
96	\$2,340.82	\$3,064.27	\$3,724.54	\$4,017.79	\$4,344.67	\$4,709.74	\$5,161.41
97	\$2,507.98	\$3,288.30	\$4,001.51	\$4,305.87	\$4,648.50	\$5,032.70	\$5,509.01
98	\$2,687.08	\$3,528.69	\$4,299.09	\$4,614.60	\$4,973.59	\$5,377.82	\$5,880.02
99	\$2,878.98	\$3,786.66	\$4,618.80	\$4,945.46	\$5,321.39	\$5,746.57	\$6,276.02
100	\$3,084.57	\$4,063.49	\$4,962.28	\$5,300.06	\$5,693.53	\$6,140.63	\$6,698.69



**Policy Form Series: LTC2-IDEAL**  
**Ideal**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**50% Home Care**  
**5% Simple Inflation Rider**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	\$50.44	\$62.48	\$72.13	\$82.00	\$91.70	\$101.87	\$113.65
31	\$52.34	\$64.94	\$75.02	\$85.31	\$95.43	\$106.05	\$118.29
32	\$54.31	\$67.50	\$78.03	\$88.75	\$99.34	\$110.39	\$123.11
33	\$56.34	\$70.15	\$81.15	\$92.36	\$103.39	\$114.92	\$128.13
34	\$58.47	\$72.93	\$84.40	\$96.09	\$107.62	\$119.63	\$133.36
35	\$60.67	\$75.79	\$87.78	\$99.96	\$112.02	\$124.53	\$138.78
36	\$62.52	\$78.20	\$90.61	\$103.25	\$115.70	\$128.68	\$143.38
37	\$64.43	\$80.69	\$93.54	\$106.60	\$119.51	\$132.93	\$148.13
38	\$66.38	\$83.25	\$96.56	\$110.08	\$123.46	\$137.33	\$153.03
39	\$68.39	\$85.90	\$99.68	\$113.69	\$127.53	\$141.89	\$158.10
40	\$70.49	\$88.62	\$102.91	\$117.39	\$131.74	\$146.59	\$163.33
41	\$72.63	\$91.45	\$106.21	\$121.23	\$136.08	\$151.44	\$168.73
42	\$74.85	\$94.35	\$109.65	\$125.17	\$140.55	\$156.46	\$174.31
43	\$77.14	\$97.34	\$113.20	\$129.27	\$145.21	\$161.65	\$180.07
44	\$79.48	\$100.43	\$116.85	\$133.50	\$149.99	\$167.01	\$186.03
45	\$81.90	\$103.63	\$120.63	\$137.85	\$154.94	\$172.55	\$192.18
46	\$84.03	\$106.44	\$123.94	\$141.70	\$159.32	\$177.45	\$197.67
47	\$86.19	\$109.31	\$127.36	\$145.67	\$163.83	\$182.50	\$203.30
48	\$88.42	\$112.27	\$130.86	\$149.75	\$168.46	\$187.71	\$209.10
49	\$90.72	\$115.29	\$134.47	\$153.94	\$173.23	\$193.05	\$215.07
50	\$93.07	\$118.40	\$138.18	\$158.23	\$178.13	\$198.54	\$221.19
51	\$95.47	\$121.60	\$141.98	\$162.66	\$183.17	\$204.19	\$227.51
52	\$97.96	\$124.89	\$145.88	\$167.21	\$188.34	\$209.99	\$233.98
53	\$100.49	\$128.25	\$149.90	\$171.89	\$193.66	\$215.98	\$240.65
54	\$103.09	\$131.72	\$154.03	\$176.70	\$199.15	\$222.14	\$247.52
55	\$105.76	\$135.29	\$158.27	\$181.64	\$204.78	\$228.45	\$254.58
56	\$112.29	\$143.58	\$167.93	\$193.02	\$217.83	\$243.19	\$271.15
57	\$119.23	\$152.39	\$178.20	\$205.09	\$231.69	\$258.86	\$288.78
58	\$126.60	\$161.75	\$189.08	\$217.93	\$246.45	\$275.54	\$307.58
59	\$134.40	\$171.67	\$200.64	\$231.57	\$262.13	\$293.31	\$327.59
60	\$142.72	\$182.22	\$212.89	\$246.07	\$278.84	\$312.21	\$348.91
61	\$151.52	\$193.38	\$225.90	\$261.46	\$296.60	\$332.34	\$371.62
62	\$160.89	\$205.25	\$239.71	\$277.83	\$315.49	\$353.76	\$395.80
63	\$174.61	\$222.65	\$259.90	\$300.78	\$341.18	\$382.26	\$427.42
64	\$189.50	\$241.53	\$281.80	\$325.65	\$368.96	\$413.04	\$461.57
65	\$205.66	\$262.00	\$305.57	\$352.55	\$399.03	\$446.29	\$498.46
66	\$223.20	\$284.21	\$331.33	\$381.69	\$431.53	\$482.24	\$538.30
67	\$242.22	\$308.29	\$359.25	\$413.22	\$466.66	\$521.08	\$581.31
68	\$266.97	\$340.74	\$397.80	\$456.08	\$513.81	\$572.68	\$637.95
69	\$294.27	\$376.60	\$440.47	\$503.38	\$565.71	\$629.36	\$700.10
70	\$324.33	\$416.23	\$487.73	\$555.60	\$622.86	\$691.67	\$768.31
71	\$357.47	\$460.03	\$540.06	\$613.23	\$685.78	\$760.13	\$843.16
72	\$393.99	\$508.45	\$598.01	\$676.85	\$755.07	\$835.39	\$925.30
73	\$436.73	\$566.17	\$667.99	\$753.94	\$839.24	\$926.90	\$1,025.24
74	\$484.09	\$630.42	\$746.19	\$839.83	\$932.78	\$1,028.43	\$1,135.95
75	\$536.58	\$701.99	\$833.52	\$935.50	\$1,036.73	\$1,141.09	\$1,258.63
76	\$594.76	\$781.67	\$931.07	\$1,042.08	\$1,152.30	\$1,266.08	\$1,394.55
77	\$659.27	\$870.40	\$1,040.06	\$1,160.78	\$1,280.72	\$1,404.78	\$1,545.16
78	\$716.41	\$950.10	\$1,139.28	\$1,268.13	\$1,395.99	\$1,528.25	\$1,677.95
79	\$778.50	\$1,037.10	\$1,247.98	\$1,385.41	\$1,521.62	\$1,662.59	\$1,822.14
80	\$845.98	\$1,132.06	\$1,367.05	\$1,513.53	\$1,658.57	\$1,808.72	\$1,978.72
81	\$919.31	\$1,235.73	\$1,497.47	\$1,653.50	\$1,807.83	\$1,967.72	\$2,148.77
82	\$998.99	\$1,348.89	\$1,640.34	\$1,806.41	\$1,970.53	\$2,140.67	\$2,333.42
83	\$1,095.83	\$1,485.38	\$1,812.76	\$1,991.18	\$2,167.58	\$2,350.64	\$2,557.76
84	\$1,202.04	\$1,635.68	\$2,003.29	\$2,194.85	\$2,384.34	\$2,581.19	\$2,803.67
85	\$1,289.26	\$1,750.92	\$2,144.15	\$2,347.63	\$2,549.77	\$2,760.50	\$2,999.66
86	\$1,384.99	\$1,877.79	\$2,299.57	\$2,515.88	\$2,731.70	\$2,957.42	\$3,214.63
87	\$1,490.02	\$2,017.42	\$2,471.05	\$2,701.16	\$2,931.73	\$3,173.67	\$3,450.38
88	\$1,590.12	\$2,149.56	\$2,632.84	\$2,874.65	\$3,118.64	\$3,375.69	\$3,671.45
89	\$1,698.70	\$2,293.13	\$2,808.93	\$3,063.10	\$3,321.39	\$3,594.56	\$3,910.81
90	\$1,816.46	\$2,449.15	\$3,000.58	\$3,267.76	\$3,541.30	\$3,831.72	\$4,169.97
91	\$1,944.17	\$2,618.67	\$3,209.18	\$3,490.05	\$3,779.81	\$4,088.70	\$4,450.56
92	\$2,082.70	\$2,802.88	\$3,436.19	\$3,731.46	\$4,038.49	\$4,367.13	\$4,754.35
93	\$2,209.55	\$2,971.81	\$3,644.10	\$3,949.85	\$4,270.35	\$4,614.83	\$5,022.19
94	\$2,345.46	\$3,153.10	\$3,867.45	\$4,183.89	\$4,518.40	\$4,879.52	\$5,308.05
95	\$2,491.09	\$3,347.64	\$4,107.41	\$4,434.71	\$4,783.82	\$5,162.36	\$5,613.18
96	\$2,647.13	\$3,556.38	\$4,365.22	\$4,703.52	\$5,067.79	\$5,464.58	\$5,938.84
97	\$2,814.29	\$3,780.41	\$4,642.19	\$4,991.60	\$5,371.62	\$5,787.54	\$6,286.44
98	\$2,993.39	\$4,020.80	\$4,939.77	\$5,300.33	\$5,696.71	\$6,132.66	\$6,657.45
99	\$3,185.29	\$4,278.77	\$5,259.48	\$5,631.19	\$6,044.51	\$6,501.41	\$7,053.45
100	\$3,390.88	\$4,555.60	\$5,602.96	\$5,985.79	\$6,416.65	\$6,895.47	\$7,476.12

**Policy Form Series: LTC2-IDEAL**  
**Ideal**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**50% Home Care**  
**5% Compound Inflation Rider**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	\$96.51	\$121.12	\$142.50	\$165.56	\$188.56	\$212.31	\$239.81
31	\$98.88	\$124.14	\$146.10	\$169.78	\$193.40	\$217.79	\$246.10
32	\$101.31	\$127.24	\$149.79	\$174.08	\$198.38	\$223.44	\$252.53
33	\$103.80	\$130.40	\$153.55	\$178.53	\$203.45	\$229.22	\$259.14
34	\$106.35	\$133.65	\$157.43	\$183.08	\$208.68	\$235.13	\$265.94
35	\$108.97	\$136.99	\$161.38	\$187.74	\$214.06	\$241.21	\$272.90
36	\$110.87	\$139.43	\$164.30	\$191.18	\$218.01	\$245.71	\$278.04
37	\$112.79	\$141.91	\$167.26	\$194.67	\$222.03	\$250.29	\$283.28
38	\$114.77	\$144.43	\$170.26	\$198.23	\$226.14	\$254.95	\$288.62
39	\$116.76	\$147.00	\$173.34	\$201.85	\$230.33	\$259.70	\$294.06
40	\$118.81	\$149.62	\$176.47	\$205.55	\$234.57	\$264.55	\$299.61
41	\$120.88	\$152.27	\$179.66	\$209.31	\$238.91	\$269.48	\$305.26
42	\$122.98	\$154.99	\$182.89	\$213.14	\$243.32	\$274.51	\$311.01
43	\$125.13	\$157.74	\$186.21	\$217.03	\$247.84	\$279.63	\$316.87
44	\$127.31	\$160.55	\$189.55	\$221.01	\$252.42	\$284.84	\$322.85
45	\$129.54	\$163.41	\$192.98	\$225.06	\$257.08	\$290.14	\$328.94
46	\$131.48	\$165.94	\$196.02	\$228.65	\$261.24	\$294.89	\$334.37
47	\$133.48	\$168.51	\$199.10	\$232.30	\$265.48	\$299.70	\$339.87
48	\$135.49	\$171.12	\$202.24	\$236.02	\$269.77	\$304.61	\$345.47
49	\$137.53	\$173.76	\$205.42	\$239.81	\$274.16	\$309.59	\$351.17
50	\$139.59	\$176.45	\$208.67	\$243.64	\$278.60	\$314.66	\$356.95
51	\$141.71	\$179.17	\$211.95	\$247.55	\$283.11	\$319.80	\$362.83
52	\$143.84	\$181.94	\$215.29	\$251.52	\$287.71	\$325.03	\$368.79
53	\$146.02	\$184.76	\$218.67	\$255.54	\$292.36	\$330.34	\$374.87
54	\$148.21	\$187.63	\$222.12	\$259.63	\$297.10	\$335.76	\$381.05
55	\$150.45	\$190.53	\$225.61	\$263.79	\$301.92	\$341.24	\$387.33
56	\$156.90	\$199.08	\$236.04	\$276.35	\$316.61	\$358.13	\$406.74
57	\$163.64	\$208.02	\$246.95	\$289.51	\$332.02	\$375.85	\$427.13
58	\$170.66	\$217.35	\$258.35	\$303.31	\$348.19	\$394.46	\$448.54
59	\$177.99	\$227.11	\$270.30	\$317.76	\$365.14	\$413.98	\$471.02
60	\$185.63	\$237.31	\$282.77	\$332.90	\$382.92	\$434.47	\$494.62
61	\$193.59	\$247.95	\$295.83	\$348.75	\$401.56	\$455.97	\$519.42
62	\$201.90	\$259.07	\$309.51	\$365.36	\$421.12	\$478.54	\$545.47
63	\$216.96	\$277.97	\$331.73	\$390.59	\$449.34	\$509.87	\$580.51
64	\$233.14	\$298.23	\$355.54	\$417.55	\$479.45	\$543.27	\$617.83
65	\$250.53	\$319.97	\$381.06	\$446.38	\$511.60	\$578.84	\$657.54
66	\$269.20	\$343.31	\$408.43	\$477.21	\$545.89	\$616.75	\$699.80
67	\$289.27	\$368.34	\$437.75	\$510.16	\$582.47	\$657.12	\$744.77
68	\$315.68	\$402.83	\$479.44	\$556.60	\$633.68	\$713.30	\$806.96
69	\$344.49	\$440.55	\$525.08	\$607.28	\$689.40	\$774.26	\$874.34
70	\$375.94	\$481.80	\$575.07	\$662.58	\$750.00	\$840.42	\$947.35
71	\$410.26	\$526.91	\$629.83	\$722.91	\$815.95	\$912.27	\$1,026.44
72	\$447.71	\$576.26	\$689.81	\$788.76	\$887.69	\$990.22	\$1,112.15
73	\$492.28	\$636.13	\$763.43	\$870.45	\$977.47	\$1,088.44	\$1,220.69
74	\$541.28	\$702.21	\$844.92	\$960.63	\$1,076.33	\$1,196.40	\$1,339.82
75	\$595.15	\$775.17	\$935.09	\$1,060.13	\$1,185.20	\$1,315.07	\$1,470.57
76	\$654.36	\$855.70	\$1,034.90	\$1,169.96	\$1,305.07	\$1,445.52	\$1,614.08
77	\$719.51	\$944.59	\$1,145.36	\$1,291.15	\$1,437.07	\$1,588.90	\$1,771.61
78	\$778.98	\$1,026.95	\$1,248.70	\$1,403.93	\$1,559.31	\$1,720.93	\$1,914.91
79	\$843.34	\$1,116.48	\$1,361.38	\$1,526.60	\$1,691.94	\$1,863.94	\$2,069.80
80	\$913.06	\$1,213.80	\$1,484.21	\$1,659.95	\$1,835.87	\$2,018.82	\$2,237.22
81	\$988.52	\$1,319.64	\$1,618.12	\$1,804.99	\$1,992.02	\$2,186.57	\$2,418.19
82	\$1,070.21	\$1,434.67	\$1,764.14	\$1,962.67	\$2,161.48	\$2,368.26	\$2,613.78
83	\$1,172.69	\$1,578.09	\$1,945.71	\$2,159.13	\$2,373.15	\$2,595.91	\$2,859.95
84	\$1,284.97	\$1,735.85	\$2,145.99	\$2,375.23	\$2,605.56	\$2,845.42	\$3,129.30
85	\$1,372.19	\$1,851.09	\$2,286.85	\$2,528.01	\$2,770.99	\$3,024.73	\$3,325.29
86	\$1,467.92	\$1,977.96	\$2,442.27	\$2,696.26	\$2,952.92	\$3,221.65	\$3,540.26
87	\$1,572.95	\$2,117.59	\$2,613.75	\$2,881.54	\$3,152.95	\$3,437.90	\$3,776.01
88	\$1,673.05	\$2,249.73	\$2,775.54	\$3,055.03	\$3,339.86	\$3,639.92	\$3,997.08
89	\$1,781.63	\$2,393.30	\$2,951.63	\$3,243.48	\$3,542.61	\$3,858.79	\$4,236.44
90	\$1,899.39	\$2,549.32	\$3,143.28	\$3,448.14	\$3,762.52	\$4,095.95	\$4,495.60
91	\$2,027.10	\$2,718.84	\$3,351.88	\$3,670.43	\$4,001.03	\$4,352.93	\$4,776.19
92	\$2,165.63	\$2,903.05	\$3,578.89	\$3,911.84	\$4,259.71	\$4,631.36	\$5,079.98
93	\$2,292.48	\$3,071.98	\$3,786.80	\$4,130.23	\$4,491.57	\$4,879.06	\$5,347.82
94	\$2,428.39	\$3,253.27	\$4,010.15	\$4,364.27	\$4,739.62	\$5,143.75	\$5,633.68
95	\$2,574.02	\$3,447.81	\$4,250.11	\$4,615.09	\$5,005.04	\$5,426.59	\$5,938.81
96	\$2,730.06	\$3,656.55	\$4,507.92	\$4,883.90	\$5,289.01	\$5,728.81	\$6,264.47
97	\$2,897.22	\$3,880.58	\$4,784.89	\$5,171.98	\$5,592.84	\$6,051.77	\$6,612.07
98	\$3,076.32	\$4,120.97	\$5,082.47	\$5,480.71	\$5,917.93	\$6,396.89	\$6,983.08
99	\$3,268.22	\$4,378.94	\$5,402.18	\$5,811.57	\$6,265.73	\$6,765.64	\$7,379.08
100	\$3,473.81	\$4,655.77	\$5,745.66	\$6,166.17	\$6,637.87	\$7,159.70	\$7,801.75

**Policy Form Series: LTC2-PREM**  
**Premier**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**100% Home Care**  
**No Inflation**

Age	2 Year	3 year	4 year	5 year	6 year	7 years
30	\$68.06	\$81.66	\$92.44	\$102.77	\$113.79	\$126.16
31	\$69.51	\$83.59	\$94.76	\$105.39	\$116.71	\$129.44
32	\$70.98	\$85.56	\$97.14	\$108.06	\$119.72	\$132.78
33	\$72.50	\$87.59	\$99.57	\$110.81	\$122.80	\$136.23
34	\$74.04	\$89.65	\$102.08	\$113.64	\$125.96	\$139.76
35	\$75.61	\$91.78	\$104.63	\$116.53	\$129.18	\$143.38
36	\$77.11	\$93.76	\$107.01	\$119.20	\$132.17	\$146.73
37	\$78.64	\$95.79	\$109.44	\$121.93	\$135.25	\$150.16
38	\$80.21	\$97.87	\$111.93	\$124.74	\$138.38	\$153.65
39	\$81.80	\$99.98	\$114.48	\$127.60	\$141.59	\$157.24
40	\$83.42	\$102.14	\$117.08	\$130.54	\$144.87	\$160.90
41	\$85.07	\$104.34	\$119.75	\$133.53	\$148.23	\$164.66
42	\$86.76	\$106.61	\$122.47	\$136.60	\$151.66	\$168.49
43	\$88.49	\$108.90	\$125.26	\$139.73	\$155.18	\$172.43
44	\$90.25	\$111.25	\$128.10	\$142.94	\$158.78	\$176.45
45	\$92.04	\$113.67	\$131.01	\$146.24	\$162.46	\$180.56
46	\$93.93	\$116.17	\$134.05	\$149.67	\$166.31	\$184.87
47	\$95.86	\$118.72	\$137.16	\$153.16	\$170.23	\$189.28
48	\$97.82	\$121.34	\$140.34	\$156.76	\$174.27	\$193.79
49	\$99.83	\$124.01	\$143.58	\$160.43	\$178.40	\$198.42
50	\$101.89	\$126.73	\$146.91	\$164.20	\$182.62	\$203.15
51	\$103.97	\$129.52	\$150.33	\$168.04	\$186.93	\$208.01
52	\$106.12	\$132.38	\$153.81	\$171.97	\$191.36	\$212.97
53	\$108.30	\$135.30	\$157.37	\$176.01	\$195.89	\$218.06
54	\$110.51	\$138.28	\$161.02	\$180.14	\$200.54	\$223.27
55	\$112.79	\$141.32	\$164.74	\$184.36	\$205.27	\$228.59
56	\$121.60	\$151.29	\$175.52	\$196.58	\$219.04	\$244.07
57	\$131.11	\$161.97	\$187.02	\$209.63	\$233.73	\$260.58
58	\$141.37	\$173.39	\$199.25	\$223.52	\$249.39	\$278.21
59	\$152.42	\$185.63	\$212.30	\$238.34	\$266.12	\$297.03
60	\$164.34	\$198.71	\$226.19	\$254.14	\$283.97	\$317.15
61	\$177.20	\$212.74	\$240.98	\$270.99	\$303.00	\$338.61
62	\$191.05	\$227.74	\$256.74	\$288.97	\$323.33	\$361.51
63	\$207.89	\$247.70	\$279.17	\$314.39	\$351.93	\$393.69
64	\$226.21	\$269.40	\$303.54	\$342.04	\$383.07	\$428.72
65	\$246.15	\$293.00	\$330.04	\$372.14	\$416.96	\$466.88
66	\$267.83	\$318.67	\$358.85	\$404.87	\$453.85	\$508.42
67	\$291.44	\$346.59	\$390.19	\$440.48	\$494.02	\$553.66
68	\$324.07	\$385.88	\$434.85	\$490.02	\$548.86	\$614.55
69	\$360.36	\$429.63	\$484.62	\$545.13	\$609.82	\$682.13
70	\$400.72	\$478.34	\$540.09	\$606.44	\$677.52	\$757.15
71	\$445.60	\$532.59	\$601.91	\$674.65	\$752.76	\$840.42
72	\$495.51	\$592.97	\$670.79	\$750.53	\$836.33	\$932.85
73	\$554.91	\$665.98	\$754.77	\$842.45	\$937.05	\$1,043.71
74	\$621.45	\$747.98	\$849.28	\$945.62	\$1,049.90	\$1,167.76
75	\$695.98	\$840.07	\$955.59	\$1,061.44	\$1,176.32	\$1,306.56
76	\$779.41	\$943.51	\$1,075.23	\$1,191.43	\$1,317.98	\$1,461.85
77	\$872.87	\$1,059.68	\$1,209.84	\$1,337.35	\$1,476.69	\$1,635.60
78	\$946.10	\$1,151.85	\$1,317.86	\$1,453.67	\$1,602.42	\$1,772.37
79	\$1,025.44	\$1,252.05	\$1,435.55	\$1,580.12	\$1,738.89	\$1,920.57
80	\$1,111.46	\$1,360.97	\$1,563.74	\$1,717.55	\$1,886.95	\$2,081.17
81	\$1,204.70	\$1,479.36	\$1,703.38	\$1,866.93	\$2,047.64	\$2,255.20
82	\$1,305.74	\$1,608.05	\$1,855.48	\$2,029.32	\$2,222.01	\$2,443.79
83	\$1,432.88	\$1,770.11	\$2,047.30	\$2,234.75	\$2,443.28	\$2,683.72
84	\$1,572.41	\$1,948.49	\$2,258.94	\$2,460.99	\$2,686.61	\$2,947.21
85	\$1,725.52	\$2,144.85	\$2,492.45	\$2,710.13	\$2,954.17	\$3,236.57
86	\$1,893.54	\$2,360.98	\$2,750.10	\$2,984.51	\$3,248.37	\$3,554.34
87	\$2,077.92	\$2,598.92	\$3,034.40	\$3,286.64	\$3,571.88	\$3,903.33
88	\$2,253.67	\$2,824.04	\$3,302.60	\$3,569.58	\$3,874.17	\$4,229.31
89	\$2,444.26	\$3,068.67	\$3,594.51	\$3,876.89	\$4,202.07	\$4,582.52
90	\$2,650.97	\$3,334.51	\$3,912.23	\$4,210.65	\$4,557.69	\$4,965.24
91	\$2,875.18	\$3,623.34	\$4,258.04	\$4,573.14	\$4,943.42	\$5,379.91
92	\$3,118.34	\$3,937.23	\$4,634.40	\$4,966.84	\$5,361.80	\$5,829.22
93	\$3,341.03	\$4,225.05	\$4,979.04	\$5,322.96	\$5,736.76	\$6,228.93
94	\$3,579.62	\$4,533.93	\$5,349.32	\$5,704.61	\$6,137.94	\$6,656.07
95	\$3,835.27	\$4,865.39	\$5,747.13	\$6,113.64	\$6,567.19	\$7,112.50
96	\$4,109.15	\$5,221.09	\$6,174.53	\$6,551.99	\$7,026.45	\$7,600.22
97	\$4,402.62	\$5,602.77	\$6,633.71	\$7,021.78	\$7,517.81	\$8,121.38
98	\$4,717.03	\$6,012.36	\$7,127.03	\$7,525.25	\$8,043.54	\$8,678.29
99	\$5,053.88	\$6,451.91	\$7,657.05	\$8,064.82	\$8,606.04	\$9,273.37
100	\$5,414.79	\$6,923.58	\$8,226.46	\$8,643.07	\$9,207.88	\$9,909.26

**Policy Form Series: LTC2-PREM**  
**Premier**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**100% Home Care**  
**5% Simple Inflation Rider**

Age	2 Year	3 year	4 year	5 year	6 year	7 years
30	\$84.49	\$102.09	\$116.20	\$131.16	\$146.53	\$163.19
31	\$87.90	\$106.34	\$121.07	\$136.66	\$152.69	\$170.07
32	\$91.46	\$110.74	\$126.14	\$142.38	\$159.11	\$177.21
33	\$95.16	\$115.36	\$131.41	\$148.34	\$165.81	\$184.68
34	\$99.02	\$120.15	\$136.91	\$154.57	\$172.79	\$192.45
35	\$103.04	\$125.14	\$142.64	\$161.04	\$180.05	\$200.57
36	\$106.40	\$129.33	\$147.42	\$166.49	\$186.17	\$207.38
37	\$109.87	\$133.66	\$152.37	\$172.09	\$192.49	\$214.43
38	\$113.45	\$138.14	\$157.49	\$177.91	\$199.02	\$221.71
39	\$117.17	\$142.75	\$162.78	\$183.93	\$205.78	\$229.23
40	\$120.99	\$147.53	\$168.25	\$190.13	\$212.77	\$237.02
41	\$124.94	\$152.47	\$173.90	\$196.55	\$219.99	\$245.07
42	\$129.01	\$157.58	\$179.74	\$203.17	\$227.46	\$253.40
43	\$133.22	\$162.84	\$185.78	\$210.03	\$235.18	\$262.00
44	\$137.59	\$168.30	\$192.02	\$217.13	\$243.18	\$270.90
45	\$142.06	\$173.94	\$198.47	\$224.45	\$251.42	\$280.10
46	\$146.02	\$178.90	\$204.20	\$231.03	\$258.82	\$288.38
47	\$150.08	\$184.02	\$210.10	\$237.76	\$266.42	\$296.90
48	\$154.23	\$189.29	\$216.19	\$244.71	\$274.27	\$305.67
49	\$158.52	\$194.70	\$222.44	\$251.86	\$282.35	\$314.69
50	\$162.92	\$200.28	\$228.86	\$259.23	\$290.64	\$324.00
51	\$167.45	\$206.01	\$235.47	\$266.80	\$299.20	\$333.58
52	\$172.10	\$211.89	\$242.28	\$274.59	\$308.00	\$343.42
53	\$176.86	\$217.96	\$249.29	\$282.62	\$317.06	\$353.56
54	\$181.78	\$224.20	\$256.49	\$290.89	\$326.39	\$364.01
55	\$186.83	\$230.60	\$263.91	\$299.38	\$335.99	\$374.78
56	\$198.58	\$244.92	\$280.13	\$318.19	\$357.45	\$398.98
57	\$211.06	\$260.13	\$297.38	\$338.19	\$380.27	\$424.75
58	\$224.33	\$276.28	\$315.67	\$359.43	\$404.55	\$452.20
59	\$238.44	\$293.44	\$335.10	\$382.02	\$430.37	\$481.39
60	\$253.44	\$311.64	\$355.71	\$406.02	\$457.85	\$512.51
61	\$269.37	\$330.99	\$377.60	\$431.54	\$487.09	\$545.62
62	\$286.30	\$351.53	\$400.81	\$458.66	\$518.19	\$580.86
63	\$310.95	\$381.35	\$434.43	\$496.25	\$559.95	\$627.16
64	\$337.70	\$413.69	\$470.85	\$536.93	\$605.09	\$677.15
65	\$366.77	\$448.78	\$510.33	\$580.94	\$653.88	\$731.13
66	\$398.33	\$486.86	\$553.12	\$628.54	\$706.57	\$789.42
67	\$432.61	\$528.15	\$599.50	\$680.05	\$763.54	\$852.33
68	\$477.18	\$583.66	\$663.39	\$749.96	\$839.88	\$935.80
69	\$526.35	\$645.00	\$734.11	\$827.04	\$923.86	\$1,027.43
70	\$580.59	\$712.79	\$812.37	\$912.03	\$1,016.21	\$1,128.04
71	\$640.41	\$787.71	\$898.96	\$1,005.75	\$1,117.82	\$1,238.50
72	\$706.39	\$870.50	\$994.78	\$1,109.11	\$1,229.58	\$1,359.78
73	\$783.36	\$969.08	\$1,110.35	\$1,234.18	\$1,365.04	\$1,506.94
74	\$868.73	\$1,078.83	\$1,239.32	\$1,373.33	\$1,515.46	\$1,670.03
75	\$963.41	\$1,200.99	\$1,383.26	\$1,528.18	\$1,682.44	\$1,850.76
76	\$1,068.40	\$1,336.99	\$1,543.93	\$1,700.47	\$1,867.82	\$2,051.05
77	\$1,184.83	\$1,488.38	\$1,723.26	\$1,892.23	\$2,073.63	\$2,273.03
78	\$1,278.78	\$1,612.68	\$1,873.06	\$2,051.05	\$2,242.56	\$2,453.42
79	\$1,380.17	\$1,747.36	\$2,035.85	\$2,223.23	\$2,425.25	\$2,648.15
80	\$1,489.61	\$1,893.27	\$2,212.82	\$2,409.86	\$2,622.83	\$2,858.32
81	\$1,607.73	\$2,051.39	\$2,405.15	\$2,612.15	\$2,836.50	\$3,085.18
82	\$1,735.22	\$2,222.69	\$2,614.22	\$2,831.41	\$3,067.58	\$3,330.03
83	\$1,903.41	\$2,447.60	\$2,888.99	\$3,121.04	\$3,374.33	\$3,656.64
84	\$2,087.93	\$2,695.27	\$3,192.65	\$3,440.28	\$3,711.78	\$4,015.27
85	\$2,241.04	\$2,891.63	\$3,426.16	\$3,689.42	\$3,979.34	\$4,304.63
86	\$2,409.06	\$3,107.76	\$3,683.81	\$3,963.80	\$4,273.54	\$4,622.40
87	\$2,593.44	\$3,345.70	\$3,968.11	\$4,265.93	\$4,597.05	\$4,971.39
88	\$2,769.19	\$3,570.82	\$4,236.31	\$4,548.87	\$4,899.34	\$5,297.37
89	\$2,959.78	\$3,815.45	\$4,528.22	\$4,856.18	\$5,227.24	\$5,650.58
90	\$3,166.49	\$4,081.29	\$4,845.94	\$5,189.94	\$5,582.86	\$6,033.30
91	\$3,390.70	\$4,370.12	\$5,191.75	\$5,552.43	\$5,968.59	\$6,447.97
92	\$3,633.86	\$4,684.01	\$5,568.11	\$5,946.13	\$6,386.97	\$6,897.28
93	\$3,856.55	\$4,971.83	\$5,912.75	\$6,302.25	\$6,761.93	\$7,296.99
94	\$4,095.14	\$5,280.71	\$6,283.03	\$6,683.90	\$7,163.11	\$7,724.13
95	\$4,350.79	\$5,612.17	\$6,680.84	\$7,092.93	\$7,592.36	\$8,180.56
96	\$4,624.67	\$5,967.87	\$7,108.24	\$7,531.28	\$8,051.62	\$8,668.28
97	\$4,918.14	\$6,349.55	\$7,567.42	\$8,001.07	\$8,542.98	\$9,189.44
98	\$5,232.55	\$6,759.14	\$8,060.74	\$8,504.54	\$9,068.71	\$9,746.35
99	\$5,569.40	\$7,198.69	\$8,590.76	\$9,044.11	\$9,631.21	\$10,341.43
100	\$5,930.31	\$7,670.36	\$9,160.17	\$9,622.36	\$10,233.05	\$10,977.32

**Policy Form Series: LTC2-PREM**  
**Premier**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**100% Home Care**  
**5% Compound Inflation Rider**

Age	2 Year	3 year	4 year	5 year	6 year	7 years
30	\$171.37	\$210.05	\$241.70	\$276.84	\$313.07	\$351.74
31	\$175.74	\$215.46	\$247.91	\$283.94	\$321.13	\$360.83
32	\$180.24	\$220.98	\$254.28	\$291.24	\$329.43	\$370.16
33	\$184.85	\$226.66	\$260.81	\$298.72	\$337.94	\$379.74
34	\$189.59	\$232.47	\$267.51	\$306.40	\$346.64	\$389.56
35	\$194.45	\$238.46	\$274.39	\$314.28	\$355.57	\$399.65
36	\$198.03	\$242.83	\$279.41	\$320.07	\$362.16	\$407.06
37	\$201.69	\$247.32	\$284.52	\$325.95	\$368.88	\$414.59
38	\$205.41	\$251.88	\$289.75	\$331.97	\$375.71	\$422.26
39	\$209.19	\$256.51	\$295.06	\$338.09	\$382.67	\$430.09
40	\$213.04	\$261.24	\$300.46	\$344.31	\$389.75	\$438.06
41	\$216.96	\$266.04	\$305.97	\$350.64	\$396.98	\$446.18
42	\$220.96	\$270.95	\$311.56	\$357.09	\$404.33	\$454.44
43	\$225.03	\$275.94	\$317.28	\$363.69	\$411.82	\$462.86
44	\$229.18	\$281.01	\$323.09	\$370.38	\$419.45	\$471.42
45	\$233.41	\$286.20	\$329.03	\$377.21	\$427.22	\$480.16
46	\$237.04	\$290.68	\$334.20	\$383.21	\$434.02	\$487.85
47	\$240.74	\$295.24	\$339.47	\$389.30	\$440.95	\$495.68
48	\$244.50	\$299.85	\$344.81	\$395.49	\$448.00	\$503.62
49	\$248.31	\$304.55	\$350.25	\$401.78	\$455.17	\$511.68
50	\$252.18	\$309.33	\$355.76	\$408.17	\$462.43	\$519.87
51	\$256.12	\$314.19	\$361.38	\$414.68	\$469.82	\$528.21
52	\$260.13	\$319.11	\$367.07	\$421.26	\$477.32	\$536.67
53	\$264.19	\$324.11	\$372.85	\$427.96	\$484.95	\$545.28
54	\$268.31	\$329.18	\$378.73	\$434.77	\$492.69	\$554.02
55	\$272.48	\$334.35	\$384.69	\$441.68	\$500.55	\$562.89
56	\$283.94	\$348.92	\$401.90	\$462.03	\$524.09	\$589.79
57	\$295.85	\$364.13	\$419.89	\$483.29	\$548.75	\$617.98
58	\$308.29	\$380.01	\$438.67	\$505.55	\$574.55	\$647.53
59	\$321.23	\$396.58	\$458.30	\$528.82	\$601.55	\$678.48
60	\$334.73	\$413.86	\$478.79	\$553.15	\$629.85	\$710.92
61	\$348.79	\$431.92	\$500.23	\$578.62	\$659.47	\$744.90
62	\$363.43	\$450.75	\$522.59	\$605.27	\$690.48	\$780.51
63	\$390.02	\$482.71	\$558.92	\$645.60	\$735.02	\$829.68
64	\$418.53	\$516.93	\$597.75	\$688.59	\$782.40	\$881.94
65	\$449.14	\$553.61	\$639.28	\$734.48	\$832.87	\$937.49
66	\$481.95	\$592.87	\$683.70	\$783.40	\$886.56	\$996.56
67	\$517.21	\$634.90	\$731.22	\$835.59	\$943.73	\$1,059.32
68	\$563.80	\$693.07	\$799.11	\$909.61	\$1,024.34	\$1,147.27
69	\$614.59	\$756.56	\$873.34	\$990.17	\$1,111.83	\$1,242.52
70	\$669.97	\$825.89	\$954.46	\$1,077.88	\$1,206.81	\$1,345.66
71	\$730.33	\$901.55	\$1,043.10	\$1,173.37	\$1,309.90	\$1,457.37
72	\$796.13	\$984.14	\$1,139.97	\$1,277.30	\$1,421.78	\$1,578.36
73	\$874.62	\$1,084.78	\$1,259.35	\$1,406.83	\$1,562.40	\$1,731.42
74	\$960.87	\$1,195.73	\$1,391.25	\$1,549.47	\$1,716.96	\$1,899.34
75	\$1,055.61	\$1,318.02	\$1,536.93	\$1,706.61	\$1,886.76	\$2,083.54
76	\$1,159.69	\$1,452.81	\$1,697.88	\$1,879.67	\$2,073.39	\$2,285.61
77	\$1,274.04	\$1,601.38	\$1,875.68	\$2,070.29	\$2,278.48	\$2,507.27
78	\$1,369.50	\$1,727.43	\$2,028.67	\$2,233.20	\$2,452.57	\$2,694.01
79	\$1,472.11	\$1,863.41	\$2,194.12	\$2,408.95	\$2,640.00	\$2,894.67
80	\$1,582.40	\$2,010.10	\$2,373.08	\$2,598.53	\$2,841.73	\$3,110.28
81	\$1,700.95	\$2,168.32	\$2,566.63	\$2,803.02	\$3,058.89	\$3,341.94
82	\$1,828.39	\$2,339.01	\$2,775.97	\$3,023.61	\$3,292.63	\$3,590.86
83	\$2,003.47	\$2,572.83	\$3,061.72	\$3,326.25	\$3,615.09	\$3,936.01
84	\$2,195.31	\$2,830.01	\$3,376.88	\$3,659.20	\$3,969.13	\$4,314.34
85	\$2,348.42	\$3,026.37	\$3,610.39	\$3,908.34	\$4,236.69	\$4,603.70
86	\$2,516.44	\$3,242.50	\$3,868.04	\$4,182.72	\$4,530.89	\$4,921.47
87	\$2,700.82	\$3,480.44	\$4,152.34	\$4,484.85	\$4,854.40	\$5,270.46
88	\$2,876.57	\$3,705.56	\$4,420.54	\$4,767.79	\$5,156.69	\$5,596.44
89	\$3,067.16	\$3,950.19	\$4,712.45	\$5,075.10	\$5,484.59	\$5,949.65
90	\$3,273.87	\$4,216.03	\$5,030.17	\$5,408.86	\$5,840.21	\$6,332.37
91	\$3,498.08	\$4,504.86	\$5,375.98	\$5,771.35	\$6,225.94	\$6,747.04
92	\$3,741.24	\$4,818.75	\$5,752.34	\$6,165.05	\$6,644.32	\$7,196.35
93	\$3,963.93	\$5,106.57	\$6,096.98	\$6,521.17	\$7,019.28	\$7,596.06
94	\$4,202.52	\$5,415.45	\$6,467.26	\$6,902.82	\$7,420.46	\$8,023.20
95	\$4,458.17	\$5,746.91	\$6,865.07	\$7,311.85	\$7,849.71	\$8,479.63
96	\$4,732.05	\$6,102.61	\$7,292.47	\$7,750.20	\$8,308.97	\$8,967.35
97	\$5,025.52	\$6,484.29	\$7,751.65	\$8,219.99	\$8,800.33	\$9,488.51
98	\$5,339.93	\$6,893.88	\$8,244.97	\$8,723.46	\$9,326.06	\$10,045.42
99	\$5,676.78	\$7,333.43	\$8,774.99	\$9,263.03	\$9,888.56	\$10,640.50
100	\$6,037.69	\$7,805.10	\$9,344.40	\$9,841.28	\$10,490.40	\$11,276.39

**Policy Form Series: LTC2-PREM**  
**Premier**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**75% Home Care**  
**No Inflation**

Age	2 Year	3 year	4 year	5 year	6 year	7 years
30	\$58.19	\$69.02	\$78.23	\$87.14	\$96.63	\$107.20
31	\$59.42	\$70.66	\$80.19	\$89.37	\$99.12	\$109.97
32	\$60.69	\$72.33	\$82.20	\$91.63	\$101.67	\$112.82
33	\$61.97	\$74.04	\$84.26	\$93.96	\$104.27	\$115.75
34	\$63.29	\$75.78	\$86.39	\$96.35	\$106.96	\$118.76
35	\$64.64	\$77.57	\$88.56	\$98.80	\$109.71	\$121.83
36	\$65.93	\$79.26	\$90.57	\$101.08	\$112.25	\$124.67
37	\$67.25	\$80.97	\$92.63	\$103.39	\$114.85	\$127.58
38	\$68.58	\$82.73	\$94.72	\$105.78	\$117.52	\$130.55
39	\$69.93	\$84.50	\$96.89	\$108.19	\$120.24	\$133.59
40	\$71.32	\$86.34	\$99.08	\$110.68	\$123.03	\$136.70
41	\$72.74	\$88.20	\$101.35	\$113.23	\$125.89	\$139.90
42	\$74.17	\$90.11	\$103.65	\$115.83	\$128.79	\$143.16
43	\$75.66	\$92.05	\$106.00	\$118.49	\$131.79	\$146.51
44	\$77.15	\$94.05	\$108.41	\$121.21	\$134.85	\$149.92
45	\$78.69	\$96.08	\$110.88	\$124.00	\$137.97	\$153.42
46	\$80.31	\$98.19	\$113.45	\$126.90	\$141.23	\$157.07
47	\$81.95	\$100.35	\$116.09	\$129.88	\$144.58	\$160.82
48	\$83.64	\$102.57	\$118.77	\$132.92	\$147.99	\$164.66
49	\$85.36	\$104.83	\$121.53	\$136.05	\$151.49	\$168.59
50	\$87.10	\$107.13	\$124.33	\$139.22	\$155.07	\$172.62
51	\$88.89	\$109.50	\$127.22	\$142.50	\$158.76	\$176.74
52	\$90.72	\$111.89	\$130.16	\$145.83	\$162.51	\$180.95
53	\$92.58	\$114.36	\$133.19	\$149.26	\$166.36	\$185.27
54	\$94.49	\$116.88	\$136.26	\$152.76	\$170.30	\$189.70
55	\$96.43	\$119.45	\$139.43	\$156.34	\$174.32	\$194.23
56	\$103.97	\$127.88	\$148.55	\$166.70	\$186.02	\$207.36
57	\$112.10	\$136.91	\$158.27	\$177.75	\$198.49	\$221.41
58	\$120.87	\$146.56	\$168.63	\$189.53	\$211.79	\$236.38
59	\$130.32	\$156.90	\$179.66	\$202.11	\$226.00	\$252.38
60	\$140.51	\$167.97	\$191.43	\$215.51	\$241.15	\$269.45
61	\$151.49	\$179.82	\$203.95	\$229.79	\$257.32	\$287.69
62	\$163.34	\$192.51	\$217.28	\$245.03	\$274.57	\$307.16
63	\$177.74	\$209.37	\$236.26	\$266.58	\$298.86	\$334.50
64	\$193.40	\$227.71	\$256.90	\$290.04	\$325.31	\$364.26
65	\$210.44	\$247.67	\$279.32	\$315.56	\$354.09	\$396.68
66	\$229.00	\$269.37	\$303.71	\$343.31	\$385.42	\$431.98
67	\$249.17	\$292.96	\$330.23	\$373.51	\$419.53	\$470.43
68	\$277.08	\$326.19	\$368.01	\$415.52	\$466.12	\$522.16
69	\$308.10	\$363.16	\$410.13	\$462.25	\$517.87	\$579.59
70	\$342.60	\$404.33	\$457.08	\$514.25	\$575.36	\$643.32
71	\$380.98	\$450.18	\$509.40	\$572.08	\$639.26	\$714.06
72	\$423.63	\$501.22	\$567.70	\$636.42	\$710.24	\$792.59
73	\$474.43	\$562.94	\$638.77	\$714.36	\$795.77	\$886.79
74	\$531.32	\$632.25	\$718.74	\$801.85	\$891.59	\$992.20
75	\$595.03	\$710.10	\$808.72	\$900.06	\$998.96	\$1,110.13
76	\$666.37	\$797.53	\$909.96	\$1,010.30	\$1,119.25	\$1,242.07
77	\$746.27	\$895.73	\$1,023.89	\$1,134.02	\$1,254.03	\$1,389.69
78	\$808.87	\$973.66	\$1,115.32	\$1,232.65	\$1,360.82	\$1,505.89
79	\$876.72	\$1,058.35	\$1,214.91	\$1,339.87	\$1,476.71	\$1,631.81
80	\$950.25	\$1,150.42	\$1,323.41	\$1,456.41	\$1,602.46	\$1,768.28
81	\$1,029.97	\$1,250.48	\$1,441.59	\$1,583.09	\$1,738.91	\$1,916.14
82	\$1,116.36	\$1,359.27	\$1,570.31	\$1,720.77	\$1,886.99	\$2,076.37
83	\$1,225.06	\$1,496.24	\$1,732.64	\$1,894.98	\$2,074.90	\$2,280.23
84	\$1,344.36	\$1,647.02	\$1,911.74	\$2,086.83	\$2,281.53	\$2,504.11
85	\$1,475.25	\$1,813.00	\$2,109.37	\$2,298.10	\$2,508.75	\$2,749.97
86	\$1,618.90	\$1,995.70	\$2,327.42	\$2,530.74	\$2,758.60	\$3,019.96
87	\$1,776.54	\$2,196.83	\$2,568.02	\$2,786.96	\$3,033.33	\$3,316.46
88	\$1,926.80	\$2,387.13	\$2,795.01	\$3,026.87	\$3,290.04	\$3,593.45
89	\$2,089.75	\$2,593.91	\$3,042.05	\$3,287.46	\$3,568.49	\$3,893.56
90	\$2,266.49	\$2,818.62	\$3,310.95	\$3,570.48	\$3,870.51	\$4,218.73
91	\$2,458.17	\$3,062.77	\$3,603.60	\$3,877.86	\$4,198.08	\$4,571.06
92	\$2,666.06	\$3,328.08	\$3,922.12	\$4,211.70	\$4,553.37	\$4,952.82
93	\$2,856.45	\$3,571.39	\$4,213.80	\$4,513.67	\$4,871.80	\$5,292.44
94	\$3,060.45	\$3,832.48	\$4,527.16	\$4,837.30	\$5,212.48	\$5,655.35
95	\$3,279.01	\$4,112.65	\$4,863.84	\$5,184.14	\$5,577.02	\$6,043.15
96	\$3,513.17	\$4,413.32	\$5,225.53	\$5,555.86	\$5,967.02	\$6,457.54
97	\$3,764.07	\$4,735.95	\$5,614.15	\$5,954.21	\$6,384.31	\$6,900.35
98	\$4,032.88	\$5,082.18	\$6,031.64	\$6,381.14	\$6,830.78	\$7,373.52
99	\$4,320.87	\$5,453.71	\$6,480.19	\$6,838.65	\$7,308.46	\$7,879.13
100	\$4,629.45	\$5,852.42	\$6,962.11	\$7,328.99	\$7,819.55	\$8,419.43

**Policy Form Series: LTC2-PREM**  
**Premier**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**75% Home Care**  
**5% Simple Inflation Rider**

Age	2 Year	3 year	4 year	5 year	6 year	7 years
30	\$71.96	\$86.61	\$99.00	\$112.07	\$125.39	\$139.77
31	\$74.88	\$90.21	\$103.14	\$116.76	\$130.67	\$145.66
32	\$77.91	\$93.96	\$107.45	\$121.64	\$136.18	\$151.79
33	\$81.07	\$97.87	\$111.94	\$126.75	\$141.91	\$158.19
34	\$84.35	\$101.94	\$116.62	\$132.06	\$147.87	\$164.85
35	\$87.76	\$106.18	\$121.52	\$137.59	\$154.09	\$171.79
36	\$90.64	\$109.73	\$125.59	\$142.23	\$159.33	\$177.62
37	\$93.60	\$113.42	\$129.81	\$147.03	\$164.74	\$183.65
38	\$96.65	\$117.21	\$134.16	\$152.00	\$170.33	\$189.89
39	\$99.81	\$121.12	\$138.67	\$157.13	\$176.11	\$196.34
40	\$103.06	\$125.18	\$143.32	\$162.43	\$182.10	\$203.00
41	\$106.42	\$129.37	\$148.15	\$167.92	\$188.28	\$209.90
42	\$109.90	\$133.70	\$153.12	\$173.58	\$194.67	\$217.03
43	\$113.48	\$138.17	\$158.25	\$179.45	\$201.28	\$224.42
44	\$117.19	\$142.79	\$163.57	\$185.51	\$208.11	\$232.04
45	\$121.02	\$147.57	\$169.07	\$191.77	\$215.17	\$239.91
46	\$124.39	\$151.80	\$173.95	\$197.37	\$221.51	\$246.99
47	\$127.83	\$156.14	\$178.99	\$203.14	\$228.03	\$254.29
48	\$131.38	\$160.60	\$184.16	\$209.07	\$234.72	\$261.82
49	\$135.03	\$165.20	\$189.48	\$215.19	\$241.63	\$269.53
50	\$138.78	\$169.93	\$194.96	\$221.47	\$248.75	\$277.50
51	\$142.63	\$174.78	\$200.58	\$227.95	\$256.07	\$285.71
52	\$146.59	\$179.78	\$206.38	\$234.61	\$263.61	\$294.15
53	\$150.67	\$184.92	\$212.35	\$241.45	\$271.34	\$302.83
54	\$154.84	\$190.21	\$218.50	\$248.52	\$279.34	\$311.77
55	\$159.15	\$195.65	\$224.81	\$255.78	\$287.55	\$320.98
56	\$169.15	\$207.80	\$238.64	\$271.85	\$305.91	\$341.72
57	\$179.78	\$220.70	\$253.32	\$288.92	\$325.44	\$363.81
58	\$191.09	\$234.41	\$268.91	\$307.09	\$346.23	\$387.30
59	\$203.11	\$248.95	\$285.44	\$326.39	\$368.33	\$412.32
60	\$215.88	\$264.42	\$303.02	\$346.89	\$391.85	\$438.96
61	\$229.45	\$280.83	\$321.66	\$368.69	\$416.87	\$467.32
62	\$243.89	\$298.25	\$341.44	\$391.86	\$443.47	\$497.50
63	\$264.88	\$323.55	\$370.06	\$423.97	\$479.23	\$537.16
64	\$287.67	\$351.00	\$401.09	\$458.74	\$517.87	\$579.97
65	\$312.43	\$380.77	\$434.72	\$496.32	\$559.61	\$626.22
66	\$339.32	\$413.07	\$471.17	\$537.00	\$604.71	\$676.13
67	\$368.50	\$448.10	\$510.67	\$581.03	\$653.48	\$730.03
68	\$406.48	\$495.19	\$565.11	\$640.73	\$718.79	\$801.52
69	\$448.35	\$547.23	\$625.35	\$706.57	\$790.67	\$880.00
70	\$494.56	\$604.76	\$692.02	\$779.19	\$869.71	\$966.18
71	\$545.52	\$668.33	\$765.79	\$859.26	\$956.68	\$1,060.78
72	\$601.72	\$738.56	\$847.41	\$947.57	\$1,052.31	\$1,164.64
73	\$667.29	\$822.20	\$945.84	\$1,054.40	\$1,168.26	\$1,290.68
74	\$740.02	\$915.33	\$1,055.71	\$1,173.30	\$1,296.99	\$1,430.38
75	\$820.66	\$1,018.96	\$1,178.34	\$1,305.59	\$1,439.90	\$1,585.17
76	\$910.10	\$1,134.36	\$1,315.19	\$1,452.81	\$1,598.55	\$1,756.74
77	\$1,009.28	\$1,262.80	\$1,467.97	\$1,616.62	\$1,774.69	\$1,946.85
78	\$1,089.31	\$1,368.26	\$1,595.57	\$1,752.33	\$1,919.26	\$2,101.36
79	\$1,175.68	\$1,482.52	\$1,734.25	\$1,899.43	\$2,075.63	\$2,268.15
80	\$1,268.92	\$1,606.33	\$1,885.00	\$2,058.86	\$2,244.71	\$2,448.15
81	\$1,369.52	\$1,740.48	\$2,048.84	\$2,231.70	\$2,427.59	\$2,642.47
82	\$1,478.12	\$1,885.82	\$2,226.93	\$2,419.03	\$2,625.35	\$2,852.18
83	\$1,621.40	\$2,076.64	\$2,461.00	\$2,666.47	\$2,887.89	\$3,131.92
84	\$1,778.57	\$2,286.75	\$2,719.64	\$2,939.22	\$3,176.67	\$3,439.10
85	\$1,909.46	\$2,452.73	\$2,917.27	\$3,150.49	\$3,403.89	\$3,684.96
86	\$2,053.11	\$2,635.43	\$3,135.32	\$3,383.13	\$3,653.74	\$3,954.95
87	\$2,210.75	\$2,836.56	\$3,375.92	\$3,639.35	\$3,928.47	\$4,251.45
88	\$2,361.01	\$3,026.86	\$3,602.91	\$3,879.26	\$4,185.18	\$4,528.44
89	\$2,523.96	\$3,233.64	\$3,849.95	\$4,139.85	\$4,463.63	\$4,828.55
90	\$2,700.70	\$3,458.35	\$4,118.85	\$4,422.87	\$4,765.65	\$5,153.72
91	\$2,892.38	\$3,702.50	\$4,411.50	\$4,730.25	\$5,093.22	\$5,506.05
92	\$3,100.27	\$3,967.81	\$4,730.02	\$5,064.09	\$5,448.51	\$5,887.81
93	\$3,290.66	\$4,211.12	\$5,021.70	\$5,366.06	\$5,766.94	\$6,227.43
94	\$3,494.66	\$4,472.21	\$5,335.06	\$5,689.69	\$6,107.62	\$6,590.34
95	\$3,713.22	\$4,752.38	\$5,671.74	\$6,036.53	\$6,472.16	\$6,978.14
96	\$3,947.38	\$5,053.05	\$6,033.43	\$6,408.25	\$6,862.16	\$7,392.53
97	\$4,198.28	\$5,375.68	\$6,422.05	\$6,806.60	\$7,279.45	\$7,835.34
98	\$4,467.09	\$5,721.91	\$6,839.54	\$7,233.53	\$7,725.92	\$8,308.51
99	\$4,755.08	\$6,093.44	\$7,288.09	\$7,691.04	\$8,203.60	\$8,814.12
100	\$5,063.66	\$6,492.15	\$7,770.01	\$8,181.38	\$8,714.69	\$9,354.42

**Policy Form Series: LTC2-PREM**  
**Premier**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**75% Home Care**  
**5% Compound Inflation Rider**

Age	2 Year	3 year	4 year	5 year	6 year	7 years
30	\$147.24	\$178.97	\$206.67	\$237.57	\$269.28	\$302.92
31	\$151.00	\$183.57	\$211.99	\$243.67	\$276.23	\$310.74
32	\$154.86	\$188.28	\$217.43	\$249.93	\$283.35	\$318.78
33	\$158.82	\$193.12	\$223.03	\$256.35	\$290.66	\$327.03
34	\$162.90	\$198.09	\$228.76	\$262.93	\$298.17	\$335.50
35	\$167.05	\$203.17	\$234.63	\$269.69	\$305.85	\$344.17
36	\$170.15	\$206.91	\$238.94	\$274.66	\$311.52	\$350.54
37	\$173.28	\$210.71	\$243.31	\$279.71	\$317.28	\$357.05
38	\$176.47	\$214.60	\$247.77	\$284.87	\$323.16	\$363.65
39	\$179.73	\$218.55	\$252.30	\$290.12	\$329.14	\$370.39
40	\$183.05	\$222.57	\$256.93	\$295.46	\$335.24	\$377.25
41	\$186.41	\$226.68	\$261.65	\$300.90	\$341.45	\$384.24
42	\$189.83	\$230.85	\$266.43	\$306.45	\$347.78	\$391.35
43	\$193.33	\$235.09	\$271.32	\$312.10	\$354.23	\$398.61
44	\$196.90	\$239.44	\$276.28	\$317.84	\$360.79	\$405.99
45	\$200.54	\$243.85	\$281.35	\$323.71	\$367.46	\$413.51
46	\$203.66	\$247.67	\$285.78	\$328.84	\$373.32	\$420.14
47	\$206.84	\$251.54	\$290.30	\$334.08	\$379.29	\$426.88
48	\$210.07	\$255.50	\$294.85	\$339.39	\$385.35	\$433.71
49	\$213.34	\$259.48	\$299.50	\$344.80	\$391.50	\$440.66
50	\$216.67	\$263.56	\$304.21	\$350.27	\$397.75	\$447.72
51	\$220.05	\$267.68	\$309.01	\$355.85	\$404.11	\$454.90
52	\$223.49	\$271.88	\$313.88	\$361.51	\$410.57	\$462.18
53	\$226.99	\$276.14	\$318.84	\$367.25	\$417.12	\$469.58
54	\$230.52	\$280.47	\$323.85	\$373.10	\$423.78	\$477.12
55	\$234.11	\$284.87	\$328.96	\$379.03	\$430.54	\$484.76
56	\$243.95	\$297.29	\$343.68	\$396.49	\$450.79	\$507.93
57	\$254.20	\$310.25	\$359.06	\$414.74	\$472.00	\$532.22
58	\$264.87	\$323.77	\$375.11	\$433.82	\$494.19	\$557.65
59	\$276.00	\$337.90	\$391.89	\$453.80	\$517.42	\$584.30
60	\$287.59	\$352.62	\$409.44	\$474.69	\$541.77	\$612.23
61	\$299.67	\$368.00	\$427.76	\$496.54	\$567.23	\$641.51
62	\$312.26	\$384.05	\$446.88	\$519.40	\$593.91	\$672.17
63	\$335.10	\$411.27	\$477.93	\$554.02	\$632.21	\$714.51
64	\$359.59	\$440.45	\$511.14	\$590.93	\$672.98	\$759.52
65	\$385.88	\$471.68	\$546.66	\$630.29	\$716.38	\$807.37
66	\$414.11	\$505.13	\$584.64	\$672.27	\$762.58	\$858.23
67	\$444.37	\$540.95	\$625.27	\$717.07	\$811.75	\$912.30
68	\$484.41	\$590.51	\$683.33	\$780.58	\$881.08	\$988.03
69	\$528.05	\$644.60	\$746.81	\$849.72	\$956.34	\$1,070.04
70	\$575.63	\$703.66	\$816.17	\$924.99	\$1,038.03	\$1,158.89
71	\$627.48	\$768.12	\$891.97	\$1,006.92	\$1,126.69	\$1,255.08
72	\$684.03	\$838.49	\$974.80	\$1,096.10	\$1,222.94	\$1,359.26
73	\$751.45	\$924.25	\$1,076.90	\$1,207.25	\$1,343.90	\$1,491.08
74	\$825.57	\$1,018.79	\$1,189.68	\$1,329.67	\$1,476.82	\$1,635.70
75	\$906.95	\$1,122.97	\$1,314.27	\$1,464.52	\$1,622.89	\$1,794.34
76	\$996.39	\$1,237.81	\$1,451.88	\$1,613.02	\$1,783.40	\$1,968.35
77	\$1,094.63	\$1,364.40	\$1,603.93	\$1,776.59	\$1,959.81	\$2,159.25
78	\$1,176.65	\$1,471.80	\$1,734.76	\$1,916.41	\$2,109.57	\$2,320.06
79	\$1,264.81	\$1,587.66	\$1,876.24	\$2,067.23	\$2,270.77	\$2,492.88
80	\$1,359.57	\$1,712.63	\$2,029.27	\$2,229.92	\$2,444.30	\$2,678.56
81	\$1,461.44	\$1,847.44	\$2,194.77	\$2,405.41	\$2,631.08	\$2,878.07
82	\$1,570.94	\$1,992.87	\$2,373.77	\$2,594.70	\$2,832.14	\$3,092.43
83	\$1,721.36	\$2,192.08	\$2,618.12	\$2,854.41	\$3,109.50	\$3,389.66
84	\$1,886.19	\$2,411.20	\$2,887.60	\$3,140.12	\$3,414.02	\$3,715.49
85	\$2,017.08	\$2,577.18	\$3,085.23	\$3,351.39	\$3,641.24	\$3,961.35
86	\$2,160.73	\$2,759.88	\$3,303.28	\$3,584.03	\$3,891.09	\$4,231.34
87	\$2,318.37	\$2,961.01	\$3,543.88	\$3,840.25	\$4,165.82	\$4,527.84
88	\$2,468.63	\$3,151.31	\$3,770.87	\$4,080.16	\$4,422.53	\$4,804.83
89	\$2,631.58	\$3,358.09	\$4,017.91	\$4,340.75	\$4,700.98	\$5,104.94
90	\$2,808.32	\$3,582.80	\$4,286.81	\$4,623.77	\$5,003.00	\$5,430.11
91	\$3,000.00	\$3,826.95	\$4,579.46	\$4,931.15	\$5,330.57	\$5,782.44
92	\$3,207.89	\$4,092.26	\$4,897.98	\$5,264.99	\$5,685.86	\$6,164.20
93	\$3,398.28	\$4,335.57	\$5,189.66	\$5,566.96	\$6,004.29	\$6,503.82
94	\$3,602.28	\$4,596.66	\$5,503.02	\$5,890.59	\$6,344.97	\$6,866.73
95	\$3,820.84	\$4,876.83	\$5,839.70	\$6,237.43	\$6,709.51	\$7,254.53
96	\$4,055.00	\$5,177.50	\$6,201.39	\$6,609.15	\$7,099.51	\$7,668.92
97	\$4,305.90	\$5,500.13	\$6,590.01	\$7,007.50	\$7,516.80	\$8,111.73
98	\$4,574.71	\$5,846.36	\$7,007.50	\$7,434.43	\$7,963.27	\$8,584.90
99	\$4,862.70	\$6,217.89	\$7,456.05	\$7,891.94	\$8,440.95	\$9,090.51
100	\$5,171.28	\$6,616.60	\$7,937.97	\$8,382.28	\$8,952.04	\$9,630.81



**Policy Form Series: LTC2-PREM**  
**Premier**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**50% Home Care**  
**No Inflation**

Age	2 Year	3 year	4 year	5 year	6 year	7 years
30	\$48.18	\$57.58	\$65.81	\$73.70	\$81.97	\$91.02
31	\$49.21	\$58.95	\$67.45	\$75.58	\$84.08	\$93.39
32	\$50.26	\$60.33	\$69.15	\$77.50	\$86.24	\$95.81
33	\$51.33	\$61.75	\$70.88	\$79.48	\$88.45	\$98.29
34	\$52.42	\$63.22	\$72.67	\$81.49	\$90.74	\$100.84
35	\$53.54	\$64.71	\$74.48	\$83.57	\$93.07	\$103.44
36	\$54.59	\$66.11	\$76.19	\$85.50	\$95.23	\$105.86
37	\$55.69	\$67.55	\$77.91	\$87.46	\$97.43	\$108.33
38	\$56.78	\$69.00	\$79.68	\$89.47	\$99.69	\$110.86
39	\$57.92	\$70.49	\$81.49	\$91.51	\$102.01	\$113.45
40	\$59.07	\$72.03	\$83.35	\$93.63	\$104.36	\$116.09
41	\$60.23	\$73.58	\$85.24	\$95.77	\$106.79	\$118.79
42	\$61.43	\$75.17	\$87.19	\$97.97	\$109.26	\$121.56
43	\$62.65	\$76.79	\$89.16	\$100.22	\$111.79	\$124.40
44	\$63.90	\$78.45	\$91.19	\$102.53	\$114.38	\$127.31
45	\$65.17	\$80.14	\$93.27	\$104.88	\$117.03	\$130.27
46	\$66.50	\$81.91	\$95.43	\$107.33	\$119.80	\$133.37
47	\$67.87	\$83.72	\$97.63	\$109.85	\$122.64	\$136.57
48	\$69.26	\$85.56	\$99.90	\$112.44	\$125.55	\$139.83
49	\$70.68	\$87.44	\$102.21	\$115.07	\$128.51	\$143.16
50	\$72.13	\$89.37	\$104.58	\$117.76	\$131.55	\$146.57
51	\$73.62	\$91.33	\$107.01	\$120.53	\$134.68	\$150.07
52	\$75.12	\$93.34	\$109.50	\$123.35	\$137.85	\$153.65
53	\$76.68	\$95.40	\$112.03	\$126.24	\$141.12	\$157.32
54	\$78.25	\$97.50	\$114.62	\$129.20	\$144.46	\$161.09
55	\$79.85	\$99.64	\$117.29	\$132.23	\$147.88	\$164.93
56	\$86.09	\$106.67	\$124.96	\$141.00	\$157.80	\$176.10
57	\$92.83	\$114.21	\$133.14	\$150.34	\$168.37	\$188.01
58	\$100.08	\$122.25	\$141.84	\$160.31	\$179.66	\$200.72
59	\$107.91	\$130.89	\$151.12	\$170.94	\$191.71	\$214.31
60	\$116.36	\$140.12	\$161.01	\$182.28	\$204.57	\$228.81
61	\$125.45	\$150.00	\$171.55	\$194.37	\$218.28	\$244.31
62	\$135.25	\$160.58	\$182.77	\$207.26	\$232.92	\$260.83
63	\$147.18	\$174.66	\$198.73	\$225.48	\$253.53	\$284.04
64	\$160.14	\$189.96	\$216.08	\$245.32	\$275.96	\$309.32
65	\$174.26	\$206.60	\$234.94	\$266.90	\$300.38	\$336.85
66	\$189.62	\$224.70	\$255.46	\$290.38	\$326.96	\$366.83
67	\$206.33	\$244.39	\$277.77	\$315.93	\$355.88	\$399.47
68	\$229.43	\$272.11	\$309.56	\$351.45	\$395.41	\$443.41
69	\$255.14	\$302.95	\$344.98	\$390.98	\$439.30	\$492.16
70	\$283.70	\$337.31	\$384.48	\$434.96	\$488.09	\$546.28
71	\$315.47	\$375.53	\$428.48	\$483.88	\$542.29	\$606.36
72	\$350.81	\$418.12	\$477.53	\$538.30	\$602.49	\$673.04
73	\$392.87	\$469.60	\$537.30	\$604.23	\$675.04	\$753.03
74	\$439.97	\$527.43	\$604.56	\$678.23	\$756.34	\$842.53
75	\$492.74	\$592.36	\$680.26	\$761.29	\$847.42	\$942.68
76	\$551.82	\$665.30	\$765.42	\$854.53	\$949.46	\$1,054.71
77	\$617.98	\$747.22	\$861.24	\$959.19	\$1,063.80	\$1,180.08
78	\$669.81	\$812.21	\$938.15	\$1,042.61	\$1,154.39	\$1,278.76
79	\$726.01	\$882.87	\$1,021.93	\$1,133.30	\$1,252.68	\$1,385.68
80	\$786.90	\$959.67	\$1,113.19	\$1,231.87	\$1,359.35	\$1,501.57
81	\$852.91	\$1,043.15	\$1,212.59	\$1,339.02	\$1,475.12	\$1,627.12
82	\$924.45	\$1,133.89	\$1,320.87	\$1,455.48	\$1,600.72	\$1,763.18
83	\$1,014.47	\$1,248.17	\$1,457.41	\$1,602.83	\$1,760.14	\$1,936.30
84	\$1,113.25	\$1,373.95	\$1,608.07	\$1,765.09	\$1,935.42	\$2,126.41
85	\$1,221.65	\$1,512.40	\$1,774.30	\$1,943.79	\$2,128.17	\$2,335.17
86	\$1,340.61	\$1,664.82	\$1,957.71	\$2,140.57	\$2,340.11	\$2,564.44
87	\$1,471.15	\$1,832.59	\$2,160.09	\$2,357.28	\$2,573.16	\$2,816.23
88	\$1,595.56	\$1,991.34	\$2,351.01	\$2,560.21	\$2,790.93	\$3,051.43
89	\$1,730.49	\$2,163.84	\$2,558.83	\$2,780.62	\$3,027.14	\$3,306.27
90	\$1,876.85	\$2,351.28	\$2,785.00	\$3,020.00	\$3,283.35	\$3,582.39
91	\$2,035.59	\$2,554.96	\$3,031.17	\$3,279.99	\$3,561.22	\$3,881.58
92	\$2,207.75	\$2,776.28	\$3,299.08	\$3,562.35	\$3,862.61	\$4,205.75
93	\$2,365.41	\$2,979.23	\$3,544.42	\$3,817.78	\$4,132.74	\$4,494.15
94	\$2,534.32	\$3,197.04	\$3,808.01	\$4,091.51	\$4,421.75	\$4,802.32
95	\$2,715.31	\$3,430.77	\$4,091.20	\$4,384.87	\$4,730.97	\$5,131.63
96	\$2,909.23	\$3,681.58	\$4,395.45	\$4,699.28	\$5,061.82	\$5,483.53
97	\$3,116.99	\$3,950.71	\$4,722.32	\$5,036.22	\$5,415.79	\$5,859.53
98	\$3,339.58	\$4,239.53	\$5,073.50	\$5,397.32	\$5,794.54	\$6,261.33
99	\$3,578.07	\$4,549.48	\$5,450.81	\$5,784.31	\$6,199.75	\$6,690.69
100	\$3,833.60	\$4,882.07	\$5,856.15	\$6,199.04	\$6,633.32	\$7,149.49

**Policy Form Series: LTC2-PREM**  
**Premier**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**50% Home Care**  
**5% Simple Inflation Rider**

Age	2 Year	3 year	4 year	5 year	6 year	7 years
30	\$59.76	\$72.91	\$84.11	\$95.70	\$107.35	\$119.72
31	\$62.17	\$75.95	\$87.65	\$99.73	\$111.86	\$124.76
32	\$64.71	\$79.09	\$91.29	\$103.90	\$116.58	\$130.02
33	\$67.33	\$82.38	\$95.11	\$108.26	\$121.47	\$135.49
34	\$70.05	\$85.82	\$99.10	\$112.79	\$126.60	\$141.20
35	\$72.89	\$89.38	\$103.24	\$117.52	\$131.92	\$147.13
36	\$75.28	\$92.37	\$106.71	\$121.48	\$136.40	\$152.13
37	\$77.73	\$95.47	\$110.29	\$125.59	\$141.03	\$157.31
38	\$80.25	\$98.66	\$114.00	\$129.83	\$145.81	\$162.64
39	\$82.88	\$101.96	\$117.83	\$134.20	\$150.77	\$168.17
40	\$85.59	\$105.37	\$121.78	\$138.74	\$155.89	\$173.89
41	\$88.39	\$108.90	\$125.87	\$143.41	\$161.17	\$179.80
42	\$91.26	\$112.54	\$130.10	\$148.26	\$166.65	\$185.90
43	\$94.25	\$116.30	\$134.47	\$153.27	\$172.31	\$192.22
44	\$97.33	\$120.19	\$138.98	\$158.44	\$178.16	\$198.75
45	\$100.51	\$124.22	\$143.65	\$163.79	\$184.21	\$205.49
46	\$103.29	\$127.78	\$147.80	\$168.58	\$189.63	\$211.57
47	\$106.17	\$131.43	\$152.08	\$173.50	\$195.21	\$217.81
48	\$109.11	\$135.18	\$156.48	\$178.57	\$200.96	\$224.25
49	\$112.14	\$139.05	\$161.01	\$183.79	\$206.86	\$230.87
50	\$115.24	\$143.04	\$165.66	\$189.16	\$212.96	\$237.69
51	\$118.46	\$147.13	\$170.44	\$194.69	\$219.21	\$244.71
52	\$121.73	\$151.34	\$175.38	\$200.38	\$225.66	\$251.94
53	\$125.12	\$155.67	\$180.44	\$206.23	\$232.31	\$259.38
54	\$128.60	\$160.11	\$185.65	\$212.26	\$239.13	\$267.05
55	\$132.16	\$164.69	\$191.02	\$218.47	\$246.17	\$274.95
56	\$140.47	\$174.91	\$202.77	\$232.19	\$261.89	\$292.71
57	\$149.31	\$185.78	\$215.26	\$246.77	\$278.61	\$311.62
58	\$158.69	\$197.30	\$228.49	\$262.28	\$296.39	\$331.75
59	\$168.68	\$209.56	\$242.55	\$278.76	\$315.32	\$353.18
60	\$179.28	\$222.58	\$257.48	\$296.29	\$335.44	\$375.99
61	\$190.55	\$236.38	\$273.30	\$314.90	\$356.88	\$400.28
62	\$202.53	\$251.06	\$290.12	\$334.69	\$379.66	\$426.13
63	\$219.97	\$272.36	\$314.44	\$362.12	\$410.26	\$460.10
64	\$238.89	\$295.47	\$340.80	\$391.81	\$443.34	\$496.77
65	\$259.45	\$320.51	\$369.38	\$423.92	\$479.06	\$536.37
66	\$281.79	\$347.70	\$400.36	\$458.67	\$517.69	\$579.13
67	\$306.02	\$377.19	\$433.93	\$496.25	\$559.42	\$625.30
68	\$337.56	\$416.84	\$480.18	\$547.25	\$615.35	\$686.53
69	\$372.34	\$460.64	\$531.37	\$603.50	\$676.88	\$753.76
70	\$410.70	\$509.06	\$588.02	\$665.51	\$744.55	\$827.56
71	\$453.02	\$562.56	\$650.68	\$733.92	\$818.99	\$908.60
72	\$499.70	\$621.70	\$720.06	\$809.34	\$900.88	\$997.57
73	\$554.16	\$692.11	\$803.69	\$900.59	\$1,000.15	\$1,105.53
74	\$614.55	\$770.47	\$897.03	\$1,002.14	\$1,110.33	\$1,225.18
75	\$681.53	\$857.72	\$1,001.24	\$1,115.13	\$1,232.69	\$1,357.76
76	\$755.80	\$954.85	\$1,117.53	\$1,240.86	\$1,368.50	\$1,504.71
77	\$838.15	\$1,062.98	\$1,247.34	\$1,380.78	\$1,519.29	\$1,667.56
78	\$904.62	\$1,151.75	\$1,355.77	\$1,496.68	\$1,643.05	\$1,799.91
79	\$976.35	\$1,247.93	\$1,473.62	\$1,622.32	\$1,776.92	\$1,942.75
80	\$1,053.77	\$1,352.16	\$1,601.70	\$1,758.49	\$1,921.66	\$2,096.96
81	\$1,137.34	\$1,465.06	\$1,740.92	\$1,906.12	\$2,078.23	\$2,263.37
82	\$1,227.52	\$1,587.42	\$1,892.24	\$2,066.11	\$2,247.53	\$2,443.02
83	\$1,346.50	\$1,748.04	\$2,091.13	\$2,277.46	\$2,472.29	\$2,682.62
84	\$1,477.02	\$1,924.91	\$2,310.91	\$2,510.41	\$2,719.51	\$2,945.72
85	\$1,585.42	\$2,063.36	\$2,477.14	\$2,689.11	\$2,912.26	\$3,154.48
86	\$1,704.38	\$2,215.78	\$2,660.55	\$2,885.89	\$3,124.20	\$3,383.75
87	\$1,834.92	\$2,383.55	\$2,862.93	\$3,102.60	\$3,357.25	\$3,635.54
88	\$1,959.33	\$2,542.30	\$3,053.85	\$3,305.53	\$3,575.02	\$3,870.74
89	\$2,094.26	\$2,714.80	\$3,261.67	\$3,525.94	\$3,811.23	\$4,125.58
90	\$2,240.62	\$2,902.24	\$3,487.84	\$3,765.32	\$4,067.44	\$4,401.70
91	\$2,399.36	\$3,105.92	\$3,734.01	\$4,025.31	\$4,345.31	\$4,700.89
92	\$2,571.52	\$3,327.24	\$4,001.92	\$4,307.67	\$4,646.70	\$5,025.06
93	\$2,729.18	\$3,530.19	\$4,247.26	\$4,563.10	\$4,916.83	\$5,313.46
94	\$2,898.09	\$3,748.00	\$4,510.85	\$4,836.83	\$5,205.84	\$5,621.63
95	\$3,079.08	\$3,981.73	\$4,794.04	\$5,130.19	\$5,515.06	\$5,950.94
96	\$3,273.00	\$4,232.54	\$5,098.29	\$5,444.60	\$5,845.91	\$6,302.84
97	\$3,480.76	\$4,501.67	\$5,425.16	\$5,781.54	\$6,199.88	\$6,678.84
98	\$3,703.35	\$4,790.49	\$5,776.34	\$6,142.64	\$6,578.63	\$7,080.64
99	\$3,941.84	\$5,100.44	\$6,153.65	\$6,529.63	\$6,983.84	\$7,510.00
100	\$4,197.37	\$5,433.03	\$6,558.99	\$6,944.36	\$7,417.41	\$7,968.80

**Policy Form Series: LTC2-PREM**  
**Premier**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**50% Home Care**  
**5% Compound Inflation Rider**

Age	2 Year	3 year	4 year	5 year	6 year	7 years
30	\$122.79	\$151.00	\$176.23	\$203.90	\$231.97	\$261.41
31	\$125.94	\$154.89	\$180.75	\$209.14	\$237.95	\$268.19
32	\$129.15	\$158.86	\$185.39	\$214.51	\$244.10	\$275.12
33	\$132.47	\$162.95	\$190.16	\$220.02	\$250.39	\$282.23
34	\$135.86	\$167.12	\$195.04	\$225.68	\$256.87	\$289.53
35	\$139.34	\$171.42	\$200.06	\$231.48	\$263.49	\$297.01
36	\$141.90	\$174.57	\$203.73	\$235.74	\$268.35	\$302.53
37	\$144.52	\$177.79	\$207.47	\$240.08	\$273.33	\$308.14
38	\$147.18	\$181.06	\$211.26	\$244.51	\$278.39	\$313.83
39	\$149.89	\$184.40	\$215.14	\$249.00	\$283.55	\$319.65
40	\$152.66	\$187.80	\$219.07	\$253.61	\$288.81	\$325.58
41	\$155.46	\$191.25	\$223.08	\$258.26	\$294.14	\$331.61
42	\$158.33	\$194.77	\$227.17	\$263.03	\$299.60	\$337.74
43	\$161.24	\$198.37	\$231.34	\$267.87	\$305.14	\$344.00
44	\$164.22	\$202.02	\$235.58	\$272.80	\$310.79	\$350.37
45	\$167.25	\$205.74	\$239.89	\$277.83	\$316.55	\$356.88
46	\$169.86	\$208.96	\$243.68	\$282.25	\$321.60	\$362.58
47	\$172.51	\$212.24	\$247.52	\$286.74	\$326.74	\$368.40
48	\$175.21	\$215.55	\$251.43	\$291.31	\$331.97	\$374.30
49	\$177.94	\$218.94	\$255.37	\$295.93	\$337.26	\$380.30
50	\$180.71	\$222.37	\$259.40	\$300.65	\$342.65	\$386.38
51	\$183.54	\$225.87	\$263.49	\$305.43	\$348.13	\$392.59
52	\$186.39	\$229.40	\$267.63	\$310.28	\$353.68	\$398.87
53	\$189.30	\$233.00	\$271.85	\$315.22	\$359.33	\$405.26
54	\$192.26	\$236.65	\$276.13	\$320.24	\$365.07	\$411.75
55	\$195.24	\$240.35	\$280.49	\$325.33	\$370.91	\$418.35
56	\$203.46	\$250.83	\$293.03	\$340.30	\$388.35	\$438.35
57	\$212.01	\$261.76	\$306.15	\$355.96	\$406.59	\$459.31
58	\$220.90	\$273.18	\$319.85	\$372.35	\$425.72	\$481.26
59	\$230.20	\$285.10	\$334.15	\$389.49	\$445.73	\$504.26
60	\$239.87	\$297.53	\$349.11	\$407.44	\$466.71	\$528.36
61	\$249.94	\$310.50	\$364.72	\$426.19	\$488.65	\$553.63
62	\$260.43	\$324.04	\$381.04	\$445.80	\$511.63	\$580.09
63	\$279.47	\$347.02	\$407.51	\$475.52	\$544.62	\$616.63
64	\$299.90	\$371.64	\$435.83	\$507.19	\$579.75	\$655.47
65	\$321.83	\$397.98	\$466.12	\$540.98	\$617.14	\$696.77
66	\$345.35	\$426.20	\$498.50	\$577.02	\$656.92	\$740.66
67	\$370.60	\$456.42	\$533.15	\$615.47	\$699.29	\$787.33
68	\$403.99	\$498.25	\$582.65	\$669.96	\$759.01	\$852.68
69	\$440.40	\$543.89	\$636.78	\$729.32	\$823.86	\$923.46
70	\$480.08	\$593.72	\$695.91	\$793.93	\$894.23	\$1,000.13
71	\$523.32	\$648.11	\$760.55	\$864.25	\$970.60	\$1,083.16
72	\$570.48	\$707.48	\$831.18	\$940.81	\$1,053.52	\$1,173.06
73	\$626.73	\$779.83	\$918.23	\$1,036.21	\$1,157.72	\$1,286.83
74	\$688.52	\$859.60	\$1,014.37	\$1,141.27	\$1,272.23	\$1,411.62
75	\$756.41	\$947.50	\$1,120.61	\$1,257.00	\$1,398.07	\$1,548.53
76	\$830.99	\$1,044.40	\$1,237.96	\$1,384.48	\$1,536.35	\$1,698.70
77	\$912.94	\$1,151.21	\$1,367.60	\$1,524.87	\$1,688.31	\$1,863.45
78	\$981.33	\$1,241.84	\$1,479.14	\$1,644.88	\$1,817.31	\$2,002.25
79	\$1,054.87	\$1,339.59	\$1,599.79	\$1,774.33	\$1,956.19	\$2,151.39
80	\$1,133.89	\$1,445.04	\$1,730.26	\$1,913.95	\$2,105.67	\$2,311.64
81	\$1,218.85	\$1,558.79	\$1,871.39	\$2,064.59	\$2,266.58	\$2,483.81
82	\$1,310.18	\$1,681.48	\$2,024.01	\$2,227.07	\$2,439.79	\$2,668.82
83	\$1,435.62	\$1,849.57	\$2,232.36	\$2,449.98	\$2,678.72	\$2,925.32
84	\$1,573.08	\$2,034.47	\$2,462.13	\$2,695.20	\$2,941.05	\$3,206.51
85	\$1,681.48	\$2,172.92	\$2,628.36	\$2,873.90	\$3,133.80	\$3,415.27
86	\$1,800.44	\$2,325.34	\$2,811.77	\$3,070.68	\$3,345.74	\$3,644.54
87	\$1,930.98	\$2,493.11	\$3,014.15	\$3,287.39	\$3,578.79	\$3,896.33
88	\$2,055.39	\$2,651.86	\$3,205.07	\$3,490.32	\$3,796.56	\$4,131.53
89	\$2,190.32	\$2,824.36	\$3,412.89	\$3,710.73	\$4,032.77	\$4,386.37
90	\$2,336.68	\$3,011.80	\$3,639.06	\$3,950.11	\$4,288.98	\$4,662.49
91	\$2,495.42	\$3,215.48	\$3,885.23	\$4,210.10	\$4,566.85	\$4,961.68
92	\$2,667.58	\$3,436.80	\$4,153.14	\$4,492.46	\$4,868.24	\$5,285.85
93	\$2,825.24	\$3,639.75	\$4,398.48	\$4,747.89	\$5,138.37	\$5,574.25
94	\$2,994.15	\$3,857.56	\$4,662.07	\$5,021.62	\$5,427.38	\$5,882.42
95	\$3,175.14	\$4,091.29	\$4,945.26	\$5,314.98	\$5,736.60	\$6,211.73
96	\$3,369.06	\$4,342.10	\$5,249.51	\$5,629.39	\$6,067.45	\$6,563.63
97	\$3,576.82	\$4,611.23	\$5,576.38	\$5,966.33	\$6,421.42	\$6,939.63
98	\$3,799.41	\$4,900.05	\$5,927.56	\$6,327.43	\$6,800.17	\$7,341.43
99	\$4,037.90	\$5,210.00	\$6,304.87	\$6,714.42	\$7,205.38	\$7,770.79
100	\$4,293.43	\$5,542.59	\$6,710.21	\$7,129.15	\$7,638.95	\$8,229.59

**Policy Form Series: LTC2-VAL**  
**Value**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**100% Home Care**  
**No Inflation**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	\$45.28	\$53.18	\$59.96	\$66.62	\$73.70	\$81.53	\$90.53
31	\$45.82	\$54.01	\$61.03	\$67.85	\$75.12	\$83.15	\$92.39
32	\$46.37	\$54.84	\$62.11	\$69.12	\$76.57	\$84.79	\$94.30
33	\$46.95	\$55.69	\$63.21	\$70.41	\$78.04	\$86.46	\$96.25
34	\$47.52	\$56.55	\$64.32	\$71.72	\$79.55	\$88.17	\$98.22
35	\$48.10	\$57.43	\$65.45	\$73.06	\$81.09	\$89.91	\$100.25
36	\$48.71	\$58.32	\$66.62	\$74.39	\$82.62	\$91.63	\$102.23
37	\$49.31	\$59.23	\$67.79	\$75.76	\$84.18	\$93.41	\$104.27
38	\$49.94	\$60.16	\$68.99	\$77.15	\$85.77	\$95.20	\$106.33
39	\$50.58	\$61.11	\$70.20	\$78.57	\$87.39	\$97.04	\$108.45
40	\$51.22	\$62.06	\$71.44	\$80.02	\$89.05	\$98.90	\$110.61
41	\$51.87	\$63.04	\$72.69	\$81.49	\$90.72	\$100.81	\$112.81
42	\$52.53	\$64.02	\$73.97	\$82.98	\$92.44	\$102.75	\$115.04
43	\$53.18	\$65.01	\$75.27	\$84.50	\$94.18	\$104.73	\$117.32
44	\$53.86	\$66.03	\$76.61	\$86.05	\$95.96	\$106.76	\$119.65
45	\$54.55	\$67.06	\$77.94	\$87.64	\$97.78	\$108.80	\$122.03
46	\$55.43	\$68.33	\$79.57	\$89.50	\$99.90	\$111.20	\$124.76
47	\$56.33	\$69.63	\$81.20	\$91.41	\$102.06	\$113.65	\$127.54
48	\$57.26	\$70.93	\$82.88	\$93.36	\$104.27	\$116.15	\$130.38
49	\$58.19	\$72.28	\$84.58	\$95.33	\$106.54	\$118.71	\$133.31
50	\$59.13	\$73.63	\$86.34	\$97.36	\$108.85	\$121.31	\$136.28
51	\$60.10	\$75.04	\$88.12	\$99.44	\$111.20	\$123.98	\$139.32
52	\$61.06	\$76.44	\$89.94	\$101.55	\$113.62	\$126.72	\$142.43
53	\$62.06	\$77.89	\$91.80	\$103.72	\$116.09	\$129.50	\$145.61
54	\$63.07	\$79.36	\$93.69	\$105.91	\$118.60	\$132.34	\$148.86
55	\$64.08	\$80.87	\$95.64	\$108.16	\$121.17	\$135.25	\$152.18
56	\$69.12	\$86.66	\$102.06	\$115.56	\$129.56	\$144.70	\$162.88
57	\$74.53	\$92.90	\$108.94	\$123.47	\$138.53	\$154.80	\$174.34
58	\$80.38	\$99.57	\$116.27	\$131.90	\$148.11	\$165.62	\$186.61
59	\$86.68	\$106.72	\$124.10	\$140.93	\$158.35	\$177.18	\$199.74
60	\$93.46	\$114.40	\$132.45	\$150.56	\$169.30	\$189.55	\$213.80
61	\$100.79	\$122.63	\$141.37	\$160.85	\$181.02	\$202.78	\$228.84
62	\$108.68	\$131.43	\$150.87	\$171.86	\$193.56	\$216.95	\$244.95
63	\$118.44	\$143.31	\$164.57	\$187.62	\$211.44	\$237.09	\$267.80
64	\$129.07	\$156.27	\$179.51	\$204.83	\$230.96	\$259.11	\$292.78
65	\$140.64	\$170.40	\$195.80	\$223.60	\$252.30	\$283.18	\$320.09
66	\$153.25	\$185.82	\$213.58	\$244.12	\$275.61	\$309.47	\$349.95
67	\$166.99	\$202.61	\$232.97	\$266.51	\$301.06	\$338.20	\$382.60
68	\$185.97	\$226.17	\$260.43	\$297.46	\$335.60	\$376.65	\$425.78
69	\$207.09	\$252.47	\$291.14	\$332.00	\$374.12	\$419.46	\$473.83
70	\$230.63	\$281.82	\$325.46	\$370.55	\$417.06	\$467.15	\$527.30
71	\$256.85	\$314.61	\$363.82	\$413.59	\$464.92	\$520.25	\$586.80
72	\$286.02	\$351.18	\$406.72	\$461.62	\$518.27	\$579.38	\$653.02
73	\$320.61	\$395.12	\$458.65	\$519.42	\$582.15	\$649.89	\$731.65
74	\$359.38	\$444.55	\$517.24	\$584.45	\$653.89	\$728.98	\$819.79
75	\$402.85	\$500.17	\$583.30	\$657.63	\$734.49	\$817.69	\$918.52
76	\$451.55	\$562.75	\$657.80	\$739.98	\$825.02	\$917.18	\$1,029.14
77	\$506.16	\$633.16	\$741.81	\$832.63	\$926.71	\$1,028.79	\$1,153.09
78	\$553.51	\$694.94	\$816.07	\$914.09	\$1,015.62	\$1,125.86	\$1,259.86
79	\$605.29	\$762.75	\$897.76	\$1,003.49	\$1,113.07	\$1,232.09	\$1,376.54
80	\$661.92	\$837.19	\$987.62	\$1,101.64	\$1,219.88	\$1,348.35	\$1,504.00
81	\$723.84	\$918.89	\$1,086.48	\$1,209.40	\$1,336.93	\$1,475.57	\$1,643.27
82	\$791.55	\$1,008.56	\$1,195.24	\$1,327.70	\$1,465.21	\$1,614.80	\$1,795.44
83	\$871.55	\$1,114.01	\$1,323.12	\$1,466.73	\$1,616.11	\$1,778.74	\$1,975.05
84	\$959.63	\$1,230.52	\$1,464.69	\$1,620.32	\$1,782.54	\$1,959.34	\$2,172.63
85	\$1,056.60	\$1,359.20	\$1,621.42	\$1,790.01	\$1,966.13	\$2,158.27	\$2,389.96
86	\$1,163.38	\$1,501.33	\$1,794.90	\$1,977.45	\$2,168.61	\$2,377.39	\$2,629.03
87	\$1,280.95	\$1,658.33	\$1,986.95	\$2,184.53	\$2,391.96	\$2,618.76	\$2,892.03
88	\$1,393.10	\$1,806.71	\$2,167.78	\$2,378.03	\$2,600.18	\$2,843.75	\$3,138.09
89	\$1,515.09	\$1,968.38	\$2,365.09	\$2,588.66	\$2,826.54	\$3,088.05	\$3,405.10
90	\$1,647.73	\$2,144.51	\$2,580.33	\$2,817.94	\$3,072.61	\$3,353.35	\$3,694.83
91	\$1,792.01	\$2,336.41	\$2,815.17	\$3,067.55	\$3,340.08	\$3,641.44	\$4,009.19
92	\$1,948.91	\$2,545.46	\$3,071.37	\$3,339.25	\$3,630.85	\$3,954.28	\$4,350.31
93	\$2,093.08	\$2,737.26	\$3,305.98	\$3,584.98	\$3,891.39	\$4,232.52	\$4,650.95
94	\$2,247.92	\$2,943.49	\$3,558.48	\$3,848.81	\$4,170.62	\$4,530.33	\$4,972.37
95	\$2,414.22	\$3,165.29	\$3,830.28	\$4,132.03	\$4,469.88	\$4,849.10	\$5,316.00
96	\$2,592.81	\$3,403.78	\$4,122.84	\$4,436.11	\$4,790.63	\$5,190.29	\$5,683.37
97	\$2,784.63	\$3,660.24	\$4,437.74	\$4,762.57	\$5,134.37	\$5,555.49	\$6,076.14
98	\$2,990.64	\$3,936.03	\$4,776.70	\$5,113.04	\$5,502.81	\$5,946.38	\$6,496.06
99	\$3,211.88	\$4,232.59	\$5,141.55	\$5,489.31	\$5,897.66	\$6,364.79	\$6,944.97
100	\$3,449.48	\$4,551.49	\$5,534.26	\$5,893.27	\$6,320.85	\$6,812.64	\$7,424.93

**Policy Form Series: LTC2-VAL**  
**Value**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**100% Home Care**  
**5% Simple Inflation Rider**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	\$49.98	\$61.02	\$70.18	\$79.77	\$89.25	\$99.24	\$110.00
31	\$51.82	\$63.39	\$72.98	\$82.98	\$92.87	\$103.28	\$114.50
32	\$53.72	\$65.86	\$75.87	\$86.31	\$96.61	\$107.47	\$119.19
33	\$55.70	\$68.42	\$78.89	\$89.78	\$100.53	\$111.84	\$124.08
34	\$57.76	\$71.08	\$82.01	\$93.37	\$104.63	\$116.41	\$129.15
35	\$59.88	\$73.84	\$85.27	\$97.13	\$108.87	\$121.14	\$134.46
36	\$61.71	\$76.20	\$88.07	\$100.33	\$112.50	\$125.21	\$138.99
37	\$63.57	\$78.65	\$90.94	\$103.66	\$116.27	\$129.42	\$143.68
38	\$65.50	\$81.17	\$93.92	\$107.10	\$120.16	\$133.77	\$148.55
39	\$67.50	\$83.77	\$96.99	\$110.65	\$124.18	\$138.26	\$153.57
40	\$69.54	\$86.46	\$100.17	\$114.29	\$128.33	\$142.91	\$158.76
41	\$71.68	\$89.24	\$103.45	\$118.08	\$132.62	\$147.71	\$164.14
42	\$73.84	\$92.11	\$106.82	\$122.00	\$137.06	\$152.66	\$169.68
43	\$76.08	\$95.06	\$110.32	\$126.04	\$141.64	\$157.80	\$175.41
44	\$78.40	\$98.11	\$113.94	\$130.21	\$146.37	\$163.10	\$181.34
45	\$80.78	\$101.25	\$117.66	\$134.52	\$151.27	\$168.58	\$187.47
46	\$82.96	\$104.14	\$121.09	\$138.49	\$155.81	\$173.65	\$193.12
47	\$85.20	\$107.11	\$124.62	\$142.58	\$160.45	\$178.85	\$198.94
48	\$87.51	\$110.17	\$128.26	\$146.81	\$165.25	\$184.22	\$204.94
49	\$89.86	\$113.30	\$131.98	\$151.15	\$170.19	\$189.77	\$211.13
50	\$92.29	\$116.54	\$135.82	\$155.61	\$175.27	\$195.47	\$217.50
51	\$94.78	\$119.86	\$139.78	\$160.21	\$180.49	\$201.35	\$224.06
52	\$97.34	\$123.29	\$143.85	\$164.96	\$185.90	\$207.40	\$230.82
53	\$99.97	\$126.80	\$148.04	\$169.83	\$191.45	\$213.63	\$237.78
54	\$102.67	\$130.41	\$152.35	\$174.86	\$197.17	\$220.05	\$244.95
55	\$105.43	\$134.14	\$156.80	\$180.04	\$203.05	\$226.66	\$252.35
56	\$112.23	\$142.77	\$166.84	\$191.81	\$216.56	\$241.91	\$269.49
57	\$119.47	\$151.95	\$177.52	\$204.37	\$230.97	\$258.18	\$287.79
58	\$127.18	\$161.73	\$188.89	\$217.75	\$246.33	\$275.55	\$307.33
59	\$135.37	\$172.14	\$200.98	\$232.00	\$262.71	\$294.08	\$328.21
60	\$144.11	\$183.22	\$213.86	\$247.19	\$280.18	\$313.87	\$350.50
61	\$153.40	\$195.01	\$227.54	\$263.37	\$298.83	\$334.97	\$374.30
62	\$163.28	\$207.55	\$242.11	\$280.61	\$318.70	\$357.52	\$399.74
63	\$177.67	\$225.75	\$263.22	\$304.57	\$345.52	\$387.26	\$432.76
64	\$193.32	\$245.55	\$286.15	\$330.58	\$374.61	\$419.49	\$468.52
65	\$210.34	\$267.10	\$311.09	\$358.82	\$406.14	\$454.41	\$507.24
66	\$228.88	\$290.53	\$338.20	\$389.46	\$440.32	\$492.23	\$549.15
67	\$249.02	\$316.01	\$367.68	\$422.72	\$477.38	\$533.19	\$594.53
68	\$275.00	\$349.96	\$407.90	\$467.42	\$526.55	\$587.02	\$653.63
69	\$303.69	\$387.55	\$452.52	\$516.85	\$580.79	\$646.27	\$718.63
70	\$335.36	\$429.19	\$502.01	\$571.51	\$640.60	\$711.52	\$790.06
71	\$370.35	\$475.30	\$556.94	\$631.94	\$706.59	\$783.37	\$868.61
72	\$408.98	\$526.35	\$617.87	\$698.76	\$779.36	\$862.44	\$954.97
73	\$453.90	\$586.83	\$691.03	\$779.29	\$867.24	\$958.03	\$1,059.36
74	\$503.77	\$654.26	\$772.84	\$869.10	\$965.02	\$1,064.21	\$1,175.16
75	\$559.11	\$729.45	\$864.35	\$969.25	\$1,073.84	\$1,182.16	\$1,303.62
76	\$620.52	\$813.28	\$966.72	\$1,080.94	\$1,194.93	\$1,313.18	\$1,446.10
77	\$688.68	\$906.74	\$1,081.18	\$1,205.53	\$1,329.67	\$1,458.73	\$1,604.18
78	\$749.58	\$991.25	\$1,186.03	\$1,318.83	\$1,451.30	\$1,589.07	\$1,744.37
79	\$815.86	\$1,083.66	\$1,301.06	\$1,442.81	\$1,584.06	\$1,731.06	\$1,896.81
80	\$888.01	\$1,184.67	\$1,427.24	\$1,578.41	\$1,728.96	\$1,885.75	\$2,062.58
81	\$966.54	\$1,295.10	\$1,565.65	\$1,726.78	\$1,887.13	\$2,054.24	\$2,242.81
82	\$1,052.01	\$1,415.82	\$1,717.50	\$1,889.08	\$2,059.74	\$2,237.82	\$2,438.82
83	\$1,155.84	\$1,561.25	\$1,900.51	\$2,084.95	\$2,268.53	\$2,460.32	\$2,676.57
84	\$1,269.91	\$1,721.63	\$2,103.02	\$2,301.14	\$2,498.49	\$2,704.97	\$2,937.52
85	\$1,366.88	\$1,850.31	\$2,259.75	\$2,470.83	\$2,682.08	\$2,903.90	\$3,154.85
86	\$1,473.66	\$1,992.44	\$2,433.23	\$2,658.27	\$2,884.56	\$3,123.02	\$3,393.92
87	\$1,591.23	\$2,149.44	\$2,625.28	\$2,865.35	\$3,107.91	\$3,364.39	\$3,656.92
88	\$1,703.38	\$2,297.82	\$2,806.11	\$3,058.85	\$3,316.13	\$3,589.38	\$3,902.98
89	\$1,825.37	\$2,459.49	\$3,003.42	\$3,269.48	\$3,542.49	\$3,833.68	\$4,169.99
90	\$1,958.01	\$2,635.62	\$3,218.66	\$3,498.76	\$3,788.56	\$4,098.98	\$4,459.72
91	\$2,102.29	\$2,827.52	\$3,453.50	\$3,748.37	\$4,056.03	\$4,387.07	\$4,774.08
92	\$2,259.19	\$3,036.57	\$3,709.70	\$4,020.07	\$4,346.80	\$4,699.91	\$5,115.20
93	\$2,403.36	\$3,228.37	\$3,944.31	\$4,265.80	\$4,607.34	\$4,978.15	\$5,415.84
94	\$2,558.20	\$3,434.60	\$4,196.81	\$4,529.63	\$4,886.57	\$5,275.96	\$5,737.26
95	\$2,724.50	\$3,656.40	\$4,468.61	\$4,812.85	\$5,185.83	\$5,594.73	\$6,080.89
96	\$2,903.09	\$3,894.89	\$4,761.17	\$5,116.93	\$5,506.58	\$5,935.92	\$6,448.26
97	\$3,094.91	\$4,151.35	\$5,076.07	\$5,443.39	\$5,850.32	\$6,301.12	\$6,841.03
98	\$3,300.92	\$4,427.14	\$5,415.03	\$5,793.86	\$6,218.76	\$6,692.01	\$7,260.95
99	\$3,522.16	\$4,723.70	\$5,779.88	\$6,170.13	\$6,613.61	\$7,110.42	\$7,709.86
100	\$3,759.76	\$5,042.60	\$6,172.59	\$6,574.09	\$7,036.80	\$7,558.27	\$8,189.82

**Policy Form Series: LTC2-VAL**  
**Value**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**100% Home Care**  
**5% Compound Inflation Rider**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	\$98.45	\$123.08	\$144.58	\$167.87	\$191.17	\$215.26	\$242.65
31	\$100.85	\$126.14	\$148.22	\$172.14	\$196.07	\$220.82	\$249.00
32	\$103.31	\$129.27	\$151.93	\$176.50	\$201.09	\$226.51	\$255.53
33	\$105.83	\$132.48	\$155.75	\$181.00	\$206.24	\$232.34	\$262.22
34	\$108.41	\$135.78	\$159.67	\$185.59	\$211.52	\$238.34	\$269.08
35	\$111.07	\$139.14	\$163.67	\$190.31	\$216.95	\$244.49	\$276.13
36	\$113.00	\$141.60	\$166.62	\$193.77	\$220.95	\$249.04	\$281.34
37	\$114.95	\$144.12	\$169.63	\$197.30	\$225.02	\$253.67	\$286.64
38	\$116.97	\$146.67	\$172.67	\$200.91	\$229.18	\$258.39	\$292.04
39	\$118.99	\$149.28	\$175.77	\$204.58	\$233.41	\$263.20	\$297.56
40	\$121.05	\$151.93	\$178.94	\$208.31	\$237.72	\$268.09	\$303.19
41	\$123.15	\$154.62	\$182.17	\$212.11	\$242.09	\$273.07	\$308.90
42	\$125.30	\$157.36	\$185.44	\$215.98	\$246.55	\$278.16	\$314.73
43	\$127.47	\$160.14	\$188.77	\$219.92	\$251.10	\$283.33	\$320.66
44	\$129.67	\$162.99	\$192.17	\$223.94	\$255.73	\$288.60	\$326.71
45	\$131.94	\$165.87	\$195.63	\$228.03	\$260.44	\$293.96	\$332.87
46	\$133.91	\$168.45	\$198.72	\$231.68	\$264.68	\$298.77	\$338.38
47	\$135.95	\$171.06	\$201.85	\$235.40	\$268.96	\$303.66	\$343.94
48	\$137.99	\$173.70	\$205.03	\$239.17	\$273.32	\$308.62	\$349.62
49	\$140.07	\$176.40	\$208.25	\$242.99	\$277.77	\$313.69	\$355.39
50	\$142.18	\$179.12	\$211.54	\$246.89	\$282.26	\$318.82	\$361.25
51	\$144.31	\$181.90	\$214.89	\$250.85	\$286.84	\$324.04	\$367.22
52	\$146.49	\$184.72	\$218.26	\$254.87	\$291.49	\$329.33	\$373.27
53	\$148.71	\$187.57	\$221.71	\$258.95	\$296.23	\$334.72	\$379.42
54	\$150.93	\$190.48	\$225.19	\$263.10	\$301.02	\$340.19	\$385.70
55	\$153.21	\$193.44	\$228.74	\$267.31	\$305.90	\$345.77	\$392.04
56	\$159.81	\$202.15	\$239.36	\$280.10	\$320.87	\$362.95	\$411.77
57	\$166.70	\$211.27	\$250.48	\$293.50	\$336.55	\$380.97	\$432.49
58	\$173.89	\$220.79	\$262.10	\$307.52	\$352.99	\$399.90	\$454.24
59	\$181.39	\$230.77	\$274.27	\$322.25	\$370.24	\$419.76	\$477.09
60	\$189.22	\$241.17	\$287.00	\$337.66	\$388.32	\$440.62	\$501.10
61	\$197.36	\$252.05	\$300.31	\$353.81	\$407.33	\$462.50	\$526.30
62	\$205.87	\$263.42	\$314.26	\$370.74	\$427.22	\$485.47	\$552.78
63	\$221.29	\$282.70	\$336.92	\$396.45	\$456.00	\$517.41	\$588.48
64	\$237.86	\$303.40	\$361.20	\$423.96	\$486.69	\$551.45	\$626.47
65	\$255.66	\$325.63	\$387.26	\$453.36	\$519.47	\$587.73	\$666.93
66	\$274.81	\$349.48	\$415.18	\$484.79	\$554.44	\$626.38	\$709.97
67	\$295.38	\$375.07	\$445.13	\$518.42	\$591.77	\$667.58	\$755.82
68	\$322.45	\$410.35	\$487.68	\$565.82	\$644.01	\$724.87	\$819.18
69	\$352.01	\$448.93	\$534.31	\$617.54	\$700.85	\$787.07	\$887.86
70	\$384.27	\$491.14	\$585.38	\$673.99	\$762.70	\$854.58	\$962.29
71	\$419.50	\$537.34	\$641.33	\$735.60	\$830.03	\$927.91	\$1,042.96
72	\$457.94	\$587.85	\$702.64	\$802.85	\$903.29	\$1,007.52	\$1,130.39
73	\$503.72	\$649.18	\$777.92	\$886.34	\$995.00	\$1,107.85	\$1,241.15
74	\$554.08	\$716.91	\$861.29	\$978.51	\$1,096.03	\$1,218.17	\$1,362.75
75	\$609.47	\$791.71	\$953.58	\$1,080.27	\$1,207.32	\$1,339.46	\$1,496.28
76	\$670.39	\$874.30	\$1,055.76	\$1,192.61	\$1,329.91	\$1,472.84	\$1,642.86
77	\$737.42	\$965.53	\$1,168.89	\$1,316.63	\$1,464.94	\$1,619.50	\$1,803.84
78	\$799.29	\$1,050.85	\$1,275.67	\$1,433.07	\$1,591.07	\$1,755.69	\$1,951.49
79	\$866.36	\$1,143.73	\$1,392.19	\$1,559.79	\$1,728.04	\$1,903.34	\$2,111.23
80	\$939.06	\$1,244.82	\$1,519.36	\$1,697.70	\$1,876.82	\$2,063.42	\$2,284.05
81	\$1,017.87	\$1,354.84	\$1,658.16	\$1,847.85	\$2,038.38	\$2,236.95	\$2,471.03
82	\$1,103.30	\$1,474.58	\$1,809.62	\$2,011.24	\$2,213.86	\$2,425.09	\$2,673.29
83	\$1,210.60	\$1,623.95	\$1,998.12	\$2,214.89	\$2,433.17	\$2,660.85	\$2,927.96
84	\$1,328.32	\$1,788.49	\$2,206.26	\$2,439.18	\$2,674.22	\$2,919.56	\$3,206.89
85	\$1,425.29	\$1,917.17	\$2,362.99	\$2,608.87	\$2,857.81	\$3,118.49	\$3,424.22
86	\$1,532.07	\$2,059.30	\$2,536.47	\$2,796.31	\$3,060.29	\$3,337.61	\$3,663.29
87	\$1,649.64	\$2,216.30	\$2,728.52	\$3,003.39	\$3,283.64	\$3,578.98	\$3,926.29
88	\$1,761.79	\$2,364.68	\$2,909.35	\$3,196.89	\$3,491.86	\$3,803.97	\$4,172.35
89	\$1,883.78	\$2,526.35	\$3,106.66	\$3,407.52	\$3,718.22	\$4,048.27	\$4,439.36
90	\$2,016.42	\$2,702.48	\$3,321.90	\$3,636.80	\$3,964.29	\$4,313.57	\$4,729.09
91	\$2,160.70	\$2,894.38	\$3,556.74	\$3,886.41	\$4,231.76	\$4,601.66	\$5,043.45
92	\$2,317.60	\$3,103.43	\$3,812.94	\$4,158.11	\$4,522.53	\$4,914.50	\$5,384.57
93	\$2,461.77	\$3,295.23	\$4,047.55	\$4,403.84	\$4,783.07	\$5,192.74	\$5,685.21
94	\$2,616.61	\$3,501.46	\$4,300.05	\$4,667.67	\$5,062.30	\$5,490.55	\$6,006.63
95	\$2,782.91	\$3,723.26	\$4,571.85	\$4,950.89	\$5,361.56	\$5,809.32	\$6,350.26
96	\$2,961.50	\$3,961.75	\$4,864.41	\$5,254.97	\$5,682.31	\$6,150.51	\$6,717.63
97	\$3,153.32	\$4,218.21	\$5,179.31	\$5,581.43	\$6,026.05	\$6,515.71	\$7,110.40
98	\$3,359.33	\$4,494.00	\$5,518.27	\$5,931.90	\$6,394.49	\$6,906.60	\$7,530.32
99	\$3,580.57	\$4,790.56	\$5,883.12	\$6,308.17	\$6,789.34	\$7,325.01	\$7,979.23
100	\$3,818.17	\$5,109.46	\$6,275.83	\$6,712.13	\$7,212.53	\$7,772.86	\$8,459.19

**Policy Form Series: LTC2-VAL**  
**Value**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**75% Home Care**  
**No Inflation**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	\$42.28	\$49.42	\$55.25	\$60.94	\$67.06	\$73.85	\$81.47
31	\$42.79	\$50.19	\$56.23	\$62.07	\$68.34	\$75.31	\$83.15
32	\$43.31	\$50.95	\$57.21	\$63.24	\$69.66	\$76.79	\$84.85
33	\$43.84	\$51.75	\$58.22	\$64.42	\$71.01	\$78.31	\$86.61
34	\$44.38	\$52.54	\$59.25	\$65.61	\$72.38	\$79.85	\$88.39
35	\$44.92	\$53.37	\$60.30	\$66.84	\$73.77	\$81.44	\$90.21
36	\$45.49	\$54.20	\$61.36	\$68.06	\$75.17	\$83.00	\$92.00
37	\$46.07	\$55.04	\$62.45	\$69.31	\$76.59	\$84.60	\$93.83
38	\$46.64	\$55.91	\$63.54	\$70.59	\$78.04	\$86.24	\$95.69
39	\$47.24	\$56.78	\$64.66	\$71.88	\$79.51	\$87.90	\$97.60
40	\$47.84	\$57.66	\$65.81	\$73.21	\$81.02	\$89.59	\$99.54
41	\$48.44	\$58.58	\$66.96	\$74.55	\$82.54	\$91.31	\$101.52
42	\$49.06	\$59.49	\$68.14	\$75.91	\$84.09	\$93.09	\$103.53
43	\$49.69	\$60.42	\$69.34	\$77.32	\$85.68	\$94.88	\$105.59
44	\$50.31	\$61.36	\$70.57	\$78.74	\$87.31	\$96.70	\$107.69
45	\$50.95	\$62.33	\$71.81	\$80.17	\$88.96	\$98.56	\$109.82
46	\$51.76	\$63.49	\$73.30	\$81.88	\$90.89	\$100.72	\$112.27
47	\$52.61	\$64.69	\$74.80	\$83.62	\$92.87	\$102.95	\$114.78
48	\$53.47	\$65.91	\$76.35	\$85.40	\$94.88	\$105.22	\$117.34
49	\$54.33	\$67.16	\$77.93	\$87.22	\$96.92	\$107.52	\$119.96
50	\$55.23	\$68.43	\$79.53	\$89.08	\$99.03	\$109.88	\$122.64
51	\$56.12	\$69.71	\$81.19	\$90.97	\$101.18	\$112.30	\$125.38
52	\$57.04	\$71.03	\$82.86	\$92.90	\$103.38	\$114.78	\$128.17
53	\$57.97	\$72.38	\$84.57	\$94.88	\$105.61	\$117.30	\$131.03
54	\$58.90	\$73.75	\$86.31	\$96.89	\$107.91	\$119.89	\$133.95
55	\$59.86	\$75.14	\$88.10	\$98.95	\$110.24	\$122.53	\$136.94
56	\$64.56	\$80.53	\$94.03	\$105.73	\$117.88	\$131.08	\$146.59
57	\$69.61	\$86.33	\$100.35	\$112.96	\$126.02	\$140.22	\$156.90
58	\$75.07	\$92.53	\$107.11	\$120.68	\$134.74	\$150.02	\$167.94
59	\$80.95	\$99.17	\$114.33	\$128.93	\$144.07	\$160.50	\$179.75
60	\$87.29	\$106.30	\$122.02	\$137.75	\$154.04	\$171.70	\$192.39
61	\$94.13	\$113.94	\$130.23	\$147.17	\$164.69	\$183.69	\$205.93
62	\$101.52	\$122.14	\$138.99	\$157.22	\$176.10	\$196.51	\$220.43
63	\$110.61	\$133.17	\$151.61	\$171.65	\$192.36	\$214.77	\$240.99
64	\$120.53	\$145.22	\$165.37	\$187.39	\$210.13	\$234.71	\$263.47
65	\$131.35	\$158.34	\$180.39	\$204.57	\$229.54	\$256.51	\$288.04
66	\$143.13	\$172.67	\$196.75	\$223.33	\$250.75	\$280.32	\$314.93
67	\$155.97	\$188.27	\$214.61	\$243.82	\$273.90	\$306.35	\$344.30
68	\$173.68	\$210.17	\$239.91	\$272.12	\$305.33	\$341.18	\$383.16
69	\$193.42	\$234.61	\$268.20	\$303.73	\$340.38	\$379.96	\$426.40
70	\$215.41	\$261.88	\$299.82	\$339.01	\$379.44	\$423.16	\$474.52
71	\$239.88	\$292.34	\$335.16	\$378.37	\$422.99	\$471.26	\$528.06
72	\$267.14	\$326.34	\$374.67	\$422.31	\$471.53	\$524.83	\$587.65
73	\$299.43	\$367.17	\$422.53	\$475.19	\$529.65	\$588.69	\$658.42
74	\$335.65	\$413.10	\$476.50	\$534.70	\$594.93	\$660.32	\$737.72
75	\$376.23	\$464.78	\$537.35	\$601.64	\$668.24	\$740.68	\$826.58
76	\$421.72	\$522.92	\$605.98	\$676.98	\$750.61	\$830.80	\$926.14
77	\$472.73	\$588.34	\$683.39	\$761.75	\$843.12	\$931.90	\$1,037.68
78	\$516.95	\$645.77	\$751.80	\$836.26	\$924.02	\$1,019.83	\$1,133.75
79	\$565.31	\$708.77	\$827.05	\$918.06	\$1,012.68	\$1,116.06	\$1,238.75
80	\$618.20	\$777.94	\$909.83	\$1,007.85	\$1,109.86	\$1,221.36	\$1,353.45
81	\$676.03	\$853.86	\$1,000.90	\$1,106.43	\$1,216.36	\$1,336.60	\$1,478.80
82	\$739.27	\$937.17	\$1,101.10	\$1,214.65	\$1,333.07	\$1,462.71	\$1,615.72
83	\$813.97	\$1,035.18	\$1,218.91	\$1,341.86	\$1,470.35	\$1,611.23	\$1,777.36
84	\$896.24	\$1,143.44	\$1,349.35	\$1,482.37	\$1,621.77	\$1,774.80	\$1,955.16
85	\$986.81	\$1,263.00	\$1,493.71	\$1,637.61	\$1,788.80	\$1,955.01	\$2,150.74
86	\$1,086.53	\$1,395.08	\$1,653.55	\$1,809.09	\$1,973.02	\$2,153.50	\$2,365.88
87	\$1,196.35	\$1,540.98	\$1,830.46	\$1,998.54	\$2,176.23	\$2,372.13	\$2,602.57
88	\$1,301.10	\$1,678.86	\$1,997.06	\$2,175.55	\$2,365.68	\$2,575.93	\$2,823.99
89	\$1,415.00	\$1,829.09	\$2,178.82	\$2,368.26	\$2,571.62	\$2,797.24	\$3,064.27
90	\$1,538.90	\$1,992.75	\$2,377.10	\$2,578.03	\$2,795.48	\$3,037.54	\$3,324.99
91	\$1,673.64	\$2,171.06	\$2,593.44	\$2,806.38	\$3,038.84	\$3,298.51	\$3,607.90
92	\$1,820.18	\$2,365.32	\$2,829.48	\$3,054.95	\$3,303.39	\$3,581.89	\$3,914.87
93	\$1,954.82	\$2,543.53	\$3,045.60	\$3,279.77	\$3,540.43	\$3,833.92	\$4,185.42
94	\$2,099.45	\$2,735.18	\$3,278.23	\$3,521.12	\$3,794.47	\$4,103.67	\$4,474.66
95	\$2,254.76	\$2,941.28	\$3,528.62	\$3,780.24	\$4,066.75	\$4,392.43	\$4,783.90
96	\$2,421.57	\$3,162.89	\$3,798.12	\$4,058.42	\$4,358.56	\$4,701.48	\$5,114.50
97	\$2,600.71	\$3,401.19	\$4,088.23	\$4,357.07	\$4,671.31	\$5,032.30	\$5,467.96
98	\$2,793.10	\$3,657.46	\$4,400.49	\$4,677.72	\$5,006.51	\$5,386.38	\$5,845.83
99	\$2,999.73	\$3,933.05	\$4,736.61	\$5,021.95	\$5,365.75	\$5,765.38	\$6,249.82
100	\$3,221.65	\$4,229.39	\$5,098.39	\$5,391.51	\$5,750.78	\$6,171.05	\$6,681.74

**Policy Form Series: LTC2-VAL**  
**Value**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**75% Home Care**  
**5% Simple Inflation Rider**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	\$47.70	\$56.72	\$64.88	\$73.45	\$81.48	\$90.24	\$99.72
31	\$49.47	\$58.91	\$67.45	\$76.38	\$84.77	\$93.93	\$103.82
32	\$51.29	\$61.21	\$70.14	\$79.46	\$88.22	\$97.75	\$108.07
33	\$53.17	\$63.60	\$72.92	\$82.66	\$91.78	\$101.72	\$112.50
34	\$55.13	\$66.06	\$75.81	\$85.97	\$95.50	\$105.88	\$117.10
35	\$57.16	\$68.63	\$78.82	\$89.42	\$99.39	\$110.19	\$121.90
36	\$58.89	\$70.83	\$81.40	\$92.38	\$102.70	\$113.89	\$126.02
37	\$60.69	\$73.11	\$84.07	\$95.44	\$106.15	\$117.71	\$130.28
38	\$62.53	\$75.46	\$86.81	\$98.59	\$109.69	\$121.66	\$134.70
39	\$64.44	\$77.87	\$89.66	\$101.86	\$113.36	\$125.76	\$139.24
40	\$66.38	\$80.37	\$92.60	\$105.24	\$117.15	\$129.98	\$143.95
41	\$68.42	\$82.95	\$95.62	\$108.72	\$121.07	\$134.34	\$148.81
42	\$70.49	\$85.60	\$98.75	\$112.31	\$125.12	\$138.86	\$153.84
43	\$72.62	\$88.36	\$101.97	\$116.04	\$129.30	\$143.52	\$159.04
44	\$74.83	\$91.19	\$105.32	\$119.89	\$133.63	\$148.35	\$164.42
45	\$77.11	\$94.12	\$108.77	\$123.84	\$138.11	\$153.32	\$169.98
46	\$79.19	\$96.78	\$111.93	\$127.51	\$142.23	\$157.93	\$175.10
47	\$81.32	\$99.55	\$115.19	\$131.28	\$146.48	\$162.67	\$180.39
48	\$83.52	\$102.40	\$118.55	\$135.17	\$150.85	\$167.56	\$185.84
49	\$85.78	\$105.32	\$122.01	\$139.15	\$155.36	\$172.60	\$191.43
50	\$88.10	\$108.31	\$125.55	\$143.28	\$160.01	\$177.78	\$197.20
51	\$90.46	\$111.40	\$129.22	\$147.52	\$164.77	\$183.13	\$203.15
52	\$92.92	\$114.58	\$132.99	\$151.88	\$169.71	\$188.63	\$209.29
53	\$95.42	\$117.86	\$136.86	\$156.38	\$174.78	\$194.30	\$215.60
54	\$98.01	\$121.22	\$140.85	\$160.99	\$180.01	\$200.15	\$222.10
55	\$100.64	\$124.67	\$144.93	\$165.76	\$185.38	\$206.15	\$228.79
56	\$107.13	\$132.70	\$154.23	\$176.61	\$197.72	\$220.02	\$244.34
57	\$114.04	\$141.24	\$164.10	\$188.17	\$210.86	\$234.83	\$260.94
58	\$121.39	\$150.33	\$174.61	\$200.48	\$224.88	\$250.63	\$278.67
59	\$129.22	\$159.99	\$185.78	\$213.60	\$239.84	\$267.48	\$297.59
60	\$137.55	\$170.30	\$197.68	\$227.59	\$255.79	\$285.47	\$317.80
61	\$146.42	\$181.25	\$210.34	\$242.49	\$272.82	\$304.68	\$339.39
62	\$155.87	\$192.92	\$223.81	\$258.37	\$290.95	\$325.17	\$362.44
63	\$169.59	\$209.83	\$243.31	\$280.42	\$315.44	\$352.23	\$392.38
64	\$184.53	\$228.25	\$264.51	\$304.37	\$341.98	\$381.55	\$424.81
65	\$200.79	\$248.26	\$287.55	\$330.36	\$370.77	\$413.31	\$459.91
66	\$218.47	\$270.05	\$312.62	\$358.56	\$401.99	\$447.70	\$497.91
67	\$237.70	\$293.74	\$339.86	\$389.19	\$435.80	\$484.95	\$539.06
68	\$262.51	\$325.29	\$377.04	\$430.34	\$480.70	\$533.91	\$592.65
69	\$289.89	\$360.23	\$418.29	\$475.86	\$530.20	\$587.81	\$651.56
70	\$320.12	\$398.92	\$464.05	\$526.18	\$584.83	\$647.15	\$716.34
71	\$353.52	\$441.79	\$514.81	\$581.81	\$645.06	\$712.49	\$787.58
72	\$390.39	\$489.24	\$571.13	\$643.35	\$711.51	\$784.41	\$865.87
73	\$433.26	\$545.45	\$638.75	\$717.49	\$791.74	\$871.36	\$960.51
74	\$480.85	\$608.13	\$714.40	\$800.18	\$881.00	\$967.93	\$1,065.51
75	\$533.69	\$678.01	\$799.00	\$892.39	\$980.33	\$1,075.22	\$1,181.99
76	\$592.31	\$755.94	\$893.60	\$995.22	\$1,090.87	\$1,194.37	\$1,311.19
77	\$657.38	\$842.80	\$999.42	\$1,109.92	\$1,213.89	\$1,326.75	\$1,454.52
78	\$715.49	\$921.36	\$1,096.34	\$1,214.25	\$1,324.92	\$1,445.30	\$1,581.62
79	\$778.77	\$1,007.24	\$1,202.65	\$1,328.38	\$1,446.13	\$1,574.46	\$1,719.84
80	\$847.63	\$1,101.12	\$1,319.30	\$1,453.25	\$1,578.41	\$1,715.14	\$1,870.13
81	\$922.60	\$1,203.77	\$1,447.25	\$1,589.84	\$1,722.80	\$1,868.41	\$2,033.56
82	\$1,004.19	\$1,315.97	\$1,587.60	\$1,739.28	\$1,880.39	\$2,035.37	\$2,211.28
83	\$1,103.30	\$1,451.17	\$1,756.77	\$1,919.62	\$2,071.01	\$2,237.75	\$2,426.86
84	\$1,212.19	\$1,600.25	\$1,943.98	\$2,118.66	\$2,280.94	\$2,460.25	\$2,663.44
85	\$1,302.76	\$1,719.81	\$2,088.34	\$2,273.90	\$2,447.97	\$2,640.46	\$2,859.02
86	\$1,402.48	\$1,851.89	\$2,248.18	\$2,445.38	\$2,632.19	\$2,838.95	\$3,074.16
87	\$1,512.30	\$1,997.79	\$2,425.09	\$2,634.83	\$2,835.40	\$3,057.58	\$3,310.85
88	\$1,617.05	\$2,135.67	\$2,591.69	\$2,811.84	\$3,024.85	\$3,261.38	\$3,532.27
89	\$1,730.95	\$2,285.90	\$2,773.45	\$3,004.55	\$3,230.79	\$3,482.69	\$3,772.55
90	\$1,854.85	\$2,449.56	\$2,971.73	\$3,214.32	\$3,454.65	\$3,722.99	\$4,033.27
91	\$1,989.59	\$2,627.87	\$3,188.07	\$3,442.67	\$3,698.01	\$3,983.96	\$4,316.18
92	\$2,136.13	\$2,822.13	\$3,424.11	\$3,691.24	\$3,962.56	\$4,267.34	\$4,623.15
93	\$2,270.77	\$3,000.34	\$3,640.23	\$3,916.06	\$4,199.60	\$4,519.37	\$4,893.70
94	\$2,415.40	\$3,191.99	\$3,872.86	\$4,157.41	\$4,453.64	\$4,789.12	\$5,182.94
95	\$2,570.71	\$3,398.09	\$4,123.25	\$4,416.53	\$4,725.92	\$5,077.88	\$5,492.18
96	\$2,737.52	\$3,619.70	\$4,392.75	\$4,694.71	\$5,017.73	\$5,386.93	\$5,822.78
97	\$2,916.66	\$3,858.00	\$4,682.86	\$4,993.36	\$5,330.48	\$5,717.75	\$6,176.24
98	\$3,109.05	\$4,114.27	\$4,995.12	\$5,314.01	\$5,665.68	\$6,071.83	\$6,554.11
99	\$3,315.68	\$4,389.86	\$5,331.24	\$5,658.24	\$6,024.92	\$6,450.83	\$6,958.10
100	\$3,537.60	\$4,686.20	\$5,693.02	\$6,027.80	\$6,409.95	\$6,856.50	\$7,390.02



**Policy Form Series: LTC2-VAL**  
**Value**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**75% Home Care**  
**5% Compound Inflation Rider**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	\$94.92	\$117.90	\$137.06	\$157.79	\$178.48	\$199.87	\$223.57
31	\$97.26	\$120.82	\$140.49	\$161.80	\$183.06	\$205.03	\$229.42
32	\$99.62	\$123.82	\$144.03	\$165.92	\$187.74	\$210.32	\$235.41
33	\$102.06	\$126.90	\$147.64	\$170.13	\$192.55	\$215.74	\$241.58
34	\$104.56	\$130.04	\$151.36	\$174.46	\$197.49	\$221.32	\$247.91
35	\$107.11	\$133.29	\$155.14	\$178.89	\$202.55	\$227.02	\$254.39
36	\$108.97	\$135.64	\$157.94	\$182.15	\$206.28	\$231.25	\$259.19
37	\$110.86	\$138.05	\$160.79	\$185.48	\$210.08	\$235.55	\$264.10
38	\$112.79	\$140.51	\$163.67	\$188.86	\$213.97	\$239.93	\$269.07
39	\$114.76	\$142.99	\$166.62	\$192.31	\$217.90	\$244.39	\$274.15
40	\$116.74	\$145.52	\$169.63	\$195.80	\$221.93	\$248.94	\$279.32
41	\$118.78	\$148.12	\$172.67	\$199.39	\$226.02	\$253.57	\$284.60
42	\$120.83	\$150.73	\$175.78	\$203.01	\$230.19	\$258.29	\$289.97
43	\$122.93	\$153.40	\$178.94	\$206.72	\$234.43	\$263.09	\$295.43
44	\$125.06	\$156.12	\$182.16	\$210.51	\$238.77	\$267.98	\$301.01
45	\$127.24	\$158.90	\$185.45	\$214.34	\$243.17	\$272.97	\$306.69
46	\$129.15	\$161.36	\$188.37	\$217.77	\$247.11	\$277.43	\$311.76
47	\$131.09	\$163.86	\$191.33	\$221.27	\$251.12	\$281.97	\$316.89
48	\$133.07	\$166.40	\$194.35	\$224.81	\$255.19	\$286.59	\$322.12
49	\$135.08	\$168.97	\$197.41	\$228.42	\$259.33	\$291.27	\$327.42
50	\$137.11	\$171.59	\$200.52	\$232.07	\$263.53	\$296.03	\$332.83
51	\$139.17	\$174.24	\$203.68	\$235.79	\$267.80	\$300.89	\$338.32
52	\$141.27	\$176.94	\$206.89	\$239.58	\$272.14	\$305.80	\$343.90
53	\$143.40	\$179.68	\$210.15	\$243.41	\$276.57	\$310.81	\$349.58
54	\$145.56	\$182.47	\$213.47	\$247.32	\$281.05	\$315.90	\$355.34
55	\$147.76	\$185.29	\$216.83	\$251.27	\$285.61	\$321.07	\$361.20
56	\$154.13	\$193.66	\$226.90	\$263.29	\$299.57	\$337.02	\$379.37
57	\$160.77	\$202.38	\$237.43	\$275.89	\$314.20	\$353.77	\$398.45
58	\$167.70	\$211.51	\$248.44	\$289.07	\$329.56	\$371.33	\$418.50
59	\$174.93	\$221.05	\$259.97	\$302.92	\$345.67	\$389.78	\$439.55
60	\$182.47	\$231.02	\$272.04	\$317.40	\$362.55	\$409.13	\$461.67
61	\$190.34	\$241.43	\$284.66	\$332.58	\$380.28	\$429.47	\$484.90
62	\$198.54	\$252.32	\$297.88	\$348.49	\$398.88	\$450.79	\$509.28
63	\$213.41	\$270.80	\$319.36	\$372.66	\$425.73	\$480.45	\$542.16
64	\$229.38	\$290.64	\$342.40	\$398.50	\$454.39	\$512.06	\$577.17
65	\$246.56	\$311.93	\$367.08	\$426.15	\$484.98	\$545.74	\$614.43
66	\$265.03	\$334.77	\$393.57	\$455.71	\$517.65	\$581.63	\$654.11
67	\$284.87	\$359.30	\$421.94	\$487.32	\$552.50	\$619.90	\$696.34
68	\$310.98	\$393.08	\$462.28	\$531.86	\$601.25	\$673.10	\$754.72
69	\$339.47	\$430.04	\$506.47	\$580.48	\$654.33	\$730.84	\$817.99
70	\$370.59	\$470.48	\$554.87	\$633.54	\$712.08	\$793.54	\$886.58
71	\$404.55	\$514.71	\$607.93	\$691.46	\$774.93	\$861.63	\$960.90
72	\$441.65	\$563.11	\$666.03	\$754.67	\$843.33	\$935.55	\$1,041.45
73	\$485.79	\$621.87	\$737.39	\$833.15	\$928.96	\$1,028.70	\$1,143.48
74	\$534.34	\$686.74	\$816.43	\$919.78	\$1,023.28	\$1,131.15	\$1,255.52
75	\$587.77	\$758.38	\$903.89	\$1,015.44	\$1,127.18	\$1,243.78	\$1,378.53
76	\$646.52	\$837.51	\$1,000.75	\$1,121.04	\$1,241.62	\$1,367.63	\$1,513.60
77	\$711.16	\$924.89	\$1,108.00	\$1,237.62	\$1,367.70	\$1,503.81	\$1,661.90
78	\$770.82	\$1,006.64	\$1,209.22	\$1,347.06	\$1,485.45	\$1,630.27	\$1,797.94
79	\$835.52	\$1,095.59	\$1,319.67	\$1,466.18	\$1,613.34	\$1,767.39	\$1,945.12
80	\$905.64	\$1,192.43	\$1,440.22	\$1,595.83	\$1,752.23	\$1,916.02	\$2,104.33
81	\$981.63	\$1,297.81	\$1,571.77	\$1,736.95	\$1,903.07	\$2,077.16	\$2,276.60
82	\$1,064.00	\$1,412.52	\$1,715.35	\$1,890.55	\$2,066.92	\$2,251.84	\$2,462.95
83	\$1,167.48	\$1,555.62	\$1,894.01	\$2,081.98	\$2,271.68	\$2,470.78	\$2,697.58
84	\$1,281.04	\$1,713.22	\$2,091.31	\$2,292.81	\$2,496.72	\$2,710.99	\$2,954.56
85	\$1,371.61	\$1,832.78	\$2,235.67	\$2,448.05	\$2,663.75	\$2,891.20	\$3,150.14
86	\$1,471.33	\$1,964.86	\$2,395.51	\$2,619.53	\$2,847.97	\$3,089.69	\$3,365.28
87	\$1,581.15	\$2,110.76	\$2,572.42	\$2,808.98	\$3,051.18	\$3,308.32	\$3,601.97
88	\$1,685.90	\$2,248.64	\$2,739.02	\$2,985.99	\$3,240.63	\$3,512.12	\$3,823.39
89	\$1,799.80	\$2,398.87	\$2,920.78	\$3,178.70	\$3,446.57	\$3,733.43	\$4,063.67
90	\$1,923.70	\$2,562.53	\$3,119.06	\$3,388.47	\$3,670.43	\$3,973.73	\$4,324.39
91	\$2,058.44	\$2,740.84	\$3,335.40	\$3,616.82	\$3,913.79	\$4,234.70	\$4,607.30
92	\$2,204.98	\$2,935.10	\$3,571.44	\$3,865.39	\$4,178.34	\$4,518.08	\$4,914.27
93	\$2,339.62	\$3,113.31	\$3,787.56	\$4,090.21	\$4,415.38	\$4,770.11	\$5,184.82
94	\$2,484.25	\$3,304.96	\$4,020.19	\$4,331.56	\$4,669.42	\$5,039.86	\$5,474.06
95	\$2,639.56	\$3,511.06	\$4,270.58	\$4,590.68	\$4,941.70	\$5,328.62	\$5,783.30
96	\$2,806.37	\$3,732.67	\$4,540.08	\$4,868.86	\$5,233.51	\$5,637.67	\$6,113.90
97	\$2,985.51	\$3,970.97	\$4,830.19	\$5,167.51	\$5,546.26	\$5,968.49	\$6,467.36
98	\$3,177.90	\$4,227.24	\$5,142.45	\$5,488.16	\$5,881.46	\$6,322.57	\$6,845.23
99	\$3,384.53	\$4,502.83	\$5,478.57	\$5,832.39	\$6,240.70	\$6,701.57	\$7,249.22
100	\$3,606.45	\$4,799.17	\$5,840.35	\$6,201.95	\$6,625.73	\$7,107.24	\$7,681.14

**Policy Form Series: LTC2-VAL**  
**Value**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**50% Home Care**  
**No Inflation**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	\$39.12	\$45.33	\$50.41	\$55.35	\$60.60	\$66.48	\$72.89
31	\$39.60	\$46.04	\$51.31	\$56.38	\$61.77	\$67.79	\$74.39
32	\$40.07	\$46.75	\$52.22	\$57.43	\$62.97	\$69.12	\$75.93
33	\$40.56	\$47.47	\$53.13	\$58.49	\$64.19	\$70.49	\$77.49
34	\$41.07	\$48.20	\$54.08	\$59.59	\$65.42	\$71.89	\$79.09
35	\$41.56	\$48.94	\$55.04	\$60.69	\$66.69	\$73.30	\$80.71
36	\$42.08	\$49.70	\$56.01	\$61.80	\$67.94	\$74.71	\$82.32
37	\$42.62	\$50.48	\$56.99	\$62.95	\$69.22	\$76.15	\$83.96
38	\$43.16	\$51.27	\$58.00	\$64.10	\$70.52	\$77.62	\$85.62
39	\$43.70	\$52.09	\$59.01	\$65.28	\$71.86	\$79.13	\$87.32
40	\$44.26	\$52.90	\$60.06	\$66.48	\$73.23	\$80.65	\$89.06
41	\$44.82	\$53.73	\$61.11	\$67.70	\$74.60	\$82.20	\$90.82
42	\$45.39	\$54.55	\$62.19	\$68.94	\$76.02	\$83.79	\$92.63
43	\$45.97	\$55.42	\$63.29	\$70.20	\$77.45	\$85.40	\$94.47
44	\$46.54	\$56.28	\$64.41	\$71.50	\$78.91	\$87.05	\$96.35
45	\$47.13	\$57.16	\$65.54	\$72.81	\$80.39	\$88.73	\$98.26
46	\$47.89	\$58.24	\$66.89	\$74.36	\$82.15	\$90.67	\$100.45
47	\$48.69	\$59.34	\$68.28	\$75.95	\$83.93	\$92.66	\$102.70
48	\$49.47	\$60.45	\$69.68	\$77.55	\$85.75	\$94.71	\$104.98
49	\$50.28	\$61.60	\$71.13	\$79.21	\$87.61	\$96.79	\$107.33
50	\$51.09	\$62.77	\$72.59	\$80.88	\$89.50	\$98.92	\$109.73
51	\$51.92	\$63.95	\$74.09	\$82.61	\$91.45	\$101.10	\$112.18
52	\$52.76	\$65.15	\$75.63	\$84.36	\$93.42	\$103.31	\$114.68
53	\$53.62	\$66.38	\$77.18	\$86.16	\$95.45	\$105.59	\$117.24
54	\$54.50	\$67.63	\$78.77	\$88.00	\$97.53	\$107.91	\$119.85
55	\$55.38	\$68.92	\$80.41	\$89.86	\$99.64	\$110.29	\$122.53
56	\$56.72	\$73.87	\$85.82	\$96.01	\$106.54	\$117.98	\$131.16
57	\$64.41	\$79.18	\$91.60	\$102.57	\$113.91	\$126.23	\$140.39
58	\$69.46	\$84.87	\$97.77	\$109.58	\$121.78	\$135.03	\$150.26
59	\$74.90	\$90.96	\$104.34	\$117.08	\$130.21	\$144.46	\$160.84
60	\$80.77	\$97.50	\$111.35	\$125.09	\$139.22	\$154.55	\$172.14
61	\$87.10	\$104.51	\$118.86	\$133.65	\$148.86	\$165.35	\$184.26
62	\$93.91	\$112.01	\$126.85	\$142.77	\$159.15	\$176.89	\$197.22
63	\$102.35	\$122.15	\$138.38	\$155.87	\$173.85	\$193.32	\$215.63
64	\$111.52	\$133.19	\$150.93	\$170.17	\$189.92	\$211.27	\$235.74
65	\$121.53	\$145.24	\$164.64	\$185.78	\$207.46	\$230.89	\$257.73
66	\$132.43	\$158.37	\$179.58	\$202.82	\$226.63	\$252.33	\$281.77
67	\$144.31	\$172.68	\$195.87	\$221.41	\$247.55	\$275.76	\$308.07
68	\$160.70	\$192.76	\$218.97	\$247.13	\$275.96	\$307.11	\$342.83
69	\$178.95	\$215.17	\$244.78	\$275.82	\$307.63	\$342.02	\$381.52
70	\$199.28	\$240.20	\$273.64	\$307.85	\$342.93	\$380.91	\$424.56
71	\$221.93	\$268.14	\$305.89	\$343.61	\$382.29	\$424.21	\$472.47
72	\$247.16	\$299.32	\$341.95	\$383.51	\$426.17	\$472.42	\$525.79
73	\$277.04	\$336.77	\$385.64	\$431.52	\$478.69	\$529.92	\$589.12
74	\$310.55	\$378.90	\$434.89	\$485.57	\$537.71	\$594.39	\$660.08
75	\$348.11	\$426.29	\$490.44	\$546.36	\$603.97	\$666.72	\$739.58
76	\$390.20	\$479.62	\$553.07	\$614.77	\$678.42	\$747.86	\$828.66
77	\$437.39	\$539.63	\$623.71	\$691.75	\$762.02	\$838.85	\$928.45
78	\$478.30	\$592.29	\$686.14	\$759.42	\$835.15	\$918.01	\$1,014.42
79	\$523.04	\$650.09	\$754.82	\$833.69	\$915.29	\$1,004.62	\$1,108.37
80	\$571.96	\$713.53	\$830.38	\$915.25	\$1,003.10	\$1,099.41	\$1,211.00
81	\$625.49	\$783.16	\$913.51	\$1,004.77	\$1,099.35	\$1,203.14	\$1,323.15
82	\$683.99	\$859.58	\$1,004.96	\$1,103.05	\$1,204.83	\$1,316.66	\$1,445.68
83	\$753.11	\$949.48	\$1,112.48	\$1,218.56	\$1,328.91	\$1,450.34	\$1,590.29
84	\$829.23	\$1,048.76	\$1,231.52	\$1,346.17	\$1,465.79	\$1,597.59	\$1,749.37
85	\$913.02	\$1,158.43	\$1,363.29	\$1,487.13	\$1,616.74	\$1,759.80	\$1,924.37
86	\$1,005.30	\$1,279.57	\$1,509.15	\$1,642.87	\$1,783.24	\$1,938.46	\$2,116.88
87	\$1,106.90	\$1,413.38	\$1,670.63	\$1,814.91	\$1,966.89	\$2,135.28	\$2,328.63
88	\$1,203.80	\$1,539.84	\$1,822.67	\$1,975.66	\$2,138.12	\$2,318.73	\$2,526.77
89	\$1,309.21	\$1,677.63	\$1,988.56	\$2,150.66	\$2,324.26	\$2,517.93	\$2,741.75
90	\$1,423.84	\$1,827.75	\$2,169.54	\$2,341.16	\$2,526.60	\$2,734.25	\$2,975.03
91	\$1,548.50	\$1,991.29	\$2,367.00	\$2,548.52	\$2,746.54	\$2,969.16	\$3,228.15
92	\$1,684.09	\$2,169.47	\$2,582.40	\$2,774.25	\$2,985.64	\$3,224.23	\$3,502.83
93	\$1,808.65	\$2,332.93	\$2,779.66	\$2,978.41	\$3,199.88	\$3,451.10	\$3,744.89
94	\$1,942.47	\$2,508.70	\$2,991.98	\$3,197.58	\$3,429.48	\$3,693.93	\$4,003.69
95	\$2,086.17	\$2,697.73	\$3,220.50	\$3,432.90	\$3,675.58	\$3,953.84	\$4,280.38
96	\$2,240.50	\$2,901.00	\$3,466.48	\$3,685.52	\$3,939.32	\$4,232.05	\$4,576.18
97	\$2,406.24	\$3,119.59	\$3,731.25	\$3,956.75	\$4,221.99	\$4,529.83	\$4,892.43
98	\$2,584.25	\$3,354.63	\$4,016.25	\$4,247.92	\$4,524.94	\$4,848.56	\$5,230.55
99	\$2,775.44	\$3,607.39	\$4,323.00	\$4,560.52	\$4,849.62	\$5,189.72	\$5,592.01
100	\$2,980.75	\$3,879.19	\$4,653.20	\$4,896.13	\$5,197.61	\$5,554.88	\$5,978.46

**Policy Form Series: LTC2-VAL**  
**Value**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**50% Home Care**  
**5% Simple Inflation Rider**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	\$44.00	\$52.21	\$59.54	\$66.54	\$73.34	\$80.98	\$89.30
31	\$45.62	\$54.24	\$61.91	\$69.21	\$76.32	\$84.28	\$92.95
32	\$47.30	\$56.35	\$64.35	\$72.00	\$79.41	\$87.71	\$96.77
33	\$49.04	\$58.54	\$66.90	\$74.88	\$82.63	\$91.28	\$100.73
34	\$50.86	\$60.81	\$69.56	\$77.88	\$85.97	\$94.99	\$104.85
35	\$52.73	\$63.17	\$72.33	\$81.00	\$89.47	\$98.87	\$109.14
36	\$54.32	\$65.20	\$74.70	\$83.69	\$92.46	\$102.17	\$112.84
37	\$55.97	\$67.30	\$77.15	\$86.46	\$95.55	\$105.62	\$116.64
38	\$57.68	\$69.45	\$79.67	\$89.31	\$98.74	\$109.17	\$120.60
39	\$59.42	\$71.68	\$82.26	\$92.27	\$102.04	\$112.85	\$124.67
40	\$61.23	\$73.99	\$84.97	\$95.33	\$105.46	\$116.63	\$128.88
41	\$63.09	\$76.36	\$87.74	\$98.49	\$108.99	\$120.55	\$133.24
42	\$65.01	\$78.80	\$90.62	\$101.76	\$112.64	\$124.59	\$137.75
43	\$66.99	\$81.33	\$93.57	\$105.12	\$116.40	\$128.78	\$142.40
44	\$69.02	\$83.95	\$96.66	\$108.60	\$120.30	\$133.10	\$147.22
45	\$71.11	\$86.63	\$99.81	\$112.20	\$124.31	\$137.59	\$152.19
46	\$73.04	\$89.10	\$102.72	\$115.51	\$128.03	\$141.71	\$156.78
47	\$75.02	\$91.65	\$105.71	\$118.93	\$131.86	\$145.96	\$161.51
48	\$77.03	\$94.25	\$108.79	\$122.45	\$135.79	\$150.36	\$166.38
49	\$79.11	\$96.94	\$111.96	\$126.07	\$139.85	\$154.88	\$171.40
50	\$81.26	\$99.71	\$115.23	\$129.79	\$144.04	\$159.52	\$176.57
51	\$83.46	\$102.55	\$118.57	\$133.63	\$148.34	\$164.32	\$181.89
52	\$85.70	\$105.47	\$122.04	\$137.58	\$152.76	\$169.25	\$187.38
53	\$88.01	\$108.48	\$125.58	\$141.66	\$157.34	\$174.34	\$193.04
54	\$90.38	\$111.59	\$129.23	\$145.85	\$162.04	\$179.58	\$198.86
55	\$92.83	\$114.77	\$133.00	\$150.16	\$166.87	\$184.99	\$204.87
56	\$98.81	\$122.15	\$141.52	\$159.99	\$177.98	\$197.43	\$218.77
57	\$105.19	\$130.02	\$150.58	\$170.46	\$189.81	\$210.71	\$233.63
58	\$111.96	\$138.38	\$160.23	\$181.62	\$202.44	\$224.87	\$249.50
59	\$119.19	\$147.29	\$170.49	\$193.50	\$215.89	\$240.01	\$266.45
60	\$126.87	\$156.77	\$181.40	\$206.18	\$230.26	\$256.15	\$284.54
61	\$135.05	\$166.84	\$193.02	\$219.67	\$245.58	\$273.37	\$303.88
62	\$143.77	\$177.58	\$205.37	\$234.05	\$261.92	\$291.78	\$324.51
63	\$156.43	\$193.15	\$223.27	\$254.04	\$283.95	\$316.05	\$351.34
64	\$170.20	\$210.10	\$242.73	\$275.74	\$307.85	\$342.36	\$380.35
65	\$185.19	\$228.54	\$263.88	\$299.28	\$333.75	\$370.86	\$411.79
66	\$201.50	\$248.58	\$286.88	\$324.84	\$361.86	\$401.71	\$445.80
67	\$219.24	\$270.38	\$311.87	\$352.59	\$392.32	\$435.14	\$482.65
68	\$242.11	\$299.43	\$345.99	\$389.87	\$432.72	\$479.07	\$530.62
69	\$267.37	\$331.59	\$383.85	\$431.08	\$477.29	\$527.43	\$583.39
70	\$295.26	\$367.22	\$425.82	\$476.68	\$526.45	\$580.68	\$641.39
71	\$326.05	\$406.67	\$472.42	\$527.08	\$580.68	\$639.31	\$705.15
72	\$360.07	\$450.36	\$524.10	\$582.83	\$640.50	\$703.85	\$775.27
73	\$399.62	\$502.10	\$586.16	\$649.99	\$712.70	\$781.87	\$860.01
74	\$443.52	\$559.80	\$655.57	\$724.89	\$793.07	\$868.51	\$954.02
75	\$492.25	\$624.12	\$733.19	\$808.43	\$882.50	\$964.77	\$1,058.31
76	\$546.31	\$695.84	\$820.01	\$901.60	\$982.01	\$1,071.70	\$1,173.99
77	\$606.32	\$775.79	\$917.11	\$1,005.50	\$1,092.74	\$1,190.49	\$1,302.31
78	\$659.94	\$848.11	\$1,006.06	\$1,100.01	\$1,192.69	\$1,296.86	\$1,416.12
79	\$718.30	\$927.17	\$1,103.62	\$1,203.41	\$1,301.79	\$1,412.74	\$1,539.88
80	\$781.81	\$1,013.59	\$1,210.65	\$1,316.52	\$1,420.87	\$1,538.98	\$1,674.45
81	\$850.95	\$1,108.08	\$1,328.05	\$1,440.27	\$1,550.85	\$1,676.49	\$1,820.77
82	\$926.20	\$1,211.35	\$1,456.87	\$1,575.66	\$1,692.70	\$1,826.30	\$1,979.91
83	\$1,017.61	\$1,335.81	\$1,612.09	\$1,739.03	\$1,864.29	\$2,007.89	\$2,172.92
84	\$1,118.05	\$1,473.03	\$1,783.88	\$1,919.33	\$2,053.27	\$2,207.54	\$2,384.76
85	\$1,201.84	\$1,582.70	\$1,915.65	\$2,060.29	\$2,204.22	\$2,369.75	\$2,559.76
86	\$1,294.12	\$1,703.84	\$2,061.51	\$2,216.03	\$2,370.72	\$2,548.41	\$2,752.27
87	\$1,395.72	\$1,837.65	\$2,222.99	\$2,388.07	\$2,554.37	\$2,745.23	\$2,964.02
88	\$1,492.62	\$1,964.11	\$2,375.03	\$2,548.82	\$2,725.60	\$2,928.68	\$3,162.16
89	\$1,598.03	\$2,101.90	\$2,540.92	\$2,723.82	\$2,911.74	\$3,127.88	\$3,377.14
90	\$1,712.66	\$2,252.02	\$2,721.90	\$2,914.32	\$3,114.08	\$3,344.20	\$3,610.42
91	\$1,837.32	\$2,415.56	\$2,919.36	\$3,121.68	\$3,334.02	\$3,579.11	\$3,863.54
92	\$1,972.91	\$2,593.74	\$3,134.76	\$3,347.41	\$3,573.12	\$3,834.18	\$4,138.22
93	\$2,097.47	\$2,757.20	\$3,332.02	\$3,551.57	\$3,787.36	\$4,061.05	\$4,380.28
94	\$2,231.29	\$2,932.97	\$3,544.34	\$3,770.74	\$4,016.96	\$4,303.88	\$4,639.08
95	\$2,374.99	\$3,122.00	\$3,772.86	\$4,006.06	\$4,263.06	\$4,563.79	\$4,915.77
96	\$2,529.32	\$3,325.27	\$4,018.84	\$4,258.68	\$4,526.80	\$4,842.00	\$5,211.57
97	\$2,695.06	\$3,543.86	\$4,283.61	\$4,529.91	\$4,809.47	\$5,139.78	\$5,527.82
98	\$2,873.07	\$3,778.90	\$4,568.61	\$4,821.08	\$5,112.42	\$5,458.51	\$5,865.94
99	\$3,064.26	\$4,031.66	\$4,875.36	\$5,133.68	\$5,437.10	\$5,799.67	\$6,227.40
100	\$3,269.57	\$4,303.46	\$5,205.56	\$5,469.29	\$5,785.09	\$6,164.83	\$6,613.85

**Policy Form Series: LTC2-VAL**  
**Value**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**50% Home Care**  
**5% Compound Inflation Rider**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	\$88.32	\$108.81	\$125.87	\$144.18	\$162.19	\$180.79	\$200.81
31	\$90.49	\$111.51	\$129.03	\$147.83	\$166.35	\$185.46	\$206.06
32	\$92.70	\$114.28	\$132.28	\$151.58	\$170.61	\$190.24	\$211.45
33	\$94.96	\$117.11	\$135.60	\$155.43	\$174.97	\$195.14	\$216.98
34	\$97.28	\$120.03	\$139.00	\$159.38	\$179.46	\$200.18	\$222.66
35	\$99.66	\$123.00	\$142.50	\$163.43	\$184.06	\$205.34	\$228.48
36	\$101.38	\$125.18	\$145.07	\$166.41	\$187.46	\$209.15	\$232.80
37	\$103.14	\$127.41	\$147.68	\$169.45	\$190.90	\$213.04	\$237.19
38	\$104.93	\$129.67	\$150.32	\$172.55	\$194.41	\$217.01	\$241.67
39	\$106.75	\$131.98	\$153.02	\$175.69	\$198.02	\$221.06	\$246.23
40	\$108.62	\$134.31	\$155.78	\$178.90	\$201.67	\$225.16	\$250.88
41	\$110.49	\$136.69	\$158.59	\$182.16	\$205.39	\$229.35	\$255.61
42	\$112.42	\$139.10	\$161.44	\$185.48	\$209.18	\$233.61	\$260.43
43	\$114.36	\$141.58	\$164.35	\$188.87	\$213.02	\$237.96	\$265.35
44	\$116.35	\$144.09	\$167.31	\$192.32	\$216.97	\$242.38	\$270.35
45	\$118.36	\$146.65	\$170.32	\$195.83	\$220.96	\$246.90	\$275.46
46	\$120.15	\$148.93	\$173.01	\$198.96	\$224.55	\$250.93	\$280.00
47	\$121.97	\$151.23	\$175.73	\$202.16	\$228.19	\$255.04	\$284.61
48	\$123.81	\$153.57	\$178.50	\$205.38	\$231.88	\$259.21	\$289.31
49	\$125.67	\$155.94	\$181.32	\$208.68	\$235.65	\$263.46	\$294.09
50	\$127.56	\$158.36	\$184.18	\$212.02	\$239.47	\$267.77	\$298.94
51	\$129.49	\$160.80	\$187.07	\$215.43	\$243.35	\$272.14	\$303.86
52	\$131.43	\$163.31	\$190.03	\$218.87	\$247.29	\$276.60	\$308.88
53	\$133.40	\$165.82	\$193.01	\$222.39	\$251.30	\$281.13	\$313.97
54	\$135.42	\$168.39	\$196.06	\$225.95	\$255.38	\$285.73	\$319.15
55	\$137.46	\$171.01	\$199.15	\$229.57	\$259.51	\$290.41	\$324.42
56	\$143.39	\$178.72	\$208.40	\$240.56	\$272.21	\$304.83	\$340.74
57	\$149.57	\$186.78	\$218.06	\$252.05	\$285.51	\$319.97	\$357.88
58	\$156.02	\$195.19	\$228.19	\$264.11	\$299.47	\$335.87	\$375.89
59	\$162.75	\$204.00	\$238.78	\$276.73	\$314.10	\$352.55	\$394.80
60	\$169.77	\$213.21	\$249.85	\$289.98	\$329.45	\$370.06	\$414.66
61	\$177.08	\$222.81	\$261.46	\$303.85	\$345.56	\$388.45	\$435.51
62	\$184.71	\$232.86	\$273.59	\$318.38	\$362.44	\$407.73	\$457.43
63	\$198.54	\$249.91	\$293.32	\$340.47	\$386.84	\$434.55	\$486.96
64	\$213.41	\$268.22	\$314.47	\$364.08	\$412.90	\$463.15	\$518.41
65	\$229.39	\$287.88	\$337.16	\$389.34	\$440.70	\$493.62	\$551.87
66	\$246.56	\$308.95	\$361.47	\$416.35	\$470.38	\$526.08	\$587.51
67	\$265.03	\$331.57	\$387.53	\$445.22	\$502.05	\$560.69	\$625.44
68	\$289.31	\$362.76	\$424.58	\$485.93	\$546.36	\$608.79	\$677.87
69	\$315.82	\$396.88	\$465.17	\$530.33	\$594.58	\$661.02	\$734.70
70	\$344.77	\$434.20	\$509.63	\$578.81	\$647.05	\$717.74	\$796.29
71	\$376.38	\$475.03	\$558.36	\$631.72	\$704.17	\$779.33	\$863.05
72	\$410.87	\$519.70	\$611.72	\$689.47	\$766.32	\$846.18	\$935.40
73	\$451.96	\$573.91	\$677.27	\$761.17	\$844.12	\$930.45	\$1,027.05
74	\$497.13	\$633.79	\$749.86	\$840.33	\$929.84	\$1,023.09	\$1,127.67
75	\$546.84	\$699.90	\$830.20	\$927.73	\$1,024.26	\$1,124.96	\$1,238.16
76	\$601.48	\$772.92	\$919.16	\$1,024.19	\$1,128.26	\$1,237.00	\$1,359.47
77	\$661.62	\$853.56	\$1,017.65	\$1,130.71	\$1,242.81	\$1,360.16	\$1,492.67
78	\$717.15	\$928.99	\$1,110.60	\$1,230.69	\$1,349.81	\$1,474.56	\$1,614.86
79	\$777.33	\$1,011.11	\$1,212.05	\$1,339.52	\$1,466.03	\$1,598.55	\$1,747.05
80	\$842.55	\$1,100.46	\$1,322.78	\$1,457.98	\$1,592.23	\$1,732.99	\$1,890.06
81	\$913.26	\$1,197.72	\$1,443.61	\$1,586.91	\$1,729.31	\$1,878.73	\$2,044.76
82	\$989.90	\$1,303.58	\$1,575.47	\$1,727.23	\$1,878.18	\$2,036.75	\$2,212.15
83	\$1,086.18	\$1,435.64	\$1,739.59	\$1,902.13	\$2,064.25	\$2,234.77	\$2,422.89
84	\$1,191.80	\$1,581.09	\$1,920.79	\$2,094.74	\$2,268.74	\$2,452.04	\$2,653.69
85	\$1,275.59	\$1,690.76	\$2,052.56	\$2,235.70	\$2,419.69	\$2,614.25	\$2,828.69
86	\$1,367.87	\$1,811.90	\$2,198.42	\$2,391.44	\$2,586.19	\$2,792.91	\$3,021.20
87	\$1,469.47	\$1,945.71	\$2,359.90	\$2,563.48	\$2,769.84	\$2,989.73	\$3,232.95
88	\$1,566.37	\$2,072.17	\$2,511.94	\$2,724.23	\$2,941.07	\$3,173.18	\$3,431.09
89	\$1,671.78	\$2,209.96	\$2,677.83	\$2,899.23	\$3,127.21	\$3,372.38	\$3,646.07
90	\$1,786.41	\$2,360.08	\$2,858.81	\$3,089.73	\$3,329.55	\$3,588.70	\$3,879.35
91	\$1,911.07	\$2,523.62	\$3,056.27	\$3,297.09	\$3,549.49	\$3,823.61	\$4,132.47
92	\$2,046.66	\$2,701.80	\$3,271.67	\$3,522.82	\$3,788.59	\$4,078.68	\$4,407.15
93	\$2,171.22	\$2,865.26	\$3,468.93	\$3,726.98	\$4,002.83	\$4,305.55	\$4,649.21
94	\$2,305.04	\$3,041.03	\$3,681.25	\$3,946.15	\$4,232.43	\$4,548.38	\$4,908.01
95	\$2,448.74	\$3,230.06	\$3,909.77	\$4,181.47	\$4,478.53	\$4,808.29	\$5,184.70
96	\$2,603.07	\$3,433.33	\$4,155.75	\$4,434.09	\$4,742.27	\$5,086.50	\$5,480.50
97	\$2,768.81	\$3,651.92	\$4,420.52	\$4,705.32	\$5,024.94	\$5,384.28	\$5,796.75
98	\$2,946.82	\$3,886.96	\$4,705.52	\$4,996.49	\$5,327.89	\$5,703.01	\$6,134.87
99	\$3,138.01	\$4,139.72	\$5,012.27	\$5,309.09	\$5,652.57	\$6,044.17	\$6,496.33
100	\$3,343.32	\$4,411.52	\$5,342.47	\$5,644.70	\$6,000.56	\$6,409.33	\$6,882.78

**Policy Form Series: LTC2-VAL**  
**Value with Indemnity**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**100% Home Care**  
**No Inflation**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	\$48.69	\$57.49	\$64.88	\$72.08	\$79.73	\$88.19	\$98.56
31	\$49.39	\$58.49	\$66.15	\$73.53	\$81.39	\$90.06	\$100.69
32	\$50.09	\$59.50	\$67.43	\$75.02	\$83.08	\$91.97	\$102.87
33	\$50.80	\$60.54	\$68.74	\$76.54	\$84.80	\$93.91	\$105.11
34	\$51.53	\$61.59	\$70.07	\$78.09	\$86.58	\$95.91	\$107.36
35	\$52.26	\$62.65	\$71.43	\$79.67	\$88.37	\$97.95	\$109.70
36	\$53.00	\$63.71	\$72.79	\$81.23	\$90.14	\$99.94	\$111.95
37	\$53.75	\$64.81	\$74.16	\$82.82	\$91.95	\$101.98	\$114.24
38	\$54.54	\$65.92	\$75.56	\$84.43	\$93.78	\$104.06	\$116.57
39	\$55.33	\$67.04	\$76.99	\$86.09	\$95.65	\$106.17	\$118.98
40	\$56.12	\$68.19	\$78.45	\$87.78	\$97.57	\$108.33	\$121.43
41	\$56.92	\$69.36	\$79.94	\$89.48	\$99.52	\$110.53	\$123.91
42	\$57.75	\$70.54	\$81.44	\$91.23	\$101.52	\$112.77	\$126.46
43	\$58.57	\$71.75	\$82.98	\$93.02	\$103.54	\$115.07	\$129.05
44	\$59.42	\$72.98	\$84.55	\$94.84	\$105.61	\$117.41	\$131.70
45	\$60.26	\$74.23	\$86.15	\$96.68	\$107.72	\$119.79	\$134.40
46	\$61.31	\$75.70	\$87.99	\$98.80	\$110.12	\$122.49	\$137.47
47	\$62.38	\$77.18	\$89.85	\$100.94	\$112.55	\$125.23	\$140.57
48	\$63.46	\$78.69	\$91.77	\$103.15	\$115.04	\$128.05	\$143.76
49	\$64.56	\$80.24	\$93.71	\$105.39	\$117.59	\$130.93	\$147.03
50	\$65.67	\$81.81	\$95.70	\$107.69	\$120.19	\$133.87	\$150.37
51	\$66.81	\$83.42	\$97.74	\$110.02	\$122.86	\$136.87	\$153.79
52	\$67.97	\$85.06	\$99.81	\$112.42	\$125.59	\$139.94	\$157.29
53	\$69.14	\$86.73	\$101.94	\$114.87	\$128.38	\$143.07	\$160.85
54	\$70.34	\$88.44	\$104.10	\$117.37	\$131.21	\$146.30	\$164.51
55	\$71.55	\$90.18	\$106.32	\$119.92	\$134.12	\$149.58	\$168.24
56	\$77.18	\$96.63	\$113.43	\$128.07	\$143.33	\$159.96	\$180.00
57	\$83.23	\$103.55	\$121.01	\$136.75	\$153.18	\$171.04	\$192.58
58	\$89.76	\$110.94	\$129.10	\$146.05	\$163.69	\$182.89	\$206.03
59	\$96.80	\$118.89	\$137.72	\$155.95	\$174.95	\$195.58	\$220.41
60	\$104.39	\$127.41	\$146.93	\$166.55	\$186.96	\$209.14	\$235.82
61	\$112.57	\$136.52	\$156.75	\$177.85	\$199.81	\$223.63	\$252.28
62	\$121.41	\$146.29	\$167.23	\$189.93	\$213.54	\$239.14	\$269.91
63	\$132.26	\$159.42	\$182.26	\$207.17	\$233.06	\$261.12	\$294.84
64	\$144.09	\$173.73	\$198.66	\$225.99	\$254.37	\$285.14	\$322.08
65	\$156.98	\$189.33	\$216.52	\$246.50	\$277.62	\$311.35	\$351.83
66	\$171.01	\$206.32	\$235.99	\$268.88	\$303.02	\$339.96	\$384.32
67	\$186.31	\$224.83	\$257.22	\$293.28	\$330.72	\$371.22	\$419.83
68	\$207.40	\$250.81	\$287.32	\$327.09	\$368.37	\$413.07	\$466.80
69	\$230.89	\$279.80	\$320.95	\$364.77	\$410.30	\$459.67	\$519.05
70	\$257.03	\$312.12	\$358.50	\$406.80	\$457.01	\$511.50	\$577.14
71	\$286.14	\$348.21	\$400.46	\$453.68	\$509.05	\$569.16	\$641.71
72	\$318.54	\$388.44	\$447.33	\$505.95	\$566.99	\$633.34	\$713.54
73	\$356.95	\$436.81	\$504.14	\$568.94	\$636.45	\$709.94	\$798.91
74	\$400.01	\$491.21	\$568.19	\$639.76	\$714.43	\$795.80	\$894.54
75	\$448.26	\$552.39	\$640.37	\$719.42	\$801.95	\$892.05	\$1,001.58
76	\$502.32	\$621.19	\$721.72	\$808.97	\$900.21	\$999.94	\$1,121.43
77	\$562.91	\$698.56	\$813.40	\$909.69	\$1,010.50	\$1,120.90	\$1,255.66
78	\$614.43	\$765.09	\$892.91	\$996.55	\$1,105.14	\$1,224.10	\$1,369.12
79	\$670.66	\$837.99	\$980.22	\$1,091.69	\$1,208.64	\$1,336.80	\$1,492.85
80	\$732.04	\$917.80	\$1,076.04	\$1,195.93	\$1,321.82	\$1,459.89	\$1,627.74
81	\$799.03	\$1,005.25	\$1,181.24	\$1,310.12	\$1,445.61	\$1,594.31	\$1,774.84
82	\$872.18	\$1,101.00	\$1,296.72	\$1,435.22	\$1,580.98	\$1,741.11	\$1,935.22
83	\$960.31	\$1,216.14	\$1,435.47	\$1,585.50	\$1,743.81	\$1,917.88	\$2,128.81
84	\$1,057.35	\$1,343.31	\$1,589.07	\$1,751.55	\$1,923.38	\$2,112.61	\$2,341.77
85	\$1,164.20	\$1,483.79	\$1,759.09	\$1,934.96	\$2,121.47	\$2,327.10	\$2,576.01
86	\$1,281.87	\$1,638.95	\$1,947.30	\$2,137.59	\$2,339.96	\$2,563.36	\$2,833.71
87	\$1,411.42	\$1,810.33	\$2,155.66	\$2,361.44	\$2,580.95	\$2,823.62	\$3,117.19
88	\$1,534.99	\$1,972.33	\$2,351.85	\$2,570.61	\$2,805.63	\$3,066.20	\$3,382.40
89	\$1,669.39	\$2,148.80	\$2,565.91	\$2,798.30	\$3,049.87	\$3,329.62	\$3,670.19
90	\$1,815.55	\$2,341.07	\$2,799.44	\$3,046.16	\$3,315.38	\$3,615.67	\$3,982.47
91	\$1,974.51	\$2,550.57	\$3,054.20	\$3,315.96	\$3,603.99	\$3,926.29	\$4,321.32
92	\$2,147.38	\$2,778.78	\$3,332.17	\$3,609.67	\$3,917.74	\$4,263.60	\$4,688.99
93	\$2,306.24	\$2,988.16	\$3,586.69	\$3,875.31	\$4,198.85	\$4,563.61	\$5,013.03
94	\$2,476.86	\$3,213.30	\$3,860.64	\$4,160.50	\$4,500.15	\$4,884.71	\$5,359.48
95	\$2,660.10	\$3,455.41	\$4,155.50	\$4,466.67	\$4,823.06	\$5,228.42	\$5,729.86
96	\$2,856.87	\$3,715.77	\$4,472.92	\$4,795.35	\$5,169.16	\$5,596.30	\$6,125.83
97	\$3,068.23	\$3,995.74	\$4,814.56	\$5,148.24	\$5,540.05	\$5,990.07	\$6,549.17
98	\$3,295.21	\$4,296.79	\$5,182.30	\$5,527.11	\$5,937.60	\$6,411.55	\$7,001.78
99	\$3,538.98	\$4,620.55	\$5,578.11	\$5,933.85	\$6,363.64	\$6,862.68	\$7,485.65
100	\$3,800.80	\$4,968.68	\$6,004.18	\$6,370.53	\$6,820.28	\$7,345.55	\$8,002.96

**Policy Form Series: LTC2-VAL**  
**Value with Indemnity**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**100% Home Care**  
**5% Simple Inflation Rider**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	\$55.10	\$67.19	\$77.13	\$87.43	\$97.67	\$108.52	\$121.27
31	\$57.18	\$69.86	\$80.25	\$90.99	\$101.69	\$113.00	\$126.26
32	\$59.33	\$72.64	\$83.49	\$94.71	\$105.85	\$117.66	\$131.43
33	\$61.58	\$75.52	\$86.85	\$98.57	\$110.21	\$122.52	\$136.84
34	\$63.89	\$78.50	\$90.34	\$102.58	\$114.75	\$127.58	\$142.45
35	\$66.32	\$81.61	\$93.99	\$106.76	\$119.47	\$132.85	\$148.30
36	\$68.39	\$84.26	\$97.11	\$110.32	\$123.50	\$137.36	\$153.30
37	\$70.50	\$87.00	\$100.32	\$114.00	\$127.68	\$142.01	\$158.47
38	\$72.68	\$89.84	\$103.65	\$117.83	\$131.99	\$146.83	\$163.83
39	\$74.95	\$92.76	\$107.08	\$121.77	\$136.45	\$151.81	\$169.35
40	\$77.26	\$95.77	\$110.61	\$125.83	\$141.06	\$156.97	\$175.07
41	\$79.67	\$98.91	\$114.28	\$130.05	\$145.82	\$162.29	\$180.97
42	\$82.14	\$102.11	\$118.04	\$134.39	\$150.73	\$167.79	\$187.09
43	\$84.68	\$105.42	\$121.95	\$138.88	\$155.82	\$173.48	\$193.39
44	\$87.32	\$108.86	\$125.99	\$143.53	\$161.09	\$179.36	\$199.91
45	\$90.02	\$112.40	\$130.17	\$148.33	\$166.51	\$185.45	\$206.65
46	\$92.49	\$115.62	\$133.97	\$152.72	\$171.51	\$191.04	\$212.89
47	\$95.02	\$118.94	\$137.87	\$157.23	\$176.64	\$196.78	\$219.30
48	\$97.62	\$122.34	\$141.90	\$161.90	\$181.93	\$202.69	\$225.91
49	\$100.29	\$125.86	\$146.02	\$166.70	\$187.38	\$208.82	\$232.73
50	\$103.02	\$129.47	\$150.30	\$171.63	\$192.98	\$215.11	\$239.74
51	\$105.85	\$133.18	\$154.69	\$176.72	\$198.74	\$221.58	\$246.96
52	\$108.73	\$137.00	\$159.21	\$181.96	\$204.69	\$228.25	\$254.41
53	\$111.72	\$140.93	\$163.86	\$187.36	\$210.83	\$235.11	\$262.08
54	\$114.77	\$144.96	\$168.64	\$192.89	\$217.13	\$242.19	\$269.98
55	\$117.90	\$149.13	\$173.56	\$198.61	\$223.63	\$249.48	\$278.12
56	\$125.50	\$158.67	\$184.60	\$211.52	\$238.41	\$266.16	\$296.88
57	\$133.58	\$168.83	\$196.35	\$225.28	\$254.17	\$283.95	\$316.91
58	\$142.19	\$179.63	\$208.83	\$239.92	\$270.97	\$302.94	\$338.31
59	\$151.34	\$191.12	\$222.11	\$255.52	\$288.87	\$323.20	\$361.11
60	\$161.09	\$203.36	\$236.24	\$272.13	\$307.96	\$344.80	\$385.48
61	\$171.45	\$216.37	\$251.25	\$289.85	\$328.32	\$367.84	\$411.50
62	\$182.50	\$230.23	\$267.22	\$308.70	\$350.02	\$392.44	\$439.27
63	\$198.58	\$250.36	\$290.40	\$334.91	\$379.30	\$424.91	\$475.31
64	\$216.08	\$272.22	\$315.57	\$363.33	\$411.03	\$460.05	\$514.34
65	\$235.12	\$296.02	\$342.91	\$394.19	\$445.42	\$498.11	\$556.55
66	\$255.84	\$321.90	\$372.64	\$427.65	\$482.69	\$539.33	\$602.23
67	\$278.38	\$350.03	\$404.94	\$463.97	\$523.06	\$583.94	\$651.65
68	\$307.53	\$387.65	\$449.19	\$512.95	\$576.83	\$642.77	\$716.26
69	\$339.74	\$429.33	\$498.29	\$567.09	\$636.14	\$707.52	\$787.28
70	\$375.33	\$475.46	\$552.71	\$626.96	\$701.52	\$778.80	\$865.33
71	\$414.64	\$526.56	\$613.10	\$693.13	\$773.63	\$857.27	\$951.13
72	\$458.06	\$583.15	\$680.10	\$766.31	\$853.16	\$943.63	\$1,045.44
73	\$508.54	\$650.19	\$760.52	\$854.46	\$949.17	\$1,047.99	\$1,159.41
74	\$564.59	\$724.92	\$850.48	\$952.76	\$1,055.98	\$1,163.89	\$1,285.79
75	\$626.83	\$808.25	\$951.05	\$1,062.37	\$1,174.80	\$1,292.60	\$1,425.96
76	\$695.91	\$901.19	\$1,063.54	\$1,184.57	\$1,307.01	\$1,435.55	\$1,581.40
77	\$772.62	\$1,004.79	\$1,189.32	\$1,320.86	\$1,454.09	\$1,594.32	\$1,753.80
78	\$839.42	\$1,096.23	\$1,301.95	\$1,442.01	\$1,583.85	\$1,733.24	\$1,903.18
79	\$912.00	\$1,195.99	\$1,425.22	\$1,574.29	\$1,725.21	\$1,884.29	\$2,065.30
80	\$990.86	\$1,304.85	\$1,560.19	\$1,718.70	\$1,879.18	\$2,048.51	\$2,241.21
81	\$1,076.54	\$1,423.61	\$1,707.93	\$1,876.36	\$2,046.89	\$2,227.04	\$2,432.11
82	\$1,169.63	\$1,553.18	\$1,869.65	\$2,048.46	\$2,229.55	\$2,421.15	\$2,639.27
83	\$1,285.07	\$1,712.72	\$2,068.88	\$2,260.86	\$2,455.55	\$2,661.89	\$2,896.57
84	\$1,411.89	\$1,888.67	\$2,289.34	\$2,495.29	\$2,704.47	\$2,926.56	\$3,178.97
85	\$1,508.86	\$2,017.35	\$2,446.07	\$2,664.98	\$2,888.06	\$3,125.49	\$3,396.30
86	\$1,615.64	\$2,159.48	\$2,619.55	\$2,852.42	\$3,090.54	\$3,344.61	\$3,635.37
87	\$1,733.21	\$2,316.48	\$2,811.60	\$3,059.50	\$3,313.89	\$3,585.98	\$3,898.37
88	\$1,845.36	\$2,464.86	\$2,992.43	\$3,253.00	\$3,522.11	\$3,810.97	\$4,144.43
89	\$1,967.35	\$2,626.53	\$3,189.74	\$3,463.63	\$3,748.47	\$4,055.27	\$4,411.44
90	\$2,099.99	\$2,802.66	\$3,404.98	\$3,692.91	\$3,994.54	\$4,320.57	\$4,701.17
91	\$2,244.27	\$2,994.56	\$3,639.82	\$3,942.52	\$4,262.01	\$4,608.66	\$5,015.53
92	\$2,401.17	\$3,203.61	\$3,896.02	\$4,214.22	\$4,552.78	\$4,921.50	\$5,356.65
93	\$2,545.34	\$3,395.41	\$4,130.63	\$4,459.95	\$4,813.32	\$5,199.74	\$5,657.29
94	\$2,700.18	\$3,601.64	\$4,383.13	\$4,723.78	\$5,092.55	\$5,497.55	\$5,978.71
95	\$2,866.48	\$3,823.44	\$4,654.93	\$5,007.00	\$5,391.81	\$5,816.32	\$6,322.34
96	\$3,045.07	\$4,061.93	\$4,947.49	\$5,311.08	\$5,712.56	\$6,157.51	\$6,689.71
97	\$3,236.89	\$4,318.39	\$5,262.39	\$5,637.54	\$6,056.30	\$6,522.71	\$7,082.48
98	\$3,442.90	\$4,594.18	\$5,601.35	\$5,988.01	\$6,424.74	\$6,913.60	\$7,502.40
99	\$3,664.14	\$4,890.74	\$5,966.20	\$6,364.28	\$6,819.59	\$7,332.01	\$7,951.31
100	\$3,901.74	\$5,209.64	\$6,358.91	\$6,768.24	\$7,242.78	\$7,779.86	\$8,431.27

**Policy Form Series: LTC2-VAL**  
**Value with Indemnity**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**100% Home Care**  
**5% Compound Inflation Rider**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	\$112.73	\$139.74	\$162.90	\$188.12	\$213.49	\$239.92	\$271.21
31	\$115.50	\$143.24	\$167.03	\$192.93	\$218.99	\$246.14	\$278.29
32	\$118.35	\$146.85	\$171.25	\$197.86	\$224.63	\$252.52	\$285.56
33	\$121.28	\$150.51	\$175.57	\$202.92	\$230.42	\$259.06	\$293.03
34	\$124.26	\$154.29	\$180.02	\$208.10	\$236.36	\$265.79	\$300.68
35	\$127.34	\$158.15	\$184.58	\$213.43	\$242.47	\$272.68	\$308.53
36	\$129.58	\$160.97	\$187.91	\$217.33	\$246.96	\$277.79	\$314.33
37	\$131.83	\$163.84	\$191.33	\$221.31	\$251.52	\$282.97	\$320.22
38	\$134.16	\$166.76	\$194.78	\$225.40	\$256.19	\$288.27	\$326.23
39	\$136.50	\$169.76	\$198.30	\$229.52	\$260.94	\$293.65	\$332.36
40	\$138.90	\$172.78	\$201.91	\$233.73	\$265.79	\$299.15	\$338.61
41	\$141.33	\$175.88	\$205.56	\$238.02	\$270.70	\$304.72	\$344.96
42	\$143.82	\$179.03	\$209.27	\$242.39	\$275.72	\$310.44	\$351.44
43	\$146.33	\$182.23	\$213.06	\$246.84	\$280.84	\$316.23	\$358.03
44	\$148.90	\$185.48	\$216.91	\$251.37	\$286.05	\$322.15	\$364.75
45	\$151.51	\$188.79	\$220.84	\$255.98	\$291.35	\$328.17	\$371.59
46	\$153.80	\$191.72	\$224.32	\$260.07	\$296.06	\$333.52	\$377.71
47	\$156.13	\$194.69	\$227.84	\$264.21	\$300.85	\$338.96	\$383.87
48	\$158.49	\$197.70	\$231.43	\$268.44	\$305.70	\$344.48	\$390.18
49	\$160.89	\$200.75	\$235.05	\$272.73	\$310.66	\$350.13	\$396.58
50	\$163.32	\$203.86	\$238.77	\$277.09	\$315.67	\$355.83	\$403.08
51	\$165.79	\$207.01	\$242.52	\$281.52	\$320.78	\$361.64	\$409.71
52	\$168.29	\$210.22	\$246.31	\$286.02	\$325.97	\$367.54	\$416.42
53	\$170.83	\$213.46	\$250.19	\$290.59	\$331.25	\$373.54	\$423.24
54	\$173.41	\$216.76	\$254.12	\$295.23	\$336.59	\$379.63	\$430.20
55	\$176.03	\$220.13	\$258.13	\$299.94	\$342.03	\$385.82	\$437.25
56	\$183.55	\$229.93	\$269.97	\$314.12	\$358.59	\$404.81	\$459.02
57	\$191.39	\$240.20	\$282.35	\$328.99	\$375.93	\$424.71	\$481.89
58	\$199.58	\$250.91	\$295.31	\$344.55	\$394.11	\$445.60	\$505.89
59	\$208.11	\$262.10	\$308.86	\$360.85	\$413.15	\$467.50	\$531.07
60	\$217.00	\$273.80	\$323.03	\$377.92	\$433.14	\$490.51	\$557.51
61	\$226.28	\$286.00	\$337.84	\$395.79	\$454.09	\$514.62	\$585.28
62	\$235.94	\$298.76	\$353.37	\$414.53	\$476.06	\$539.92	\$614.41
63	\$253.47	\$320.40	\$378.54	\$442.93	\$507.73	\$575.02	\$653.58
64	\$272.30	\$343.64	\$405.55	\$473.31	\$541.50	\$612.39	\$695.24
65	\$292.52	\$368.54	\$434.44	\$505.73	\$577.52	\$652.17	\$739.55
66	\$314.25	\$395.26	\$465.42	\$540.39	\$615.94	\$694.55	\$786.68
67	\$337.60	\$423.89	\$498.62	\$577.43	\$656.90	\$739.69	\$836.80
68	\$368.30	\$463.38	\$545.82	\$629.70	\$714.30	\$802.49	\$906.18
69	\$401.78	\$506.56	\$597.50	\$686.66	\$776.70	\$870.66	\$981.32
70	\$438.32	\$553.74	\$654.06	\$748.81	\$844.55	\$944.57	\$1,062.68
71	\$478.18	\$605.33	\$715.98	\$816.57	\$918.33	\$1,024.78	\$1,150.77
72	\$521.65	\$661.70	\$783.78	\$890.48	\$998.56	\$1,111.79	\$1,246.17
73	\$573.31	\$730.06	\$866.93	\$982.16	\$1,098.92	\$1,221.38	\$1,366.97
74	\$630.11	\$805.48	\$958.94	\$1,083.29	\$1,209.40	\$1,341.79	\$1,499.50
75	\$692.53	\$888.70	\$1,060.69	\$1,194.84	\$1,330.98	\$1,474.05	\$1,644.86
76	\$761.13	\$980.52	\$1,173.25	\$1,317.86	\$1,464.77	\$1,619.36	\$1,804.32
77	\$836.52	\$1,081.80	\$1,297.75	\$1,453.55	\$1,612.02	\$1,778.99	\$1,979.25
78	\$904.46	\$1,174.30	\$1,412.64	\$1,578.11	\$1,746.48	\$1,923.93	\$2,136.14
79	\$977.88	\$1,274.72	\$1,537.70	\$1,713.33	\$1,892.16	\$2,080.67	\$2,305.50
80	\$1,057.29	\$1,383.72	\$1,673.83	\$1,860.13	\$2,049.99	\$2,250.18	\$2,488.27
81	\$1,143.15	\$1,502.04	\$1,822.01	\$2,019.54	\$2,221.00	\$2,433.51	\$2,685.54
82	\$1,235.97	\$1,630.47	\$1,983.30	\$2,192.58	\$2,406.25	\$2,631.78	\$2,898.45
83	\$1,356.18	\$1,795.65	\$2,189.88	\$2,414.58	\$2,644.62	\$2,887.65	\$3,174.56
84	\$1,488.06	\$1,977.57	\$2,418.00	\$2,659.10	\$2,906.61	\$3,168.40	\$3,476.99
85	\$1,585.03	\$2,106.25	\$2,574.73	\$2,828.79	\$3,090.20	\$3,367.33	\$3,694.32
86	\$1,691.81	\$2,248.38	\$2,748.21	\$3,016.23	\$3,292.68	\$3,586.45	\$3,933.39
87	\$1,809.38	\$2,405.38	\$2,940.26	\$3,223.31	\$3,516.03	\$3,827.82	\$4,196.39
88	\$1,921.53	\$2,553.76	\$3,121.09	\$3,416.81	\$3,724.25	\$4,052.81	\$4,442.45
89	\$2,043.52	\$2,715.43	\$3,318.40	\$3,627.44	\$3,950.61	\$4,297.11	\$4,709.46
90	\$2,176.16	\$2,891.56	\$3,533.64	\$3,856.72	\$4,196.68	\$4,562.41	\$4,999.19
91	\$2,320.44	\$3,083.46	\$3,768.48	\$4,106.33	\$4,464.15	\$4,850.50	\$5,313.55
92	\$2,477.34	\$3,292.51	\$4,024.68	\$4,378.03	\$4,754.92	\$5,163.34	\$5,654.67
93	\$2,621.51	\$3,484.31	\$4,259.29	\$4,623.76	\$5,015.46	\$5,441.58	\$5,955.31
94	\$2,776.35	\$3,690.54	\$4,511.79	\$4,887.59	\$5,294.69	\$5,739.39	\$6,276.73
95	\$2,942.65	\$3,912.34	\$4,783.59	\$5,170.81	\$5,593.95	\$6,058.16	\$6,620.36
96	\$3,121.24	\$4,150.83	\$5,076.15	\$5,474.89	\$5,914.70	\$6,399.35	\$6,987.73
97	\$3,313.06	\$4,407.29	\$5,391.05	\$5,801.35	\$6,258.44	\$6,764.55	\$7,380.50
98	\$3,519.07	\$4,683.08	\$5,730.01	\$6,151.82	\$6,626.88	\$7,155.44	\$7,800.42
99	\$3,740.31	\$4,979.64	\$6,094.86	\$6,528.09	\$7,021.73	\$7,573.85	\$8,249.33
100	\$3,977.91	\$5,298.54	\$6,487.57	\$6,932.05	\$7,444.92	\$8,021.70	\$8,729.29

**Policy Form Series: LTC2-VAL**  
**Value with Indemnity**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**75% Home Care**  
**No Inflation**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	\$44.43	\$52.11	\$58.33	\$64.39	\$70.86	\$78.06	\$86.69
31	\$45.05	\$53.00	\$59.46	\$65.69	\$72.33	\$79.72	\$88.57
32	\$45.69	\$53.92	\$60.61	\$67.01	\$73.83	\$81.40	\$90.49
33	\$46.34	\$54.86	\$61.79	\$68.37	\$75.37	\$83.13	\$92.44
34	\$47.00	\$55.80	\$62.98	\$69.75	\$76.94	\$84.90	\$94.46
35	\$47.67	\$56.78	\$64.20	\$71.17	\$78.55	\$86.70	\$96.50
36	\$48.35	\$57.75	\$65.42	\$72.56	\$80.12	\$88.48	\$98.47
37	\$49.04	\$58.74	\$66.66	\$73.97	\$81.71	\$90.26	\$100.49
38	\$49.75	\$59.75	\$67.92	\$75.42	\$83.35	\$92.10	\$102.55
39	\$50.48	\$60.77	\$69.21	\$76.90	\$85.02	\$93.98	\$104.66
40	\$51.19	\$61.80	\$70.51	\$78.40	\$86.72	\$95.89	\$106.81
41	\$51.94	\$62.87	\$71.84	\$79.94	\$88.46	\$97.83	\$109.01
42	\$52.68	\$63.93	\$73.21	\$81.49	\$90.22	\$99.83	\$111.24
43	\$53.44	\$65.03	\$74.60	\$83.08	\$92.02	\$101.86	\$113.52
44	\$54.21	\$66.14	\$75.99	\$84.71	\$93.87	\$103.92	\$115.85
45	\$54.99	\$67.28	\$77.44	\$86.36	\$95.74	\$106.03	\$118.24
46	\$55.93	\$68.59	\$79.08	\$88.23	\$97.87	\$108.41	\$120.92
47	\$56.90	\$69.95	\$80.77	\$90.16	\$100.04	\$110.84	\$123.65
48	\$57.90	\$71.32	\$82.47	\$92.13	\$102.25	\$113.35	\$126.48
49	\$58.89	\$72.72	\$84.23	\$94.13	\$104.51	\$115.89	\$129.36
50	\$59.91	\$74.14	\$86.02	\$96.18	\$106.82	\$118.48	\$132.27
51	\$60.95	\$75.61	\$87.85	\$98.27	\$109.19	\$121.16	\$135.28
52	\$62.01	\$77.10	\$89.72	\$100.42	\$111.63	\$123.87	\$138.36
53	\$63.09	\$78.60	\$91.63	\$102.60	\$114.09	\$126.65	\$141.51
54	\$64.17	\$80.16	\$93.58	\$104.83	\$116.61	\$129.49	\$144.72
55	\$65.28	\$81.73	\$95.55	\$107.11	\$119.20	\$132.42	\$147.99
56	\$70.41	\$87.58	\$101.94	\$114.40	\$127.39	\$141.59	\$158.34
57	\$75.93	\$93.85	\$108.77	\$122.15	\$136.14	\$151.41	\$169.41
58	\$81.88	\$100.56	\$116.03	\$130.45	\$145.49	\$161.90	\$181.24
59	\$88.30	\$107.76	\$123.79	\$139.31	\$155.48	\$173.12	\$193.90
60	\$95.23	\$115.46	\$132.08	\$148.75	\$166.16	\$185.12	\$207.45
61	\$102.70	\$123.73	\$140.89	\$158.86	\$177.58	\$197.95	\$221.93
62	\$110.76	\$132.58	\$150.31	\$169.64	\$189.77	\$211.69	\$237.45
63	\$120.67	\$144.48	\$163.83	\$185.03	\$207.13	\$231.15	\$259.36
64	\$131.46	\$157.46	\$178.57	\$201.86	\$226.07	\$252.39	\$283.33
65	\$143.21	\$171.59	\$194.62	\$220.17	\$246.74	\$275.59	\$309.49
66	\$156.02	\$186.98	\$212.11	\$240.16	\$269.31	\$300.92	\$338.08
67	\$169.96	\$203.77	\$231.19	\$261.97	\$293.93	\$328.59	\$369.31
68	\$189.21	\$227.32	\$258.25	\$292.15	\$327.38	\$365.65	\$410.64
69	\$210.64	\$253.59	\$288.46	\$325.82	\$364.67	\$406.86	\$456.58
70	\$234.49	\$282.89	\$322.23	\$363.35	\$406.18	\$452.75	\$507.69
71	\$261.04	\$315.58	\$359.94	\$405.22	\$452.43	\$503.81	\$564.51
72	\$290.60	\$352.04	\$402.06	\$451.92	\$503.93	\$560.62	\$627.69
73	\$325.66	\$395.88	\$453.14	\$508.18	\$565.66	\$628.42	\$702.78
74	\$364.94	\$445.19	\$510.71	\$571.44	\$634.97	\$704.43	\$786.90
75	\$408.95	\$500.64	\$575.58	\$642.57	\$712.75	\$789.62	\$881.07
76	\$458.27	\$562.99	\$648.69	\$722.58	\$800.08	\$885.12	\$986.51
77	\$513.56	\$633.11	\$731.10	\$812.53	\$898.11	\$992.18	\$1,104.57
78	\$560.55	\$693.43	\$802.57	\$890.12	\$982.21	\$1,083.53	\$1,204.38
79	\$611.87	\$759.47	\$881.03	\$975.11	\$1,074.20	\$1,183.31	\$1,313.21
80	\$667.85	\$831.82	\$967.17	\$1,068.22	\$1,174.79	\$1,292.26	\$1,431.88
81	\$728.98	\$911.05	\$1,061.72	\$1,170.21	\$1,284.81	\$1,411.23	\$1,561.29
82	\$795.70	\$997.84	\$1,165.52	\$1,281.93	\$1,405.13	\$1,541.18	\$1,702.37
83	\$876.11	\$1,102.19	\$1,290.23	\$1,416.19	\$1,549.85	\$1,697.66	\$1,872.68
84	\$964.65	\$1,217.45	\$1,428.29	\$1,564.49	\$1,709.45	\$1,870.01	\$2,060.01
85	\$1,062.15	\$1,344.75	\$1,581.12	\$1,728.31	\$1,885.52	\$2,059.87	\$2,266.07
86	\$1,169.48	\$1,485.38	\$1,750.29	\$1,909.29	\$2,079.69	\$2,269.01	\$2,492.77
87	\$1,287.66	\$1,640.72	\$1,937.56	\$2,109.24	\$2,293.87	\$2,499.37	\$2,742.13
88	\$1,400.42	\$1,787.51	\$2,113.91	\$2,296.06	\$2,493.56	\$2,714.10	\$2,975.43
89	\$1,523.02	\$1,947.47	\$2,306.28	\$2,499.44	\$2,710.64	\$2,947.28	\$3,228.59
90	\$1,656.37	\$2,121.73	\$2,516.17	\$2,720.84	\$2,946.62	\$3,200.47	\$3,503.30
91	\$1,801.40	\$2,311.58	\$2,745.19	\$2,961.83	\$3,203.12	\$3,475.44	\$3,801.39
92	\$1,959.11	\$2,518.42	\$2,995.02	\$3,224.17	\$3,481.97	\$3,774.01	\$4,124.82
93	\$2,104.05	\$2,708.17	\$3,223.78	\$3,461.45	\$3,731.82	\$4,039.58	\$4,409.87
94	\$2,259.70	\$2,912.22	\$3,470.01	\$3,716.16	\$3,999.60	\$4,323.79	\$4,714.62
95	\$2,426.87	\$3,131.66	\$3,735.05	\$3,989.63	\$4,286.60	\$4,628.03	\$5,040.44
96	\$2,606.41	\$3,367.62	\$4,020.34	\$4,283.22	\$4,594.20	\$4,953.68	\$5,388.77
97	\$2,799.23	\$3,621.35	\$4,327.42	\$4,598.42	\$4,923.85	\$5,302.23	\$5,761.18
98	\$3,006.31	\$3,894.20	\$4,657.94	\$4,936.83	\$5,277.18	\$5,675.30	\$6,159.33
99	\$3,228.71	\$4,187.61	\$5,013.72	\$5,300.12	\$5,655.84	\$6,074.63	\$6,584.98
100	\$3,467.56	\$4,503.14	\$5,396.68	\$5,690.17	\$6,061.67	\$6,502.07	\$7,040.05



**Policy Form Series: LTC2-VAL**  
**Value with Indemnity**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**75% Home Care**  
**5% Simple Inflation Rider**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	\$50.98	\$60.57	\$69.21	\$78.20	\$86.69	\$95.99	\$106.94
31	\$52.92	\$62.97	\$72.00	\$81.38	\$90.25	\$99.96	\$111.32
32	\$54.91	\$65.47	\$74.91	\$84.70	\$93.97	\$104.09	\$115.89
33	\$56.99	\$68.06	\$77.92	\$88.15	\$97.83	\$108.38	\$120.65
34	\$59.14	\$70.76	\$81.07	\$91.75	\$101.85	\$112.86	\$125.60
35	\$61.37	\$73.56	\$84.33	\$95.49	\$106.05	\$117.52	\$130.77
36	\$63.27	\$75.97	\$87.11	\$98.68	\$109.63	\$121.51	\$135.18
37	\$65.24	\$78.43	\$90.02	\$101.98	\$113.33	\$125.64	\$139.74
38	\$67.26	\$80.99	\$92.98	\$105.38	\$117.14	\$129.89	\$144.47
39	\$69.34	\$83.62	\$96.07	\$108.91	\$121.10	\$134.29	\$149.33
40	\$71.50	\$86.32	\$99.24	\$112.56	\$125.19	\$138.85	\$154.36
41	\$73.73	\$89.15	\$102.52	\$116.31	\$129.42	\$143.57	\$159.58
42	\$76.00	\$92.04	\$105.92	\$120.19	\$133.79	\$148.44	\$164.96
43	\$78.37	\$95.04	\$109.41	\$124.22	\$138.31	\$153.47	\$170.52
44	\$80.80	\$98.12	\$113.04	\$128.37	\$142.98	\$158.68	\$176.28
45	\$83.30	\$101.32	\$116.78	\$132.66	\$147.81	\$164.05	\$182.22
46	\$85.58	\$104.22	\$120.19	\$136.59	\$152.23	\$168.98	\$187.71
47	\$87.91	\$107.21	\$123.69	\$140.64	\$156.79	\$174.06	\$193.37
48	\$90.33	\$110.29	\$127.30	\$144.80	\$161.48	\$179.31	\$199.21
49	\$92.79	\$113.45	\$131.03	\$149.09	\$166.31	\$184.72	\$205.20
50	\$95.33	\$116.69	\$134.85	\$153.52	\$171.28	\$190.27	\$211.38
51	\$97.93	\$120.04	\$138.79	\$158.07	\$176.41	\$196.01	\$217.75
52	\$100.63	\$123.49	\$142.84	\$162.75	\$181.69	\$201.90	\$224.33
53	\$103.38	\$127.04	\$147.02	\$167.57	\$187.13	\$207.99	\$231.10
54	\$106.21	\$130.67	\$151.31	\$172.53	\$192.74	\$214.24	\$238.05
55	\$109.11	\$134.42	\$155.71	\$177.64	\$198.49	\$220.70	\$245.23
56	\$116.12	\$143.03	\$165.62	\$189.20	\$211.63	\$235.45	\$261.78
57	\$123.61	\$152.19	\$176.15	\$201.50	\$225.60	\$251.19	\$279.45
58	\$131.56	\$161.92	\$187.35	\$214.59	\$240.50	\$267.99	\$298.29
59	\$140.04	\$172.28	\$199.27	\$228.56	\$256.40	\$285.90	\$318.41
60	\$149.06	\$183.31	\$211.94	\$243.41	\$273.33	\$305.01	\$339.91
61	\$158.66	\$195.04	\$225.41	\$259.25	\$291.41	\$325.42	\$362.85
62	\$168.87	\$207.54	\$239.76	\$276.10	\$310.67	\$347.16	\$387.33
63	\$183.75	\$225.67	\$260.53	\$299.53	\$336.67	\$375.87	\$419.12
64	\$199.94	\$245.39	\$283.13	\$324.97	\$364.81	\$406.97	\$453.51
65	\$217.55	\$266.83	\$307.66	\$352.57	\$395.34	\$440.64	\$490.74
66	\$236.74	\$290.16	\$334.34	\$382.49	\$428.42	\$477.09	\$531.02
67	\$257.59	\$315.52	\$363.30	\$414.98	\$464.26	\$516.57	\$574.60
68	\$284.56	\$349.44	\$403.00	\$458.78	\$511.98	\$568.61	\$631.57
69	\$314.38	\$387.00	\$447.04	\$507.21	\$564.63	\$625.87	\$694.18
70	\$347.30	\$428.58	\$495.87	\$560.76	\$622.67	\$688.93	\$763.02
71	\$383.67	\$474.64	\$550.06	\$619.94	\$686.68	\$758.34	\$838.67
72	\$423.85	\$525.66	\$610.15	\$685.40	\$757.28	\$834.74	\$921.81
73	\$470.56	\$586.08	\$682.32	\$764.24	\$842.49	\$927.05	\$1,022.30
74	\$522.42	\$653.46	\$763.02	\$852.16	\$937.29	\$1,029.58	\$1,133.75
75	\$580.01	\$728.57	\$853.27	\$950.19	\$1,042.76	\$1,143.45	\$1,257.35
76	\$643.94	\$812.34	\$954.17	\$1,059.49	\$1,160.09	\$1,269.90	\$1,394.41
77	\$714.91	\$905.72	\$1,067.02	\$1,181.37	\$1,290.63	\$1,410.34	\$1,546.42
78	\$776.72	\$988.15	\$1,168.06	\$1,289.76	\$1,405.82	\$1,533.25	\$1,678.14
79	\$843.89	\$1,078.08	\$1,278.67	\$1,408.06	\$1,531.29	\$1,666.87	\$1,821.07
80	\$916.85	\$1,176.21	\$1,399.76	\$1,537.23	\$1,667.95	\$1,812.13	\$1,976.18
81	\$996.13	\$1,283.25	\$1,532.31	\$1,678.23	\$1,816.80	\$1,970.06	\$2,144.53
82	\$1,082.27	\$1,400.05	\$1,677.41	\$1,832.18	\$1,978.93	\$2,141.76	\$2,327.20
83	\$1,189.08	\$1,543.87	\$1,856.14	\$2,022.14	\$2,179.54	\$2,354.71	\$2,554.07
84	\$1,306.44	\$1,702.48	\$2,053.93	\$2,231.82	\$2,400.47	\$2,588.84	\$2,803.07
85	\$1,397.01	\$1,822.04	\$2,198.29	\$2,387.06	\$2,567.50	\$2,769.05	\$2,998.65
86	\$1,496.73	\$1,954.12	\$2,358.13	\$2,558.54	\$2,751.72	\$2,967.54	\$3,213.79
87	\$1,606.55	\$2,100.02	\$2,535.04	\$2,747.99	\$2,954.93	\$3,186.17	\$3,450.48
88	\$1,711.30	\$2,237.90	\$2,701.64	\$2,925.00	\$3,144.38	\$3,389.97	\$3,671.90
89	\$1,825.20	\$2,388.13	\$2,883.40	\$3,117.71	\$3,350.32	\$3,611.28	\$3,912.18
90	\$1,949.10	\$2,551.79	\$3,081.68	\$3,327.48	\$3,574.18	\$3,851.58	\$4,172.90
91	\$2,083.84	\$2,730.10	\$3,298.02	\$3,555.83	\$3,817.54	\$4,112.55	\$4,455.81
92	\$2,230.38	\$2,924.36	\$3,534.06	\$3,804.40	\$4,082.09	\$4,395.93	\$4,762.78
93	\$2,365.02	\$3,102.57	\$3,750.18	\$4,029.22	\$4,319.13	\$4,647.96	\$5,033.33
94	\$2,509.65	\$3,294.22	\$3,982.81	\$4,270.57	\$4,573.17	\$4,917.71	\$5,322.57
95	\$2,664.96	\$3,500.32	\$4,233.20	\$4,529.69	\$4,845.45	\$5,206.47	\$5,631.81
96	\$2,831.77	\$3,721.93	\$4,502.70	\$4,807.87	\$5,137.26	\$5,515.52	\$5,962.41
97	\$3,010.91	\$3,960.23	\$4,792.81	\$5,106.52	\$5,450.01	\$5,846.34	\$6,315.87
98	\$3,203.30	\$4,216.50	\$5,105.07	\$5,427.17	\$5,785.21	\$6,200.42	\$6,693.74
99	\$3,409.93	\$4,492.09	\$5,441.19	\$5,771.40	\$6,144.45	\$6,579.42	\$7,097.73
100	\$3,631.85	\$4,788.43	\$5,802.97	\$6,140.96	\$6,529.48	\$6,985.09	\$7,529.65

**Policy Form Series: LTC2-VAL**  
**Value with Indemnity**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**75% Home Care**  
**5% Compound Inflation Rider**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	\$103.27	\$127.47	\$147.49	\$169.28	\$191.12	\$213.78	\$239.93
31	\$105.83	\$130.66	\$151.22	\$173.61	\$196.04	\$219.34	\$246.20
32	\$108.44	\$133.93	\$155.07	\$178.05	\$201.09	\$225.02	\$252.63
33	\$111.12	\$137.28	\$158.98	\$182.60	\$206.27	\$230.87	\$259.22
34	\$113.86	\$140.72	\$163.00	\$187.27	\$211.58	\$236.85	\$266.01
35	\$116.66	\$144.24	\$167.11	\$192.07	\$217.05	\$243.01	\$272.95
36	\$118.72	\$146.83	\$170.12	\$195.59	\$221.07	\$247.56	\$278.07
37	\$120.80	\$149.44	\$173.23	\$199.19	\$225.17	\$252.16	\$283.30
38	\$122.91	\$152.12	\$176.35	\$202.84	\$229.35	\$256.88	\$288.62
39	\$125.09	\$154.84	\$179.55	\$206.56	\$233.58	\$261.68	\$294.04
40	\$127.27	\$157.60	\$182.81	\$210.33	\$237.92	\$266.58	\$299.55
41	\$129.51	\$160.42	\$186.11	\$214.21	\$242.33	\$271.57	\$305.18
42	\$131.76	\$163.29	\$189.49	\$218.12	\$246.82	\$276.64	\$310.91
43	\$134.08	\$166.21	\$192.92	\$222.13	\$251.40	\$281.82	\$316.74
44	\$136.43	\$169.18	\$196.39	\$226.21	\$256.08	\$287.08	\$322.69
45	\$138.83	\$172.20	\$199.97	\$230.36	\$260.81	\$292.44	\$328.74
46	\$140.93	\$174.86	\$203.11	\$234.04	\$265.02	\$297.22	\$334.15
47	\$143.06	\$177.57	\$206.30	\$237.78	\$269.32	\$302.06	\$339.62
48	\$145.22	\$180.33	\$209.54	\$241.57	\$273.66	\$307.01	\$345.19
49	\$147.40	\$183.12	\$212.82	\$245.44	\$278.09	\$312.01	\$350.84
50	\$149.63	\$185.94	\$216.17	\$249.36	\$282.58	\$317.09	\$356.61
51	\$151.90	\$188.82	\$219.57	\$253.33	\$287.17	\$322.29	\$362.45
52	\$154.20	\$191.73	\$223.03	\$257.39	\$291.79	\$327.53	\$368.41
53	\$156.53	\$194.70	\$226.53	\$261.49	\$296.53	\$332.88	\$374.46
54	\$158.89	\$197.71	\$230.10	\$265.67	\$301.31	\$338.31	\$380.59
55	\$161.30	\$200.77	\$233.71	\$269.91	\$306.19	\$343.83	\$386.82
56	\$168.17	\$209.73	\$244.43	\$282.69	\$321.00	\$360.75	\$406.09
57	\$175.37	\$219.08	\$255.65	\$296.05	\$336.51	\$378.48	\$426.32
58	\$182.86	\$228.87	\$267.37	\$310.06	\$352.78	\$397.10	\$447.55
59	\$190.66	\$239.07	\$279.64	\$324.74	\$369.85	\$416.62	\$469.83
60	\$198.83	\$249.73	\$292.47	\$340.10	\$387.75	\$437.12	\$493.22
61	\$207.31	\$260.87	\$305.89	\$356.19	\$406.49	\$458.61	\$517.79
62	\$216.18	\$272.50	\$319.93	\$373.03	\$426.17	\$481.16	\$543.57
63	\$232.24	\$292.25	\$342.75	\$398.60	\$454.51	\$512.42	\$578.21
64	\$249.49	\$313.42	\$367.19	\$425.93	\$484.74	\$545.74	\$615.06
65	\$268.02	\$336.15	\$393.36	\$455.12	\$516.99	\$581.20	\$654.26
66	\$287.93	\$360.51	\$421.42	\$486.32	\$551.38	\$618.96	\$695.95
67	\$309.32	\$386.64	\$451.45	\$519.65	\$588.07	\$659.19	\$740.30
68	\$337.45	\$422.66	\$494.19	\$566.67	\$639.43	\$715.16	\$801.69
69	\$368.13	\$462.03	\$540.98	\$617.95	\$695.30	\$775.88	\$868.15
70	\$401.62	\$505.07	\$592.19	\$673.86	\$756.04	\$841.76	\$940.14
71	\$438.11	\$552.11	\$648.27	\$734.84	\$822.08	\$913.24	\$1,018.07
72	\$477.97	\$603.55	\$709.63	\$801.35	\$893.89	\$990.78	\$1,102.48
73	\$525.30	\$665.89	\$784.93	\$883.87	\$983.75	\$1,088.44	\$1,209.34
74	\$577.33	\$734.69	\$868.25	\$974.87	\$1,082.65	\$1,195.74	\$1,326.58
75	\$634.53	\$810.58	\$960.37	\$1,075.27	\$1,191.48	\$1,313.61	\$1,455.19
76	\$697.37	\$894.33	\$1,062.28	\$1,185.97	\$1,311.25	\$1,443.09	\$1,596.26
77	\$766.47	\$986.73	\$1,175.01	\$1,308.08	\$1,443.07	\$1,585.35	\$1,751.01
78	\$828.69	\$1,071.10	\$1,279.03	\$1,420.17	\$1,563.43	\$1,714.50	\$1,889.83
79	\$895.99	\$1,162.67	\$1,392.26	\$1,541.86	\$1,693.85	\$1,854.21	\$2,039.64
80	\$968.74	\$1,262.09	\$1,515.51	\$1,673.98	\$1,835.14	\$2,005.27	\$2,201.34
81	\$1,047.39	\$1,370.02	\$1,649.66	\$1,817.41	\$1,988.21	\$2,168.64	\$2,375.87
82	\$1,132.45	\$1,487.15	\$1,795.71	\$1,973.14	\$2,154.06	\$2,345.31	\$2,564.21
83	\$1,242.58	\$1,637.82	\$1,982.75	\$2,172.94	\$2,367.45	\$2,573.35	\$2,808.49
84	\$1,363.43	\$1,803.74	\$2,189.30	\$2,392.98	\$2,601.97	\$2,823.53	\$3,076.04
85	\$1,454.00	\$1,923.30	\$2,333.66	\$2,548.22	\$2,769.00	\$3,003.74	\$3,271.62
86	\$1,553.72	\$2,055.38	\$2,493.50	\$2,719.70	\$2,953.22	\$3,202.23	\$3,486.76
87	\$1,663.54	\$2,201.28	\$2,670.41	\$2,909.15	\$3,156.43	\$3,420.86	\$3,723.45
88	\$1,768.29	\$2,339.16	\$2,837.01	\$3,086.16	\$3,345.88	\$3,624.66	\$3,944.87
89	\$1,882.19	\$2,489.39	\$3,018.77	\$3,278.87	\$3,551.82	\$3,845.97	\$4,185.15
90	\$2,006.09	\$2,653.05	\$3,217.05	\$3,488.64	\$3,775.68	\$4,086.27	\$4,445.87
91	\$2,140.83	\$2,831.36	\$3,433.39	\$3,716.99	\$4,019.04	\$4,347.24	\$4,728.78
92	\$2,287.37	\$3,025.62	\$3,669.43	\$3,965.56	\$4,283.59	\$4,630.62	\$5,035.75
93	\$2,422.01	\$3,203.83	\$3,885.55	\$4,190.38	\$4,520.63	\$4,882.65	\$5,306.30
94	\$2,566.64	\$3,395.48	\$4,118.18	\$4,431.73	\$4,774.67	\$5,152.40	\$5,595.54
95	\$2,721.95	\$3,601.58	\$4,368.57	\$4,690.85	\$5,046.95	\$5,441.16	\$5,904.78
96	\$2,888.76	\$3,823.19	\$4,638.07	\$4,969.03	\$5,338.76	\$5,750.21	\$6,235.38
97	\$3,067.90	\$4,061.49	\$4,928.18	\$5,267.68	\$5,651.51	\$6,081.03	\$6,588.84
98	\$3,260.29	\$4,317.76	\$5,240.44	\$5,588.33	\$5,986.71	\$6,435.11	\$6,966.71
99	\$3,466.92	\$4,593.35	\$5,576.56	\$5,932.56	\$6,345.95	\$6,814.11	\$7,370.70
100	\$3,688.84	\$4,889.69	\$5,938.34	\$6,302.12	\$6,730.98	\$7,219.78	\$7,802.62

**Policy Form Series: LTC2-VAL**  
**Value with Indemnity**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**50% Home Care**  
**No Inflation**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	\$40.07	\$46.58	\$51.93	\$57.11	\$62.58	\$68.68	\$75.83
31	\$40.63	\$47.39	\$52.95	\$58.26	\$63.88	\$70.14	\$77.47
32	\$41.22	\$48.20	\$53.98	\$59.44	\$65.20	\$71.62	\$79.16
33	\$41.79	\$49.04	\$55.02	\$60.64	\$66.57	\$73.14	\$80.87
34	\$42.39	\$49.89	\$56.09	\$61.87	\$67.96	\$74.70	\$82.61
35	\$43.00	\$50.75	\$57.19	\$63.12	\$69.36	\$76.29	\$84.39
36	\$43.60	\$51.63	\$58.27	\$64.35	\$70.75	\$77.84	\$86.14
37	\$44.24	\$52.51	\$59.37	\$65.60	\$72.16	\$79.41	\$87.90
38	\$44.87	\$53.40	\$60.48	\$66.89	\$73.61	\$81.03	\$89.71
39	\$45.51	\$54.32	\$61.63	\$68.19	\$75.09	\$82.68	\$91.55
40	\$46.17	\$55.25	\$62.80	\$69.52	\$76.59	\$84.37	\$93.42
41	\$46.83	\$56.20	\$63.98	\$70.88	\$78.12	\$86.07	\$95.35
42	\$47.50	\$57.15	\$65.20	\$72.27	\$79.69	\$87.83	\$97.31
43	\$48.20	\$58.14	\$66.43	\$73.68	\$81.27	\$89.61	\$99.30
44	\$48.89	\$59.14	\$67.69	\$75.12	\$82.90	\$91.43	\$101.34
45	\$49.58	\$60.13	\$68.97	\$76.60	\$84.55	\$93.29	\$103.43
46	\$50.44	\$61.32	\$70.42	\$78.26	\$86.43	\$95.39	\$105.76
47	\$51.33	\$62.53	\$71.93	\$79.97	\$88.34	\$97.53	\$108.18
48	\$52.21	\$63.75	\$73.45	\$81.71	\$90.30	\$99.73	\$110.62
49	\$53.12	\$65.01	\$75.02	\$83.49	\$92.29	\$101.96	\$113.14
50	\$54.03	\$66.29	\$76.61	\$85.29	\$94.33	\$104.26	\$115.71
51	\$54.98	\$67.58	\$78.23	\$87.16	\$96.44	\$106.59	\$118.33
52	\$55.92	\$68.92	\$79.91	\$89.06	\$98.57	\$108.99	\$121.02
53	\$56.88	\$70.27	\$81.59	\$90.99	\$100.76	\$111.42	\$123.78
54	\$57.88	\$71.65	\$83.33	\$92.99	\$102.99	\$113.94	\$126.58
55	\$58.88	\$73.06	\$85.11	\$95.00	\$105.27	\$116.49	\$129.46
56	\$63.49	\$78.28	\$90.79	\$101.45	\$112.51	\$124.57	\$138.49
57	\$68.48	\$83.90	\$96.86	\$108.35	\$120.23	\$133.21	\$148.18
58	\$73.85	\$89.89	\$103.35	\$115.70	\$128.49	\$142.43	\$158.52
59	\$79.65	\$96.33	\$110.24	\$123.54	\$137.31	\$152.32	\$169.61
60	\$85.89	\$103.23	\$117.60	\$131.93	\$146.74	\$162.86	\$181.45
61	\$92.63	\$110.61	\$125.48	\$140.90	\$156.82	\$174.17	\$194.13
62	\$99.89	\$118.52	\$133.86	\$150.46	\$167.60	\$186.24	\$207.68
63	\$108.82	\$129.16	\$145.90	\$164.12	\$182.93	\$203.36	\$226.87
64	\$118.55	\$140.76	\$159.01	\$179.01	\$199.64	\$222.05	\$247.82
65	\$129.15	\$153.39	\$173.33	\$195.26	\$217.90	\$242.47	\$270.73
66	\$140.71	\$167.16	\$188.91	\$212.99	\$237.83	\$264.75	\$295.71
67	\$153.28	\$182.16	\$205.89	\$232.33	\$259.57	\$289.09	\$323.03
68	\$170.64	\$203.20	\$229.99	\$259.10	\$289.13	\$321.69	\$359.19
69	\$189.97	\$226.70	\$256.90	\$288.95	\$322.05	\$357.97	\$399.38
70	\$211.46	\$252.89	\$286.96	\$322.25	\$358.70	\$398.33	\$444.08
71	\$235.42	\$282.12	\$320.56	\$359.38	\$399.53	\$443.26	\$493.76
72	\$262.08	\$314.72	\$358.06	\$400.80	\$445.03	\$493.22	\$549.03
73	\$293.69	\$353.91	\$403.55	\$450.68	\$499.54	\$552.89	\$614.74
74	\$329.11	\$397.98	\$454.82	\$506.80	\$560.74	\$619.76	\$688.30
75	\$368.81	\$447.55	\$512.60	\$569.88	\$629.46	\$694.71	\$770.68
76	\$413.29	\$503.28	\$577.71	\$640.83	\$706.58	\$778.74	\$862.90
77	\$463.15	\$565.96	\$651.09	\$720.62	\$793.13	\$872.92	\$966.17
78	\$505.53	\$619.87	\$714.75	\$789.42	\$867.41	\$953.30	\$1,053.48
79	\$551.80	\$678.92	\$784.61	\$864.79	\$948.63	\$1,041.07	\$1,148.68
80	\$602.30	\$743.60	\$861.32	\$947.36	\$1,037.47	\$1,136.93	\$1,252.47
81	\$657.43	\$814.43	\$945.54	\$1,037.83	\$1,134.64	\$1,241.62	\$1,365.65
82	\$717.60	\$891.99	\$1,037.98	\$1,136.92	\$1,240.88	\$1,355.94	\$1,489.08
83	\$790.12	\$985.29	\$1,149.05	\$1,255.98	\$1,368.68	\$1,493.60	\$1,638.03
84	\$869.96	\$1,088.32	\$1,271.98	\$1,387.51	\$1,509.65	\$1,645.25	\$1,801.90
85	\$957.89	\$1,202.13	\$1,408.09	\$1,532.79	\$1,665.12	\$1,812.29	\$1,982.13
86	\$1,054.70	\$1,327.85	\$1,558.75	\$1,693.32	\$1,836.61	\$1,996.29	\$2,180.42
87	\$1,161.28	\$1,466.70	\$1,725.52	\$1,870.65	\$2,025.75	\$2,198.98	\$2,398.55
88	\$1,262.95	\$1,597.94	\$1,882.58	\$2,036.33	\$2,202.10	\$2,387.88	\$2,602.62
89	\$1,373.53	\$1,740.92	\$2,053.91	\$2,216.69	\$2,393.80	\$2,593.03	\$2,824.05
90	\$1,493.79	\$1,896.70	\$2,240.84	\$2,413.04	\$2,602.19	\$2,815.81	\$3,064.35
91	\$1,624.58	\$2,066.41	\$2,444.77	\$2,626.77	\$2,828.72	\$3,057.72	\$3,325.07
92	\$1,766.83	\$2,251.32	\$2,667.27	\$2,859.43	\$3,074.97	\$3,320.41	\$3,607.98
93	\$1,897.53	\$2,420.95	\$2,871.00	\$3,069.87	\$3,295.64	\$3,554.05	\$3,857.33
94	\$2,037.90	\$2,603.34	\$3,090.30	\$3,295.77	\$3,532.10	\$3,804.12	\$4,123.88
95	\$2,188.67	\$2,799.50	\$3,326.33	\$3,538.31	\$3,785.55	\$4,071.79	\$4,408.89
96	\$2,350.59	\$3,010.43	\$3,580.40	\$3,798.68	\$4,057.20	\$4,358.29	\$4,713.58
97	\$2,524.47	\$3,237.26	\$3,853.88	\$4,078.24	\$4,348.32	\$4,664.96	\$5,039.31
98	\$2,711.24	\$3,481.18	\$4,148.24	\$4,378.35	\$4,660.34	\$4,993.19	\$5,387.57
99	\$2,911.81	\$3,743.49	\$4,465.08	\$4,700.55	\$4,994.74	\$5,344.52	\$5,759.89
100	\$3,127.21	\$4,025.53	\$4,806.13	\$5,046.46	\$5,353.14	\$5,720.58	\$6,157.95

**Policy Form Series: LTC2-VAL**  
**Value with Indemnity**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**50% Home Care**  
**5% Simple Inflation Rider**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	\$45.83	\$54.41	\$62.06	\$69.33	\$76.42	\$84.36	\$93.73
31	\$47.56	\$56.57	\$64.56	\$72.15	\$79.56	\$87.86	\$97.58
32	\$49.34	\$58.82	\$67.16	\$75.09	\$82.82	\$91.48	\$101.59
33	\$51.22	\$61.14	\$69.86	\$78.14	\$86.25	\$95.27	\$105.77
34	\$53.16	\$63.56	\$72.69	\$81.33	\$89.79	\$99.20	\$110.11
35	\$55.16	\$66.08	\$75.63	\$84.63	\$93.48	\$103.30	\$114.62
36	\$56.87	\$68.23	\$78.13	\$87.48	\$96.63	\$106.78	\$118.48
37	\$58.64	\$70.46	\$80.72	\$90.40	\$99.89	\$110.42	\$122.49
38	\$60.45	\$72.73	\$83.39	\$93.40	\$103.27	\$114.16	\$126.62
39	\$62.33	\$75.11	\$86.13	\$96.53	\$106.76	\$118.04	\$130.89
40	\$64.27	\$77.56	\$88.98	\$99.76	\$110.36	\$122.04	\$135.30
41	\$66.27	\$80.08	\$91.93	\$103.10	\$114.09	\$126.18	\$139.88
42	\$68.32	\$82.67	\$94.98	\$106.56	\$117.93	\$130.47	\$144.59
43	\$70.44	\$85.37	\$98.10	\$110.11	\$121.91	\$134.88	\$149.46
44	\$72.62	\$88.14	\$101.38	\$113.79	\$126.05	\$139.45	\$154.52
45	\$74.88	\$91.01	\$104.71	\$117.59	\$130.28	\$144.20	\$159.73
46	\$76.93	\$93.61	\$107.77	\$121.07	\$134.18	\$148.54	\$164.54
47	\$79.03	\$96.30	\$110.92	\$124.68	\$138.21	\$152.99	\$169.50
48	\$81.19	\$99.07	\$114.16	\$128.35	\$142.33	\$157.61	\$174.61
49	\$83.42	\$101.91	\$117.49	\$132.15	\$146.61	\$162.37	\$179.87
50	\$85.70	\$104.83	\$120.93	\$136.08	\$150.99	\$167.24	\$185.29
51	\$88.04	\$107.84	\$124.45	\$140.10	\$155.52	\$172.28	\$190.88
52	\$90.45	\$110.91	\$128.09	\$144.26	\$160.16	\$177.46	\$196.62
53	\$92.91	\$114.11	\$131.82	\$148.54	\$164.96	\$182.81	\$202.57
54	\$95.45	\$117.37	\$135.67	\$152.93	\$169.90	\$188.32	\$208.66
55	\$98.07	\$120.74	\$139.62	\$157.46	\$174.98	\$193.98	\$214.96
56	\$104.39	\$128.47	\$148.50	\$167.70	\$186.55	\$206.96	\$229.45
57	\$111.11	\$136.70	\$157.95	\$178.62	\$198.87	\$220.78	\$244.95
58	\$118.26	\$145.44	\$168.00	\$190.22	\$212.01	\$235.55	\$261.48
59	\$125.87	\$154.76	\$178.69	\$202.59	\$226.01	\$251.28	\$279.13
60	\$133.98	\$164.66	\$190.04	\$215.76	\$240.96	\$268.08	\$297.94
61	\$142.60	\$175.21	\$202.13	\$229.79	\$256.89	\$286.01	\$318.06
62	\$151.80	\$186.40	\$214.99	\$244.75	\$273.85	\$305.13	\$339.50
63	\$165.17	\$202.70	\$233.61	\$265.52	\$296.76	\$330.38	\$367.38
64	\$179.71	\$220.43	\$253.87	\$288.06	\$321.59	\$357.71	\$397.52
65	\$195.55	\$239.69	\$275.88	\$312.51	\$348.49	\$387.30	\$430.16
66	\$212.79	\$260.63	\$299.79	\$339.05	\$377.64	\$419.34	\$465.45
67	\$231.54	\$283.41	\$325.76	\$367.85	\$409.25	\$454.03	\$503.66
68	\$255.78	\$313.88	\$361.37	\$406.67	\$451.31	\$499.77	\$553.59
69	\$282.58	\$347.61	\$400.85	\$449.60	\$497.71	\$550.11	\$608.49
70	\$312.18	\$384.97	\$444.63	\$497.06	\$548.88	\$605.54	\$668.82
71	\$344.86	\$426.36	\$493.22	\$549.54	\$605.30	\$666.54	\$735.13
72	\$380.98	\$472.18	\$547.12	\$607.55	\$667.54	\$733.70	\$808.02
73	\$422.98	\$526.45	\$611.83	\$677.44	\$742.63	\$814.84	\$896.11
74	\$469.60	\$586.98	\$684.18	\$755.38	\$826.21	\$904.95	\$993.79
75	\$521.35	\$654.44	\$765.10	\$842.26	\$919.19	\$1,005.03	\$1,102.11
76	\$578.83	\$729.67	\$855.60	\$939.17	\$1,022.62	\$1,116.18	\$1,222.27
77	\$642.60	\$813.54	\$956.77	\$1,047.21	\$1,137.69	\$1,239.62	\$1,355.51
78	\$698.17	\$887.61	\$1,047.38	\$1,143.27	\$1,239.23	\$1,347.66	\$1,470.98
79	\$758.56	\$968.39	\$1,146.56	\$1,248.13	\$1,349.82	\$1,465.10	\$1,596.28
80	\$824.14	\$1,056.52	\$1,255.13	\$1,362.62	\$1,470.29	\$1,592.77	\$1,732.23
81	\$895.41	\$1,152.68	\$1,373.98	\$1,487.62	\$1,601.52	\$1,731.58	\$1,879.78
82	\$972.83	\$1,257.57	\$1,504.11	\$1,624.08	\$1,744.43	\$1,882.49	\$2,039.91
83	\$1,068.83	\$1,386.78	\$1,664.38	\$1,792.47	\$1,921.26	\$2,069.68	\$2,238.78
84	\$1,174.33	\$1,529.22	\$1,841.73	\$1,978.33	\$2,116.02	\$2,275.46	\$2,457.04
85	\$1,258.12	\$1,638.89	\$1,973.50	\$2,119.29	\$2,266.97	\$2,437.67	\$2,632.04
86	\$1,350.40	\$1,760.03	\$2,119.36	\$2,275.03	\$2,433.47	\$2,616.33	\$2,824.55
87	\$1,452.00	\$1,893.84	\$2,280.84	\$2,447.07	\$2,617.12	\$2,813.15	\$3,036.30
88	\$1,548.90	\$2,020.30	\$2,432.88	\$2,607.82	\$2,788.35	\$2,996.60	\$3,234.44
89	\$1,654.31	\$2,158.09	\$2,598.77	\$2,782.82	\$2,974.49	\$3,195.80	\$3,449.42
90	\$1,768.94	\$2,308.21	\$2,779.75	\$2,973.32	\$3,176.83	\$3,412.12	\$3,682.70
91	\$1,893.60	\$2,471.75	\$2,977.21	\$3,180.68	\$3,396.77	\$3,647.03	\$3,935.82
92	\$2,029.19	\$2,649.93	\$3,192.61	\$3,406.41	\$3,635.87	\$3,902.10	\$4,210.50
93	\$2,153.75	\$2,813.39	\$3,389.87	\$3,610.57	\$3,850.11	\$4,128.97	\$4,452.56
94	\$2,287.57	\$2,989.16	\$3,602.19	\$3,829.74	\$4,079.71	\$4,371.80	\$4,711.36
95	\$2,431.27	\$3,178.19	\$3,830.71	\$4,065.06	\$4,325.81	\$4,631.71	\$4,988.05
96	\$2,585.60	\$3,381.46	\$4,076.69	\$4,317.68	\$4,589.55	\$4,909.92	\$5,283.85
97	\$2,751.34	\$3,600.05	\$4,341.46	\$4,588.91	\$4,872.22	\$5,207.70	\$5,600.10
98	\$2,929.35	\$3,835.09	\$4,626.46	\$4,880.08	\$5,175.17	\$5,526.43	\$5,938.22
99	\$3,120.54	\$4,087.85	\$4,933.21	\$5,192.68	\$5,499.85	\$5,867.59	\$6,299.68
100	\$3,325.85	\$4,359.65	\$5,263.41	\$5,528.29	\$5,847.84	\$6,232.75	\$6,686.13

**Policy Form Series: LTC2-VAL**  
**Value with Indemnity**  
**\$10 Annual Rates with 69% increase**  
**100 Day Elimination Period**  
**50% Home Care**  
**5% Compound Inflation Rider**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	\$93.59	\$114.69	\$132.29	\$151.23	\$169.91	\$189.27	\$211.02
31	\$95.90	\$117.56	\$135.64	\$155.10	\$174.29	\$194.20	\$216.52
32	\$98.26	\$120.52	\$139.07	\$159.05	\$178.79	\$199.23	\$222.18
33	\$100.69	\$123.52	\$142.60	\$163.12	\$183.40	\$204.40	\$228.00
34	\$103.18	\$126.62	\$146.20	\$167.29	\$188.13	\$209.69	\$233.95
35	\$105.73	\$129.79	\$149.90	\$171.58	\$192.97	\$215.14	\$240.06
36	\$107.57	\$132.11	\$152.61	\$174.71	\$196.55	\$219.15	\$244.56
37	\$109.46	\$134.47	\$155.39	\$177.92	\$200.20	\$223.26	\$249.16
38	\$111.37	\$136.87	\$158.18	\$181.19	\$203.89	\$227.44	\$253.84
39	\$113.32	\$139.33	\$161.05	\$184.49	\$207.69	\$231.69	\$258.60
40	\$115.33	\$141.81	\$163.96	\$187.89	\$211.54	\$236.03	\$263.45
41	\$117.33	\$144.35	\$166.94	\$191.34	\$215.46	\$240.44	\$268.39
42	\$119.40	\$146.92	\$169.96	\$194.86	\$219.46	\$244.93	\$273.44
43	\$121.49	\$149.56	\$173.04	\$198.42	\$223.51	\$249.52	\$278.57
44	\$123.62	\$152.22	\$176.17	\$202.05	\$227.67	\$254.18	\$283.80
45	\$125.80	\$154.95	\$179.36	\$205.78	\$231.88	\$258.93	\$289.13
46	\$127.69	\$157.35	\$182.19	\$209.05	\$235.64	\$263.15	\$293.87
47	\$129.63	\$159.78	\$185.04	\$212.40	\$239.45	\$267.44	\$298.69
48	\$131.58	\$162.24	\$187.95	\$215.79	\$243.30	\$271.80	\$303.59
49	\$133.58	\$164.76	\$190.90	\$219.24	\$247.24	\$276.25	\$308.56
50	\$135.59	\$167.32	\$193.91	\$222.73	\$251.25	\$280.75	\$313.63
51	\$137.64	\$169.89	\$196.96	\$226.30	\$255.32	\$285.32	\$318.77
52	\$139.71	\$172.52	\$200.05	\$229.91	\$259.42	\$289.98	\$324.01
53	\$141.82	\$175.18	\$203.18	\$233.59	\$263.62	\$294.72	\$329.32
54	\$143.97	\$177.89	\$206.39	\$237.31	\$267.90	\$299.54	\$334.71
55	\$146.15	\$180.64	\$209.63	\$241.11	\$272.22	\$304.42	\$340.22
56	\$152.38	\$188.71	\$219.25	\$252.53	\$285.39	\$319.40	\$357.15
57	\$158.92	\$197.12	\$229.32	\$264.47	\$299.20	\$335.10	\$374.93
58	\$165.70	\$205.90	\$239.83	\$276.97	\$313.67	\$351.57	\$393.60
59	\$172.79	\$215.10	\$250.83	\$290.06	\$328.84	\$368.86	\$413.20
60	\$180.16	\$224.70	\$262.34	\$303.79	\$344.74	\$386.99	\$433.77
61	\$187.86	\$234.72	\$274.39	\$318.18	\$361.41	\$406.04	\$455.38
62	\$195.88	\$245.18	\$286.97	\$333.22	\$378.90	\$426.00	\$478.05
63	\$210.44	\$262.96	\$307.43	\$356.07	\$404.09	\$453.68	\$508.52
64	\$226.07	\$282.01	\$329.34	\$380.47	\$430.98	\$483.18	\$540.94
65	\$242.88	\$302.46	\$352.84	\$406.54	\$459.64	\$514.58	\$575.41
66	\$260.91	\$324.38	\$378.00	\$434.40	\$490.22	\$548.00	\$612.08
67	\$280.29	\$347.88	\$404.94	\$464.18	\$522.84	\$583.61	\$651.09
68	\$305.77	\$380.30	\$443.29	\$506.19	\$568.50	\$633.18	\$705.06
69	\$333.57	\$415.72	\$485.25	\$551.98	\$618.17	\$686.93	\$763.53
70	\$363.90	\$454.45	\$531.18	\$601.95	\$672.18	\$745.25	\$826.81
71	\$397.00	\$496.78	\$581.48	\$656.41	\$730.89	\$808.55	\$895.36
72	\$433.09	\$543.06	\$636.51	\$715.82	\$794.75	\$877.19	\$969.61
73	\$476.01	\$599.16	\$704.07	\$789.51	\$874.64	\$963.68	\$1,063.59
74	\$523.16	\$661.05	\$778.79	\$870.82	\$962.56	\$1,058.66	\$1,166.71
75	\$574.98	\$729.34	\$861.43	\$960.48	\$1,059.33	\$1,163.02	\$1,279.80
76	\$631.92	\$804.69	\$952.84	\$1,059.38	\$1,165.81	\$1,277.66	\$1,403.87
77	\$694.52	\$887.82	\$1,053.95	\$1,168.46	\$1,283.00	\$1,403.61	\$1,539.96
78	\$750.92	\$963.74	\$1,147.26	\$1,268.58	\$1,390.03	\$1,517.96	\$1,662.04
79	\$811.89	\$1,046.14	\$1,248.81	\$1,377.27	\$1,505.96	\$1,641.63	\$1,793.81
80	\$877.82	\$1,135.60	\$1,359.37	\$1,495.30	\$1,631.57	\$1,775.38	\$1,936.03
81	\$949.09	\$1,232.69	\$1,479.71	\$1,623.41	\$1,767.67	\$1,920.02	\$2,089.51
82	\$1,026.15	\$1,338.09	\$1,610.71	\$1,762.53	\$1,915.12	\$2,076.45	\$2,255.18
83	\$1,125.96	\$1,473.67	\$1,778.49	\$1,941.00	\$2,104.84	\$2,278.34	\$2,470.01
84	\$1,235.45	\$1,622.95	\$1,963.73	\$2,137.55	\$2,313.37	\$2,499.85	\$2,705.30
85	\$1,319.24	\$1,732.62	\$2,095.50	\$2,278.51	\$2,464.32	\$2,662.06	\$2,880.30
86	\$1,411.52	\$1,853.76	\$2,241.36	\$2,434.25	\$2,630.82	\$2,840.72	\$3,072.81
87	\$1,513.12	\$1,987.57	\$2,402.84	\$2,606.29	\$2,814.47	\$3,037.54	\$3,284.56
88	\$1,610.02	\$2,114.03	\$2,554.88	\$2,767.04	\$2,985.70	\$3,220.99	\$3,482.70
89	\$1,715.43	\$2,251.82	\$2,720.77	\$2,942.04	\$3,171.84	\$3,420.19	\$3,697.68
90	\$1,830.06	\$2,401.94	\$2,901.75	\$3,132.54	\$3,374.18	\$3,636.51	\$3,930.96
91	\$1,954.72	\$2,565.48	\$3,099.21	\$3,339.90	\$3,594.12	\$3,871.42	\$4,184.08
92	\$2,090.31	\$2,743.66	\$3,314.61	\$3,565.63	\$3,833.22	\$4,126.49	\$4,458.76
93	\$2,214.87	\$2,907.12	\$3,511.87	\$3,769.79	\$4,047.46	\$4,353.36	\$4,700.82
94	\$2,348.69	\$3,082.89	\$3,724.19	\$3,988.96	\$4,277.06	\$4,596.19	\$4,959.62
95	\$2,492.39	\$3,271.92	\$3,952.71	\$4,224.28	\$4,523.16	\$4,856.10	\$5,236.31
96	\$2,646.72	\$3,475.19	\$4,198.69	\$4,476.90	\$4,786.90	\$5,134.31	\$5,532.11
97	\$2,812.46	\$3,693.78	\$4,463.46	\$4,748.13	\$5,069.57	\$5,432.09	\$5,848.36
98	\$2,990.47	\$3,928.82	\$4,748.46	\$5,039.30	\$5,372.52	\$5,750.82	\$6,186.48
99	\$3,181.66	\$4,181.58	\$5,055.21	\$5,351.90	\$5,697.20	\$6,091.98	\$6,547.94
100	\$3,386.97	\$4,453.38	\$5,385.41	\$5,687.51	\$6,045.19	\$6,457.14	\$6,934.39

# METROPOLITAN LIFE INSURANCE COMPANY

## Policy Forms: VIP2 (old rates)

### Using the Rating Factors for Inflation Decreases in the Gross Premium Methodology

The rating factors in the following tables are additional to the rates and factors already filed. For example:

A 55 year old (age at issue) chooses a VIP2 (Ideal) policy with 5% automatic compound inflation, 100% home care coverage, a 4 year lifetime benefit, a \$10 daily benefit, a 45 day elimination period. His/her original premium was determined as follows:

Previously Filed	Base Plan Premium	\$	142.30
Previously Filed	Elimination Period Factor		1.11
	Adjusted Premium	\$	157.95
	Final Premium	\$	157.95

Should that individual subsequently choose to decrease inflation from 5% to 4% (automatic compound), the new premium would be determined as follows:

Previously Filed	Base Plan Premium	\$	142.30
Previously Filed	Elimination Period Factor		1.11
	Adjusted Premium	\$	157.95
New	Inflation Decrease Factor *		0.853241
	Final Premium	\$	134.77

\* Because the individual is reducing inflation from 5.0% to 4.0% (a decrease of 1.0%), the inflation decrease factor =  $(0.984254)^{10} = 0.853241$ .  
The table factor (which reflects a 0.1% decrease) is applied 10 times to represent a 1.0% decrease.

With 18% rate increase coincident with inflation decrease:

Filed w/ 18% incr.	Base Plan Premium	\$	167.91
Previously Filed	Elimination Period Factor		1.11
	Adjusted Premium	\$	186.38
New	Inflation Decrease Factor *		0.853241
	Final Premium	\$	159.03
	Actual Billed Premium **	\$	157.95

\*\* Simplified to charge premium before rate increase.

**METROPOLITAN LIFE INSURANCE COMPANY**  
**VIP2 (Old Rates) Policy Form Series: LTC2-FAC**  
**Facilities Only No Home Care**  
**Rating Factors for Decreases in**  
**Compound Inflation Percentage (below 5.0% level)**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	0.984852	0.983189	0.982187	0.981208	0.980572	0.980161	0.979701
31	0.984540	0.982945	0.981993	0.981038	0.980405	0.980006	0.979563
32	0.984231	0.982708	0.981801	0.980862	0.980243	0.979850	0.979426
33	0.983918	0.982468	0.981604	0.980689	0.980082	0.979699	0.979292
34	0.983605	0.982230	0.981417	0.980513	0.979920	0.979547	0.979154
35	0.983298	0.981989	0.981224	0.980337	0.979755	0.979391	0.979019
36	0.983146	0.981903	0.981184	0.980315	0.979737	0.979380	0.979020
37	0.982997	0.981820	0.981139	0.980285	0.979719	0.979367	0.979022
38	0.982850	0.981738	0.981100	0.980257	0.979704	0.979354	0.979026
39	0.982693	0.981654	0.981055	0.980229	0.979683	0.979343	0.979029
40	0.982541	0.981573	0.981016	0.980206	0.979671	0.979330	0.979027
41	0.982395	0.981490	0.980973	0.980174	0.979650	0.979323	0.979032
42	0.982244	0.981403	0.980932	0.980149	0.979633	0.979309	0.979035
43	0.982096	0.981319	0.980893	0.980121	0.979615	0.979298	0.979038
44	0.981945	0.981239	0.980851	0.980094	0.979598	0.979287	0.979041
45	0.981789	0.981153	0.980810	0.980065	0.979582	0.979273	0.979045
46	0.981776	0.981197	0.980889	0.980151	0.979673	0.979371	0.979143
47	0.981766	0.981240	0.980962	0.980240	0.979765	0.979468	0.979246
48	0.981747	0.981281	0.981037	0.980324	0.979857	0.979563	0.979347
49	0.981736	0.981325	0.981113	0.980411	0.979949	0.979661	0.979448
50	0.981724	0.981365	0.981192	0.980498	0.980037	0.979757	0.979548
51	0.981709	0.981406	0.981268	0.980584	0.980131	0.979854	0.979653
52	0.981698	0.981447	0.981348	0.980672	0.980225	0.979948	0.979753
53	0.981680	0.981486	0.981421	0.980757	0.980315	0.980045	0.979856
54	0.981666	0.981533	0.981501	0.980844	0.980408	0.980143	0.979957
55	0.981655	0.981575	0.981579	0.980927	0.980500	0.980239	0.980058
56	0.982306	0.982083	0.981973	0.981323	0.980890	0.980621	0.980440
57	0.982960	0.982587	0.982374	0.981715	0.981278	0.981006	0.980824
58	0.983615	0.983090	0.982772	0.982109	0.981664	0.981391	0.981207
59	0.984269	0.983594	0.983172	0.982501	0.982050	0.981771	0.981589
60	0.984924	0.984102	0.983573	0.982893	0.982439	0.982157	0.981971
61	0.985584	0.984607	0.983972	0.983286	0.982825	0.982540	0.982355
62	0.986241	0.985115	0.984371	0.983679	0.983214	0.982924	0.982737
63	0.986521	0.985445	0.984728	0.984104	0.983689	0.983439	0.983279
64	0.986802	0.985776	0.985088	0.984531	0.984166	0.983949	0.983820
65	0.987079	0.986105	0.985446	0.984959	0.984643	0.984463	0.984363
66	0.987363	0.986435	0.985805	0.985385	0.985118	0.984977	0.984905
67	0.987644	0.986765	0.986165	0.985811	0.985594	0.985491	0.985446
68	0.988053	0.987180	0.986581	0.986270	0.986086	0.986007	0.985985
69	0.988460	0.987593	0.986997	0.986732	0.986578	0.986527	0.986526
70	0.988868	0.988011	0.987413	0.987192	0.987070	0.987044	0.987063
71	0.989276	0.988427	0.987829	0.987652	0.987563	0.987560	0.987603
72	0.989683	0.988841	0.988245	0.988113	0.988057	0.988079	0.988144
73	0.990071	0.989228	0.988624	0.988504	0.988458	0.988489	0.988561
74	0.990456	0.989612	0.989003	0.988897	0.988860	0.988901	0.988977
75	0.990844	0.989996	0.989383	0.989289	0.989262	0.989310	0.989395
76	0.991232	0.990381	0.989762	0.989681	0.989665	0.989719	0.989809
77	0.991618	0.990767	0.990141	0.990073	0.990065	0.990129	0.990226
78	0.991829	0.990967	0.990334	0.990278	0.990280	0.990348	0.990455
79	0.992040	0.991171	0.990525	0.990479	0.990490	0.990566	0.990680
80	0.992250	0.991372	0.990717	0.990680	0.990702	0.990784	0.990912
81	0.992461	0.991573	0.990911	0.990884	0.990913	0.991003	0.991139
82	0.992672	0.991774	0.991101	0.991088	0.991124	0.991223	0.991365
83	0.992701	0.991786	0.991110	0.991110	0.991155	0.991259	0.991412
84	0.992729	0.991802	0.991117	0.991130	0.991182	0.991297	0.991459
85	0.993276	0.992425	0.991798	0.991795	0.991836	0.991935	0.992076
86	0.993788	0.993009	0.992436	0.992423	0.992450	0.992534	0.992660
87	0.994266	0.993554	0.993032	0.993008	0.993025	0.993096	0.993209
88	0.994656	0.993996	0.993514	0.993481	0.993489	0.993550	0.993651
89	0.995025	0.994414	0.993968	0.993924	0.993925	0.993978	0.994069
90	0.995370	0.994805	0.994392	0.994342	0.994337	0.994382	0.994464
91	0.995695	0.995173	0.994795	0.994735	0.994724	0.994761	0.994836
92	0.995998	0.995515	0.995168	0.995105	0.995090	0.995119	0.995185
93	0.996240	0.995791	0.995466	0.995396	0.995375	0.995397	0.995456
94	0.996472	0.996051	0.995747	0.995673	0.995646	0.995663	0.995716
95	0.996687	0.996296	0.996014	0.995934	0.995903	0.995914	0.995958
96	0.996890	0.996526	0.996267	0.996181	0.996146	0.996153	0.996190
97	0.997084	0.996745	0.996505	0.996415	0.996377	0.996378	0.996409
98	0.997265	0.996950	0.996725	0.996635	0.996593	0.996591	0.996618
99	0.997437	0.997143	0.996937	0.996844	0.996798	0.996792	0.996816
100	0.997597	0.997325	0.997133	0.997040	0.996992	0.996985	0.997002

**METROPOLITAN LIFE INSURANCE COMPANY**  
**VIP2 (Old Rates) Policy Form Series: LTC2-IDEAL**  
**Ideal 100% Home Care**  
**Rating Factors for Decreases in**  
**Compound Inflation Percentage (below 5.0% level)**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	0.985035	0.984206	0.983556	0.982762	0.982226	0.981896	0.981777
31	0.984840	0.984067	0.983453	0.982664	0.982140	0.981812	0.981691
32	0.984646	0.983927	0.983349	0.982572	0.982050	0.981727	0.981604
33	0.984447	0.983790	0.983245	0.982479	0.981963	0.981646	0.981519
34	0.984254	0.983651	0.983141	0.982384	0.981877	0.981565	0.981436
35	0.984060	0.983508	0.983038	0.982290	0.981789	0.981481	0.981348
36	0.984002	0.983502	0.983053	0.982317	0.981820	0.981514	0.981379
37	0.983944	0.983489	0.983072	0.982343	0.981849	0.981549	0.981410
38	0.983888	0.983478	0.983097	0.982369	0.981881	0.981587	0.981444
39	0.983827	0.983471	0.983112	0.982393	0.981914	0.981619	0.981476
40	0.983770	0.983459	0.983133	0.982421	0.981942	0.981653	0.981506
41	0.983715	0.983449	0.983150	0.982448	0.981973	0.981686	0.981539
42	0.983657	0.983438	0.983174	0.982473	0.982008	0.981723	0.981569
43	0.983596	0.983428	0.983193	0.982500	0.982036	0.981758	0.981601
44	0.983540	0.983418	0.983208	0.982526	0.982070	0.981792	0.981634
45	0.983480	0.983407	0.983228	0.982552	0.982102	0.981826	0.981668
46	0.983525	0.983483	0.983331	0.982659	0.982212	0.981940	0.981780
47	0.983568	0.983562	0.983433	0.982764	0.982320	0.982053	0.981896
48	0.983605	0.983641	0.983536	0.982871	0.982431	0.982164	0.982013
49	0.983648	0.983718	0.983638	0.982979	0.982538	0.982277	0.982125
50	0.983690	0.983794	0.983741	0.983083	0.982650	0.982389	0.982242
51	0.983726	0.983871	0.983845	0.983191	0.982760	0.982502	0.982356
52	0.983769	0.983950	0.983946	0.983298	0.982870	0.982616	0.982473
53	0.983816	0.984027	0.984050	0.983407	0.982980	0.982727	0.982587
54	0.983853	0.984106	0.984152	0.983512	0.983090	0.982840	0.982700
55	0.983899	0.984185	0.984254	0.983618	0.983200	0.982952	0.982818
56	0.984553	0.984674	0.984627	0.983986	0.983560	0.983313	0.983172
57	0.985203	0.985162	0.985006	0.984353	0.983922	0.983670	0.983527
58	0.985861	0.985651	0.985383	0.984721	0.984286	0.984026	0.983885
59	0.986517	0.986143	0.985759	0.985092	0.984648	0.984388	0.984240
60	0.987173	0.986632	0.986135	0.985458	0.985010	0.984746	0.984595
61	0.987829	0.987124	0.986513	0.985824	0.985374	0.985105	0.984954
62	0.988487	0.987616	0.986888	0.986193	0.985738	0.985464	0.985307
63	0.988748	0.987914	0.987209	0.986581	0.986170	0.985937	0.985809
64	0.989015	0.988212	0.987531	0.986964	0.986604	0.986405	0.986311
65	0.989280	0.988508	0.987849	0.987349	0.987038	0.986877	0.986814
66	0.989545	0.988806	0.988167	0.987735	0.987472	0.987352	0.987313
67	0.989809	0.989105	0.988491	0.988121	0.987907	0.987822	0.987816
68	0.990178	0.989467	0.988848	0.988524	0.988342	0.988285	0.988299
69	0.990545	0.989828	0.989208	0.988929	0.988780	0.988745	0.988783
70	0.990914	0.990189	0.989566	0.989331	0.989216	0.989207	0.989264
71	0.991282	0.990553	0.989928	0.989733	0.989651	0.989670	0.989746
72	0.991651	0.990914	0.990286	0.990138	0.990088	0.990131	0.990228
73	0.991978	0.991226	0.990591	0.990457	0.990417	0.990469	0.990570
74	0.992306	0.991537	0.990898	0.990776	0.990745	0.990806	0.990913
75	0.992632	0.991850	0.991204	0.991094	0.991074	0.991142	0.991258
76	0.992961	0.992165	0.991509	0.991410	0.991399	0.991476	0.991600
77	0.993290	0.992477	0.991815	0.991730	0.991729	0.991815	0.991943
78	0.993420	0.992590	0.991915	0.991846	0.991855	0.991948	0.992088
79	0.993550	0.992701	0.992022	0.991963	0.991983	0.992080	0.992229
80	0.993681	0.992811	0.992123	0.992078	0.992106	0.992215	0.992374
81	0.993812	0.992924	0.992228	0.992193	0.992233	0.992347	0.992514
82	0.993943	0.993036	0.992330	0.992308	0.992356	0.992481	0.992658
83	0.993971	0.993050	0.992338	0.992329	0.992387	0.992518	0.992704
84	0.994000	0.993065	0.992345	0.992351	0.992416	0.992555	0.992751
85	0.994464	0.993606	0.992947	0.992940	0.992994	0.993117	0.993291
86	0.994895	0.994114	0.993510	0.993492	0.993535	0.993641	0.993799
87	0.995298	0.994585	0.994035	0.994009	0.994040	0.994134	0.994273
88	0.995629	0.994966	0.994456	0.994423	0.994445	0.994529	0.994657
89	0.995934	0.995321	0.994852	0.994810	0.994827	0.994899	0.995016
90	0.996226	0.995657	0.995223	0.995174	0.995183	0.995249	0.995357
91	0.996495	0.995969	0.995572	0.995516	0.995520	0.995578	0.995674
92	0.996745	0.996261	0.995895	0.995837	0.995834	0.995883	0.995973
93	0.996946	0.996495	0.996153	0.996089	0.996081	0.996123	0.996203
94	0.997137	0.996714	0.996397	0.996328	0.996315	0.996349	0.996423
95	0.997314	0.996922	0.996625	0.996552	0.996535	0.996565	0.996629
96	0.997482	0.997117	0.996841	0.996766	0.996744	0.996768	0.996826
97	0.997639	0.997300	0.997044	0.996965	0.996942	0.996960	0.997011
98	0.997789	0.997473	0.997234	0.997156	0.997128	0.997141	0.997188
99	0.997929	0.997635	0.997414	0.997336	0.997302	0.997313	0.997353
100	0.997978	0.997769	0.997743	0.997735	0.997730	0.997731	0.997735



**METROPOLITAN LIFE INSURANCE COMPANY**  
**VIP2 (Old Rates) Policy Form Series: LTC2-IDEAL**  
**Ideal 75% Home Care**  
**Rating Factors for Decreases in**  
**Compound Inflation Percentage (below 5.0% level)**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	0.984377	0.983414	0.982755	0.981959	0.981424	0.981097	0.980964
31	0.984175	0.983272	0.982653	0.981867	0.981339	0.981012	0.980878
32	0.983981	0.983137	0.982549	0.981775	0.981253	0.980932	0.980794
33	0.983789	0.982994	0.982444	0.981680	0.981166	0.980848	0.980707
34	0.983592	0.982857	0.982339	0.981584	0.981078	0.980762	0.980621
35	0.983399	0.982716	0.982236	0.981494	0.980990	0.980682	0.980537
36	0.983343	0.982707	0.982255	0.981520	0.981025	0.980717	0.980569
37	0.983285	0.982697	0.982276	0.981545	0.981055	0.980754	0.980599
38	0.983229	0.982688	0.982295	0.981568	0.981086	0.980785	0.980631
39	0.983168	0.982673	0.982313	0.981596	0.981116	0.980823	0.980665
40	0.983108	0.982666	0.982331	0.981623	0.981146	0.980854	0.980696
41	0.983054	0.982657	0.982351	0.981649	0.981179	0.980893	0.980726
42	0.982995	0.982642	0.982368	0.981676	0.981210	0.980923	0.980757
43	0.982937	0.982633	0.982388	0.981702	0.981242	0.980959	0.980790
44	0.982880	0.982621	0.982406	0.981727	0.981270	0.980994	0.980822
45	0.982820	0.982614	0.982427	0.981751	0.981301	0.981029	0.980854
46	0.982865	0.982692	0.982529	0.981859	0.981414	0.981140	0.980971
47	0.982903	0.982767	0.982628	0.981966	0.981524	0.981254	0.981083
48	0.982949	0.982846	0.982734	0.982071	0.981632	0.981367	0.981200
49	0.982987	0.982924	0.982837	0.982178	0.981744	0.981479	0.981314
50	0.983029	0.983001	0.982938	0.982288	0.981850	0.981593	0.981428
51	0.983067	0.983077	0.983039	0.982392	0.981960	0.981703	0.981543
52	0.983112	0.983157	0.983142	0.982496	0.982069	0.981817	0.981658
53	0.983156	0.983231	0.983246	0.982605	0.982182	0.981929	0.981774
54	0.983194	0.983311	0.983348	0.982712	0.982292	0.982043	0.981890
55	0.983233	0.983389	0.983449	0.982818	0.982401	0.982155	0.982004
56	0.983891	0.983877	0.983827	0.983187	0.982761	0.982510	0.982361
57	0.984541	0.984367	0.984202	0.983550	0.983125	0.982871	0.982717
58	0.985200	0.984858	0.984577	0.983922	0.983487	0.983229	0.983070
59	0.985853	0.985346	0.984953	0.984288	0.983850	0.983590	0.983425
60	0.986506	0.985839	0.985330	0.984657	0.984210	0.983945	0.983782
61	0.987165	0.986327	0.985706	0.985026	0.984571	0.984303	0.984138
62	0.987821	0.986818	0.986083	0.985391	0.984936	0.984663	0.984494
63	0.988086	0.987116	0.986403	0.985776	0.985369	0.985135	0.984993
64	0.988351	0.987413	0.986722	0.986162	0.985803	0.985606	0.985495
65	0.988616	0.987710	0.987041	0.986546	0.986239	0.986077	0.985995
66	0.988879	0.988010	0.987363	0.986932	0.986670	0.986548	0.986497
67	0.989144	0.988306	0.987684	0.987317	0.987105	0.987019	0.987000
68	0.989512	0.988668	0.988041	0.987720	0.987540	0.987478	0.987481
69	0.989880	0.989029	0.988400	0.988123	0.987976	0.987942	0.987963
70	0.990247	0.989390	0.988759	0.988526	0.988411	0.988403	0.988445
71	0.990617	0.989753	0.989118	0.988929	0.988848	0.988866	0.988928
72	0.990982	0.990114	0.989479	0.989334	0.989283	0.989329	0.989408
73	0.991311	0.990426	0.989784	0.989650	0.989611	0.989662	0.989751
74	0.991639	0.990738	0.990088	0.989967	0.989941	0.989998	0.990095
75	0.991966	0.991051	0.990393	0.990287	0.990269	0.990335	0.990437
76	0.992296	0.991365	0.990699	0.990605	0.990596	0.990671	0.990781
77	0.992623	0.991677	0.991004	0.990923	0.990926	0.991009	0.991125
78	0.992754	0.991786	0.991106	0.991039	0.991050	0.991140	0.991267
79	0.992883	0.991900	0.991211	0.991154	0.991175	0.991275	0.991409
80	0.993013	0.992012	0.991314	0.991270	0.991300	0.991408	0.991551
81	0.993144	0.992123	0.991417	0.991385	0.991425	0.991543	0.991695
82	0.993273	0.992236	0.991520	0.991502	0.991550	0.991674	0.991837
83	0.993302	0.992250	0.991528	0.991521	0.991582	0.991710	0.991884
84	0.993330	0.992266	0.991536	0.991540	0.991610	0.991749	0.991930
85	0.993840	0.992858	0.992189	0.992185	0.992238	0.992358	0.992520
86	0.994313	0.993414	0.992804	0.992784	0.992826	0.992932	0.993076
87	0.994757	0.993932	0.993375	0.993348	0.993380	0.993471	0.993599
88	0.995119	0.994351	0.993836	0.993800	0.993821	0.993903	0.994019
89	0.995459	0.994746	0.994270	0.994227	0.994239	0.994312	0.994417
90	0.995778	0.995119	0.994680	0.994626	0.994633	0.994694	0.994791
91	0.996077	0.995467	0.995061	0.995001	0.995003	0.995057	0.995144
92	0.996355	0.995791	0.995419	0.995353	0.995348	0.995395	0.995475
93	0.996578	0.996051	0.995701	0.995633	0.995622	0.995661	0.995731
94	0.996788	0.996296	0.995971	0.995896	0.995880	0.995913	0.995974
95	0.996986	0.996526	0.996224	0.996146	0.996125	0.996150	0.996205
96	0.997173	0.996744	0.996464	0.996381	0.996358	0.996377	0.996424
97	0.997349	0.996950	0.996689	0.996604	0.996574	0.996589	0.996631
98	0.997515	0.997143	0.996901	0.996816	0.996780	0.996790	0.996829
99	0.997673	0.997324	0.997102	0.997011	0.996974	0.996984	0.997014
100	0.999771	0.999734	0.999711	0.999701	0.999697	0.999697	0.999700

**METROPOLITAN LIFE INSURANCE COMPANY**  
**VIP2 (Old Rates) Policy Form Series: LTC2-IDEAL**  
**Ideal 50% Home Care**  
**Rating Factors for Decreases in**  
**Compound Inflation Percentage (below 5.0% level)**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	0.983855	0.982839	0.982183	0.981393	0.980864	0.980524	0.980384
31	0.983665	0.982701	0.982078	0.981300	0.980773	0.980442	0.980301
32	0.983468	0.982561	0.981972	0.981204	0.980687	0.980361	0.980215
33	0.983270	0.982428	0.981864	0.981109	0.980603	0.980280	0.980129
34	0.983073	0.982287	0.981762	0.981017	0.980513	0.980197	0.980041
35	0.982877	0.982145	0.981662	0.980924	0.980429	0.980113	0.979958
36	0.982826	0.982135	0.981679	0.980951	0.980455	0.980149	0.979988
37	0.982764	0.982128	0.981697	0.980977	0.980487	0.980184	0.980021
38	0.982707	0.982115	0.981719	0.981005	0.980521	0.980218	0.980054
39	0.982652	0.982103	0.981737	0.981029	0.980549	0.980251	0.980085
40	0.982594	0.982094	0.981757	0.981055	0.980581	0.980283	0.980119
41	0.982535	0.982084	0.981775	0.981083	0.980616	0.980318	0.980149
42	0.982478	0.982072	0.981797	0.981108	0.980643	0.980354	0.980181
43	0.982418	0.982063	0.981814	0.981132	0.980673	0.980388	0.980212
44	0.982360	0.982052	0.981833	0.981162	0.980704	0.980424	0.980244
45	0.982304	0.982041	0.981852	0.981188	0.980737	0.980457	0.980277
46	0.982345	0.982121	0.981957	0.981292	0.980847	0.980570	0.980389
47	0.982387	0.982195	0.982058	0.981399	0.980954	0.980682	0.980506
48	0.982428	0.982271	0.982159	0.981506	0.981066	0.980797	0.980621
49	0.982470	0.982354	0.982264	0.981612	0.981174	0.980908	0.980734
50	0.982512	0.982427	0.982364	0.981719	0.981285	0.981024	0.980851
51	0.982556	0.982507	0.982468	0.981823	0.981394	0.981133	0.980966
52	0.982592	0.982588	0.982568	0.981930	0.981506	0.981244	0.981081
53	0.982631	0.982664	0.982670	0.982036	0.981614	0.981359	0.981196
54	0.982675	0.982742	0.982776	0.982144	0.981724	0.981471	0.981313
55	0.982715	0.982819	0.982877	0.982253	0.981832	0.981584	0.981428
56	0.983368	0.983307	0.983253	0.982617	0.982195	0.981942	0.981783
57	0.984024	0.983794	0.983627	0.982985	0.982557	0.982301	0.982138
58	0.984677	0.984288	0.984004	0.983351	0.982918	0.982656	0.982493
59	0.985332	0.984775	0.984378	0.983720	0.983278	0.983015	0.982848
60	0.985987	0.985264	0.984755	0.984086	0.983643	0.983374	0.983201
61	0.986643	0.985754	0.985131	0.984455	0.984004	0.983732	0.983559
62	0.987303	0.986246	0.985509	0.984822	0.984366	0.984090	0.983914
63	0.987564	0.986542	0.985829	0.985207	0.984801	0.984561	0.984414
64	0.987831	0.986838	0.986146	0.985593	0.985235	0.985031	0.984914
65	0.988095	0.987139	0.986468	0.985977	0.985668	0.985504	0.985413
66	0.988359	0.987434	0.986785	0.986364	0.986102	0.985976	0.985916
67	0.988624	0.987733	0.987107	0.986746	0.986535	0.986445	0.986420
68	0.988993	0.988094	0.987463	0.987151	0.986970	0.986905	0.986900
69	0.989361	0.988456	0.987825	0.987552	0.987403	0.987365	0.987380
70	0.989726	0.988818	0.988183	0.987954	0.987840	0.987827	0.987861
71	0.990095	0.989179	0.988542	0.988359	0.988278	0.988291	0.988344
72	0.990461	0.989541	0.988902	0.988760	0.988712	0.988751	0.988826
73	0.990789	0.989852	0.989206	0.989078	0.989041	0.989088	0.989169
74	0.991117	0.990164	0.989511	0.989397	0.989368	0.989422	0.989511
75	0.991445	0.990475	0.989817	0.989714	0.989697	0.989760	0.989855
76	0.991773	0.990789	0.990121	0.990034	0.990025	0.990096	0.990197
77	0.992099	0.991100	0.990426	0.990351	0.990352	0.990431	0.990541
78	0.992231	0.991212	0.990531	0.990466	0.990476	0.990564	0.990681
79	0.992361	0.991324	0.990632	0.990582	0.990601	0.990697	0.990823
80	0.992490	0.991435	0.990736	0.990697	0.990728	0.990831	0.990967
81	0.992619	0.991547	0.990837	0.990814	0.990854	0.990963	0.991110
82	0.992751	0.991659	0.990942	0.990929	0.990978	0.991097	0.991253
83	0.992780	0.991674	0.990951	0.990949	0.991008	0.991133	0.991299
84	0.992808	0.991688	0.990958	0.990971	0.991038	0.991171	0.991343
85	0.993350	0.992318	0.991647	0.991646	0.991701	0.991817	0.991971
86	0.993857	0.992908	0.992293	0.992282	0.992323	0.992423	0.992561
87	0.994331	0.993460	0.992901	0.992875	0.992905	0.992994	0.993114
88	0.994718	0.993908	0.993389	0.993354	0.993376	0.993452	0.993561
89	0.995082	0.994329	0.993850	0.993806	0.993820	0.993886	0.993985
90	0.995423	0.994726	0.994283	0.994231	0.994238	0.994293	0.994386
91	0.995744	0.995099	0.994690	0.994632	0.994630	0.994680	0.994761
92	0.996045	0.995447	0.995071	0.995008	0.995000	0.995042	0.995117
93	0.996285	0.995725	0.995376	0.995304	0.995292	0.995326	0.995392
94	0.996511	0.995988	0.995662	0.995587	0.995564	0.995594	0.995651
95	0.996726	0.996236	0.995934	0.995851	0.995828	0.995849	0.995899
96	0.996927	0.996473	0.996190	0.996103	0.996073	0.996090	0.996133
97	0.997119	0.996693	0.996431	0.996340	0.996308	0.996318	0.996358
98	0.997298	0.996901	0.996658	0.996566	0.996529	0.996537	0.996567
99	0.997468	0.997097	0.996872	0.996777	0.996738	0.996740	0.996767
100	0.999749	0.999711	0.999687	0.999676	0.999671	0.999671	0.999673

**METROPOLITAN LIFE INSURANCE COMPANY**  
**VIP2 (Old Rates) Policy Form Series: LTC2-PREM**  
**Premier 100% Home Care**  
**Rating Factors for Decreases in**  
**Compound Inflation Percentage (below 5.0% level)**

Age	2 Year	3 year	4 year	5 year	6 year	7 years
30	0.981699	0.981282	0.980960	0.980375	0.979963	0.979702
31	0.981621	0.981240	0.980951	0.980375	0.979961	0.979704
32	0.981534	0.981202	0.980939	0.980366	0.979959	0.979704
33	0.981455	0.981165	0.980926	0.980362	0.979957	0.979705
34	0.981371	0.981125	0.980917	0.980357	0.979956	0.979707
35	0.981284	0.981087	0.980902	0.980352	0.979955	0.979705
36	0.981314	0.981148	0.980989	0.980440	0.980042	0.979801
37	0.981340	0.981209	0.981072	0.980527	0.980133	0.979893
38	0.981367	0.981271	0.981157	0.980613	0.980222	0.979984
39	0.981396	0.981332	0.981243	0.980700	0.980312	0.980075
40	0.981423	0.981394	0.981329	0.980790	0.980399	0.980167
41	0.981451	0.981455	0.981414	0.980876	0.980491	0.980260
42	0.981477	0.981518	0.981499	0.980965	0.980580	0.980352
43	0.981506	0.981576	0.981584	0.981051	0.980669	0.980446
44	0.981534	0.981636	0.981666	0.981138	0.980758	0.980538
45	0.981561	0.981700	0.981751	0.981227	0.980850	0.980628
46	0.981657	0.981825	0.981896	0.981373	0.980999	0.980780
47	0.981752	0.981943	0.982039	0.981516	0.981146	0.980928
48	0.981847	0.982069	0.982182	0.981662	0.981294	0.981081
49	0.981941	0.982193	0.982324	0.981807	0.981442	0.981233
50	0.982037	0.982311	0.982468	0.981953	0.981590	0.981382
51	0.982130	0.982434	0.982612	0.982098	0.981736	0.981533
52	0.982228	0.982556	0.982752	0.982241	0.981884	0.981686
53	0.982323	0.982681	0.982898	0.982386	0.982035	0.981836
54	0.982414	0.982804	0.983041	0.982532	0.982183	0.981987
55	0.982516	0.982924	0.983181	0.982677	0.982330	0.982138
56	0.983183	0.983425	0.983568	0.983055	0.982703	0.982508
57	0.983857	0.983929	0.983955	0.983432	0.983074	0.982879
58	0.984526	0.984430	0.984340	0.983809	0.983447	0.983247
59	0.985200	0.984932	0.984727	0.984187	0.983822	0.983615
60	0.985873	0.985432	0.985114	0.984565	0.984194	0.983986
61	0.986548	0.985937	0.985498	0.984946	0.984567	0.984356
62	0.987221	0.986438	0.985887	0.985322	0.984939	0.984725
63	0.987496	0.986744	0.986213	0.985713	0.985378	0.985201
64	0.987770	0.987051	0.986538	0.986103	0.985820	0.985676
65	0.988043	0.987356	0.986865	0.986495	0.986258	0.986155
66	0.988321	0.987661	0.987190	0.986885	0.986698	0.986631
67	0.988594	0.987966	0.987517	0.987277	0.987139	0.987107
68	0.988986	0.988356	0.987902	0.987706	0.987599	0.987593
69	0.989380	0.988746	0.988290	0.988134	0.988060	0.988078
70	0.989773	0.989136	0.988677	0.988563	0.988522	0.988565
71	0.990168	0.989527	0.989064	0.988992	0.988983	0.989052
72	0.990562	0.989920	0.989451	0.989422	0.989443	0.989539
73	0.990941	0.990292	0.989813	0.989796	0.989826	0.989928
74	0.991322	0.990663	0.990178	0.990171	0.990210	0.990320
75	0.991704	0.991032	0.990540	0.990547	0.990595	0.990712
76	0.992084	0.991405	0.990905	0.990921	0.990979	0.991102
77	0.992466	0.991777	0.991269	0.991299	0.991364	0.991492
78	0.992630	0.991929	0.991409	0.991450	0.991524	0.991661
79	0.992794	0.992078	0.991553	0.991603	0.991684	0.991829
80	0.992961	0.992231	0.991692	0.991752	0.991845	0.991998
81	0.993124	0.992382	0.991835	0.991905	0.992004	0.992164
82	0.993290	0.992534	0.991975	0.992056	0.992165	0.992332
83	0.993319	0.992549	0.991986	0.992078	0.992196	0.992371
84	0.993347	0.992564	0.991991	0.992099	0.992226	0.992406
85	0.993855	0.993137	0.992616	0.992706	0.992816	0.992977
86	0.994328	0.993675	0.993201	0.993273	0.993366	0.993512
87	0.994771	0.994176	0.993747	0.993803	0.993882	0.994013
88	0.995131	0.994580	0.994185	0.994229	0.994297	0.994414
89	0.995469	0.994962	0.994598	0.994629	0.994686	0.994794
90	0.995788	0.995320	0.994985	0.995004	0.995053	0.995148
91	0.996085	0.995655	0.995349	0.995357	0.995400	0.995481
92	0.996362	0.995968	0.995687	0.995686	0.995721	0.995795
93	0.996587	0.996219	0.995958	0.995949	0.995972	0.996039
94	0.996796	0.996454	0.996210	0.996194	0.996214	0.996272
95	0.996994	0.996677	0.996452	0.996426	0.996439	0.996489
96	0.997182	0.996886	0.996678	0.996645	0.996652	0.996697
97	0.997356	0.997082	0.996889	0.996854	0.996855	0.996893
98	0.997522	0.997267	0.997090	0.997048	0.997045	0.997079
99	0.997678	0.997441	0.997279	0.997233	0.997225	0.997254
100	0.999771	0.999749	0.999730	0.999724	0.999722	0.999727

**METROPOLITAN LIFE INSURANCE COMPANY**  
**VIP2 (Old Rates) Policy Form Series: LTC2-PREM**  
**Premier 75% Home Care**  
**Rating Factors for Decreases in**  
**Compound Inflation Percentage (below 5.0% level)**

Age	2 Year	3 year	4 year	5 year	6 year	7 years
30	0.981604	0.981124	0.980758	0.980140	0.979710	0.979440
31	0.981518	0.981087	0.980745	0.980139	0.979712	0.979439
32	0.981439	0.981048	0.980734	0.980130	0.979710	0.979441
33	0.981355	0.981009	0.980721	0.980127	0.979705	0.979440
34	0.981268	0.980967	0.980715	0.980121	0.979705	0.979444
35	0.981189	0.980927	0.980703	0.980117	0.979703	0.979446
36	0.981215	0.980991	0.980784	0.980206	0.979792	0.979535
37	0.981245	0.981052	0.980869	0.980291	0.979883	0.979627
38	0.981275	0.981117	0.980955	0.980382	0.979972	0.979719
39	0.981298	0.981175	0.981041	0.980466	0.980062	0.979810
40	0.981326	0.981240	0.981123	0.980553	0.980152	0.979903
41	0.981355	0.981299	0.981210	0.980642	0.980242	0.979997
42	0.981381	0.981362	0.981295	0.980730	0.980329	0.980088
43	0.981412	0.981423	0.981378	0.980817	0.980419	0.980181
44	0.981436	0.981484	0.981466	0.980904	0.980509	0.980274
45	0.981465	0.981545	0.981549	0.980989	0.980597	0.980363
46	0.981562	0.981666	0.981690	0.981138	0.980747	0.980515
47	0.981655	0.981790	0.981835	0.981283	0.980897	0.980665
48	0.981750	0.981912	0.981979	0.981427	0.981043	0.980817
49	0.981848	0.982037	0.982121	0.981573	0.981189	0.980967
50	0.981940	0.982155	0.982264	0.981717	0.981337	0.981122
51	0.982035	0.982281	0.982406	0.981864	0.981487	0.981269
52	0.982131	0.982400	0.982550	0.982007	0.981635	0.981420
53	0.982223	0.982522	0.982694	0.982154	0.981782	0.981572
54	0.982321	0.982646	0.982834	0.982300	0.981933	0.981723
55	0.982417	0.982768	0.982978	0.982445	0.982082	0.981874
56	0.983087	0.983271	0.983363	0.982820	0.982451	0.982243
57	0.983760	0.983770	0.983748	0.983197	0.982825	0.982613
58	0.984432	0.984271	0.984135	0.983576	0.983196	0.982981
59	0.985105	0.984775	0.984523	0.983953	0.983570	0.983351
60	0.985777	0.985278	0.984911	0.984331	0.983942	0.983720
61	0.986449	0.985780	0.985296	0.984708	0.984317	0.984089
62	0.987123	0.986282	0.985682	0.985087	0.984688	0.984459
63	0.987399	0.986588	0.986008	0.985476	0.985127	0.984934
64	0.987671	0.986892	0.986336	0.985868	0.985566	0.985411
65	0.987946	0.987199	0.986662	0.986259	0.986005	0.985887
66	0.988222	0.987505	0.986987	0.986650	0.986446	0.986364
67	0.988496	0.987808	0.987313	0.987041	0.986886	0.986841
68	0.988890	0.988200	0.987700	0.987469	0.987344	0.987325
69	0.989282	0.988592	0.988085	0.987897	0.987806	0.987811
70	0.989676	0.988980	0.988472	0.988327	0.988267	0.988298
71	0.990070	0.989371	0.988858	0.988757	0.988731	0.988784
72	0.990464	0.989762	0.989245	0.989185	0.989191	0.989271
73	0.990844	0.990133	0.989608	0.989561	0.989573	0.989661
74	0.991222	0.990505	0.989971	0.989936	0.989959	0.990051
75	0.991607	0.990875	0.990335	0.990310	0.990342	0.990443
76	0.991987	0.991247	0.990698	0.990688	0.990726	0.990835
77	0.992368	0.991619	0.991064	0.991062	0.991110	0.991226
78	0.992532	0.991770	0.991205	0.991214	0.991269	0.991394
79	0.992697	0.991921	0.991346	0.991365	0.991431	0.991560
80	0.992862	0.992074	0.991486	0.991516	0.991591	0.991730
81	0.993028	0.992225	0.991630	0.991668	0.991752	0.991897
82	0.993191	0.992377	0.991768	0.991819	0.991911	0.992063
83	0.993220	0.992391	0.991779	0.991841	0.991941	0.992101
84	0.993249	0.992407	0.991785	0.991861	0.991971	0.992138
85	0.993764	0.992991	0.992424	0.992483	0.992577	0.992728
86	0.994242	0.993536	0.993021	0.993065	0.993145	0.993277
87	0.994690	0.994046	0.993579	0.993610	0.993676	0.993794
88	0.995056	0.994462	0.994027	0.994047	0.994101	0.994205
89	0.995400	0.994850	0.994451	0.994457	0.994502	0.994597
90	0.995721	0.995214	0.994847	0.994842	0.994881	0.994963
91	0.996024	0.995555	0.995218	0.995205	0.995236	0.995310
92	0.996307	0.995875	0.995565	0.995545	0.995568	0.995633
93	0.996532	0.996130	0.995843	0.995814	0.995827	0.995885
94	0.996745	0.996369	0.996103	0.996067	0.996075	0.996126
95	0.996946	0.996597	0.996349	0.996308	0.996310	0.996352
96	0.997135	0.996809	0.996581	0.996534	0.996530	0.996567
97	0.997315	0.997013	0.996799	0.996748	0.996739	0.996772
98	0.997482	0.997202	0.997006	0.996949	0.996938	0.996962
99	0.997639	0.997380	0.997198	0.997138	0.997124	0.997146
100	0.999767	0.999740	0.999721	0.999714	0.999711	0.999714

**METROPOLITAN LIFE INSURANCE COMPANY**  
**VIP2 (Old Rates) Policy Form Series: LTC2-PREM**  
**Premier 50% Home Care**  
**Rating Factors for Decreases in**  
**Compound Inflation Percentage (below 5.0% level)**

Age	2 Year	3 year	4 year	5 year	6 year	7 years
30	0.981463	0.980903	0.980492	0.979855	0.979408	0.979123
31	0.981383	0.980865	0.980479	0.979850	0.979407	0.979125
32	0.981302	0.980825	0.980470	0.979845	0.979407	0.979124
33	0.981216	0.980781	0.980456	0.979843	0.979405	0.979125
34	0.981134	0.980745	0.980449	0.979834	0.979403	0.979128
35	0.981052	0.980705	0.980434	0.979831	0.979401	0.979127
36	0.981076	0.980768	0.980519	0.979920	0.979493	0.979218
37	0.981108	0.980832	0.980603	0.980005	0.979581	0.979308
38	0.981132	0.980889	0.980688	0.980094	0.979670	0.979404
39	0.981161	0.980952	0.980772	0.980180	0.979760	0.979495
40	0.981186	0.981017	0.980858	0.980269	0.979848	0.979586
41	0.981213	0.981078	0.980944	0.980355	0.979940	0.979676
42	0.981242	0.981139	0.981028	0.980441	0.980028	0.979771
43	0.981271	0.981199	0.981111	0.980528	0.980118	0.979862
44	0.981300	0.981261	0.981197	0.980619	0.980207	0.979956
45	0.981328	0.981320	0.981283	0.980704	0.980295	0.980045
46	0.981419	0.981444	0.981428	0.980848	0.980444	0.980197
47	0.981514	0.981568	0.981566	0.980993	0.980592	0.980348
48	0.981608	0.981689	0.981710	0.981141	0.980741	0.980500
49	0.981704	0.981811	0.981852	0.981284	0.980888	0.980651
50	0.981800	0.981934	0.981996	0.981428	0.981035	0.980801
51	0.981896	0.982053	0.982140	0.981575	0.981184	0.980952
52	0.981989	0.982177	0.982285	0.981720	0.981332	0.981101
53	0.982086	0.982299	0.982426	0.981865	0.981481	0.981253
54	0.982181	0.982421	0.982569	0.982008	0.981628	0.981406
55	0.982277	0.982545	0.982713	0.982157	0.981775	0.981558
56	0.982946	0.983044	0.983099	0.982533	0.982149	0.981926
57	0.983619	0.983551	0.983484	0.982909	0.982520	0.982294
58	0.984290	0.984048	0.983869	0.983287	0.982895	0.982663
59	0.984962	0.984550	0.984255	0.983665	0.983269	0.983031
60	0.985636	0.985054	0.984642	0.984041	0.983639	0.983402
61	0.986309	0.985554	0.985029	0.984420	0.984011	0.983771
62	0.986982	0.986057	0.985413	0.984799	0.984385	0.984142
63	0.987257	0.986362	0.985740	0.985186	0.984824	0.984616
64	0.987530	0.986667	0.986065	0.985578	0.985263	0.985092
65	0.987803	0.986974	0.986392	0.985969	0.985702	0.985570
66	0.988079	0.987280	0.986718	0.986361	0.986142	0.986047
67	0.988355	0.987585	0.987045	0.986751	0.986582	0.986522
68	0.988747	0.987974	0.987431	0.987179	0.987043	0.987007
69	0.989142	0.988363	0.987818	0.987608	0.987502	0.987493
70	0.989535	0.988755	0.988204	0.988037	0.987963	0.987979
71	0.989928	0.989143	0.988589	0.988466	0.988424	0.988464
72	0.990323	0.989538	0.988978	0.988895	0.988886	0.988950
73	0.990703	0.989907	0.989338	0.989269	0.989269	0.989341
74	0.991084	0.990280	0.989704	0.989645	0.989655	0.989732
75	0.991465	0.990649	0.990068	0.990021	0.990038	0.990122
76	0.991846	0.991022	0.990430	0.990397	0.990420	0.990513
77	0.992225	0.991393	0.990794	0.990773	0.990804	0.990904
78	0.992392	0.991544	0.990934	0.990921	0.990966	0.991073
79	0.992554	0.991695	0.991075	0.991074	0.991127	0.991240
80	0.992720	0.991848	0.991218	0.991226	0.991286	0.991410
81	0.992885	0.992000	0.991359	0.991376	0.991447	0.991577
82	0.993050	0.992151	0.991501	0.991528	0.991606	0.991743
83	0.993079	0.992165	0.991507	0.991551	0.991637	0.991781
84	0.993109	0.992179	0.991516	0.991570	0.991665	0.991820
85	0.993631	0.992778	0.992172	0.992210	0.992289	0.992425
86	0.994121	0.993338	0.992786	0.992809	0.992875	0.992995
87	0.994575	0.993862	0.993358	0.993371	0.993424	0.993528
88	0.994949	0.994288	0.993820	0.993821	0.993865	0.993958
89	0.995299	0.994686	0.994257	0.994247	0.994279	0.994363
90	0.995626	0.995062	0.994665	0.994646	0.994670	0.994743
91	0.995936	0.995411	0.995047	0.995021	0.995038	0.995101
92	0.996222	0.995740	0.995406	0.995372	0.995383	0.995439
93	0.996453	0.996003	0.995690	0.995649	0.995655	0.995703
94	0.996670	0.996251	0.995960	0.995912	0.995910	0.995952
95	0.996875	0.996487	0.996217	0.996159	0.996153	0.996187
96	0.997068	0.996704	0.996456	0.996394	0.996383	0.996411
97	0.997251	0.996913	0.996679	0.996616	0.996598	0.996622
98	0.997424	0.997109	0.996893	0.996827	0.996807	0.996825
99	0.997585	0.997292	0.997093	0.997023	0.996998	0.997011
100	0.999761	0.999731	0.999709	0.999702	0.999699	0.999700

**METROPOLITAN LIFE INSURANCE COMPANY**  
**VIP2 (Old Rates) Policy Form Series: LTC2-VAL**  
**Value 100% Home Care**  
**Rating Factors for Decreases in**  
**Compound Inflation Percentage (below 5.0% level)**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	0.984586	0.983357	0.982552	0.981685	0.981119	0.980769	0.980475
31	0.984346	0.983180	0.982410	0.981551	0.980995	0.980655	0.980365
32	0.984108	0.982997	0.982268	0.981425	0.980875	0.980539	0.980260
33	0.983876	0.982815	0.982125	0.981293	0.980752	0.980424	0.980153
34	0.983641	0.982635	0.981978	0.981166	0.980632	0.980307	0.980046
35	0.983401	0.982456	0.981835	0.981033	0.980509	0.980191	0.979940
36	0.983312	0.982415	0.981834	0.981036	0.980520	0.980200	0.979956
37	0.983216	0.982374	0.981822	0.981039	0.980527	0.980217	0.979978
38	0.983122	0.982334	0.981817	0.981041	0.980534	0.980227	0.979997
39	0.983036	0.982296	0.981810	0.981042	0.980545	0.980244	0.980014
40	0.982946	0.982251	0.981804	0.981047	0.980552	0.980252	0.980035
41	0.982855	0.982215	0.981791	0.981049	0.980561	0.980267	0.980055
42	0.982763	0.982174	0.981787	0.981050	0.980570	0.980280	0.980074
43	0.982669	0.982133	0.981778	0.981052	0.980579	0.980292	0.980091
44	0.982581	0.982089	0.981775	0.981053	0.980586	0.980307	0.980110
45	0.982493	0.982052	0.981763	0.981057	0.980600	0.980319	0.980130
46	0.982514	0.982117	0.981862	0.981158	0.980701	0.980427	0.980243
47	0.982532	0.982183	0.981954	0.981260	0.980804	0.980536	0.980356
48	0.982562	0.982246	0.982048	0.981362	0.980912	0.980645	0.980466
49	0.982584	0.982314	0.982140	0.981463	0.981017	0.980754	0.980579
50	0.982606	0.982378	0.982238	0.981561	0.981122	0.980859	0.980692
51	0.982632	0.982447	0.982329	0.981663	0.981227	0.980968	0.980804
52	0.982650	0.982507	0.982425	0.981764	0.981332	0.981079	0.980916
53	0.982672	0.982576	0.982519	0.981867	0.981440	0.981187	0.981028
54	0.982701	0.982642	0.982614	0.981966	0.981543	0.981295	0.981139
55	0.982717	0.982708	0.982712	0.982067	0.981650	0.981403	0.981252
56	0.983377	0.983201	0.983097	0.982449	0.982025	0.981776	0.981622
57	0.984028	0.983701	0.983487	0.982831	0.982404	0.982151	0.981994
58	0.984685	0.984200	0.983875	0.983213	0.982781	0.982525	0.982366
59	0.985342	0.984695	0.984265	0.983595	0.983158	0.982897	0.982737
60	0.985992	0.985194	0.984653	0.983975	0.983533	0.983271	0.983108
61	0.986652	0.985694	0.985043	0.984357	0.983911	0.983645	0.983483
62	0.987305	0.986191	0.985431	0.984741	0.984290	0.984020	0.983853
63	0.987575	0.986505	0.985773	0.985149	0.984746	0.984514	0.984377
64	0.987848	0.986818	0.986113	0.985555	0.985202	0.985008	0.984901
65	0.988117	0.987132	0.986454	0.985962	0.985660	0.985502	0.985425
66	0.988388	0.987446	0.986794	0.986374	0.986118	0.985998	0.985951
67	0.988658	0.987759	0.987134	0.986781	0.986575	0.986491	0.986476
68	0.989052	0.988156	0.987531	0.987222	0.987049	0.986991	0.986998
69	0.989445	0.988555	0.987931	0.987664	0.987524	0.987491	0.987518
70	0.989843	0.988953	0.988327	0.988107	0.988000	0.987993	0.988042
71	0.990236	0.989352	0.988727	0.988550	0.988476	0.988494	0.988563
72	0.990632	0.989749	0.989126	0.988993	0.988951	0.988997	0.989086
73	0.991005	0.990120	0.989489	0.989369	0.989336	0.989389	0.989486
74	0.991377	0.990488	0.989854	0.989746	0.989723	0.989784	0.989888
75	0.991754	0.990856	0.990219	0.990123	0.990111	0.990176	0.990288
76	0.992129	0.991227	0.990583	0.990499	0.990497	0.990572	0.990689
77	0.992503	0.991597	0.990947	0.990878	0.990884	0.990967	0.991091
78	0.992678	0.991765	0.991105	0.991046	0.991063	0.991153	0.991287
79	0.992852	0.991930	0.991263	0.991216	0.991242	0.991339	0.991482
80	0.993030	0.992098	0.991423	0.991388	0.991420	0.991527	0.991679
81	0.993205	0.992264	0.991579	0.991558	0.991599	0.991713	0.991874
82	0.993382	0.992433	0.991740	0.991727	0.991778	0.991900	0.992070
83	0.993450	0.992490	0.991788	0.991790	0.991848	0.991978	0.992157
84	0.993518	0.992548	0.991841	0.991853	0.991921	0.992055	0.992244
85	0.994032	0.993143	0.992496	0.992495	0.992547	0.992667	0.992834
86	0.994510	0.993699	0.993108	0.993094	0.993135	0.993238	0.993388
87	0.994953	0.994216	0.993677	0.993653	0.993685	0.993770	0.993904
88	0.995315	0.994632	0.994132	0.994101	0.994121	0.994199	0.994320
89	0.995654	0.995021	0.994560	0.994520	0.994532	0.994599	0.994708
90	0.995970	0.995385	0.994960	0.994911	0.994916	0.994976	0.995077
91	0.996266	0.995725	0.995334	0.995280	0.995280	0.995329	0.995421
92	0.996541	0.996043	0.995684	0.995623	0.995616	0.995663	0.995744
93	0.996761	0.996297	0.995963	0.995894	0.995883	0.995919	0.995992
94	0.996966	0.996535	0.996222	0.996150	0.996133	0.996162	0.996228
95	0.997160	0.996758	0.996467	0.996391	0.996369	0.996393	0.996451
96	0.997348	0.996970	0.996697	0.996618	0.996591	0.996611	0.996662
97	0.997517	0.997169	0.996914	0.996831	0.996804	0.996814	0.996861
98	0.997678	0.997352	0.997118	0.997034	0.997001	0.997011	0.997050
99	0.997829	0.997525	0.997309	0.997223	0.997188	0.997194	0.997227
100	0.999785	0.999755	0.999734	0.999724	0.999721	0.999720	0.999722

**METROPOLITAN LIFE INSURANCE COMPANY**  
**VIP2 (Old Rates) Policy Form Series: LTC2-VAL**  
**Value 75% Home Care**  
**Rating Factors for Decreases in**  
**Compound Inflation Percentage (below 5.0% level)**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	0.983955	0.982761	0.981993	0.981152	0.980614	0.980284	0.980014
31	0.983713	0.982586	0.981852	0.981024	0.980487	0.980168	0.979905
32	0.983478	0.982397	0.981704	0.980892	0.980366	0.980054	0.979799
33	0.983241	0.982219	0.981561	0.980766	0.980246	0.979938	0.979695
34	0.983006	0.982039	0.981418	0.980629	0.980124	0.979818	0.979585
35	0.982770	0.981861	0.981279	0.980503	0.980001	0.979705	0.979481
36	0.982682	0.981819	0.981269	0.980503	0.980012	0.979714	0.979497
37	0.982591	0.981778	0.981262	0.980505	0.980020	0.979729	0.979515
38	0.982494	0.981736	0.981255	0.980511	0.980030	0.979745	0.979534
39	0.982405	0.981698	0.981247	0.980509	0.980039	0.979755	0.979557
40	0.982319	0.981657	0.981240	0.980517	0.980048	0.979767	0.979575
41	0.982220	0.981617	0.981233	0.980514	0.980054	0.979779	0.979593
42	0.982134	0.981578	0.981225	0.980518	0.980061	0.979796	0.979612
43	0.982045	0.981538	0.981220	0.980524	0.980071	0.979809	0.979635
44	0.981955	0.981497	0.981214	0.980523	0.980080	0.979818	0.979652
45	0.981863	0.981457	0.981203	0.980525	0.980089	0.979831	0.979670
46	0.981880	0.981520	0.981299	0.980625	0.980193	0.979940	0.979779
47	0.981906	0.981583	0.981392	0.980727	0.980301	0.980050	0.979895
48	0.981931	0.981649	0.981488	0.980829	0.980405	0.980159	0.980005
49	0.981950	0.981719	0.981581	0.980929	0.980510	0.980265	0.980119
50	0.981979	0.981782	0.981674	0.981031	0.980615	0.980372	0.980230
51	0.982002	0.981845	0.981772	0.981132	0.980721	0.980482	0.980344
52	0.982024	0.981911	0.981864	0.981232	0.980828	0.980593	0.980454
53	0.982048	0.981980	0.981960	0.981333	0.980930	0.980701	0.980564
54	0.982067	0.982045	0.982053	0.981434	0.981038	0.980810	0.980677
55	0.982090	0.982109	0.982150	0.981535	0.981141	0.980918	0.980789
56	0.982747	0.982604	0.982537	0.981917	0.981518	0.981290	0.981162
57	0.983399	0.983106	0.982924	0.982300	0.981895	0.981661	0.981534
58	0.984053	0.983600	0.983314	0.982682	0.982270	0.982036	0.981904
59	0.984706	0.984097	0.983705	0.983062	0.982647	0.982412	0.982275
60	0.985360	0.984595	0.984092	0.983445	0.983027	0.982786	0.982646
61	0.986016	0.985094	0.984482	0.983826	0.983403	0.983158	0.983018
62	0.986674	0.985594	0.984868	0.984207	0.983781	0.983530	0.983390
63	0.986943	0.985905	0.985211	0.984617	0.984237	0.984025	0.983914
64	0.987213	0.986217	0.985550	0.985023	0.984695	0.984518	0.984438
65	0.987485	0.986531	0.985890	0.985430	0.985150	0.985014	0.984962
66	0.987754	0.986846	0.986230	0.985838	0.985608	0.985507	0.985487
67	0.988025	0.987158	0.986570	0.986246	0.986063	0.986003	0.986011
68	0.988417	0.987556	0.986966	0.986687	0.986542	0.986503	0.986535
69	0.988812	0.987953	0.987366	0.987129	0.987014	0.987003	0.987056
70	0.989207	0.988350	0.987764	0.987573	0.987490	0.987502	0.987578
71	0.989601	0.988750	0.988162	0.988015	0.987963	0.988004	0.988098
72	0.989995	0.989149	0.988561	0.988458	0.988440	0.988506	0.988620
73	0.990369	0.989517	0.988924	0.988833	0.988826	0.988900	0.989021
74	0.990746	0.989886	0.989287	0.989209	0.989212	0.989292	0.989424
75	0.991116	0.990256	0.989652	0.989587	0.989598	0.989687	0.989823
76	0.991493	0.990625	0.990017	0.989964	0.989986	0.990081	0.990224
77	0.991865	0.990993	0.990382	0.990340	0.990372	0.990475	0.990625
78	0.992042	0.991161	0.990539	0.990511	0.990550	0.990662	0.990820
79	0.992218	0.991328	0.990699	0.990680	0.990728	0.990848	0.991015
80	0.992394	0.991495	0.990854	0.990851	0.990910	0.991034	0.991212
81	0.992568	0.991663	0.991015	0.991021	0.991086	0.991221	0.991410
82	0.992743	0.991829	0.991174	0.991190	0.991266	0.991407	0.991606
83	0.992811	0.991888	0.991225	0.991253	0.991337	0.991487	0.991690
84	0.992881	0.991946	0.991275	0.991314	0.991406	0.991565	0.991776
85	0.993437	0.992579	0.991968	0.991992	0.992069	0.992205	0.992396
86	0.993954	0.993174	0.992614	0.992625	0.992686	0.992807	0.992977
87	0.994439	0.993727	0.993218	0.993214	0.993265	0.993369	0.993520
88	0.994831	0.994173	0.993700	0.993687	0.993727	0.993819	0.993959
89	0.995201	0.994591	0.994155	0.994130	0.994160	0.994242	0.994370
90	0.995546	0.994982	0.994582	0.994548	0.994568	0.994641	0.994757
91	0.995869	0.995349	0.994980	0.994938	0.994953	0.995015	0.995121
92	0.996172	0.995691	0.995355	0.995304	0.995312	0.995367	0.995463
93	0.996412	0.995965	0.995649	0.995595	0.995593	0.995639	0.995726
94	0.996639	0.996223	0.995928	0.995865	0.995858	0.995898	0.995975
95	0.996854	0.996465	0.996190	0.996122	0.996111	0.996145	0.996213
96	0.997054	0.996693	0.996438	0.996363	0.996348	0.996375	0.996438
97	0.997244	0.996907	0.996670	0.996595	0.996572	0.996593	0.996648
98	0.997423	0.997109	0.996888	0.996808	0.996784	0.996800	0.996849
99	0.997589	0.997298	0.997094	0.997012	0.996981	0.996995	0.997038
100	0.999762	0.999731	0.999711	0.999702	0.999698	0.999699	0.999703

**METROPOLITAN LIFE INSURANCE COMPANY**  
**VIP2 (Old Rates) Policy Form Series: LTC2-VAL**  
**Value 50% Home Care**  
**Rating Factors for Decreases in**  
**Compound Inflation Percentage (below 5.0% level)**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	0.983849	0.982641	0.981865	0.981034	0.980505	0.980191	0.979935
31	0.983607	0.982463	0.981724	0.980907	0.980382	0.980070	0.979830
32	0.983365	0.982280	0.981584	0.980776	0.980263	0.979955	0.979724
33	0.983130	0.982101	0.981435	0.980642	0.980145	0.979841	0.979618
34	0.982900	0.981918	0.981297	0.980514	0.980020	0.979727	0.979513
35	0.982659	0.981738	0.981154	0.980383	0.979901	0.979608	0.979403
36	0.982569	0.981696	0.981144	0.980385	0.979906	0.979622	0.979422
37	0.982482	0.981656	0.981137	0.980390	0.979914	0.979633	0.979444
38	0.982391	0.981615	0.981133	0.980390	0.979924	0.979647	0.979460
39	0.982296	0.981579	0.981123	0.980396	0.979931	0.979660	0.979480
40	0.982205	0.981537	0.981122	0.980396	0.979945	0.979675	0.979500
41	0.982114	0.981497	0.981107	0.980399	0.979947	0.979687	0.979516
42	0.982026	0.981454	0.981101	0.980400	0.979961	0.979703	0.979537
43	0.981935	0.981415	0.981096	0.980399	0.979969	0.979713	0.979556
44	0.981842	0.981374	0.981089	0.980407	0.979975	0.979728	0.979577
45	0.981754	0.981332	0.981081	0.980406	0.979980	0.979741	0.979596
46	0.981772	0.981396	0.981174	0.980510	0.980090	0.979844	0.979706
47	0.981802	0.981463	0.981271	0.980610	0.980196	0.979955	0.979821
48	0.981818	0.981526	0.981362	0.980712	0.980301	0.980064	0.979931
49	0.981846	0.981596	0.981459	0.980811	0.980405	0.980172	0.980041
50	0.981863	0.981660	0.981550	0.980912	0.980508	0.980279	0.980156
51	0.981886	0.981727	0.981647	0.981013	0.980615	0.980390	0.980268
52	0.981913	0.981789	0.981742	0.981113	0.980718	0.980496	0.980379
53	0.981935	0.981858	0.981835	0.981214	0.980825	0.980605	0.980491
54	0.981962	0.981921	0.981929	0.981318	0.980932	0.980712	0.980602
55	0.981982	0.981987	0.982025	0.981415	0.981038	0.980822	0.980713
56	0.982635	0.982485	0.982412	0.981798	0.981415	0.981195	0.981089
57	0.983291	0.982982	0.982804	0.982180	0.981789	0.981569	0.981460
58	0.983945	0.983480	0.983192	0.982559	0.982165	0.981940	0.981827
59	0.984599	0.983976	0.983578	0.982944	0.982542	0.982316	0.982201
60	0.985252	0.984471	0.983965	0.983325	0.982921	0.982689	0.982571
61	0.985911	0.984974	0.984358	0.983706	0.983298	0.983063	0.982943
62	0.986560	0.985471	0.984745	0.984087	0.983674	0.983436	0.983315
63	0.986836	0.985786	0.985087	0.984496	0.984130	0.983933	0.983839
64	0.987105	0.986096	0.985426	0.984905	0.984587	0.984424	0.984364
65	0.987376	0.986411	0.985766	0.985310	0.985044	0.984917	0.984888
66	0.987644	0.986726	0.986106	0.985719	0.985501	0.985415	0.985411
67	0.987916	0.987037	0.986446	0.986126	0.985959	0.985907	0.985938
68	0.988310	0.987431	0.986845	0.986570	0.986433	0.986407	0.986459
69	0.988702	0.987831	0.987240	0.987012	0.986907	0.986908	0.986980
70	0.989098	0.988228	0.987640	0.987450	0.987383	0.987408	0.987500
71	0.989489	0.988626	0.988038	0.987895	0.987857	0.987909	0.988022
72	0.989887	0.989026	0.988434	0.988339	0.988334	0.988410	0.988547
73	0.990260	0.989395	0.988800	0.988715	0.988719	0.988803	0.988944
74	0.990635	0.989764	0.989163	0.989090	0.989105	0.989197	0.989346
75	0.991009	0.990133	0.989528	0.989467	0.989492	0.989592	0.989747
76	0.991383	0.990502	0.989892	0.989846	0.989878	0.989986	0.990148
77	0.991758	0.990871	0.990257	0.990220	0.990266	0.990380	0.990549
78	0.991931	0.991039	0.990413	0.990391	0.990443	0.990566	0.990744
79	0.992108	0.991205	0.990572	0.990561	0.990623	0.990753	0.990939
80	0.992283	0.991373	0.990731	0.990731	0.990802	0.990939	0.991136
81	0.992458	0.991540	0.990890	0.990899	0.990980	0.991127	0.991332
82	0.992633	0.991707	0.991048	0.991071	0.991160	0.991313	0.991529
83	0.992702	0.991764	0.991098	0.991133	0.991231	0.991389	0.991613
84	0.992771	0.991824	0.991150	0.991196	0.991302	0.991467	0.991701
85	0.993334	0.992466	0.991852	0.991878	0.991969	0.992115	0.992326
86	0.993857	0.993068	0.992504	0.992519	0.992593	0.992722	0.992911
87	0.994349	0.993629	0.993116	0.993117	0.993176	0.993291	0.993459
88	0.994747	0.994081	0.993608	0.993595	0.993642	0.993745	0.993900
89	0.995121	0.994503	0.994065	0.994046	0.994083	0.994174	0.994313
90	0.995473	0.994901	0.994497	0.994466	0.994497	0.994575	0.994705
91	0.995802	0.995273	0.994901	0.994864	0.994884	0.994955	0.995073
92	0.996108	0.995621	0.995279	0.995235	0.995247	0.995309	0.995418
93	0.996351	0.995897	0.995579	0.995525	0.995532	0.995586	0.995684
94	0.996584	0.996160	0.995863	0.995802	0.995802	0.995849	0.995934
95	0.996801	0.996405	0.996129	0.996063	0.996055	0.996096	0.996173
96	0.997005	0.996635	0.996378	0.996308	0.996296	0.996330	0.996400
97	0.997196	0.996854	0.996616	0.996540	0.996524	0.996549	0.996614
98	0.997378	0.997058	0.996837	0.996759	0.996738	0.996759	0.996815
99	0.997548	0.997252	0.997045	0.996964	0.996940	0.996955	0.997007
100	0.997759	0.997726	0.997706	0.999697	0.999693	0.999695	0.999700



**METROPOLITAN LIFE INSURANCE COMPANY**  
**VIP2 (Old Rates) Policy Form Series: LTC2-FAC**  
**Facilities Only No Home Care**  
**Rating Factors for Decreases in**  
**Simple Inflation Percentage (below 5.0% level)**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	0.999020	0.997852	0.997320	0.996800	0.996567	0.996465	0.996407
31	0.998491	0.997345	0.996851	0.996343	0.996114	0.996017	0.995978
32	0.997953	0.996848	0.996383	0.995883	0.995661	0.995569	0.995549
33	0.997423	0.996348	0.995906	0.995432	0.995210	0.995129	0.995125
34	0.996886	0.995850	0.995442	0.994972	0.994754	0.994681	0.994698
35	0.996359	0.995348	0.994971	0.994513	0.994305	0.994235	0.994270
36	0.995960	0.994984	0.994640	0.994201	0.993992	0.993927	0.993974
37	0.995569	0.994622	0.994309	0.993878	0.993678	0.993616	0.993681
38	0.995168	0.994261	0.993984	0.993559	0.993365	0.993308	0.993387
39	0.994772	0.993901	0.993653	0.993238	0.993050	0.993000	0.993093
40	0.994370	0.993541	0.993324	0.992926	0.992740	0.992693	0.992796
41	0.993981	0.993180	0.992995	0.992601	0.992424	0.992384	0.992502
42	0.993583	0.992812	0.992663	0.992282	0.992111	0.992079	0.992206
43	0.993192	0.992454	0.992340	0.991967	0.991797	0.991771	0.991914
44	0.992791	0.992095	0.992010	0.991651	0.991487	0.991461	0.991622
45	0.992391	0.991733	0.991682	0.991332	0.991173	0.991153	0.991326
46	0.992147	0.991515	0.991491	0.991142	0.990992	0.990976	0.991153
47	0.991896	0.991295	0.991296	0.990959	0.990813	0.990801	0.990982
48	0.991643	0.991078	0.991108	0.990771	0.990629	0.990619	0.990808
49	0.991391	0.990862	0.990916	0.990589	0.990445	0.990443	0.990636
50	0.991142	0.990641	0.990724	0.990404	0.990265	0.990268	0.990465
51	0.990894	0.990422	0.990533	0.990220	0.990086	0.990090	0.990294
52	0.990643	0.990202	0.990346	0.990036	0.989905	0.989911	0.990121
53	0.990388	0.989982	0.990155	0.989851	0.989723	0.989733	0.989950
54	0.990141	0.989765	0.989966	0.989668	0.989544	0.989559	0.989777
55	0.989898	0.989549	0.989774	0.989483	0.989362	0.989382	0.989604
56	0.990128	0.989677	0.989827	0.989531	0.989403	0.989419	0.989641
57	0.990369	0.989806	0.989880	0.989577	0.989446	0.989458	0.989682
58	0.990608	0.989935	0.989931	0.989623	0.989487	0.989498	0.989718
59	0.990844	0.990058	0.989984	0.989671	0.989529	0.989532	0.989755
60	0.991082	0.990188	0.990037	0.989717	0.989570	0.989573	0.989792
61	0.991323	0.990317	0.990089	0.989763	0.989610	0.989614	0.989830
62	0.991561	0.990445	0.990141	0.989809	0.989651	0.989651	0.989868
63	0.991579	0.990486	0.990203	0.989920	0.989798	0.989821	0.990053
64	0.991591	0.990530	0.990262	0.990032	0.989943	0.989993	0.990243
65	0.991601	0.990570	0.990325	0.990140	0.990089	0.990164	0.990430
66	0.991616	0.990611	0.990386	0.990252	0.990234	0.990335	0.990620
67	0.991631	0.990651	0.990447	0.990362	0.990379	0.990504	0.990807
68	0.991778	0.990800	0.990590	0.990539	0.990580	0.990724	0.991036
69	0.991928	0.990945	0.990732	0.990716	0.990781	0.990940	0.991265
70	0.992078	0.991094	0.990871	0.990891	0.990982	0.991159	0.991497
71	0.992225	0.991240	0.991013	0.991068	0.991184	0.991377	0.991728
72	0.992373	0.991387	0.991157	0.991244	0.991384	0.991596	0.991959
73	0.992553	0.991556	0.991310	0.991411	0.991562	0.991778	0.992148
74	0.992729	0.991728	0.991465	0.991577	0.991737	0.991962	0.992336
75	0.992908	0.991896	0.991616	0.991745	0.991916	0.992145	0.992523
76	0.993087	0.992066	0.991770	0.991912	0.992091	0.992327	0.992710
77	0.993266	0.992237	0.991924	0.992080	0.992268	0.992512	0.992897
78	0.993371	0.992331	0.991995	0.992162	0.992362	0.992615	0.993004
79	0.993475	0.992427	0.992068	0.992245	0.992457	0.992718	0.993111
80	0.993581	0.992522	0.992139	0.992327	0.992552	0.992820	0.993216
81	0.993684	0.992618	0.992210	0.992412	0.992647	0.992923	0.993324
82	0.993787	0.992714	0.992280	0.992495	0.992742	0.993028	0.993429
83	0.993798	0.992706	0.992249	0.992477	0.992734	0.993030	0.993438
84	0.993806	0.992698	0.992220	0.992457	0.992727	0.993031	0.993450
85	0.994282	0.993263	0.992829	0.993040	0.993284	0.993562	0.993947
86	0.994727	0.993791	0.993400	0.993586	0.993807	0.994058	0.994412
87	0.995140	0.994287	0.993932	0.994095	0.994292	0.994523	0.994846
88	0.995479	0.994684	0.994359	0.994502	0.994682	0.994895	0.995194
89	0.995796	0.995061	0.994761	0.994887	0.995048	0.995243	0.995523
90	0.996096	0.995410	0.995138	0.995247	0.995392	0.995573	0.995830
91	0.996372	0.995740	0.995490	0.995583	0.995718	0.995879	0.996121
92	0.996632	0.996047	0.995820	0.995900	0.996018	0.996168	0.996391
93	0.996839	0.996293	0.996083	0.996149	0.996256	0.996393	0.996598
94	0.997035	0.996524	0.996330	0.996384	0.996480	0.996605	0.996799
95	0.997219	0.996742	0.996564	0.996607	0.996691	0.996806	0.996983
96	0.997392	0.996948	0.996783	0.996819	0.996891	0.996997	0.997160
97	0.997555	0.997140	0.996989	0.997015	0.997080	0.997175	0.997328
98	0.997710	0.997323	0.997184	0.997200	0.997258	0.997349	0.997487
99	0.997855	0.997494	0.997365	0.997375	0.997427	0.997505	0.997638
100	0.997993	0.997655	0.997541	0.997543	0.997584	0.997656	0.997778

**METROPOLITAN LIFE INSURANCE COMPANY**  
**VIP2 (Old Rates) Policy Form Series: LTC2-IDEAL**  
**Ideal 100% Home Care**  
**Rating Factors for Decreases in**  
**Simple Inflation Percentage (below 5.0% level)**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	0.997355	0.996789	0.996516	0.996146	0.995962	0.995879	0.995972
31	0.996904	0.996369	0.996125	0.995759	0.995584	0.995504	0.995605
32	0.996460	0.995949	0.995735	0.995375	0.995202	0.995126	0.995233
33	0.996007	0.995529	0.995346	0.994995	0.994819	0.994750	0.994867
34	0.995556	0.995111	0.994951	0.994610	0.994439	0.994376	0.994504
35	0.995109	0.994691	0.994559	0.994225	0.994062	0.994000	0.994131
36	0.994795	0.994410	0.994303	0.993971	0.993810	0.993755	0.993890
37	0.994488	0.994127	0.994043	0.993724	0.993560	0.993509	0.993646
38	0.994176	0.993847	0.993790	0.993472	0.993312	0.993264	0.993405
39	0.993866	0.993564	0.993533	0.993217	0.993065	0.993019	0.993160
40	0.993556	0.993282	0.993274	0.992970	0.992812	0.992770	0.992916
41	0.993245	0.993003	0.993017	0.992717	0.992565	0.992526	0.992673
42	0.992933	0.992717	0.992763	0.992463	0.992317	0.992280	0.992430
43	0.992623	0.992440	0.992505	0.992211	0.992063	0.992035	0.992188
44	0.992314	0.992155	0.992249	0.991963	0.991818	0.991790	0.991944
45	0.991998	0.991875	0.991990	0.991709	0.991571	0.991541	0.991702
46	0.991834	0.991724	0.991866	0.991586	0.991448	0.991424	0.991585
47	0.991662	0.991584	0.991739	0.991461	0.991324	0.991302	0.991464
48	0.991493	0.991439	0.991613	0.991336	0.991201	0.991180	0.991351
49	0.991327	0.991294	0.991489	0.991214	0.991075	0.991061	0.991231
50	0.991160	0.991143	0.991365	0.991084	0.990954	0.990939	0.991116
51	0.990986	0.991002	0.991239	0.990963	0.990830	0.990818	0.990997
52	0.990820	0.990854	0.991112	0.990838	0.990706	0.990694	0.990880
53	0.990655	0.990711	0.990990	0.990714	0.990586	0.990574	0.990763
54	0.990486	0.990568	0.990863	0.990589	0.990459	0.990455	0.990645
55	0.990320	0.990421	0.990737	0.990465	0.990335	0.990333	0.990528
56	0.990620	0.990603	0.990835	0.990553	0.990420	0.990411	0.990607
57	0.990925	0.990782	0.990933	0.990643	0.990503	0.990493	0.990687
58	0.991229	0.990965	0.991032	0.990733	0.990585	0.990572	0.990765
59	0.991532	0.991148	0.991131	0.990823	0.990670	0.990654	0.990841
60	0.991834	0.991333	0.991230	0.990909	0.990753	0.990735	0.990921
61	0.992139	0.991515	0.991326	0.990999	0.990835	0.990814	0.990998
62	0.992442	0.991698	0.991427	0.991089	0.990919	0.990895	0.991078
63	0.992511	0.991778	0.991516	0.991227	0.991088	0.991092	0.991293
64	0.992581	0.991859	0.991609	0.991361	0.991258	0.991285	0.991506
65	0.992650	0.991939	0.991701	0.991500	0.991428	0.991482	0.991722
66	0.992720	0.992021	0.991789	0.991635	0.991600	0.991680	0.991937
67	0.992788	0.992102	0.991883	0.991774	0.991767	0.991875	0.992152
68	0.992960	0.992255	0.992025	0.991951	0.991969	0.992092	0.992383
69	0.993132	0.992408	0.992168	0.992124	0.992168	0.992309	0.992612
70	0.993304	0.992562	0.992312	0.992299	0.992369	0.992527	0.992842
71	0.993475	0.992714	0.992455	0.992475	0.992571	0.992745	0.993073
72	0.993648	0.992869	0.992598	0.992650	0.992768	0.992962	0.993304
73	0.993815	0.993009	0.992719	0.992784	0.992913	0.993114	0.993460
74	0.993982	0.993149	0.992842	0.992920	0.993057	0.993264	0.993617
75	0.994150	0.993290	0.992962	0.993053	0.993202	0.993416	0.993775
76	0.994319	0.993431	0.993084	0.993188	0.993347	0.993568	0.993931
77	0.994487	0.993572	0.993207	0.993323	0.993489	0.993719	0.994086
78	0.994543	0.993603	0.993217	0.993345	0.993526	0.993764	0.994138
79	0.994598	0.993636	0.993226	0.993368	0.993559	0.993807	0.994188
80	0.994656	0.993668	0.993235	0.993389	0.993594	0.993854	0.994239
81	0.994713	0.993700	0.993244	0.993412	0.993630	0.993900	0.994289
82	0.994768	0.993731	0.993252	0.993433	0.993665	0.993944	0.994340
83	0.994777	0.993724	0.993221	0.993414	0.993659	0.993948	0.994349
84	0.994784	0.993717	0.993191	0.993397	0.993651	0.993949	0.994361
85	0.995195	0.994215	0.993736	0.993916	0.994149	0.994421	0.994796
86	0.995578	0.994679	0.994244	0.994406	0.994612	0.994858	0.995205
87	0.995931	0.995109	0.994717	0.994856	0.995043	0.995268	0.995583
88	0.996219	0.995458	0.995097	0.995221	0.995386	0.995594	0.995887
89	0.996489	0.995784	0.995452	0.995559	0.995711	0.995900	0.996173
90	0.996741	0.996089	0.995785	0.995876	0.996014	0.996189	0.996439
91	0.996978	0.996375	0.996096	0.996172	0.996296	0.996457	0.996690
92	0.997196	0.996640	0.996383	0.996449	0.996562	0.996708	0.996924
93	0.997372	0.996851	0.996615	0.996670	0.996769	0.996903	0.997104
94	0.997539	0.997050	0.996830	0.996874	0.996964	0.997088	0.997275
95	0.997691	0.997238	0.997034	0.997068	0.997147	0.997262	0.997435
96	0.997837	0.997414	0.997226	0.997251	0.997324	0.997428	0.997589
97	0.997973	0.997579	0.997405	0.997424	0.997488	0.997582	0.997732
98	0.998102	0.997736	0.997576	0.997586	0.997641	0.997728	0.997870
99	0.998224	0.997881	0.997733	0.997739	0.997787	0.997866	0.997994
100	0.998828	0.999791	0.999778	0.999778	0.999781	0.999790	0.999806

**METROPOLITAN LIFE INSURANCE COMPANY**  
**VIP2 (Old Rates) Policy Form Series: LTC2-IDEAL**  
**Ideal 75% Home Care**  
**Rating Factors for Decreases in**  
**Simple Inflation Percentage (below 5.0% level)**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	0.996942	0.996245	0.995958	0.995582	0.995402	0.995325	0.995418
31	0.996487	0.995819	0.995565	0.995201	0.995023	0.994948	0.995051
32	0.996040	0.995405	0.995177	0.994816	0.994641	0.994575	0.994682
33	0.995594	0.994982	0.994786	0.994433	0.994265	0.994199	0.994312
34	0.995142	0.994567	0.994391	0.994050	0.993884	0.993821	0.993946
35	0.994692	0.994144	0.994004	0.993668	0.993503	0.993450	0.993582
36	0.994385	0.993867	0.993742	0.993416	0.993257	0.993203	0.993337
37	0.994076	0.993584	0.993489	0.993165	0.993008	0.992961	0.993092
38	0.993766	0.993299	0.993230	0.992910	0.992755	0.992709	0.992854
39	0.993452	0.993016	0.992977	0.992662	0.992509	0.992468	0.992605
40	0.993140	0.992735	0.992716	0.992407	0.992261	0.992220	0.992367
41	0.992829	0.992457	0.992459	0.992159	0.992011	0.991977	0.992122
42	0.992516	0.992171	0.992201	0.991909	0.991762	0.991729	0.991879
43	0.992207	0.991890	0.991944	0.991656	0.991514	0.991484	0.991635
44	0.991900	0.991607	0.991687	0.991405	0.991264	0.991239	0.991391
45	0.991583	0.991332	0.991433	0.991152	0.991017	0.990994	0.991146
46	0.991418	0.991182	0.991308	0.991030	0.990893	0.990872	0.991033
47	0.991251	0.991037	0.991181	0.990905	0.990769	0.990754	0.990915
48	0.991086	0.990893	0.991058	0.990780	0.990646	0.990630	0.990796
49	0.990914	0.990748	0.990933	0.990651	0.990524	0.990509	0.990682
50	0.990746	0.990601	0.990805	0.990531	0.990399	0.990390	0.990563
51	0.990574	0.990453	0.990679	0.990403	0.990275	0.990268	0.990445
52	0.990408	0.990311	0.990552	0.990280	0.990151	0.990146	0.990328
53	0.990240	0.990164	0.990432	0.990158	0.990029	0.990025	0.990209
54	0.990074	0.990019	0.990301	0.990033	0.989906	0.989904	0.990094
55	0.989903	0.989875	0.990178	0.989905	0.989783	0.989784	0.989976
56	0.990210	0.990056	0.990279	0.989998	0.989866	0.989864	0.990057
57	0.990510	0.990238	0.990377	0.990086	0.989947	0.989943	0.990136
58	0.990814	0.990423	0.990474	0.990176	0.990032	0.990024	0.990213
59	0.991116	0.990604	0.990573	0.990264	0.990115	0.990105	0.990292
60	0.991419	0.990788	0.990669	0.990354	0.990198	0.990185	0.990368
61	0.991725	0.990969	0.990769	0.990444	0.990280	0.990264	0.990448
62	0.992026	0.991151	0.990866	0.990532	0.990365	0.990345	0.990524
63	0.992095	0.991231	0.990959	0.990669	0.990536	0.990540	0.990741
64	0.992167	0.991313	0.991051	0.990806	0.990704	0.990737	0.990955
65	0.992236	0.991392	0.991140	0.990943	0.990875	0.990933	0.991169
66	0.992303	0.991474	0.991233	0.991079	0.991046	0.991129	0.991384
67	0.992376	0.991554	0.991326	0.991216	0.991214	0.991325	0.991599
68	0.992547	0.991709	0.991465	0.991392	0.991416	0.991540	0.991830
69	0.992715	0.991862	0.991609	0.991567	0.991614	0.991760	0.992059
70	0.992888	0.992016	0.991751	0.991743	0.991814	0.991976	0.992290
71	0.993061	0.992168	0.991895	0.991917	0.992013	0.992194	0.992519
72	0.993230	0.992320	0.992039	0.992093	0.992212	0.992413	0.992751
73	0.993398	0.992464	0.992161	0.992228	0.992357	0.992562	0.992908
74	0.993566	0.992603	0.992283	0.992361	0.992503	0.992715	0.993064
75	0.993735	0.992744	0.992405	0.992495	0.992647	0.992865	0.993221
76	0.993905	0.992885	0.992524	0.992629	0.992789	0.993016	0.993376
77	0.994071	0.993025	0.992648	0.992762	0.992934	0.993166	0.993534
78	0.994127	0.993057	0.992658	0.992785	0.992968	0.993212	0.993584
79	0.994184	0.993089	0.992665	0.992807	0.993005	0.993258	0.993633
80	0.994240	0.993120	0.992674	0.992832	0.993040	0.993302	0.993683
81	0.994295	0.993154	0.992685	0.992851	0.993074	0.993350	0.993734
82	0.994351	0.993185	0.992692	0.992878	0.993111	0.993395	0.993784
83	0.994360	0.993176	0.992661	0.992857	0.993104	0.993395	0.993796
84	0.994368	0.993169	0.992630	0.992837	0.993096	0.993397	0.993808
85	0.994807	0.993704	0.993214	0.993397	0.993629	0.993906	0.994281
86	0.995217	0.994202	0.993758	0.993919	0.994128	0.994378	0.994722
87	0.995597	0.994668	0.994265	0.994407	0.994594	0.994821	0.995136
88	0.995907	0.995045	0.994673	0.994795	0.994964	0.995173	0.995466
89	0.996198	0.995396	0.995055	0.995160	0.995315	0.995506	0.995779
90	0.996468	0.995727	0.995414	0.995503	0.995642	0.995819	0.996073
91	0.996721	0.996034	0.995750	0.995826	0.995949	0.996111	0.996344
92	0.996958	0.996323	0.996061	0.996125	0.996239	0.996383	0.996601
93	0.997145	0.996552	0.996310	0.996362	0.996461	0.996598	0.996798
94	0.997324	0.996770	0.996544	0.996585	0.996673	0.996798	0.996985
95	0.997493	0.996974	0.996764	0.996794	0.996876	0.996989	0.997163
96	0.997650	0.997164	0.996970	0.996993	0.997064	0.997171	0.997329
97	0.997798	0.997344	0.997167	0.997181	0.997245	0.997341	0.997488
98	0.997937	0.997516	0.997351	0.997358	0.997412	0.997499	0.997638
99	0.998068	0.997675	0.997522	0.997526	0.997572	0.997650	0.997779
100	0.999809	0.999771	0.999756	0.999755	0.999760	0.999768	0.999781

**METROPOLITAN LIFE INSURANCE COMPANY**  
**VIP2 (Old Rates) Policy Form Series: LTC2-IDEAL**  
**Ideal 50% Home Care**  
**Rating Factors for Decreases in**  
**Simple Inflation Percentage (below 5.0% level)**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	0.996705	0.995936	0.995649	0.995280	0.995107	0.995032	0.995135
31	0.996260	0.995519	0.995259	0.994899	0.994726	0.994654	0.994771
32	0.995806	0.995098	0.994864	0.994514	0.994347	0.994282	0.994402
33	0.995357	0.994684	0.994469	0.994127	0.993968	0.993909	0.994031
34	0.994903	0.994263	0.994079	0.993745	0.993584	0.993534	0.993667
35	0.994458	0.993841	0.993691	0.993369	0.993207	0.993159	0.993301
36	0.994155	0.993560	0.993431	0.993111	0.992957	0.992911	0.993056
37	0.993834	0.993282	0.993175	0.992862	0.992708	0.992666	0.992813
38	0.993529	0.992995	0.992918	0.992610	0.992463	0.992421	0.992571
39	0.993219	0.992712	0.992661	0.992357	0.992210	0.992172	0.992324
40	0.992908	0.992433	0.992405	0.992108	0.991963	0.991927	0.992084
41	0.992596	0.992150	0.992150	0.991857	0.991715	0.991683	0.991840
42	0.992285	0.991870	0.991894	0.991608	0.991467	0.991439	0.991598
43	0.991970	0.991589	0.991634	0.991354	0.991215	0.991192	0.991356
44	0.991659	0.991309	0.991382	0.991106	0.990966	0.990949	0.991110
45	0.991351	0.991024	0.991121	0.990853	0.990720	0.990702	0.990870
46	0.991182	0.990884	0.991000	0.990729	0.990597	0.990581	0.990752
47	0.991017	0.990734	0.990874	0.990602	0.990469	0.990461	0.990635
48	0.990849	0.990587	0.990749	0.990476	0.990349	0.990340	0.990516
49	0.990679	0.990445	0.990623	0.990351	0.990224	0.990216	0.990400
50	0.990512	0.990299	0.990497	0.990229	0.990103	0.990098	0.990285
51	0.990347	0.990155	0.990372	0.990105	0.989979	0.989977	0.990166
52	0.990169	0.990009	0.990246	0.989981	0.989858	0.989854	0.990050
53	0.990005	0.989864	0.990120	0.989856	0.989732	0.989735	0.989933
54	0.989835	0.989720	0.989996	0.989733	0.989610	0.989614	0.989815
55	0.989667	0.989574	0.989870	0.989607	0.989487	0.989491	0.989697
56	0.989972	0.989755	0.989971	0.989693	0.989570	0.989573	0.989777
57	0.990274	0.989938	0.990068	0.989785	0.989654	0.989655	0.989854
58	0.990578	0.990122	0.990167	0.989874	0.989739	0.989732	0.989933
59	0.990884	0.990302	0.990262	0.989965	0.989819	0.989813	0.990010
60	0.991185	0.990482	0.990363	0.990055	0.989903	0.989894	0.990089
61	0.991490	0.990665	0.990461	0.990143	0.989984	0.989973	0.990169
62	0.991797	0.990849	0.990559	0.990231	0.990069	0.990055	0.990245
63	0.991862	0.990930	0.990653	0.990369	0.990238	0.990250	0.990460
64	0.991935	0.991009	0.990739	0.990506	0.990409	0.990446	0.990677
65	0.992002	0.991092	0.990833	0.990643	0.990577	0.990641	0.990888
66	0.992071	0.991174	0.990923	0.990778	0.990749	0.990837	0.991105
67	0.992139	0.991255	0.991016	0.990916	0.990918	0.991033	0.991320
68	0.992312	0.991407	0.991158	0.991090	0.991118	0.991251	0.991549
69	0.992482	0.991559	0.991303	0.991266	0.991319	0.991467	0.991778
70	0.992655	0.991714	0.991444	0.991441	0.991517	0.991683	0.992010
71	0.992826	0.991867	0.991589	0.991617	0.991718	0.991901	0.992240
72	0.993000	0.992020	0.991730	0.991791	0.991915	0.992119	0.992472
73	0.993164	0.992161	0.991850	0.991927	0.992062	0.992270	0.992628
74	0.993334	0.992301	0.991974	0.992060	0.992205	0.992421	0.992784
75	0.993502	0.992440	0.992096	0.992195	0.992349	0.992571	0.992940
76	0.993668	0.992582	0.992218	0.992327	0.992493	0.992723	0.993096
77	0.993837	0.992723	0.992339	0.992462	0.992637	0.992873	0.993252
78	0.993893	0.992756	0.992348	0.992483	0.992672	0.992921	0.993304
79	0.993950	0.992789	0.992357	0.992507	0.992707	0.992966	0.993354
80	0.994005	0.992819	0.992366	0.992528	0.992743	0.993011	0.993403
81	0.994064	0.992849	0.992376	0.992553	0.992780	0.993056	0.993455
82	0.994120	0.992882	0.992383	0.992573	0.992813	0.993103	0.993504
83	0.994127	0.992874	0.992355	0.992558	0.992805	0.993104	0.993516
84	0.994135	0.992867	0.992323	0.992537	0.992799	0.993106	0.993525
85	0.994591	0.993421	0.992925	0.993115	0.993351	0.993633	0.994017
86	0.995012	0.993939	0.993490	0.993656	0.993869	0.994124	0.994477
87	0.995408	0.994424	0.994016	0.994160	0.994351	0.994582	0.994906
88	0.995729	0.994814	0.994440	0.994564	0.994737	0.994951	0.995253
89	0.996030	0.995179	0.994836	0.994943	0.995102	0.995297	0.995578
90	0.996313	0.995524	0.995208	0.995301	0.995442	0.995621	0.995881
91	0.996576	0.995845	0.995556	0.995636	0.995762	0.995928	0.996167
92	0.996823	0.996146	0.995881	0.995946	0.996062	0.996212	0.996436
93	0.997019	0.996385	0.996140	0.996193	0.996296	0.996433	0.996642
94	0.997205	0.996612	0.996385	0.996426	0.996519	0.996645	0.996837
95	0.997380	0.996827	0.996613	0.996646	0.996727	0.996844	0.997022
96	0.997542	0.997026	0.996830	0.996853	0.996926	0.997031	0.997198
97	0.997698	0.997214	0.997034	0.997049	0.997112	0.997209	0.997363
98	0.997843	0.997392	0.997226	0.997232	0.997289	0.997377	0.997520
99	0.997983	0.997560	0.997406	0.997406	0.997455	0.997534	0.997666
100	0.999800	0.999759	0.999742	0.999744	0.999747	0.999755	0.999769

**METROPOLITAN LIFE INSURANCE COMPANY**  
**VIP2 (Old Rates) Policy Form Series: LTC2-PREM**  
**Premier 100% Home Care**  
**Rating Factors for Decreases in**  
**Simple Inflation Percentage (below 5.0% level)**

Age	2 Year	3 year	4 year	5 year	6 year	7 years
30	0.995684	0.995544	0.995435	0.995134	0.994955	0.994865
31	0.995316	0.995198	0.995110	0.994817	0.994639	0.994554
32	0.994941	0.994855	0.994788	0.994497	0.994327	0.994243
33	0.994575	0.994507	0.994466	0.994183	0.994012	0.993933
34	0.994204	0.994160	0.994145	0.993866	0.993698	0.993623
35	0.993828	0.993819	0.993820	0.993549	0.993382	0.993311
36	0.993584	0.993588	0.993614	0.993340	0.993173	0.993104
37	0.993333	0.993358	0.993405	0.993132	0.992967	0.992899
38	0.993089	0.993131	0.993194	0.992923	0.992757	0.992693
39	0.992839	0.992902	0.992984	0.992713	0.992552	0.992489
40	0.992592	0.992673	0.992773	0.992507	0.992342	0.992282
41	0.992342	0.992442	0.992568	0.992297	0.992134	0.992079
42	0.992097	0.992214	0.992356	0.992092	0.991927	0.991871
43	0.991848	0.991987	0.992147	0.991884	0.991719	0.991667
44	0.991603	0.991754	0.991938	0.991673	0.991511	0.991463
45	0.991357	0.991529	0.991726	0.991468	0.991303	0.991258
46	0.991216	0.991402	0.991618	0.991356	0.991194	0.991147
47	0.991075	0.991273	0.991508	0.991242	0.991081	0.991037
48	0.990935	0.991144	0.991396	0.991133	0.990970	0.990926
49	0.990793	0.991020	0.991282	0.991020	0.990859	0.990818
50	0.990657	0.990889	0.991174	0.990908	0.990749	0.990709
51	0.990514	0.990761	0.991063	0.990796	0.990635	0.990598
52	0.990374	0.990635	0.990954	0.990684	0.990524	0.990491
53	0.990238	0.990509	0.990841	0.990574	0.990416	0.990381
54	0.990097	0.990381	0.990733	0.990461	0.990306	0.990270
55	0.989957	0.990255	0.990619	0.990349	0.990193	0.990163
56	0.990239	0.990411	0.990693	0.990416	0.990253	0.990220
57	0.990522	0.990570	0.990768	0.990479	0.990312	0.990274
58	0.990808	0.990727	0.990840	0.990545	0.990372	0.990332
59	0.991090	0.990882	0.990911	0.990609	0.990434	0.990388
60	0.991374	0.991040	0.990985	0.990673	0.990491	0.990448
61	0.991659	0.991199	0.991057	0.990736	0.990550	0.990504
62	0.991943	0.991355	0.991131	0.990802	0.990610	0.990561
63	0.991981	0.991408	0.991196	0.990913	0.990753	0.990730
64	0.992016	0.991459	0.991258	0.991021	0.990897	0.990898
65	0.992057	0.991509	0.991321	0.991132	0.991043	0.991071
66	0.992093	0.991560	0.991384	0.991242	0.991185	0.991239
67	0.992130	0.991611	0.991448	0.991350	0.991330	0.991409
68	0.992289	0.991759	0.991589	0.991524	0.991528	0.991624
69	0.992453	0.991906	0.991729	0.991699	0.991726	0.991841
70	0.992612	0.992054	0.991868	0.991871	0.991924	0.992059
71	0.992774	0.992202	0.992009	0.992045	0.992123	0.992273
72	0.992934	0.992351	0.992152	0.992219	0.992321	0.992492
73	0.993127	0.992526	0.992308	0.992394	0.992505	0.992680
74	0.993322	0.992701	0.992471	0.992566	0.992685	0.992869
75	0.993517	0.992878	0.992629	0.992738	0.992870	0.993061
76	0.993712	0.993053	0.992790	0.992909	0.993050	0.993249
77	0.993908	0.993229	0.992951	0.993082	0.993233	0.993438
78	0.993992	0.993292	0.992993	0.993138	0.993301	0.993519
79	0.994075	0.993355	0.993038	0.993195	0.993368	0.993596
80	0.994160	0.993420	0.993080	0.993250	0.993435	0.993675
81	0.994245	0.993482	0.993123	0.993305	0.993503	0.993751
82	0.994329	0.993546	0.993166	0.993361	0.993572	0.993832
83	0.994337	0.993539	0.993136	0.993343	0.993563	0.993833
84	0.994343	0.993531	0.993106	0.993323	0.993556	0.993834
85	0.994785	0.994042	0.993657	0.993850	0.994061	0.994313
86	0.995196	0.994520	0.994170	0.994340	0.994530	0.994758
87	0.995579	0.994961	0.994649	0.994798	0.994966	0.995174
88	0.995890	0.995319	0.995032	0.995162	0.995316	0.995506
89	0.996180	0.995654	0.995392	0.995507	0.995644	0.995820
90	0.996452	0.995966	0.995729	0.995827	0.995950	0.996112
91	0.996707	0.996260	0.996043	0.996126	0.996240	0.996383
92	0.996945	0.996534	0.996336	0.996407	0.996509	0.996640
93	0.997135	0.996749	0.996568	0.996628	0.996717	0.996840
94	0.997313	0.996955	0.996788	0.996837	0.996915	0.997027
95	0.997481	0.997146	0.996993	0.997033	0.997103	0.997205
96	0.997639	0.997333	0.997189	0.997218	0.997280	0.997375
97	0.997787	0.997500	0.997369	0.997392	0.997446	0.997533
98	0.997927	0.997661	0.997540	0.997556	0.997604	0.997682
99	0.998059	0.997812	0.997701	0.997711	0.997749	0.997822
100	0.99810	0.9979783	0.9979773	0.9979775	0.9979778	0.9979785

**METROPOLITAN LIFE INSURANCE COMPANY**  
**VIP2 (Old Rates) Policy Form Series: LTC2-PREM**  
**Premier 75% Home Care**  
**Rating Factors for Decreases in**  
**Simple Inflation Percentage (below 5.0% level)**

Age	2 Year	3 year	4 year	5 year	6 year	7 years
30	0.995759	0.995468	0.995300	0.994981	0.994801	0.994710
31	0.995384	0.995126	0.994978	0.994668	0.994488	0.994393
32	0.995016	0.994780	0.994658	0.994349	0.994172	0.994084
33	0.994642	0.994435	0.994333	0.994032	0.993855	0.993772
34	0.994273	0.994086	0.994016	0.993714	0.993543	0.993465
35	0.993904	0.993739	0.993693	0.993398	0.993229	0.993151
36	0.993655	0.993516	0.993485	0.993193	0.993019	0.992946
37	0.993411	0.993283	0.993272	0.992983	0.992812	0.992740
38	0.993161	0.993057	0.993060	0.992775	0.992605	0.992535
39	0.992911	0.992824	0.992857	0.992564	0.992398	0.992328
40	0.992664	0.992600	0.992643	0.992358	0.992187	0.992124
41	0.992418	0.992367	0.992437	0.992150	0.991981	0.991917
42	0.992167	0.992141	0.992228	0.991943	0.991772	0.991712
43	0.991924	0.991911	0.992018	0.991732	0.991565	0.991509
44	0.991674	0.991683	0.991807	0.991523	0.991359	0.991303
45	0.991427	0.991452	0.991599	0.991316	0.991152	0.991097
46	0.991287	0.991326	0.991487	0.991205	0.991039	0.990987
47	0.991149	0.991198	0.991377	0.991093	0.990928	0.990878
48	0.991007	0.991071	0.991264	0.990983	0.990818	0.990765
49	0.990871	0.990945	0.991157	0.990873	0.990706	0.990660
50	0.990726	0.990816	0.991042	0.990758	0.990591	0.990550
51	0.990587	0.990691	0.990935	0.990647	0.990485	0.990440
52	0.990449	0.990563	0.990822	0.990536	0.990371	0.990329
53	0.990307	0.990434	0.990715	0.990428	0.990263	0.990221
54	0.990171	0.990308	0.990601	0.990315	0.990150	0.990114
55	0.990031	0.990180	0.990492	0.990201	0.990040	0.990001
56	0.990312	0.990338	0.990563	0.990267	0.990101	0.990058
57	0.990596	0.990496	0.990636	0.990333	0.990161	0.990115
58	0.990881	0.990652	0.990711	0.990394	0.990219	0.990174
59	0.991165	0.990809	0.990782	0.990461	0.990280	0.990231
60	0.991447	0.990964	0.990855	0.990525	0.990337	0.990286
61	0.991733	0.991124	0.990928	0.990588	0.990397	0.990345
62	0.992015	0.991283	0.991000	0.990654	0.990457	0.990402
63	0.992052	0.991334	0.991064	0.990763	0.990600	0.990573
64	0.992092	0.991383	0.991130	0.990872	0.990743	0.990739
65	0.992128	0.991435	0.991192	0.990984	0.990887	0.990909
66	0.992166	0.991485	0.991254	0.991093	0.991033	0.991079
67	0.992205	0.991536	0.991320	0.991202	0.991176	0.991250
68	0.992364	0.991686	0.991458	0.991377	0.991375	0.991465
69	0.992527	0.991833	0.991599	0.991549	0.991572	0.991683
70	0.992687	0.991979	0.991739	0.991723	0.991771	0.991899
71	0.992846	0.992128	0.991881	0.991897	0.991969	0.992116
72	0.993006	0.992278	0.992020	0.992072	0.992169	0.992334
73	0.993201	0.992453	0.992180	0.992244	0.992350	0.992522
74	0.993395	0.992628	0.992340	0.992415	0.992531	0.992712
75	0.993590	0.992803	0.992501	0.992588	0.992714	0.992903
76	0.993786	0.992979	0.992660	0.992762	0.992897	0.993090
77	0.993981	0.993156	0.992820	0.992934	0.993080	0.993281
78	0.994065	0.993218	0.992864	0.992990	0.993148	0.993357
79	0.994151	0.993281	0.992908	0.993045	0.993214	0.993436
80	0.994233	0.993345	0.992949	0.993101	0.993283	0.993515
81	0.994316	0.993409	0.992995	0.993157	0.993348	0.993593
82	0.994402	0.993473	0.993038	0.993212	0.993416	0.993671
83	0.994408	0.993465	0.993006	0.993192	0.993409	0.993673
84	0.994418	0.993458	0.992978	0.993175	0.993402	0.993675
85	0.994854	0.993975	0.993537	0.993710	0.993915	0.994164
86	0.995260	0.994455	0.994059	0.994210	0.994394	0.994622
87	0.995638	0.994901	0.994545	0.994676	0.994842	0.995045
88	0.995946	0.995262	0.994935	0.995051	0.995199	0.995384
89	0.996230	0.995601	0.995301	0.995399	0.995533	0.995705
90	0.996502	0.995918	0.995643	0.995728	0.995849	0.996004
91	0.996753	0.996215	0.995965	0.996034	0.996141	0.996285
92	0.996987	0.996490	0.996261	0.996321	0.996417	0.996548
93	0.997173	0.996709	0.996497	0.996548	0.996631	0.996752
94	0.997349	0.996917	0.996721	0.996759	0.996837	0.996945
95	0.997515	0.997112	0.996931	0.996962	0.997028	0.997126
96	0.997673	0.997296	0.997130	0.997148	0.997209	0.997299
97	0.997819	0.997469	0.997314	0.997329	0.997379	0.997462
98	0.997957	0.997631	0.997490	0.997496	0.997543	0.997615
99	0.998087	0.997784	0.997654	0.997654	0.997692	0.997757
100	0.999815	0.999781	0.999769	0.999769	0.999771	0.999780

**METROPOLITAN LIFE INSURANCE COMPANY**  
**VIP2 (Old Rates) Policy Form Series: LTC2-PREM**  
**Premier 50% Home Care**  
**Rating Factors for Decreases in**  
**Simple Inflation Percentage (below 5.0% level)**

Age	2 Year	3 year	4 year	5 year	6 year	7 years
30	0.995704	0.995292	0.995104	0.994788	0.994618	0.994534
31	0.995335	0.994943	0.994774	0.994470	0.994306	0.994227
32	0.994958	0.994600	0.994461	0.994154	0.993990	0.993913
33	0.994586	0.994251	0.994135	0.993837	0.993676	0.993600
34	0.994220	0.993908	0.993815	0.993520	0.993362	0.993291
35	0.993849	0.993560	0.993490	0.993205	0.993048	0.992978
36	0.993595	0.993331	0.993283	0.992999	0.992841	0.992775
37	0.993353	0.993106	0.993072	0.992789	0.992630	0.992566
38	0.993105	0.992874	0.992862	0.992583	0.992424	0.992365
39	0.992858	0.992647	0.992652	0.992372	0.992216	0.992158
40	0.992611	0.992420	0.992447	0.992166	0.992006	0.991953
41	0.992360	0.992188	0.992235	0.991958	0.991802	0.991746
42	0.992115	0.991962	0.992028	0.991749	0.991592	0.991540
43	0.991866	0.991731	0.991815	0.991539	0.991384	0.991335
44	0.991620	0.991503	0.991607	0.991335	0.991175	0.991131
45	0.991373	0.991274	0.991401	0.991125	0.990968	0.990925
46	0.991232	0.991146	0.991288	0.991012	0.990856	0.990815
47	0.991092	0.991021	0.991175	0.990899	0.990747	0.990707
48	0.990951	0.990894	0.991066	0.990791	0.990636	0.990598
49	0.990810	0.990764	0.990953	0.990679	0.990524	0.990487
50	0.990673	0.990638	0.990842	0.990565	0.990413	0.990378
51	0.990531	0.990509	0.990735	0.990454	0.990305	0.990267
52	0.990393	0.990379	0.990624	0.990344	0.990192	0.990159
53	0.990256	0.990256	0.990512	0.990233	0.990080	0.990048
54	0.990113	0.990130	0.990402	0.990120	0.989970	0.989941
55	0.989974	0.990000	0.990291	0.990009	0.989858	0.989831
56	0.990255	0.990158	0.990365	0.990072	0.989920	0.989888
57	0.990540	0.990317	0.990437	0.990138	0.989978	0.989945
58	0.990823	0.990473	0.990510	0.990204	0.990038	0.990003
59	0.991105	0.990631	0.990581	0.990268	0.990097	0.990060
60	0.991393	0.990787	0.990655	0.990331	0.990157	0.990114
61	0.991675	0.990947	0.990729	0.990395	0.990217	0.990176
62	0.991958	0.991103	0.990801	0.990462	0.990277	0.990231
63	0.991996	0.991153	0.990865	0.990569	0.990420	0.990398
64	0.992031	0.991206	0.990929	0.990680	0.990564	0.990569
65	0.992072	0.991255	0.990991	0.990789	0.990707	0.990742
66	0.992108	0.991308	0.991054	0.990897	0.990851	0.990908
67	0.992148	0.991357	0.991118	0.991011	0.990995	0.991079
68	0.992308	0.991505	0.991258	0.991183	0.991194	0.991294
69	0.992468	0.991655	0.991397	0.991354	0.991391	0.991511
70	0.992629	0.991802	0.991540	0.991530	0.991589	0.991726
71	0.992789	0.991949	0.991680	0.991704	0.991786	0.991944
72	0.992949	0.992099	0.991819	0.991877	0.991987	0.992160
73	0.993145	0.992272	0.991978	0.992047	0.992168	0.992351
74	0.993339	0.992448	0.992140	0.992223	0.992351	0.992540
75	0.993534	0.992626	0.992300	0.992394	0.992534	0.992729
76	0.993729	0.992800	0.992460	0.992566	0.992714	0.992919
77	0.993923	0.992975	0.992620	0.992742	0.992898	0.993109
78	0.994009	0.993039	0.992663	0.992796	0.992965	0.993187
79	0.994093	0.993103	0.992706	0.992853	0.993033	0.993263
80	0.994176	0.993166	0.992749	0.992907	0.993101	0.993345
81	0.994262	0.993228	0.992793	0.992962	0.993167	0.993422
82	0.994344	0.993293	0.992836	0.993018	0.993235	0.993499
83	0.994352	0.993287	0.992806	0.992999	0.993229	0.993503
84	0.994361	0.993278	0.992773	0.992980	0.993219	0.993502
85	0.994800	0.993806	0.993349	0.993530	0.993747	0.994004
86	0.995210	0.994298	0.993884	0.994043	0.994238	0.994470
87	0.995589	0.994755	0.994382	0.994521	0.994693	0.994904
88	0.995901	0.995129	0.994782	0.994903	0.995060	0.995255
89	0.996191	0.995474	0.995159	0.995261	0.995403	0.995581
90	0.996463	0.995797	0.995508	0.995599	0.995725	0.995889
91	0.996716	0.996102	0.995838	0.995913	0.996028	0.996176
92	0.996954	0.996385	0.996144	0.996209	0.996311	0.996448
93	0.997142	0.996612	0.996388	0.996440	0.996531	0.996654
94	0.997320	0.996826	0.996618	0.996658	0.996741	0.996855
95	0.997488	0.997025	0.996835	0.996865	0.996938	0.997041
96	0.997646	0.997214	0.997037	0.997061	0.997125	0.997218
97	0.997795	0.997392	0.997229	0.997243	0.997299	0.997385
98	0.997934	0.997560	0.997409	0.997416	0.997465	0.997542
99	0.998066	0.997717	0.997577	0.997579	0.997621	0.997692
100	0.999811	0.999776	0.999760	0.999763	0.999767	0.999774

**METROPOLITAN LIFE INSURANCE COMPANY**  
**VIP2 (Old Rates) Policy Form Series: LTC2-VAL**  
**Value 100% Home Care**  
**Rating Factors for Decreases in**  
**Simple Inflation Percentage (below 5.0% level)**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	0.998028	0.997252	0.996856	0.996403	0.996179	0.996078	0.996112
31	0.997542	0.996802	0.996430	0.995983	0.995767	0.995674	0.995718
32	0.997061	0.996346	0.996007	0.995569	0.995363	0.995271	0.995326
33	0.996585	0.995892	0.995576	0.995151	0.994947	0.994865	0.994932
34	0.996104	0.995435	0.995151	0.994739	0.994533	0.994458	0.994540
35	0.995627	0.994985	0.994723	0.994322	0.994125	0.994055	0.994147
36	0.995282	0.994666	0.994434	0.994034	0.993846	0.993776	0.993876
37	0.994931	0.994346	0.994140	0.993749	0.993560	0.993499	0.993608
38	0.994589	0.994028	0.993850	0.993461	0.993278	0.993219	0.993335
39	0.994246	0.993709	0.993557	0.993176	0.993000	0.992946	0.993066
40	0.993904	0.993391	0.993263	0.992896	0.992719	0.992666	0.992799
41	0.993551	0.993072	0.992968	0.992611	0.992435	0.992390	0.992530
42	0.993212	0.992751	0.992677	0.992321	0.992155	0.992112	0.992257
43	0.992864	0.992430	0.992382	0.992035	0.991872	0.991834	0.991988
44	0.992521	0.992113	0.992091	0.991750	0.991591	0.991559	0.991721
45	0.992181	0.991795	0.991798	0.991467	0.991312	0.991281	0.991450
46	0.991968	0.991608	0.991636	0.991307	0.991150	0.991125	0.991300
47	0.991759	0.991423	0.991471	0.991149	0.990992	0.990973	0.991146
48	0.991553	0.991231	0.991303	0.990987	0.990833	0.990816	0.990995
49	0.991348	0.991052	0.991140	0.990825	0.990677	0.990659	0.990847
50	0.991136	0.990860	0.990981	0.990666	0.990519	0.990503	0.990695
51	0.990929	0.990678	0.990814	0.990507	0.990359	0.990347	0.990543
52	0.990715	0.990486	0.990652	0.990344	0.990202	0.990194	0.990391
53	0.990511	0.990301	0.990487	0.990187	0.990045	0.990038	0.990240
54	0.990301	0.990116	0.990322	0.990022	0.989886	0.989882	0.990088
55	0.990091	0.989930	0.990162	0.989860	0.989728	0.989726	0.989936
56	0.990351	0.990066	0.990219	0.989916	0.989778	0.989774	0.989981
57	0.990607	0.990207	0.990282	0.989971	0.989829	0.989822	0.990026
58	0.990864	0.990347	0.990341	0.990024	0.989877	0.989870	0.990073
59	0.991125	0.990484	0.990404	0.990081	0.989927	0.989917	0.990117
60	0.991375	0.990624	0.990464	0.990133	0.989974	0.989964	0.990161
61	0.991636	0.990764	0.990524	0.990186	0.990024	0.990011	0.990206
62	0.991892	0.990904	0.990585	0.990243	0.990076	0.990060	0.990252
63	0.991921	0.990953	0.990652	0.990358	0.990225	0.990236	0.990448
64	0.991951	0.991003	0.990717	0.990472	0.990375	0.990411	0.990642
65	0.991982	0.991051	0.990784	0.990587	0.990524	0.990585	0.990835
66	0.992010	0.991100	0.990849	0.990702	0.990673	0.990762	0.991030
67	0.992039	0.991150	0.990916	0.990817	0.990822	0.990937	0.991223
68	0.992205	0.991306	0.991066	0.991001	0.991033	0.991162	0.991465
69	0.992374	0.991467	0.991217	0.991188	0.991241	0.991393	0.991705
70	0.992542	0.991621	0.991371	0.991372	0.991453	0.991620	0.991946
71	0.992707	0.991783	0.991521	0.991557	0.991663	0.991849	0.992188
72	0.992873	0.991939	0.991673	0.991742	0.991874	0.992076	0.992426
73	0.993072	0.992119	0.991837	0.991918	0.992060	0.992269	0.992627
74	0.993267	0.992302	0.992001	0.992095	0.992246	0.992462	0.992826
75	0.993465	0.992483	0.992165	0.992271	0.992431	0.992655	0.993020
76	0.993663	0.992662	0.992330	0.992450	0.992619	0.992847	0.993220
77	0.993862	0.992843	0.992494	0.992625	0.992806	0.993041	0.993418
78	0.993953	0.992921	0.992550	0.992694	0.992886	0.993132	0.993514
79	0.994046	0.993000	0.992607	0.992764	0.992968	0.993221	0.993608
80	0.994140	0.993080	0.992663	0.992833	0.993050	0.993313	0.993703
81	0.994235	0.993159	0.992720	0.992902	0.993129	0.993407	0.993798
82	0.994327	0.993239	0.992776	0.992974	0.993211	0.993496	0.993893
83	0.994372	0.993273	0.992783	0.992991	0.993240	0.993534	0.993939
84	0.994412	0.993307	0.992791	0.993009	0.993269	0.993572	0.993986
85	0.994865	0.993849	0.993385	0.993574	0.993809	0.994084	0.994461
86	0.995282	0.994357	0.993933	0.994100	0.994311	0.994559	0.994905
87	0.995671	0.994825	0.994445	0.994588	0.994778	0.995001	0.995318
88	0.995988	0.995202	0.994851	0.994978	0.995148	0.995353	0.995647
89	0.996281	0.995555	0.995233	0.995340	0.995496	0.995682	0.995955
90	0.996555	0.995885	0.995589	0.995682	0.995820	0.995993	0.996245
91	0.996809	0.996192	0.995922	0.995999	0.996124	0.996282	0.996514
92	0.997050	0.996478	0.996229	0.996295	0.996407	0.996551	0.996766
93	0.997240	0.996704	0.996476	0.996527	0.996627	0.996761	0.996959
94	0.997417	0.996918	0.996705	0.996748	0.996837	0.996957	0.997142
95	0.997585	0.997120	0.996922	0.996954	0.997033	0.997143	0.997315
96	0.997742	0.997308	0.997126	0.997147	0.997218	0.997319	0.997477
97	0.997890	0.997486	0.997315	0.997329	0.997393	0.997484	0.997631
98	0.998028	0.997651	0.997495	0.997504	0.997556	0.997641	0.997776
99	0.998157	0.997807	0.997661	0.997664	0.997711	0.997786	0.997913
100	0.999824	0.999784	0.999771	0.999770	0.999775	0.999781	0.999795



**METROPOLITAN LIFE INSURANCE COMPANY**  
**VIP2 (Old Rates) Policy Form Series: LTC2-VAL**  
**Value 75% Home Care**  
**Rating Factors for Decreases in**  
**Simple Inflation Percentage (below 5.0% level)**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	0.997589	0.997247	0.996791	0.996274	0.996115	0.995998	0.995964
31	0.997105	0.996802	0.996366	0.995857	0.995701	0.995591	0.995571
32	0.996626	0.996338	0.995932	0.995444	0.995289	0.995185	0.995174
33	0.996149	0.995885	0.995506	0.995026	0.994882	0.994784	0.994783
34	0.995672	0.995431	0.995081	0.994607	0.994471	0.994375	0.994389
35	0.995193	0.994982	0.994657	0.994195	0.994056	0.993972	0.993998
36	0.994850	0.994664	0.994363	0.993909	0.993778	0.993691	0.993729
37	0.994503	0.994339	0.994073	0.993622	0.993494	0.993417	0.993457
38	0.994156	0.994020	0.993778	0.993340	0.993214	0.993142	0.993185
39	0.993808	0.993702	0.993485	0.993051	0.992932	0.992862	0.992919
40	0.993472	0.993381	0.993193	0.992768	0.992651	0.992586	0.992648
41	0.993117	0.993067	0.992898	0.992482	0.992367	0.992307	0.992383
42	0.992780	0.992748	0.992607	0.992197	0.992086	0.992033	0.992110
43	0.992438	0.992427	0.992315	0.991914	0.991804	0.991757	0.991840
44	0.992090	0.992108	0.992025	0.991627	0.991525	0.991477	0.991571
45	0.991747	0.991792	0.991730	0.991341	0.991240	0.991202	0.991301
46	0.991532	0.991604	0.991568	0.991180	0.991085	0.991046	0.991150
47	0.991327	0.991416	0.991399	0.991020	0.990926	0.990892	0.991000
48	0.991120	0.991228	0.991239	0.990859	0.990768	0.990737	0.990847
49	0.990909	0.991041	0.991075	0.990701	0.990608	0.990579	0.990695
50	0.990705	0.990856	0.990911	0.990540	0.990450	0.990423	0.990547
51	0.990497	0.990669	0.990748	0.990378	0.990293	0.990268	0.990394
52	0.990289	0.990483	0.990585	0.990216	0.990135	0.990114	0.990241
53	0.990081	0.990297	0.990420	0.990055	0.989974	0.989959	0.990089
54	0.989867	0.990112	0.990253	0.989896	0.989817	0.989803	0.989939
55	0.989663	0.989925	0.990094	0.989736	0.989659	0.989648	0.989787
56	0.989922	0.990059	0.990152	0.989790	0.989708	0.989693	0.989833
57	0.990177	0.990203	0.990214	0.989850	0.989757	0.989738	0.989878
58	0.990432	0.990340	0.990274	0.989896	0.989808	0.989788	0.989922
59	0.990691	0.990479	0.990337	0.989952	0.989858	0.989837	0.989967
60	0.990945	0.990618	0.990397	0.990006	0.989908	0.989883	0.990012
61	0.991201	0.990759	0.990459	0.990063	0.989954	0.989931	0.990059
62	0.991462	0.990902	0.990517	0.990114	0.990007	0.989978	0.990101
63	0.991490	0.990948	0.990582	0.990232	0.990158	0.990155	0.990298
64	0.991517	0.990998	0.990652	0.990346	0.990306	0.990328	0.990490
65	0.991548	0.991046	0.990717	0.990460	0.990456	0.990505	0.990684
66	0.991577	0.991095	0.990782	0.990577	0.990606	0.990681	0.990881
67	0.991609	0.991144	0.990848	0.990691	0.990753	0.990856	0.991075
68	0.991773	0.991300	0.991000	0.990875	0.990965	0.991085	0.991315
69	0.991941	0.991461	0.991151	0.991061	0.991176	0.991311	0.991556
70	0.992108	0.991618	0.991303	0.991248	0.991385	0.991540	0.991797
71	0.992275	0.991777	0.991455	0.991431	0.991595	0.991766	0.992038
72	0.992443	0.991935	0.991604	0.991616	0.991806	0.991995	0.992278
73	0.992639	0.992117	0.991767	0.991793	0.991991	0.992187	0.992475
74	0.992837	0.992297	0.991932	0.991970	0.992178	0.992381	0.992674
75	0.993032	0.992477	0.992098	0.992147	0.992364	0.992573	0.992872
76	0.993229	0.992658	0.992262	0.992325	0.992551	0.992767	0.993070
77	0.993427	0.992837	0.992427	0.992498	0.992738	0.992961	0.993270
78	0.993520	0.992917	0.992483	0.992570	0.992818	0.993050	0.993365
79	0.993613	0.992997	0.992540	0.992639	0.992900	0.993141	0.993458
80	0.993708	0.993077	0.992595	0.992707	0.992981	0.993231	0.993555
81	0.993800	0.993155	0.992650	0.992776	0.993062	0.993322	0.993650
82	0.993892	0.993234	0.992708	0.992845	0.993144	0.993415	0.993744
83	0.993934	0.993268	0.992716	0.992864	0.993173	0.993452	0.993790
84	0.993978	0.993299	0.992725	0.992883	0.993201	0.993490	0.993835
85	0.994460	0.993845	0.993321	0.993458	0.993745	0.994008	0.994322
86	0.994907	0.994351	0.993874	0.993990	0.994251	0.994487	0.994777
87	0.995324	0.994820	0.994389	0.994486	0.994721	0.994937	0.995197
88	0.995663	0.995198	0.994801	0.994882	0.995097	0.995292	0.995534
89	0.995980	0.995550	0.995185	0.995252	0.995446	0.995628	0.995850
90	0.996273	0.995880	0.995545	0.995597	0.995774	0.995938	0.996145
91	0.996547	0.996188	0.995880	0.995921	0.996081	0.996233	0.996422
92	0.996803	0.996474	0.996192	0.996222	0.996368	0.996503	0.996680
93	0.997007	0.996702	0.996439	0.996460	0.996592	0.996717	0.996878
94	0.997200	0.996916	0.996671	0.996684	0.996801	0.996915	0.997064
95	0.997381	0.997117	0.996890	0.996894	0.997000	0.997105	0.997241
96	0.997551	0.997307	0.997095	0.997091	0.997187	0.997282	0.997409
97	0.997710	0.997483	0.997288	0.997278	0.997365	0.997450	0.997566
98	0.997859	0.997650	0.997468	0.997453	0.997527	0.997608	0.997715
99	0.998000	0.997805	0.997638	0.997618	0.997686	0.997754	0.997855
100	0.999807	0.999786	0.999770	0.999764	0.999774	0.999781	0.999791

**METROPOLITAN LIFE INSURANCE COMPANY**  
**VIP2 (Old Rates) Policy Form Series: LTC2-VAL**  
**Value 50% Home Care**  
**Rating Factors for Decreases in**  
**Simple Inflation Percentage (below 5.0% level)**

Age	2 Year	3 year	4 year	5 year	6 year	7 years	Lifetime
30	0.997650	0.997179	0.996678	0.996325	0.996190	0.996063	0.995946
31	0.997175	0.996728	0.996253	0.995909	0.995778	0.995653	0.995556
32	0.996687	0.996272	0.995831	0.995489	0.995371	0.995248	0.995161
33	0.996208	0.995817	0.995401	0.995073	0.994963	0.994845	0.994768
34	0.995734	0.995363	0.994980	0.994661	0.994551	0.994444	0.994379
35	0.995251	0.994910	0.994551	0.994244	0.994139	0.994032	0.993984
36	0.994908	0.994586	0.994256	0.993957	0.993855	0.993759	0.993712
37	0.994564	0.994266	0.993958	0.993674	0.993573	0.993477	0.993445
38	0.994219	0.993948	0.993673	0.993387	0.993291	0.993202	0.993173
39	0.993877	0.993635	0.993378	0.993105	0.993012	0.992927	0.992903
40	0.993531	0.993312	0.993085	0.992819	0.992732	0.992651	0.992637
41	0.993186	0.992994	0.992791	0.992532	0.992446	0.992371	0.992365
42	0.992842	0.992670	0.992499	0.992244	0.992166	0.992099	0.992094
43	0.992496	0.992358	0.992210	0.991959	0.991883	0.991817	0.991826
44	0.992151	0.992035	0.991916	0.991675	0.991602	0.991543	0.991557
45	0.991809	0.991716	0.991622	0.991388	0.991319	0.991264	0.991286
46	0.991594	0.991532	0.991457	0.991231	0.991162	0.991108	0.991136
47	0.991390	0.991343	0.991295	0.991071	0.991005	0.990953	0.990987
48	0.991181	0.991157	0.991130	0.990905	0.990849	0.990796	0.990832
49	0.990975	0.990974	0.990968	0.990748	0.990690	0.990643	0.990684
50	0.990762	0.990785	0.990799	0.990585	0.990530	0.990487	0.990532
51	0.990553	0.990600	0.990640	0.990428	0.990373	0.990332	0.990381
52	0.990346	0.990410	0.990476	0.990266	0.990215	0.990176	0.990229
53	0.990138	0.990225	0.990311	0.990105	0.990054	0.990021	0.990076
54	0.989935	0.990035	0.990147	0.989947	0.989899	0.989865	0.989924
55	0.989722	0.989852	0.989986	0.989784	0.989738	0.989708	0.989773
56	0.989980	0.989991	0.990044	0.989838	0.989792	0.989756	0.989821
57	0.990237	0.990131	0.990109	0.989892	0.989839	0.989804	0.989866
58	0.990498	0.990270	0.990169	0.989945	0.989886	0.989851	0.989910
59	0.990752	0.990407	0.990229	0.990001	0.989938	0.989896	0.989953
60	0.991008	0.990546	0.990286	0.990055	0.989987	0.989945	0.990000
61	0.991268	0.990689	0.990351	0.990111	0.990038	0.989995	0.990044
62	0.991520	0.990826	0.990410	0.990164	0.990086	0.990040	0.990090
63	0.991552	0.990878	0.990477	0.990279	0.990236	0.990217	0.990283
64	0.991580	0.990925	0.990543	0.990393	0.990387	0.990392	0.990476
65	0.991610	0.990974	0.990610	0.990510	0.990537	0.990567	0.990672
66	0.991641	0.991026	0.990675	0.990625	0.990685	0.990743	0.990866
67	0.991672	0.991072	0.990741	0.990739	0.990834	0.990918	0.991061
68	0.991838	0.991230	0.990893	0.990923	0.991044	0.991146	0.991301
69	0.992002	0.991388	0.991043	0.991108	0.991253	0.991375	0.991540
70	0.992169	0.991545	0.991196	0.991294	0.991465	0.991605	0.991782
71	0.992335	0.991705	0.991343	0.991481	0.991674	0.991829	0.992023
72	0.992504	0.991862	0.991496	0.991665	0.991882	0.992057	0.992266
73	0.992699	0.992044	0.991660	0.991842	0.992072	0.992250	0.992463
74	0.992898	0.992223	0.991827	0.992016	0.992259	0.992444	0.992660
75	0.993095	0.992405	0.991990	0.992193	0.992444	0.992638	0.992858
76	0.993293	0.992585	0.992155	0.992371	0.992630	0.992832	0.993057
77	0.993489	0.992766	0.992321	0.992548	0.992817	0.993022	0.993255
78	0.993584	0.992846	0.992375	0.992618	0.992898	0.993114	0.993350
79	0.993675	0.992923	0.992431	0.992685	0.992979	0.993204	0.993447
80	0.993768	0.993003	0.992488	0.992754	0.993061	0.993297	0.993541
81	0.993863	0.993083	0.992545	0.992825	0.993142	0.993386	0.993636
82	0.993957	0.993162	0.992602	0.992894	0.993224	0.993477	0.993731
83	0.993997	0.993195	0.992609	0.992912	0.993253	0.993516	0.993776
84	0.994041	0.993230	0.992616	0.992931	0.993283	0.993553	0.993822
85	0.994517	0.993779	0.993220	0.993499	0.993820	0.994066	0.994311
86	0.994961	0.994290	0.993781	0.994034	0.994321	0.994543	0.994764
87	0.995373	0.994765	0.994302	0.994525	0.994786	0.994987	0.995186
88	0.995710	0.995146	0.994718	0.994920	0.995156	0.995340	0.995523
89	0.996021	0.995502	0.995110	0.995286	0.995503	0.995671	0.995839
90	0.996314	0.995833	0.995476	0.995628	0.995827	0.995979	0.996137
91	0.996586	0.996145	0.995814	0.995952	0.996131	0.996271	0.996412
92	0.996840	0.996433	0.996131	0.996250	0.996414	0.996541	0.996671
93	0.997041	0.996663	0.996380	0.996486	0.996635	0.996751	0.996871
94	0.997232	0.996881	0.996617	0.996708	0.996842	0.996948	0.997058
95	0.997410	0.997083	0.996838	0.996918	0.997039	0.997134	0.997235
96	0.997578	0.997274	0.997047	0.997112	0.997224	0.997312	0.997402
97	0.997737	0.997454	0.997243	0.997298	0.997397	0.997476	0.997560
98	0.997883	0.997621	0.997426	0.997472	0.997561	0.997633	0.997709
99	0.998022	0.997779	0.997598	0.997636	0.997715	0.997780	0.997850
100	0.999808	0.999780	0.999766	0.999767	0.999775	0.999781	0.999787

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Individual Long-Term Care Insurance		
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Certification of Compliance
<b>Comments:</b>	Please see the attached Certification of Compliance
<b>Attachment(s):</b>	Certification of Compliance.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	01/21/2020

<b>Satisfied - Item:</b>	Product Checklist
<b>Comments:</b>	please see the attached signed checklist
<b>Attachment(s):</b>	VA ILTC chk1st.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	01/21/2020

<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	Please see the attached revised Actuarial Memorandum.
<b>Attachment(s):</b>	VIP2 Old - Act Memo_69% Increase.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	01/21/2020

<b>Satisfied - Item:</b>	Long Term Care Insurance Rate Request Summary
<b>Comments:</b>	Please see the attached revised Long Term Care Insurance Rate Request Summary.
<b>Attachment(s):</b>	VA_Part 1LTC Rate Request Summary - VIP2 Old.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	01/21/2020

<b>Satisfied - Item:</b>	L&H Readability - Health
<b>Comments:</b>	Please see the attached Readability Certifications.
<b>Attachment(s):</b>	ACI_Readability Certification.pdf ASI_Readability Certification.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	11/15/2019

<b>Satisfied - Item:</b>	Filing Letter
<b>Comments:</b>	Attached is the Filing Letter and Landing Spot description
<b>Attachment(s):</b>	VIP2 old rate Filing Letter_Landing Spots_Rate Action 2019.pdf LSE description - VIP2old.pdf

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Individual Long-Term Care Insurance		
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	01/21/2020
<b>Satisfied - Item:</b>	call center scripting
<b>Comments:</b>	please see the attached call center scripting
<b>Attachment(s):</b>	Obj 5 - Call Center Scripting _IB.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	01/21/2020
<b>Satisfied - Item:</b>	Removed
<b>Comments:</b>	Removed
<b>Attachment(s):</b>	
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	01/21/2020
<b>Satisfied - Item:</b>	Statement of Variability
<b>Comments:</b>	Attached are the updated Statement of Variability
<b>Attachment(s):</b>	EOV_VA PH Itr_W_WO LS_W_WO Phase.pdf EOV_VA PH Itr_W_WO LS_Phase 2.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	01/21/2020
<b>Satisfied - Item:</b>	Explanation of Variable for the Coverage Change Form
<b>Comments:</b>	Attached is the Statement of Variability for the Coverage Change Form
<b>Attachment(s):</b>	EOV_VA_LTC97_VIP_Cov Chg Form.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	01/21/2020
<b>Satisfied - Item:</b>	Policy Forms
<b>Comments:</b>	Please see the attached Policy Forms
<b>Attachment(s):</b>	LTC-FAC-VA.pdf LTC-IDEAL-VA.pdf LTC-PREM-VA.pdf LTC-VAL-VA.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	01/21/2020
<b>Satisfied - Item:</b>	Updated Policyholder Letters

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Individual Long-Term Care Insurance		
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

<b>Comments:</b>	Attached are the updated Policyholder Letters
<b>Attachment(s):</b>	VA PH ltr_W_WO LS_W_WO Phase.pdf VA PH ltr_W_WO LS_Phase 2.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	01/21/2020

<b>Satisfied - Item:</b>	Policyholder Letter updated John Doe Versions
<b>Comments:</b>	Attached are the Policyholder Letter updated John Doe Versions
<b>Attachment(s):</b>	VA PH ltr_W_WO LS_W_WO Phase- John Doe.pdf VA PH ltr W_WO LS_Phase 2 - John Doe.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	01/21/2020

<b>Satisfied - Item:</b>	Response Letter 2019-05-02
<b>Comments:</b>	Please see attached the Response Letter 2019-05-02
<b>Attachment(s):</b>	VA VIP2 Old Response to Objection Dated 2019-4-29.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	01/21/2020

<b>Satisfied - Item:</b>	Response Letter 2019-05-13
<b>Comments:</b>	Please see the attached Response Letter 2019-05-13
<b>Attachment(s):</b>	VA VIP2 Old Response to Objection Dated 2019-5-13.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	01/21/2020

<b>Satisfied - Item:</b>	Explanation of Variable-revised
<b>Comments:</b>	Please see the attached revised Explanation of Variables.
<b>Attachment(s):</b>	EOV_Automatic Compound Inflation Mitigation Rider.pdf EOV_Simple Compound Inflation Mitigation Rider.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	01/21/2020

<b>Satisfied - Item:</b>	Objection Response 2019-07-23
<b>Comments:</b>	Please see the attached Objection Response 2019-07-23.
<b>Attachment(s):</b>	VA VIP2 old 7-23-19 OBJ Response.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	01/21/2020

<b>State:</b>	Virginia	<b>Filing Company:</b>	Metropolitan Life Insurance Company
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Individual Long-Term Care Insurance		
<b>Project Name/Number:</b>	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

<b>Satisfied - Item:</b>	Objection Response
<b>Comments:</b>	Please see the attached response to your recent inquiries.
<b>Attachment(s):</b>	VA VIP2 Old 10-10-19 Obj Response.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	01/21/2020

<b>Satisfied - Item:</b>	Response to Objection 2019-11-18
<b>Comments:</b>	Please see the attached response letter to objection 2019-11-18.
<b>Attachment(s):</b>	VA VIP2 Old 11-18-19 Obj Response.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	01/21/2020

<b>Satisfied - Item:</b>	VIP2 Exhibit I-revised
<b>Comments:</b>	Please see the attached revised VIP2 Exhibit I.
<b>Attachment(s):</b>	VIP2 All Combined - Exhibit I_69% Increase.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	01/21/2020

<b>Satisfied - Item:</b>	Response to Objection 2019-11-26
<b>Comments:</b>	Please see the attached Response to Objection 2019-11-26.
<b>Attachment(s):</b>	Virginia VIP2 Response to Objection Dated 2019-11-26.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	01/21/2020

<b>Satisfied - Item:</b>	Response to Objection 2019-12-12
<b>Comments:</b>	Please see the attached Response to Objection 2019-12-12.
<b>Attachment(s):</b>	Virginia VIP2 Response to Objection Dated 2019-12-12.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	01/21/2020

<b>Satisfied - Item:</b>	Offer Response 2020-01-16
<b>Comments:</b>	Please see the attached Offer Response 2020-01-16.
<b>Attachment(s):</b>	VA VIP2 Old Offer Response 2020-1-16.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	01/21/2020



Metropolitan Life Insurance Company  
P.O. Box 937, Westport, CT 06881-0937  
Tel 203-221-6555 Fax 203-221-3360  
bbigelow@metlife.com

**William P. Bigelow**

Vice President & Actuary

The company has reviewed the enclosed policy form(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.

A handwritten signature in black ink, appearing to read "William P. Bigelow". The signature is written in a cursive, flowing style.

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

Review Requirements Checklist  
INDIVIDUAL LONG-TERM CARE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
<b><i>General Filing Requirements</i></b>		
Transmittal Letter	14 VAC 5-100-40	Must be submitted in duplicate for each filing, describing each form, its intended use and kind of insurance provided.
	14 VAC 5-100-40 1	Forms submitted and described in transmittal letter must have a number that consists of digits, letters, or a combination of both. (Our system limits the number of characters to 20, including spaces, commas, hyphens, etc.)
	14 VAC 5-100-40 2	Must clearly indicate if forms are replacements, revisions, or modifications of previously approved forms and describe the exact changes that are intended.
	14 VAC 5-100-40 3	Certification of Compliance signed by General Counsel or officer of company or attorney or actuary representing company is required.
	14 VAC 5-100-40 5	Description of market for which the form is intended.
	14 VAC 5-100-40 6	At least one copy of each form must be included in the filing. A duplicate copy of forms 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.
	Administrative Letter 1983-7	Must include the name and NAIC number of the company for which the filing is made.
<b><i>Forms</i></b>		
Form number	14 VAC 5-100-50 1	Form number must appear in lower left-hand corner of first page of each form.
Company name & address	14 VAC 5-100-50 2	Full and proper corporate name (including "Inc.") must prominently appear on cover sheet of all policies and other forms. Home office address of insurer must prominently appear on each policy.
Final form	14 VAC 5-100-50 3	Form must be submitted in the final form in which it will be issued and completed in "John Doe" fashion to indicate its intended use.
Application	14 VAC 5-100-50 4	Any policy, which is to be issued with an attached application, must be filed with a copy of the application completed in "John Doe" fashion to indicate its intended use. (If application was previously approved, advise date of approval.)
Type Size	14 VAC 5-100-50 5	Individual Accident and Sickness forms must be printed with type size of at least ten-point type. All other forms must be printed with type size of at least eight-point.
Arbitration	§ 38.2-312	Contract may not deprive courts of Virginia jurisdiction in actions against insurer. Arbitration may not be binding.
Fraud Notice	§ 38.2-316 D 1	Title 38.2 of the Insurance Code does not define "Insurance Fraud". Any notice regarding insurance fraud is in non-compliance with this section of the Code. Variations in a notice warning of consequences of making fraudulent statements are acceptable. The notice may disclose that it does not apply in Virginia or may disclose states where applicable.
Readability certification	14 VAC 5-110-60	Readability certification is required.



Review Requirements Checklist  
INDIVIDUAL LONG-TERM CARE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
LTC personal suitability worksheet	14 VAC 5-200-175-C 2	The LTC personal suitability worksheet must be submitted with the policy.
Entire consideration	§ 38.2-3500 A 1	The entire consideration is expressed in the policy.
Effective-Termination time	§ 38.2-3500 A 2	The time (clock time) the policy becomes effective or terminates is expressed in the policy.
DMAS Payor of last resort	§ 38.2-3500 A 7	Every accident and health policy must contain a statement indicating the Department of Medical Assistance Services as the payor of last resort.
Definition of eligible family members	§ 38.2-3500 C	
Renewal provision	14 VAC 200-70 A & 14 VAC 5-200-60 A	The regulation specifies the content of the renewability provision. The renewal provision must be either guaranteed renewable or noncancellable.
LTC Caution notice	14 VAC 5-200-80 C 2	Required language.
30-day free look	§ 38.2-5208 A	
Notice to buyer	14 VAC 5-200-170 A 3	Required language.
<b><i>Policy Provisions</i></b>		
<b><i>General</i></b>		
Entire contract	§ 38.2-3503 1	The provision defines the contents of the entire contract.
Grace period	§ 38.2-3503 3	The provision defines the grace period and length of the various acceptable grace periods.
	14 VAC 5-200-65 A 3	The policy must specify an additional 30 days for an unintentional lapse of coverage.
Reinstatement	§ 38.2-3503 4	
	14 VAC 5-200-65 B	The regulation provides for an extended reinstatement period in the event of policy lapse due to cognitive impairment.
Notice of claim	§ 38.2-3503 5	
Claim forms	§ 38.2-3503 6	
Proof of loss	§ 38.2-3503 7	
Time payment of claims	§ 38.2-3503 8	The provision specifies <b>when</b> benefits will be paid.
Payment of claims	§ 38.2-3503 9	The provision specifies <b>to whom</b> benefits will be paid
Physical examinations and autopsy	§ 38.2-3503 10	
Legal actions	§ 38.2-3503 11	
Change of beneficiary	§ 38.2-3503 12	(For payment to beneficiaries, see Payment of Claims provision-§ 38.2-3503 9.)
Long term care incontestability	§ 38.2-5209	The provision contains specific incontestability language for long-term care insurance.

Review Requirements Checklist  
INDIVIDUAL LONG-TERM CARE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Age Limit	§ 38.2-3513 A	If the policy establishes an age-limit after which coverage will no longer be effective, and if the date falls within a period for which a premium is accepted by the insurer or the insurer accepts a premium after the date, the coverage provided by the policy will continue in force until the end of the period for which the premium has been accepted.
	§ 38.2-3513 B	If the age of the insured has been misstated and the policy would not have been issued according to the correct age of the insured, the policy would not have become effective or would have ceased prior to the acceptance of the premium, then the liability of the insurer shall be limited to the refund of the premium paid for the period not covered by the policy.
<b>Optional Provisions</b>		
Change of occupation	§ 38.2-3504 1	
Misstatement of age	§ 38.2-3504 2	
Other insurance in this company	§ 38.2-3504 3	
Insurance with other company	§ 38.2-3504 4	
Unpaid premiums	§ 38.2-3504 7	
Conformity with state statutes	§ 38.2-3504 9	Must use "resides" language
Illegal occupation	§ 38.2-3504 10	
Intoxicants and narcotics	§ 38.2-3504 11	
<b>Prohibited Provisions</b>		
	§ 38.2-5203	Specified provisions prohibited in a long-term care policy.
	§ 38.2-5205	Prior institutionalization may not be a requirement to receive benefits.
	14 VAC 5-200-190	Preexisting conditions and waiting periods may not be used in replacement policies.
	§ 38.2-3405 A	No policy shall contain a provision regarding subrogation of any person's right to recovery for personal injuries from a third person.
	§ 38.2-3405 B	Benefits may not be reduced due to benefits payable due to benefits provided by a liability insurance contract. Motor vehicle no-fault law as referred in 14 VAC 5-200-60 B may not be part of a policy exclusion.
	§ 38.2-3405 C	The statute discusses exceptions to exclusions due to benefits payable under workers' compensation.
Minimum standards for home health care	14 VAC 5-200-90	The minimum standards include prohibited exclusions and restrictions regarding home health care benefits.
<b>LTC Policy Requirements</b>		
Duration of benefits	§ 38.2-5200	Coverage must be provided for a minimum of 12 months.
Refund of premium for cancellation or termination of policy	§ 38.2-5202.1	Provides for the termination of the policy by the <b>insured</b> and for cancellation of the policy by the <b>insurer</b> .

Review Requirements Checklist  
INDIVIDUAL LONG-TERM CARE

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Preexisting condition	§ 38.2-5204	Defines look-back period and limitation period for preexisting conditions.
	14 VAC 5-200-70 D	If policy includes limitations due to a preexisting condition, such limitations must be included labeled as "Preexisting Condition Limitations".
Definitions	14 VAC 5-200-50	Certain terms defined.
UCR defined	14 VAC 5-200-70 C	The term must be defined If benefits are based on usual, reasonable and customary charges.
Limitations and exclusions	14 VAC 5-200-60 B	
	§ 38.2-3504 11	Intoxicants and narcotics
Extension of benefits	14 VAC 5-200-60 C	
Required to offer inflation protection	14 VAC 5-200-100 A	
Signed acceptance for riders and amendments	14 VAC 5-200-70 B	All riders and/or endorsements that added to a policy after the date of issue that reduces, restricts, or eliminates benefits in the policy will require signed acceptance. Also, where a separate premium is charged for a rider or endorsement, the premium will be set forth in the policy, rider, or endorsement.
<b>Disclosures</b>		
	§ 38.2-5207	The statute requires that an outline of coverage be provided to the insured. The statute also specifies the information that should be included in the outline.
	§ 38.2-5207 4	A tax-qualified plan must be definitively identified as such.
<b>Rates</b>		
	§ 38.2-5206	
	14 VAC 5-200-150	The regulation specifies the expected loss ratio.
	14 VAC 5-130-60 A and 130-60 B	The regulation specifies rate filing and actuarial memorandum requirements.

**Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at**  
<http://www.state.va.us/scc/division/boi/webpages/administrativeltrs.htm>

The Life and Health Division, Forms and Rates Section handles individual long-term care insurance. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

Review Requirements Checklist  
INDIVIDUAL LONG-TERM CARE

I hereby certify that I have reviewed the attached individual long-term care filing and determined that it is in compliance with the individual long-term care checklist.

*Gina Jisonna*

Signed: \_\_\_\_\_

Name (please print): **Gina Jisonna**

Company Name: **Metropolitan Life Insurance Company**

Date: **3/12/19** Phone No: ( **860** ) **656-3809** FAX No: ( **860** ) **656-3815**

E-Mail Address: **gjisonna@metlife.com**

Metropolitan Life Insurance Company  
1300 Hall Boulevard, Bloomfield, CT 06002  
Email: [mark.newton@metlife.com](mailto:mark.newton@metlife.com)



**Mark D. Newton, FSA, MAAA**

December 12, 2019

Virginia Department of Insurance

Re: LTC2-FAC-VA, LTC2-VAL-VA, LTC2-IDEAL-VA, LTC2-PREM-VA  
Issued by Metropolitan Life Insurance Company (MetLife)

Attached is the filing for the captioned forms. This letter provides an overview of the filing and notes on some of the content. After a careful review of earlier filings, we have endeavored to reflect in this filing additional content based on previous questions submitted by your Department. Hopefully, this will make your review easier and more effective.

Filing Overview

In addition to this overview, this filing consists of the Actuarial Memorandum, the Addendum Automatic Inflation Choices “Landing Spots” focusing on premium rates for various levels of inflation protection for use as Landing Spots consequent to rate action, and Supplemental Attachments on specific aspects of the Virginia Administrative Code as well as supporting data based on earlier reviews. These documents are outlined and summarized here for your convenience.

Title	Description
<b>Actuarial Memorandum</b> Exhibit I-A	Lifetime Loss Ratio (“LLR”) <ul style="list-style-type: none"><li>• <b>Nationwide</b> experience</li><li>• Without/with proposed rate increase of 69%</li><li>• Weighted average statutory rate 4.01%</li></ul> LLR without rate increase – 126.8% LLR with rate increase – 101.1%
Exhibit II-A	Demonstration of rate action meeting Rate Stability (58/85) limitations
Exhibit I-B	Lifetime Loss Ratio (“LLR”) <ul style="list-style-type: none"><li>• <b>Virginia</b> experience</li><li>• Without/with proposed rate increase of 69%</li><li>• Weighted average statutory rate 4.01%</li></ul> LLR without rate increase – 131.8% LLR with rate increase – 104.4%
Exhibit II-B	Demonstration of rate action meeting Rate Stability (58/85) limitations

<b>Review of Prior Correspondence</b>	Attachment 1 – Assumptions Summary Attachment 2 – A/E Ratios (Calendar Year); Loss Ratio Projection which Reflects Original Pricing Assumptions Using Actual Distribution of Policies (Calendar Year) Attachment 3 – A/E Ratios (Policy Duration); Loss Ratio Projection which Reflects Original Pricing Assumptions Using Actual Distribution of Policies (Policy Duration) Attachment 4 – A/E Ratios (Lapse, Mortality, Incidence, Claim Termination) Attachment 5 – State Rate Action Summary Attachment 6 – Incurred Loss Ratio Including the Change in Active Life Reserves Attachment 7-A – <i>Nationwide</i> Lifetime Loss Ratio at Proposed Rates Since Inception Attachment 7-B – <i>Virginia</i> Lifetime Loss Ratio at Proposed Rates Since Inception
<b>Supplement to Actuarial Memorandum</b>	Specific references to Virginia Administrative Code
<b>Addendum – Actuarial Memorandum</b>	Memorandum on Premium Rates for use as “Landing Spots” with Rate Increases

#### Rationale for the Rate Increase Request

Exhibit I demonstrates that the combination of historical and projected experience using the most recent Best Estimate assumptions is clearly far beyond the expected loss ratio using the original pricing assumptions. Attachments 2 and 3 support the development of the experience by analyzing the Actual-to-Expected Ratios by Policy Duration and Calendar Year.

Attachment 1 compares the development of the changes in assumptions from the time of original pricing to the latest Experience Study. Generally, worse than expected morbidity and lower decrements are the primary reasons for the rate action.

#### Assumption Setting and Review

All projection assumptions are based on the Experience Study performed each year. In general, the assumptions used in all projections are those that reproduce historical experience within a non-material degree of tolerance. Attachment 4 shows the Actual-to-Expected Ratios comparing the latest Best Estimate assumptions with the set of actual experience for Lapse, Mortality, Incidence, and Claim Termination.

Some actuarial judgment is used in areas where credibility or trending requires adjustment. In any case, the methodology, results, conclusions and use are prescribed by MetLife internal Standards and Actuarial Standards of Practice and are reviewed and approved by MetLife management, internal auditors, and external auditors.

#### Calculation of the Rate Request

MetLife’s evaluation of the Justifiable Rate Increase (“JRI”) uses the industry standard “If Knew” basis. This method calculates the premium needed at time zero to achieve the original loss ratio if all current experience had been known at inception. Of course, the Company cannot retroactively charge such premiums, so all historical losses stemming from past premium shortfalls are taken by the Company.

### Additional Notes

MetLife requests the rate action based on deviations from anticipated experience outlined in the Actuarial Memorandum, the Addendum, and the supporting attachments. Lifetime Loss Ratios exceed all minimum requirements in Virginia as well as the application of rate stability standards even at the full requested rate action. In addition, though Virginia-only experience is not necessarily credible, the Virginia LLR's still meet the standards above at the full rate action level.

Despite the rate action requested, the experience of the block does not fully return to pricing levels. In general, the rate action restricts consideration of recovering historical losses by focusing on lifetime experience. We will continue, of course, to analyze and adjust experience assumptions and reserve the right to update those in the future along with requesting any resulting changes in premium rates.

We note that, as before, we believe two separate applications for this VIP2 New and the related VIP2Old product series are required and that that this is important for the reasons mentioned below. ***However, your Department has insisted MetLife to determine the required rate increase and submit the filings on a combined basis.***

Similar to the prevalent situation of a policy form being sold before and after the effective date of rate stability, the VIP2 series was sold on two different rate bases. The VIP2New rates were overall much higher to address the emerging rate inadequacies. The rate differential in these rate applications seeks to moderate the gap between these two rate bases which is appropriate given the similarity of the features, demographics, and risk profile. This has been our approach nationwide and we have never been asked to combine the rate bases. We believe it most equitable to maintain this practice.

We also believe the Actuarial Standards of Practice ("ASOP"s) support this separated approach and offer the following excerpts from ASOPs 12 and 18.

#### ASOP 12

3.2.1 – Rates within a risk classification system would be considered equitable if differences in rates reflect material differences in expected cost for risk characteristics. In the context of rates, the word *fair* is often used in place of the word *equitable*.

3.2.6 Industry Practices – When selecting risk characteristics, the actuary should consider usual and customary risk classification practices for the type of financial or person security system under consideration.

3.2.7 Business Practices – When selecting risk characteristics, the actuary should consider limitations created by business practices related to the financial or personal security system as known to the actuary and consider whether such limitations are likely to have a significant impact on the risk classification system.

3.3.1 Intended Use – The actuary should select a risk classification system that is appropriate for the intended use. Different sets of risk classes may be appropriate for different purposes. For example, when setting reserves for an insurance coverage, the actuary may choose to subdivide or combine some of the risk classes used as a basis for rates.

3.3.4 Reasonableness of Results – When establishing risk classes, the actuary should consider the reasonableness of the results that proceed from the intended use of the risk classes (for example, the consistency of the patterns of rates, values, or factors among risk classes).

Appendix 1: Risk classification is generally used to treat participants with similar risk characteristics in a consistent manner, to permit economic incentives to operate and thereby encourage widespread availability of coverage, and to protect the soundness of the system.

ASOP 18

2.8 – Guaranteed Renewable Contract – A contract which provides that the insured has the right to continue the insurance in force for a specific period by the timely payment of premiums, and that the insurer may not unilaterally change the contract during that specific period, except that premium rates may be revised by the insurer on a class basis.

The actuarial justification for experience analysis and projections, including assumptions and methods, are reflective of the Code of Professional Conduct and applicable Actuarial Standards of Practice. I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and to render the actuarial opinion contained herein.

Thank you for your consideration. I look forward to hearing from you.

Sincerely,

A handwritten signature in black ink that reads "Mark D. Newton". The signature is written in a cursive, flowing style.

Mark D. Newton, FSA, MAAA  
Actuarial Director, Metropolitan Life Insurance Company



# **METROPOLITAN LIFE INSURANCE COMPANY**

**New York, NY**

## **Actuarial Memorandum for VIP2 Series**

**December 12, 2019**

### **Policy Forms**

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

- LTC2-FAC-VA
- LTC2-VAL-VA
- LTC2-IDEAL-VA
- LTC2-PREM-VA

These forms were developed as part of a nationwide series and were issued in Virginia from April 2005 to December 2009, but are no longer being marketed in any state. Nationwide, the last policies under this series were issued in 2010.

Policy forms LTC2-FAC-VA, LTC2-VAL-VA, LTC2-IDEAL-VA, and LTC2-PREM-VA (subsequently referred to as LTC2-FAC, LTC2-VAL, LTC2-IDEAL, and LTC2-PREM, respectively) are existing individual tax-qualified policy forms and were previously approved in 2005, along with any rider or endorsement forms that were contemporaneously or subsequently approved for use with these policy forms. Note, however, that the increase will only apply to those policies issued to policyholders in your state in connection with policy applications dated on or before June 15, 2009, because policies issued in connection with later applications were subject to a revised premium rate schedule.

Policy form LTC2-FAC provides coverage for long-term care services received in a nursing home, assisted living facility (ALF), or hospice facility. Policy forms LTC2-VAL, LTC2-IDEAL and LTC2-PREM provide comprehensive long-term care coverage.

### **1. Purpose of Filing**

This actuarial memorandum has been prepared for the purpose of demonstrating that the anticipated loss ratio standard of this product meets the minimum requirements of your state and may not be suitable for other purposes.

### **2. Description of Benefits**

LTC2-FAC is part of a nationwide series of individually underwritten policy forms which reimburses 100% of charges, up to a maximum facility benefit amount, for confinement in a licensed nursing home or assisted living facility. Benefits are payable under skilled, intermediate, or custodial levels of care, as well as inpatient hospice care.

The daily benefit amount and the maximum benefit period are selected at issue. Additional benefits for needs assessment expenses and transition expenses are also provided. In addition, LTC2-FAC provides benefits for international coverage, caregiver training, and alternate services.

# **METROPOLITAN LIFE INSURANCE COMPANY**

**New York, NY**

## **Actuarial Memorandum for VIP2 Series**

**December 12, 2019**

LTC2-VAL is part of a nationwide series of individually underwritten policy forms which reimburses 100% of charges, up to a maximum facility benefit amount, for confinement in a licensed nursing home. Benefits are payable under skilled, intermediate, or custodial levels of care, as well as inpatient hospice care.

LTC2-VAL also includes an assisted living/home care/community-based care benefit which reimburses 100% of charges from formal caregivers, up to a maximum assisted living/home/community-based care benefit amount, for services received at home or assisted living facility or at an adult day care center for maintenance or personal care, including hospice care.

The daily benefit amount, assisted living/home care/adult day care percentage, and maximum benefit period are selected at issue. Additional benefits for needs assessment expenses are also provided. In addition, LTC2-VAL provides benefits for respite care, international coverage, caregiver training, and alternate services.

LTC2-IDEAL is part of a nationwide series of individually underwritten policy forms which reimburses 100% of charges, up to a maximum facility benefit amount, for confinement in a licensed nursing home or assisted living facility. Benefits are payable under skilled, intermediate, or custodial levels of care, as well as inpatient hospice care.

LTC2-IDEAL also includes a home care/community-based care benefit which reimburses 100% of charges from formal caregivers, up to a maximum home care/community-based care benefit amount, for services received at home or at an adult day care center for maintenance or personal care, including hospice care.

The daily benefit amount, home care/adult day care percentage, and maximum benefit period are selected at issue. Additional benefits for needs assessment expenses and transition expenses are also provided. In addition, LTC2-IDEAL provides benefits for respite care, international coverage, caregiver training, alternate services, and supportive services/specialized transportation.

LTC2-PREM is part of a nationwide series of individually underwritten policy forms which reimburses a maximum facility benefit amount, for confinement in a licensed nursing home. Benefits are payable under skilled, intermediate, or custodial levels of care, as well as inpatient hospice care.

LTC2-PREM also includes a home/community-based care benefit which reimburses a maximum home/community-based care benefit amount, for services received at home or assisted living facility or at an adult day care center for maintenance or personal care, including hospice care.

The daily benefit amount, home care/adult day care percentage, and maximum benefit period are selected at issue. Additional benefits for needs assessment expenses and international coverage are also provided.

# METROPOLITAN LIFE INSURANCE COMPANY

New York, NY

## Actuarial Memorandum for VIP2 Series

December 12, 2019

### LTC2-FAC, LTC2-VAL, LTC2-IDEAL, and LTC2-PREM

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

Benefit payments commence after a specified number of days in a waiting period, selected at issue, which accumulate over the lifetime of the policy. The waiting period need not be satisfied before receiving coverage for hospice care (except LTC2-PREM) or (if covered under the policy form) respite care, needs assessment or caregiver training; however, receipt of these services does not count towards satisfying the waiting period. Waiver of premium is provided beginning on the first day of the policy month coincident with or following the day the insured becomes eligible for benefit payments (includes completion of the waiting period).

At issue, the insured had the option of choosing one of the following benefit increase riders: 5% Compound, 5% Simple, or Future Purchase (in some states, a 3% Compound Inflation Rider was also available).

At issue, the insured had the option of selecting the following riders: Nonforfeiture Coverage Rider, Return of Premium Rider, Restoration of Benefits Rider, Shared Care Rider, Home Care Elimination Period Waiver Rider (except LTC2-PREM), Indemnity Rider (LTC2-VAL only), Calendar Day Elimination Period Rider (except LTC2-FAC and LTC2-PREM), Ten Year Premium Payment Rider, (except LTC2-FAC and LTC2-PREM), Paid-up Rider, Double Pay First Year Rider or Reduced Pay at 65 Rider. A Contingent Benefits Upon Lapse Rider is attached to all policies, except those that select the Nonforfeiture Coverage Rider, for no additional premium.

### **3. Renewability**

These policy forms are guaranteed renewable for life.

### **4. Applicability**

This filing is applicable to in-force policies only, as these policy forms are no longer being sold in the market. The premium changes will apply to the base forms as well as all applicable riders. Note, however, that the increase will only apply to those policies issued to policyholders in your state in connection with policy applications dated on or before June 15, 2009, because policies issued in connection with later applications were subject to a revised premium rate schedule.

### **5. Actuarial Assumptions**

- a. Expected Claim Costs are the product of attained age frequency rates and continuance curves, adjusted by utilization factors and underwriting selection factors based on actual experience through June 30, 2017.

# METROPOLITAN LIFE INSURANCE COMPANY

New York, NY

## Actuarial Memorandum for VIP2 Series

December 12, 2019

- b. Voluntary Termination Rates vary by duration as developed from actual experience through June 30, 2017 and are shown in the following table:

Voluntary Termination Rates

Policy Duration	Lapse Rate
1	5.00%
2	4.50%
3	4.00%
4	3.50%
5	2.50%
6	2.00%
7	1.80%
8	1.50%
9	1.30%
10	1.10%
11+	0.90%

In the year of rate increase implementation, it is assumed that an additional 3.22% of policies lapse and there is 2.14% net reduction to future premiums and benefits due to benefit downgrades. There is no adverse selection assumed due to the additional lapse rates.

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

The above assumptions are based on actual inforce experience of MetLife and are deemed reasonable for these particular policy forms. In establishing the assumptions described in this section, the policy design, underwriting, and claims adjudication practices for the above-referenced policy forms were taken into consideration.

### 6. Marketing Method

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

### 7. Underwriting Description

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

# METROPOLITAN LIFE INSURANCE COMPANY

New York, NY

## Actuarial Memorandum for VIP2 Series

December 12, 2019

### 8. Premiums

Premiums are unisex, but vary by issue age, rating class, benefit period, initial daily benefit, waiting period, home and community care percentage, inflation protection option, payment method, premium mode and the selection of any other options or riders.

### 9. Issue Age Range

These policy forms were issued up to age 84.

### 10. Area Factors

Area factors are not used for this product.

### 11. Premium Modalization Rules

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

Premium Mode	Modal Factors
Annual	1.00*AP
Semi-Annual	0.51*AP
Quarterly	0.265*AP
Monthly	0.09*AP

### 12. Reserves

Active life reserves have not been used in this rate increase analysis. Claim reserves as of December 31, 2017 have been discounted to the incurral date of each respective claim and included in historical incurred claims. Incurred but not reported reserve balances as of December 31, 2017 have been allocated to a calendar year of incurral and included in historical 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 and Virginia experience for policy form series LTC2-FAC, LTC2-VAL, LTC2-IDEAL, and LTC2-PREM are shown in Exhibit I-A and I-B, respectively.

# **METROPOLITAN LIFE INSURANCE COMPANY**

**New York, NY**

## **Actuarial Memorandum for VIP2 Series**

**December 12, 2019**

Historical experience is shown by claim incurral year. Claim payments and reserves were discounted to the mid-point of the year of incurral at the weighted average maximum valuation interest rate for contract reserves which is 4.01%. Incurred but not reported reserve balances as of December 31, 2017 have been allocated to a calendar year of incurral and included in historical incurred claims.

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

A lifetime loss ratio as of December 31, 2017 is calculated as the sum of accumulated past experience and discounted future experience where accumulation and discounting occur at the weighted average maximum valuation interest rate for contract reserves, which is 4.01%.

### **15. Projected Earned Premiums and Incurred Claims**

Earned premiums for projection years 2018 through 2098 are developed by multiplying each prior period's earned premium (starting with December 31, 2017 actual earned premium) by a persistency factor. For a year in which the rate increase is effective, the earned premium prior to the increase is multiplied by 1 plus the rate increase percent and an effectiveness factor.

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

Present and accumulated values in the lifetime projections in Exhibit I are determined at the average maximum valuation interest rate for contract reserves applicable to LTC business issued in the years in which the applicable business of this filing were issued. The maximum valuation interest rate averages 4.01%.

The assumptions used in the projections in Exhibit I-A and I-B were developed from the company's LTC insurance experience.

Projections in Exhibit II provide a demonstration 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 initial earned premium times 58%;
2. 85% of the accumulated value of prior premium rate schedule increases;
3. Present value of future projected initial earned premium times 58%; and
4. 85% of the present value of future projected premium in excess of the projected initial earned premium.

# **METROPOLITAN LIFE INSURANCE COMPANY**

**New York, NY**

## **Actuarial Memorandum for VIP2 Series**

**December 12, 2019**

### **16. History of Previous Inforce Rate Increases**

There has been no prior in-force rate revisions on these policy forms.

### **17. Requested Rate Increase**

The company is requesting an increase of 69.00% for the policy forms listed above. Corresponding rate tables reflecting the 69.00% increase are included with this filing.

The actual rates implemented may vary slightly from those filed due to implementation rounding algorithms. Also note that the increase will only apply to those policies issued to policyholders in your state in connection with policy applications dated on or before June 15, 2009, because policies issued in connection with later applications were subject to a revised premium rate schedule.

### **18. Analysis Performed**

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

- a. Incidence and continuance rates: The basis for the morbidity assumptions used in pricing was that contained in the SOA LTC valuation diskette. These were based on the results of the 1985 National Nursing Home Survey and the 1982-84 National Long Term Care Survey. Modifications to the SOA LTC valuation assumptions were made based on the actual experience of MetLife's block of business. Additional modifications were made based on the results of an internal analysis of MetLife's Competitors' Rate Structure. The additional modification was required due to the make-up of MetLife's block of business, which consisted of two large blocks of group business (Employer Group and Association Group). This business was issued under drastically different underwriting requirements than those that are used to issue business under this policy form.
- b. The original pricing expected voluntary termination rates varied by duration as shown in the following table:

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Policy Duration	Lapse Rate
1	6.25%
2	3.50%
3-7	3.00%
8	2.50%
9	2.25%
10-12	2.00%
13-14	1.75%
15+	1.50%

- c. The original pricing expected mortality rates were equal to 105% of the Annuity 2000 Basic Mortality Table modified by Projection Scale H. There were additional modifications to reflect the selection effects of underwriting.

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

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

### 19. Loss Ratio Requirement Compliance Demonstration

Projected experience is shown in Exhibit I. As shown in Exhibit I, the expected lifetime loss ratio, both with and without the requested rate increase meet the requirements under rate stability regulations.

### 20. Average Annual Premium

The average September 30, 2018 annualized premiums for all premium-paying policies issued in Virginia, before and after the current requested increases are:

Before increase:	\$1,960
After current requested increase:	\$3,312



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### 21. Proposed Effective Date

This rate increase will become effective on each policy's modal premium due date (monthly, quarterly, semi-annually and annually) following at least a 75-day advance written notification to the policyholder.

### 22. Nationwide Distribution of Business as of September 30, 2018 (based on premium-paying policies inforce count)

#### By Issue Age

Issue Age	%
<45	8%
45-49	9%
50-54	19%
55-59	28%
60-64	23%
65-69	10%
70-74	3%
75+	1%
Total	100%

#### By Benefit Period

Benefit Period	%
2 Year	12%
3 Year	32%
4 Year	16%
5 Year	25%
7 Year	3%
Lifetime	11%
Total	100%

#### By Inflation Type

Inflation Type	%
Compound 3%	0%
Compound 5%	48%
Simple 5%	36%

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FPO	5%
None	11%
Total	100%

### By Home Care Percentage

Home Care Percentage	%
None (FC only)	1%
50%	4%
75%	4%
100%	90%
Total	100%

### By Gender

Gender	%
Female	58%
Male	42%
Total	100%

### By Premium Payment Option

Payment Option	%
Double Pay	1%
Paid - Up	0%
Reduced Pay	1%
Standard	97%
Ten Year	1%
Total	100%

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### 23. Number of Policyholders

As of September 30, 2018, the number of premium-paying policies inforce and premiums that will be affected by this increase are:

	Issued Before Rate Stability Regulation Effective Date		Issued On or After Rate Stability Regulation Effective Date	
	Number of Insured	2018 Annualized Premium	Number of Insured	2018 Annualized Premium
Virginia	-	-	1,526	\$2,990,438

### 24. Actuarial Certification

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

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8.

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 Virginia.

The projections contained in this actuarial memorandum are based on best estimate assumptions that do not reflect any margins for moderately adverse experience. I certify that (1) if the requested premium rate schedule increase is implemented and (2) unless underlying assumptions which reflect moderately adverse conditions are realized, no further premium rate schedule increases are anticipated. Moderately adverse conditions are interpreted as those conditions where aggregate experience deviates unfavorably from the aggregate experience assumptions used in determining the lifetime projections, such that the value of the deviation is equal to 5% of gross premiums or more.

I further certify that:

- the analysis described in Section 18 of this memorandum was used in determining the need for a rate increase;
- the policy design, underwriting and claims adjudication practices have been taken into consideration in this rate increase request;
- the actuarial assumptions are appropriate and the gross premiums bear reasonable relationship to the benefits; and
- the relationship between renewal premium rate schedules and new business premium rate schedules is not applicable because we are no longer marketing new business.

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A handwritten signature in black ink that reads "Mark D. Newton". The signature is written in a cursive, flowing style.

---

Mark D. Newton, FSA, MAAA  
Actuarial Director, Metropolitan Life Insurance Company

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## Supplement to the Actuarial Memorandum

December 12, 2019

### 1. Purpose of Filing

This supplement has been prepared for the purpose of providing additional information that may be helpful to the reviewer and may not be suitable for other purposes.

### 2. Compliance with 14VAC5-200-153

All remaining premium-paying inforce policies on these forms were issued after October 1, 2003. We are demonstrating compliance with the 60% loss ratio requirement (see Exhibit I-A and I-B) and with the “58/85” loss ratio requirement (see Exhibit II-A and II-B).

### 3. Compliance with 14VAC5-130-70

We believe all information required has been provided in this filing. Attachment 6 provides the incurred loss ratios including active life reserves where available.

### 4. Nationwide and Virginia Specific Experience/Projections

Exhibit I-A and I-B provide *Nationwide* and *Virginia* specific experience and projections respectively. As required by 14VAC5-200-153-C4, these attachments use an interest rate consistent with that assumed in the determination of premiums (i.e., 4.01%).

### 5. Justification for Actuarial Assumptions

Recent experience studies based on MetLife’s own data have led to material changes in assumptions about key parameters including lapse, mortality, claims incidence and claims severity.

The study period was inception through June 30, 2017.

In general, the best-estimate for each assumption was determined based on the actual experience of each block of business. For certain items wherein experience was not deemed fully credible or where values of key parameters have or will change in the future, past experience is supplemented with judgment including the experience on other blocks. This is detailed for each assumption below.

#### Voluntary Lapse Rates

The experience was calculated by both issue age and policy duration groupings. Because lapse rates did not vary significantly by age, all issue ages were combined, leaving rates to vary by policy duration only. Certain forms deemed to have similar characteristics

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were combined for reasons of credibility and to aid in the determination of the ultimate lapse rate.

Voluntary Lapses		
Policy Year	Raw Rate	Smoothed Rate
1	4.5%	5.00%
2	6.2%	4.50%
3	4.5%	4.00%
4	3.4%	3.50%
5	3.0%	2.50%
6	2.2%	2.00%
7	1.8%	1.80%
8	1.5%	1.50%
9	1.3%	1.30%
10	1.1%	1.10%
11+	0.9%	0.9%

### Select and Ultimate Mortality Rates

The ultimate mortality experience is 88% of the Annuity 2000 Basic Table. In general, multiples of this table fit well to experience. The ultimate duration is eleven years. The mortality experience was calculated by both issue age and policy duration groupings. However, because of insignificant variation, the mortality assumption does not vary by issue age. Certain forms deemed to have similar characteristics were combined for reasons of credibility and to aid in the determination of the ultimate mortality rate.

### Mortality Selection Factors

Policy Year	Factor
1	25%
2	50%
3	55%
4	65%
5	70%
6	75%
7	80%
8	85%

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9	90%
10	95%
11+	100%

### Morbidity Selection Period and Factors

The analysis presumed that the measurable effects of underwriting eventually wore off such that the ultimate incidence rates would converge to an attained age scale rather than continue based on issue age and duration.

The calculation compared incidence rates for various policy durations at the same attained age points. Using this method, it is expected that later durations should always have higher incidence rates than earlier durations for a given attained age until selection has worn off at which point one should not be able to differentiate incidence rates by duration.

The Table below summarizes the findings.

### Morbidity Selection Factors

Policy Year	Factor
1	64%
2	77%
3+	100%

### Ultimate Incidence Rates

Based on the selection period analysis, the ultimate period is defined as durations three and later. Raw ultimate attained age incidence rates were calculated separately for each gender and site of care. These rates were then grossed-up to zero-day elimination period equivalents to account for the impact of the various elimination periods inherent in the experience data. The raw rates were smoothed across ages within each segment by fitting curve that best fit the experience data on an aggregate basis using Actual-to-Expected as the measure.

### Continuance

Continuance curves were developed by gender and site of care using data from all forms for reasons of credibility. The raw termination rates were smoothed across claim durations within each segment by fitting a curve that best fit the experience data on an aggregate basis using Actual-to-Expected as the measure.

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Credible claim termination data ceased after four years for females and three years for males. To estimate claim termination rates beyond these claim durations, it was assumed that mortality was the only decrement (i.e., assume no recoveries). Using the attained age death rates from the credible period, a constant load to the 83GAM table was calculated for each gender and used to develop the late duration continuance.

Final smoothing adjustments were made to ensure that the rates were positive and monotonically decreasing.

### Utilization (Salvage)

This study defines utilization as the ratio of actual benefit dollars paid to the maximum benefit dollars payable under the provisions of the policy while on claim. This definition includes the reduction in benefits paid due to a) reimbursement of actual daily expenses incurred which are less than the maximum daily benefit amount (DBA) and b) reimbursement of expenses incurred only on days services are received. Note that this is consistent with the development of the continuance tables which represent calendar days rather than service days.

Note that while utilization rates under one hundred percent result in an immediate cost reduction, the lifetime pool of benefit dollars is not reduced. Effectively, this lengthens the benefit period which offsets some of the savings.

The results were analyzed for Facility Care and Home Care separately. Again, certain forms were combined for reasons of credibility. The facility care utilization factor is 79% and the home care utilization factor is 61%.



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### Credibility of Results

With over 9.9 million life years of exposure and 57,000 claims, 127,000 deaths and 300,000 lapses, the overall results are credible. However, at the cellular level, there are many points that are not credible. The level of credibility is a matter of judgment.

A standard statistical measure of credibility is

$$\text{Credibility} = \text{Min} \left( \sqrt{\frac{N}{271}}, 1 \right)$$

where

- N is the number of claims
- 271 is the required number of claims corresponding to a 90% probability of being within 10% of the mean and is calculated as  $(1.645/.1)^2$  where 1.645 is the value from the normal table at 90%.

The values of 90% and 10% are subjective, but it is commonly used in the industry.

### **6. Reserve Basis**

The active life reserve is equal to the present value of future incurred benefits minus the present value of future valuation premium. The valuation premium is calculated using a one-Year Full Preliminary Term Methodology. The valuation interest rate is consistent with the interest rate applicable for similar whole life insurance policies. The mortality table used for valuation is 2000 Basic or 94 GAM table depending on the year of issue.

The claim reserve is equal to the present value of the future benefits for claims incurred prior to the valuation date. The valuation interest rate is equal to or less than the whole life valuation rate in effect on the date the claim was incurred.

### **7. Comparison to Original Pricing Assumptions**

There have been no prior rate increases on these forms. Attachment 1 provides a comparison of original pricing assumptions to the current assumptions.

### **8. Original Pricing and Current Lifetime Loss Ratios**

The combined lifetime loss ratio anticipated in the original filings was 60.1%. The current combined projected loss ratio is 126.8% without any rate increase.

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### 9. Restated Loss Ratio with Rate Increase Applied Historically

Attachments 7-A and 7-B provide *Nationwide* and *Virginia* specific experience and projections, respectively, including the lifetime loss ratio, with the historical experience restated to what it would have been if the proposed premium had been charged since inception. As required by 14VAC5-200-153-C4, Attachments 7-A and 7-B use an interest rate consistent with that assumed in the determination of premiums (i.e. 4.01%).

### 10. Original Interest Rate

The original pricing interest rate was 4.0%. Exhibit I-A and I-B provide nationwide and Virginia specific experience and projections using 4.01% as the discount rate.

### 11. Rate Increase Assumptions versus Cash Flow Testing Assumptions

Other than interest rate, the assumptions used in the rate increase projections are no more conservative than used in last year's asset adequacy testing.

### 12. Conservatism in Assumptions

With the exception of the discount rate which is shown at various levels, all assumptions reflect best estimates and contain no conservatism.

### 13. Policyholder Options

After we have obtained approval of the premium rate increase, this rate increase will become effective on each policy's modal premium due date (monthly, quarterly, semi-annually and annually) following at least a 75-day advance written notification to the policyholder. In our written notification we will explain that:

- the policyholder can continue his/her current coverage by paying the new premium amount when due;
- the policyholder can reduce his/her coverage to lessen the impact of the premium rate schedule if the current level of coverage permits a reduction; or
- if the policyholder's coverage lapses (due to nonpayment of premium or cancellation) at any time from the date of our written notification up to 120 days following the first due date of the new premium ("Election Period"), then the policyholder will have nonforfeiture coverage as follows:

- if the policyholder's coverage does not include a nonforfeiture coverage rider, or includes a nonforfeiture coverage rider that provides benefits less than the Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL"), we will issue the policyholder the LCUL;
- if the policyholder qualifies for coverage under Contingent Benefits Upon Lapse, we will instead provide coverage under the LCUL, since the benefit payable under the LCUL is equal to the benefit payable under Contingent Benefits Upon Lapse;
- if the policyholder's coverage includes a nonforfeiture coverage rider that provides benefits equal to the LCUL, we will provide coverage under the nonforfeiture coverage rider;

We will not provide coverage under more than one feature that provides for a nonforfeiture benefit.

**Exhibit I-A**  
**Metropolitan Life Insurance Company**  
**Nationwide Experience Projections With No Premium Rate Increase**  
**Policy Forms: LTC2-FAC, LTC2-VIA, LTC2-IDEAL and LTC2-PREM**  
**All VIP2 Policies**

	Calendar Year	Loss Ratio Demonstration						Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors			
		Without Interest			Life Years	With Interest			Premium Rate Increase Factor	Benefit Downgrade	Persistency Factors				Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor		
		Earned Premium	Incurred Claims	Loss Ratio		Earned Premium	Incurred Claims	Loss Ratio			Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency				
Historical Experience	1998	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	-	-	4.01%	2.1516
	1999	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	-	-	4.01%	2.0687
	2000	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	-	-	4.01%	1.9890
	2001	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	-	-	4.01%	1.9124
	2002	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	-	-	4.01%	1.8387
	2003	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	-	-	4.01%	1.7678
	2004	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	-	-	4.01%	1.6997
	2005	2,359,204	-	0.0%	4,073	3,855,448	-	0.0%	-	-	-	-	-	-	-	-	4.01%	1.6342
	2006	31,432,207	939,324	3.0%	24,490	49,387,780	1,475,911	3.0%	-	-	-	-	-	-	-	-	4.01%	1.5712
	2007	84,063,648	1,065,734	1.3%	48,807	126,995,436	1,610,010	1.3%	-	-	-	-	-	-	-	-	4.01%	1.5107
	2008	143,533,823	3,306,789	2.3%	74,322	208,482,392	4,803,100	2.3%	-	-	-	-	-	-	-	-	4.01%	1.4525
	2009	183,796,327	5,073,277	2.8%	82,954	256,677,149	7,084,985	2.8%	-	-	-	-	-	-	-	-	4.01%	1.3965
	2010	195,508,374	6,717,730	3.4%	85,207	262,513,108	9,020,035	3.4%	-	-	-	-	-	-	-	-	4.01%	1.3427
	2011	196,410,679	8,931,841	4.5%	82,310	253,563,055	11,530,864	4.5%	-	-	-	-	-	-	-	-	4.01%	1.2910
	2012	190,032,569	15,157,874	8.0%	77,737	235,876,224	18,814,575	8.0%	-	-	-	-	-	-	-	-	4.01%	1.2412
	2013	183,327,866	12,729,841	6.9%	75,536	218,786,167	15,191,980	6.9%	-	-	-	-	-	-	-	-	4.01%	1.1934
	2014	175,861,517	16,580,573	9.4%	74,194	201,788,979	19,025,065	9.4%	-	-	-	-	-	-	-	-	4.01%	1.1474
	Projected Future Experience	2015	166,876,449	22,708,647	13.6%	72,734	184,101,331	23,052,619	13.6%	-	-	-	-	-	-	-	-	4.01%
2016		156,783,568	31,341,036	20.0%	71,441	166,302,075	33,243,786	20.0%	-	-	-	-	-	-	-	-	4.01%	1.0607
2017		146,358,109	34,419,488	23.5%	70,344	149,261,969	35,102,398	23.5%	-	-	-	-	-	-	-	-	4.01%	1.0198
2018		137,989,022	40,542,145	29.4%	68,777	135,394,475	39,753,406	29.4%	1.0000	N/A	0.0223	N/A	0.978	0.943	0.0000	N/A	0.9805	
2019		130,780,140	47,407,376	36.2%	67,205	123,294,775	44,693,955	36.2%	1.0000	N/A	0.0229	N/A	0.977	0.948	0.0000	N/A	0.9428	
2020		125,796,959	55,384,199	44.0%	65,595	114,027,149	50,202,345	44.0%	1.0000	N/A	0.0240	N/A	0.976	0.962	0.0000	N/A	0.9064	
2021		121,256,702	64,654,649	53.3%	63,937	105,676,671	53,022,303	53.3%	1.0000	N/A	0.0245	N/A	0.975	0.964	0.0000	N/A	0.8715	
2022		117,004,403	75,428,519	64.5%	62,225	98,043,947	63,203,947	64.5%	1.0000	N/A	0.0258	N/A	0.973	0.965	0.0000	N/A	0.8379	
2023		112,662,272	87,901,889	78.0%	60,457	90,765,828	70,817,742	78.0%	1.0000	N/A	0.0284	N/A	0.972	0.963	0.0000	N/A	0.8056	
2024		108,207,500	102,152,337	94.4%	58,633	83,817,844	79,127,497	94.4%	1.0000	N/A	0.0302	N/A	0.970	0.960	0.0000	N/A	0.7746	
2025		103,669,532	118,254,670	114.1%	56,753	77,208,570	88,070,948	114.1%	1.0000	N/A	0.0321	N/A	0.968	0.958	0.0000	N/A	0.7448	
2026		99,073,258	136,248,307	137.5%	54,818	70,942,431	97,562,009	137.5%	1.0000	N/A	0.0341	N/A	0.966	0.956	0.0000	N/A	0.7161	
2027		94,405,128	156,061,618	165.3%	52,828	64,995,076	107,443,705	165.3%	1.0000	N/A	0.0363	N/A	0.964	0.953	0.0000	N/A	0.6885	
2028		89,658,997	177,611,757	198.1%	50,788	59,349,081	117,568,731	198.1%	1.0000	N/A	0.0386	N/A	0.961	0.950	0.0000	N/A	0.6619	
2029		84,861,294	200,710,220	236.5%	48,700	54,008,861	127,739,395	236.5%	1.0000	N/A	0.0411	N/A	0.959	0.946	0.0000	N/A	0.6364	
2030		80,039,647	225,087,940	281.2%	46,570	48,977,408	137,734,534	281.2%	1.0000	N/A	0.0438	N/A	0.956	0.943	0.0000	N/A	0.6119	
2031		75,197,222	250,396,971	333.0%	44,401	44,241,278	147,317,703	333.0%	1.0000	N/A	0.0466	N/A	0.953	0.939	0.0000	N/A	0.5883	
2032		70,341,995	276,234,751	392.7%	42,202	39,790,170	156,256,981	392.7%	1.0000	N/A	0.0495	N/A	0.950	0.935	0.0000	N/A	0.5657	
2033		65,531,792	302,131,072	461.0%	40,014	35,640,879	164,320,504	461.0%	1.0000	N/A	0.0527	N/A	0.947	0.932	0.0000	N/A	0.5439	
2034		60,775,795	327,258,638	538.5%	37,744	31,780,812	171,128,655	538.5%	1.0000	N/A	0.0559	N/A	0.944	0.927	0.0000	N/A	0.5229	
2035		56,085,655	350,804,725	625.5%	35,503	28,198,023	176,373,080	625.5%	1.0000	N/A	0.0594	N/A	0.941	0.923	0.0000	N/A	0.5028	
2036		51,507,853	372,257,594	722.7%	33,270	24,886,836	179,947,443	722.7%	1.0000	N/A	0.0629	N/A	0.937	0.918	0.0000	N/A	0.4834	
2037		47,076,197	391,459,088	831.5%	31,054	21,879,567	181,938,137	831.5%	1.0000	N/A	0.0666	N/A	0.933	0.914	0.0000	N/A	0.4648	
2038		42,805,033	407,348,150	951.6%	28,869	19,127,907	182,028,069	951.6%	1.0000	N/A	0.0704	N/A	0.930	0.909	0.0000	N/A	0.4469	
2039		38,709,066	419,186,617	1082.9%	26,725	16,631,230	180,100,647	1082.9%	1.0000	N/A	0.0743	N/A	0.926	0.904	0.0000	N/A	0.4296	
2040		34,816,909	426,786,919	1225.8%	24,635	14,382,465	176,300,730	1225.8%	1.0000	N/A	0.0782	N/A	0.922	0.899	0.0000	N/A	0.4131	
2041		31,152,112	430,148,781	1380.8%	22,611	12,372,739	170,842,949	1380.8%	1.0000	N/A	0.0822	N/A	0.918	0.895	0.0000	N/A	0.3972	
2042		27,719,557	429,369,398	1549.0%	20,663	10,585,220	163,962,564	1549.0%	1.0000	N/A	0.0862	N/A	0.914	0.890	0.0000	N/A	0.3819	
2043		24,535,439	424,597,857	1730.5%	18,798	9,008,297	155,893,016	1730.5%	1.0000	N/A	0.0902	N/A	0.910	0.885	0.0000	N/A	0.3672	
2044		21,597,316	415,844,936	1925.4%	17,028	7,624,018	146,796,441	1925.4%	1.0000	N/A	0.0942	N/A	0.906	0.880	0.0000	N/A	0.3530	
2045		18,910,409	403,470,877	2133.6%	15,357	6,416,304	136,940,387	2133.6%	1.0000	N/A	0.0981	N/A	0.902	0.876	0.0000	N/A	0.3394	
2046		16,471,272	388,082,007	2356.1%	13,790	5,375,041	126,842,104	2356.1%	1.0000	N/A	0.1020	N/A	0.898	0.871	0.0000	N/A	0.3263	
2047		14,275,370	370,069,780	2592.4%	12,330	4,478,961	116,111,031	2592.4%	1.0000	N/A	0.1059	N/A	0.894	0.867	0.0000	N/A	0.3138	
2048		12,310,624	349,946,598	2842.6%	10,979	3,713,686	105,566,685	2842.6%	1.0000	N/A	0.1096	N/A	0.890	0.862	0.0000	N/A	0.3017	
2049		10,564,408	328,126,740	3106.0%	9,736	3,064,118	95,170,419	3106.0%	1.0000	N/A	0.1132	N/A	0.887	0.858	0.0000	N/A	0.2900	
2050		9,023,101	305,180,554	3382.2%	8,601	2,516,236	85,104,488	3382.2%	1.0000	N/A	0.1167	N/A	0.883	0.854	0.0000	N/A	0.2789	
2051		7,672,874	281,813,726	3672.5%	7,568	2,057,259	75,560,183	3672.5%	1.0000	N/A	0.1200	N/A	0.880	0.850	0.0000	N/A	0.2681	
2052		6,496,864	258,364,944	3976.8%	6,635	1,674,827	66,603,905	3976.8%	1.0000	N/A	0.1234	N/A	0.877	0.847	0.0000	N/A	0.2578	
2053		5,478,561	235,202,255	4293.1%	5,796	1,357,900	58,296,548	4293.1%	1.0000	N/A	0.1264	N/A	0.874	0.843	0.0000	N/A	0.2479	
2054	4,602,148	212,724,348	4622.3%	5,047	1,096,724	50,693,678	4622.3%	1.0000	N/A	0.1292	N/A	0.871	0.840	0.0000	N/A	0.2383		
2055	3,852,119	191,062,904	4959.9%	4,382	882,615	43,777,225	4959.9%	1.0000	N/A	0.1318	N/A	0.868	0.837	0.0000	N/A	0.2291		
2056	3,213,482	170,613,222	5309.3%	3,792	707,918	37,585,453	5309.3%	1.0000	N/A	0.1345	N/A	0.866	0.834	0.0000	N/A	0.2203		
2057	2,673,072	151,736,953	5676.5%	3,272	595,178	32,100,190	5676.5%	1.0000	N/A	0.1373	N/A	0.863	0.832	0.0000	N/A	0.2118		
2058	2,217,921	134,227,234	6051.9%	2,817	451,673	27,334,947	6051.9%	1.0000	N/A	0.1390	N/A	0.861	0.830	0.0000	N/A	0.2036		
2059	1,836,085	118,247,696	6440.2%	2,421	359,506	23,152,908	6440.2%	1.0000	N/A	0.1407	N/A	0.859	0.828	0.0000	N/A	0.1958		
2060	1,516,823	103,783,615	6842.2%	2,077	285,511	19,537,856	6842.2%	1.0000	N/A	0.1421	N/A	0.858	0.826	0.0000	N/A	0.1883		
2061	1,250,475	90,794,115	7258.4%	1,778	226,338	16,428,486	7258.4%	1.0000	N/A	0.1441	N/A	0.856	0.824	0.0000	N/A	0.1810		
2062	1,029,066	769,131,036	7500.0%	1,525	179,985	13,773,947	7500.0%	1.0000	N/A	0.1451	N/A	0.855	0.823	0.0000	N/A	0.1743		
2063	845,460	60,911,748	8150.8%	1,297	141,464	11,530,473	8150.8%	1.0000	N/A	0.1467	N/A	0.853	0.822	0.0000	N/A	0.1673</		

**Exhibit I-A**  
**Metropolitan Life Insurance Company**  
**Nationwide Experience Projections With 99% Future Premium Rate Increase**  
**Policy Forms: LTC2-FAC, LTC2-VAL, LTC2-IDEAL and LTC2-PREM**  
**All VIP2 Policies**

Calendar Year	Loss Ratio Demonstration							Factors Derived from Projected Values for Illustrative Purposes Only							Interest Rate Factors	
	Without Interest				With Interest			Premium Rate Increase Factor	Benefit Downgrade	Persistency Factors				Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor	
	Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio			Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency			
Historical Experience	1998	-	-	N/A	-	-	-	N/A							4.01%	2.1516
	1999	-	-	N/A	-	-	-	N/A							4.01%	2.0687
	2000	-	-	N/A	-	-	-	N/A							4.01%	1.9890
	2001	-	-	N/A	-	-	-	N/A							4.01%	1.9124
	2002	-	-	N/A	-	-	-	N/A							4.01%	1.8387
	2003	-	-	N/A	-	-	-	N/A							4.01%	1.7678
	2004	-	-	N/A	-	-	-	N/A							4.01%	1.6997
	2005	2,359,204	-	0.0%	4,073	3,855,448	-	0.0%							4.01%	1.6342
	2006	31,432,207	939,324	3.0%	24,490	49,387,780	1,475,911	3.0%							4.01%	1.5712
	2007	84,063,648	1,065,734	1.3%	48,807	126,995,436	1,610,010	1.3%							4.01%	1.5107
	2008	143,533,823	3,306,789	2.3%	74,322	208,482,392	4,803,100	2.3%							4.01%	1.4525
	2009	183,796,327	5,073,277	2.8%	82,954	256,677,149	7,084,985	2.8%							4.01%	1.3965
	2010	195,508,374	6,717,730	3.4%	85,207	262,513,108	9,020,035	3.4%							4.01%	1.3427
	2011	196,410,679	8,931,841	4.5%	82,310	253,563,055	11,530,864	4.5%							4.01%	1.2910
	2012	190,032,569	15,157,874	8.0%	77,737	235,876,224	18,814,575	8.0%							4.01%	1.2412
	2013	183,327,866	12,729,841	6.9%	75,536	218,767,167	15,191,980	6.9%							4.01%	1.1934
	2014	175,861,517	16,580,573	9.4%	74,194	201,788,979	19,025,065	9.4%							4.01%	1.1474
	Projected Future Experience	2015	166,876,449	22,708,647	13.6%	72,734	184,101,331	25,052,619	13.6%							4.01%
2016		156,783,568	31,341,036	20.0%	71,441	166,302,075	33,243,786	20.0%							4.01%	1.0607
2017		146,358,109	34,419,488	23.5%	70,344	149,261,969	35,102,398	23.5%							4.01%	1.0198
2018		137,989,022	40,542,145	29.4%	68,777	135,304,475	39,753,406	29.4%	1.0000	1.0000	0.0223	1.0000	0.978	0.943	4.01%	0.9805
2019		137,682,920	47,195,850	34.3%	67,024	129,802,466	44,494,536	34.3%	1.0575	0.9982	0.0255	0.9973	0.975	0.948	4.01%	0.9428
2020		189,123,166	52,946,962	28.0%	63,842	171,428,432	47,993,140	28.0%	1.5726	0.9822	0.0475	0.9733	0.953	0.962	4.01%	0.9064
2021		194,081,118	61,233,712	31.6%	61,878	169,144,024	53,365,915	31.6%	1.6900	0.9786	0.0308	0.9678	0.969	0.964	4.01%	0.8715
2022		187,274,971	71,437,526	38.1%	60,221	156,923,636	59,859,768	38.1%	1.6900	0.9786	0.0268	0.9678	0.973	0.965	4.01%	0.8379
2023		180,325,040	83,250,919	46.2%	58,510	145,278,019	67,070,711	46.2%	1.6900	0.9786	0.0284	0.9678	0.972	0.963	4.01%	0.8056
2024		173,194,819	96,747,363	55.9%	56,745	134,157,210	74,940,789	55.9%	1.6900	0.9786	0.0302	0.9678	0.970	0.960	4.01%	0.7746
2025		165,931,435	111,997,707	67.5%	54,935	123,578,534	83,411,033	67.5%	1.6900	0.9786	0.0321	0.9678	0.968	0.958	4.01%	0.7448
2026		158,574,729	129,039,283	81.4%	53,055	113,549,075	92,399,913	81.4%	1.6900	0.9786	0.0341	0.9678	0.966	0.956	4.01%	0.7161
2027		151,103,011	147,804,254	97.8%	51,127	104,029,854	101,758,760	97.8%	1.6900	0.9786	0.0363	0.9678	0.964	0.953	4.01%	0.6885
2028		143,506,446	168,214,156	117.2%	49,153	94,992,984	111,348,061	117.2%	1.6900	0.9786	0.0386	0.9678	0.961	0.950	4.01%	0.6619
2029		135,827,336	190,405,458	140.0%	47,132	86,445,532	120,980,586	140.0%	1.6900	0.9786	0.0411	0.9678	0.959	0.946	4.01%	0.6364
2030		128,109,901	213,178,330	166.4%	45,070	78,392,283	130,446,873	166.4%	1.6900	0.9786	0.0438	0.9678	0.956	0.943	4.01%	0.6119
2031		120,359,211	237,148,237	197.0%	42,971	70,811,729	139,522,988	197.0%	1.6900	0.9786	0.0466	0.9678	0.953	0.939	4.01%	0.5883
2032		112,588,028	261,618,917	232.4%	40,843	63,687,372	147,989,281	232.4%	1.6900	0.9786	0.0495	0.9678	0.950	0.935	4.01%	0.5657
2033	104,888,911	286,145,039	272.8%	38,692	57,046,098	155,626,155	272.8%	1.6900	0.9786	0.0527	0.9678	0.947	0.932	4.01%	0.5439	
2034	97,276,554	309,943,083	318.6%	36,528	50,867,430	162,074,080	318.6%	1.6900	0.9786	0.0559	0.9678	0.944	0.927	4.01%	0.5229	
2035	89,769,608	332,243,325	370.1%	34,360	45,133,207	167,041,018	370.1%	1.6900	0.9786	0.0594	0.9678	0.941	0.923	4.01%	0.5028	
2036	82,442,467	352,561,102	427.6%	32,199	39,852,273	170,426,259	427.6%	1.6900	0.9786	0.0629	0.9678	0.937	0.918	4.01%	0.4834	
2037	75,349,244	370,746,627	492.0%	30,054	35,020,010	172,311,623	492.0%	1.6900	0.9786	0.0666	0.9678	0.933	0.914	4.01%	0.4648	
2038	68,512,903	385,794,762	563.1%	27,939	30,615,756	172,396,796	563.1%	1.6900	0.9786	0.0704	0.9678	0.930	0.909	4.01%	0.4469	
2039	61,957,522	397,007,068	640.8%	25,865	26,619,623	170,571,356	640.8%	1.6900	0.9786	0.0743	0.9678	0.926	0.904	4.01%	0.4296	
2040	55,727,267	404,205,135	725.3%	23,842	23,020,293	166,972,496	725.3%	1.6900	0.9786	0.0782	0.9678	0.922	0.899	4.01%	0.4131	
2041	49,861,465	407,989,213	817.0%	21,893	19,803,566	161,903,491	817.0%	1.6900	0.9786	0.0822	0.9678	0.918	0.895	4.01%	0.3972	
2042	44,367,387	406,651,069	916.6%	19,997	16,942,497	155,287,154	916.6%	1.6900	0.9786	0.0862	0.9678	0.914	0.890	4.01%	0.3819	
2043	39,270,947	402,131,994	1024.0%	18,193	14,418,505	147,644,573	1024.0%	1.6900	0.9786	0.0902	0.9678	0.910	0.885	4.01%	0.3672	
2044	34,568,244	393,842,198	1139.3%	16,480	12,202,854	139,029,307	1139.3%	1.6900	0.9786	0.0942	0.9678	0.906	0.880	4.01%	0.3530	
2045	30,267,634	382,122,862	1262.5%	14,862	10,273,013	129,694,746	1262.5%	1.6900	0.9786	0.0981	0.9678	0.902	0.876	4.01%	0.3394	
2046	26,363,597	367,549,231	1394.2%	13,346	8,603,185	119,941,354	1394.2%	1.6900	0.9786	0.1020	0.9678	0.898	0.871	4.01%	0.3263	
2047	22,848,880	350,489,047	1533.9%	11,933	7,168,937	109,967,489	1533.9%	1.6900	0.9786	0.1059	0.9678	0.894	0.867	4.01%	0.3138	
2048	19,704,145	331,430,601	1682.0%	10,626	5,944,053	99,981,054	1682.0%	1.6900	0.9786	0.1096	0.9678	0.890	0.862	4.01%	0.3017	
2049	16,909,187	310,765,252	1837.8%	9,423	4,904,368	90,134,864	1837.8%	1.6900	0.9786	0.1132	0.9678	0.887	0.858	4.01%	0.2900	
2050	14,442,199	289,033,170	2001.3%	8,324	4,027,439	80,601,531	2001.3%	1.6900	0.9786	0.1167	0.9678	0.883	0.854	4.01%	0.2789	
2051	12,281,052	266,902,702	2173.3%	7,324	3,282,808	71,562,224	2173.3%	1.6900	0.9786	0.1200	0.9678	0.880	0.850	4.01%	0.2691	
2052	10,398,754	244,604,618	2353.1%	6,421	2,680,695	63,079,831	2353.1%	1.6900	0.9786	0.1234	0.9678	0.877	0.847	4.01%	0.2578	
2053	8,768,878	222,757,487	2540.3%	5,609	2,173,429	55,212,024	2540.3%	1.6900	0.9786	0.1264	0.9678	0.874	0.843	4.01%	0.2479	
2054	7,366,109	201,468,907	2735.1%	4,884	1,755,395	48,011,429	2735.1%	1.6900	0.9786	0.1292	0.9678	0.871	0.840	4.01%	0.2383	
2055	6,165,627	180,953,590	2934.9%	4,241	1,412,697	41,460,932	2934.9%	1.6900	0.9786	0.1318	0.9678	0.868	0.837	4.01%	0.2291	
2056	5,143,437	161,585,919	3141.6%	3,670	1,133,080	35,596,772	3141.6%	1.6900	0.9786	0.1345	0.9678	0.866	0.834	4.01%	0.2203	
2057	4,278,466	143,708,411	3358.9%	3,167	906,213	30,438,591	3358.9%	1.6900	0.9786	0.1373	0.9678	0.863	0.832	4.01%	0.2116	
2058	3,549,962	127,125,148	3581.0%	2,726	722,938	25,888,630	3581.0%	1.6900	0.9786	0.1390	0.9678	0.861	0.830	4.01%	0.2036	
2059	2,938,803	111,991,101	3810.8%	2,343	575,418	21,927,866	3810.8%	1.6900	0.9786	0.1407	0.9678	0.859	0.828	4.01%	0.1958	
2060	2,427,797	98,292,328	4048.6%	2,010	457,047	18,504,090	4048.6%	1.6900	0.9786	0.1421	0.9678	0.858	0.826	4.01%	0.1883	
2061	2,001,486	85,961,702	4294.9%	1,720	362,273	15,559,239	4294.9%	1.6900	0.9786	0.1441	0.9678	0.856	0.824	4.01%	0.1810	
2062	1,547,093	74,960,146	4551.1%	1,471	286,640	13,045,148	4551.1%	1.6900	0.9786	0.1451	0.9678	0.855	0.823	4.01%	0.1740	
2063	1,353,227	65,265,564	4823.0%	1,255	226,425	10,905,148	4823.0%	1.6900	0.9786	0.1467	0.9678	0.853	0.822	4.01%	0.1673	
2064	1,110,050	56,694,889	5107.4%	1,070	178,579	9,120,802	5107.4%	1.6900	0.9786	0.1476	0.9678	0.852	0.820	4.01%	0.1609	

Exhibit II-A  
 Demonstration that Lifetime Incurred Claims with Requested Increase are  
 Not Less than Lifetime Earned Premium with Prescribed Factors  
 Policy Forms: LTC2-FAC, LTC2-VAL, LTC2-IDEAL and LTC2-PREM  
 All VIP2 Policies

1	Accumulated value of initial earned premium	2,317,591,114	x	58%	=	1,344,202,846
2a	Accumulated value of earned premium	2,317,591,114				
2b	Accumulated value of prior premium rate schedule increases (2a-1)	0		85%	=	0
3	Present value of future projected initial earned premium	1,478,635,582		58%	=	857,608,638
4a	Present value of future projected premium	2,551,246,301				
4b	Present value of future projected premium in excess of the projected initial earned premiums (4a-3)	1,072,610,719		85%	=	911,719,111
5	<b>Lifetime Earned Premium Times Prescribed Factor: Sum of 1, 2b, 3, and 4b</b>					<b>3,113,530,595</b>
6a	Accumulated value of incurred claims without the inclusion of active life reserves					181,955,327
6b	Present value of future projected incurred claims without the inclusion of active life reserves					4,390,551,414
7	<b>Lifetime Incurred Claims with Rate Increase: Sum of 6a and 6b</b>					<b>4,572,506,741</b>
8	Test: 7 is not less than 5					TRUE

**Exhibit I-B**  
**Metropolitan Life Insurance Company**  
**Virginia Experience Projections With No Premium Rate Increase**  
**Policy Forms: LTC2-FAC, LTC2-VAL, LTC2-IDEAL and LTC2-PREM**  
**All VIP2 Policies**

	Calendar Year	Loss Ratio Demonstration						Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors		
		Without Interest			Life Years	With Interest			Premium Rate Increase Factor	Benefit Downgrade	Persistency Factors			Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor	
		Earned Premium	Incurred Claims	Loss Ratio		Earned Premium	Incurred Claims	Loss Ratio			Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency			Premium Persistency
Historical Experience	1998	-	-	N/A	-	-	-	N/A						4.01%	2.1516	
	1999	-	-	N/A	-	-	-	N/A						4.01%	2.0687	
	2000	-	-	N/A	-	-	-	N/A						4.01%	1.9890	
	2001	-	-	N/A	-	-	-	N/A						4.01%	1.9124	
	2002	-	-	N/A	-	-	-	N/A						4.01%	1.8397	
	2003	-	-	N/A	-	-	-	N/A						4.01%	1.7678	
	2004	-	-	N/A	-	-	-	N/A						4.01%	1.6997	
	2005	3,387	-	0.0%	31	5,535	-	0.0%						4.01%	1.6342	
	2006	738,836	359,903	48.7%	696	1,160,895	565,496	48.7%						4.01%	1.5712	
	2007	1,948,661	-	0.0%	1,382	2,943,854	-	0.0%						4.01%	1.5107	
	2008	3,199,200	-	0.0%	2,013	4,646,828	-	0.0%						4.01%	1.4525	
	2009	4,252,242	9,650	0.2%	2,255	5,938,385	13,477	0.2%						4.01%	1.3965	
	2010	4,493,902	95,835	2.1%	2,236	6,034,054	128,680	2.1%						4.01%	1.3427	
	2011	4,525,200	150,403	3.3%	2,176	5,841,962	194,168	3.3%						4.01%	1.2910	
	2012	4,384,363	355,866	8.1%	2,106	5,442,051	441,716	8.1%						4.01%	1.2412	
	2013	4,267,898	399,967	9.4%	1,999	5,093,372	477,326	9.4%						4.01%	1.1934	
	Projected Future Experience	2014	4,236,928	475,605	11.2%	1,952	4,861,584	545,724	11.2%						4.01%	1.1474
2015		4,114,039	776,518	18.9%	1,907	4,538,687	856,669	18.9%						4.01%	1.1033	
2016		3,925,640	899,955	22.9%	1,857	4,163,970	954,593	22.9%						4.01%	1.0607	
2017		3,748,068	408,519	10.9%	1,819	3,822,432	416,624	10.9%						4.01%	1.0198	
2018		3,518,375	906,664	25.8%	1,781	3,449,926	889,025	25.8%	1.0000	N/A	0.0210	N/A	0.979	0.939	4.01%	0.9805
2019		3,249,898	1,067,325	32.8%	1,743	3,063,886	1,006,236	32.8%	1.0000	N/A	0.0214	N/A	0.979	0.924	4.01%	0.9428
2020		3,123,883	1,253,421	40.1%	1,704	2,829,793	1,136,149	40.1%	1.0000	N/A	0.0223	N/A	0.978	0.961	4.01%	0.9064
2021		2,995,317	1,470,092	49.1%	1,664	2,610,454	1,281,203	49.1%	1.0000	N/A	0.0235	N/A	0.977	0.959	4.01%	0.8715
2022		2,894,076	1,724,368	59.6%	1,623	2,425,038	1,444,903	59.6%	1.0000	N/A	0.0248	N/A	0.975	0.966	4.01%	0.8379
2023		2,789,314	2,018,480	72.4%	1,580	2,247,198	1,626,179	72.4%	1.0000	N/A	0.0262	N/A	0.974	0.964	4.01%	0.8056
2024		2,685,533	2,356,221	87.7%	1,537	2,080,221	1,825,136	87.7%	1.0000	N/A	0.0277	N/A	0.972	0.963	4.01%	0.7746
2025		2,578,921	2,739,144	106.2%	1,491	1,920,668	2,039,995	106.2%	1.0000	N/A	0.0294	N/A	0.971	0.960	4.01%	0.7448
2026		2,470,819	3,169,919	128.3%	1,445	1,769,255	2,269,853	128.3%	1.0000	N/A	0.0312	N/A	0.969	0.958	4.01%	0.7161
2027		2,359,363	3,644,435	154.5%	1,397	1,624,350	2,509,083	154.5%	1.0000	N/A	0.0332	N/A	0.967	0.955	4.01%	0.6865
2028		2,246,925	4,165,202	185.4%	1,348	1,487,335	2,757,123	185.4%	1.0000	N/A	0.0352	N/A	0.965	0.952	4.01%	0.6619
2029		2,129,903	4,722,857	221.7%	1,297	1,355,549	3,005,801	221.7%	1.0000	N/A	0.0374	N/A	0.963	0.948	4.01%	0.6394
2030		2,011,750	5,318,227	264.4%	1,246	1,231,019	3,254,299	264.4%	1.0000	N/A	0.0397	N/A	0.960	0.945	4.01%	0.6183
2031	1,893,669	5,944,010	313.9%	1,193	1,114,115	3,497,079	313.9%	1.0000	N/A	0.0421	N/A	0.958	0.941	4.01%	0.5989	
2032	1,776,924	6,580,427	370.3%	1,140	1,005,148	3,722,332	370.3%	1.0000	N/A	0.0446	N/A	0.955	0.938	4.01%	0.5657	
2033	1,660,211	7,226,211	435.2%	1,086	903,056	3,930,131	435.2%	1.0000	N/A	0.0473	N/A	0.953	0.934	4.01%	0.5436	
2034	1,544,720	7,851,581	508.3%	1,032	807,758	4,105,715	508.3%	1.0000	N/A	0.0501	N/A	0.950	0.930	4.01%	0.5229	
2035	1,430,609	8,448,448	590.5%	977	719,263	4,247,602	590.5%	1.0000	N/A	0.0531	N/A	0.947	0.926	4.01%	0.5028	
2036	1,318,262	8,994,954	682.3%	922	637,241	4,348,116	682.3%	1.0000	N/A	0.0560	N/A	0.944	0.921	4.01%	0.4834	
2037	1,209,568	9,483,044	784.0%	868	562,170	4,407,427	784.0%	1.0000	N/A	0.0591	N/A	0.941	0.918	4.01%	0.4648	
2038	1,104,493	9,900,700	896.4%	814	493,555	4,424,238	896.4%	1.0000	N/A	0.0622	N/A	0.938	0.913	4.01%	0.4469	
2039	1,001,703	10,238,656	1022.1%	761	430,375	4,398,968	1022.1%	1.0000	N/A	0.0653	N/A	0.935	0.907	4.01%	0.4305	
2040	904,633	10,472,555	1157.7%	708	373,963	4,326,092	1157.7%	1.0000	N/A	0.0685	N/A	0.931	0.903	4.01%	0.4131	
2041	813,773	10,595,211	1302.0%	658	323,207	4,208,119	1302.0%	1.0000	N/A	0.0716	N/A	0.928	0.900	4.01%	0.3972	
2042	728,466	10,630,708	1459.3%	609	278,178	4,059,530	1459.3%	1.0000	N/A	0.0748	N/A	0.925	0.895	4.01%	0.3819	
2043	649,066	10,584,752	1630.8%	561	238,308	3,886,239	1630.8%	1.0000	N/A	0.0778	N/A	0.922	0.891	4.01%	0.3672	
2044	575,609	10,446,616	1814.9%	516	203,194	3,687,735	1814.9%	1.0000	N/A	0.0808	N/A	0.919	0.887	4.01%	0.3535	
2045	508,064	10,230,886	2013.7%	473	172,440	3,472,423	2013.7%	1.0000	N/A	0.0837	N/A	0.916	0.883	4.01%	0.3394	
2046	446,499	9,945,586	2227.5%	432	145,705	3,245,525	2227.5%	1.0000	N/A	0.0864	N/A	0.914	0.879	4.01%	0.3263	
2047	390,636	9,586,062	2454.0%	393	122,564	3,007,669	2454.0%	1.0000	N/A	0.0892	N/A	0.911	0.875	4.01%	0.3138	
2048	340,325	9,159,989	2691.5%	357	102,664	2,763,249	2691.5%	1.0000	N/A	0.0918	N/A	0.908	0.871	4.01%	0.3017	
2049	295,292	8,691,588	2943.4%	324	85,647	2,520,922	2943.4%	1.0000	N/A	0.0941	N/A	0.906	0.868	4.01%	0.2900	
2050	255,208	8,202,809	3214.2%	292	71,169	2,287,485	3214.2%	1.0000	N/A	0.0964	N/A	0.904	0.864	4.01%	0.2789	
2051	219,758	7,687,066	3496.0%	264	58,922	2,061,064	3496.0%	1.0000	N/A	0.0988	N/A	0.901	0.861	4.01%	0.2681	
2052	188,556	7,155,097	3794.7%	237	48,608	1,844,513	3794.7%	1.0000	N/A	0.1008	N/A	0.899	0.858	4.01%	0.2578	
2053	161,268	6,626,669	4109.1%	213	39,971	1,642,467	4109.1%	1.0000	N/A	0.1027	N/A	0.897	0.855	4.01%	0.2479	
2054	137,508	6,103,699	4438.8%	190	32,769	1,454,554	4438.8%	1.0000	N/A	0.1043	N/A	0.896	0.853	4.01%	0.2383	
2055	116,920	5,601,926	4791.2%	170	26,789	1,283,540	4791.2%	1.0000	N/A	0.1058	N/A	0.894	0.850	4.01%	0.2291	
2056	99,118	5,107,923	5153.4%	152	21,835	1,125,256	5153.4%	1.0000	N/A	0.1075	N/A	0.893	0.848	4.01%	0.2203	
2057	83,832	4,638,399	5533.0%	135	17,756	982,450	5533.0%	1.0000	N/A	0.1089	N/A	0.891	0.846	4.01%	0.2118	
2058	70,773	4,206,256	5943.3%	120	14,413	856,591	5943.3%	1.0000	N/A	0.1105	N/A	0.890	0.844	4.01%	0.2036	
2059	59,643	3,804,864	6379.4%	107	11,678	744,993	6379.4%	1.0000	N/A	0.1111	N/A	0.889	0.843	4.01%	0.1958	
2060	50,172	3,432,361	6841.2%	95	9,445	646,162	6841.2%	1.0000	N/A	0.1115	N/A	0.888	0.841	4.01%	0.1883	
2061	42,125	3,085,656	7325.1%	84	7,625	558,510	7325.1%	1.0000	N/A	0.1129	N/A	0.887	0.840	4.01%	0.1810	
2062	35,303	2,770,521	7847.7%	75	6,144	482,148	7847.7%	1.0000	N/A	0.1140	N/A	0.886	0.838	4.01%	0.1740	
2063	29,529	2,494,895	8449.0%	66	4,941	417,452	8449.0%	1.0000	N/A	0.1149	N/A	0.885	0.836	4.01%	0.1673	
2064	24,641	2,249,093	9127.3%	58	3,964	361,823	9127.3%	1.0000	N/A	0.1172	N/A	0.883	0.834	4.01%	0.1609	
2065	20,525	2,018,425	9834.0%	52	3,175	312,203	9834.0%	1.0000	N/A	0.1179	N/A	0.882	0.833	4.01%	0.1547	
2066	17,070	1,813,831	10626.0%	45	2,539	269,747	10626.0%	1.0000	N/A	0.1189	N/A	0.881	0.832	4.01%	0.1487	
2067	14,162	1,635,252	11546.5%	40	2,025	233,819	11546.5%	1.0000	N/A	0.1218	N/A	0.878	0.830	4.01%	0.1430	
2068	11,712	1,481,076	12645.5%	35	1,610	203,614	12645.5%	1.0000	N/A	0.1231	N/A	0.877	0.827	4.01%	0.1375	
2069	9,651	1,335,841	13841.0%	31	1,276	176,571	13841.0%	1.0000	N/A	0.1275	N/A	0.872	0.824	4.01%	0.1322	
2070	7,927	1,207,612	15234.2%	27	1,007	153,472	15234.2%	1.0000	N/A	0.1282	N/A	0.872	0.821	4.01%	0.1271	
2071	6,489	1,095,039	16875.1%	23	793	133,803	16875.1%	1.0000	N/A	0.1323	N/A	0.868	0.819	4.01%	0.1222	
2072	5,286	984,530	18625.5%	20	621	115,664	18625.5%	1.0000								

**Exhibit I-B**  
**Metropolitan Life Insurance Company**  
**Virginia Experience Projections With 99% Future Premium Rate Increase**  
**Policy Forms: LTC2-FAC, LTC2-VAL, LTC2-DEAL and LTC2-PREM**  
**All VIP2 Policies**

	Calendar Year	Loss Ratio Demonstration										Factors Derived from Projected Values for Illustrative Purposes Only										Interest Rate Factors	
		Without Interest					With Interest					Premium Rate Increase		Benefit Downgrade		Persistence Factors						Calendar Year	Mid-Year
		Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio	Premium Rate Increase Factor	Benefit Downgrade	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistence	Policy Persistence	Premium Persistence	Effective Int Rate	Disc / Accum Factor						
Historical Experience	1998	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	-	-	-	4.01%	2.1516				
	1999	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	-	-	-	4.01%	2.0687				
	2000	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	-	-	-	4.01%	1.9890				
	2001	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	-	-	-	4.01%	1.9124				
	2002	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	-	-	-	4.01%	1.8397				
	2003	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	-	-	-	4.01%	1.7678				
	2004	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	-	-	-	4.01%	1.6997				
	2005	3,387	-	0.0%	31	5,535	-	0.0%	-	-	-	-	-	-	-	-	-	4.01%	1.6342				
	2006	738,836	359,903	48.7%	696	1,160,895	565,496	48.7%	-	-	-	-	-	-	-	-	-	4.01%	1.5712				
	2007	1,948,661	-	0.0%	1,382	2,943,854	-	0.0%	-	-	-	-	-	-	-	-	-	4.01%	1.5107				
	2008	3,199,200	-	0.0%	2,013	4,646,828	-	0.0%	-	-	-	-	-	-	-	-	-	4.01%	1.4525				
	2009	4,252,242	9,650	0.2%	2,255	5,938,385	13,477	0.2%	-	-	-	-	-	-	-	-	-	4.01%	1.3965				
	2010	4,493,902	95,835	2.1%	2,236	6,034,054	128,680	2.1%	-	-	-	-	-	-	-	-	-	4.01%	1.3427				
	2011	4,525,200	150,403	3.3%	2,176	5,841,962	194,168	3.3%	-	-	-	-	-	-	-	-	-	4.01%	1.2910				
	2012	4,384,363	355,866	8.1%	2,106	5,442,051	441,716	8.1%	-	-	-	-	-	-	-	-	-	4.01%	1.2412				
	2013	4,267,898	399,967	9.4%	1,999	5,093,372	477,326	9.4%	-	-	-	-	-	-	-	-	-	4.01%	1.1934				
	2014	4,236,928	475,605	11.2%	1,952	4,861,584	545,724	11.2%	-	-	-	-	-	-	-	-	-	4.01%	1.1474				
	2015	4,114,039	776,518	18.9%	1,907	4,538,687	856,669	18.9%	-	-	-	-	-	-	-	-	-	4.01%	1.1032				
2016	3,925,640	899,955	22.9%	1,857	4,163,970	954,593	22.9%	-	-	-	-	-	-	-	-	-	4.01%	1.0607					
2017	3,748,068	408,519	10.9%	1,819	3,822,432	416,624	10.9%	-	-	-	-	-	-	-	-	-	4.01%	1.0198					
Projected Future Experience	2018	3,518,375	906,664	25.8%	1,781	3,449,926	889,025	25.8%	1.0000	1.0000	0.0210	1.0000	0.979	0.939	0.908	0.878	0.848	0.818	0.788	0.758	4.01%	0.9605	
	2019	3,421,432	1,062,563	31.1%	1,738	3,225,003	1,001,746	31.1%	1.0575	0.9982	0.0240	0.9973	0.976	0.924	0.894	0.864	0.834	0.804	0.774	0.744	4.01%	0.9428	
	2020	4,693,439	1,198,263	25.5%	1,659	4,254,312	1,086,151	25.5%	1.5726	0.9822	0.0458	0.9733	0.954	0.961	0.931	0.901	0.871	0.841	0.811	0.781	4.01%	0.9064	
	2021	4,794,245	1,392,308	29.0%	1,610	4,178,242	1,213,413	29.0%	1.6900	0.9786	0.0290	0.9678	0.971	0.959	0.929	0.899	0.869	0.839	0.809	0.779	4.01%	0.8715	
	2022	4,632,201	1,633,130	35.3%	1,571	3,881,468	1,368,452	35.3%	1.6900	0.9786	0.0248	0.9678	0.975	0.966	0.936	0.906	0.876	0.846	0.816	0.786	4.01%	0.8379	
	2023	4,464,522	1,911,680	42.8%	1,529	3,596,821	1,540,136	42.8%	1.6900	0.9786	0.0262	0.9678	0.974	0.964	0.934	0.904	0.874	0.844	0.814	0.784	4.01%	0.8056	
	2024	4,298,411	2,231,551	51.9%	1,487	3,329,562	1,728,566	51.9%	1.6900	0.9786	0.0277	0.9678	0.972	0.963	0.933	0.903	0.873	0.843	0.813	0.783	4.01%	0.7746	
	2025	4,127,770	2,584,213	62.8%	1,443	3,074,184	1,932,057	62.8%	1.6900	0.9786	0.0294	0.9678	0.971	0.960	0.930	0.900	0.870	0.840	0.810	0.780	4.01%	0.7448	
	2026	3,954,745	3,002,195	75.9%	1,398	2,831,836	2,149,753	75.9%	1.6900	0.9786	0.0312	0.9678	0.969	0.958	0.928	0.898	0.868	0.838	0.808	0.778	4.01%	0.7161	
	2027	3,776,351	3,451,604	91.4%	1,352	2,599,903	2,376,325	91.4%	1.6900	0.9786	0.0332	0.9678	0.967	0.955	0.925	0.895	0.865	0.835	0.805	0.775	4.01%	0.6885	
	2028	3,596,385	3,944,817	109.7%	1,304	2,380,599	2,611,241	109.7%	1.6900	0.9786	0.0352	0.9678	0.965	0.952	0.922	0.892	0.862	0.832	0.802	0.772	4.01%	0.6619	
	2029	3,409,867	4,472,067	131.2%	1,256	2,169,665	2,846,761	131.2%	1.6900	0.9786	0.0374	0.9678	0.963	0.948	0.918	0.888	0.858	0.828	0.798	0.768	4.01%	0.6368	
	2030	3,219,968	5,036,835	156.4%	1,206	1,970,345	3,082,111	156.4%	1.6900	0.9786	0.0397	0.9678	0.960	0.945	0.915	0.885	0.855	0.825	0.795	0.765	4.01%	0.6119	
	2031	3,030,970	5,629,507	185.7%	1,155	1,783,230	3,312,045	185.7%	1.6900	0.9786	0.0421	0.9678	0.958	0.941	0.911	0.881	0.851	0.821	0.791	0.761	4.01%	0.5883	
	2032	2,844,110	6,232,250	219.1%	1,103	1,608,820	3,525,380	219.1%	1.6900	0.9786	0.0446	0.9678	0.955	0.938	0.908	0.878	0.848	0.818	0.788	0.758	4.01%	0.5657	
	2033	2,657,638	6,843,866	257.5%	1,051	1,445,414	3,722,184	257.5%	1.6900	0.9786	0.0473	0.9678	0.953	0.934	0.904	0.874	0.844	0.814	0.784	0.754	4.01%	0.5439	
	2034	2,472,449	7,436,147	300.8%	999	1,292,862	3,888,477	300.8%	1.6900	0.9786	0.0501	0.9678	0.950	0.930	0.900	0.870	0.840	0.810	0.780	0.750	4.01%	0.5229	
	2035	2,289,804	8,001,433	349.4%	945	1,151,238	4,022,857	349.4%	1.6900	0.9786	0.0531	0.9678	0.949	0.928	0.898	0.868	0.838	0.808	0.778	0.748	4.01%	0.5028	
	2036	2,109,984	8,519,023	403.7%	893	1,019,956	4,118,053	403.7%	1.6900	0.9786	0.0560	0.9678	0.944	0.921	0.891	0.861	0.831	0.801	0.771	0.741	4.01%	0.4834	
	2037	1,936,011	8,981,288	463.9%	840	899,799	4,174,226	463.9%	1.6900	0.9786	0.0591	0.9678	0.941	0.918	0.888	0.858	0.828	0.798	0.768	0.738	4.01%	0.4648	
	2038	1,767,830	9,376,845	530.4%	788	798,975	4,190,148	530.4%	1.6900	0.9786	0.0622	0.9678	0.938	0.913	0.883	0.853	0.823	0.793	0.763	0.733	4.01%	0.4469	
	2039	1,603,306	9,696,919	604.8%	736	688,849	4,166,215	604.8%	1.6900	0.9786	0.0653	0.9678	0.935	0.907	0.877	0.847	0.817	0.787	0.757	0.727	4.01%	0.4296	
	2040	1,447,937	9,918,442	685.0%	686	598,126	4,097,194	685.0%	1.6900	0.9786	0.0685	0.9678	0.931	0.903	0.873	0.843	0.813	0.783	0.753	0.723	4.01%	0.4131	
	2041	1,302,509	10,034,609	770.4%	637	517,320	3,985,463	770.4%	1.6900	0.9786	0.0716	0.9678	0.928	0.900	0.870	0.840	0.810	0.780	0.750	0.720	4.01%	0.3972	
	2042	1,165,968	10,068,227	863.5%	589	445,246	3,844,737	863.5%	1.6900	0.9786	0.0748	0.9678	0.925	0.896	0.866	0.836	0.806	0.776	0.746	0.716	4.01%	0.3819	
	2043	1,038,883	10,024,703	965.0%	543	381,431	3,680,615	965.0%	1.6900	0.9786	0.0778	0.9678	0.922	0.891	0.861	0.831	0.801	0.771	0.741	0.711	4.01%	0.3672	
	2044	921,309	9,893,876	1073.9%	499	325,229	3,492,614	1073.9%	1.6900	0.9786	0.0808	0.9678	0.919	0.887	0.857	0.827	0.797	0.767	0.737	0.707	4.01%	0.3530	
	2045	813,197	9,689,561	1191.5%	457	276,004	3,288,694	1191.5%	1.6900	0.9786	0.0837	0.9678	0.916	0.883	0.853	0.823	0.793	0.763	0.733	0.703	4.01%	0.3394	
	2046	714,658	9,419,355	1318.0%	418	233,213	3,073,801	1318.0%	1.6900	0.9786	0.0864	0.9678	0.914	0.879	0.849	0.819	0.789	0.759	0.729	0.699	4.01%	0.3263	
	2047	625,244	9,078,855	1452.0%	381	196,173	2,848,531	1452.0%	1.6900	0.9786	0.0892	0.9678	0.911	0.875	0.845	0.815	0.785	0.755	0.725	0.695	4.01%	0.3138	
	2048	544,718	8,675,325	1592.6%	346	164,323	2,617,043	1592.6%	1.6900	0.9786	0.0918	0.9678	0.908	0.871	0.841	0.811	0.781	0.751	0.721	0.691	4.01%	0.3017	
	2049	472,638	8,231,708	1741.7%	313	137,085	2,387,538	1741.7%	1.6900	0.9786	0.0941	0.9678	0.906	0.868	0.838	0.808	0.778	0.748	0.718	0.688	4.01%	0.2900	
	2050	408,480	7,768,790	1901.9%	283	113,911	2,166,452	1901.9%	1.6900	0.9786	0.0964	0.9678	0.904	0.864	0.834	0.804	0.774	0.744	0.714	0.684	4.01%	0.2801	
2051	351,741	7,280,337	2069.8%	255	94,309	1,952,011	2069.8%	1.6900	0.9786	0.1098	0.9678	0.901	0.861	0.831	0.801	0.771	0.741	0.711	0.681	4.01%	0.2693		
2052	301,799	6,776,514	2245.4%	229	77,801	1,746,918	2245.4%	1.6900	0.9786	0.1008	0.9678	0.899	0.858	0.828	0.798	0.768	0.738	0.708	0.678	4.01%	0.2578		
2053	258,122	6,276,046	2431.4%	206	63,787	1,555,562	2431.4%	1.6900	0.9786	0.1027	0.9678	0.897	0.855	0.825	0.795								



Exhibit II-B  
 Demonstration that Lifetime Incurred Claims with Requested Increase are  
 Not Less than Lifetime Earned Premium with Prescribed Factors  
 Policy Forms: LTC2-FAC, LTC2-VAL, LTC2-IDEAL and LTC2-PREM  
 All VIP2 Policies

1	Accumulated value of initial earned premium	54,493,608	x	58%	=	31,606,293
2a	Accumulated value of earned premium	54,493,608				
2b	Accumulated value of prior premium rate schedule increases (2a-1)	0		85%	=	0
3	Present value of future projected initial earned premium	37,204,050		58%	=	21,578,349
4a	Present value of future projected premium	64,188,377				
4b	Present value of future projected premium in excess of the projected initial earned premiums (4a-3)	26,984,327		85%	=	22,936,678
<b>5</b>	<b>Lifetime Earned Premium Times Prescribed Factor: Sum of 1, 2b, 3, and 4b</b>					<b>76,121,320</b>
6a	Accumulated value of incurred claims without the inclusion of active life reserves					4,594,473
6b	Present value of future projected incurred claims without the inclusion of active life reserves					110,213,666
<b>7</b>	<b>Lifetime Incurred Claims with Rate Increase: Sum of 6a and 6b</b>					<b>114,808,139</b>
8	Test: 7 is not less than 5					TRUE

Attachment 1  
Metropolitan Life Insurance Company  
Policy Forms: LTC2-FAC, LTC2-FAC-P, LTC2-VAL, LTC2-VAL-P, LTC2-IDEAL, LTC2-IDEAL-P and LTC2-PREM  
Assumptions Summary

	VIP2 Series (with Application Dates On or Before January 15, 2009)	VIP2 Series (with Application Dates After June 15, 2009 on New Rate Basis)	2018 Rate Action Assumptions																																																																																						
Interest Rate:	4.00%	4.00%	Maximum valuation interest rate for contract reserves, which average to 4.01%																																																																																						
Mortality:	105% of Annuity 2000 Basic table With Mortality Improvement using Projection Scale H  Mortality Selection Factors of: <table><tr><th>Duration</th><th>Mortality Selection</th></tr><tr><td>1</td><td>67%</td></tr><tr><td>2</td><td>78%</td></tr><tr><td>3</td><td>85%</td></tr><tr><td>4</td><td>88%</td></tr><tr><td>5</td><td>91%</td></tr><tr><td>6</td><td>95%</td></tr><tr><td>7</td><td>98%</td></tr><tr><td>8+</td><td>100%</td></tr></table>	Duration	Mortality Selection	1	67%	2	78%	3	85%	4	88%	5	91%	6	95%	7	98%	8+	100%	88% of Annuity 2000 Basic table With Mortality Selection Factors of: <table><tr><th>Duration</th><th>Mortality Selection</th></tr><tr><td>1</td><td>33%</td></tr><tr><td>2</td><td>40%</td></tr><tr><td>3</td><td>47%</td></tr><tr><td>4</td><td>53%</td></tr><tr><td>5</td><td>60%</td></tr><tr><td>6</td><td>67%</td></tr><tr><td>7</td><td>73%</td></tr><tr><td>8</td><td>80%</td></tr><tr><td>9</td><td>87%</td></tr><tr><td>10</td><td>93%</td></tr><tr><td>11+</td><td>100%</td></tr></table>	Duration	Mortality Selection	1	33%	2	40%	3	47%	4	53%	5	60%	6	67%	7	73%	8	80%	9	87%	10	93%	11+	100%	88% of Annuity 2000 Basic table With Mortality Selection Factors of: <table><tr><th>Duration</th><th>Mortality Selection</th></tr><tr><td>1</td><td>25%</td></tr><tr><td>2</td><td>50%</td></tr><tr><td>3</td><td>55%</td></tr><tr><td>4</td><td>65%</td></tr><tr><td>5</td><td>70%</td></tr><tr><td>6</td><td>75%</td></tr><tr><td>7</td><td>80%</td></tr><tr><td>8</td><td>85%</td></tr><tr><td>9</td><td>90%</td></tr><tr><td>10</td><td>95%</td></tr><tr><td>11+</td><td>100%</td></tr></table>	Duration	Mortality Selection	1	25%	2	50%	3	55%	4	65%	5	70%	6	75%	7	80%	8	85%	9	90%	10	95%	11+	100%																				
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Voluntary Lapse Rates:	<table><tr><th>Duration</th><th>Lapse Rate</th></tr><tr><td>1</td><td>6.25%</td></tr><tr><td>2</td><td>3.50%</td></tr><tr><td>3-7</td><td>3.00%</td></tr><tr><td>8</td><td>2.50%</td></tr><tr><td>9</td><td>2.25%</td></tr><tr><td>10-12</td><td>2.00%</td></tr><tr><td>13-14</td><td>1.75%</td></tr><tr><td>15+</td><td>1.50%</td></tr></table>	Duration	Lapse Rate	1	6.25%	2	3.50%	3-7	3.00%	8	2.50%	9	2.25%	10-12	2.00%	13-14	1.75%	15+	1.50%	<table><tr><th>Duration</th><th>Lapse Rate</th></tr><tr><td>1</td><td>5.50%</td></tr><tr><td>2</td><td>3.00%</td></tr><tr><td>3</td><td>1.75%</td></tr><tr><td>4</td><td>1.55%</td></tr><tr><td>5</td><td>1.40%</td></tr><tr><td>6</td><td>1.20%</td></tr><tr><td>7</td><td>1.00%</td></tr><tr><td>8</td><td>0.95%</td></tr><tr><td>9+</td><td>0.90%</td></tr></table>	Duration	Lapse Rate	1	5.50%	2	3.00%	3	1.75%	4	1.55%	5	1.40%	6	1.20%	7	1.00%	8	0.95%	9+	0.90%	<table><tr><th>Duration</th><th>Lapse Rate</th></tr><tr><td>1</td><td>5.00%</td></tr><tr><td>2</td><td>4.50%</td></tr><tr><td>3</td><td>4.00%</td></tr><tr><td>4</td><td>3.50%</td></tr><tr><td>5</td><td>2.50%</td></tr><tr><td>6</td><td>2.00%</td></tr><tr><td>7</td><td>1.80%</td></tr><tr><td>8</td><td>1.50%</td></tr><tr><td>9</td><td>1.30%</td></tr><tr><td>10</td><td>1.10%</td></tr><tr><td>11+</td><td>0.90%</td></tr></table>	Duration	Lapse Rate	1	5.00%	2	4.50%	3	4.00%	4	3.50%	5	2.50%	6	2.00%	7	1.80%	8	1.50%	9	1.30%	10	1.10%	11+	0.90%																								
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Morbidity:	Morbidity underwriting savings vary by duration. However, we do not have the actual rates.	The bases for the morbidity assumptions used in pricing are based on MetLife's internal data and experience studies. These studies analyzed incidence rates, claim continuance rates and utilization for MetLife's existing block of Long Term Care business including individually underwritten business. The results of the studies were modified to reflect specific plan features. <table><tr><th>Duration</th><th>U/W Selection</th></tr><tr><td>1</td><td>64%</td></tr><tr><td>2</td><td>77%</td></tr><tr><td>3</td><td>100%</td></tr></table> Sample Incidence Rates (before gross-up to zero-day elimination) <table><tr><th rowspan="2">Attained Age</th><th colspan="2">Male</th><th colspan="2">Female</th></tr><tr><th>Facility Care</th><th>Home Care</th><th>Facility Care</th><th>Home Care</th></tr><tr><td>81</td><td>1.01%</td><td>0.35%</td><td>1.31%</td><td>0.58%</td></tr><tr><td>82</td><td>1.22%</td><td>0.39%</td><td>1.64%</td><td>0.61%</td></tr><tr><td>83</td><td>1.39%</td><td>0.48%</td><td>1.88%</td><td>0.63%</td></tr><tr><td>84</td><td>1.60%</td><td>0.56%</td><td>2.26%</td><td>0.77%</td></tr><tr><td>85</td><td>1.90%</td><td>0.67%</td><td>2.94%</td><td>1.01%</td></tr></table>	Duration	U/W Selection	1	64%	2	77%	3	100%	Attained Age	Male		Female		Facility Care	Home Care	Facility Care	Home Care	81	1.01%	0.35%	1.31%	0.58%	82	1.22%	0.39%	1.64%	0.61%	83	1.39%	0.48%	1.88%	0.63%	84	1.60%	0.56%	2.26%	0.77%	85	1.90%	0.67%	2.94%	1.01%	Current IB block experience with morbidity U/W Selection Factors of: <table><tr><th>Duration</th><th>U/W Selection</th></tr><tr><td>1</td><td>64%</td></tr><tr><td>2</td><td>77%</td></tr><tr><td>3</td><td>100%</td></tr><tr><td>4+</td><td>100%</td></tr></table> Sample Ultimate Smoothed Incidence Rates (before gross-up to zero-day elimination) <sup>3</sup> <table><tr><th rowspan="2">Attained Age</th><th colspan="2">Male</th><th colspan="2">Female</th></tr><tr><th>Facility Care</th><th>Home Care</th><th>Facility Care</th><th>Home Care</th></tr><tr><td>81</td><td>1.19%</td><td>1.06%</td><td>1.65%</td><td>1.11%</td></tr><tr><td>82</td><td>1.40%</td><td>1.23%</td><td>1.99%</td><td>1.29%</td></tr><tr><td>83</td><td>1.64%</td><td>1.41%</td><td>2.36%</td><td>1.48%</td></tr><tr><td>84</td><td>1.90%</td><td>1.60%</td><td>2.78%</td><td>1.67%</td></tr><tr><td>85</td><td>2.18%</td><td>1.81%</td><td>3.24%</td><td>1.87%</td></tr></table> <u>Change</u> In 2018, incidence curves were reshaped to better reflect the emerged experience over the years.  In 2016, termination curves were constructed separately for deaths and recoveries, gender and care path. Coefficients to an exponential-shaped curve were based on experience adjusted to minimize differences between actual and expected terminations in total as well as at periodic duration points along the curves. Death and recovery termination rates were recombined into a single termination table for modelling and valuation uses. Minor adjustments made to Male Facility and Male Home Care.	Duration	U/W Selection	1	64%	2	77%	3	100%	4+	100%	Attained Age	Male		Female		Facility Care	Home Care	Facility Care	Home Care	81	1.19%	1.06%	1.65%	1.11%	82	1.40%	1.23%	1.99%	1.29%	83	1.64%	1.41%	2.36%	1.48%	84	1.90%	1.60%	2.78%	1.67%	85	2.18%	1.81%	3.24%	1.87%
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Incidence:	Incidence rates for nursing home care were based on a study published by the Society of Actuaries based on the 1985 NNHS with modifications.																																																																																								
Continuance:	Continuance rates for nursing home care were based on a study published by the Society of Actuaries based on the 1985 NNHS with modifications.	Continuance rates were based on MetLife's experience study.																																																																																							
Utilization:	Home care prevalence rates were based on 1982-1984 National Long Term Care Surveys with modifications. Note that the actual utilization assumption at original pricing is not available.	<table><tr><th>Home Care</th><th>Facility Care</th></tr><tr><td>60%</td><td>85%</td></tr></table>	Home Care	Facility Care	60%	85%	<table><tr><th>Home Care</th><th>Facility Care</th></tr><tr><td>61%</td><td>79%</td></tr></table>	Home Care	Facility Care	61%	79%																																																																														
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**Attachment 2**  
**Metropolitan Life Insurance Company**  
**Nationwide Experience Projections With No Premium Rate Increase**  
**Actual to Expected Ratios**  
**Policy Forms: LTC2-FAC, LTC2-VAL, LTC2-IDEAL and LTC2-PREM**  
**All VIP2 Policies**

Duration	Actual / Projected Experience			Expected Pricing Experience			G = C / F
	Actual Experience through 12/31/2017			Reproduced based on Original Pricing Assumptions since inception			
	Projections based on Current Assumptions			Assumptions since inception			
	A	B	C = B / A	D	E	F = E / D	
	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Actual to Expected Ratio
1	116,809,532	841,632	0.7%	116,809,532	4,478,244	3.8%	0.19
2	222,421,222	4,955,339	2.2%	222,421,222	12,810,107	5.8%	0.39
3	209,854,426	5,441,543	2.6%	208,963,780	16,785,655	7.8%	0.33
4	200,121,170	7,512,388	3.8%	196,801,782	22,485,724	11.4%	0.33
5	192,770,288	10,738,120	5.6%	184,846,289	25,758,478	13.9%	0.40
6	186,535,917	15,079,498	8.1%	173,183,050	29,043,445	16.8%	0.48
7	179,622,115	22,748,209	12.7%	161,784,110	32,320,490	20.0%	0.63
8	172,264,591	15,980,485	9.3%	150,662,943	35,514,873	23.6%	0.39
9	164,253,721	23,768,898	14.5%	140,400,032	45,179,503	32.2%	0.45
10	154,995,478	36,765,578	23.7%	130,653,208	48,612,223	37.2%	0.64
11	143,173,941	37,365,230	26.1%	121,541,754	52,925,520	43.5%	0.60
12	131,119,434	44,310,067	33.8%	112,731,435	55,727,288	49.4%	0.68
13	126,903,585	50,325,673	39.7%	104,234,590	58,474,004	56.1%	0.71
14	122,764,405	59,111,283	48.2%	96,182,878	69,841,495	72.6%	0.66
15	118,570,093	68,889,592	58.1%	88,392,347	72,567,022	82.1%	0.71
16	114,288,088	80,231,467	70.2%	81,228,017	75,441,736	92.9%	0.76
17	109,894,690	93,292,439	84.9%	74,419,590	77,591,523	104.3%	0.81
18	105,412,420	108,176,879	102.6%	67,946,528	79,456,646	116.9%	0.88
19	100,899,634	124,941,456	123.8%	61,762,927	89,087,138	144.2%	0.86
20	96,291,782	143,601,501	149.1%	55,929,185	90,355,860	161.6%	0.92
21	91,608,281	164,106,498	179.1%	50,515,738	94,016,407	186.1%	0.96
22	86,867,302	186,337,804	214.5%	45,497,205	94,398,676	207.5%	1.03
23	82,087,615	210,075,154	255.9%	40,832,781	94,516,635	231.5%	1.11
24	77,270,442	234,972,966	304.1%	36,508,942	99,047,020	271.3%	1.12
25	72,434,481	260,647,741	359.8%	32,545,783	98,279,009	302.0%	1.19
26	67,617,486	286,808,507	424.2%	28,931,528	102,109,662	352.9%	1.20
27	62,842,842	312,686,273	497.6%	25,641,855	100,329,726	391.3%	1.27
28	58,128,066	337,530,955	580.7%	22,861,118	98,150,805	433.1%	1.34
29	53,497,548	360,708,345	674.3%	19,964,643	94,850,587	475.1%	1.42
30	48,998,850	381,554,979	778.7%	17,562,254	91,778,621	522.6%	1.49
31	44,643,853	399,651,522	895.2%	15,408,134	96,690,385	627.5%	1.43
32	40,463,833	414,402,395	1024.1%	13,459,436	93,133,084	692.0%	1.48
33	36,471,839	424,843,677	1164.9%	11,719,587	89,332,867	762.3%	1.53
34	32,694,253	430,989,445	1318.2%	10,167,938	83,755,416	823.7%	1.60
35	29,146,776	432,880,150	1485.2%	8,804,021	79,138,411	898.9%	1.65
36	25,843,120	430,576,114	1666.1%	7,594,222	76,467,032	1006.9%	1.65
37	22,786,536	424,150,331	1861.4%	6,527,554	71,182,809	1090.5%	1.71
38	19,980,066	413,701,231	2070.6%	5,587,181	65,621,699	1174.5%	1.76
39	17,423,764	399,734,754	2294.2%	4,763,599	59,699,461	1253.2%	1.83
40	15,112,060	382,951,436	2534.1%	4,052,559	54,105,505	1335.1%	1.90
41	13,040,420	363,757,423	2789.5%	3,437,663	49,390,767	1436.8%	1.94
42	11,195,523	342,527,641	3059.5%	2,913,364	44,457,700	1526.0%	2.00
43	9,563,961	319,847,205	3344.3%	2,469,366	39,845,752	1613.6%	2.07
44	8,131,290	296,232,282	3643.1%	2,089,474	35,602,296	1703.9%	2.14
45	6,882,155	272,362,266	3957.5%	1,760,826	31,693,570	1799.9%	2.20
46	5,799,869	248,631,704	4286.9%	1,479,715	28,400,267	1919.3%	2.23
47	4,867,965	225,346,985	4629.2%	1,246,406	25,111,231	2014.7%	2.30
48	4,070,245	202,808,096	4982.7%	1,051,762	22,255,500	2116.0%	2.35
49	3,391,274	181,443,053	5350.3%	888,079	19,723,398	2220.9%	2.41
50	2,816,432	161,399,459	5730.6%	749,545	17,619,089	2350.6%	2.44
51	2,332,354	142,822,935	6123.8%	631,671	15,583,350	2466.2%	2.48
52	1,926,765	125,815,139	6529.9%	532,145	13,936,507	2618.9%	2.49
53	1,588,172	110,313,167	6945.9%	447,913	12,424,335	2773.8%	2.50
54	1,306,443	96,389,703	7378.0%	375,893	11,101,834	2953.5%	2.50
55	1,072,694	83,894,897	7829.3%	313,494	9,835,339	3137.3%	2.50
56	879,316	73,028,423	8304.9%	259,538	8,672,979	3341.7%	2.49
57	719,714	63,348,003	8801.8%	213,906	7,641,174	3572.2%	2.46
58	588,257	54,817,562	9318.6%	175,434	6,699,190	3818.6%	2.44
59	480,087	47,402,855	9873.8%	142,890	5,811,700	4067.2%	2.43
60	391,231	40,969,474	10472.0%	115,455	5,108,963	4425.0%	2.37
Lifetime	4,035,919,708	11,296,633,825	279.9%	2,980,938,016	3,141,468,632	105.4%	2.66
Lifetime*	2,464,043,061	3,101,846,559	125.9%	2,016,966,167	1,217,461,320	60.4%	2.09

Note:  
- Figures in column A and D do not reflect any rate action.  
\* Columns A and B are discounted back to the inception date at an interest rate of 4.01%, which is the weighted average maximum valuation interest rate for contract reserves. Columns D and E are discounted back to the inception date at the original pricing interest rate of 4%.

**Attachment 3**  
**Metropolitan Life Insurance Company**  
**Nationwide Experience Projections With No Premium Rate Increase**  
**Actual to Expected Ratios**  
**Policy Forms: LTC2-FAC, LTC2-VAL, LTC2-IDEAL and LTC2- PREM**  
**All VP2 Policies**

	Calendar Year	Actual / Projected Experience			Reproduced Expected Pricing Experience			Accumulative Loss Ratio as of 12/31/2017			
		A	B	C = B / A	D	E	F = E / D	G = C / F	H	I	J = H / I
		Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Actual to Expected Ratio	Actual/Projected at 4.01% (on C)	Expected at 4% (on F)	Actual to Expected Ratio
Historical Experience	2005	2,359,204	0	0.0%	2,359,204	84,510	3.6%	0.00	0.0%	3.6%	0.00
	2006	31,432,207	939,324	3.0%	20,961,531	887,257	4.2%	0.71	2.8%	4.2%	0.67
	2007	84,063,648	1,065,734	1.3%	68,825,280	3,393,980	4.9%	0.26	1.7%	4.7%	0.36
	2008	143,533,823	3,306,789	2.3%	122,392,675	7,011,316	5.7%	0.40	2.0%	5.3%	0.38
	2009	183,796,327	5,073,277	2.8%	170,278,377	11,859,972	7.0%	0.40	2.3%	6.0%	0.39
	2010	195,508,374	6,717,730	3.4%	186,131,644	16,303,840	8.8%	0.39	2.6%	6.9%	0.39
	2011	196,410,679	8,931,841	4.5%	186,385,739	20,722,423	11.1%	0.41	3.1%	7.8%	0.39
	2012	190,032,569	15,157,874	8.0%	177,416,882	24,401,213	13.8%	0.58	3.9%	8.9%	0.44
	2013	183,327,866	12,729,841	6.9%	166,693,752	27,858,775	16.7%	0.42	4.3%	9.9%	0.43
	2014	175,861,517	16,580,573	9.4%	156,340,061	32,284,912	20.7%	0.46	4.9%	11.1%	0.44
	2015	166,876,449	22,708,647	13.6%	146,438,335	37,080,437	25.3%	0.54	5.7%	12.4%	0.46
	2016	156,783,568	31,341,036	20.0%	137,106,259	42,262,295	30.8%	0.65	6.8%	13.7%	0.49
	2017	146,358,109	34,419,488	23.5%	128,245,021	46,443,593	36.2%	0.65	7.9%	15.2%	0.52
Projected Experience	2018	137,989,022	40,542,145	29.4%	119,741,489	50,437,289	42.1%	0.70	9.0%	16.6%	0.54
	2019	130,760,140	47,407,376	36.2%	111,501,902	55,480,717	49.8%	0.73	10.3%	18.1%	0.57
	2020	125,798,959	55,384,199	44.0%	103,510,980	60,743,760	58.7%	0.75	11.8%	19.7%	0.60
	2021	121,256,702	64,654,649	53.3%	95,849,408	66,220,375	69.1%	0.77	13.3%	21.4%	0.62
	2022	117,004,403	75,428,519	64.5%	88,533,950	70,021,907	79.1%	0.82	15.1%	23.0%	0.65
	2023	112,662,272	87,901,889	78.0%	81,581,647	73,226,710	89.8%	0.87	17.0%	24.7%	0.69
	2024	108,207,500	102,152,337	94.4%	74,937,786	77,482,885	103.4%	0.91	19.1%	26.4%	0.72
	2025	103,669,532	118,254,670	114.1%	68,587,498	81,944,430	119.5%	0.95	21.4%	28.2%	0.76
	2026	99,073,258	136,248,307	137.5%	62,545,518	86,852,598	138.9%	0.99	24.0%	29.9%	0.80
	2027	94,405,128	156,061,618	165.3%	56,841,047	89,914,384	158.2%	1.05	26.8%	31.7%	0.84
	2028	89,658,997	177,611,757	198.1%	51,491,937	92,117,513	178.9%	1.11	29.8%	33.5%	0.89
	2029	84,861,294	200,710,220	236.5%	46,494,541	94,316,087	202.9%	1.17	33.1%	35.2%	0.94
	2030	80,039,647	225,087,940	281.2%	41,842,421	96,330,407	230.2%	1.22	36.6%	36.9%	0.99
	2031	75,197,222	250,996,971	333.0%	37,529,748	98,994,389	263.7%	1.26	40.4%	38.7%	1.05
	2032	70,341,995	276,234,751	392.7%	33,554,202	100,191,035	298.6%	1.32	44.4%	40.3%	1.10
	2033	65,531,792	302,131,072	461.0%	29,909,291	100,472,450	335.9%	1.37	48.5%	42.0%	1.16
	2034	60,775,795	327,258,639	538.5%	26,582,483	99,319,252	373.6%	1.44	52.9%	43.5%	1.22
	2035	56,085,655	350,804,725	625.5%	23,561,770	97,629,044	414.4%	1.51	57.3%	45.0%	1.27
	2036	51,507,853	372,257,594	722.7%	20,827,284	96,955,150	465.5%	1.55	61.9%	46.4%	1.33
	2037	47,076,197	391,459,088	831.5%	18,358,300	96,225,530	524.2%	1.59	66.5%	47.8%	1.39
	2038	42,805,033	407,348,150	951.6%	16,132,487	95,311,558	590.8%	1.61	71.1%	49.1%	1.45
	2039	38,709,406	419,186,617	1082.9%	14,129,440	92,405,549	654.0%	1.66	75.6%	50.3%	1.50
	2040	34,816,909	426,786,819	1225.8%	12,336,688	88,443,150	716.9%	1.71	80.0%	51.4%	1.56
	2041	31,152,112	430,148,781	1380.8%	10,737,419	84,320,145	785.3%	1.76	84.4%	52.4%	1.61
	2042	27,719,557	429,369,398	1549.0%	9,317,101	80,033,096	859.0%	1.80	88.5%	53.4%	1.66
	2043	24,535,439	424,597,857	1730.5%	8,058,258	75,438,299	936.2%	1.85	92.4%	54.2%	1.70
	2044	21,597,316	415,844,936	1925.4%	6,945,946	70,189,373	1010.5%	1.91	96.2%	55.0%	1.75
	2045	18,910,409	403,470,877	2133.6%	5,967,110	64,614,710	1082.8%	1.97	99.6%	55.7%	1.79
	2046	16,471,272	388,082,007	2356.1%	5,110,980	59,111,245	1156.6%	2.04	102.8%	56.3%	1.83
	2047	14,275,370	370,069,780	2592.4%	4,369,102	53,765,809	1230.6%	2.11	105.8%	56.8%	1.86
	2048	12,310,624	349,946,598	2842.6%	3,730,781	48,713,877	1305.7%	2.18	108.5%	57.3%	1.89
	2049	10,564,408	328,126,740	3106.0%	3,184,194	43,911,932	1379.1%	2.25	110.9%	57.7%	1.92
	2050	9,023,101	305,180,554	3382.2%	2,715,736	39,387,374	1450.3%	2.33	113.1%	58.1%	1.95
	2051	7,672,874	281,813,726	3672.9%	2,312,999	35,315,876	1526.8%	2.41	115.0%	58.4%	1.97
	2052	6,496,864	258,364,944	3976.8%	1,967,814	31,640,791	1607.9%	2.47	116.7%	58.6%	1.99
	2053	5,478,561	235,202,255	4293.1%	1,674,284	28,331,173	1692.1%	2.54	118.2%	58.8%	2.01
	2054	4,602,148	212,724,348	4622.3%	1,426,835	25,270,928	1771.1%	2.61	119.5%	59.0%	2.02
	2055	3,852,119	191,062,904	4959.9%	1,218,069	22,482,689	1845.8%	2.69	120.6%	59.2%	2.04
	2056	3,213,482	170,613,222	5309.3%	1,040,886	20,037,076	1925.0%	2.76	121.6%	59.3%	2.05
	2057	2,673,072	151,736,953	5676.5%	889,894	17,894,680	2010.9%	2.82	122.4%	59.5%	2.06
	2058	2,217,921	134,227,234	6051.9%	760,940	16,019,903	2105.3%	2.87	123.1%	59.6%	2.07
	2059	1,836,085	118,247,696	6440.2%	650,669	14,368,048	2208.2%	2.92	123.7%	59.6%	2.07
	2060	1,516,823	103,783,615	6842.2%	555,850	12,843,985	2310.7%	2.96	124.3%	59.7%	2.08
	2061	1,250,475	90,764,115	7258.4%	473,640	11,541,890	2436.9%	2.98	124.7%	59.8%	2.09
	2062	1,029,060	79,147,936	7691.3%	402,098	10,402,934	2587.2%	2.97	125.0%	59.8%	2.09
	2063	845,460	68,911,748	8150.8%	339,816	9,392,252	2763.9%	2.95	125.3%	59.9%	2.09
	2064	693,529	59,862,256	8631.5%	285,901	8,405,290	2939.9%	2.94	125.6%	59.9%	2.10
	2065	568,102	51,884,165	9132.9%	239,447	7,441,569	3107.8%	2.94	125.8%	60.0%	2.10
	2066	464,664	44,957,176	9675.2%	199,563	6,558,176	3286.3%	2.94	126.0%	60.0%	2.10
	2067	379,497	38,903,319	10251.3%	165,365	5,739,254	3470.7%	2.95	126.1%	60.0%	2.10
	2068	309,501	33,610,138	10859.5%	136,019	4,999,841	3675.9%	2.95	126.2%	60.1%	2.10
	2069	251,907	28,964,377	11498.0%	110,855	4,319,764	3895.7%	2.95	126.3%	60.1%	2.10
	2070	204,576	24,923,682	12183.1%	89,413	3,645,477	4077.1%	2.99	126.4%	60.1%	2.10
Past		1,856,344,340	158,972,154	8.6%	1,669,574,760	270,594,503	16.2%	0.53	7.9%	15.2%	0.52
Future		2,180,369,035	11,235,853,388	515.3%	1,311,457,932	2,877,133,634	219.4%	2.35	312.3%	156.8%	1.99
Lifetime		4,036,713,375	11,394,825,542	282.3%	2,981,032,692	3,147,728,137	105.6%	2.67	126.4%	60.1%	2.10

Note:  
- Figures in column A and D do not reflect any rate action.

**Attachment 4**  
**Metropolitan Life Insurance Company**  
**Actual to Expected Lapse/Mortality**  
**Individual Business**

Lapse			
Policy Duration	Actual	Expected *	A/E%
1	10,950	12,042	90.93%
2	13,842	10,123	136.73%
3	9,571	8,558	111.83%
4	6,947	7,167	96.92%
5	5,555	4,621	120.22%
6	3,723	3,359	110.82%
7	2,835	2,838	99.89%
8	2,094	2,165	96.73%
9	1,647	1,644	100.18%
10+	3,441	4,031	85.35%

Mortality			
Policy Duration	Actual	Expected *	A/E%
1	536	541	99.05%
2	924	1,129	81.85%
3	1,110	1,318	84.25%
4	1,316	1,663	79.11%
5	1,532	1,922	79.72%
6	1,703	2,213	76.97%
7	1,903	2,520	75.52%
8	2,125	2,801	75.86%
9	2,218	3,068	72.30%
10	2,416	3,259	74.13%
11	2,482	3,388	72.67%
12	2,476	3,260	75.95%
13	2,305	2,836	81.28%
14+	6,736	7,196	93.61%

\* The expecteds are based on current best estimate assumptions.

Attachment 4  
Metropolitan Life Insurance Company  
Actual to Expected Incidence  
Individual Business

Attained Age	Female						Male					
	Facility Care			Home Care			Facility Care			Home Care		
	Actual Claims <sup>1</sup>	Expected Claims <sup>2</sup>	A/E%	Actual Claims <sup>1</sup>	Expected Claims <sup>2</sup>	A/E%	Actual Claims <sup>1</sup>	Expected Claims <sup>2</sup>	A/E%	Actual Claims <sup>1</sup>	Expected Claims <sup>2</sup>	A/E%
under 50	0	11	0%	7	13	56%	5	6	90%	6	6	72%
50 to 54	5	20	25%	15	27	56%	2	10	20%	14	17	84%
55 to 59	21	53	40%	71	75	94%	17	26	66%	46	48	96%
60 to 64	73	101	73%	148	157	94%	36	52	70%	97	108	89%
65 to 69	152	140	109%	220	213	104%	101	87	116%	173	163	106%
70 to 74	308	263	117%	261	251	104%	173	171	101%	234	218	107%
75 to 79	433	418	104%	320	328	97%	244	231	106%	225	239	94%
80 to 84	476	500	95%	299	315	95%	192	202	95%	173	175	99%
85 to 89	354	363	97%	183	181	101%	106	103	103%	81	79	102%
over 89	125	124	101%	65	49	135%	36	25	145%	21	17	121%
Total	1,947	1,991	98%	1,589	1,609	99%	912	912	100%	1,070	1,072	100%

<sup>1</sup> Based on actual experience through 6/30/2017 including adjustments for incurred but not reported claims.

<sup>2</sup> The expected claims are based on current best estimate assumptions.

Attachment 4  
Metropolitan Life Insurance Company  
Actual to Expected Claim Termination  
All Business (exclude AARP-Pru)

Claim Duration (Months)	Actual Deaths	Expected Deaths <sup>1</sup>	Actual Recoveries	Expected Recoveries <sup>1</sup>	Deaths A/E%	Recoveries A/E%	Total A/E%
1	881	542	64	85	163%	76%	151%
2	766	1,329	163	260	58%	63%	58%
3	822	1,155	251	247	71%	102%	77%
4	928	1,272	324	281	73%	115%	81%
5	926	1,047	288	230	88%	125%	95%
6	806	916	212	199	88%	106%	91%
7	703	760	193	164	93%	118%	97%
8	631	654	143	136	96%	105%	98%
9	613	575	123	114	107%	108%	107%
10	541	519	120	97	104%	124%	107%
11	491	478	91	84	103%	108%	104%
12	536	449	87	74	119%	118%	119%
13	442	423	78	66	104%	118%	106%
14+	13,138	11,830	1,272	1,427	111%	89%	109%
<b>Total</b>	<b>22,224</b>	<b>21,949</b>	<b>3,409</b>	<b>3,461</b>	<b>101%</b>	<b>98%</b>	<b>101%</b>

<sup>1</sup> The expected deaths and recoveries are based on current best estimate assumptions.

**Attachment 5**  
**Metropolitan Life Insurance Company**  
**Rate Action Summary**

Policy Forms: LTC2-FAC, LTC2-VAL, LTC2-IDEAL, LTC2-PREM  
All VIP2 Policies (Weighted Average of VIP2Old and VIP2New)

State	Annualized Premium (as of 9/30/2018)	Authorized Increase (as of 1/31/2019)
Alabama	3,687,773	74.23%
Alaska	201,481	69.44%
Arizona	2,328,919	75.08%
Arkansas	569,431	0.00%
California	21,903,511	0.00%
Colorado	2,859,987	48.25%
Connecticut	8,305,572	9.17%
Delaware	592,422	51.07%
District of Columbia	585,645	18.57%
Florida	8,402,354	80.09%
Georgia	2,524,311	38.70%
Hawaii	1,293,854	53.21%
Idaho	751,491	46.70%
Illinois	6,428,393	78.28%
Indiana	3,088,519	0.00%
Iowa	2,992,754	76.43%
Kansas	1,723,101	35.75%
Kentucky	1,335,390	48.47%
Louisiana	1,365,122	18.54%
Maine	1,153,489	67.37%
Maryland	3,986,871	45.15%
Massachusetts	7,595,824	26.79%
Michigan	3,244,918	79.13%
Minnesota	2,379,467	50.20%
Mississippi	831,407	49.83%
Missouri	3,728,269	81.89%
Montana	276,718	85.55%
Nebraska	1,471,037	54.74%
Nevada	400,706	89.52%
New Hampshire	1,042,554	82.30%
New Jersey	8,790,896	49.47%
New Mexico	535,235	8.16%
New York	27,286,217	44.49%
North Carolina	3,049,985	47.36%
North Dakota	255,064	13.12%
Ohio	4,778,645	43.41%
Oklahoma	1,019,993	48.34%
Oregon	2,932,726	56.44%
Pennsylvania	6,358,986	80.65%
Rhode Island	1,339,865	0.00%
South Carolina	1,731,318	61.01%
South Dakota	469,797	81.02%
Tennessee	3,966,943	82.78%
Texas	6,300,741	90.40%
Utah	290,957	0.00%
Vermont	527,756	0.00%
Virginia	3,463,540	0.00%
Washington	4,770,366	83.57%
West Virginia	352,569	0.00%
Wisconsin	2,430,200	83.53%
Wyoming	106,973	78.55%



Attachment 6  
Metropolitan Life Insurance Company  
Incurred Loss Ratio Including the Change in Active Life Reserves  
Policy Forms: LTC2-FAC, LTC2- VAL, LTC2-IDEAL and LTC2-PREM  
Nationwide Experience, without Interest  
All VIP2 Policies

Calendar Year	Earned Premium	Incurred Claims	Change in Active Life Reserve	Loss Ratio
1998	-	-	-	0.0%
1999	-	-	-	0.0%
2000	-	-	-	0.0%
2001	-	-	-	0.0%
2002	-	-	-	0.0%
2003	-	-	-	0.0%
2004	-	-	-	0.0%
2005	2,359,204	-	-	0.0%
2006	31,432,207	939,324	-	3.0%
2007	84,063,648	1,065,734	-	1.3%
2008	143,533,823	3,306,789	-	2.3%
2009	183,796,327	5,073,277	-	2.8%
2010	195,508,374	6,717,730	313,845,439*	3.4%
2011	196,410,679	8,931,841	146,139,987	4.5%
2012	190,032,569	15,157,874	155,426,495	8.0%
2013	183,327,866	12,729,841	149,584,432	6.9%
2014	175,861,517	16,580,573	132,063,333	9.4%
2015	166,876,449	22,708,647	135,337,699	13.6%
2016	156,783,568	31,341,036	128,230,452	20.0%
2017	146,358,109	34,419,488	136,339,968	23.5%
Total	1,856,344,340	158,972,154	1,296,967,805	8.6%

Virginia Experience, without Interest  
All VIP2 Policies

Calendar Year	Earned Premium	Incurred Claims	Change in Active Life Reserve	Loss Ratio
1998	-	-	-	0.0%
1999	-	-	-	0.0%
2000	-	-	-	0.0%
2001	-	-	-	0.0%
2002	-	-	-	0.0%
2003	-	-	-	0.0%
2004	-	-	-	0.0%
2005	3,387	-	-	0.0%
2006	738,836	359,903	-	48.7%
2007	1,948,661	-	-	0.0%
2008	3,199,200	-	-	0.0%
2009	4,252,242	9,650	-	0.2%
2010	4,493,902	95,835	7,308,067*	2.1%
2011	4,525,200	150,403	3,342,628	3.3%
2012	4,384,363	355,866	3,485,546	8.1%
2013	4,267,898	399,967	3,486,177	9.4%
2014	4,236,928	475,605	3,743,738	11.2%
2015	4,114,039	776,518	3,668,587	18.9%
2016	3,925,640	899,955	4,011,398	22.9%
2017	3,748,068	408,519	3,878,140	10.9%
Total	43,838,365	3,932,221	32,924,281	9.0%

\* Figure is cumulative ALR as of 12/31/2010. Prior year's ALR are not available.

**Attachment 7-A**  
**Metropolitan Life Insurance Company**  
**Nationwide Experience Projections With Proposed Rate Level Since Inception**  
**Policy Forms: LTC2-FAC, LTC2-VAL, LTC2-IDEAL and LTC2-PREM**  
**All VIP2 Policies**

	Calendar Year	Loss Ratio Demonstration						Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors			
		Without Interest			With Interest			Premium		Persistence Factors				Calendar Year	Mid-Year		
		Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio	Rate Increase Factor	Benefit Downgrade	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency	Effective Int Rate	Disc / Accum Factor	
Historical Experience	1998	-	-	N/A	-	-	-	N/A								4.01%	2.1516
	1999	-	-	N/A	-	-	-	N/A								4.01%	2.0687
	2000	-	-	N/A	-	-	-	N/A								4.01%	1.9890
	2001	-	-	N/A	-	-	-	N/A								4.01%	1.9124
	2002	-	-	N/A	-	-	-	N/A								4.01%	1.8387
	2003	-	-	N/A	-	-	-	N/A								4.01%	1.7678
	2004	-	-	N/A	-	-	-	N/A								4.01%	1.6997
	2005	4,694,815	-	0.0%	4,073	7,672,341	-	0.0%								4.01%	1.6342
	2006	62,550,091	939,324	1.5%	24,490	98,281,682	1,475,911	1.5%								4.01%	1.5712
	2007	167,286,660	1,065,734	0.6%	48,807	252,720,918	1,610,010	0.6%								4.01%	1.5107
	2008	285,632,307	3,306,789	1.2%	74,322	414,879,961	4,803,100	1.2%								4.01%	1.4525
	2009	365,754,690	5,073,277	1.4%	82,954	510,787,527	7,084,985	1.4%								4.01%	1.3965
	2010	389,061,665	6,717,730	1.7%	85,207	522,401,085	9,020,035	1.7%								4.01%	1.3427
	2011	390,857,252	8,931,841	2.3%	82,310	504,590,480	11,530,864	2.3%								4.01%	1.2910
	2012	378,164,612	15,157,874	4.0%	77,737	469,383,686	18,814,575	4.0%								4.01%	1.2412
	2013	364,622,453	12,729,841	3.5%	75,536	435,384,473	15,191,980	3.5%								4.01%	1.1934
	2014	349,964,420	16,580,573	4.7%	74,194	401,560,068	19,025,065	4.7%								4.01%	1.1474
	2015	332,084,134	22,708,647	6.8%	72,734	366,361,648	25,052,619	6.8%								4.01%	1.1032
	2016	311,999,300	31,341,036	10.0%	71,441	330,941,130	33,243,786	10.0%								4.01%	1.0607
2017	291,252,637	34,419,488	11.8%	70,344	297,031,318	35,102,398	11.8%								4.01%	1.0198	
Projected Future Experience	2018	274,598,153	40,542,145	14.8%	68,777	269,255,905	39,753,406	14.8%	1.9900	N/A	0.0223	N/A	0.978	0.943	4.01%	0.9805	
	2019	260,252,479	47,407,376	18.2%	67,205	245,356,603	44,693,955	18.2%	1.9900	N/A	0.0229	N/A	0.977	0.948	4.01%	0.9428	
	2020	250,335,949	55,384,199	22.1%	65,595	226,914,027	50,202,345	22.1%	1.9900	N/A	0.0240	N/A	0.976	0.962	4.01%	0.9064	
	2021	241,300,837	64,654,649	26.8%	63,937	210,296,576	56,347,303	26.8%	1.9900	N/A	0.0253	N/A	0.975	0.964	4.01%	0.8715	
	2022	232,838,762	75,428,519	32.4%	62,225	195,102,981	63,203,947	32.4%	1.9900	N/A	0.0268	N/A	0.973	0.965	4.01%	0.8379	
	2023	224,197,921	87,901,889	39.2%	60,457	180,623,999	70,817,742	39.2%	1.9900	N/A	0.0284	N/A	0.972	0.963	4.01%	0.8056	
	2024	215,332,924	102,152,337	47.4%	58,633	166,797,509	79,127,497	47.4%	1.9900	N/A	0.0302	N/A	0.970	0.960	4.01%	0.7746	
	2025	206,302,368	118,254,670	57.3%	56,753	153,645,054	88,070,948	57.3%	1.9900	N/A	0.0321	N/A	0.968	0.958	4.01%	0.7448	
	2026	197,155,783	136,248,307	69.1%	54,818	141,175,437	97,562,009	69.1%	1.9900	N/A	0.0341	N/A	0.966	0.956	4.01%	0.7161	
	2027	187,866,205	156,061,618	83.1%	52,828	129,340,201	107,443,705	83.1%	1.9900	N/A	0.0363	N/A	0.964	0.953	4.01%	0.6885	
	2028	178,421,404	177,611,757	99.5%	50,788	116,104,670	117,568,731	99.5%	1.9900	N/A	0.0386	N/A	0.961	0.950	4.01%	0.6619	
	2029	168,873,975	200,710,220	118.9%	48,700	107,477,633	127,739,395	118.9%	1.9900	N/A	0.0411	N/A	0.959	0.946	4.01%	0.6364	
	2030	159,278,897	225,087,940	141.3%	46,570	97,465,038	137,734,534	141.3%	1.9900	N/A	0.0438	N/A	0.956	0.943	4.01%	0.6119	
	2031	149,642,472	250,396,971	167.3%	44,401	88,040,143	147,317,703	167.3%	1.9900	N/A	0.0466	N/A	0.953	0.939	4.01%	0.5883	
	2032	139,980,569	276,234,751	197.3%	42,202	79,182,439	157,256,981	197.3%	1.9900	N/A	0.0495	N/A	0.950	0.935	4.01%	0.5657	
	2033	130,408,266	302,131,072	231.7%	39,980	70,925,350	164,320,504	231.7%	1.9900	N/A	0.0527	N/A	0.947	0.932	4.01%	0.5439	
	2034	120,943,631	327,258,639	270.6%	37,744	63,243,419	171,128,655	270.6%	1.9900	N/A	0.0559	N/A	0.944	0.927	4.01%	0.5229	
	2035	111,610,453	350,804,725	314.3%	35,503	56,114,066	176,373,080	314.3%	1.9900	N/A	0.0594	N/A	0.941	0.923	4.01%	0.5028	
	2036	102,500,627	372,257,594	363.2%	33,270	49,548,286	179,947,443	363.2%	1.9900	N/A	0.0629	N/A	0.937	0.918	4.01%	0.4834	
	2037	93,681,631	391,459,088	417.9%	31,054	43,540,339	181,938,137	417.9%	1.9900	N/A	0.0666	N/A	0.933	0.914	4.01%	0.4648	
	2038	85,182,015	407,348,150	478.2%	28,869	38,064,535	182,028,069	478.2%	1.9900	N/A	0.0704	N/A	0.930	0.909	4.01%	0.4469	
	2039	77,031,717	419,186,617	544.2%	26,725	33,096,148	180,100,647	544.2%	1.9900	N/A	0.0743	N/A	0.926	0.904	4.01%	0.4296	
	2040	69,285,648	426,786,819	616.0%	24,635	28,621,105	176,300,730	616.0%	1.9900	N/A	0.0782	N/A	0.922	0.899	4.01%	0.4131	
	2041	61,992,703	430,142,781	693.9%	22,611	24,621,751	170,842,949	693.9%	1.9900	N/A	0.0822	N/A	0.918	0.895	4.01%	0.3972	
	2042	55,161,918	429,369,398	778.4%	20,663	21,064,588	163,962,564	778.4%	1.9900	N/A	0.0862	N/A	0.914	0.890	4.01%	0.3819	
	2043	48,825,524	424,597,857	869.6%	18,798	17,926,511	155,893,016	869.6%	1.9900	N/A	0.0902	N/A	0.910	0.885	4.01%	0.3672	
	2044	42,978,659	415,844,936	967.6%	17,028	15,171,795	146,796,441	967.6%	1.9900	N/A	0.0942	N/A	0.906	0.880	4.01%	0.3530	
	2045	37,631,715	403,470,877	1072.2%	15,357	12,772,425	136,940,387	1072.2%	1.9900	N/A	0.0981	N/A	0.902	0.876	4.01%	0.3394	
	2046	32,777,831	388,082,207	1184.0%	13,790	10,696,331	126,842,104	1184.0%	1.9900	N/A	0.1020	N/A	0.898	0.871	4.01%	0.3263	
	2047	28,407,986	370,069,780	1302.7%	12,330	8,913,131	116,111,031	1302.7%	1.9900	N/A	0.1059	N/A	0.894	0.867	4.01%	0.3138	
	2048	24,498,141	349,946,598	1428.5%	10,979	7,390,235	105,566,685	1428.5%	1.9900	N/A	0.1096	N/A	0.890	0.862	4.01%	0.3017	
	2049	21,023,173	328,126,740	1560.8%	9,736	6,097,596	95,170,419	1560.8%	1.9900	N/A	0.1132	N/A	0.887	0.858	4.01%	0.2900	
	2050	17,955,970	305,180,554	1699.6%	8,601	5,007,310	85,104,488	1699.6%	1.9900	N/A	0.1167	N/A	0.883	0.854	4.01%	0.2789	
	2051	15,269,018	281,613,726	1845.7%	7,568	4,093,945	75,560,183	1845.7%	1.9900	N/A	0.1200	N/A	0.880	0.850	4.01%	0.2691	
	2052	12,928,759	258,364,944	1998.4%	6,635	3,332,905	66,603,905	1998.4%	1.9900	N/A	0.1234	N/A	0.877	0.847	4.01%	0.2578	
	2053	10,902,337	235,202,255	2157.4%	5,796	2,702,221	58,296,548	2157.4%	1.9900	N/A	0.1264	N/A	0.874	0.843	4.01%	0.2479	
	2054	9,158,275	212,724,348	2322.8%	5,047	2,182,480	50,693,678	2322.8%	1.9900	N/A	0.1292	N/A	0.871	0.840	4.01%	0.2383	
	2055	7,665,717	191,062,904	2492.4%	4,382	1,756,405	43,777,225	2492.4%	1.9900	N/A	0.1318	N/A	0.868	0.837	4.01%	0.2291	
	2056	6,394,829	170,613,222	2668.0%	3,792	1,408,757	37,585,453	2668.0%	1.9900	N/A	0.1345	N/A	0.866	0.834	4.01%	0.2203	
	2057	5,319,412	151,736,853	2852.5%	3,272	1,126,694	32,139,100	2852.5%	1.9900	N/A	0.1373	N/A	0.863	0.832	4.01%	0.2118	
	2058	4,413,663	134,227,234	3041.2%	2,817	898,828	27,334,947	3041.2%	1.9900	N/A	0.1390	N/A	0.861	0.830	4.01%	0.2036	
	2059	3,653,810	118,247,696	3236.3%	2,421	715,416	23,152,908	3236.3%	1.9900	N/A	0.1407	N/A	0.859	0.828	4.01%	0.1958	
	2060	3,018,478	103,783,615	3438.3%	2,077	568,246	19,537,856	3438.3%	1.9900	N/A	0.1421	N/A	0.858	0.826	4.01%	0.1883	
	2061	2,488,445	90,764,115	3647.4%	1,778	450,413	16,428,486	3647.4%	1.9900	N/A	0.1441	N/A	0.856	0.824	4.01%	0.1810	
	2062	2,047,829	79,147,936	3865.0%	1,520	356,379	13,773,940	3865.0%	1.9900	N/A	0.1451	N/A	0.855	0.823	4.01%	0.1740	
	2063	1,682,466	68,911,748	4095.9%	1,297	281,514	11,530,473	4095.9%	1.9900	N/A	0.1467	N/A	0.853	0.822	4.01%	0.1673	
	2064	1,380,124	59,862,256	4337.5%	1,105	222,028	9,630,352	4337.5%	1.9900	N/A	0.1476	N/A	0.852	0.820	4.01%	0.1609	
	2065	1,130,522	51,884,165	4589.4%	941	174,865	8,025,261	4589.4%	1.9900	N/A	0.1488	N/A	0.851	0.819	4.01%	0.1547	
2066	924,682	44,957,176	4861.9%	800	137,516	6,685,881	4861.9%	1.9900	N/A	0.1499	N/A	0.850	0.818	4.01%	0.1487		
2067	755,983	38,863,6															

**Attachment 7-B**  
**Metropolitan Life Insurance Company**  
**Virginia Experience Projections With Proposed Rate Level Since Inception**  
**Policy Forms: LTC2-FAC, LTC2-VAL, LTC2-IDEAL and LTC2-PREM**  
**All VIP2 Policies**

	Calendar Year	Loss Ratio Demonstration						Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors		
		Without Interest			Life Years	With Interest			Premium Rate Increase Factor	Benefit Downgrade	Persistency Factors				Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium		Incurred Claims	Loss Ratio	Policy Lapse & Mortality			Policy Shock Lapse	Policy Persistency	Premium Persistency			
Historical Experience	1998	-	-	N/A	-	-	N/A						4.01%	2.1516		
	1999	-	-	N/A	-	-	N/A						4.01%	2.0687		
	2000	-	-	N/A	-	-	N/A						4.01%	1.9890		
	2001	-	-	N/A	-	-	N/A						4.01%	1.9124		
	2002	-	-	N/A	-	-	N/A						4.01%	1.8387		
	2003	-	-	N/A	-	-	N/A						4.01%	1.7678		
	2004	-	-	N/A	-	-	N/A						4.01%	1.6997		
	2005	6,740	-	0.0%	31	11,014	-	0.0%					4.01%	1.6342		
	2006	1,470,285	359,903	24.5%	696	2,310,181	565,496	24.5%					4.01%	1.5712		
	2007	3,877,836	-	0.0%	1,382	5,858,269	-	0.0%					4.01%	1.5107		
	2008	6,366,409	-	0.0%	2,013	9,247,187	-	0.0%					4.01%	1.4525		
	2009	8,461,962	9,650	0.1%	2,255	11,817,386	13,477	0.1%					4.01%	1.3965		
	2010	8,942,864	95,835	1.1%	2,236	12,007,768	128,680	1.1%					4.01%	1.3427		
	2011	9,005,149	150,403	1.7%	2,176	11,625,504	194,168	1.7%					4.01%	1.2910		
	2012	8,724,882	355,866	4.1%	2,106	10,829,682	441,716	4.1%					4.01%	1.2412		
	2013	8,493,117	399,967	4.7%	1,999	10,135,810	477,326	4.7%					4.01%	1.1934		
	2014	8,431,488	475,605	5.6%	1,952	9,674,551	545,724	5.6%					4.01%	1.1474		
	2015	8,186,937	776,518	9.5%	1,907	9,031,987	856,669	9.5%					4.01%	1.1032		
	2016	7,812,023	899,955	11.5%	1,857	8,286,300	954,593	11.5%					4.01%	1.0607		
2017	7,458,654	408,519	5.5%	1,819	7,606,640	416,624	5.5%					4.01%	1.0198			
Projected Future Experience	2018	7,001,567	906,664	12.9%	1,781	6,865,353	889,025	12.9%	1.9900	N/A	0.0210	N/A	0.979	0.939	4.01%	0.9805
	2019	6,467,297	1,067,325	16.5%	1,743	6,097,133	1,006,236	16.5%	1.9900	N/A	0.0214	N/A	0.979	0.924	4.01%	0.9428
	2020	6,212,547	1,253,421	20.2%	1,704	5,631,288	1,136,149	20.2%	1.9900	N/A	0.0223	N/A	0.978	0.961	4.01%	0.9064
	2021	5,960,680	1,470,092	24.7%	1,664	5,194,804	1,281,203	24.7%	1.9900	N/A	0.0235	N/A	0.977	0.959	4.01%	0.8715
	2022	5,759,211	1,724,368	29.9%	1,623	4,825,825	1,444,903	29.9%	1.9900	N/A	0.0248	N/A	0.975	0.966	4.01%	0.8379
	2023	5,550,736	2,018,480	36.4%	1,580	4,471,924	1,626,179	36.4%	1.9900	N/A	0.0262	N/A	0.974	0.964	4.01%	0.8056
	2024	5,344,210	2,356,221	44.1%	1,537	4,139,640	1,825,136	44.1%	1.9900	N/A	0.0277	N/A	0.972	0.963	4.01%	0.7746
	2025	5,132,052	2,739,144	53.4%	1,491	3,822,130	2,039,995	53.4%	1.9900	N/A	0.0294	N/A	0.971	0.960	4.01%	0.7448
	2026	4,916,930	3,169,919	64.5%	1,445	3,520,818	2,269,853	64.5%	1.9900	N/A	0.0312	N/A	0.969	0.958	4.01%	0.7161
	2027	4,695,133	3,644,435	77.6%	1,397	3,232,457	2,509,083	77.6%	1.9900	N/A	0.0332	N/A	0.967	0.955	4.01%	0.6885
	2028	4,471,381	4,165,202	93.2%	1,348	2,959,796	2,757,123	93.2%	1.9900	N/A	0.0352	N/A	0.965	0.952	4.01%	0.6619
	2029	4,238,506	4,722,857	111.4%	1,297	2,697,542	3,005,801	111.4%	1.9900	N/A	0.0374	N/A	0.963	0.948	4.01%	0.6364
	2030	4,003,383	5,318,227	132.8%	1,246	2,449,728	3,254,299	132.8%	1.9900	N/A	0.0397	N/A	0.960	0.945	4.01%	0.6119
	2031	3,768,401	5,944,010	157.7%	1,193	2,217,088	3,497,079	157.7%	1.9900	N/A	0.0421	N/A	0.958	0.941	4.01%	0.5883
	2032	3,536,079	6,580,427	186.1%	1,140	2,000,245	3,722,332	186.1%	1.9900	N/A	0.0446	N/A	0.955	0.938	4.01%	0.5657
	2033	3,304,231	7,226,211	218.7%	1,086	1,797,082	3,930,131	218.7%	1.9900	N/A	0.0473	N/A	0.953	0.934	4.01%	0.5439
	2034	3,073,993	7,851,581	255.4%	1,032	1,607,439	4,105,715	255.4%	1.9900	N/A	0.0501	N/A	0.950	0.930	4.01%	0.5229
	2035	2,846,911	8,448,448	296.8%	977	1,431,333	4,247,602	296.8%	1.9900	N/A	0.0531	N/A	0.947	0.926	4.01%	0.5028
	2036	2,623,341	8,994,954	342.9%	922	1,268,110	4,348,116	342.9%	1.9900	N/A	0.0560	N/A	0.944	0.921	4.01%	0.4834
	2037	2,407,041	9,483,044	394.0%	868	1,118,718	4,407,427	394.0%	1.9900	N/A	0.0591	N/A	0.941	0.918	4.01%	0.4648
	2038	2,197,941	9,900,700	450.5%	814	982,174	4,424,238	450.5%	1.9900	N/A	0.0622	N/A	0.938	0.913	4.01%	0.4469
	2039	1,993,388	10,238,656	513.6%	761	866,445	4,398,968	513.6%	1.9900	N/A	0.0653	N/A	0.935	0.907	4.01%	0.4296
	2040	1,800,219	10,472,555	581.7%	708	743,650	4,326,092	581.7%	1.9900	N/A	0.0685	N/A	0.931	0.903	4.01%	0.4131
	2041	1,619,407	10,595,211	654.3%	658	643,183	4,208,119	654.3%	1.9900	N/A	0.0716	N/A	0.928	0.900	4.01%	0.3972
	2042	1,449,647	10,630,708	733.3%	609	553,574	4,059,530	733.3%	1.9900	N/A	0.0748	N/A	0.925	0.895	4.01%	0.3819
	2043	1,291,642	10,584,752	819.5%	561	474,232	3,886,239	819.5%	1.9900	N/A	0.0778	N/A	0.922	0.891	4.01%	0.3672
	2044	1,145,462	10,446,616	912.0%	516	404,357	3,687,735	912.0%	1.9900	N/A	0.0808	N/A	0.919	0.887	4.01%	0.3530
	2045	1,011,047	10,230,886	1011.9%	473	343,155	3,472,423	1011.9%	1.9900	N/A	0.0837	N/A	0.916	0.883	4.01%	0.3394
	2046	898,533	9,945,598	1119.3%	432	289,953	3,245,525	1119.3%	1.9900	N/A	0.0864	N/A	0.914	0.879	4.01%	0.3263
	2047	777,365	9,586,062	1233.1%	393	243,902	3,007,669	1233.1%	1.9900	N/A	0.0892	N/A	0.911	0.875	4.01%	0.3138
	2048	677,248	9,159,989	1352.5%	357	204,302	2,763,249	1352.5%	1.9900	N/A	0.0918	N/A	0.908	0.871	4.01%	0.3017
	2049	587,630	8,691,588	1479.1%	324	170,437	2,520,922	1479.1%	1.9900	N/A	0.0941	N/A	0.906	0.868	4.01%	0.2900
	2050	507,863	8,202,809	1615.2%	292	141,626	2,287,485	1615.2%	1.9900	N/A	0.0964	N/A	0.904	0.864	4.01%	0.2789
	2051	437,319	7,687,066	1757.8%	264	117,255	2,061,064	1757.8%	1.9900	N/A	0.0988	N/A	0.901	0.861	4.01%	0.2691
	2052	375,226	7,155,097	1906.9%	237	96,729	1,844,513	1906.9%	1.9900	N/A	0.1008	N/A	0.899	0.858	4.01%	0.2578
	2053	320,923	6,626,669	2064.9%	213	79,543	1,642,467	2064.9%	1.9900	N/A	0.1027	N/A	0.897	0.855	4.01%	0.2479
	2054	273,641	6,103,699	2230.5%	190	65,211	1,454,554	2230.5%	1.9900	N/A	0.1043	N/A	0.896	0.853	4.01%	0.2383
	2055	232,671	5,601,926	2407.7%	170	53,311	1,283,540	2407.7%	1.9900	N/A	0.1058	N/A	0.894	0.850	4.01%	0.2291
	2056	197,245	5,107,923	2589.6%	152	43,452	1,125,256	2589.6%	1.9900	N/A	0.1075	N/A	0.893	0.848	4.01%	0.2203
	2057	166,829	4,636,399	2780.4%	135	35,335	982,450	2780.4%	1.9900	N/A	0.1089	N/A	0.891	0.846	4.01%	0.2118
	2058	140,839	4,206,256	2986.6%	120	28,681	856,591	2986.6%	1.9900	N/A	0.1105	N/A	0.890	0.844	4.01%	0.2036
	2059	118,689	3,804,864	3205.7%	107	23,239	744,993	3205.7%	1.9900	N/A	0.1111	N/A	0.889	0.843	4.01%	0.1958
	2060	99,843	3,432,361	3437.8%	95	18,796	646,162	3437.8%	1.9900	N/A	0.1115	N/A	0.888	0.841	4.01%	0.1883
	2061	83,828	3,085,656	3680.9%	84	15,173	558,510	3680.9%	1.9900	N/A	0.1129	N/A	0.887	0.840	4.01%	0.1810
	2062	70,294	2,770,521	3943.6%	75	12,226	482,148	3943.6%	1.9900	N/A	0.1140	N/A	0.886	0.838	4.01%	0.1740
	2063	58,762	2,494,896	4245.7%	66	9,832	417,452	4245.7%	1.9900	N/A	0.1149	N/A	0.885	0.836	4.01%	0.1673
	2064	49,036	2,249,093	4586.6%	58	7,889	361,823	4586.6%	1.9900	N/A	0.1172	N/A	0.883	0.834	4.01%	0.1609
	2065	40,845	2,018,425	4941.7%	52	6,318	312,203	4941.7%	1.9900	N/A	0.1179	N/A	0.882	0.833	4.01%	0.1547
	2066	33,969	1,813,831	5339.7%	45	5,052	269,747	5339.7%	1.9900	N/A	0.1189	N/A	0.881	0.832	4.01%	0.1487
	2067	28,183	1,635,252	5802.3%	40	4,030	233,819	5802.3%	1.9900	N/A	0.1218	N/A	0.878	0.830	4.01%	0.1430
	2068	23,308	1,491,078	6354.5%	35	3,264	203,614	6354.5%	1.9900	N/A	0.1231	N/A	0.877	0.827	4.01%	0.1376
	2069	19,206	1,335,841	6955.3%	31	2,539	176,571	6955.3%	1.9900	N/A	0.1275	N/A	0.872	0.824	4.01%	0.1322
	2070	15,775	1,207,612	7655.4%	27	2,005	153,472	7655.4%	1.9900	N/A	0.1282	N/A	0.872	0.821	4.01%	0.1271
2071	12,913	1,095,039	8479.9%	23	1,578	133,803	8479.9%	1.9900	N/A	0.1323	N/A	0.868	0.819	4.01%	0.1222	
2072	10,519	984,530	9359.6%	20	1,236	115,664	9359.6%	1.9900	N/A	0.1356	N/A	0.864	0.81			

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

Reset Form

Company Name and NAIC Number:	Metropolitan Life Insurance Company NAIC#: 65978
SERFF Tracking Number:	META-131864670
Effective Date:	4/1/20

Revised Rates

Average Annual Premium Per Member:	\$1352.00
Average Requested Percentage Rate Change Per Member:	69%
Minimum Requested Percentage Rate Change Per Member:	69%
Maximum Requested Percentage Rate Change Per Member:	69%
Number of Policy Holders Affected :	1526

Plans Affected

(The Form Number and “Product Name”)

Form#	“Product Name”(if applicable)
LTC-VAL-VA LTC-IDEAL-VA LTC-PREM-VA LTC-FAC-VA	VIP2

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 Narrative**

Over time, evidence emerged that LTC insurance certificateholders keep their certificates longer, collect their benefits earlier and use their benefits longer than we originally anticipated. As a result, actuarial pricing assumptions were changed to reflect new expectations – such as a larger number of claims and claims that lasted longer than initially expected. To update those premiums that were still based on outdated assumptions, many insurance companies requested increases to their LTC insurance premiums. These pricing challenges impacted the overall industry and were not unique to any one Company.

[prev](#) | [next](#)**14VAC5-110-60. Certification.**

Filings subject to this chapter ([14VAC5-110-10](#) et seq.) shall be accompanied by the appropriate certification. If the score is lower than the minimum required, the insurer may request that the policy form be approved in accordance with [14VAC5-110-70](#).

To confirm the accuracy of any certification, the Commission may require the submission of further information to verify the certification in question.

**VIRGINIA READABILITY COMPLIANCE CERTIFICATION**

For use with policy forms submitted on or after July 1, 1982

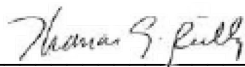
Name and Address of Insurer Metropolitan Life Insurance Company

Title of Form Automatic Compound Inflation Protection Modification Rider

Policy Form Number ACI-VIP-MR

I hereby certify that the Flesch reading ease score of the above policy form is 55. It contains 36 sentences, 446 words and 733 syllables. The type size of the text of the policy forms is Helvetica 10 point type, \_\_\_\_\_ 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.



Signature of an Officer of the Insurer

Thomas G. Reilly

Title Assistant Vice President Date August 15, 2019

**VIRGINIA READABILITY COMPLIANCE CERTIFICATION**

For use with policy forms filed or approved before July 1, 1982

Name and address of Insurer \_\_\_\_\_

**Listing of Previously Filed or Approved Policy Forms**

Title of Form	Form No.	Date Filed or Approved	Flesch Score
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the Flesch reading ease scores for the policy forms listed above.

I also certify to the best of my knowledge and belief that the policy forms 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.

\_\_\_\_\_ Signature of an Officer of the Insurer

\_\_\_\_\_ Name (Print)

\_\_\_\_\_ Title

\_\_\_\_\_ Date

Statutory Authority

§ [38.2-3404](#) of the Code of Virginia.

Historical Notes

Derived from Regulation 18, Case No. INS800061, § 7, eff. January 1, 1977; amended eff. January 1, 1981.

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[prev](#) | [next](#)**14VAC5-110-60. Certification.**

Filings subject to this chapter ([14VAC5-110-10](#) et seq.) shall be accompanied by the appropriate certification. If the score is lower than the minimum required, the insurer may request that the policy form be approved in accordance with [14VAC5-110-70](#).

To confirm the accuracy of any certification, the Commission may require the submission of further information to verify the certification in question.

**VIRGINIA READABILITY COMPLIANCE CERTIFICATION**

For use with policy forms submitted on or after July 1, 1982

Name and Address of Insurer \_Metropolitan Life Insurance Company

Title of Form Automatic Simple Inflation Protection Modification Rider\_

Policy Form Number \_\_ASI-VIP-MR

I hereby certify that the Flesch reading ease score of the above policy form is \_55. It contains \_17 sentences, 346 words and 557 syllables. The type size of the text of the policy forms is \_Helvetica 10 point type, \_\_\_\_\_ 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.

  
\_\_\_\_\_

Signature of an Officer of the Insurer

Thomas G. Reilly

Title Assistant Vice President      Date August 15, 2019

**VIRGINIA READABILITY COMPLIANCE CERTIFICATION**

For use with policy forms filed or approved before July 1, 1982

Name and address of Insurer \_\_\_\_\_

**Listing of Previously Filed or Approved Policy Forms**

Title of Form	Form No.	Date Filed or Approved	Flesch Score
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the Flesch reading ease scores for the policy forms listed above.

I also certify to the best of my knowledge and belief that the policy forms 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.

\_\_\_\_\_ Signature of an Officer of the Insurer

\_\_\_\_\_ Name (Print)

\_\_\_\_\_ Title

\_\_\_\_\_ Date

Statutory Authority

§ [38.2-3404](#) of the Code of Virginia.

Historical Notes

Derived from Regulation 18, Case No. INS800061, § 7, eff. January 1, 1977; amended eff. January 1, 1981.

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Metropolitan Life Insurance Company  
1300 Hall Boulevard  
Bloomfield, CT 06002  
Tel 860-656-3813 Fax 860-656-3805  
treilly1@metlife.com



**Thomas G. Reilly**  
Assistant Vice President  
Product Management and Compliance

March 13, 2019

Virginia Bureau of Insurance  
State Corporation Commission  
1300 East Main Street  
Richmond, VA 23219

Re: Metropolitan Life Insurance Company ("MetLife")  
Individual Long-Term Care Insurance –  
Inforce Premium Rate Schedule Increase Filing for Policy Forms LTC2-IDEAL-VA, et al.  
NAIC Company No. is 65978  
FEIN No. is 13-5581829

Dear Sir/Madam:

This is a resubmission of SERFF # META-130643281.

We are filing, for your review and authorization, a request for a 105% premium rate schedule increase with respect to the policy forms listed below. The policy forms are tax-qualified individual long-term care insurance policies.

LTC2-IDEAL-VA - approved by your Department in 2005  
LTC2-FAC-VA - approved by your Department in 2005  
LTC2-VAL-VA - approved by your Department in 2005  
LTC2-PREM-VA - approved by your Department in 2005

The inforce premium rate schedule increase for which we are seeking authorization in this filing will only apply to the above listed policies, along with those riders and endorsements that were contemporaneously or subsequently authorized for use by your Department, in connection with policy application dates on or before 6/15/09, as these policies were not subject to the prospective premium rate schedule increase that your Department authorized on 4/1/09. Please note these policy forms are no longer being marketed in any state. Nationwide, these policy forms were last issued in 2012.

Please note that we are submitting a separate filing for the policies issued on the forms listed above that were subject to the prospective premium rate schedule increase that your Department authorized.

We are fully aware that a premium increase may be difficult for our policyholders; therefore, we will be providing policyholders with an array of options, if available, which will help them mitigate the impact of any increase. Most importantly, for those-policyholders who elected compound or simple inflation, we will provide them, if applicable, with the ability to **completely avoid the increase** by reducing their benefit increase coverage from 5 percent automatic compound or simple benefit increase to a lower percentage benefit increase. Policyholders can choose to completely or partially avoid the increase in premium resulting from the rate increase by opting for a reduction in inflation protection levels. The lower benefit increase percentage will apply on a prospective basis only. We are, therefore, filing the following riders for each policy series to implement these options.

Policy Series	New Compound Rider Form	New Lower Compound Amount(s)	New Simple Rider Form	New Lower Simple Amount(s)
LTC2-IDEAL-VA LTC2-FAC-VA LTC2-VAL-VA LTC2-PREM-VA	ACI-VIP-MR	0.1% - 4.9%	ASI-VIP-MR	0.1% - 4.9%

Upon policyholder selection, their current inflation rider will be replaced by the new rider. Please note, that we are extending the use of the following endorsements, as we may offer inflation mitigation options to insureds outside of this requested rate increase.

As it relates to DRA Partnership, the rider will change the percentage amount for inflation increases and will continue to comply with state requirements. The insured may be offered the ability to decrease to a lower level of inflation, based on our understanding of your state's DRA Partnership requirements as follows:

- Under issue age 61: any level of compound inflation
- Issue Age 61 – 75: any level of compound inflation
- Issue Age 76 and over: No inflation requirement

Please see below for a description of each rider.

**ACI-VIP-MR** Automatic Compound Inflation Protection Modification Rider. This rider will be issued to policyholders who have been issued Policy Form #'s LTC2-IDEAL-VA, LTC2-FAC-VA, LTC2-VAL-VA, LTC2-PREM-VA, in place of the automatic compound inflation rider that is currently in effect. The new rider will go into effect when the current rider ends. The new rider will provide a lower percentage amount for automatic inflation increases to mitigate the rate increase impact

**ASI-VIP-MR** Automatic Simple Inflation Protection Modification Rider. This rider will be issued to policyholders who have been issued Policy Form #'s LTC2-IDEAL-VA, LTC2-FAC-VA, LTC2-VAL-VA, LTC2-PREM-VA, in place of the automatic compound inflation rider that is currently in effect. The new rider will go into effect when the current rider ends. The new rider will provide a lower percentage amount for automatic inflation increases to mitigate the rate increase impact.

Please note that previously, premium rate increase requests of 58% and 88% were rejected by your Department on 1/12/16 and 9/6/16, and not implemented.

We are submitting an actuarial memorandum, which reflects inflation protection landing spots applicable to our proposed rate increase request.

### **Notification to Policyholders of Premium Rate Schedule Increase**

After we have obtained authorization of the premium rate increase, this rate increase will become effective on each policy's modal premium due date (monthly, quarterly, semi-annually and annually), following at least a 75 day advance written notification to the policyholder. In our written notification we will include explanatory information related to the rate increase, including:

- The amount of the increase requested in this filing and the amount of the increase authorized by your Department;
- If the full amount of the requested increase is authorized by your Department, a statement that the policy may be subject to rate increases in the future and, if the amount of the increase authorized by your Department is less than the amount requested in this filing, the notice may include an additional statement about the likelihood of MetLife making future rate increase requests on the policy. The wording of the statement will depend on the degree of variance from the amount requested;
- The current premium rate and the premium rate after the increase is applied;

- A statement that the premium rate adjustment will be effective on the policy's modal premium due date as described above;
- The following options available to the policyholder:
  1. the policyholder can continue his/her current coverage by paying the new premium amount when due;
  2. the policyholder can reduce his/her coverage to lessen the impact of the premium rate schedule, if the current level of coverage permits a reduction; or
  3. if the policyholder's coverage lapses (due to nonpayment of premium or cancellation) at any time from the date of our written notification up to 120 days following the first due date of the new premium ("Election Period"), then the policyholder will have nonforfeiture coverage as follows.
    - If the policyholder's coverage does not include the nonforfeiture coverage provision, or includes the nonforfeiture coverage provision but that provision provides benefits less than the Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL"), we will issue the policyholder the LCUL.
    - If the policyholder's policy includes Contingent Benefits Upon Lapse and the policyholder qualifies for coverage under Contingent Benefits Upon Lapse, we will instead provide coverage under the LCUL, since the benefit payable under the LCUL is equal to the benefit payable under Contingent Benefits Upon Lapse.
    - If the policyholder's coverage includes the nonforfeiture coverage provision and that provision provides benefits equal to the LCUL, we will provide coverage under the nonforfeiture coverage provision.

We will not provide coverage under more than one feature that provides for a nonforfeiture benefit. We have included a copy of our policyholder notification letter and coverage change form for informational purposes.

We are extending the use of the Limited Coverage Upon Lapse Following Premium Increase Endorsement (LCUL), which was previously authorized by your Department on 11/9/18.

The answers to the department's objections as stated in the closed disposition dated 9/6/16 are as follows:

1) The Virginia State Corporation Commission in 2015 adopted revisions to the Rules Governing Long-Term Care Insurance set forth in Chapter 200 of Title 14 of the Virginia Administrative Code. As part of the revisions, the commission revised the requirements for policyholder notifications regarding rate increases as stated in 14 VAC5-200-75 D. As a result, the company will need to submit for review a policyholder notification letter in compliance with the requirements of 14VAC5-200-75. For compliance with this regulation, please address the following concerns:

- For compliance with 14 VAC5-100-50 1 and 2, please attach the policyholder letter to the Form Schedule in SERFF. A form number must appear in the lower lefthand corner of the first page. The full and proper corporate name of the insurer shall prominently appear and may not be variable information in the policyholder letter.
- Please provide a Certification of Compliance in accordance with 14VAC5-100-40 3.
- It is not necessary to file separate letters for each requested long term care rate increase provided the filed letter contains the appropriate variability to accommodate various scenarios. Please let us know if the company prefers to submit one letter or a separate letter for each filing. Please provide a statement of variability explaining any bracketed information in the letter.
- The letter references the full corporate name of the insurer and later as only MetLife. While we do not have a concern regarding this format, the letter should explain that the corporate name may be referred to as MetLife. Our concern would be resolved if the first sentence of the letter were stated as "When you purchased your long term care insurance policy from Metropolitan Life Insurance Company (MetLife)...."
- Please add the words "Virginia's State Corporation" before the word "commission" in the third paragraph. (Please capitalize commission.)

- Should the company wish to only use one letter as noted above, it should place brackets around 58% in the fourth paragraph. If it does not, please revise the percentage to reflect the percentage applicable to the revised filing.
- Please remove the language in the fourth paragraph that states "...if applicable, may or may not be available." This language is not in compliance with 14VAC5-200-75 D 2.
- The letter contains the disclosure that all options may not be of equal value. Since this is a disclosure set forth in 14VAC5-200-75 D 2 b, that information must be emphasized to bring attention to its importance such as highlighting, bolding, or using larger print.
- 14VAC5-200-75 D 3 requires a clear identification of the driving factors of the rate increase. Please expand upon the explanation that a variation in claims and other key actuarial assumptions have not materialized as expected. Please be more specific as to what assumptions the company is referring and why rates must be increased. Below is an example:  
 "Rates are being raised on all policies like yours to pay for anticipated claims that are higher than expected. This is due in part to individuals living longer and keeping their policies longer, which has resulted in more claims being filed than we anticipated when this policy was originally priced. As a result, premiums need to be adjusted to ensure there is adequate funding to pay current and anticipated future claims."
- It is unclear why the following sentence in the fifth paragraph is bracketed since the options (and not just one option) must be offered in the letter:  
 "Should you prefer to reduce your policy benefits rather than pay an increased premium, we are providing you with an option (or options) to consider."
- What is the minimum benefit duration that an insured can reduce his benefit?
- Under the Cancel your Coverage, please provide more information regarding the Limited Coverage Upon Lapse Following Premium Increase (LCUL). Please explain how it differs from the Contingent Benefit Upon Lapse Nonforfeiture Feature (CBUL) which must be compliant with 14VAC5-200-185 D as revised last year.
- Please clarify what is meant by the last sentence under option 3 Cancel your Coverage in the optional paragraph for those insureds who have an existing NF benefit: "  
 (Please note that this limited coverage is not intended to replace coverage you currently have.)"
- Please confirm the Coverage Change Form is not attached and becomes a part of the contract.
- Option 4 relates to the potential removal of riders as an option to reduce the impact of the rate increase. In regards to an inflation rider, will the policyholder only be able to reduce the inflation protection to a lower percentage based on those percentages currently offered or has the company determined actuarially a percentage reduction that would allow the rate increase to be zeroed out if accepted which would result in no rate increase, commonly referred to as a landing spot?
- Please indicate in the letter that options to reduce benefits may occur at any time, not just at the time of a rate increase.

**Response:** The policyholder letter provided contains all the department's requirements as recently reviewed in SERFF Filing number META-130643303. A Statement of Variability, Certification of Compliance and landing spot materials have also been included.

2) Please advise how the policy is updated for such benefit changes. If the policy is revised or changed in any way, the policyowner must first agree to the changes, which in this case, performed via the Coverage Change Form. The policy, itself, must be amended or endorsed by an approved form such as a rider, endorsement, application or schedule of benefits that has been reviewed and approved by the Virginia Bureau of Insurance. The document must be dated or have an indication of the effective date of change in the policy benefits, state that a change is being made to the policy and this new document will be made a part of the contract. If the company has such forms available for this purpose, please provide a copy of the form, the SERFF tracking number and date of approval. If the company does not have any available documents to effectuate such changes, a form will need to be submitted for review and approval. It can be attached to this filing if desired. Please keep in mind, there are several options provided in the policyholder letter to reduce the effect of the rate increase. Please be sure all options are covered in the new form or forms including the contingent benefit upon lapse and/or optional nonforfeiture benefit. If the company chooses to include variability in the form, please provide a statement of variability. A Certification of Compliance would be required in accordance with 14VAC5-100-40 3 as well as Readability Certification in accordance with 14VAC5-110-60. Provided there is sufficient variability, forms only need to be filed for review and approval once to be used on all future filings unless the company wishes to use specific form numbers for each filing.

**Response:** A coverage change form and corresponding Statement of Variability have been provided and contains all the department's requirements as recently reviewed in SERFF Filing number META-130643303.

3) According to the filing, the proposed rate increase includes any rider or endorsement forms that were contemporaneously or subsequently approved for use with the four policy forms. Please expand the "Affected

Form Numbers" in SERFF to include any riders or endorsement forms for which the rates are associated with each form and for which the increase would be applicable. The form number should match exactly the form number as approved in Virginia. The Actuarial Memorandum should also be updated accordingly.

**Response:** The affected form numbers have been added to Supporting Documentation.

4) The memorandum states the forms were issued in Virginia from November 2005 to March 2012; however, nationwide the last policies were issued in 2011. Please clarify as it would seem nationwide forms had to be issued as least to March 2012 to match the Virginia information.

**Response:** This policy form was issued nationwide between March 2005 and November 2010, while it was issued in Virginia between April 2005 and December 2009.

5) The Previous State Filing Number META-128896442 referenced in Rate Action Information tab in the Rate/Rule Schedule was not approved and would not be applicable.

**Response:** The SERFF number is not referenced in this filing

6) Please provide a rate schedule reflecting the current rates for these plans for comparison to the proposed rates.

**Response:** The current rates for these policy forms are 105% lower than the proposed rates submitted in this filing.

7) It appears the product checklist was attached in error for the Rate Request Summary. Please complete the attached form and attach a brief narrative to summarize the key information used to develop the rates including the main drivers for revised rates.

**Response:** The Rate Request Summary and narrative have been included.

8) Please advise if the company wishes to request a series of scheduled rate increase that are actuarially equivalent to a single amount requested over the lifetime of the policy as set forth in 14VAC5-200-153 B 5. If so, please advise what the increases would be at each implementation period and amend the Actuarial Memorandum and policyholder letter accordingly.

**Response:** No, MetLife is requesting a single increase of 105%.

9) Please include the following information:

- An exhibit illustrating an actual to expected analysis based on the original assumptions.
- Re-state the nationwide experience using Virginia approved rates.
- Please provide sufficient detail or documentation provided so that any projections can be recreated. Please provide excel spreadsheets, if possible.
- Advise in what states the company has requested rate increases on this block, how the rate changes requested in Virginia compare with those requested in other states, and the current status of the reviews in other states.
- Please provide a loss ratio projection reflecting the actual historical experience during the historical experience period and then, utilizing the actual inforce as of the projection date, projecting forward the expected earned premiums and incurred claims using the original pricing assumptions for interest, mortality, morbidity and persistency into the future and assuming the future premiums are paid based on the original premium scale with no increases.
- Please provide a loss ratio projection (both past and future) which reflects all of the original pricing assumptions for interest, mortality, morbidity, persistency and premium scale, but uses the actual distribution of policies as issued rather than the originally assumed mix of business.
- According to the Actuarial Certification, the projection do not reflect any margins for moderately adverse experience. Please explain what, if any, margins are included in the proposed rates to ensure that future rate increases will not be needed presuming the experience develops as - projected including a demonstration that actual and projected costs exceed costs anticipated at the time of initial pricing under moderately adverse experience and that the composite margin is projected to be exhausted.

**Response:** The projections do not reflect any margins for moderately adverse experience. The assumptions used in the projections are based on the current best estimate assumptions. The projections based on pricing assumptions were reproduced using the pricing loss ratios vectors reflecting actual mix of business and can be found in Attachment 2 and 3.

10) How does the company plan to comply with 14VAC5-200-153.G.1.

**Response:** We are offering the Limited Coverage Upon Lapse (LCUL) which removes the age limit.

11) The Certification of Compliance contained in this filing refers to South Carolina. Please provide a certification for compliance with 14 VAC5-100-40 3.

**Response:** The correct Certification of Compliance has been included.

The contact person for this filing is:

Gina Jisonna  
1300 Hall Boulevard  
Bloomfield, CT 06002  
Telephone: 860-656-3809  
gjisonna@metlife.com

Thank you for your attention to our filing. We look forward to hearing from you.

Sincerely,

A handwritten signature in black ink, reading "Thomas G. Reilly". The signature is written in a cursive, flowing style.

Thomas G. Reilly  
Assistant Vice President  
Product Management & Compliance

## **Addendum: Automatic Inflation Choices (“Landing Spots”): VIP2 (old rates) Policy Series**

The original filed forms for the VIP2 (old rate) policy series included 5% ACI (Automatic Compound Inflation) and 5% Simple (Automatic Simple Inflation) riders. Applicable rates for these Automatic Inflation riders were filed and approved with the original forms and rates.

In order to provide additional inflation options (“Landing Spots”) to individuals with Automatic Inflation, we are filing new Inflation riders that make Automatic Inflation available at percentages lower than 5.0% (from 0.1% to 4.9%, in 0.1% increments). By allowing reductions to the insured’s current 5% Automatic Inflation in conjunction with a rate increase, these policyholders have an additional opportunity to significantly mitigate any rate action and adjust future automatic increases in coverage to a level more consistent with their current needs and circumstances.

The applicable rating factors for these new Inflation Mitigation riders have been included in this filing. For each policy series, these factors were determined using the relative ratios of the “5% ACI”, “5% Simple” and “No Inflation” rates. The 5% Automatic Inflation rate is then essentially multiplied by the Inflation Mitigation “rating factors” (which are less than 1) to determine rates for lower Automatic Inflation percentages.

The new premium will be determined as if the policyholder had originally chosen the new lower Automatic Inflation percentage, and using the insured’s original age and original benefit amounts. (Note: this methodology is consistent with that used to calculate new premiums for other coverage downgrade options offered). However, since the new Automatic Inflation percentage will apply on a prospective basis only (starting with the next benefit increase after the Inflation Mitigation rider becomes effective), policyholders will keep all benefit increase amounts accrued to date.

### **Inflation Downgrades (Landing Spots) for Requested Rate Increase**

MetLife offers policyholders an array of options to help mitigate the impact of any in-force rate increase, including reductions to their Daily Benefit Amount or their Total Lifetime Benefit.<sup>1</sup> When implementing a rate increase, the new automatic inflation choices create an additional benefit offer.

Landing Spots reduce the policyholder’s future Automatic Inflation percentage. For each policyholder, this new percentage can be determined such that the new premium (including the impact of the rate increase and the Inflation Mitigation Rider) can be as close as possible to (but not less than) the premium before the increase. However, for administrative and policyholder communication simplicity, the actual billed premium will be exactly equal to the premium before the rate increase. This simplification generates billed premiums that are about ½% lower than premiums using the actual Inflation Mitigation Rider rating factors and never higher than filed rates. (In effect, the Landing Spot Automatic Inflation percentage is rounded up to the next highest 0.1%).

[For DRA Partnership policyholders, a new benefit downgrade offer will change the future Automatic Inflation percentage. The downgrade offer will comply with state requirements, based on our understanding of your state’s DRA Partnership requirements, as outlined in the filing letter.]

Landing spot offers may not be made in all instances. In some cases, such as paid-up plans and/or limited-pay policies, the usefulness of landing spots is limited. The “Landing Spot” offer is expected to be a one-time option available at the time of this rate increase only and the policyholder rate increase letters will disclose this fact.

<sup>1</sup> Other options such as changing elimination period or removing riders are also available, but not explicitly quoted in the policyholder letters. Policyholders are instructed to contact MetLife customer service representatives to learn about options not described.



# Call Center Q&A Scripting

## Second IB LTCI Rate Action

### General Insured Questions

***Call center note:** Before answering any questions specific to an insured's policy, verify whether the person has been or is slated to be impacted by this rate increase.*

#### **1. Why is MetLife increasing rates on its Individual Long-Term Care Insurance policies?**

**A.** We continually evaluate the assumptions used to price our products. Based on an in-depth analysis of our individual business, and changes in our actuarial assumptions, we will be taking action based on emerging experience.

Evolving assumptions and their impact on pricing is not just a MetLife issue, but one the industry is facing overall.

#### **2. Which actuarial assumptions have changed since the initial pricing of MetLife's products?**

**A.** Actuarial assumptions that have continued to change significantly since the initial pricing of these products include persistency, morbidity and mortality experience, which have not materialized as expected.

#### **3. Are MetLife's financial strength and claims rating still strong?**

**A.** MetLife continues to receive high ratings for financial strength and claims paying ability from the major rating agencies. You may review MetLife's ratings by various agencies at **[www.metlife.com](http://www.metlife.com)**. Select the "About MetLife" tab along the top of the website, then "Ratings" Under "Corporate Profile" on the left side of the page.

#### **4. I received a letter indicating that my premium rates are increasing. My policy will now be too expensive and I'll need to cancel my coverage.**

**A.** I completely understand that price is always a factor; however, you may have options to reduce your coverage to reduce the impact of the premium increase. I am happy to discuss those with you if you like.

Please note that if you do decide to change or cancel your coverage, the request must be made in writing by the policyholder. A coverage change / cancellation form has been included with your rate increase notification letter.

#### **If caller wants to cancel coverage**

Your current premium is based on your age and health when you originally applied and were accepted. Although those rates will be increasing, if you decide to shop for new

coverage, it may cost you more and/or you may not qualify for new coverage if your health has changed. It would be a good idea for you to discuss this with your agent or producer.

However, if you decide to go ahead and cancel, you may be able to maintain a reduced level of coverage through a Limited Coverage Upon Lapse Endorsement (LCUL), which we are providing to impacted policyholders. This feature is described in your letter. Alternatively, if you are eligible for another nonforfeiture feature, you may receive a reduced level of coverage through that feature.

## **5. I have not received a letter notifying me of a rate increase. When will I be impacted?**

***Call center note:** The following table lists exceptions where this rate increase will not be filed/ implemented in the future. If these exceptions do not apply to the caller, and the caller's policy has not yet been impacted or is not yet slated to be impacted, the answer below may be used.*

Product Series	States that will be filed
LTC97	All but Montana, North Dakota and South Dakota. These states do not have any LTC97 insureds.  Note that at this time, we will not be filing for an increase on California insureds with effective dates of 7/1/02 and later, due to a 5 year rate guarantee required by the California Department of Insurance on the initial rate increase.
VIP1	Note that at this time, we will not be filing for an increase in California due to a 5 year rate guarantee required by the California Department of Insurance on the initial rate increase.  At this time, we will also not be filing for an increase on Kentucky, Texas, Utah and Virginia insureds who were previously given a 42% rate increase. These states required certification of the VIP1 rates during the review process.
VIP2	All states.
LSA	All states, but California, Florida, Hawaii, Maryland, Massachusetts, Minnesota, Montana, New Jersey, New York, North Carolina, Pennsylvania, Tennessee, Texas, Vermont and Virginia. These states never launched the original rate basis. Also, District of Columbia, North Dakota and Wyoming, as there are no LSA insureds in these states.

**A.** The timing and increase percentage will vary by state and/or policy series. The first effective date for this rate increase will take place in August 2013 for VIP1, VIP2 and LifeStage Advantage policyholders in select states. The first effective date for LTC97 policyholders in select states will take place in October 2013. We expect that it will take up to two years to fully implement on a nationwide basis. Impacted insureds will be given at least 60 days advance notice of a rate increase impacting their premiums.

**6. I bought my policy fairly recently (OR – The rates on my policy were just increased) – what has changed that would cause an increase in my premiums so quickly?**

**A.** The underlying assumptions that MetLife uses to price its LTCI products have changed, and we need to ensure that our pricing supports the long-term stability of the products we offer. In order to do this we continually evaluate the assumptions used to price our products.

**7. Should I expect additional rate increases on my coverage in the future?**

**A.** As explained in the renewability statement on the first page of your policy, MetLife reserves the right to increase rates in the future.

**8. How will this rate change affect any future changes I may make to my current coverage? For example:**

- **Increase to DBA/TLB**
- **Acceptance of future Inflation Offers**

**A.** Any coverage increases or inflation offer acceptances made on or after the policyholder's premium bill due date when the new premium becomes effective will be made at the new rates.

Any coverage increases or inflation offer acceptances made between the date the policyholder is notified of the rate increase and their premium bill due date when the new premium becomes effective may be based on the new rates.

**9. Can I change my mind and cancel or change my coverage after the rate increase takes effect?**

**A.** Of course. Your policy permits you to decrease or cancel coverage at any time. Any increases in coverage are based on your new age and the rates that are in effect at that time. Coverage decreases are subject to minimum benefit levels permitted under your policy. You just need to submit your request in writing.

***Call center note: For Insureds Whose Policies Do Not Include the Nonforfeiture Coverage Rider (for VIP2 and LSA insureds whose policies include the Ten Year Premium Payment Rider or Paid Up Premiums Rider, please refer to Q22.)***

Regarding cancellation or lapse, please be aware that there is only a limited period of time when you would be eligible to maintain reduced coverage through the Limited Coverage Upon Lapse Endorsement (LCUL). You may be eligible for this if your coverage lapses due to cancellation or nonpayment of premium within 120 days following the first due date of the increased premium.

*Call center note: For Insureds Whose Policies Include the Nonforfeiture Coverage Rider (for VIP2 and LSA insureds whose policies include the Ten Year Premium Payment Rider or Paid Up Premiums Rider, please refer to Q22.)*

Regarding cancellation or lapse, you may be eligible to receive reduced coverage under the Nonforfeiture Coverage Rider should you cancel or lapse your policy.

**10. Can I change my bill mode prior to the effective date of the increase?**

A. Bill mode and frequency changes are available coincident with your next billing cycle. However a change in bill mode or frequency will NOT change the effective date of the rate increase indicated in your policyholder increase letter.

**11. Will policyholders currently on claim receive the rate increase?**

A. An insured whose policy is impacted by the rate increase and is on waiver of premium will be notified at the same time as other affected policyholders. An insured on premium waiver will be informed that there will be no impact to them until such time as premium payments resume.

**12. Will policyholders of all issue ages be impacted by this rate increase?**

A. Yes, policyholders of all issue ages will be impacted. While certain insureds were excluded from the rate increase that we announced in 2008 because their original issue age was 70 or older, this exclusion will not apply to this rate increase unless otherwise specified.

**13. Can you explain the nonforfeiture option called Limited Coverage Upon Lapse (LCUL)?**

A. Yes. LCUL will provide limited paid-up benefits for eligible insureds who cancel their policies or whose policies lapse within 120 days of the rate increase effective date. The amount of coverage will be the greater of the sum of all premiums paid prior to cancellation **or** 30 times the amount of the nursing facility care daily benefit (or 1 times the amount of the nursing facility care monthly benefit) in effect immediately prior to the cancellation date. Policy terminology may differ slightly with each policy series.

**14. Under what provision does MetLife have the ability to raise rates on my coverage?**

A. As indicated in the outline of coverage provided to you when you applied for coverage, and also stated in your policy, your policy is guaranteed renewable. Under this provision, MetLife has the ability to increase premiums on a class-wide basis subject to applicable State Insurance Department approval. This provision also states that as long as you pay your premium when due, MetLife cannot cancel coverage.

## **15. My agent/producer is no longer active. Who do I contact?**

**A.** We will be happy to answer any questions you have. If you would like a new agent to service your policy, we'll contact the agency and have them get in touch with you. May I have a current daytime phone number and/or email address where you can be contacted? An agent should be in touch with you within 5-10 business days.

## **16. Would my premium be lower if my agent doesn't get a commission?**

**A.** No. The rate increase amount is not impacted by the commissions paid on your policy.

## **17. A family member/friend/co-worker of mine also has a MetLife LTCI policy/certificate, but they are not getting a rate increase OR they are getting a different rate increase amount. Why is that?**

There are quite a few reasons why this may be the case. This person may have a different type of policy or certificate from MetLife. MetLife administers a number of different policy series, some of which have been subject to a rate increase and some of which have not. The specifics of other rate increases, including the amount of the increase, differ by policy series.

If this person has the same policy series, note that MetLife is implementing this increase in phases. The amount and timing of the increase will vary based on the policy issue state and issue date. Also bear in mind that the rate increase is being applied as a percentage increase over current premiums, not as a flat dollar amount.

## **18. I moved recently and it is possible that my letter went to the wrong address. Can you send me another letter?**

**A.** First, let me confirm that your policy is issued in a state where letters were mailed.

**Call center note:** *confirm caller has an impacted policy in an impacted state before responding*

I do show that you are slated to receive a letter. May I have your corrected address and phone number? We'll reprint your letter and send it to you within five business days. All rate action packages have been sent First Class Mail, therefore any mail deemed to be "undeliverable" by the Post Office will be returned to MetLife. A process is in place to ensure that all returned mail is researched for an updated address and re-mailed accordingly. It is possible you may receive two letters.

**19. What happens if I decide not to pay the increased amount? How much time do I have before my policy lapses?**

**A.** Full payment is required by the due date on your bill. Your policy will lapse if full payment is not made by the end of the grace period specified in the policy.

**20. Is my state insurance department aware of this premium increase?**

**A.** All states in which we are implementing or intend to implement the rate increase have been or are being notified and, where required, approval has been obtained or has been requested.

**21. How can I make a formal complaint?**

**A.** I am able to take your complaint over the phone. Alternatively, you may send written complaints to the following address:

For VIP1, VIP2 or LSA policies:  
MetLife ILTC  
P. O. Box 69411  
St. Paul, MN 55164-0911

For LTC97 policies:  
MetLife ILTC  
P. O. Box 14634  
Lexington, KY  
40512-4634

**22. I have an accelerated payment option (e.g., Ten Year Premium Payment Rider, Paid Up Premiums Rider, Reduced Pay at Age 65 Rider, Double Pay First Year Rider) with my policy. How will my premium be impacted?**

**A.** If you have an accelerated payment option, and there is a portion of premium that must still be paid, the remaining premium will be subject to the increase.

Note that some VIP2 and LSA policyholders who have the Ten Year Premium Payment Rider or Paid Up Premiums Rider may be eligible for an alternative nonforfeiture feature. This feature may provide limited paid-up benefits for eligible insureds who, within 120 days of the rate increase effective date, lapse or cancel their policies. The amount of time that the insured has paid premiums for the policy under the Ten Year Premium Payment Rider or the Paid Up Premium Rider will impact the amount of the limited benefits for those insureds that qualify for such benefits.

**23. What if policyholders have the Shared Care Rider or Paid-up Survivorship?**

**A.** If policyholders have either the Shared Care Rider or Paid-up Survivorship, both policyholders must maintain identical coverage in order for either of these to remain in effect.

**24. I purchased my LTCL policy in one state and subsequently moved. Which state determines the policy increase amount?**

**A.** The premium increase is based on the state where the policy was issued, which is not necessarily where the policyholder currently resides.

**25. I also have MetLife Employer Group, TIAA or AARP coverage. Will this coverage be impacted?**

**A.** MetLife Employer Group and TIAA policies/certificates are impacted by separate rate actions. For additional information regarding those rate actions, please call 1-800-GET-MET8 (Group) or 1-888-748-4824 (TIAA).

AARP coverage is not impacted at this time. MetLife reserves the right to file for future rate increases.







NAIC Company No. is 65978

## STATEMENT OF VARIABILITY

### Policyholder Notification Letter

#### First page:

- Address in header is variable and dependent on policy form.
- Policyholder name/address, and Policy number is variable and customized for each policyholder.
- Insured name and address is variable.
- Exclamation call out near top of the letter (right side) – coverage rate effective date is variable and will be customized for each insured.
- Under “Why We’re Contacting You” - The percentage to be implemented will be completed upon final disposition by the Bureau of Insurance. The percentage will vary by policy form.
- Under “What You Need to Know” – the sentences beginning with “Over time.....” and ending with ...”initially expected” is bracketed, in the event this language changes in the future.
- Under “What You Need to Know” – The bold sentence beginning with “In fact, we are offering...” if bracketed. We will be offering an inflation decrease option to Insureds that have automatic compound inflation AND can mitigate the ENTIRE rate increase.
- Under “About The Premium Increase” (2<sup>nd</sup> paragraph) – the percentage requested is bracketed and varies by policy form. The percentage to be implemented will be completed upon final disposition by the Bureau of Insurance. The percentage to be implemented will vary by policy form.
- Under “About The Premium Increase” (2<sup>nd</sup> paragraph) – the sentence beginning with “We are implementing.....” through the sentence ending with “... phase of the increase.” will be included and customized when implementing an increase in phases.

#### Second page:

- Information in blue box is bracketed - Effective Date, Old Amount/Frequency, New Amount/Frequency - will be customized for each insured.
- Under “Your Options” - the bold text beginning with “, including an option...” and ending with...”benefits the same” is bracketed. We will be offering an inflation decrease option to Insureds that have automatic compound inflation AND can mitigate the ENTIRE rate increase.
- Under “Your Options” – the telephone numbers are bracketed, and vary by policy form.
- Under “Things to Consider” – the bracketed sentence will only appear in the letter if the Bureau offers us a percentage that is less than what we requested in our filing

#### Third page:

- Under “Cancellation Requests” -
  - The second and third paragraphs will appear if the insured has no nonforfeiture feature (applies to insureds with CBUL)
  - The fourth paragraph will appear if the policyholder’s policy includes an existing nonforfeiture feature. .
- Under “Next Steps” – The bracketed date field in the first paragraph will be 30 days from the date of the policyholder letter.

- Under “Next Steps” – The bracketed date field in the second paragraph will be customized for each insured.
- Under “We’re Here To Help” - Under “Your Options” – the telephone numbers are bracketed, and vary by policy form.
- Enclosures are bracketed in the event they change in the future.

## **Frequently Asked Questions (FAQs)**

### **Fourth page:**

- Q2, second paragraph – this paragraph will appear to those insureds that are offered an inflation decrease option. We will be offering an inflation decrease option to Insureds that have automatic compound inflation AND can mitigate the ENTIRE rate increase.
- Q3 – the bracketed wording is due to the product differences between the policy forms (LTC97 and VIP2).
- Enclosures are bracketed in the event they change in the future.

### **Fifth page:**

- Q7 - we will be offering an inflation decrease option to Insureds that have automatic compound inflation AND can mitigate the ENTIRE rate increase. This paragraph will appear to those insureds that are offered an inflation decrease option and provides an example of when the lower automatic inflation percentage takes effect and when the insured’s premium would be impacted. The dates within this paragraph are also bracketed – these dates are bracketed so they can be revised in the future.

If this question does not appear in the insured’s FAQs, Q8 thru Q14 would be renumbered.

### **Sixth page:**

- Q14 - the telephone numbers are bracketed, and vary by policy form.



NAIC Company No. is 65978

## STATEMENT OF VARIABILITY

### Policyholder Notification Letter – Phase 2

- First page: Mail date is dependent upon when final DOI disposition is received and the implementation process begins.
- First page: New Long-Term Care Insurance coverage rates effective [DATE] – date that will appear will be customized for each insured.
- First page: Policyholder name/address, and Policy number is variable and customized for each policyholder.
- First page, first paragraph – Month/Year will be the date the policyholder notification letter was mailed to the insured notifying them of the rate increase and that it would be implemented in two phases.
- First page, first paragraph – percentage is bracketed, as this letter may be used for an additional policy form.
- Under “What You Need to Know” – The bold sentence beginning with “In fact, we are offering...” if bracketed. We will be offering an inflation decrease option to Insureds that have automatic compound inflation AND can mitigate the ENTIRE rate increase.
- First page, third paragraph - percentages are bracketed, as this letter may be used for an additional policy form.
- Page 2, Effective Date, Current Premium Amount/Frequency, New Premium Amount/Frequency - will be customized for each insured.
- Page 2, the [DATE] in the paragraph underneath the **Your Options** heading is variable, dependent upon when final DOI disposition is received and the implementation process begins.
- Page 2, Coverage Change Form due [DATE] underneath the **Your Options** heading will be 30 days from the policyholder notification letter mail date.
- Page 2/3, **Cancellation Requests** –
  - The second and third paragraphs will appear if the insured has no nonforfeiture feature (applies to insureds with CBUL)
  - The bracketed text within the second paragraph, [30 times the Nursing Home Daily] [Monthly], will vary on the letter, dependent upon which policy form the insured has.
  - The fourth paragraph will appear if the policyholder's policy includes an existing nonforfeiture feature.



NAIC Company No. is 65978

## STATEMENT OF VARIABILITY

### Coverage Change Form

#### First page:

- Policyholder information (name, policy # and Distribution Alliance ID # are variable.
- The return date [Month XX, YYYY] for the Coverage Change form and the effective date for the new increased premium are variable based on the insured's policy.
- In Step 1, the phone number and available timing is variable is dependent on the insured's policy form.
- The information in the Coverage Change Options selection box is bracketed and will be customized for each policyholder and is dependent on the coverage change offers that may be provided. Bracketed text includes: Reducing the inflation rate, reducing the daily benefit amount, reducing the Total Lifetime benefit, customizing a decrease and coverage cancellation. The Daily Benefit Amount and Total Lifetime benefit amount reduction options are available provided the insureds are not already at their minimum DBA/TLB. For insureds that are being offered inflation decreases, their coverage change form will illustrate that offer. Should the insured wish to make any additional coverage changes, such as reducing their DBA/TLB (if not included on their coverage change form), as well as dropping a rider, if available, they may call Customer Service to discuss any available options.
- Insureds will also be provided the option to cancel their coverage. The text, "Please review the Things to Consider Section for cancellation options is variable, and the language that would appear in that section is dependent on whether or not the insured has Nonforfeiture on their policy.
- Step 2 – the date field is variable and is based on when the coverage change selected will be effective based on the policy.
- Step 3 – The Signature field is variable for first and last name. The policy # is variable and customized for each policyholder.
- Step 4 – The Coverage Change Receipt date is variable and dependent upon the policy parameters. The return addresses are variable and dependent upon the insured's policy form.

#### Things to Consider – page 2 variability

- Inflation Section will only appear to those insureds that are being offered an inflation decrease
- The Daily Benefit and Total Lifetime Benefit section will only appear if insureds are being provided either of those offers.
- The variable text within the Cancellation section will appear, and is dependent on whether or not the insured has Nonforfeiture on their policy.
- The sentences referencing paid-up survivorship or shared care rider is variable and is dependent upon the policy.



# Metropolitan Life Insurance Company

A Stock Company Incorporated in New York State

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


## Qualified Long-Term Care Insurance Policy – Facilities Only

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

**CAUTION:** This policy may not apply when You have a claim! Please read! The issuance of this long-term care insurance policy is based upon Your responses to the questions on Your application. A copy of Your application is attached. If Your answers are incorrect or untrue, the company has the right to deny benefits or rescind Your policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact the company at this address: Metropolitan Life Insurance Company, [P.O. Box 937, Westport, CT 06881-0937].

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

This policy is intended to be a qualified long-term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended. As such, it must meet certain federal standards in addition to all applicable standards in the state in which the contract was issued or issued for delivery. If You have any questions regarding the tax qualification of this product, You should direct such questions to the appropriate federal agency, or You should contact Your tax advisor. If in the future, it is determined that this policy does not meet the requirements of the Internal Revenue Code, We will make every reasonable effort to amend the policy if We are required to do so in order to gain favorable federal income tax treatment. We will offer You an opportunity to receive these amendments, with any appropriate adjustments, as determined by MetLife, to premium rates and/or benefits.



Gwenn L. Carr  
Vice-President and Secretary



Robert H. Benmosche  
President and Chief Operating Officer

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

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Metropolitan Life Insurance Company  
[P. O. Box 937  
Westport, CT 06881-0937  
Toll-Free Number: 1-800-308-0179]

## SCHEDULE OF BENEFITS

### INSURED

[John Doe]

### CURRENT COVERAGE: EFFECTIVE DATE [July 1, 2001] (REPLACES ANY PREVIOUS SCHEDULE OF BENEFITS)

Original Coverage Effective Date	[March 1, 2001]
Original Issue Age	[61]
Policy Number	[211100000 LTC]
Plan Number	[XXXXX]
Elimination Period	[45 days]
TOTAL LIFETIME BENEFIT (does not reflect claims paid or payable)	[UNLIMITED]

### COVERED SERVICES

### BENEFIT AMOUNTS

#### PRIMARY SERVICES

Nursing Home  
Assisted Living Facility

MAXIMUM DAILY BENEFIT AMOUNT  
[\$100]/day\*  
[\$100]/ day\*

#### ADDITIONAL SERVICES

Needs Assessment  
Transition Expense Allowance  
Informal Caregiver Training

MAXIMUM BENEFIT AMOUNT  
Free [or \$250]/lifetime  
[\$1,500]/lifetime  
[\$500]/lifetime

\*There is no daily limit for these Benefits. Instead, there is a monthly limit.

**Health Rating:** [Preferred, Standard, Rated]

**Discounts:** [Spousal Discount, Marital Discount, Residential Discount, Multi-Life Discount, None]  
[[Spousal or Residential] Discount applies as long as associated policies do not lapse.]

### PREMIUM SCHEDULE

Gross Annual Premium (includes Riders and Health Rating; does not include Discounts, if any): [\$XXXX.XX]

### COVERAGE

### ANNUAL PREMIUM

(includes Health Rating and Discounts)

Base Coverage	[\$XXX.XX]
[Future Purchase Rider]	[\$XXX.XX]
[5% Automatic Compound Inflation Protection Rider] [3% Automatic Compound Inflation Protection Rider] [5% Automatic Simple Inflation Protection Rider]	[\$XXX.XX]
[Nonforfeiture Coverage Rider]	[\$XXX.XX]
[Contingent Benefits Upon Lapse Rider]	[\$0]
[Restoration of Benefits Rider]	[\$XXX.XX]
[Return of Premium Rider]	[\$XXX.XX]
[Shared Care Rider]	[\$XXX.XX]
[Ten Year Premium Payment Rider]	[\$XXX.XX]
[Paid-up Premiums Rider]	[\$XXX.XX]
[Total Annual Premium with discounts applied]	[\$XXX.XX]
[[Monthly, Quarterly, Semi-annual, Annual] Premium Amount*]	[\$XXX.XX]

**[In addition, you have selected the following flexible premium payment option:] [Reduced Pay at 65]**

[[Monthly, Quarterly, Semi-annual, Annual] Premium Amount\*:]

[Before Policy Anniversary at age 65]

[\$XXX.XX]

[On and after Policy Anniversary at age 65]

[\$XXX.XX]

**[In addition, you have selected the following flexible premium payment option:] [Double Pay First Year]**

[[Monthly, Quarterly, Semi-annual, Annual] Premium Amount\*:]

[Year 1]

[\$XXX.XX]

[Year 2 and after]

[\$XXX.XX]

[\* If you pay premiums more frequently than annually, an additional cost has been included.]



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## Definitions of Policy Terms

This section defines most of the words and phrases used in Your policy which have specific meaning. All terms with a defined meaning are capitalized and, except for *Our*, *Us*, *We*, *You* and *Your*, are **bolded** for easy identification throughout the policy.

**“Activities of Daily Living”** means any of the following:

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

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

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

## Definitions of Policy Terms (Continued)

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

**"Benefits"** means the amounts We will pay subject to the provisions of the policy.

**"Calendar Month"** means the period which begins on the first day of each calendar month.

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

**"Care Management Organization"** means:

1. an organization operated and licensed as a **Care Management Organization** under the laws where it is located; or
2. any other organization that meets ALL of the following:
  - \* provides care advisory services; and
  - \* has a full-time administrator; and
  - \* maintains written records of services performed for each client; and
  - \* has a staff which includes at least one **Nurse** and one **Social Worker**.

**"Chronically III"**: Refer to the Eligibility for the Payment of Benefits section.

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

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

**"Elimination Period"** is the number of days after the **Original Coverage Effective Date** of this policy during which You must be: (1) **Chronically III**; and (2) receiving **Primary Services** (other than **Hospice Care**), before certain **Benefits** become payable. These days need not be consecutive.

**"Facility"** means a **Nursing Home**, an **Assisted Living Facility**, or a **Hospice Facility**.

**"Formal Caregiver"** means any of the following: a **Nurse**, **Care Advisor**, **Therapist**, or **Social Worker**. Members of Your **Immediate Family** cannot be **Formal Caregivers**.

**"Home"** means any private residence that is Your current place of domicile. **Home** does not include a licensed **Facility**.

## Definitions of Policy Terms (Continued)

**“Hospice Facility”** means a facility or unit of a facility that meets federal certification requirements as a Hospice, or is comparably licensed under the laws where it is located, to provide care or management of the **Terminally Ill**.

**“Hospice Care”** means services furnished in a **Hospice Facility** for the care or management of a **Terminal Illness**.

**“Hospital”** means a facility that is licensed as a **Hospital**, and provides:

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

**“Immediate Family”** means Your spouse, child (natural, step or adopted), parent, sibling, grandchild, or in-law. It also includes anyone who normally lives in Your **Home**.

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

**“Insured”** means the person so named on page 3.

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

**“Licensed Health Care Practitioner”** means a **Physician**; any registered professional **Nurse**; a licensed **Social Worker**; or other individual who meets such requirements as may be prescribed by the U.S. Secretary of the Treasury.

**“Maintenance or Personal Care”** means any care with the primary purpose of providing needed assistance when You are **Chronically Ill** (including protection from threats to health and safety due to **Severe Cognitive Impairment**). **Maintenance or Personal Care** services may include **Custodial Care** and needed assistance with **Activities of Daily Living** (“**ADL**”).

**“Maximum Benefit Amount”** means the most We will pay for **Covered Services**, subject to the terms of the policy, for the time period specified.

**“Medicaid”** means any state medical assistance program under Title XIX of the Social Security Act, as amended. In Virginia, **“Medicaid”** means the program administered in accordance with Title 32.1 of the Code of Virginia.

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

**“Monthly Benefit Amount”** means an amount equal to the number of days in a **Calendar Month** multiplied by the **Maximum Daily Benefit Amount** for **Nursing Home** or **Assisted Living Facility** shown on page 3.

## Definitions of Policy Terms (Continued)

**“Needs Assessment”** means the services provided by a **Care Advisor** to: (1) assess Your needs for long-term care services; (2) develop or work with others to develop options for Your long-term care; and (3) discuss the long-term care options with You or Your **Representative**.

**“Nurse”** means a registered professional **Nurse** (R.N.), licensed practical **Nurse** (L.P.N.) or licensed vocational **Nurse** (L.V.N.) who is licensed under the laws where services are performed.

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

**“Nursing Home”** means a facility licensed as a skilled or intermediate nursing facility under the laws where it is located that meets ALL of the following:

- \* has twenty-four (24) hours a day **Nursing Care**; and
- \* has twenty-four (24) hours a day **Maintenance or Personal Care** performed by a trained/certified and awake staff supervised by a **Nurse**; and
- \* keeps a written record of services performed for each client; and
- \* has formal arrangements for emergency medical care; and
- \* services are not limited to provision of food, shelter, and other residential services such as laundry.

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

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

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

**“Policy Anniversaries,” “Policy Years” and “Policy Months”** mean dates measured from the **Original Coverage Effective Date** of the policy. For example, if the **Original Coverage Effective Date** of the policy is May 5, 2005, the first **Policy Anniversary** is May 5, 2006; the first **Policy Year** ends May 4, 2006; and **Policy Months** start on the fifth day of each month, e.g., June 5, 2005. If the **Original Coverage Effective Date** is the 29<sup>th</sup>, 30<sup>th</sup> or 31<sup>st</sup> day of a **Calendar Month**, and a **Calendar Month** does not have that date, then that **Policy Month** shall begin on the first of the following **Calendar Month**.

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

**“Representative”** means the person named by You or by a court of law to represent You.

**“Severe Cognitive Impairment”**: Refer to the Eligibility for the Payment of Benefits section.

## Definitions of Policy Terms (Continued)

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

**“Terminal Illness”** means an illness or injury which a **Physician** certifies is likely to result in a person's death within 6 months. **“Terminally Ill”** means an individual diagnosed with a **Terminal Illness**.

**“Therapist”** means a person who has a license or appropriate professional certificate to provide **Therapy Services** under the laws where the services are being provided.

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

**“Total Lifetime Benefit”** means the most We will pay under this policy during Your lifetime, not including **Benefits** for **Needs Assessment**. This amount is shown on page 3 and will change if Your benefit amounts are changed.

**“We”, “Us”** and **“Our”** mean Metropolitan Life Insurance Company (MetLife).

**“You”** and **“Your”** mean the **Insured** named on page 3.

## Eligibility for the Payment of Benefits

### Eligibility for Benefits

You will be eligible for **Benefits** only if:

1. We are given proof, satisfactory to Us, that You are **Chronically Ill**; and
2. a **Licensed Health Care Practitioner** has certified in writing to Us, in the last 12 months, that You are **Chronically Ill**; and
3. a **Plan of Care** including the **Qualified Long-Term Care Services** You need is in place for You.

In order for certain **Benefits** to be payable, You must also satisfy an **Elimination Period** as described in this policy.

**“Chronically Ill”** means You are unable to perform, without **Substantial Assistance** from another individual, at least two (2) **Activities of Daily Living (“ADL”)** for an expected period of at least ninety (90) days due to a loss of functional capacity; or You require **Substantial Supervision** to protect You from threats to health and safety due to **Severe Cognitive Impairment**.

**“Substantial Assistance”** means **Hands-On Assistance** or **Standby Assistance**. **“Hands-On Assistance”** means that You require the physical assistance of another person without which You would be unable to perform the **Activities of Daily Living**. **“Standby Assistance”** means that You require the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to You while You are performing the **Activities of Daily Living**.

**“Severe Cognitive Impairment”** means a deterioration or loss in intellectual capacity that: (a) places You in jeopardy of harming Yourself or others and, therefore, You require **Substantial Supervision** by another individual; and (b) is measured by clinical evidence and standardized tests which reliably measure impairment in: (1) short or long-term memory; (2) orientation to people, places or time; and (3) deductive or abstract reasoning.

**“Substantial Supervision”** means that You require continual supervision (which may include cueing by verbal prompting, gesture or other demonstrations) by another person that is necessary to protect You from threats to Your health and safety (such as may result from wandering).

### If You Need Benefits

You or someone acting for You may write to Us or call the toll-free number shown on page 3 to request that We determine whether You are eligible for **Benefits**.

Please refer to the Claims section of this policy for further information.

### Continuing Eligibility for Benefits

We will reassess Your continuing eligibility for **Benefits**, based upon the criteria used to determine Your Eligibility for Benefits, at least once every twelve (12) months, but no more frequently than every thirty (30) days.

## Elimination Period

### Elimination Period

**“Elimination Period”** is the number of days after the **Original Coverage Effective Date** of this policy during which You must be: (1) **Chronically Ill**; and (2) receiving **Primary Services** (other than **Hospice Care**), before certain **Benefits** become payable. These days need not be consecutive. The **Elimination Period** for this policy is shown on page 3. Except as stated below, **Benefits** will not be paid for **Covered Services** You receive during the **Elimination Period**.

No **Elimination Period** is required in order to receive **Benefits** for **Hospice Care, Needs Assessment** or **Informal Caregiver Training**. Receipt of these services will not count toward satisfying the **Elimination Period**.

Once You complete the **Elimination Period**, You will be eligible to receive the **Transition Expense Allowance** for expenses for **Qualified Long-Term Care Services** received during or after the **Elimination Period**.

You only have to satisfy the **Elimination Period** once. Once You have satisfied a day of the **Elimination Period**, that day is satisfied for the life of the policy.



## Covered Services

### Conditions for Benefit Payments

We will pay for **Covered Services** only if:

1. they are **Qualified Long-Term Care Services**; and
2. they are received after the **Original Coverage Effective Date** of this policy; and
3. they are received after satisfying any required **Elimination Period**; and
4. You are eligible for **Benefits**; and
5. the **Total Lifetime Benefit** has not been paid.

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

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

### Covered Services-Primary Services

#### Primary Services

During any **Calendar Month**, You may receive one or more **Primary Services** in a **Facility**. We will pay up to the **Nursing Home Monthly Benefit Amount** for actual charges You incur for **Covered Services** in a **Facility**. However, the most We will pay for any combination of **Primary Services** You receive during any **Calendar Month** is the **Nursing Home Monthly Benefit Amount**. Payment of **Benefits** for **Primary Services** will reduce Your **Total Lifetime Benefit**.

#### Nursing Home, Hospice Facility and Assisted Living Facility Benefits, including Bed Reservation Benefits

We will pay up to the **Nursing Home Monthly Benefit Amount** for the actual charges You incur in a **Calendar Month** for the following **Covered Services** received in a **Facility**:

1. room and board; and
2. **Nursing Care, Maintenance or Personal Care, Therapy Services and Hospice Care**, from a **Formal Caregiver**; and
3. **Bed Reservation Benefits** up to thirty (30) days per **Policy Year**. “**Bed Reservation Benefits**” means the **Benefits** We will pay for actual charges You incur to hold a space in a **Facility**, to enable You to return to the **Facility**. The amount We will pay for **Bed Reservation Benefits** will not be more than the **Benefits** We would pay if You had been confined in the **Facility** on those days.

## Covered Services-Primary Services (Continued)

**Alternate Services Benefits** “**Alternate Services**” means **Qualified Long-Term Care Services** which are furnished in a facility not defined in this policy.

We will consider paying for actual charges You incur for covered **Alternate Services** as stated below. We will pay for **Alternate Services** only if We determine that the **Alternate Services** meet ALL of the following:

1. the service falls within guidelines We establish as approved **Alternate Services**; and
2. it is a type of service described in Your **Plan of Care**; and
3. it effectively meets Your long-term care service needs; and
4. it is, for You, a cost-effective alternative to **Primary Services** which would have been covered under this policy; and
5. it is not provided by a member of Your **Immediate Family**; and
6. the **Alternate Services** and benefit amounts must be mutually agreed to, in writing, by You, Your **Licensed Health Care Practitioner**, and Us, through an **Alternate Services Agreement**.

The **Benefits** We will pay for **Alternate Services** will be the lesser of:

1. the actual charges You incur for the services received; or
2. the **Nursing Home Monthly Benefit Amount**.

We will not pay for any **Alternate Services** received prior to the date all parties have signed the **Alternate Services Agreement**.

An Agreement to receive **Alternate Services Benefits** will not waive any of Our rights or any of Your rights under this policy.

Receipt of **Alternate Services** as specified in the **Alternate Services Agreement** will count toward satisfying the **Elimination Period**.

## Covered Services-Additional Services

<b>Additional Services</b>	<b>Additional Services</b> may be received on the same day as <b>Primary Services</b> , without affecting the benefit amounts for <b>Primary Services</b> . The <b>Maximum Benefit Amounts</b> We will pay for <b>Additional Services</b> are shown on page 3.
<b>Needs Assessment Benefits</b>	<p>After You become eligible for <b>Benefits</b>, You can receive, at no extra charge to You, one <b>Needs Assessment</b> from a <b>Care Management Organization</b>, selected by Us and to whom We make direct payment. Or, You may select a <b>Care Management Organization</b> to conduct one <b>Needs Assessment</b> and We will pay as a <b>Covered Service</b> the actual charges You incur up to the <b>Maximum Benefit Amount</b> for <b>Needs Assessment</b> shown on page 3.</p> <p>You do not need to satisfy the <b>Elimination Period</b> for this <b>Benefit</b> to be payable. Receipt of this service will not count toward satisfying the <b>Elimination Period</b>. Payment of this <b>Benefit</b> will not reduce Your <b>Total Lifetime Benefit</b>.</p>
<b>Informal Caregiver Training Benefits</b>	<p>We will pay up to the <b>Maximum Benefit Amount</b> for <b>Informal Caregiver Training</b> shown on page 3, for the actual charges You incur to train an <b>Informal Caregiver</b> to perform <b>Maintenance or Personal Care</b> services for You in Your <b>Home</b>. This training can take place while You are at <b>Home</b>, or in a <b>Hospital, Nursing Home, Hospice Facility or Assisted Living Facility</b>, to make it possible for You to return <b>Home</b> and be cared for by the person who received the training.</p> <p>You do not need to satisfy the <b>Elimination Period</b> for this <b>Benefit</b> to be payable. Receipt of this service will not count toward satisfying the <b>Elimination Period</b>. Payment of this <b>Benefit</b> will reduce Your <b>Total Lifetime Benefit</b>.</p>
<b>Transition Expense Allowance</b>	<p>After You have satisfied the <b>Elimination Period</b>, We will pay up to the <b>Maximum Benefit Amount</b> shown on page 3 for <b>Transition Expense Allowance</b>. We will pay for actual charges You incur for <b>Qualified Long-Term Care Services</b> during or after the <b>Elimination Period</b>, if the expense was incurred on a day You were eligible for <b>Benefits</b> and not paid under any other provisions of this policy.</p> <p><b>Transition Expense Allowance</b> may include items required pursuant to a <b>Plan of Care</b>, such as prescription drugs, personal emergency response systems, durable medical equipment or <b>Home</b> modifications, required by a <b>Chronically Ill</b> person in order to continue to live at <b>Home</b>. We will not pay for modifications that would increase the value of Your <b>Home</b>. Payment of this <b>Benefit</b> will reduce Your <b>Total Lifetime Benefit</b>.</p>

## International Coverage

We will pay **Benefits** for **International Coverage** if You qualify under the conditions defined in this section. “**International**” means any location outside of the United States and its territories.

### Eligibility for Payment of Benefits for International Coverage

In order to receive payment for **Benefits** for **International Coverage** under this policy, You must:

1. be outside the United States and its territories; and
2. provide proof, satisfactory to Us, that You are **Chronically III**; and
3. be eligible for **Benefits** under this policy; and
4. satisfy the **Elimination Period for International Coverage**; and
5. provide a written **Plan of Care** that includes the **Qualified Long-Term Care Services** You need.

### Per Diem Benefit for International Coverage

The **Per Diem Benefit** We will pay for **International Coverage** is equal to twenty-five percent (25%) of the **Nursing Home Maximum Daily Benefit Amount** shown on page 3.

“**Per Diem Benefit**” means a **Benefit** computed on a daily basis regardless of actual charges You incur and paid to You if You are eligible under this policy to receive **Benefits** for **International Coverage**. You do not need to receive **Covered Services** in order to receive the **Per Diem Benefit**.

If You are receiving the **Per Diem Benefit** for **International Coverage**, You cannot receive any other **Benefits** under this policy for the same period of time. Coverage for **Additional Services** is not available outside the United States and its territories.

The **Per Diem Benefit** will be paid to You in United States dollars. You may not assign the **Per Diem Benefit**.

### Elimination Period for International Coverage

The **Elimination Period for International Coverage** is two (2) times the **Elimination Period** shown on page 3. Each day on which You are eligible for **Benefits** under this policy while You are outside of the United States and its territories will count toward satisfying the **Elimination Period for International Coverage**. You do not need to receive **Covered Services** in order to satisfy the **Elimination Period for International Coverage**.

### Total Lifetime Benefit for International Coverage Benefits

We will pay You **Benefits** for **International Coverage** up to the lesser of: (1) Your **Total Lifetime Benefit** less any **Benefits** paid while You are in the United States and its territories; or (2) the **Per Diem Benefit** for **International Coverage** times 3,650.

The sum of all **Benefits** We will pay while You are in the United States and its territories and outside the United States and its territories will never exceed the **Total Lifetime Benefit** shown on page 3.

### Tax Note

Since **Benefits** for **International Coverage** are paid without regard to the actual charges You incur, part of the **Benefits** could be considered taxable income if they exceed the daily benefit amount limit prescribed by U.S. tax law (referred to as a “Per Diem” limit). This “Per Diem” limit is indexed for inflation. You should consult with Your tax advisor.

## Paid-Up Survivorship Feature

### Paid-up Survivorship Feature

Your policy will become **Paid-Up** for the **Coverage** in effect as of the date **Your Insured Spouse's Policy** terminates due to **Your Insured Spouse's** death.

In order for Your policy to become **Paid-Up** under this section, ALL of the following conditions must be met:

- \* You and **Your Insured Spouse** have each had a long-term care insurance policy which includes a **Paid-Up Survivorship Feature** for the first ten (10) **Policy Years** from the **Original Coverage Effective Date** of this policy; and
- \* no **Benefits** were paid or payable to You or **Your Insured Spouse** for the first ten (10) **Policy Years** from the **Original Coverage Effective Date** of this policy; and
- \* **Coverage** for Your policy and for **Your Insured Spouse's Policy** must be identical in all respects, as defined below, for the entire time both policies are in effect; and
- \* You must provide Us with written proof, satisfactory to Us, of the death of **Your Insured Spouse**.

You must pay for any premium increase which results from a change in **Benefits** under the terms of Your policy after Your policy is **Paid-Up** under this section.

The following terms have special meaning in this section:

**"Coverage"** means the long-term care insurance in effect under this policy or under **Your Insured Spouse's Policy**. For purposes of this provision, **Coverage** includes the policy form, **Covered Services**, **Maximum Daily Benefit Amounts**, **Total Lifetime Benefit**, **Elimination Period**, and any Rider(s) purchased.

**"Paid-Up" (policy)** means a policy under which no further premiums are payable, but under which the **Coverage** remains in effect.

**"Your Insured Spouse"** means the person named as Your spouse in the application for this policy.

**"Your Insured Spouse's Policy"** means the long-term care insurance **Coverage** in effect with Us for **Your Insured Spouse** and which names You: (1) as the spouse in the application for his or her policy; and (2) has the same **Original Coverage Effective Date** as this policy.

## Changing Benefit Amounts

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

We will send You a written notice of any change in benefit amounts and the date it takes effect.

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

You may, at any time, ask for an increase in Your benefit amounts in writing. We will approve the request only if You provide Us, at Your expense, proof satisfactory to Us of Your good health. Increases in amounts are subject to Our underwriting rules and limits in effect at the time of Your request. If You have received any **Benefits** under this policy, then with regard to the **Total Lifetime Benefit**, and the **Transition Expense Allowance** and **Informal Caregiver Training Maximum Benefit Amounts**, the percentage increase in Your **Nursing Home Maximum Daily Benefit Amount** will be applied to the remaining amounts. There will be no increase in the **Needs Assessment Maximum Benefit Amount**.

The extra premium for this benefit increase will be based on Your age, the premium rates and Your **Health Rating**, at the time the increase takes effect.

The increase will take effect on the first day of the **Policy Month** which starts on or next follows the date We approve Your request. We will send You a written notice of the increase in benefit amounts, the effective date of the increase and the amount of premium due. We reserve the right to require Your written approval before the change You requested takes effect.

### **Benefit Decreases**

You may, at any time, request a decrease in Your benefit amounts in writing. Decreases in amounts are subject to Our rules and limits in effect at the time of the request. If You have received any **Benefits** under this policy, then with regard to the **Total Lifetime Benefit**, and the **Transition Expense Allowance** and **Informal Caregiver Training Maximum Benefit Amounts**, the percentage decrease in Your **Nursing Home Maximum Daily Benefit Amount** will be applied to the remaining amounts. There will be no decrease in the **Needs Assessment Maximum Benefit Amount**.

The decrease will take effect on the first day of the **Policy Month** which starts on or next follows the date We approve Your request. The premium will decrease as of the effective date of any decrease You requested in Your benefit amounts. The amount of the premium reduction will be computed assuming that the benefit amounts purchased last are discontinued first. We will send You a written notice of the decrease in benefit amounts, the effective date of the decrease and the amount of premium due or to be applied to future premiums. We reserve the right to require Your written approval before the change You requested takes effect.

## Extension of Benefits

### Extension of Benefits

If as of the date Your policy **Lapses** or as of the date We receive a written request to cancel Your policy, You are eligible for **Benefits** and are confined in a **Facility**, We will extend the payment of **Benefits** for **Covered Services** received so long as, without interruption, You remain eligible for **Benefits** and confined. Subject to the **Elimination Period** and the terms of this policy, **Benefits** will be extended only until the earliest of the date:

1. You are no longer eligible for **Benefits**; or
2. You are no longer confined in a **Facility**; or
3. the **Total Lifetime Benefit** has been paid.

## Limitations and Exclusions

### What is Not Covered Under This Policy

No payment will be made for any of the following:

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

**There are no limitations or exclusions for pre-existing conditions, or mental and nervous disorders, including Alzheimer's Disease.**

### Coordination of MetLife Coverages

If You have more than one long-term care insurance policy or certificate issued or insured by MetLife, We will reduce the benefit amounts payable to the extent necessary, so that the combination of **Benefits** under all of these policies and certificates will not exceed one hundred percent (100%) of the actual charges for **Covered Services**.

If You are eligible to receive **Benefits** under this policy and any other long-term care insurance policy or certificate issued or insured by MetLife with a coordination of benefits provision, then the policy or certificate with the earliest effective date will be deemed to be the primary coverage, and any other policy or certificate will be deemed secondary coverage, in order by effective date, from the earliest to the latest. Policies and certificates without a coordination of benefits provision will pay first.

This provision will not apply to other policies or certificates which pay **Benefits** without regard to actual charges You incur.



## Premiums

### Premium Payment

The premium is due and payable on the **Original Coverage Effective Date** of the policy and thereafter in accordance with the Premium Schedule that is in effect for the policy as shown on page 3. The premium must be paid in U.S. currency.

You may change the premium payment mode with Our approval.

The amount of the premium for Your initial coverage is based on Your **Original Issue Age, Health Rating and Discounts**, as of the **Original Coverage Effective Date** as shown on page 3.

We reserve the right to change premium rates on a class basis. The premium will not increase because You get older or Your health changes. Your premiums will change if We change Your benefit amounts as a result of Your request or as a result of an increase as provided under the terms of this policy.

### Grace Period

You have a **Grace Period** of thirty-one (31) days to pay each premium due after the first premium. If the premium is not paid by the end of the **Grace Period**, We will send a written notice of **Lapse** of the policy to You and to any person named to receive such notice at the addresses given to Us. You have thirty-five (35) days after We mail this notice to pay the premium. The policy will stay in force during this time unless We receive a written request from You to cancel the policy. If We do not receive the premium within thirty-five (35) days of mailing the notice, the policy will then **Lapse**.

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

You have the right to name a person to receive notice of **Lapse** at the same time We send such notice to You. The person named will not be responsible for payment of the premium. You are responsible to inform Us of any change relating to the person named. We will inform You of Your right to change the person named at least once every two (2) years.

### Waiver of Premiums

We will waive Your premium starting on the first day of the **Policy Month** which starts on or next follows the later of the date on which You: (1) become eligible for **Benefits**; and (2) satisfy the **Elimination Period**. You must resume payment of Your premium starting on the first day of the **Policy Month**, which starts on or next follows the date on which You are no longer eligible for **Benefits**.

## Premiums (Continued)

### Reinstatement

If Your policy **Lapses**, We will reinstate Your policy back to the date it **Lapsed**, if within twelve (12) months of that date You or someone acting for You:

1. request reinstatement and submit an application ("Reinstatement Health Questionnaire"); an application for reinstatement is always required; and
2. submit evidence of Your insurability, acceptable to Us, at Your expense; and
3. pay all past due premiums to Us, if We approve Your request for reinstatement. We will notify You of the amount of premium owed.

The policy will be reinstated upon approval of Your application ("Reinstatement Health Questionnaire") and payment in full of all past due premiums. If We reinstate Your policy, Your premium will be what it would have been had Your coverage not been interrupted.

If We accept premium at any time and waive the requirements for the submission of an application ("Reinstatement Health Questionnaire"), Your policy will be reinstated. All past due premiums must be paid at that time.

If We accept a premium prior to reinstatement and You complete the application ("Reinstatement Health Questionnaire") as required, We will issue a Conditional Receipt for the premium tendered. We also require evidence of Your insurability acceptable to Us. No sales representative or other person may waive or change any of these requirements.

We will notify You in writing of Our decision on or before the forty-fifth (45) day after: (1) We receive Your request for reinstatement; or (2) the date of the Conditional Receipt (if any), whichever is earlier. If We do not notify You within this forty-five (45) day period, Your policy will be reinstated at the end of this forty-five (45) day period. If Your policy is reinstated, You must also pay all past due premiums to Us.

The reinstated policy will cover those **Benefits** which We would pay pursuant to the terms of the policy if You become eligible for **Benefits** after the date of reinstatement. In all other respects, Your rights and Ours will be the same as they were just prior to the date of **Lapse**.

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

If Your policy **Lapses**, We will reinstate Your policy back to the date it **Lapsed**, without proof of Your good health, if within six (6) months of that date, You or someone acting for You:

1. request reinstatement; and
2. submit proof acceptable to Us that You had a **Severe Cognitive Impairment** or loss of functional capacity before the policy **Lapsed**; and

### **Premiums (Continued)**

3. pay all past due premiums to Us, if We approve Your request for reinstatement.

The standard of proof We will use will be no more restrictive than that described in the Eligibility for the Payment of Benefits section.

If We reinstate Your policy, Your premium will be what it would have been if Your coverage had not **Lapsed**.

## Claims

<b>Notice of Claim</b>	You must provide Us with notice of claim within twenty (20) days after the beginning of any loss covered by the policy, or as soon as reasonably possible.
<b>Claim Forms</b>	When We receive Your notice of claim, We will provide You with claim form(s). Your notice of claim must include Your name, the Policy Number, the type of care, and an address to which the claim form(s) should be sent. If We do not provide You with claim forms within fifteen (15) days after We receive Your notice of claim, Our claim form requirements will be satisfied if You provide Us with written proof of the date(s) and exact nature of the charges You have incurred for <b>Covered Services</b> .
<b>Proof of Claim</b>	<p>We will pay <b>Benefits</b> only if We determine that You are eligible for <b>Benefits</b>, have satisfied any required <b>Elimination Period</b> and We receive Your completed claim form(s) and written proof satisfactory to Us that You have incurred charges for <b>Covered Services</b>.</p> <p>You must submit written proof of claim to Us, at the address stated on the claim form We provide You, no later than ninety (90) days after the end of the calendar year in which You incurred charges. Failure to submit proof of claim within this time limit will result in a claim denial unless it is shown that:</p> <ol style="list-style-type: none"><li>1. it was not reasonably possible to provide proof of claim within the time period; and</li><li>2. proof of claim was submitted as soon as reasonably possible and in no event, except in the absence of Your legal capacity, later than one year from the time proof is otherwise required.</li></ol> <p>To help Us determine whether You are eligible for <b>Benefits</b> or You have incurred charges for <b>Covered Services</b>:</p> <ol style="list-style-type: none"><li>1. We or a person We name may contact You, Your <b>Representative</b>, Your <b>Physician</b> or other persons familiar with Your condition or with the services You received; and</li><li>2. We may require that You provide Us, or a person We name, with access to Your medical records to obtain information about Your condition or the services You received. We may not be able to determine Your eligibility for <b>Benefits</b> or approve a claim for <b>Benefits</b> if We do not have access to these records; and</li><li>3. We have the right to require You to submit to Us Your Explanation(s) of Benefits from <b>Medicare</b> or records from any other source from whom You may have received reimbursement for the same <b>Covered Services</b>.</li></ol>
<b>Claim for International Coverage</b>	If You are making a claim for <b>Benefits</b> under the International Coverage section of this policy, any reference above to either charges You incur for <b>Covered Services</b> or to claim forms do not apply.
<b>Physical Examination</b>	We have the right to have You examined while Your claim is pending by a healthcare professional at Our expense and to conduct an on-site assessment. We may not be able to determine Your eligibility for <b>Benefits</b> or to approve a claim for <b>Benefits</b> if You do not consent to an on-site assessment, if such assessment is needed.

## Claims (Continued)

### Notice of Approval or Denial

We will send You a written notice of Our decision to approve or deny Your eligibility for **Benefits** or a claim as soon as reasonably possible. In no event will We send this notice later than ten (10) working days after We have received all the information We need to assess Your eligibility for **Benefits** or claim. If You are not eligible for **Benefits** or We do not approve Your claim, Our notice will state the reasons for the denial.

### Appeals of Denials

If We deny Your eligibility for **Benefits** or Your claim, in whole or in part, We will review Our decision if You or Your **Representative**:

- \* request in writing that We review Our decision; and
- \* send this request to Us within sixty (60) days after You receive Our denial.

Within sixty (60) days of the date We receive Your request, We will review the denial and make a final decision. Our final decision will be in writing, and if it is a denial, it will include Our specific reasons for the denial and make available all information directly relating to such denial.

### Time of Payment of Claims

If We approve Your claim, We will immediately pay the **Benefits** under the terms of this policy. All **Benefits** will be paid to You, unless they are assigned by You. Any unpaid **Benefits** due to You at Your death will be paid to Your estate, unless assigned.

In the Commonwealth of Virginia, the Department of Medical Assistance is the payor of last resort.

## General Provisions

### The Contract

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

The provisions of this policy must be read as a whole. For example, the Limitations and Exclusions apply to all **Benefits** in the policy.

### Assignment; No Cash Value; Premium Refunds

The **Benefits** payable under the policy may only be assigned after a loss.

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

Any refund of unearned premiums due at Your death, on cancellation of this policy, or as a result of Your policy being paid-up, will be paid to You, or to Your estate at Your death, within thirty (30) days of the date on which We receive notice of Your death or Your request to cancel the policy, or on such later date as You may specify in Your request to cancel. The earned premium shall be computed on a pro-rata basis. Any other refund of unearned premiums shall be, at Our option, applied against future premiums or applied to increase future benefits.

### Facility of Payment

Any amounts due to You at Your death, as provided in the Payment of Claims provision or Premium Refunds provision, that is not more than \$1,000, may be made to anyone related to You by blood or marriage whom We find entitled to payment. Any payment made by Us in good faith will fully discharge Us to the extent of the payment.

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

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

### Statements Made By You Relating to Insurability

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

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

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

## General Provisions (Continued)

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

**Misstatement of Age** If Your date of birth is not correct as shown on Your application, all amounts payable under this policy shall be such as the premium paid would have purchased at the correct age.

**Legal Actions** No legal action may be brought until sixty (60) days after written proof of claim has been given. No such action may be brought after six (6) years from the time written proof of claim is required to be given.

**Termination of Policy** Your policy will remain in force and will not terminate because of Your age or deterioration in Your mental or physical health. Your policy will only terminate upon:

1. Our receipt of a written request to cancel the policy (the policy will terminate on the last day of the **Policy Month** in which such request was received, subject to any nonforfeiture coverage);
2. payment of Your **Total Lifetime Benefit** under the policy;
3. policy **Lapse** (subject to any nonforfeiture coverage); or
4. Your death.

**Conformity With State Statutes** Any provision in this policy which, on the **Original Coverage Effective Date** of the policy, conflicts with the laws of the state in which You reside on that date, is amended to meet the minimum requirements of such laws.

**Standard of Time** 12:01 A.M. in the time zone in which You reside.

**Notice** When You write to Us, please give Us Your name, address and Policy Number. Please inform Us promptly of any changes. We will write to You at Your last known address.

Checks, drafts or money orders may be drawn on a U.S. bank to the order of Metropolitan Life Insurance Company (or "MetLife"). They are received subject to the condition that they may be handled for collection in accordance with the practice of the collecting bank or banks. If We do not receive the full amount of any check, draft or money order, it will not constitute payment. All payments are to be made in U.S. currency. We may refuse to accept any payments made in a manner that applicable law requires Us to refuse (such as any large cash payment made without information that We are required by law to obtain).

You may write to Us at: Metropolitan Life Insurance Company  
[P.O. Box 937  
Westport, CT 06881-0937]

Copy of application is attached. Riders and endorsements, if any, follow.



# Metropolitan Life Insurance Company

A Stock Company Incorporated in New York State

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

## Qualified Long-Term Care Insurance Policy

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

**CAUTION:** This policy may not apply when You have a claim! Please read! The issuance of this long-term care insurance policy is based upon Your responses to the questions on Your application. A copy of Your application is attached. If Your answers are incorrect or untrue, the company has the right to deny benefits or rescind Your policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact the company at this address: Metropolitan Life Insurance Company, [P.O. Box 937, Westport, CT 06881-0937].

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

This policy is intended to be a qualified long-term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended. As such, it must meet certain federal standards in addition to all applicable standards in the state in which the contract was issued or issued for delivery. If You have any questions regarding the tax qualification of this product, You should direct such questions to the appropriate federal agency, or You should contact Your tax advisor. If in the future, it is determined that this policy does not meet the requirements of the Internal Revenue Code, We will make every reasonable effort to amend the policy if We are required to do so in order to gain favorable federal income tax treatment. We will offer You an opportunity to receive these amendments, with any appropriate adjustments, as determined by MetLife, to premium rates and/or benefits.

  
Gwenn L. Carr  
Vice-President and Secretary

  
Robert H. Benmosche  
President and Chief Operating Officer

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



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Metropolitan Life Insurance Company  
[P. O. Box 937  
Westport, CT 06881-0937  
Toll-Free Number: 1-800-308-0179]

## SCHEDULE OF BENEFITS

### INSURED

[John Doe]

### CURRENT COVERAGE: EFFECTIVE DATE [July 1, 2001] (REPLACES ANY PREVIOUS SCHEDULE OF BENEFITS)

Original Coverage Effective Date	[March 1, 2001]
Original Issue Age	[61]
Policy Number	[211100000 LTC]
Plan Number	[XXXXX]
Elimination Period	[45 days]
TOTAL LIFETIME BENEFIT (does not reflect claims paid or payable)	[UNLIMITED]

### COVERED SERVICES

### BENEFIT AMOUNTS

#### PRIMARY SERVICES

#### MAXIMUM DAILY BENEFIT AMOUNT

Nursing Home	[\$100]/day*
Assisted Living Facility	[\$100]/ day*
Respite Care - [21] days/Policy Year	
- In a facility <b>or</b>	[\$100]/day <b>or</b>
- At Home	[\$75]/day
Home Care And Community Care	[\$75]/ day*

#### ADDITIONAL SERVICES

#### MAXIMUM BENEFIT AMOUNT

Needs Assessment	Free [or \$250]/lifetime
Transition Expense Allowance	[\$1,500]/lifetime
Informal Caregiver Training	[\$500]/lifetime
Supportive Services and Specialized Transportation	[\$75]/month

\* There is no daily limit for these Benefits. Instead, there is a monthly limit.

**Health Rating:** [Preferred, Standard, Rated]

**Discounts:** [Spousal Discount, Marital Discount, Residential Discount, Multi-Life Discount, None]  
[[Spousal or Residential] Discount applies as long as associated policies do not lapse.]

### PREMIUM SCHEDULE

Gross Annual Premium (includes Riders and Health Rating; does not include Discounts, if any): [\$XXXX.XX]

### COVERAGE

### ANNUAL PREMIUM

Base Coverage	(includes Health Rating and Discounts)
[Future Purchase Rider]	[\$XXX.XX]
[5% Automatic Compound Inflation Protection Rider] [3% Automatic Compound Inflation Protection Rider] [5% Automatic Simple Inflation Protection Rider]	[\$XXX.XX]
[Nonforfeiture Coverage Rider]	[\$XXX.XX]
[Contingent Benefits Upon Lapse Rider]	[\$0]
[Restoration of Benefits Rider]	[\$XXX.XX]
[Return of Premium Rider]	[\$XXX.XX]
[Shared Care Rider]	[\$XXX.XX]
[Home Care Plus Rider]	[\$XXX.XX]
[Ten Year Premium Payment Rider]	[\$XXX.XX]
[Paid-up Premiums Rider]	[\$XXX.XX]
[Total Annual Premium with discounts applied]	[\$XXX.XX]
[[Monthly, Quarterly, Semi-annual, Annual] Premium Amount*]	[\$XXX.XX]

**[In addition, you have selected the following flexible premium payment option:] [Reduced Pay at 65]**

[[Monthly, Quarterly, Semi-annual, Annual] Premium Amount\*:]

[Before Policy Anniversary at age 65]

[\$XXX.XX]

[On and after Policy Anniversary at age 65]

[\$XXX.XX]

**[In addition, you have selected the following flexible premium payment option:] [Double Pay First Year]**

[[Monthly, Quarterly, Semi-annual, Annual] Premium Amount\*:]

[Year 1]

[\$XXX.XX]

[Year 2 and after]

[\$XXX.XX]

[\* If you pay premiums more frequently than annually, an additional cost has been included.]

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## Definitions of Policy Terms

This section defines most of the words and phrases used in Your policy which have specific meaning. All terms with a defined meaning are capitalized and, except for *Our*, *Us*, *We*, *You* and *Your*, are **bolded** for easy identification throughout the policy.

**“Activities of Daily Living”** means any of the following:

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

**“Adult Day Care”** means a program, for six (6) or more clients, of **Qualified Long-Term Care Services** furnished at an **Adult Day Care Center** for the purpose of supporting frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside the **Home**.

**“Adult Day Care Center”** means:

1. a facility operated and licensed and/or certified as an **Adult Day Care Center** under the laws where it is located; or
2. any other organization that meets ALL of the following:
  - \* provides a program of **Adult Day Care**; and
  - \* keeps a written record of services furnished to each client; and
  - \* has established procedures to obtain emergency medical care; and
  - \* is not a place which chiefly provides services for recreation or social activities; and
  - \* maintains a client-to-staff ratio of eight (8) (or less) to one, which staff includes: a full-time director; one or more **Nurses** present at least four (4) hours a day during operating hours; and at least two (2) staff members present whenever clients are present.

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

- \* maintains all appropriate licensing under the laws where it is located to provide **Maintenance or Personal Care**; and

## Definitions of Policy Terms (Continued)

- \* provides twenty-four (24) hours a day **Maintenance or Personal Care** services sufficient to assist clients with needs which result from the inability to perform **Activities of Daily Living** or from **Severe Cognitive Impairment**; and
- \* has at least three (3) clients; and
- \* uses aides trained or certified to provide **Maintenance or Personal Care** in accordance with any laws which apply to the provision of such care; and
- \* provides twenty-four (24) hour supervision of clients by a trained and awake staff; and
- \* has formal arrangements for emergency medical care; and
- \* maintains written records of services furnished to each client; and
- \* serves clients three (3) meals a day; and
- \* has appropriate methods and procedures to assist in administering prescribed drugs where allowed by law.

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

**“Benefits”** means the amounts We will pay subject to the provisions of the policy.

**“Calendar Month”** means the period which begins on the first day of each calendar month.

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

**“Care Advisory Services”** means any of the following services provided by a **Care Advisor**:

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

## Definitions of Policy Terms (Continued)

**“Care Management Organization”** means:

1. an organization operated and licensed as a **Care Management Organization** under the laws where it is located; or
2. any other organization that meets ALL of the following:
  - \* provides **Care Advisory Services**; and
  - \* has a full-time administrator; and
  - \* maintains written records of services performed for each client; and
  - \* has a staff which includes at least one **Nurse** and one **Social Worker**.

**“Certified Private Aide”** means a health care worker who has received formal training for the delivery of **Maintenance or Personal Care** services in the **Home**, who is primarily employed to provide **Home Health Care Services**, but whose services are not necessarily arranged and supervised by a **Home Health Care Agency**. The person must be licensed or certified as a CNA (Certified Nurse’s Aide) or HHA (**Home Health Aide**) under the laws where the service is provided. The term does not include members of Your **Immediate Family**.

**“Chronically III”**: Refer to the Eligibility for the Payment of Benefits section.

**“Community Care”** means care furnished outside of a **Nursing Home, Hospice Facility** or **Assisted Living Facility** and includes **Home Health Care Services** and **Adult Day Care**.

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

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

**“Elimination Period”** is the number of days after the **Original Coverage Effective Date** of this policy during which You must be: (1) **Chronically III**; and (2) receiving **Primary Services**, (other than **Hospice Care** and **Respite Care Services**) before certain **Benefits** become payable. These days need not be consecutive.

**“Formal Caregiver”** means any of the following: a **Nurse, Care Advisor, Therapist, Social Worker, Home Health Aide, Homemaker** or **Certified Private Aide**. Members of Your **Immediate Family** cannot be **Formal Caregivers**.

**“Home”** means any private residence that is Your current place of domicile. **Home** does not include a licensed **Nursing Home, Hospice Facility** or **Assisted Living Facility**.

## Definitions of Policy Terms (Continued)

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

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

- \* if licensing or certification is required, is licensed or certified as a **Home Health Care Agency** under the laws where it is located, or under a public health law or similar law, to provide **Home Health Care Services**; or
- \* is recognized as a **Home Health Care Agency** by **Medicare**; or
- \* meets ALL of the following:
  1. is licensed or certified where it is located to provide **Home Health Care Services**; and
  2. has at least five (5) clients; and
  3. develops and reviews long-term care service plans at appropriate intervals; and
  4. uses **Home Health Aides**, trained or certified in accordance with any laws which apply to such care, to provide **Maintenance or Personal Care**; and
  5. provides on-site supervision of **Home Health Aides** by a **Nurse** or **Social Worker**; and
  6. has a **Nurse** or a **Physician** on call for a medical emergency during the hours that the **Home Health Aide** is in the client's **Home**; and
  7. maintains a written record of services performed for each client.

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

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

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

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

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



## Definitions of Policy Terms (Continued)

**“Hospital”** means a facility that is licensed as a **Hospital**, and provides:

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

**“Immediate Family”** means Your spouse, child (natural, step or adopted), parent, sibling, grandchild, or in-law. It also includes anyone who normally lives in Your **Home**.

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

**“Insured”** means the person so named on page 3.

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

**“Licensed Health Care Practitioner”** means a **Physician**; any registered professional **Nurse**; a licensed **Social Worker**; or other individual who meets such requirements as may be prescribed by the U.S. Secretary of the Treasury.

**“Maintenance or Personal Care”** means any care with the primary purpose of providing needed assistance when You are **Chronically Ill** (including protection from threats to health and safety due to **Severe Cognitive Impairment**). **Maintenance or Personal Care** services may include **Custodial Care** and needed assistance with **Activities of Daily Living** (“**ADL**”).

**“Maximum Benefit Amount”** means the most We will pay for **Covered Services**, subject to the terms of the policy, for the time period specified.

**“Medicaid”** means any state medical assistance program under Title XIX of the Social Security Act, as amended. In Virginia, **“Medicaid”** means the program administered in accordance with Title 32.1 of the Code of Virginia.

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

**“Monthly Benefit Amount”** means an amount equal to the number of days in a **Calendar Month** multiplied by the **Maximum Daily Benefit Amount** for **Nursing Home, Assisted Living Facility or Home Care and Community Care** shown on page 3, as applicable.

**“Needs Assessment”** means the services provided by a **Care Advisor** to: (1) assess Your needs for long-term care services; (2) develop or work with others to develop options for Your long-term care; and (3) discuss the long-term care options with You or Your **Representative**.

**“Nurse”** means a registered professional **Nurse** (R.N.), licensed practical **Nurse** (L.P.N.) or licensed vocational **Nurse** (L.V.N.) who is licensed under the laws where the services are performed.

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

## Definitions of Policy Terms (Continued)

**“Nursing Home”** means a facility licensed as a skilled or intermediate nursing facility under the laws where it is located that meets ALL of the following:

- \* has twenty-four (24) hours a day **Nursing Care**; and
- \* has twenty-four (24) hours a day **Maintenance or Personal Care** performed by a trained/certified and awake staff supervised by a **Nurse**; and
- \* keeps a written record of services performed for each client; and
- \* has formal arrangements for emergency medical care; and
- \* services are not limited to provision of food, shelter, and other residential services such as laundry.

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

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

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

**“Policy Anniversaries,” “Policy Years” and “Policy Months”** mean dates measured from the **Original Coverage Effective Date** of the policy. For example, if the **Original Coverage Effective Date** of the policy is May 5, 2005, the first **Policy Anniversary** is May 5, 2006; the first **Policy Year** ends May 4, 2006; and **Policy Months** start on the fifth day of each month, e.g., June 5, 2005. If the **Original Coverage Effective Date** is the 29<sup>th</sup>, 30<sup>th</sup> or 31<sup>st</sup> day of a **Calendar Month**, and a **Calendar Month** does not have that date, then that **Policy Month** shall begin on the first of the following **Calendar Month**.

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

**“Representative”** means the person named by You or by a court of law to represent You.

**“Severe Cognitive Impairment”**: Refer to the Eligibility for the Payment of Benefits section.

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

**“Terminal Illness”** means an illness or injury which a **Physician** certifies is likely to result in a person's death within 6 months. **“Terminally III”** means an individual diagnosed with a **Terminal Illness**.

**“Therapist”** means a person who has a license or appropriate professional certificate to provide **Therapy Services** under the laws where the services are being provided.

## Definitions of Policy Terms (Continued)

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

**“Total Lifetime Benefit”** means the most We will pay under this policy during Your lifetime, not including **Benefits for Needs Assessment**. This amount is shown on page 3 and will change if Your benefit amounts are changed.

**“We”, “Us” and “Our”** mean Metropolitan Life Insurance Company (MetLife).

**“You” and “Your”** mean the **Insured** named on page 3.

## Eligibility for the Payment of Benefits

### Eligibility for Benefits

You will be eligible for **Benefits** only if:

1. We are given proof, satisfactory to Us, that You are **Chronically Ill**; and
2. a **Licensed Health Care Practitioner** has certified in writing to Us, in the last 12 months, that You are **Chronically Ill**; and
3. a **Plan of Care** including the **Qualified Long-Term Care Services** You need is in place for You.

In order for certain **Benefits** to be payable, You must also satisfy an **Elimination Period** as described in this policy.

**“Chronically Ill”** means You are unable to perform, without **Substantial Assistance** from another individual, at least two (2) **Activities of Daily Living (“ADL”)** for an expected period of at least ninety (90) days due to a loss of functional capacity; or You require **Substantial Supervision** to protect You from threats to health and safety due to **Severe Cognitive Impairment**.

**“Substantial Assistance”** means **Hands-On Assistance** or **Standby Assistance**. **“Hands-On Assistance”** means that You require the physical assistance of another person without which You would be unable to perform the **Activities of Daily Living**. **“Standby Assistance”** means that You require the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to You while You are performing the **Activities of Daily Living**.

**“Severe Cognitive Impairment”** means a deterioration or loss in intellectual capacity that: (a) places You in jeopardy of harming Yourself or others and, therefore, You require **Substantial Supervision** by another individual; and (b) is measured by clinical evidence and standardized tests which reliably measure impairment in: (1) short or long-term memory; (2) orientation to people, places or time; and (3) deductive or abstract reasoning.

**“Substantial Supervision”** means that You require continual supervision (which may include cueing by verbal prompting, gesture or other demonstrations) by another person that is necessary to protect You from threats to Your health and safety (such as may result from wandering).

### If You Need Benefits

You or someone acting for You may write to Us or call the toll-free number shown on page 3 to request that We determine whether You are eligible for **Benefits**.

Please refer to the Claims section of this policy for further information.

### Continuing Eligibility for Benefits

We will reassess Your continuing eligibility for **Benefits**, based upon the criteria used to determine Your Eligibility for Benefits, at least once every twelve (12) months, but no more frequently than every thirty (30) days.

## Elimination Period

### Elimination Period

“**Elimination Period**” is the number of days after the **Original Coverage Effective Date** of this policy during which You must be: (1) **Chronically Ill**; and (2) receiving **Primary Services** (other than **Hospice Care** and **Respite Care**), before certain **Benefits** become payable. These days need not be consecutive. The **Elimination Period** for this policy is shown on page 3. Except as stated below, **Benefits** will not be paid for **Covered Services** You receive during the **Elimination Period**.

No **Elimination Period** is required in order to receive **Benefits** for **Hospice Care, Respite Care, Needs Assessment** or **Informal Caregiver Training**. Receipt of these services will not count toward satisfying the **Elimination Period**.

Once You complete the **Elimination Period**, You will be eligible to receive the **Transition Expense Allowance** for expenses for **Qualified Long-Term Care Services** received during or after the **Elimination Period**.

You only have to satisfy the **Elimination Period** once. Once You have satisfied a day of the **Elimination Period**, that day is satisfied for the life of the policy.

## Covered Services

### Conditions for Benefit Payments

We will pay for **Covered Services** only if:

1. they are **Qualified Long-Term Care Services**; and
2. they are received after the **Original Coverage Effective Date** of this policy; and
3. they are received after satisfying any required **Elimination Period**; and
4. You are eligible for **Benefits**; and
5. the **Total Lifetime Benefit** has not been paid.

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

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

### Covered Services-Primary Services

#### Primary Services

During any **Calendar Month**, You may receive one or more **Primary Services**. The most We will pay for any combination of **Primary Services** You receive during any **Calendar Month** is the **Nursing Home Monthly Benefit Amount**. Payment of **Benefits** for **Primary Services** will reduce Your **Total Lifetime Benefit**.

#### Nursing Home, Hospice Facility and Assisted Living Facility Benefits, including Bed Reservation Benefits

We will pay up to the **Nursing Home Monthly Benefit Amount** for the actual charges You incur in a **Calendar Month** for the following **Covered Services** received in a **Nursing Home, Hospice Facility** or **Assisted Living Facility**:

1. room and board; and
2. **Nursing Care, Maintenance or Personal Care, Therapy Services** and **Hospice Care**, from a **Formal Caregiver**; and
3. **Bed Reservation Benefits** up to thirty (30) days per **Policy Year**. “**Bed Reservation Benefits**” means the **Benefits** We will pay for actual charges You incur to hold a space in a **Nursing Home, Hospice Facility** or **Assisted Living Facility**, to enable You to return to the facility. The amount We will pay for **Bed Reservation Benefits** will not be more than the **Benefits** We would pay if You had been confined in the **Nursing Home, Hospice Facility** or **Assisted Living Facility** on those days.

## Covered Services-Primary Services (Continued)

### Home Care and Community Care Benefits

We will pay up to the **Home Care and Community Care Monthly Benefit Amount** for the actual charges You incur in a **Calendar Month** for the following **Covered Services**:

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

### Ongoing Care Advisory Services

Ongoing **Care Advisory Services** are considered a **Home Care and Community Care Benefit** under this policy.

### Respite Care Benefits

“**Respite Care**” means **Covered Services** from a **Formal Caregiver** that temporarily relieves the **Informal Caregiver**. These **Covered Services** may be received in a **Nursing Home, Hospice Facility, Assisted Living Facility, at Home** or in an **Adult Day Care Center**.

We will pay up to the **Maximum Daily Benefit Amount** for **Respite Care** shown on page 3, for a maximum of twenty-one (21) days per **Policy Year**, for actual charges You incur, based on the type of service received.

If You receive more than one type of **Respite Care** service on the same day, the **Maximum Daily Benefit Amount** payable is the highest **Respite Care Daily Benefit Amount** that relates to the services used.

You do not need to satisfy the **Elimination Period** for **Respite Care Benefits** to be payable. Receipt of **Respite Care** will not count toward satisfying the **Elimination Period**. Payment of these **Benefits** will reduce the **Monthly Benefit Amounts** otherwise available.

## Covered Services-Primary Services (Continued)

**Alternate Services Benefits** “**Alternate Services**” means **Qualified Long-Term Care Services** which are furnished by a facility or person not defined in this policy.

We will consider paying for actual charges You incur for covered **Alternate Services** as stated below. We will pay for **Alternate Services** only if We determine that the **Alternate Services** meet ALL of the following:

1. the service falls within guidelines We establish as approved **Alternate Services**; and
2. it is a type of service described in Your **Plan of Care**; and
3. it effectively meets Your long-term care service needs; and
4. it is, for You, a cost-effective alternative to **Primary Services** which would have been covered under this policy; and
5. it is not provided by a member of Your **Immediate Family**; and
6. the **Alternate Services** and benefit amounts must be mutually agreed to, in writing, by You, Your **Licensed Health Care Practitioner**, and Us, through an **Alternate Services** Agreement.

The **Benefits** We will pay for **Alternate Services** will be the lesser of:

1. the actual charges You incur for the services received; or
2. the **Maximum Benefit Amount** for the **Covered Services** We determine to be most closely related to the **Alternate Services** received.

We will not pay for any **Alternate Services** received prior to the date all parties have signed the **Alternate Services** Agreement.

An Agreement to receive **Alternate Services Benefits** will not waive any of Our rights or any of Your rights under this policy.

Receipt of **Alternate Services** as specified in the **Alternate Services** Agreement will count toward satisfying the **Elimination Period**.



## Covered Services-Additional Services

<b>Additional Services</b>	<b>Additional Services</b> may be received on the same day as <b>Primary Services</b> , without affecting the benefit amounts for <b>Primary Services</b> . The <b>Maximum Benefit Amounts</b> We will pay for <b>Additional Services</b> are shown on page 3.
<b>Needs Assessment Benefits</b>	<p>After You become eligible for <b>Benefits</b>, You can receive, at no extra charge to You, one <b>Needs Assessment</b> from a <b>Care Management Organization</b>, selected by Us and to whom We make direct payment. Or, You may select a <b>Care Management Organization</b> to conduct one <b>Needs Assessment</b> and We will pay as a <b>Covered Service</b> the actual charges You incur up to the <b>Maximum Benefit Amount</b> for <b>Needs Assessment</b> shown on page 3.</p> <p>You do not need to satisfy the <b>Elimination Period</b> for this <b>Benefit</b> to be payable. Receipt of this service will not count toward satisfying the <b>Elimination Period</b>. Payment of this <b>Benefit</b> will not reduce Your <b>Total Lifetime Benefit</b>.</p>
<b>Informal Caregiver Training Benefits</b>	<p>We will pay up to the <b>Maximum Benefit Amount</b> for <b>Informal Caregiver Training</b> shown on page 3, for the actual charges You incur to train an <b>Informal Caregiver</b> to perform <b>Maintenance or Personal Care</b> services for You in Your <b>Home</b>. This training can take place while You are at <b>Home</b>, or in a <b>Hospital, Nursing Home, Hospice Facility</b> or <b>Assisted Living Facility</b>, to make it possible for You to return <b>Home</b> and be cared for by the person who received the training. We will not pay for training someone who will be paid, under the terms of this policy, to care for You.</p> <p>You do not need to satisfy the <b>Elimination Period</b> for this <b>Benefit</b> to be payable. Receipt of this service will not count toward satisfying the <b>Elimination Period</b>. Payment of this <b>Benefit</b> will reduce Your <b>Total Lifetime Benefit</b>.</p>
<b>Transition Expense Allowance</b>	<p>After You have satisfied the <b>Elimination Period</b>, We will pay up to the <b>Maximum Benefit Amount</b> for <b>Transition Expense Allowance</b> shown on page 3. We will pay for actual charges You incur for <b>Qualified Long-Term Care Services</b> during or after the <b>Elimination Period</b>, if the expense was incurred on a day You were eligible for <b>Benefits</b> and not paid under any other provisions of this policy.</p> <p><b>Transition Expense Allowance</b> may include items required pursuant to a <b>Plan of Care</b>, such as prescription drugs, personal emergency response systems, durable medical equipment or <b>Home</b> modifications, required by a <b>Chronically Ill</b> person in order to continue to live at <b>Home</b>. We will not pay for modifications that would increase the value of Your <b>Home</b>. Payment of this <b>Benefit</b> will reduce Your <b>Total Lifetime Benefit</b>.</p>

## Covered Services-Additional Services (Continued)

### Supportive Services and Specialized Transportation Benefits

We will pay up to the **Maximum Benefit Amount** shown on page 3 for **Supportive Services and Specialized Transportation**, for actual charges You incur for the following **Qualified Long-Term Care Services** required to promote Your health and safety while **Chronically Ill**:

1. **Supportive Services**, which are services that enable You to remain safely at **Home**. Such **Supportive Services** may include:
  - a) shopping for items You need;
  - b) personal laundry services;
  - c) meal preparation;
  - d) Meals on Wheels; and
  - e) light housekeeping.

**Supportive Services** can be provided by an **Informal Caregiver**.

2. **Specialized Transportation**, which is hiring a vehicle, with ramps, lifts or other special equipment to assist You to get in and out of it, to enable You to receive **Qualified Long-Term Care Services**.

You must satisfy the **Elimination Period** for this **Benefit** to be payable. Receipt of these services will not count toward satisfying the **Elimination Period**. Payment of this **Benefit** will reduce Your **Total Lifetime Benefit**.

## International Coverage

We will pay **Benefits** for **International Coverage** if You qualify under the conditions defined in this section. “**International**” means any location outside of the United States and its territories.

### Eligibility for Payment of Benefits for International Coverage

In order to receive payment for **Benefits** for **International Coverage** under this policy, You must:

1. be outside the United States and its territories; and
2. provide proof, satisfactory to Us, that You are **Chronically Ill**; and
3. be eligible for **Benefits** under this policy; and
4. satisfy the **Elimination Period for International Coverage**; and
5. provide a written **Plan of Care** that includes the **Qualified Long-Term Care Services** You need.

### Per Diem Benefit for International Coverage

The **Per Diem Benefit** We will pay for **International Coverage** is equal to fifty percent (50%) of the **Home Care and Community Care Maximum Daily Benefit Amount** shown on page 3.

“**Per Diem Benefit**” means a **Benefit** computed on a daily basis regardless of actual charges You incur and paid to You if You are eligible under this policy to receive **Benefits** for **International Coverage**. You do not need to receive **Covered Services** in order to receive the **Per Diem Benefit**.

If You are receiving the **Per Diem Benefit** for **International Coverage**, You cannot receive any other **Benefits** under this policy for the same period of time. Coverage for **Additional Services** is not available outside the United States and its territories.

The **Per Diem Benefit** will be paid to You in United States dollars. You may not assign the **Per Diem Benefit**.

### Elimination Period for International Coverage

The **Elimination Period for International Coverage** is two (2) times the **Elimination Period** shown on page 3. Each day on which You are eligible for **Benefits** under this policy while You are outside of the United States and its territories will count toward satisfying the **Elimination Period for International Coverage**. You do not need to receive **Covered Services** in order to satisfy the **Elimination Period for International Coverage**.

### Total Lifetime Benefit for International Coverage Benefits

We will pay You **Benefits** for **International Coverage** up to the lesser of: (1) Your **Total Lifetime Benefit** less any **Benefits** paid while You are in the United States and its territories; or (2) the **Per Diem Benefit** for **International Coverage** times 3,650.

The sum of all **Benefits** We will pay while You are in the United States and its territories and outside the United States and its territories will never exceed the **Total Lifetime Benefit** shown on page 3.

### Tax Note

Since **Benefits** for **International Coverage** are paid without regard to the actual charges You incur, part of the **Benefits** could be considered taxable income if they exceed the daily benefit amount limit prescribed by U.S. tax law (referred to as a “Per Diem” limit). This “Per Diem” limit is indexed for inflation. You should consult with Your tax advisor.

## Paid-Up Survivorship Feature

### Paid-Up Survivorship Feature

Your policy will become **Paid-Up** for the **Coverage** in effect as of the date **Your Insured Spouse's Policy** terminates due to **Your Insured Spouse's** death.

In order for Your policy to become **Paid-Up** under this provision, ALL of the following conditions must be met:

- \* You and **Your Insured Spouse** have each had a long-term care insurance policy which includes a **Paid-Up Survivorship Feature** for the first ten (10) **Policy Years** from the **Original Coverage Effective Date** of this policy; and
- \* no **Benefits** were paid or payable to You or **Your Insured Spouse** for the first ten (10) **Policy Years** from the **Original Coverage Effective Date** of this policy; and
- \* **Coverage** for Your policy and for **Your Insured Spouse's Policy** must be identical in all respects, as defined below, for the entire time both policies are in effect; and
- \* You must provide Us with written proof, satisfactory to Us, of the death of **Your Insured Spouse**.

You must pay for any premium increase which results from a change in **Benefits** under the terms of Your policy after Your policy is **Paid-Up** under this section.

The following terms have special meaning in this section:

**"Coverage"** means the long-term care insurance in effect under this policy or under **Your Insured Spouse's Policy**. For purposes of this provision, **Coverage** includes the policy form, **Covered Services, Maximum Daily Benefit Amounts, Total Lifetime Benefit, Elimination Period**, and any Rider(s) purchased.

**"Paid-Up" (policy)** means a policy under which no further premiums are payable, but under which the **Coverage** remains in effect.

**"Your Insured Spouse"** means the person named as Your spouse in the application for this policy.

**"Your Insured Spouse's Policy"** means the long-term care insurance **Coverage** in effect with Us for **Your Insured Spouse** and which names You: (1) as the spouse in the application for his or her policy; and (2) has the same **Original Coverage Effective Date** as this policy.

## Changing Benefit Amounts

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

We will send You a written notice of any change in benefit amounts and the date it takes effect.

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

You may, at any time, ask for an increase in Your benefit amounts in writing. We will approve the request only if You provide Us, at Your expense, proof satisfactory to Us of Your good health. Increases in amounts are subject to Our underwriting rules and limits in effect at the time of Your request. If You have received any **Benefits** under this policy, then with regard to the **Total Lifetime Benefit**, and the **Transition Expense Allowance** and **Informal Caregiver Training Maximum Benefit Amounts**, the percentage increase in Your **Nursing Home Maximum Daily Benefit Amount** will be applied to the remaining amounts. There will be no increase in the **Needs Assessment Maximum Benefit Amount**.

The extra premium for this benefit increase will be based on Your age, the premium rates and Your **Health Rating**, at the time the increase takes effect.

The increase will take effect on the first day of the **Policy Month** which starts on or next follows the date We approve Your request. We will send You a written notice of the increase in benefit amounts, the effective date of the increase and the amount of premium due. We reserve the right to require Your written approval before the change You requested takes effect.

### **Benefit Decreases**

You may, at any time, request a decrease in Your benefit amounts in writing. Decreases in amounts are subject to Our rules and limits in effect at the time of the request. If You have received any **Benefits** under this policy, then with regard to the **Total Lifetime Benefit**, and the **Transition Expense Allowance** and **Informal Caregiver Training Maximum Benefit Amounts**, the percentage decrease in Your **Nursing Home Maximum Daily Benefit Amount** will be applied to the remaining amounts. There will be no decrease in the **Needs Assessment Maximum Benefit Amount**.

The decrease will take effect on the first day of the **Policy Month** which starts on or next follows the date We approve Your request. The premium will decrease as of the effective date of any decrease You requested in Your benefit amounts. The amount of the premium reduction will be computed assuming that the benefit amounts purchased last are discontinued first. We will send You a written notice of the decrease in benefit amounts, the effective date of the decrease and the amount of premium due or to be applied to future premiums. We reserve the right to require Your written approval before the change You requested takes effect.

## Extension of Benefits

### Extension of Benefits

If as of the date Your policy **Lapses** or as of the date We receive a written request to cancel Your policy, You are eligible for **Benefits** and are confined in a **Nursing Home, Hospice Facility or Assisted Living Facility**, We will extend the payment of **Benefits** for **Covered Services** received so long as, without interruption, You remain eligible for **Benefits** and confined. Subject to the **Elimination Period** and the terms of this policy, **Benefits** will be extended only until the earliest of the date:

1. You are no longer eligible for **Benefits**; or
2. You are no longer confined in a **Nursing Home, Hospice Facility or Assisted Living Facility**; or
3. the **Total Lifetime Benefit** has been paid.

## Limitations and Exclusions

### What is Not Covered Under This Policy

No payment will be made for any of the following:

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

**There are no limitations or exclusions for pre-existing conditions, or mental and nervous disorders, including Alzheimer's Disease.**

### Coordination of MetLife Coverages

If You have more than one long-term care insurance policy or certificate issued or insured by MetLife, We will reduce the benefit amounts payable to the extent necessary, so that the combination of **Benefits** under all of these policies and certificates will not exceed one hundred percent (100%) of the actual charges for **Covered Services**.

If You are eligible to receive **Benefits** under this policy and any other long-term care insurance policy or certificate issued or insured by MetLife with a coordination of benefits provision, then the policy or certificate with the earliest effective date will be deemed to be the primary coverage, and any other policy or certificate will be deemed secondary coverage, in order by effective date, from the earliest to the latest. Policies and certificates without a coordination of benefits provision will pay first.

This provision will not apply to policies or certificates which pay **Benefits** without regard to actual charges You incur.

## Premiums

### Premium Payment

The premium is due and payable on the **Original Coverage Effective Date** of the policy and thereafter in accordance with the Premium Schedule that is in effect for the policy as shown on page 3. The premium must be paid in U.S. currency.

You may change the premium payment mode with Our approval.

The amount of the premium for Your initial coverage is based on Your **Original Issue Age, Health Rating** and **Discounts**, as of the **Original Coverage Effective Date** as shown on page 3.

We reserve the right to change premium rates on a class basis. The premium will not increase because You get older or Your health changes. Your premiums will change if We change Your benefit amounts as a result of Your request or as a result of an increase as provided under the terms of this policy.

### Grace Period

You have a **Grace Period** of thirty-one (31) days to pay each premium due after the first premium. If the premium is not paid by the end of the **Grace Period**, We will send a written notice of **Lapse** of the policy to You and to any person named to receive such notice at the addresses given to Us. You have thirty-five (35) days after We mail this notice to pay the premium. The policy will stay in force during this time unless We receive a written request from You to cancel the policy. If We do not receive the premium within thirty-five (35) days of mailing the notice, the policy will then **Lapse**.

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

You have the right to name a person to receive notice of **Lapse** at the same time We send such notice to You. The person named will not be responsible for payment of the premium. You are responsible to inform Us of any change relating to the person named. We will inform You of Your right to change the person named at least once every two (2) years.

### Waiver of Premiums

We will waive Your premium starting on the first day of the **Policy Month** which starts on or next follows the later of the date on which You: (1) become eligible for **Benefits**; and (2) satisfy the **Elimination Period**. You must resume payment of Your premium starting on the first day of the **Policy Month**, which starts on or next follows the date on which You are no longer eligible for **Benefits**.



## Premiums (Continued)

### Reinstatement

If Your policy **Lapses**, We will reinstate Your policy back to the date it **Lapsed**, if within twelve (12) months of that date You or someone acting for You:

1. request reinstatement and submit an application ("Reinstatement Health Questionnaire"); an application for reinstatement is always required; and
2. submit evidence of Your insurability, acceptable to Us, at Your expense; and
3. pay all past due premiums to Us, if We approve Your request for reinstatement. We will notify You of the amount of premium owed.

The policy will be reinstated upon approval of Your application ("Reinstatement Health Questionnaire") and payment in full of all past due premiums. If We reinstate Your policy, Your premium will be what it would have been had Your coverage not been interrupted.

If We accept premium at any time and waive the requirements for the submission of an application ("Reinstatement Health Questionnaire"), Your policy will be reinstated. All past due premiums must be paid at that time.

If We accept a premium prior to reinstatement and You complete the application ("Reinstatement Health Questionnaire") as required, We will issue a Conditional Receipt for the premium tendered. We also require evidence of Your insurability acceptable to Us. No sales representative or other person may waive or change any of these requirements.

We will notify You in writing of Our decision on or before the forty-fifth (45) day after: (1) We receive Your request for reinstatement; or (2) the date of the Conditional Receipt (if any), whichever is earlier. If We do not notify You within this forty-five (45) day period, Your policy will be reinstated at the end of this forty-five (45) day period. If Your policy is reinstated, You must also pay all past due premiums to Us.

The reinstated policy will cover those **Benefits** which We would pay pursuant to the terms of the policy if You become eligible for **Benefits** after the date of reinstatement. In all other respects, Your rights and Ours will be the same as they were just prior to the date of **Lapse**.

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

If Your policy **Lapses**, We will reinstate Your policy back to the date it **Lapsed**, without proof of Your good health, if within six (6) months of that date, You or someone acting for You:

1. request reinstatement; and
2. submit proof acceptable to Us, that You had a **Severe Cognitive Impairment** or loss of functional capacity before the policy **Lapsed**; and

### **Premiums (Continued)**

3. pay all past due premiums to Us, if We approve Your request for reinstatement.

The standard of proof We will use will be no more restrictive than that described in the Eligibility for the Payment of Benefits section.

If We reinstate Your policy, Your premium will be what it would have been if Your coverage had not **Lapsed**.

## Claims

<b>Notice of Claim</b>	You must provide Us with notice of claim within twenty (20) days after the beginning of any loss covered by the policy, or as soon as reasonably possible.
<b>Claim Forms</b>	When We receive Your notice of claim, We will provide You with claim form(s). Your notice of claim must include Your name, the Policy Number, the type of care, and an address to which the claim form(s) should be sent. If We do not provide You with claim forms within fifteen (15) days after We receive Your notice of claim, Our claim form requirements will be satisfied if You provide Us with written proof of the date(s) and exact nature of the charges You have incurred for <b>Covered Services</b> .
<b>Proof of Claim</b>	<p>We will pay <b>Benefits</b> only if We determine that You are eligible for <b>Benefits</b>, have satisfied any required <b>Elimination Period</b> and We receive Your completed claim form(s) and written proof satisfactory to Us that You have incurred charges for <b>Covered Services</b>.</p> <p>You must submit written proof of claim to Us, at the address stated on the claim form We provide You, no later than ninety (90) days after the end of the calendar year in which You incurred charges. Failure to submit proof of claim within this time limit will result in a claim denial unless it is shown that:</p> <ol style="list-style-type: none"><li>1. it was not reasonably possible to provide proof of claim within the time period; and</li><li>2. proof of claim was submitted as soon as reasonably possible and in no event, except in the absence of Your legal capacity, later than one year from the time proof is otherwise required.</li></ol> <p>To help Us determine whether You are eligible for <b>Benefits</b> or You have incurred charges for <b>Covered Services</b>:</p> <ol style="list-style-type: none"><li>1. We or a person We name may contact You, Your <b>Representative</b>, Your <b>Physician</b> or other persons familiar with Your condition or with the services You received; and</li><li>2. We may require that You provide Us, or a person We name, with access to Your medical records to obtain information about Your condition or the services You received. We may not be able to determine Your eligibility for <b>Benefits</b> or approve a claim for <b>Benefits</b> if We do not have access to these records; and</li><li>3. We have the right to require You to submit to Us Your Explanation(s) of Benefits from <b>Medicare</b> or records from any other source from whom You may have received reimbursement for the same <b>Covered Services</b>.</li></ol>
<b>Claims for International Coverage</b>	If You are making a claim for <b>Benefits</b> under the International Coverage section of this policy, any reference above to either charges You incur for <b>Covered Services</b> or to claim forms do not apply.
<b>Physical Examination</b>	We have the right to have You examined while Your claim is pending by a healthcare professional at Our expense and to conduct an on-site assessment. We may not be able to determine Your eligibility for <b>Benefits</b> or to approve a claim for <b>Benefits</b> if You do not consent to an on-site assessment, if such assessment is needed.

## Claims (Continued)

### Notice of Approval or Denial

We will send You a written notice of Our decision to approve or deny Your eligibility for Benefits or a claim as soon as reasonably possible. In no event will We send this notice later than ten (10) working days after We have received all the information We need to assess Your eligibility for Benefits or claim. If You are not eligible for Benefits or We do not approve Your claim, Our notice will state the reasons for denial.

### Appeals of Denials

If We deny Your eligibility for **Benefits** or Your claim, in whole or in part, We will review Our decision if You or Your **Representative**:

- \* request in writing that We review Our decision; and
- \* send this request to Us within sixty (60) days after You receive Our denial.

Within sixty (60) days of the date We receive Your request, We will review the denial and make a final decision. Our final decision will be in writing, and if it is a denial, it will include Our specific reasons for the denial and make available all information directly relating to such denial.

### Time of Payment of Claims

If We approve Your claim, We will immediately pay the **Benefits** under the terms of this policy. All **Benefits** will be paid to You, unless they are assigned by You. Any unpaid **Benefits** due to You at Your death will be paid to Your estate, unless assigned.

In the Commonwealth of Virginia, the Department of Medical Assistance is the payor of last resort.

## General Provisions

### The Contract

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

The provisions of this policy must be read as a whole. For example, the Limitations and Exclusions apply to all **Benefits** in the policy.

### Assignment; No Cash Value; Premium Refunds

The **Benefits** payable under the policy may only be assigned after a loss.

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

Any refund of unearned premiums due at Your death, on cancellation of this policy, or as a result of Your policy being paid-up, will be paid to You, or to Your estate at Your death, within thirty (30) days of the date on which We receive notice of Your death or Your request to cancel the policy, or on such later date as You may specify in Your request to cancel. The earned premium shall be computed on a pro-rata basis. Any other refund of unearned premiums shall be, at Our option, applied against future premiums or applied to increase future benefits.

### Facility of Payment

Any amounts due to You at Your death, as provided in the Payment of Claims provision or Premium Refunds provision, that is not more than \$1,000, may be made to anyone related to You by blood or marriage whom We find entitled to payment. Any payment made by Us in good faith will fully discharge Us to the extent of the payment.

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

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

### Statements Made By You Relating to Insurability

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

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

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

## General Provisions (Continued)

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

### Misstatement of Age

If Your date of birth is not correct as shown on Your application, all amounts payable under this policy shall be such as the premium paid would have purchased at the correct age.

### Legal Actions

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

### Termination of Policy

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

1. Our receipt of a written request to cancel the policy (the policy will terminate on the last day of the **Policy Month** in which such request was received, subject to any nonforfeiture coverage);
2. payment of Your **Total Lifetime Benefit** under the policy;
3. policy **Lapse** (subject to any nonforfeiture coverage); or
4. Your death.

### Conformity With State Statutes

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

### Standard of Time

12:01 A.M. in the time zone in which You reside.

### Notice

When You write to Us, please give Us Your name, address and Policy Number. Please inform Us promptly of any changes. We will write to You at Your last known address.

Checks, drafts or money orders may be drawn on a U.S. bank to the order of Metropolitan Life Insurance Company (or "MetLife"). They are received subject to the condition that they may be handled for collection in accordance with the practice of the collecting bank or banks. If We do not receive the full amount of any check, draft or money order, it will not constitute payment. All payments are to be made in U.S. currency. We may refuse to accept any payments made in a manner that applicable law requires Us to refuse (such as any large cash payment made without information that We are required by law to obtain).

You may write to Us at: Metropolitan Life Insurance Company  
[P.O. Box 937  
Westport, CT 06881-0937]

Copy of application is attached. Riders and endorsements, if any, follow.



# Metropolitan Life Insurance Company

A Stock Company Incorporated in New York State

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


## Qualified Long-Term Care Insurance Policy

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

**CAUTION: This policy may not apply when You have a claim! Please read! The issuance of this long-term care insurance policy is based upon Your responses to the questions on Your application. A copy of Your application is attached. If Your answers are incorrect or untrue, the company has the right to deny benefits or rescind Your policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact the company at this address: Metropolitan Life Insurance Company, [P.O. Box 937, Westport, CT 06881-0937].**

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

**This policy is intended to be a qualified long-term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended. As such, it must meet certain federal standards in addition to all applicable standards in the state in which the contract was issued or issued for delivery. If You have any questions regarding the tax qualification of this product, You should direct such questions to the appropriate federal agency, or You should contact Your tax advisor. If in the future, it is determined that this policy does not meet the requirements of the Internal Revenue Code, We will make every reasonable effort to amend the policy if We are required to do so in order to gain favorable federal income tax treatment. We will offer You an opportunity to receive these amendments, with any appropriate adjustments, as determined by MetLife, to premium rates and/or benefits.**

  
Gwenn L. Carr  
Vice-President and Secretary

  
Robert H. Benmosche  
President and Chief Operating Officer

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

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Metropolitan Life Insurance Company  
[P. O. Box 937  
Westport, CT 06881-0937  
Toll-Free Number: 1-800-308-0179]

## SCHEDULE OF BENEFITS

### INSURED

[John Doe]

### CURRENT COVERAGE: EFFECTIVE DATE [July 1, 2001] (REPLACES ANY PREVIOUS SCHEDULE OF BENEFITS)

Original Coverage Effective Date	[March 1, 2001]
Original Issue Age	[61]
Policy Number	[211100000 LTC]
Plan Number	[XXXXX]
Elimination Period	[45 days]
TOTAL LIFETIME BENEFIT (does not reflect claims paid or payable)	[\$182,500]

### BENEFIT AMOUNTS

Facility Daily Benefit Amount	[\$100]
Basic Daily Benefit Amount	[\$50]
Needs Assessment	Free or up to [\$250]/lifetime

**Health Rating:** [Preferred, Standard, Rated]

**Discounts:** [Spousal Discount, Marital Discount, Residential Discount, Multi-Life Discount, None]  
[[Spousal or Residential] Discount applies as long as associated policies do not lapse.]

### PREMIUM SCHEDULE

Gross Annual Premium (includes Riders and Health Rating; does not include Discounts, if any): [\$XXXX.XX]

### COVERAGE

### ANNUAL PREMIUM

(Includes Health Rating and Discounts)

Base Coverage	[\$XXX.XX]
[Future Purchase Rider]	[\$XXX.XX]
[5% Automatic Compound Inflation Protection Rider] [3% Automatic Compound Inflation Protection Rider] [5% Automatic Simple Inflation Protection Rider]	[\$XXX.XX]
[Nonforfeiture Coverage Rider]	[\$XXX.XX]
[Contingent Benefits Upon Lapse Rider]	[\$0]
[Return of Premium Rider]	[\$XXX.XX]
[Shared Care Rider]	[\$XXX.XX]
[Ten Year Premium Payment Rider]	[\$XXX.XX]
[Paid-up Premiums Rider]	[\$XXX.XX]
[Total Annual Premium with discounts applied]	[\$XXX.XX]
[[Monthly, Quarterly, Semi-annual, Annual] Premium Amount*]	[\$XXX.XX]

**[In addition, you have selected the following flexible premium payment option:] [Reduced Pay at 65]**

[[Monthly, Quarterly, Semi-annual, Annual] Premium Amount*:]	
[Before Policy Anniversary at age 65]	[\$XXX.XX]
[On and after Policy Anniversary at age 65]	[\$XXX.XX]

**[In addition, you have selected the following flexible premium payment option:] [Double Pay First Year]**

[[Monthly, Quarterly, Semi-annual, Annual] Premium Amount*:]	
[Year 1]	[\$XXX.XX]
[Year 2 and after]	[\$XXX.XX]

[\* If you pay premiums more frequently than annually, an additional cost has been included.]

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## Definitions of Policy Terms

This section defines most of the words and phrases used in Your policy which have specific meaning. All terms with a defined meaning are capitalized and, except for *Our*, *Us*, *We*, *You* and *Your*, are **bolded** for easy identification throughout the policy.

**“Activities of Daily Living”** means any of the following:

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

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

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

## Definitions of Policy Terms (Continued)

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

**"Benefits"** means the amounts We will pay You subject to the provisions of the policy.

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

**"Care Management Organization"** means:

1. an organization operated and licensed as a **Care Management Organization** under the laws where it is located; or
2. any other organization that meets ALL of the following:
  - \* provides care advisory services; and
  - \* has a full-time administrator; and
  - \* maintains written records of services performed for each client; and
  - \* has a staff which includes at least one **Nurse** and one **Social Worker**.

**"Chronically III"**: Refer to the Eligibility for the Payment of Benefits section.

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

**"Elimination Period"** is the number of days after the **Original Coverage Effective Date** of this policy during which You must be **Chronically III** before certain **Benefits** become payable. These days need not be consecutive.

**"Facility"** means a **Nursing Home**, an **Assisted Living Facility** or a **Hospice Facility**.

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

**"Insured"** means the person so named on page 3.

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

**"Licensed Health Care Practitioner"** means a **Physician**; any registered professional **Nurse**; a licensed **Social Worker**; or other individual who meets such requirements as may be prescribed by the U.S. Secretary of the Treasury.

## Definitions of Policy Terms (Continued)

**“Maintenance or Personal Care”** means any care with the primary purpose of providing needed assistance when You are **Chronically III** (including protection from threats to health and safety due to **Severe Cognitive Impairment**). **Maintenance or Personal Care** services may include **Custodial Care** and needed assistance with **Activities of Daily Living** (“ADL”).

**“Needs Assessment”** means the services provided by a **Care Advisor** to: (1) assess Your needs for long-term care services; (2) develop or work with others to develop options for Your long-term care; and (3) discuss the long-term care options with You or Your **Representative**.

**“Nurse”** means a registered professional **Nurse** (R.N.), licensed practical **Nurse** (L.P.N.) or licensed vocational **Nurse** (L.V.N.) who is licensed under the laws where the services are performed.

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

**“Nursing Home”** means a facility licensed as a skilled or intermediate nursing facility under the laws where it is located that meets ALL of the following:

- \* has twenty-four (24) hours a day **Nursing Care**; and
- \* has twenty-four (24) hours a day **Maintenance or Personal Care** performed by a trained/certified and awake staff supervised by a **Nurse**; and
- \* keeps a written record of services performed for each client; and
- \* has formal arrangements for emergency medical care; and
- \* services are not limited to provision of food, shelter, and other residential services such as laundry.

A **Nursing Home** is not, other than incidentally, a hospital (except a distinct part of a hospital which is a nursing facility), residential facility, hotel, motel, place for rest, home for the aged, sheltered living accommodation, facility for the treatment of mental illness, continuing care retirement community or similar entity, or place for the treatment or rehabilitation of drug addiction or alcoholism.

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

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

**“Policy Anniversaries,” “Policy Years” and “Policy Months”** mean dates measured from the **Original Coverage Effective Date** of the policy. For example, if the **Original Coverage Effective Date** of the policy is May 5, 2005, the first **Policy Anniversary** is May 5, 2006; the first **Policy Year** ends May 4, 2006; and **Policy Months** start on the fifth day of each month, e.g., June 5, 2005. If the **Original Coverage Effective Date** is the 29<sup>th</sup>, 30<sup>th</sup> or 31<sup>st</sup> day of a calendar month, and a calendar month does not have that date, then that **Policy Month** shall begin on the first of the following calendar month.

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

## Definitions of Policy Terms (Continued)

**“Representative”** means the person named by You or by a court of law to represent You.

**“Severe Cognitive Impairment”**: Refer to the Eligibility for the Payment of Benefits section.

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

**“Terminal Illness”** means an illness or injury, which a **Physician** certifies is likely to result in a person's death within 6 months. **“Terminally Ill”** means an individual diagnosed with a **Terminal Illness**.

**“Total Lifetime Benefit”** means the most We will pay under this policy during Your lifetime, not including **Benefits for Needs Assessment**. This amount is shown on page 3 and will change if Your benefit amounts are changed.

**“We”, “Us”** and **“Our”** mean Metropolitan Life Insurance Company (MetLife).

**“You”** and **“Your”** mean the **Insured** named on page 3.

## Eligibility for the Payment of Benefits

### Eligibility for Benefits

You will be eligible for **Benefits** only if:

1. We are given proof, satisfactory to Us, that You are **Chronically Ill**; and
2. a **Licensed Health Care Practitioner** has certified in writing to Us, in the last 12 months, that You are **Chronically Ill**; and
3. a **Plan of Care** including the **Qualified Long-Term Care Services** You need is in place for You.

In order for certain **Benefits** to be payable, You must also satisfy an **Elimination Period** as described in this policy.

**“Chronically Ill”** means You are unable to perform, without **Substantial Assistance** from another individual, at least two (2) **Activities of Daily Living (“ADL”)** for an expected period of at least ninety (90) days due to a loss of functional capacity; or You require **Substantial Supervision** to protect You from threats to health and safety due to **Severe Cognitive Impairment**.

**“Substantial Assistance”** means **Hands-On Assistance** or **Standby Assistance**. **“Hands-On Assistance”** means that You require the physical assistance of another person without which You would be unable to perform the **Activities of Daily Living**. **“Standby Assistance”** means that You require the presence of another person within arm’s reach of You that is necessary to prevent, by physical intervention, injury to You while You are performing the **Activities of Daily Living**.

**“Severe Cognitive Impairment”** means a deterioration or loss in intellectual capacity that: (a) places You in jeopardy of harming Yourself or others and, therefore, You require **Substantial Supervision** by another individual; and (b) is measured by clinical evidence and standardized tests which reliably measure impairment in: (1) short or long-term memory; (2) orientation to people, places or time; and (3) deductive or abstract reasoning.

**“Substantial Supervision”** means that You require continual supervision (which may include cueing by verbal prompting, gesture or other demonstrations) by another person that is necessary to protect You from threats to Your health and safety (such as may result from wandering).

### If You Need Benefits

You or someone acting for You may write to Us or call the toll-free number shown on page 3 to request that We determine whether You are eligible for **Benefits**.

Please refer to the Claims section of this policy for further information.

### Continuing Eligibility for Benefits

We will reassess Your continuing eligibility for **Benefits**, based upon the criteria used to determine Your Eligibility for Benefits, at least once every twelve (12) months, but no more frequently than every thirty (30) days.



## Elimination Period

### Elimination Period

“**Elimination Period**” is the number of days after the **Original Coverage Effective Date** of this policy during which You must be **Chronically III** before certain **Benefits** become payable. These days need not be consecutive. The **Elimination Period** for this policy is shown on page 3. **Benefits** will not be paid for days used to satisfy the **Elimination Period**.

No **Elimination Period** is required to receive **Benefits** for **Needs Assessment**.

You only have to satisfy the **Elimination Period** once. Once You have satisfied a day of the **Elimination Period**, that day is satisfied for the life of the policy.

## Benefit Payments

Benefit payments, other than **Needs Assessment Benefits**, will be made without regard to the actual expenses You incur.

**Conditions for Benefit Payments** We will pay either the **Basic Daily Benefit Amount** or the **Facility Daily Benefit Amount** for each day that:

1. You have satisfied the required **Elimination Period**; and
2. You are eligible for **Benefits**; and
3. the **Total Lifetime Benefit** has not been paid.

**Basic Daily Benefits** We will pay You the **Basic Daily Benefit Amount** for each day that:

1. You satisfy the Conditions for Benefit Payments; and
2. You are not confined in a **Facility**.

You do not need to incur charges or submit bills to receive the **Basic Daily Benefit Amount**.

**Facility Daily Benefits** We will pay You the **Facility Daily Benefit Amount** for each day that:

1. You satisfy the Conditions for Benefit Payments; and
2. You are confined in a **Facility**.

In no event will We pay more than the **Facility Daily Benefit Amount** on any day.

**Bed Reservation Benefits** We will pay the **Bed Reservation Benefits**, which is equal to the **Facility Daily Benefit Amount**, for up to thirty (30) days per **Policy Year**.

“**Bed Reservation Benefits**” means the **Benefits** We will pay to hold a space in a **Nursing Home, Hospice Facility** or **Assisted Living Facility**, to enable You to return to the **Facility**.

**Needs Assessment Benefits** After You become eligible for **Benefits**, You can receive, at no extra charge to You, one **Needs Assessment** from a **Care Management Organization**, selected by Us and to whom We make direct payment. Or, You may select a **Care Management Organization** to conduct one **Needs Assessment** and We will pay the actual charges You incur up to the **Benefit Amount** for **Needs Assessment** shown on page 3.

You do not need to satisfy the **Elimination Period** for this **Benefit** to be payable. Payment of this **Benefit** will not reduce Your **Total Lifetime Benefit**.

## International Coverage

If You are otherwise eligible for benefit payments under the terms of this policy and are outside of the United States and its territories, We will pay You **Benefits** under this section.

### **Daily Benefit Amount for International Coverage**

The **Daily Benefit Amount** We will pay for **International Coverage** is equal to fifty percent (50%) of the **Basic Daily Benefit Amount** shown on page 3.

The **Daily Benefit Amount** will be paid to You in United States dollars.

If You are receiving the **Daily Benefit Amount** for **International Coverage**, You cannot receive any other **Benefits** under this policy for the same period of time.

**Needs Assessment** is not available outside the United States and its territories.

### **Total Lifetime Benefit for International Coverage Benefits**

We will pay You **Benefits** for **International Coverage** up to the lesser of: (1) Your **Total Lifetime Benefit** less any **Benefits** paid while You are in the United States and its territories; or (2) the **Daily Benefit Amount** for **International Coverage** times 3,650.

The sum of all **Benefits** We will pay while You are in the United States and its territories and outside the United States and its territories will never exceed the **Total Lifetime Benefit** shown on page 3.

## Paid-Up Survivorship Feature

### Paid-Up Survivorship Feature

Your policy will become **Paid-Up** for the **Coverage** in effect as of the date **Your Insured Spouse's Policy** terminates due to **Your Insured Spouse's** death.

In order for Your policy to become **Paid-Up** under this provision, ALL of the following conditions must be met:

- \* You and **Your Insured Spouse** have each had a long-term care insurance policy which includes a **Paid-Up Survivorship** feature for the first ten (10) **Policy Years** from the **Original Coverage Effective Date** of this policy;
- \* no **Benefits** were paid or payable to You or **Your Insured Spouse** for the first ten (10) **Policy Years** from the **Original Coverage Effective Date** of this policy; and
- \* **Coverage** for Your policy and for **Your Insured Spouse's Policy** must be identical in all respects, as defined below, for the entire time both policies are in effect; and
- \* You must provide Us with written proof, satisfactory to Us, of the death of **Your Insured Spouse**.

You must pay for any premium increase which results from a change in **Benefits** under the terms of Your policy after Your policy is **Paid-Up** under this section.

The following terms have special meaning in this section:

**"Coverage"** means the long-term care insurance in effect under this policy or under **Your Insured Spouse's Policy**. For purposes of this provision, **Coverage** includes the policy form, **Daily Benefit Amounts**, **Total Lifetime Benefit**, **Elimination Period**, and any Rider(s) purchased.

**"Paid-Up" (policy)** means a policy under which no further premiums are payable, but under which the **Coverage** remains in effect.

**"Your Insured Spouse"** means the person named as Your spouse in the application for this policy.

**"Your Insured Spouse's Policy"** means the long-term care insurance **Coverage** in effect with Us for **Your Insured Spouse** and which names You: (1) as the spouse in the application for his or her policy; and (2) has the same **Original Coverage Effective Date** as this policy.

## Changing Benefit Amounts

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

We will send You a written notice of any change in benefit amounts and the date it takes effect.

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

You may, at any time, ask for an increase in Your benefit amounts in writing. We will approve the request only if You provide Us, at Your expense, proof satisfactory to Us of Your good health. Increases in amounts are subject to Our underwriting rules and limits in effect at the time of Your request. If You have received any **Benefits** under this policy, the percentage increase in the **Facility Daily Benefit Amount** will be applied to the remaining **Total Lifetime Benefit**. There will be no increase in the **Needs Assessment Benefit Amount**.

The extra premium for this benefit increase will be based on Your age, the premium rates and Your **Health Rating**, at the time the increase takes effect.

The increase will take effect on the first day of the **Policy Month** which starts on or next follows the date We approve Your request. We will send You a written notice of the increase in benefit amounts, the effective date of the increase and the amount of premium due. We reserve the right to require Your written approval before the change You requested takes effect.

### **Benefit Decreases**

You may, at any time, request a decrease in Your benefit amounts in writing. Decreases in amounts are subject to Our rules and limits in effect at the time of the request. If You have received any **Benefits** under this policy, the percentage decrease in the **Facility Daily Benefit Amount** will be applied to the remaining **Total Lifetime Benefit**. There will be no decrease in the **Needs Assessment Benefit Amount**.

The decrease will take effect on the first day of the **Policy Month** which starts on or next follows the date We approve Your request. The premium will decrease as of the effective date of any decrease You requested in Your benefit amounts. The amount of the premium reduction will be computed assuming that the benefit amounts purchased last are discontinued first. We will send You a written notice of the decrease in benefit amounts, the effective date of the decrease and the amount of premium due or to be applied to future premiums. We reserve the right to require Your written approval before the change You requested takes effect.

## Extension of Benefits

### Extension of Benefits

If as of the date Your policy **Lapses** or as of the date We receive a written request to cancel Your policy, You are eligible for **Benefits** and confined in a **Facility**, We will extend the payment of **Benefits** so long as, without interruption, You remain eligible for **Benefits** and confined. Subject to the **Elimination Period** and the terms of this policy, **Benefits** will be extended only until the earliest of the date:

1. You are no longer eligible for **Benefits**; or
2. You are no longer confined in a **Facility**; or
3. the **Total Lifetime Benefit** has been paid.

## Limitations and Exclusions

### What is Not Covered Under This Policy

No payment will be made for any of the following:

1. Any injury or sickness that results from:
  - a. any war, or act of war (whether declared or undeclared); or
  - b. participation in a felony, riot or insurrection.
2. Any intentionally self-inflicted injury.
3. Days You are outside the United States and its territories, except as described in the **International Coverage** section.

**There are no limitations or exclusions for pre-existing conditions, or mental and nervous disorders, including Alzheimer's Disease.**

## Premiums

### Premium Payment

The premium is due and payable on the **Original Coverage Effective Date** of the policy and thereafter in accordance with the Premium Schedule that is in effect for the policy as shown on page 3. The premium must be paid in U.S. currency.

You may change the premium payment mode with Our approval.

The amount of the premium for Your initial coverage is based on Your **Original Issue Age, Health Rating and Discounts**, as of the **Original Coverage Effective Date** as shown on page 3.

We reserve the right to change premium rates on a class basis. The premium will not increase because You get older or Your health changes. Your premiums will change if We change Your benefit amounts as a result of Your request or as a result of an increase as provided under the terms of this policy.

### Grace Period

You have a **Grace Period** of thirty-one (31) days to pay each premium due after the first premium. If the premium is not paid by the end of the **Grace Period**, We will send a written notice of **Lapse** of the policy to You and to any person named to receive such notice at the addresses given to Us. You have thirty-five (35) days after We mail this notice to pay the premium. The policy will stay in force during this time unless We receive a written request from You to cancel the policy. If We do not receive the premium within thirty-five (35) days of mailing the notice, the policy will then **Lapse**.

If You are eligible for payment of **Benefits** prior to **Lapse** and We have not paid such **Benefits**, any unpaid premiums due will be deducted from the claim payment.

You have the right to name a person to receive notice of **Lapse** at the same time We send such notice to You. The person named will not be responsible for payment of the premium. You are responsible to inform Us of any change relating to the person named. We will inform You of Your right to change the person named at least once every two (2) years.

### Waiver of Premiums

We will waive Your premium starting on the first day of the **Policy Month** which starts on or next follows the later of the date on which You: (1) become eligible for **Benefits**; and (2) satisfy the **Elimination Period**. You must resume payment of Your premium starting on the first day of the **Policy Month**, which starts on or next follows the date on which You are no longer eligible for **Benefits**.



## Premiums (Continued)

### Reinstatement

If Your policy **Lapses**, We will reinstate Your policy back to the date it **Lapsed**, if within twelve (12) months of that date You or someone acting for You:

1. request reinstatement and submit an application ("Reinstatement Health Questionnaire"); an application for reinstatement is always required; and
2. submit evidence of Your insurability, acceptable to Us, at Your expense; and
3. pay all past due premiums to Us, if We approve Your request for reinstatement. We will notify You of the amount of premium owed.

The policy will be reinstated upon approval of Your application ("Reinstatement Health Questionnaire") and payment in full of all past due premiums. If We reinstate Your policy, Your premium will be what it would have been had Your coverage not been interrupted.

If We accept premium at any time and waive the requirements for the submission of an application ("Reinstatement Health Questionnaire"), Your policy will be reinstated. All past due premiums must be paid at that time.

If We accept a premium prior to reinstatement and You complete the application ("Reinstatement Health Questionnaire") as required, We will issue a Conditional Receipt for the premium tendered. We also require evidence of Your insurability acceptable to Us. No sales representative or other person may waive or change any of these requirements.

We will notify You in writing of Our decision on or before the forty-fifth (45) day after: (1) We receive Your request for reinstatement; or (2) the date of the Conditional Receipt (if any), whichever is earlier. If We do not notify You within this forty-five (45) day period, Your policy will be reinstated at the end of this forty-five (45) day period. If Your policy is reinstated, You must also pay all past due premiums to Us.

The reinstated policy will cover those **Benefits** which We would pay pursuant to the terms of the policy if You become eligible for **Benefits** after the date of reinstatement. In all other respects, Your rights and Ours will be the same as they were just prior to the date of **Lapse**.

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

If Your policy **Lapses**, We will reinstate Your policy back to the date it **Lapsed**, without proof of Your good health, if within six (6) months of that date, You or someone acting for You:

1. request reinstatement; and
2. submit proof acceptable to Us that You had a **Severe Cognitive Impairment** or loss of functional capacity before the policy **Lapsed**; and

### **Premiums (Continued)**

3. pay all past due premiums to Us, if We approve Your request for reinstatement.

The standard of proof We will use will be no more restrictive than that described in the Eligibility for the Payment of Benefits section.

If We reinstate Your policy, Your premium will be what it would have been if Your coverage had not **Lapsed**.

## Claims

### Notice of Claim

You must provide Us with notice of claim within twenty (20) days after the beginning of any loss covered by the policy, or as soon as reasonably possible.

### Claim Forms

When We receive Your notice of claim, We will provide You with any needed claim form(s). Your notice of claim must include Your name, the Policy Number, the type of care, and an address to which the claim form(s) should be sent. If We do not provide You with any needed claim forms within fifteen (15) days after We receive Your notice of claim, Our claim form requirements will be satisfied if You provide Us with written proof of the date(s) on which You believe that You were eligible for **Benefits**, and if necessary the dates on which You were confined in a **Facility**.

### Proof of Claim

We will pay **Benefits** only if We determine that You are eligible for **Benefits**, have satisfied any required **Elimination Period** and We receive Your completed claim form(s), if needed, and if applicable, written proof satisfactory to Us that You were confined in a **Facility**.

You must submit written proof of claim to Us, at the address stated on the claim form We provide You, no later than ninety (90) days after the end of the calendar year for which You are requesting **Benefits**. Failure to submit proof of claim within this time limit will result in a claim denial unless it is shown that:

1. it was not reasonably possible to provide proof of claim within the time period; and
2. proof of claim was submitted as soon as reasonably possible and in no event, except in the absence of Your legal capacity, later than one year from the time proof is otherwise required.

To help Us determine whether You are eligible for **Benefits** and the benefit amounts We will pay:

1. We or a person We name may contact You, Your **Representative**, Your **Physician** or other persons familiar with Your condition; and
2. We may require that You provide Us, or a person We name, with access to Your medical records to obtain information about Your condition. We may not be able to determine Your eligibility for **Benefits** or approve a claim for **Benefits** if We do not have access to these records.

### Physical Examination

We have the right to have You examined while Your claim is pending by a healthcare professional at Our expense and to conduct an on-site assessment. We may not be able to determine Your eligibility for **Benefits** or to approve a claim for **Benefits** if You do not consent to an on-site assessment, if such assessment is needed.

## Claims (Continued)

### Notice of Approval or Denial

We will send You a written notice of Our decision to approve or deny Your eligibility for **Benefits** or a claim as soon as reasonably possible. In no event will We send this notice later than ten (10) working days after We have received all the information We need to assess Your eligibility for **Benefits** or claim. If You are not eligible for Benefits or We do not approve Your claim, Our notice will state the reasons for denial.

### Appeals of Claims Denials

If We deny Your eligibility for **Benefits** or Your claim, in whole or in part, We will review Our decision if You or Your **Representative**:

- \* request in writing that We review Our decision; and
- \* send this request to Us within sixty (60) days after You receive Our denial.

Within sixty (60) days of the date We receive Your request, We will review the denial and make a final decision. Our final decision will be in writing, and if it is a denial, it will include Our specific reasons for the denial and make available all information directly relating to such denial.

### Time of Payment of Claims

If We approve Your claim, We will immediately pay the **Benefits** under the terms of this policy. All **Benefits** will be paid to You. Any unpaid **Benefits** due to You at Your death will be paid to Your estate.

In the Commonwealth of Virginia, the Department of Medical Assistance is the payor of last resort.

## General Provisions

### The Contract

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

The provisions of this policy must be read as a whole. For example, the Limitations and Exclusions apply to all **Benefits** in the policy.

### Assignment; No Cash Value; Premium Refunds

The **Benefits** payable under the policy may not be assigned.

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

Any refund of unearned premiums due at Your death, on cancellation of this policy, or as a result of Your policy being paid-up, will be paid to You, or to Your estate at Your death, within thirty (30) days of the date on which We receive notice of Your death or Your request to cancel the policy, or on such later date as You may specify in Your request to cancel. The earned premium shall be computed on a pro-rata basis. Any other refund of unearned premiums shall be, at Our option, applied against future premiums or applied to increase future benefits.

### Facility of Payment

Any amounts due to You at Your death, as provided in the Payment of Claims provision or Premium Refunds provision, that is not more than \$1,000, may be made to anyone related to You by blood or marriage whom We find entitled to payment. Any payment made by Us in good faith will fully discharge Us to the extent of the payment.

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

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

### Statements Made By You Relating to Insurability

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

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

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

## General Provisions (Continued)

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

### Misstatement of Age

If Your date of birth is not correct as shown on Your application, all amounts payable under this policy shall be such as the premium paid would have purchased at the correct age.

### Legal Actions

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

### Termination of Policy

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

1. Our receipt of a written request to cancel the policy (the policy will terminate on the last day of the **Policy Month** in which such request was received, subject to any nonforfeiture coverage);
2. payment of Your **Total Lifetime Benefit** under the policy;
3. policy **Lapse** (subject to any nonforfeiture coverage); or
4. Your death.

### Conformity With State Statutes

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

### Tax Note

Since **Benefits** paid under this policy are made without regard to actual charges You incur, part of the **Benefits** could be considered taxable income if they exceed the daily benefit amount limit prescribed by U.S. tax law (referred to as a "Per Diem" limit). This "Per Diem" limit is indexed for inflation. You should consult with Your tax advisor.

### Standard of Time

12:01 A.M. in the time zone in which You reside.

### Notice

When You write to Us, please give Us Your name, address and Policy Number. Please inform Us promptly of any changes. We will write to You at Your last known address.

Checks, drafts or money orders may be drawn on a U.S. bank to the order of Metropolitan Life Insurance Company (or "MetLife"). They are received subject to the condition that they may be handled for collection in accordance with the practice of the collecting bank or banks. If We do not receive the full amount of any check, draft or money order, it will not constitute payment. All payments are to be made in U.S. currency. We may refuse to accept any payments made in a manner that applicable law requires Us to refuse (such as any large cash payment made without information that We are required by law to obtain).

## **General Provisions (Continued)**

You may write to Us at: Metropolitan Life Insurance Company  
[P.O. Box 937  
Westport, CT 06881-0937]

Copy of application is attached. Riders and endorsements, if any, follow.



# Metropolitan Life Insurance Company

A Stock Company Incorporated in New York State

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

## Qualified Long-Term Care Insurance Policy

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

**CAUTION:** This policy may not apply when You have a claim! Please read! The issuance of this long-term care insurance policy is based upon Your responses to the questions on Your application. A copy of Your application is attached. If Your answers are incorrect or untrue, the company has the right to deny benefits or rescind Your policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact the company at this address: Metropolitan Life Insurance Company, [P.O. Box 937, Westport, CT 06881-0937].

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

This policy is intended to be a qualified long-term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended. As such, it must meet certain federal standards in addition to all applicable standards in the state in which the contract was issued or issued for delivery. If You have any questions regarding the tax qualification of this product, You should direct such questions to the appropriate federal agency, or You should contact Your tax advisor. If in the future, it is determined that this policy does not meet the requirements of the Internal Revenue Code, We will make every reasonable effort to amend the policy if We are required to do so in order to gain favorable federal income tax treatment. We will offer You an opportunity to receive these amendments, with any appropriate adjustments, as determined by MetLife, to premium rates and/or benefits.

  
Gwenn L. Carr  
Vice-President and Secretary

  
Robert H. Benmosche  
President and Chief Operating Officer

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



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Metropolitan Life Insurance Company  
[P. O. Box 937  
Westport, CT 06881-0937  
Toll-Free Number: 1-800-308-0179]

## SCHEDULE OF BENEFITS

### INSURED

[John Doe]

### CURRENT COVERAGE: EFFECTIVE DATE [July 1, 2001] (REPLACES ANY PREVIOUS SCHEDULE OF BENEFITS)

Original Coverage Effective Date	[March 1, 2001]
Original Issue Age	[61]
Policy Number	[211100000 LTC]
Plan Number	[XXXXX]
Elimination Period	[45 days]
TOTAL LIFETIME BENEFIT (does not reflect claims paid or payable)	[UNLIMITED]

### COVERED SERVICES

### BENEFIT AMOUNTS

#### PRIMARY SERVICES

#### MAXIMUM DAILY BENEFIT AMOUNT

Nursing Home	[\$100]/day
Assisted Living Facility	[\$75]/ day
Respite Care - [21] days/Policy Year	
- In a Nursing Home or Hospice Facility <b>or</b>	[\$100]/day <b>or</b>
- At Home or in an Assisted Living Facility	[\$75]/day
Home Care And Community Care	[\$75]/ day

#### ADDITIONAL SERVICES

#### MAXIMUM BENEFIT AMOUNT

Needs Assessment	Free [or \$250]/lifetime
Informal Caregiver Training	[\$500]/lifetime

**Health Rating:** [Preferred, Standard, Rated]

**Discounts:** [Spousal Discount, Marital Discount, Residential Discount, Multi-Life Discount, None]  
[[Spousal or Residential] Discount applies as long as associated policies do not lapse.]

### PREMIUM SCHEDULE

Gross Annual Premium (includes Riders and Health Rating; does not include Discounts, if any): [\$XXXX.XX]

### COVERAGE

### ANNUAL PREMIUM

(includes Health Rating and Discounts)

Base Coverage	[\$XXX.XX]
[Future Purchase Rider]	[\$XXX.XX]
[5% Automatic Compound Inflation Protection Rider] [3% Automatic Compound Inflation Protection Rider] [5% Automatic Simple Inflation Protection Rider]	[\$XXX.XX]
[Nonforfeiture Coverage Rider]	[\$XXX.XX]
[Contingent Benefits Upon Lapse Rider]	[\$0]
[Restoration of Benefits Rider]	[\$XXX.XX]
[Return of Premium Rider]	[\$XXX.XX]
[Shared Care Rider]	[\$XXX.XX]
[Indemnity Rider <sup>†</sup> ]	[\$XXX.XX]
[Ten Year Premium Payment Rider]	[\$XXX.XX]
[Paid-up Premiums Rider]	[\$XXX.XX]
[Total Annual Premium with discounts applied]	[\$XXX.XX]
[[Monthly, Quarterly, Semi-annual, Annual] Premium Amount*]	[\$XXX.XX]

**[In addition, you have selected the following flexible premium payment option:] [Reduced Pay at 65]**

[[Monthly, Quarterly, Semi-annual, Annual] Premium Amount*:]	
[Before Policy Anniversary at age 65]	[\$XXX.XX]
[On and after Policy Anniversary at age 65]	[\$XXX.XX]

**[In addition, you have selected the following flexible premium payment option:] [Double Pay First Year]**

[[Monthly, Quarterly, Semi-annual, Annual] Premium Amount\*:]

[Year 1]

[\$XXX.XX]

[Year 2 and after]

[\$XXX.XX]

[\* If you pay premiums more frequently than annually, an additional cost has been included.]

[<sup>†</sup> This Rider changes the way Benefits are paid. Please refer to the Rider which is attached to this policy.]

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## Definitions of Policy Terms

This section defines most of the words and phrases used in Your policy which have specific meaning. All terms with a defined meaning are capitalized and, except for *Our*, *Us*, *We*, *You* and *Your*, are **bolded** for easy identification throughout the policy.

**“Activities of Daily Living”** means any of the following:

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

**“Adult Day Care”** means a program, for six (6) or more clients, of **Qualified Long-Term Care Services** furnished at an **Adult Day Care Center** for the purpose of supporting frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside the **Home**.

**“Adult Day Care Center”** means:

1. a facility operated and licensed and/or certified as an **Adult Day Care Center** under the laws where it is located; or
2. any other organization that meets ALL of the following:
  - \* provides a program of **Adult Day Care**; and
  - \* keeps a written record of services furnished to each client; and
  - \* has established procedures to obtain emergency medical care; and
  - \* is not a place which chiefly provides services for recreation or social activities; and
  - \* maintains a client-to-staff ratio of eight (8) (or less) to one, which staff includes: a full-time director; one or more **Nurses** present at least four (4) hours a day during operating hours; and at least two (2) staff members present whenever clients are present.

## Definitions of Policy Terms (Continued)

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

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

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

**“Benefits”** means the amounts We will pay subject to the provisions of the policy.

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

**“Care Advisory Services”** means any of the following services provided by a **Care Advisor**:

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

## Definitions of Policy Terms (Continued)

**“Care Management Organization”** means:

1. an organization operated and licensed as a **Care Management Organization** under the laws where it is located; or
2. any other organization that meets ALL of the following:
  - \* provides **Care Advisory Services**; and
  - \* has a full-time administrator; and
  - \* maintains written records of services performed for each client; and
  - \* has a staff which includes at least one **Nurse** and one **Social Worker**.

**“Certified Private Aide”** means a health care worker who has received formal training for the delivery of **Maintenance or Personal Care** services in the **Home**, who is primarily employed to provide **Home Health Care Services**, but whose services are not necessarily arranged and supervised by a **Home Health Care Agency**. The person must be licensed or certified as a CNA (Certified Nurse’s Aide) or HHA (**Home Health Aide**) under the laws where the service is provided. The term does not include members of Your **Immediate Family**.

**“Chronically III”**: Refer to the Eligibility for the Payment of Benefits section.

**“Community Care”** means care furnished outside of a **Nursing Home, Hospice Facility** or **Assisted Living Facility** and includes **Home Health Care Services** and **Adult Day Care**.

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

**“Custodial Care”** means services provided on an extended basis to a person who is **Chronically III**, which are aimed at maintaining a person’s health and/or functional status. **Custodial Care** does not include any transportation or other service which is chiefly for personal convenience or companionship.

**“Elimination Period”** is the number of days after the **Original Coverage Effective Date** of this policy during which You must be: (1) **Chronically III**; and (2) receiving **Primary Services**, (other than **Hospice Care** and **Respite Care Services**) before certain **Benefits** become payable. These days need not be consecutive.

**“Formal Caregiver”** means any of the following: a **Nurse, Care Advisor, Therapist, Social Worker, Home Health Aide, Homemaker** or **Certified Private Aide**. Members of Your **Immediate Family** cannot be **Formal Caregivers**.

**“Home”** means any private residence that is Your current place of domicile. **Home** does not include a licensed **Nursing Home, Hospice Facility** or **Assisted Living Facility**.

## Definitions of Policy Terms (Continued)

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

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

- \* if licensing or certification is required, is licensed or certified as a **Home Health Care Agency**, under the laws where it is located, or under a public health law or similar law, to provide **Home Health Care Services**; or
- \* is recognized as a **Home Health Care Agency** by **Medicare**; or
- \* meets ALL of the following:
  1. is licensed or certified where it is located to provide **Home Health Care Services**; and
  2. has at least five (5) clients; and
  3. develops and reviews long-term care service plans at appropriate intervals; and
  4. uses **Home Health Aides**, trained or certified in accordance with any laws which apply to such care, to provide **Maintenance or Personal Care**; and
  5. provides on-site supervision of **Home Health Aides** by a **Nurse** or **Social Worker**; and
  6. has a **Nurse** or a **Physician** on call for a medical emergency during the hours that the **Home Health Aide** is in the client's **Home**; and
  7. maintains a written record of services performed for each client.

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

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

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

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

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



## Definitions of Policy Terms (Continued)

**“Hospital”** means a facility that is licensed as a **Hospital**, and provides:

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

**“Immediate Family”** means Your spouse, child (natural, step or adopted), parent, sibling, grandchild, or in-law. It also includes anyone who normally lives in Your **Home**.

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

**“Insured”** means the person so named on page 3.

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

**“Licensed Health Care Practitioner”** means a **Physician**; any registered professional **Nurse**; a licensed **Social Worker**; or other individual who meets such requirements as may be prescribed by the U.S. Secretary of the Treasury.

**“Maintenance or Personal Care”** means any care with the primary purpose of providing needed assistance when You are **Chronically Ill** (including protection from threats to health and safety due to **Severe Cognitive Impairment**). **Maintenance or Personal Care** services may include **Custodial Care** and needed assistance with **Activities of Daily Living** (“**ADL**”).

**“Maximum Benefit Amount”** means the most We will pay for **Covered Services**, subject to the terms of the policy, for the time period specified.

**“Medicaid”** means any state medical assistance program under Title XIX of the Social Security Act, as amended. In Virginia, **“Medicaid”** means the program administered in accordance with Title 32.1 of the Code of Virginia.

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

**“Needs Assessment”** means the services provided by a **Care Advisor** to: (1) assess Your needs for long-term care services; (2) develop or work with others to develop options for Your long-term care; and (3) discuss the long-term care options with You or Your **Representative**.

**“Nurse”** means a registered professional **Nurse** (R.N.), licensed practical **Nurse** (L.P.N.) or licensed vocational **Nurse** (L.V.N.) who is licensed under the laws where the services are performed.

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

**“Nursing Home”** means a facility licensed as a skilled or intermediate nursing facility under the laws where it is located that meets ALL of the following:

- \* has twenty-four (24) hours a day **Nursing Care**; and

## Definitions of Policy Terms (Continued)

- \* has twenty-four (24) hours a day **Maintenance or Personal Care** performed by a trained/certified and awake staff supervised by a **Nurse**; and
- \* keeps a written record of services performed for each client; and
- \* has formal arrangements for emergency medical care; and
- \* services are not limited to provision of food, shelter, and other residential services such as laundry.

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

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

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

**“Policy Anniversaries,” “Policy Years” and “Policy Months”** mean dates measured from the **Original Coverage Effective Date** of the policy. For example, if the **Original Coverage Effective Date** of the policy is May 5, 2005, the first **Policy Anniversary** is May 5, 2006; the first **Policy Year** ends May 4, 2006; and **Policy Months** start on the fifth day of each month, e.g., June 5, 2005. If the **Original Coverage Effective Date** is the 29<sup>th</sup>, 30<sup>th</sup> or 31<sup>st</sup> day of a calendar month, and a calendar month does not have that date, then that **Policy Month** shall begin on the first of the following calendar month.

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

**“Representative”** means the person named by You or by a court of law to represent You.

**“Severe Cognitive Impairment”**: Refer to the Eligibility for the Payment of Benefits section.

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

**“Terminal Illness”** means an illness or injury which a **Physician** certifies is likely to result in a person's death within 6 months. **“Terminally III”** means an individual diagnosed with a **Terminal Illness**.

**“Therapist”** means a person who has a license or appropriate professional certificate to provide **Therapy Services** under the laws where the services are being provided.

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

## Definitions of Policy Terms (Continued)

**“Total Lifetime Benefit”** means the most We will pay under this policy during Your lifetime, not including **Benefits for Needs Assessment**. This amount is shown on page 3 and will change if Your benefit amounts are changed.

**“We”, “Us” and “Our”** mean Metropolitan Life Insurance Company (MetLife).

**“You” and “Your”** mean the **Insured** named on page 3.

## Eligibility for the Payment of Benefits

### Eligibility for Benefits

You will be eligible for **Benefits** only if:

1. We are given proof, satisfactory to Us, that You are **Chronically Ill**; and
2. a **Licensed Health Care Practitioner** has certified in writing to Us, in the last 12 months, that You are **Chronically Ill**; and
3. a **Plan of Care** including the **Qualified Long-Term Care Services** You need is in place for You.

In order for certain **Benefits** to be payable, You must also satisfy an **Elimination Period** as described in this policy.

**“Chronically Ill”** means You are unable to perform, without **Substantial Assistance** from another individual, at least two (2) **Activities of Daily Living (“ADL”)** for an expected period of at least ninety (90) days due to a loss of functional capacity; or You require **Substantial Supervision** to protect You from threats to health and safety due to **Severe Cognitive Impairment**.

**“Substantial Assistance”** means **Hands-On Assistance** or **Standby Assistance**. **“Hands-On Assistance”** means that You require the physical assistance of another person without which You would be unable to perform the **Activities of Daily Living**. **“Standby Assistance”** means that You require the presence of another person within arm’s reach of You that is necessary to prevent, by physical intervention, injury to You while You are performing the **Activities of Daily Living**.

**“Severe Cognitive Impairment”** means a deterioration or loss in intellectual capacity that: (a) places You in jeopardy of harming Yourself or others and, therefore, You require **Substantial Supervision** by another individual; and (b) is measured by clinical evidence and standardized tests which reliably measure impairment in: (1) short or long-term memory; (2) orientation to people, places or time; and (3) deductive or abstract reasoning.

**“Substantial Supervision”** means that You require continual supervision (which may include cueing by verbal prompting, gesture or other demonstrations) by another person that is necessary to protect You from threats to Your health and safety (such as may result from wandering).

### If You Need Benefits

You or someone acting for You may write to Us or call the toll-free number shown on page 3 to request that We determine whether You are eligible for **Benefits**.

Please refer to the Claims section of this policy for further information.

### Continuing Eligibility for Benefits

We will reassess Your continuing eligibility for **Benefits**, based upon the criteria used to determine Your Eligibility for Benefits, at least once every twelve (12) months, but no more frequently than every thirty (30) days.

## Elimination Period

### Elimination Period

**“Elimination Period”** is the number of days after the **Original Coverage Effective Date** of this policy during which You must be: (1) **Chronically Ill**; and (2) receiving **Primary Services** (other than **Hospice Care** and **Respite Care**), before certain **Benefits** become payable. These days need not be consecutive. The **Elimination Period** for this policy is shown on page 3. Except as stated below, **Benefits** will not be paid for **Covered Services** You receive during the **Elimination Period**.

No **Elimination Period** is required in order to receive **Benefits** for **Hospice Care, Respite Care, Needs Assessment** or **Informal Caregiver Training**. Receipt of these services will not count toward satisfying the **Elimination Period**.

You only have to satisfy the **Elimination Period** once. Once You have satisfied a day of the **Elimination Period**, that day is satisfied for the life of the policy.

## Covered Services

### Conditions for Benefit Payments

We will pay for **Covered Services** only if:

1. they are **Qualified Long-Term Care Services**; and
2. they are received after the **Original Coverage Effective Date** of this policy; and
3. they are received after satisfying any required **Elimination Period**; and
4. You are eligible for **Benefits**; and
5. the **Total Lifetime Benefit** has not been paid.

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

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

### Covered Services-Primary Services

#### Primary Services

On any day, You may receive one or more **Primary Services**. We will pay up to the applicable **Maximum Daily Benefit Amount** shown on page 3 for actual charges You incur for **Primary Services**. However, the most We will pay for any combination of **Primary Services** You receive on any day is the highest **Maximum Daily Benefit Amount** associated with the **Primary Services** You receive that day. Payment of **Benefits** for **Primary Services** will reduce Your **Total Lifetime Benefit**.

#### Nursing Home, Hospice Facility and Assisted Living Facility Benefits, including Bed Reservation Benefits

We will pay up to the applicable **Maximum Daily Benefit Amount** shown on page 3 for the actual charges You incur for the following **Covered Services** received in a **Nursing Home, Hospice Facility** or **Assisted Living Facility**:

1. room and board; and
2. **Nursing Care, Maintenance or Personal Care, Therapy Services** and **Hospice Care**, from a **Formal Caregiver**; and
3. **Bed Reservation Benefits** up to thirty (30) days per **Policy Year**. “**Bed Reservation Benefits**” means the **Benefits** We will pay for actual charges You incur to hold a space in a **Nursing Home, Hospice Facility**, or **Assisted Living Facility**, to enable You to return to the facility. The amount We will pay for **Bed Reservation Benefits** will not be more than the applicable **Benefits** We would pay if You had been confined in the **Nursing Home, Hospice Facility**, or **Assisted Living Facility** on those days.

## Covered Services-Primary Services (Continued)

### Home Care and Community Care Benefits

We will pay up to the **Home Care and Community Care Maximum Daily Benefit Amount** shown on page 3 for the actual charges You incur for the following **Covered Services**:

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

### Ongoing Care Advisory Services

Ongoing **Care Advisory Services** are considered a **Home Care and Community Care Benefit** under this policy.

### Respite Care Benefits

“**Respite Care**” means **Covered Services** from a **Formal Caregiver** that temporarily relieves the **Informal Caregiver**. These **Covered Services** may be received in a **Nursing Home, Hospice Facility, Assisted Living Facility**, at **Home** or in an **Adult Day Care Center**.

We will pay up to the **Maximum Daily Benefit Amount** for **Respite Care** shown on page 3, for a maximum of twenty-one (21) days per **Policy Year**, for actual charges You incur, based on the type of service received.

If You receive more than one type of **Respite Care** service on the same day, the **Maximum Daily Benefit Amount** payable is the highest **Respite Care Daily Benefit Amount** that relates to the services used.

You do not need to satisfy the **Elimination Period** for **Respite Care Benefits** to be payable. Receipt of **Respite Care** will not count toward satisfying the **Elimination Period**. Payment of these **Benefits** will reduce the **Maximum Daily Benefit Amounts** otherwise available.

## Covered Services-Primary Services (Continued)

**Alternate Services Benefits** “**Alternate Services**” means **Qualified Long-Term Care Services** which are furnished by a facility or person not defined in this policy.

We will consider paying for actual charges You incur for covered **Alternate Services** as stated below. We will pay for **Alternate Services** only if We determine that the **Alternate Services** meet ALL of the following:

1. the service falls within guidelines We establish as approved **Alternate Services**; and
2. it is a type of service described in Your **Plan of Care**; and
3. it effectively meets Your long-term care service needs; and
4. it is, for You, a cost-effective alternative to **Primary Services** which would have been covered under this policy; and
5. it is not provided by a member of Your **Immediate Family**; and
6. the **Alternate Services** and benefit amounts must be mutually agreed to, in writing, by You, Your **Licensed Health Care Practitioner**, and Us, through an **Alternate Services** Agreement.

The **Benefits** We will pay for each day You receive **Alternate Services** will be the lesser of:

1. the actual charges You incur for the services received; or
2. the **Maximum Daily Benefit Amount** for the **Covered Services** We determine to be most closely related to the **Alternate Services** received.

We will not pay for any **Alternate Services** received prior to the date all parties have signed the **Alternate Services** Agreement.

An Agreement to receive **Alternate Services Benefits** will not waive any of Our rights or any of Your rights under this policy.

Receipt of **Alternate Services** as specified in the **Alternate Services** Agreement will count toward satisfying the **Elimination Period**.



## Covered Services-Additional Services

### Additional Services

**Additional Services** may be received on the same day as **Primary Services**, without affecting the benefit amounts for **Primary Services**. The **Maximum Benefit Amounts** We will pay for **Additional Services** are shown on page 3.

### Needs Assessment Benefits

After You become eligible for **Benefits**, You can receive, at no extra charge to You, one **Needs Assessment** from a **Care Management Organization**, selected by Us and to whom We make direct payment. Or, You may select a **Care Management Organization** to conduct one **Needs Assessment** and We will pay as a **Covered Service** the actual charges You incur up to the **Maximum Benefit Amount** for **Needs Assessment** shown on page 3.

You do not need to satisfy the **Elimination Period** for this **Benefit** to be payable. Receipt of this service will not count toward satisfying the **Elimination Period**. Payment of this **Benefit** will not reduce Your **Total Lifetime Benefit**.

### Informal Caregiver Training Benefits

We will pay up to the **Maximum Benefit Amount** for **Informal Caregiver Training** shown on page 3, for the actual charges You incur to train an **Informal Caregiver** to perform **Maintenance or Personal Care** services for You in Your **Home**. This training can take place while You are at **Home**, or in a **Hospital, Nursing Home, Hospice Facility** or **Assisted Living Facility**, to make it possible for You to return **Home** and be cared for by the person who received the training. We will not pay for training someone who will be paid under the terms of this policy, to care for You.

You do not need to satisfy the **Elimination Period** for this **Benefit** to be payable. Receipt of this service will not count toward satisfying the **Elimination Period**. Payment of this **Benefit** will reduce Your **Total Lifetime Benefit**.

## International Coverage

We will pay **Benefits** for **International Coverage** if You qualify under the conditions defined in this section. “**International**” means any location outside of the United States and its territories.

### Eligibility for Payment of Benefits for International Coverage

In order to receive payment for **Benefits** for **International Coverage** under this policy, You must:

1. be outside the United States and its territories; and
2. provide proof, satisfactory to Us, that You are **Chronically Ill**; and
3. be eligible for **Benefits** under this policy; and
4. satisfy the **Elimination Period for International Coverage**; and
5. provide a written **Plan of Care** that includes the **Qualified Long-Term Care Services** You need.

### Per Diem Benefit for International Coverage

The **Per Diem Benefit** We will pay for **International Coverage** is equal to fifty percent (50%) of the **Home Care and Community Care Maximum Daily Benefit Amount** shown on page 3.

“**Per Diem Benefit**” means a **Benefit** computed on a daily basis regardless of actual charges You incur and paid to You if You are eligible under this policy to receive **Benefits** for **International Coverage**. You do not need to receive **Covered Services** in order to receive the **Per Diem Benefit**.

If You are receiving the **Per Diem Benefit** for **International Coverage**, You cannot receive any other **Benefits** under this policy for the same period of time. Coverage for **Additional Services** is not available outside the United States and its territories.

The **Per Diem Benefit** will be paid to You in United States dollars. You may not assign the **Per Diem Benefit**.

### Elimination Period for International Coverage

The **Elimination Period for International Coverage** is two (2) times the **Elimination Period** shown on page 3. Each day on which You are eligible for **Benefits** under this policy while You are outside of the United States and its territories will count toward satisfying the **Elimination Period for International Coverage**. You do not need to receive **Covered Services** in order to satisfy the **Elimination Period for International Coverage**.

### Total Lifetime Benefit for International Coverage Benefits

We will pay You **Benefits** for **International Coverage** up to the lesser of: (1) Your **Total Lifetime Benefit** less any **Benefits** paid while You are in the United States and its territories; or (2) the **Per Diem Benefit** for **International Coverage** times 3,650.

The sum of all **Benefits** We will pay while You are in the United States and its territories and outside the United States and its territories will never exceed the **Total Lifetime Benefit** shown on page 3.

### Tax Note

Since **Benefits** for **International Coverage** are paid without regard to the actual charges You incur, part of the **Benefits** could be considered taxable income if they exceed the daily benefit amount limit prescribed by U.S. tax law (referred to as a “Per Diem” limit). This “Per Diem” limit is indexed for inflation. You should consult with Your tax advisor.

## Changing Benefit Amounts

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

We will send You a written notice of any change in benefit amounts and the date it takes effect

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

You may, at any time, ask for an increase in Your benefit amounts in writing. We will approve the request only if You provide Us, at Your expense, proof satisfactory to Us of Your good health. Increases in amounts are subject to Our underwriting rules and limits in effect at the time of Your request. If You have received any **Benefits** under this policy, then with regard to the **Total Lifetime Benefit** and the **Informal Caregiver Training Maximum Benefit Amount**, the percentage increase in Your **Nursing Home Maximum Daily Benefit Amount** will be applied to the remaining amounts. There will be no increase in the **Needs Assessment Maximum Benefit Amount**.

The extra premium for this benefit increase will be based on Your age, the premium rates and Your **Health Rating**, at the time the increase takes effect.

The increase will take effect on the first day of the **Policy Month** which starts on or next follows the date We approve Your request. We will send You a written notice of the increase in benefit amounts, the effective date of the increase and the amount of premium due. We reserve the right to require Your written approval before the change You requested takes effect.

### **Benefit Decreases**

You may, at any time, request a decrease in Your benefit amounts in writing. Decreases in amounts are subject to Our rules and limits in effect at the time of the request. If You have received any **Benefits** under this policy, then with regard to the **Total Lifetime Benefit** and the **Informal Caregiver Training Maximum Benefit Amount**, the percentage decrease in Your **Nursing Home Maximum Daily Benefit Amount** will be applied to the remaining amounts. There will be no decrease in the **Needs Assessment Maximum Benefit Amount**.

The decrease will take effect on the first day of the **Policy Month** which starts on or next follows the date We approve Your request. The premium will decrease as of the effective date of any decrease You requested in Your benefit amounts. The amount of the premium reduction will be computed assuming that the benefit amounts purchased last are discontinued first. We will send You a written notice of the decrease in benefit amounts, the effective date of the decrease and the amount of premium due or to be applied to future premiums. We reserve the right to require Your written approval before the change You requested takes effect.

## Extension of Benefits

### Extension of Benefits

If as of the date Your policy **Lapses** or as of the date We receive a written request to cancel Your policy, You are eligible for **Benefits** and are confined in a **Nursing Home, Hospice Facility** or **Assisted Living Facility**, We will extend the payment of **Benefits** for **Covered Services** received so long as, without interruption, You remain eligible for **Benefits** and confined. Subject to the **Elimination Period** and the terms of this policy, **Benefits** will be extended only until the earliest of the date:

1. You are no longer eligible for **Benefits**; or
2. You are no longer confined in a **Nursing Home, Hospice Facility** or **Assisted Living Facility**; or
3. the **Total Lifetime Benefit** has been paid.

## Limitations and Exclusions

### What is Not Covered Under This Policy

No payment will be made for any of the following:

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

**There are no limitations or exclusions for pre-existing conditions, or mental and nervous disorders, including Alzheimer's Disease.**

### Coordination of MetLife Coverages

If You have more than one long-term care insurance policy or certificate issued or insured by MetLife, We will reduce the benefit amounts payable to the extent necessary, so that the combination of **Benefits** under all of these policies and certificates will not exceed one hundred percent (100%) of the actual charges for **Covered Services**.

If You are eligible to receive **Benefits** under this policy and any other long-term care insurance policy or certificate issued or insured by MetLife with a coordination of benefits provision, then the policy or certificate with the earliest effective date will be deemed to be the primary coverage, and any other policy or certificate will be deemed secondary coverage, in order by effective date, from the earliest to the latest. Policies and certificates without a coordination of benefits provision will pay first.

This provision will not apply to policies or certificates which pay **Benefits** without regard to actual charges You incur.

## Premiums

### Premium Payment

The premium is due and payable on the **Original Coverage Effective Date** of the policy and thereafter in accordance with the Premium Schedule that is in effect for the policy as shown on page 3. The premium must be paid in U.S. currency.

You may change the premium payment mode with Our approval.

The amount of the premium for Your initial coverage is based on Your **Original Issue Age, Health Rating and Discounts**, as of the **Original Coverage Effective Date** as shown on page 3.

We reserve the right to change premium rates on a class basis. The premium will not increase because You get older or Your health changes. Your premiums will change if We change Your benefit amounts as a result of Your request or as a result of an increase as provided under the terms of this policy.

### Grace Period

You have a **Grace Period** of thirty-one (31) days to pay each premium due after the first premium. If the premium is not paid by the end of the **Grace Period**, We will send a written notice of **Lapse** of the policy to You and to any person named to receive such notice at the addresses given to Us. You have thirty-five (35) days after We mail this notice to pay the premium. The policy will stay in force during this time unless We receive a written request from You to cancel the policy. If We do not receive the premium within thirty-five (35) days of mailing the notice, the policy will then **Lapse**.

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

You have the right to name a person to receive notice of **Lapse** at the same time We send such notice to You. The person named will not be responsible for payment of the premium. You are responsible to inform Us of any change relating to the person named. We will inform You of Your right to change the person named at least once every two (2) years.

### Waiver of Premiums

We will waive Your premium starting on the first day of the **Policy Month** which starts on or next follows the later of the date on which You: (1) become eligible for **Benefits**; and (2) satisfy the **Elimination Period**. You must resume payment of Your premium starting on the first day of the **Policy Month**, which starts on or next follows the date on which You are no longer eligible for **Benefits**.

## Premiums (Continued)

### Reinstatement

If Your policy **Lapses**, We will reinstate Your policy back to the date it **Lapsed**, if within twelve (12) months of that date You or someone acting for You:

1. request reinstatement and submit an application ("Reinstatement Health Questionnaire"); an application for reinstatement is always required; and
2. submit evidence of Your insurability, acceptable to Us, at Your expense; and
3. pay all past due premiums to Us, if We approve Your request for reinstatement. We will notify You of the amount of premium owed.

The policy will be reinstated upon approval of Your application ("Reinstatement Health Questionnaire") and payment in full of all past due premiums. If We reinstate Your policy, Your premium will be what it would have been had Your coverage not been interrupted.

If We accept premium at any time and waive the requirements for the submission of an application ("Reinstatement Health Questionnaire"), Your policy will be reinstated. All past due premiums must be paid at that time.

If We accept a premium prior to reinstatement and You complete the application ("Reinstatement Health Questionnaire") as required, We will issue a Conditional Receipt for the premium tendered. We also require evidence of Your insurability acceptable to Us. No sales representative or other person may waive or change any of these requirements.

We will notify You in writing of Our decision on or before the forty-fifth (45) day after: (1) We receive Your request for reinstatement; or (2) the date of the Conditional Receipt (if any), whichever is earlier. If We do not notify You within this forty-five (45) day period, Your policy will be reinstated at the end of this forty-five (45) day period. If Your policy is reinstated, You must also pay all past due premiums to Us.

The reinstated policy will cover those **Benefits** which We would pay pursuant to the terms of the policy if You become eligible for **Benefits** after the date of reinstatement. In all other respects, Your rights and Ours will be the same as they were just prior to the date of **Lapse**.

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

If Your policy **Lapses**, We will reinstate Your policy back to the date it **Lapsed**, without proof of Your good health, if within six (6) months of that date, You or someone acting for You:

1. request reinstatement; and
2. submit proof acceptable to Us that You had a **Severe Cognitive Impairment** or loss of functional capacity before the policy **Lapsed**; and

### **Premiums (Continued)**

3. pay all past due premiums to Us, if We approve Your request for reinstatement.

The standard of proof We will use will be no more restrictive than that described in the Eligibility for the Payment of Benefits section.

If We reinstate Your policy, Your premium will be what it would have been if Your coverage had not **Lapsed**.



## Claims

<b>Notice of Claim</b>	You must provide Us with notice of claim within twenty (20) days after the beginning of any loss covered by the policy, or as soon as reasonably possible.
<b>Claim Forms</b>	When We receive Your notice of claim, We will provide You with claim form(s). Your notice of claim must include Your name, the Policy Number, the type of care, and an address to which the claim form(s) should be sent. If We do not provide You with claim forms within fifteen (15) days after We receive Your notice of claim, Our claim form requirements will be satisfied if You provide Us with written proof of the date(s) and exact nature of the charges You have incurred for <b>Covered Services</b> .
<b>Proof of Claim</b>	<p>We will pay <b>Benefits</b> only if We determine that You are eligible for <b>Benefits</b>, have satisfied any required <b>Elimination Period</b> and We receive Your completed claim form(s) and written proof satisfactory to Us that You have incurred charges for <b>Covered Services</b>.</p> <p>You must submit written proof of claim to Us, at the address stated on the claim form We provide You, no later than ninety (90) days after the end of the calendar year in which You incurred charges. Failure to submit proof of claim within this time limit will result in a claim denial unless it is shown that:</p> <ol style="list-style-type: none"><li>1. it was not reasonably possible to provide proof of claim within the time period; and</li><li>2. proof of claim was submitted as soon as reasonably possible and in no event, except in the absence of Your legal capacity, later than one year from the time proof is otherwise required.</li></ol> <p>To help Us determine whether You are eligible for <b>Benefits</b> or You have incurred charges for <b>Covered Services</b>:</p> <ol style="list-style-type: none"><li>1. We or a person We name may contact You, Your <b>Representative</b>, Your <b>Physician</b> or other persons familiar with Your condition or with the services You received; and</li><li>2. We may require that You provide Us, or a person We name, with access to Your medical records to obtain information about Your condition or the services You received. We may not be able to determine Your eligibility for <b>Benefits</b> or approve a claim for <b>Benefits</b> if We do not have access to these records; and</li><li>3. We have the right to require You to submit to Us Your Explanation(s) of Benefits from <b>Medicare</b> or records from any other source from whom You may have received reimbursement for the same <b>Covered Services</b>.</li></ol>
<b>Claims for International Coverage</b>	If You are making a claim for <b>Benefits</b> under the International Coverage section of this policy, any reference above to either charges You incur for <b>Covered Services</b> or claim forms do not apply.
<b>Physical Examination</b>	We have the right to have You examined while Your claim is pending by a healthcare professional at Our expense and to conduct an on-site assessment. We may not be able to determine Your eligibility for <b>Benefits</b> or to approve a claim for <b>Benefits</b> if You do not consent to an on-site assessment, if such assessment is needed.

## Claims (Continued)

### Notice of Approval or Denial

We will send You a written notice of Our decision to approve or deny Your eligibility for Benefits or a claim as soon as reasonably possible. In no event will We send this notice later than ten (10) working days after We have received all the information We need to assess Your eligibility for Benefits or claim. If You are not eligible for Benefits or We do not approve Your claim, Our notice will state the reasons for denial.

### Appeals of Denials

If We deny Your eligibility for **Benefits** or Your claim, in whole or in part, We will review Our decision if You or Your **Representative**:

- \* request in writing that We review Our decision; and
- \* send this request to Us within sixty (60) days after You receive Our denial.

Within sixty (60) days of the date We receive Your request, We will review the denial and make a final decision. Our final decision will be in writing, and if it is a denial, it will include Our specific reasons for the denial and make available all information directly relating to such denial.

### Time of Payment of Claims

If We approve Your claim, We will immediately pay the **Benefits** under the terms of this policy. All **Benefits** will be paid to You, unless they are assigned by You. Any unpaid **Benefits** due to You at Your death will be paid to Your estate, unless assigned.

In the Commonwealth of Virginia, the Department of Medical Assistance is the payor of last resort.

## General Provisions

### The Contract

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

The provisions of this policy must be read as a whole. For example, the Limitations and Exclusions apply to all **Benefits** in the policy.

### Assignment; No Cash Value; Premium Refunds

The **Benefits** payable under the policy may only be assigned after a loss.

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

Any refund of unearned premiums due at Your death, on cancellation of this policy, or as a result of Your policy being paid-up, will be paid to You, or to Your estate at Your death, within thirty (30) days of the date on which We receive notice of Your death or Your request to cancel the policy, or on such later date as You may specify in Your request to cancel. The earned premium shall be computed on a pro-rata basis. Any other refund of unearned premiums shall be, at Our option, applied against future premiums or applied to increase future benefits.

### Facility of Payment

Any amounts due to You at Your death, as provided in the Payment of Claims provision or Premium Refunds provision, that is not more than \$1,000, may be made to anyone related to You by blood or marriage whom We find entitled to payment. Any payment made by Us in good faith will fully discharge Us to the extent of the payment.

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

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

### Statements Made By You Relating to Insurability

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

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

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

## General Provisions (Continued)

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

### Misstatement of Age

If Your date of birth is not correct as shown on Your application, all amounts payable under this policy shall be such as the premium paid would have purchased at the correct age.

### Legal Actions

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

### Termination of Policy

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

1. Our receipt of a written request to cancel the policy (the policy will terminate on the last day of the **Policy Month** in which such request was received, subject to any nonforfeiture coverage);
2. payment of Your **Total Lifetime Benefit** under the policy;
3. policy **Lapse** (subject to any nonforfeiture coverage); or
4. Your death.

### Conformity With State Statutes

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

### Standard of Time

12:01 A.M. in the time zone in which You reside.

### Notice

When You write to Us, please give Us Your name, address and Policy Number. Please inform Us promptly of any changes. We will write to You at Your last known address.

Checks, drafts or money orders may be drawn on a U.S. bank to the order of Metropolitan Life Insurance Company (or "MetLife"). They are received subject to the condition that they may be handled for collection in accordance with the practice of the collecting bank or banks. If We do not receive the full amount of any check, draft or money order, it will not constitute payment. All payments are to be made in U.S. currency. We may refuse to accept any payments made in a manner that applicable law requires Us to refuse (such as any large cash payment made without information that We are required by law to obtain).

## **General Provisions (Continued)**

You may write to Us at: Metropolitan Life Insurance Company  
[P.O. Box 937  
Westport, CT 06881-0937]

Copy of application is attached. Riders and endorsements, if any, follow.



Metropolitan Life Insurance Company  
Long-Term Care  
[PO Box 64911, St. Paul, MN 55164-0911]  
[P.O. Box 990028, Hartford, CT 06199-0028]

Policy #: [#####]

[Mail Date]

[First Name] [Last Name]  
[Address 1]  
[Address 2]  
[City, ST Zip or Country Name if Foreign address]

 **New Long-Term Care Insurance**  
coverage rates effective [DATE].

Dear [First Name] [Last Name]

## Premium Increase Notification – Please review

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### Why we're contacting you

After an in-depth analysis of our Long-Term Care business, Metropolitan Life Insurance Company ("MetLife") has determined that a premium increase is necessary on certain long-term care insurance policies. We are implementing a [XX%] premium increase on your long-term care insurance policy, which was issued in Virginia.

### What you need to know

We understand how important your long-term care insurance policy is to planning for your future. The decision to implement a premium increase was a difficult one and not taken lightly, and was driven by actuarial assumptions since the initial pricing. [Over time, our pricing factors turned out to be much different from those used to price our policies. Some of these factors include persistency (how many policyholders keep their policies), morbidity (the number of policyholders who become chronically ill) and mortality (how long policyholders live). As a result, actuarial pricing assumptions were changed to reflect new expectations such as a larger number of claims and claims that lasted longer than initially expected.] **You may be able to reduce the change in premium due to this rate increase by adjusting your coverage. [In fact, we are offering you an option to mitigate any increase in premium due to this rate increase by reducing your future automatic inflation rate and keeping all other current benefits the same.] Please see the "Your Options" section of this letter, and the enclosed Coverage Change Form for more information.**

### About the Premium Increase

This premium increase will affect a broad group of policyholders and is not based on any individual's personal factors, such as age, health status or claim history.

We requested a [XX%] premium increase on your policy and received authority from Virginia to implement the [XX%] increase on your policy noted above. We are implementing the increase in [two][three] phases.] The information below indicates the effective date and amount of your initial increase of approximately [XX]%. The second phase of the increase of approximately [XX]% will occur no sooner than one year from the date indicated below and will be based on your premium in effect at that time. [The third phase of the increase of approximately [XX] % will occur no sooner than two years from the date indicated below and will be based on your premium in effect at that time.] You will be notified separately prior to the second [and third] phase of the increase.

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](http://www.scc.virginia.gov/BOI).

Effective Date:	[EFFECTIVE DATE]
Current Premium Amount:	[OLD AMOUNT]/[FREQUENCY]*
Increased Premium Amount:	[NEW AMOUNT]/[FREQUENCY]

\* *Current Premium information is as of [COMPLETE DATE] and may not reflect recent changes.*

## Your Options

We understand that a premium increase may not be affordable for some insureds. There are personalized options available that may mitigate the impact of the premium increase, and possibly better meet your current coverage needs. Details[, **including an option to mitigate any increase in premium due to this rate increase by reducing your future automatic inflation rate and keeping all other current benefits the same**] are in the enclosed Coverage Change Form. You may also be able to customize your decrease options and reduce your premium by increasing your elimination period or removing additional riders that were added to your policy. Please contact our Customer Service team at [(888) 285-8140] [800-308-0179], from 8:30 a.m. to 6:30 p.m., Eastern Time, Monday – Friday, if you wish to discuss whether there are additional coverage decrease options available to you. Please note that all options available may not be of equal value. **If you have a partnership policy, a reduction of automatic inflation protection may result in a loss of partnership status.**

## Things to consider

It is important that you be aware that, as explained in the Guaranteed Renewability statement in your policy, and subject to any applicable regulatory approval, **METLIFE HAS THE RIGHT TO INCREASE RATES IN THE FUTURE, SUBJECT TO APPLICABLE LAW.** As you consider your options, please see the section at the end of this letter for details about MetLife's Long-Term Care Inforce Rate Increase History. In the event of future rate increases, similar options may be available; however, you can contact us at any time to discuss decreasing coverage and premiums, per the provisions of your policy. [Because the increase requested was higher than the increase being implemented at this time, it is our intent to request an additional increase, and if authorized, the additional increase will be implemented no sooner than one year from the date indicated above.] **Please note that if you are on waiver of premium at the time the increase becomes effective, there will be no impact to your coverage or premium unless and until your premium payments resume.**

Any changes in your coverage between now and the date when the new premium goes into effect may be calculated at the new rates. Please note that all options available may not be of equal value.

Bill mode changes can only be made on or after your policy anniversary date after the premium increase takes effect. If you are set up for automatic deductions from your bank account, you do not need to take any action. The increased premium will be deducted on the next scheduled electronic funds transfer date after the rate increase effective date. **If you have automatic bill pay with your bank, or if you pay premium through an annuity, you will need to update the payment amount.** Prior to being billed for a rate increase, you will receive confirmation of your new premium in a separate mailing and have a right to request this information at any time.

## Cancellation Requests

If you choose to cancel your long-term care insurance policy, a limited long-term care benefit may still be available to you. (As you consider this option, please note that this is **limited** coverage and does not provide the same level of coverage you currently have.)

### **[Insert for insureds with no nonforfeiture feature (also applicable for insureds with CBUL):**

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

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

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

Our records indicate your policy includes a nonforfeiture feature providing for reduced or limited coverage in the event that your policy lapses due to cancellation or nonpayment of premium. Please refer to your policy for additional information. If you elect to cancel your coverage, and the nonforfeiture rider has been in effect for at least 3 policy years, you are eligible for the limited coverage as described in your policy under the nonforfeiture feature. Under nonforfeiture, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse; or 30 times the Nursing Home Daily Amount in effect immediately prior to your date of lapse. However, if you have already received benefit payments under your policy, please note that in no event will the paid-up value exceed the maximum benefits which would have been payable if the policy had remained in premium paying status. Once nonforfeiture goes into effect, your policy will be considered "paid-up" with no further premiums due, and you will no longer receive increases under any inflation option. Please note that this limited coverage is not intended to replace coverage you currently have.)]

## Next Steps

If you select an option to reduce your coverage, simply complete the Coverage Change Form and return it to MetLife by [DATE].

If you would like to keep your current coverage and pay the full premium increase, no additional action is necessary. Your new increased premium will become effective on [DATE]

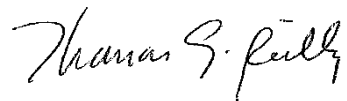
## We're here to help

We are ready to assist you. Attached is a Frequently Asked Questions document to provide additional details regarding this notification. If you have any additional questions, please call your agent, or our



Customer Service team at [888-285-8140][800-308-0179], between the hours of 8:30 a.m.–6:30 p.m. Eastern Time, Monday through Friday. Our customer service representatives will be pleased to answer any questions or provide additional options to lessen the amount of this increase, if available.

Sincerely,

A handwritten signature in black ink, reading "Thomas G. Reilly". The signature is fluid and cursive, with the first name "Thomas" and last name "Reilly" clearly legible.

Thomas G. Reilly, Assistant Vice President  
Product Management & Compliance

Encl: [Coverage Change Form, Frequently Asked Questions, Rate Increase History Chart, Business Reply Envelope]

## **Frequently Asked Questions**

### **MetLife Long-Term Care Insurance Rate Increase**

#### **Q1. Why is MetLife implementing this rate increase?**

**A.** MetLife continues to remain committed to ensuring that our pricing is appropriate to the benefits and risks of our products. We considered many factors when we developed the premiums, including expectations about persistency rates (how many policyholders keep their policies), mortality rates (how long policyholders live) and morbidity rates (the frequency and severity of claims). These factors were based on the best available information at the time.

After an in-depth analysis of our Long-Term Care business, MetLife has determined that a premium increase is necessary on certain long-term care insurance policies.

We continue to offer ways to mitigate the impact of rate increases through the use of benefit decrease options, when available.

#### **Q2. What are my options?**

**A.** You can either maintain your current coverage and pay the increased premium, or you can consider reducing your coverage, if possible. The coverage change request form, included with your letter, includes options, where available, to reduce your coverage to minimize the impact of the increase.

[You may also be able to mitigate this premium increase by reducing your future automatic inflation rate. Note that a reduction in your inflation protection is a reduction in the benefits you will receive in the future. In general, your “inflation protection” increases your daily benefit amount and your lifetime benefit so that those benefits keep pace with rising health care costs. If you choose to decrease your inflation protection, it means that your plan’s daily benefit amount and any remaining total lifetime benefit will be increased at a lower level of inflation in the future than it would with your plan’s current inflation rate.]

#### **Q3. My spouse and I have [shared care and] survivorship] on our policies. Does the identical coverage requirement apply?**

**A.** Some MetLife policies contain a [paid-up] survivorship feature [or a shared care rider]. If you currently qualify for the [paid-up] survivorship feature of your policy [or if you have purchased the shared care rider], please note that both policyholders may be required to maintain identical coverage in order for [these features][this feature] to remain in effect. Please refer to your policy for additional information.

#### **Q4. Why was I not presented with options to decrease my coverage?**

**A.** The most likely reason is that you are already at the lowest possible coverage option. If you did not receive a coverage decrease option, you may still contact our Customer Service team to discuss other potential options.

#### **Q5. My premium is set up for automatic payments. Do I need to take any action?**

**A.** If you are set up for automatic deductions from your bank account, you do not need to take any action. The increased premium will be deducted on the next scheduled date after the rate increase effective date. If you have automatic bill pay or if you pay premium through an annuity, you will need to update the payment amount.

#### **Q6. My Rate Increase Effective Date is not for some time, why do I need to return my coverage change form so quickly?**

**A.** The sooner MetLife receives your request to change coverage, the more likely the request will be processed prior to the rate increase effective date. However, please note, per the terms of your policy, you may request a coverage decrease or cancellation at any time. If your policy does not include a

nonforfeiture feature or you do not qualify for nonforfeiture under the terms of your policy, LCUL will **only** be issued to you if your coverage lapses due to cancellation or nonpayment of premium at any time between the date of the rate action notification letter and 120 days following the first due date of the increased premium.

**[Q7. If I was offered an option to decrease my future automatic inflation percentage and I choose to take that offer, when does the lower automatic inflation percentage take effect and when is my premium impacted?**

A. If you were offered to decrease your future automatic inflation percentage and you choose to take the offer, the lower automatic inflation percentage and the premium decrease associated with this change both take effect on the effective date of your rate increase. If that date is on your policy anniversary, your automatic inflation increase on that policy anniversary would be calculated using the lower “inflation” percentage. If that date is NOT on your policy anniversary, your automatic inflation increase on the NEXT policy anniversary (even if it’s only 1 month later) would be calculated using the lower “inflation” percentage. In either case, if the inflation percentage decrease fully mitigated the rate increase (and this was the only coverage change you make), your premium would not change on the effective date of the rate increase.

Example:

- Insured Anniversary is January 1. Insured pays semi-annually with billing dates on 1/1 and 7/1.
- [7/1/20] Rate increase effective date. Insured selects automatic inflation decrease option, going from 5% automatic inflation to 3%.
- The premium from [1/1/20 - 6/30/20] was based on 5% automatic inflation. The premium from [7/1/20 – 12/31/20] is based on 3% automatic inflation.
- On [1/1/21] anniversary, automatic inflation feature provides a 3% increase to the benefit levels.]

**[Q8]. Will inflation offer acceptances and other coverage increases be subject to the new rates?**

A. Yes, any inflation offer acceptances and other coverage increases made on or after the policyholder’s premium bill due date when the new premium becomes effective will be based on the new rates.

**[Q9]. I have automatic simple inflation increases each year. How does that impact the rate increase?**

A. If your coverage is subject to automatic simple inflation increases and you elect to reduce your daily benefit amount, this election will result in lower future increases to your daily benefit amount.

**[Q10]. Can I change my bill mode prior to the effective date of the increase?**

A. Bill mode changes can only be made on or after your policy anniversary date after the date the premium increase takes effect.

**[Q11]. Is MetLife going to continue to provide service and pay claims?**

A. Yes, MetLife remains committed to its existing LTCI insureds and will continue to ensure that they receive a high level of service, especially when they need it most—at time of claim.

**[Q12]. Will policyholders currently on claim receive the rate increase?**

A. An insured whose policy is impacted by the rate increase and is on waiver of premium will be notified at the same time as other affected policyholders. An insured on premium waiver will be informed that there will be no impact until such time as premium payments resume. Please note: It may not be in the policyholder’s best interest to make reductions to coverage while in claim.

**[Q13]. Are MetLife's financial strength and claims paying ability still strong?**

**A.** Yes. MetLife continues to receive high ratings for financial strength and claims paying ability from the major rating agencies. You may review MetLife's ratings by various agencies at any time by visiting [www.metlife.com](http://www.metlife.com), then tab along the top of the website and select "About Us", then "Investor Relations", then "Financials," then "Ratings."

**[Q14]. Who should I contact with additional questions?**

**A.** You may call the Customer Service team at [888-285-8140][800-308-0179] between the hours of 8:30 a.m. and 6:30 p.m. Eastern Time, Monday through Friday.

### **Important Notice Regarding MetLife's Long-Term Care Inforce Rate Increase History**

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

Policy Type	Individual Policy/Certificate Series*	Years Available	Years Increase Began	Percentage of Increase
Individual LTC	1LTC-97, 2LTC-97	1997 – 2001	2009 2013 2016 2019	0-18% 0-58% 0-102% 0-123%
Individual LTC	LTC-VAL, LTC-IDEAL, LTC-PREM, LTC-FAC	2002-2006	2009 2013 2016	0-18% 0-58% 0-126%
Individual LTC	LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC	2005-2009	2013 2016 2018	0-58% 0-88% 0-105%
Individual LTC	LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC	2009-2011	2016 2018	0-34% 0-42%
Individual LTC	LTC2007	2008-2009	2013 2018	0-58% 0-64%
Individual LTC	LTC2007	2009-2011	2016 2018	0-42% 0-47%
Individual LTC	LTC-TIAA-02	1991-2001	2012 2015 2019	0-41% 0-73% 0-80%
Individual LTC	LTC-TIAA-03	1992-2003	2012 2015 2019	0-41% 0-73% 0-80%
Individual LTC	LTC-TCL-04	2000-2004	2012 2015 2019	0-41% 0-73% 0-80%
Group LTC	G.LTC197	1998 – 2003**	2012	0-45%
Group LTC	GPNP99-LTC	2000 – 2010***	2012	0-45%
AARP LTC	G.LTC1697, G.LTC1497, G.LTC1797	1997 – 2008	2017	0-23.12%
AARP LTC	GCLTCAARP-04-OP	2004 – 2008	2017	0-23.12%
AARP LTC	GCLTCAARP-06-FC	2006 – 2008	2017	0-23.12%

Please note that the percentage of the increase will vary by state, and state filings are in process. Final amounts are subject to any applicable regulatory approvals.

\*Please note some policy forms may be followed by a state abbreviation or a state abbreviation and the letters “ML.”

\*\*While MetLife ceased offering the group policy to group policyholders in the year noted, certificates under the group policy continued to be issued on applications taken through December 31, 2012.

\*\*\*While MetLife ceased offering the group policy to group policyholders in the year noted, certificates under the group policy continued to be issued on applications taken through December 31, 2012.



Metropolitan Life Insurance Company  
Long Term Care  
PO Box 64911, St. Paul, MN 55164-0911

Policy #: [#####]

[Mail Date]

[First Name] [Last Name]  
[Address 1]  
[Address 2]  
[City, ST Zip or Country Name if Foreign address]

 New Long-Term Care Insurance  
coverage rates effective [DATE].

Dear [First Name] [Last Name]

## Premium Increase Notification – Please review

In [Month/Year] we sent you a letter informing you that we were implementing a [XX.XX%] premium increase on your **Metropolitan Life Insurance Company (“MetLife”)**, Term Care Insurance policy, which was issued in Virginia. At that time, we notified you that this increase would be implemented in [two][three] phases, and that you would be notified separately prior to the [second][and third] increase.

### What you need to know

We understand how important your long-term care insurance policy is to your personal financial plan. The decision to implement a premium increase was a difficult one and not taken lightly, and was driven by changes to actuarial assumptions since the initial pricing. [Over time, our pricing factors turned out to be much different from those used to price these policies. Some of these factors include persistency (how many policyholders keep their policies), morbidity (the number of policyholders who become chronically ill) and mortality (how long policyholders live). As a result, actuarial pricing assumptions were changed to reflect new expectations such as a larger number of claims and claims that lasted longer than initially expected.] **You may be able to reduce the change in premium due to this rate increase by adjusting your coverage. [In fact, we are offering you an option to mitigate any increase in premium due to this rate increase by reducing your future automatic inflation rate and keeping all other current benefits the same.]** Details are provided in the "Your Options" section of this letter, and the enclosed Coverage Change Form.

The first phase of this increase of approximately [XX.XX%] has been completed. We are now beginning to implement phase two of the increase, which is approximately [XX.XX%]. [The third increase of approximately [XX.XX%] will occur no sooner than one year from the date indicated below and will be based on your premium in effect at that time. You will be notified separately prior to the third increase.]

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](http://www.scc.virginia.gov/BOI).

Effective Date:	[EFFECTIVE DATE]
Current Premium Amount:	[OLD AMOUNT]/[FREQUENCY]*
Increased Premium Amount:	[NEW AMOUNT]/[FREQUENCY]

*\* Current Premium information is as of [COMPLETE DATE] and may not reflect recent changes.*

It is important that you be aware that, as explained in the Guaranteed Renewability statement in your certificate, and subject to any applicable regulatory approval, **METLIFE HAS THE RIGHT TO INCREASE RATES IN THE FUTURE, SUBJECT TO APPLICABLE LAW.** As you consider your options, please see the section at the end of this letter for details about MetLife's Long-Term Care Inforce Rate Increase History. In the event of future rate increases, similar options may be available; however, you can contact us at any time to discuss decreasing coverage and premiums, per the provisions of your policy.

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

### Your Options

We understand that a premium increase may not be affordable for some insureds. Your personalized options may help reduce the impact of the premium increase and, possibly, better meet your current coverage needs. Details[, **including an option to mitigate any increase in premium due to this rate increase by reducing your future automatic inflation rate and keeping all other current benefits the same**] are in the enclosed Coverage Change Form. You may also be able to customize your decrease options and reduce your premium by increasing your elimination period or removing additional cost riders that were added to your policy. Please contact our Customer Service team at (888) 285-8140, from 8:30 a.m. to 6:30 p.m., Eastern Time, Monday – Friday, if you wish to discuss whether there are additional coverage decrease options available to you. Please note that all options available may not be of equal value. **If you have a partnership policy, a change in inflation may result in a loss of partnership status.**

Please carefully evaluate your individual situation before selecting one of these options. If you choose to cancel your coverage, or make any changes complete the attached form and submit to MetLife. In order to ensure processing prior to the implementation of the rate increase, please submit any change requests by [FORM DATE]. Prior to being billed for a rate increase, you will receive a confirmation of your new premium in a separate mailing and have a right to request this confirmation at any time. Should you need more time to decide on a coverage decrease or termination of coverage, the provisions of your policy permit you to make these changes at any time. If you are set up for automatic deductions from your bank account, you do not need to take any action. The increased premium will be deducted on the next scheduled date after the rate increase effective date. **If you have automatic bill pay with your bank, or if you pay your premium through an annuity, you will need to update your payment amount.**



Coverage Change Form due  
[DATE].

Please note that any changes in your coverage between now and the date when the new premium goes into effect may be calculated at the new rates. Bill mode changes can only be made on or after your policy anniversary date after the premium increase takes effect. If you would like to keep your current coverage and pay the full premium increase, no additional action is necessary.

### Cancellation Requests

If you choose to cancel your long term care insurance policy, a limited long term care benefit may still be available to you. (As you consider this option, please note that this is **limited** coverage and does not provide the same level of coverage you currently have.)

[If your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days following the first due date of the increased premium, you will be issued a Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL") which provides limited coverage as described below. Under LCUL, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse; or [30 times the Nursing Home Daily] [Monthly] Benefit Amount in effect immediately prior to your date of lapse. However, if you have already received benefit payments under your policy, please note that in no event will the paid up value exceed the maximum benefits which would have been payable if the policy had remained in a premium paying status. Once LCUL goes into effect, your policy will be considered "paid-up" with no further premiums due, and you will no longer receive increases under any inflation option.


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

[Our records indicate your policy includes a nonforfeiture feature providing for reduced or limited coverage in the event that your policy lapses due to cancellation or nonpayment of premium. Please refer to your policy for additional information. If you elect to cancel your coverage, and the nonforfeiture rider has been in effect for at least 3 policy years, you are eligible for the limited coverage as described in your policy under the nonforfeiture feature. Under nonforfeiture, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse; **or** [30 times the Nursing Home Daily] [Monthly] Benefit Amount in effect immediately prior to your date of lapse. However, if you have already received benefit payments under your policy, please note that in no event will the paid up value exceed the maximum benefits which would have been payable if the policy had remained in a premium paying status. Once nonforfeiture goes into effect, your policy will be considered "paid-up" with no further premiums due, and you will no longer receive increases under any inflation option. *(Please note that this limited coverage is not intended to replace coverage you currently have.)*]

### **We're here to help**

We are ready to assist you. Attached is a Frequently Asked Questions document to provide additional details regarding this notification. If you have any additional questions, please call your agent, or our Customer Service team at 888-285-8140, between the hours of 8:30 a.m.–6:30 p.m. Eastern Time, Monday through Friday. Our customer service representatives will be pleased to answer any questions or provide additional options to lessen the amount of this increase, if available.

Sincerely,



Thomas G. Reilly, Assistant Vice President  
Product Management & Compliance

Encl: Frequently Asked Questions, Coverage Change Form, Cost of Care Chart, Rate Increase History Chart, Business Reply Envelope



### **Important Notice Regarding MetLife's Long-Term Care Inforce Rate Increase History**

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

Policy Type	Individual Policy/Certificate Series*	Years Available	Years Increase Began	Percentage of Increase
Individual LTC	1LTC-97, 2LTC-97	1997 – 2001	2009 2013 2016 2019	0-18% 0-58% 0-102% 0-123%
Individual LTC	LTC-VAL, LTC-IDEAL, LTC-PREM, LTC-FAC	2002-2006	2009 2013 2016	0-18% 0-58% 0-126%
Individual LTC	LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC	2005-2009	2013 2016 2018	0-58% 0-88% 0-105%
Individual LTC	LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC	2009-2011	2016 2018	0-34% 0-42%
Individual LTC	LTC2007	2008-2009	2013 2018	0-58% 0-64%
Individual LTC	LTC2007	2009-2011	2016 2018	0-42% 0-47%
Individual LTC	LTC-TIAA-02	1991-2001	2012 2015 2019	0-41% 0-73% 0-80%
Individual LTC	LTC-TIAA-03	1992-2003	2012 2015 2019	0-41% 0-73% 0-80%
Individual LTC	LTC-TCL-04	2000-2004	2012 2015 2019	0-41% 0-73% 0-80%
Group LTC	G.LTC197	1998 – 2003**	2012	0-45%
Group LTC	GPNP99-LTC	2000 – 2010***	2012	0-45%
AARP LTC	G.LTC1697, G.LTC1497, G.LTC1797	1997 – 2008	2017	0-23.12%
AARP LTC	GCLTCAARP-04-OP	2004 – 2008	2017	0-23.12%
AARP LTC	GCLTCAARP-06-FC	2006 – 2008	2017	0-23.12%

Please note that the percentage of the increase will vary by state, and state filings are in process. Final amounts are subject to any applicable regulatory approvals.

\*Please note some policy forms may be followed by a state abbreviation or a state abbreviation and the letters “ML.”

\*\*While MetLife ceased offering the group policy to group policyholders in the year noted, certificates under the group policy continued to be issued on applications taken through December 31, 2012.


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Metropolitan Life Insurance Company  
Long-Term Care  
PO Box 64911, St. Paul, MN 55164-0911

Policy #: 00000000000

April 24, 2019

 **New Long-Term Care Insurance**  
coverage rates effective July 24, 2019.

John Doe  
123 Any Street  
Any City, State, 00000

Dear John Doe:

## Premium Increase Notification – Please review

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### Why we're contacting you

After an in-depth analysis of our Long-Term Care business, Metropolitan Life Insurance Company ("MetLife") has determined that a premium increase is necessary on certain long-term care insurance policies. We are implementing a X% premium increase on your long-term care insurance policy, which was issued in Virginia.

### What you need to know

We understand how important your long-term care insurance policy is to planning for your future. The decision to implement a premium increase was a difficult one and not taken lightly, and was driven by actuarial assumptions since the initial pricing. Over time, our pricing factors turned out to be much different from those used to price our policies. Some of these factors include persistency (how many policyholders keep their policies), morbidity (the number of policyholders who become chronically ill) and mortality (how long policyholders live). As a result, actuarial pricing assumptions were changed to reflect new expectations such as a larger number of claims and claims that lasted longer than initially expected. **You may be able to reduce the change in premium due to this rate increase by adjusting your coverage. In fact, we are offering you an option to mitigate any increase in premium due to this rate increase by reducing your future automatic inflation rate and keeping all other current benefits the same.** Please see the "Your Options" section of this letter, and the enclosed Coverage Change Form for more information.

### About the Premium Increase

This premium increase will affect a broad group of policyholders and is not based on any individual's personal factors, such as age, health status or claim history.

We requested a X% premium increase on your policy and received authority from Virginia to implement the X% increase on your policy noted above. We are implementing the increase in two phases. The information below indicates the effective date and amount of your initial increase of approximately X%. The second phase of the increase of approximately X% will occur no sooner than one year from the date indicated below and will be based on your premium in effect at that time. You will be notified separately prior to the second [and third] phase of the increase.

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](http://www.scc.virginia.gov/BOI).

Effective Date:	July 24, 2019
Current Premium Amount:	\$0.00/Monthly*
Increased Premium Amount:	\$0.00/Monthly

\* Current Premium information is as of April 24, 2019 and may not reflect recent changes.

## Your Options

We understand that a premium increase may not be affordable for some insureds. There are personalized options available that may mitigate the impact of the premium increase, and possibly better meet your current coverage needs. Details, **including an option to mitigate any increase in premium due to this rate increase by reducing your future automatic inflation rate and keeping all other current benefits the same** are in the enclosed Coverage Change Form. You may also be able to customize your decrease options and reduce your premium by increasing your elimination period or removing additional riders that were added to your policy. Please contact our Customer Service team at [(888) 285-8140, from 8:30 a.m. to 6:30 p.m., Eastern Time, Monday – Friday, if you wish to discuss whether there are additional coverage decrease options available to you. Please note that all options available may not be of equal value. **If you have a partnership policy, a reduction of automatic inflation protection may result in a loss of partnership status.**

## Things to consider

It is important that you be aware that, as explained in the Guaranteed Renewability statement in your policy, and subject to any applicable regulatory approval, **METLIFE HAS THE RIGHT TO INCREASE RATES IN THE FUTURE, SUBJECT TO APPLICABLE LAW.** As you consider your options, please see the section at the end of this letter for details about MetLife's Long-Term Care Inforce Rate Increase History. In the event of future rate increases, similar options may be available; however, you can contact us at any time to discuss decreasing coverage and premiums, per the provisions of your policy. **Please note that if you are on waiver of premium at the time the increase becomes effective, there will be no impact to your coverage or premium unless and until your premium payments resume.**

Any changes in your coverage between now and the date when the new premium goes into effect may be calculated at the new rates. Please note that all options available may not be of equal value.

Bill mode changes can only be made on or after your policy anniversary date after the premium increase takes effect. If you are set up for automatic deductions from your bank account, you do not need to take any action. The increased premium will be deducted on the next scheduled electronic funds transfer date after the rate increase effective date. If you have automatic bill pay with your bank, or if you pay premium through an annuity, you will need to update the payment amount. Prior to being billed for a rate increase, you will receive confirmation of your new premium in a separate mailing and have a right to request this information at any time.

## Cancellation Requests

If you choose to cancel your long-term care insurance policy, a limited long-term care benefit may still be available to you. (As you consider this option, please note that this is **limited** coverage and does not provide the same level of coverage you currently have.)

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

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

## Next Steps

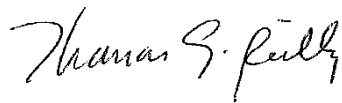
If you select an option to reduce your coverage, simply complete the Coverage Change Form and return it to MetLife by May 15, 2019.

If you would like to keep your current coverage and pay the full premium increase, no additional action is necessary. Your new increased premium will become effective on July 15, 2019.

## We're here to help

We are ready to assist you. Attached is a Frequently Asked Questions document to provide additional details regarding this notification. If you have any additional questions, please call your agent, or our Customer Service team at 888-285-8140, between the hours of 8:30 a.m.–6:30 p.m. Eastern Time, Monday through Friday. Our customer service representatives will be pleased to answer any questions or provide additional options to lessen the amount of this increase, if available.

Sincerely,



Thomas G. Reilly, Assistant Vice President  
Product Management & Compliance

Encl: Coverage Change Form, Frequently Asked Questions, Rate Increase History Chart, Business Reply Envelope

## **Frequently Asked Questions**

### **MetLife Long-Term Care Insurance Rate Increase**

#### **Q1. Why is MetLife implementing this rate increase?**

**A.** MetLife continues to remain committed to ensuring that our pricing is appropriate to the benefits and risks of our products. We considered many factors when we developed the premiums, including expectations about persistency rates (how many policyholders keep their policies), mortality rates (how long policyholders live) and morbidity rates (the frequency and severity of claims). These factors were based on the best available information at the time.

After an in-depth analysis of our Long-Term Care business, MetLife has determined that a premium increase is necessary on certain long-term care insurance policies.

We continue to offer ways to mitigate the impact of rate increases through the use of benefit decrease options, when available.

#### **Q2. What are my options?**

**A.** You can either maintain your current coverage and pay the increased premium, or you can consider reducing your coverage, if possible. The coverage change request form, included with your letter, includes options, where available, to reduce your coverage to minimize the impact of the increase.

You may also be able to mitigate this premium increase by reducing your future automatic inflation rate. Note that a reduction in your inflation protection is a reduction in the benefits you will receive in the future. In general, your “inflation protection” increases your daily benefit amount and your lifetime benefit so that those benefits keep pace with rising health care costs. If you choose to decrease your inflation protection, it means that your plan’s daily benefit amount and any remaining total lifetime benefit will be increased at a lower level of inflation in the future than it would with your plan’s current inflation rate.

#### **Q3. My spouse and I have survivorship on our policies. Does the identical coverage requirement apply?**

**A.** Some MetLife policies contain a paid-up survivorship feature. If you currently qualify for the paid-up survivorship feature of your policy, please note that both policyholders may be required to maintain identical coverage in order for this feature to remain in effect. Please refer to your policy for additional information.

#### **Q4. Why was I not presented with options to decrease my coverage?**

**A.** The most likely reason is that you are already at the lowest possible coverage option. If you did not receive a coverage decrease option, you may still contact our Customer Service team to discuss other potential options.

#### **Q5. My premium is set up for automatic payments. Do I need to take any action?**

**A.** If you are set up for automatic deductions from your bank account, you do not need to take any action. The increased premium will be deducted on the next scheduled date after the rate increase effective date. If you have automatic bill pay or if you pay premium through an annuity, you will need to update the payment amount.

#### **Q6. My Rate Increase Effective Date is not for some time, why do I need to return my coverage change form so quickly?**

**A.** The sooner MetLife receives your request to change coverage, the more likely the request will be processed prior to the rate increase effective date. However, please note, per the terms of your policy, you may request a coverage decrease or cancellation at any time. If your policy does not include a nonforfeiture feature or you do not qualify for nonforfeiture under the terms of your policy, LCUL will

**only** be issued to you if your coverage lapses due to cancellation or nonpayment of premium at any time between the date of the rate action notification letter and 120 days following the first due date of the increased premium.

**Q7. If I was offered an option to decrease my future automatic inflation percentage and I choose to take that offer, when does the lower automatic inflation percentage take effect and when is my premium impacted?**

A. If you were offered to decrease your future automatic inflation percentage and you choose to take the offer, the lower automatic inflation percentage and the premium decrease associated with this change both take effect on the effective date of your rate increase. If that date is on your policy anniversary, your automatic inflation increase on that policy anniversary would be calculated using the lower “inflation” percentage. If that date is NOT on your policy anniversary, your automatic inflation increase on the NEXT policy anniversary (even if it’s only 1 month later) would be calculated using the lower “inflation” percentage. In either case, if the inflation percentage decrease fully mitigated the rate increase (and this was the only coverage change you make), your premium would not change on the effective date of the rate increase.

Example:

- Insured Anniversary is January 1. Insured pays semi-annually with billing dates on 1/1 and 7/1.
- 7/1/20 Rate increase effective date. Insured selects automatic inflation decrease option, going from 5% automatic inflation to 3%.
- The premium from 1/1/20 - 6/30/20 was based on 5% automatic inflation. The premium from 7/1/20 – 12/31/20 is based on 3% automatic inflation.
- On 1/1/21 anniversary, automatic inflation feature provides a 3% increase to the benefit levels.

**Q8. Will inflation offer acceptances and other coverage increases be subject to the new rates?**

A. Yes, any inflation offer acceptances and other coverage increases made on or after the policyholder’s premium bill due date when the new premium becomes effective will be based on the new rates.

**Q9. I have automatic simple inflation increases each year. How does that impact the rate increase?**

A. If your coverage is subject to automatic simple inflation increases and you elect to reduce your daily benefit amount, this election will result in lower future increases to your daily benefit amount.

**Q10. Can I change my bill mode prior to the effective date of the increase?**

A. Bill mode changes can only be made on or after your policy anniversary date after the date the premium increase takes effect.

**Q11. Is MetLife going to continue to provide service and pay claims?**

A. Yes, MetLife remains committed to its existing LTCI insureds and will continue to ensure that they receive a high level of service, especially when they need it most—at time of claim.

**Q12. Will policyholders currently on claim receive the rate increase?**

A. An insured whose policy is impacted by the rate increase and is on waiver of premium will be notified at the same time as other affected policyholders. An insured on premium waiver will be informed that there will be no impact until such time as premium payments resume. Please note: It may not be in the policyholder’s best interest to make reductions to coverage while in claim.

**Q13. Are MetLife’s financial strength and claims paying ability still strong?**

**A.** Yes. MetLife continues to receive high ratings for financial strength and claims paying ability from the major rating agencies. You may review MetLife's ratings by various agencies at any time by visiting [www.metlife.com](http://www.metlife.com), then tab along the top of the website and select "About Us", then "Investor Relations", then "Financials," then "Ratings."

**Q14. Who should I contact with additional questions?**

**A.** You may call the Customer Service team at 888-285-8140 between the hours of 8:30 a.m. and 6:30 p.m. Eastern Time, Monday through Friday.

### **Important Notice Regarding MetLife's Long-Term Care Inforce Rate Increase History**

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

Policy Type	Individual Policy/Certificate Series*	Years Available	Years Increase Began	Percentage of Increase
Individual LTC	1LTC-97, 2LTC-97	1997 – 2001	2009 2013 2016 2019	0-18% 0-58% 0-102% 0-123%
Individual LTC	LTC-VAL, LTC-IDEAL, LTC-PREM, LTC-FAC	2002-2006	2009 2013 2016	0-18% 0-58% 0-126%
Individual LTC	LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC	2005-2009	2013 2016 2018	0-58% 0-88% 0-105%
Individual LTC	LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC	2009-2011	2016 2018	0-34% 0-42%
Individual LTC	LTC2007	2008-2009	2013 2018	0-58% 0-64%
Individual LTC	LTC2007	2009-2011	2016 2018	0-42% 0-47%
Individual LTC	LTC-TIAA-02	1991-2001	2012 2015 2019	0-41% 0-73% 0-80%
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Group LTC	G.LTC197	1998 – 2003**	2012	0-45%
Group LTC	GPNP99-LTC	2000 – 2010***	2012	0-45%
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AARP LTC	GCLTCAARP-04-OP	2004 – 2008	2017	0-23.12%
AARP LTC	GCLTCAARP-06-FC	2006 – 2008	2017	0-23.12%

Please note that the percentage of the increase will vary by state, and state filings are in process. Final amounts are subject to any applicable regulatory approvals.

\*Please note some policy forms may be followed by a state abbreviation or a state abbreviation and the letters “ML.”

\*\*While MetLife ceased offering the group policy to group policyholders in the year noted, certificates under the group policy continued to be issued on applications taken through December 31, 2012.

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Metropolitan Life Insurance Company  
Long Term Care  
PO Box 64911, St. Paul, MN 55164-0911

Policy #: 000000000

April 24, 2020

John Doe  
123 Any Street  
Any City, State, 00000



New Long-Term Care Insurance  
coverage rates effective July 24, 2020.

Dear John Doe

## Premium Increase Notification – Please review

In April 2019 we sent you a letter informing you that we were implementing a X% premium increase on your **Metropolitan Life Insurance Company (“MetLife”)**, Term Care Insurance policy, which was issued in Virginia. At that time, we notified you that this increase would be implemented in two phases, and that you would be notified separately prior to the second increase.

### What you need to know

We understand how important your long-term care insurance policy is to your personal financial plan. The decision to implement a premium increase was a difficult one and not taken lightly, and was driven by changes to actuarial assumptions since the initial pricing. Over time, our pricing factors turned out to be much different from those used to price these policies. Some of these factors include persistency (how many policyholders keep their policies), morbidity (the number of policyholders who become chronically ill) and mortality (how long policyholders live). As a result, actuarial pricing assumptions were changed to reflect new expectations such as a larger number of claims and claims that lasted longer than initially expected. **You may be able to reduce the change in premium due to this rate increase by adjusting your coverage. In fact, we are offering you an option to mitigate any increase in premium due to this rate increase by reducing your future automatic inflation rate and keeping all other current benefits the same.** Details are provided in the "Your Options" section of this letter, and the enclosed Coverage Change Form.

The first phase of this increase of approximately X% has been completed. We are now beginning to implement phase two of the increase, which is approximately X%.

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](http://www.scc.virginia.gov/BOI).

Effective Date:	July 24, 2020
Current Premium Amount:	\$0.00/Monthly*
Increased Premium Amount:	\$0.00/Monthly

\* Current Premium information is as of April 24, 2020 and may not reflect recent changes.

It is important that you be aware that, as explained in the Guaranteed Renewability statement in your

certificate, and subject to any applicable regulatory approval, **METLIFE HAS THE RIGHT TO INCREASE RATES IN THE FUTURE, SUBJECT TO APPLICABLE LAW.** As you consider your options, please see the section at the end of this letter for details about MetLife's Long-Term Care Inforce Rate Increase History. In the event of future rate increases, similar options may be available; however, you can contact us at any time to discuss decreasing coverage and premiums, per the provisions of your policy.

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

## Your Options

We understand that a premium increase may not be affordable for some insureds. Your personalized options may help reduce the impact of the premium increase and, possibly, better meet your current coverage needs. Details, **including an option to mitigate any increase in premium due to this rate increase by reducing your future automatic inflation rate and keeping all other current benefits the same** are in the enclosed Coverage Change Form. You may also be able to customize your decrease options and reduce your premium by increasing your elimination period or removing additional cost riders that were added to your policy. Please contact our Customer Service team at (888) 285-8140, from 8:30 a.m. to 6:30 p.m., Eastern Time, Monday – Friday, if you wish to discuss whether there are additional coverage decrease options available to you. Please note that all options available may not be of equal value. **If you have a partnership policy, a change in inflation may result in a loss of partnership status.**

Please carefully evaluate your individual situation before selecting one of these options. If you choose to cancel your coverage, or make any changes complete the attached form and submit to MetLife. In order to ensure processing prior to the implementation of the rate increase, please submit any change requests by May 24, 2020. Prior to being billed for a rate increase, you will receive a confirmation of your new premium in a separate mailing and have a right to request this confirmation at any time. Should you need more time to decide on a coverage decrease or termination of coverage, the provisions of your policy permit you to make these changes at any time. If you are set up for automatic deductions from your bank account, you do not need to take any action. The increased premium will be deducted on the next scheduled date after the rate increase effective date. **If you have automatic bill pay with your bank, or if you pay your premium through an annuity, you will need to update your payment amount.**



Coverage Change Form due May 24, 2020.

Please note that any changes in your coverage between now and the date when the new premium goes into effect may be calculated at the new rates. Bill mode changes can only be made on or after your policy anniversary date after the premium increase takes effect. If you would like to keep your current coverage and pay the full premium increase, no additional action is necessary.

## Cancellation Requests

If you choose to cancel your long term care insurance policy, a limited long term care benefit may still be available to you. (As you consider this option, please note that this is **limited** coverage and does not provide the same level of coverage you currently have.)

If your coverage lapses due to cancellation or nonpayment of premium at any time between the date of this letter and 120 days following the first due date of the increased premium, you will be issued a


Limited Coverage Upon Lapse Following Premium Increase Endorsement ("LCUL") which provides limited coverage as described below. Under LCUL, your Total Lifetime Benefit will be the greater of: the sum of all premiums paid and waived prior to lapse; or 30 times the Nursing Home Daily Benefit Amount in effect immediately prior to your date of lapse. However, if you have already received benefit payments under your policy, please note that in no event will the paid up value exceed the maximum benefits which would have been payable if the policy had remained in a premium paying status. Once LCUL goes into effect, your policy will be considered "paid-up" with no further premiums due, and you will no longer receive increases under any inflation option.

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

### **We're here to help**

We are ready to assist you. Attached is a Frequently Asked Questions document to provide additional details regarding this notification. If you have any additional questions, please call your agent, or our Customer Service team at 888-285-8140, between the hours of 8:30 a.m.–6:30 p.m. Eastern Time, Monday through Friday. Our customer service representatives will be pleased to answer any questions or provide additional options to lessen the amount of this increase, if available.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas G. Reilly". The signature is fluid and cursive, with the first name "Thomas" and last name "Reilly" clearly distinguishable.

Thomas G. Reilly, Assistant Vice President  
Product Management & Compliance

Encl: Frequently Asked Questions, Coverage Change Form, Cost of Care Chart, Rate Increase History Chart, Business Reply Envelope

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Please note that the percentage of the increase will vary by state, and state filings are in process. Final amounts are subject to any applicable regulatory approvals.

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**Gina Jisonna**  
Manager – Product Development

May 2, 2019

Mr. Bill Dismore  
Virginia Bureau of Insurance  
P.O. Box 1157  
Richmond, Virginia 23218-1157

Re: Objection Letter Dated April 29, 2019  
SERFF/STATE Tracking #: META-131864670  
Company Tracking #: CT19-218 VIP2 Old

Dear Mr. Dismore:

The following is our response to your objection letter dated April 29, 2019:

**Objection 1**

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please provide the SERFF Tracking Number.

**Response:** The SERFF Tracking Number has been added to the Rate Request Summary.

**Objection 2**

- VA\_LTC97\_VIP2\_Insured RA ltr FAQs (Supporting Document)

Comments: 1) Please move the policyholder notification letter (PH-LTR-VA (2019)) to the Form Schedule for review and approval. The VA BOI understands that the Company has withdrawn this letter from META-130643303 and intends for the policyholder notification letter to be approved under SERFF Tracking # META-131864670. The letter has not been previously approved. Please confirm that this understanding is correct.

**Response:** We confirm that the policyholder notification was withdrawn from META-130643303. However, we intend the letter to be approved under SERFF Tracking # META-130643279 where it was included in the Form Schedule. Therefore, we have kept the policyholder letter in the Supporting Documentation tab of this filing (META-131864670).

2) Please list all SERFF Tracking numbers for active rate increase filings to which the policyholder notification letter (PH-LTR-VA (2019)) will apply.

**Response:** The revised policyholder letter will apply to the following SERFF Tracking numbers:

META-130643279 (found on Form Schedule tab)

META-130643303 (found on Supporting Documentation tab)

META-131864670 (found on Supporting Documentation tab)

META-131864657 (found on Supporting Documentation tab)

META-131864567 (found on Supporting Documentation tab)

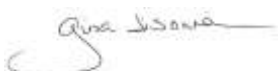
All EOVS and John Doe versions have been included on the Supporting Documentation tab in all filings

3) Please provide a "JOHN DOE" version of the letter so that we may review the letter through the eyes of a policyholder. Include all attachments that are sent with the notification letter. The "JOHN DOE" letter should be placed under the Supporting Documentation tab.

**Response:** The John Doe versions were included on the Supporting Documentation tab with the Amendment submission on 4/30/19.

Thank you for your timely response and consideration.

Sincerely,



Gina Jisonna  
Manager, Product Development

**Gina Jisonna**  
Manager – Product Development

May, 13, 2019

Mr. Bill Dismore  
Virginia Bureau of Insurance  
P.O. Box 1157  
Richmond, Virginia 23218-1157

Re: Objection Letter Dated May 13, 2019  
SERFF/STATE Tracking #: META-131864670  
Company Tracking #: CT19-219 VIP2 Old

Dear Mr. Dismore:

The following is our response to your objection letter dated May 13, 2019:

***Objection 1***

*- L&H Actuarial Memorandum (Supporting Document)*

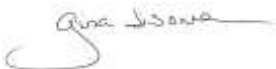
*Comments: The Virginia BOI has a concern that the requested increase would put Virginia at 105% which is higher than any other state. From the data submitted as of 1/31/2019, an average nationwide rate increase of 50% has been approved and the maximum approved in any state is 88%.*

*Please provide an explanation for the higher increase request for Virginia compared to other states.*

**Response:** We ask for uniform rate increases across all states. Since your Department has granted no increases or lower previous increases than other states, MetLife must continue to ask for the amount that is needed based on your prior approvals.

Thank you for your timely response and consideration.

Sincerely,



Gina Jisonna  
Manager, Product Development



NAIC Company No. is 65978

## **STATEMENT OF VARIABILITY**

### **Automatic Compound Inflation Protection Mitigation Rider**

- First sentence: Automatic benefit increase will be customized by policyholder, dependent upon the inflation percentage offered and selected. The range of decrease will vary, between 0.1% - 4.9%.
- The percentages that are bracketed within the Automatic Compound Benefit section will be customized by policyholder.
- Signature and title at the end of the rider is bracketed, in the event this changes in the future.
- Rider effective date is bracketed and will be customized by policyholder.



NAIC Company No. is 65978

## **STATEMENT OF VARIABILITY**

### **Automatic Simple Inflation Protection Mitigation Rider**

- First sentence: Automatic benefit increase option will be customized by policyholder, dependent upon the inflation percentage offered and selected. The range of decrease will vary, between 0.1% - 4.9%.
- The percentages that are bracketed within the Automatic Simple Inflation Benefit section will be customized by policyholder.
- Signature and title at the end of the rider is bracketed, in the event this changes in the future.
- Rider effective date is bracketed and will be customized by policyholder.



Metropolitan Life Insurance Company  
1300 Hall Boulevard  
Bloomfield, CT 06002  
Tel 860-656-3813 Fax 860-656-3805  
treilly1@metlife.com



**Thomas G. Reilly**  
Director  
Product Management and Compliance

August 16, 2019

Virginia Bureau of Insurance  
State Corporation Commission  
1300 East Main Street  
Richmond, VA 23219

Re: Metropolitan Life Insurance Company ("MetLife")  
Individual Long-Term Care Insurance –  
Enforce Premium Rate Schedule Increase Filing for Policy Forms LTC2-IDEAL-VA, et al.  
NAIC Company No. is 65978  
SERFF Tracking #META-131864670

Attn: Elsie Andy

Dear Ms. Andy.:

This is in response to the Bureau's objection dated July 23, 2019.

**Objection 1**

- Policy Forms (Supporting Document)

*Comments: Please provide us with the SERFF Tracking Numbers where the affected long-term care partnership policies were certified.*

**MetLife Response:** The SERFF Tracking number where the long-term care partnership policies were certified is META-125216549. The Bureau closed and approved this filing on August 22, 2007.

**Objection 2**

*Comments: We have concerns with the following statement made in the Filing Description:*

*As it relates to DRA Partnership, the rider will change the percentage amount for inflation increases and will continue to comply with state requirements. The insured may be offered the ability to decrease to a lower level of infl based on our understanding of your states DRA Partnership requirements as follows:*

*Under issue age 61: any level of compound inflation*

*Issue Age 61 75: any level of compound inflation*

*Issue Age 76 and over: No inflation requirement.*

*14 VAC 5-200-205 B 4 a provides that if a policy is sold to an individual who has not attained the age of 61 as of the date of purchase the policy shall provide compound inflation at a rate of 3 to 5 per cent. Any level of compound inflation protection does not satisfy regulatory requirements.*

*14 VAC 5-200-205 B 4 b provides that if the policy is sold to an individual who has attained age 61 but has not attained age 76 as of the date of purchase the policy must provide inflation protection at a rate of 3 to 5 per cent. As stated above, any level of inflation protection does not satisfy regulatory requirements.*

**MetLife Response:** Thank you for clarifying. We have updated our documents to correctly reflect VA's DRA Partnership inflation requirements.

**Objection 3**

- VA\_Cov Chng Form, COVCHG-VA (2019) (Form)

*Comments: Pursuant to 14 VAC 5-100-50 2, the full and proper corporate name of the insurer shall appear prominently on the form.*

**MetLife Response:** The full and proper corporate name has been added to the top of the form (in the shaded box).

**Objection 4**

- VA\_Cov Chng Form, COVCHG-VA (2019) (Form)

*Comments: As an observation, please note that the second option under the Coverage Change Options section should be reduce rather than educe.*

**MetLife Response:** This has been corrected.

**Objection 5**

*L&H Readability - Health (Supporting Document)*

- VIP Rate Increase Mitigation Rider\_ACI\_Landing Spots, ACI-VIP-MR (Form)

- VIP Rate Increase Mitigation Rider\_ASI\_Landing Spots, ASI-VIP-MR (Form)

*Comments: Please provide us with the certification of readability, as required by 14 VAC 5-110-60, for forms ACI-VIP-MR and ASI-VIP-MR.*

**MetLife Response:** The certifications of readability are included with this response. Please clarify the term on the form, "point-leaded."

**Objection 6**

- VIP Rate Increase Mitigation Rider\_ACI\_Landing Spots, ACI-VIP-MR (Form)

- VIP Rate Increase Mitigation Rider\_ASI\_Landing Spots, ASI-VIP-MR (Form)

*Comments: Please provide us with a statement of variability that describes the variable fields appearing in forms ACI-VIP-MR and ASI-VIP-MR.*

**MetLife Response:** The statements of variability are included with this response.

Thank you for your attention to our filing. We look forward to hearing from you.

Sincerely,



Thomas G. Reilly  
Assistant Vice President, Product Management & Compliance

Metropolitan Life Insurance Company  
1300 Hall Boulevard  
Bloomfield, CT 06002  
Tel 860-656-3809  
gjisonna@metlife.com



**Gina Jisonna**  
Manager – Product Development

October 10, 2019

Bill Dismore  
Virginia Bureau of Insurance  
P.O. Box 1157  
Richmond, Virginia 23218-1157

Re: Metropolitan Life Insurance Company (“MetLife”)  
Individual Long-Term Care Insurance –  
SERFF Tracking Number: META-131864670

Dear Mr. Dismore:

Thank you for your response dated September 27, 2019. Here are the answers to your questions:

***Objection 1***

- VA\_Cov Chng Form, COVCHG-VA (2019) (Form)

*Comments: Please withdraw the Cov Chng Form (Form) from this filing and file the form under the Form Schedule under SERFF # META-130643279, as this is the SERFF tracking number for the policyholder notification letter form.*

**Response:** The COVCHG-VA form has been withdrawn from this filing and filed under the Form Schedule under SERFF # META-130643279 as requested.

Thank you for your timely response and consideration.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Gina Jisonna', with a stylized flourish at the end.

Gina Jisonna

Metropolitan Life Insurance Company  
1300 Hall Boulevard  
Bloomfield, CT 06002  
Tel 860-656-3809  
gjisonna@metlife.com



**Gina Jisonna**  
Manager – Product Development

November 19, 2019

Bill Dismore  
Virginia Bureau of Insurance  
P.O. Box 1157  
Richmond, Virginia 23218-1157

Re: Metropolitan Life Insurance Company (“MetLife”)  
Individual Long-Term Care Insurance –  
SERFF Tracking Number: META-131864670

Dear Mr. Dismore:

Thank you for your response dated November 18, 2019. Here are the answers to your questions:

**Objection 1**

- VIP Rate Increase Mitigation Rider\_ACI\_Landing Spots, ACI-VIP-MR (Form)

*Comments: The rider includes three variable references to percentage of compounded inflation protection with the explanation that the percentage is customized for each insured. Please advise the minimum and maximum values for these fields.*

**Response:** The range of the inflation decrease option would be between 0.1% - 4.9%. We have included a revised EOV with this response.

**Objection 2**

- VIP Rate Increase Mitigation Rider\_ASI\_Landing Spots, ASI-VIP-MR (Form)

*Comments: The rider includes two variable references to percentage of simple inflation protection with the explanation that the percentage is customized for each insured. Please advise the minimum and maximum values for these fields.*

**Response:** The range of the inflation decrease option would be between 0.1% - 4.9%. We have included a revised EOV with this response.

**Objection 3**

- Explanation of Variable (Supporting Document)

- VIP Rate Increase Mitigation Rider\_ACI\_Landing Spots, ACI-VIP-MR (Form)

- VIP Rate Increase Mitigation Rider\_ASI\_Landing Spots, ASI-VIP-MR (Form)

*Comments: The officers name, signature and office are bracketed. Please update the Statement of Variability to include a description of this variable field.*

**Response:** The EOV includes a description of the variable field.

Thank you for your timely response and consideration.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Gina Jisonna', with a stylized flourish at the end.

Gina Jisonna

**Exhibit I-A**  
**Metropolitan Life Insurance Company**  
**Nationwide Experience Projections With No Premium Rate Increase**  
**Policy Forms: LTC2-FAC, LTC2-VIA, LTC2-IDEAL and LTC2-PREM**  
**All VIP2 Policies**

	Calendar Year	Loss Ratio Demonstration						Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors			
		Without Interest			Life Years	With Interest			Premium Rate Increase Factor	Benefit Downgrade	Persistency Factors				Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor	
		Earned Premium	Incurred Claims	Loss Ratio		Earned Premium	Incurred Claims	Loss Ratio			Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency			
Historical Experience	1998	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	-	4.01%	2.1516
	1999	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	-	4.01%	2.0687
	2000	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	-	4.01%	1.9890
	2001	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	-	4.01%	1.9124
	2002	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	-	4.01%	1.8397
	2003	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	-	4.01%	1.7678
	2004	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	-	4.01%	1.6997
	2005	2,359,204	-	0.0%	4,073	3,855,448	-	0.0%	-	-	-	-	-	-	-	4.01%	1.6342
	2006	31,432,207	939,324	3.0%	24,490	49,387,780	1,475,911	3.0%	-	-	-	-	-	-	-	4.01%	1.5712
	2007	84,063,648	1,065,734	1.3%	48,807	126,995,436	1,610,010	1.3%	-	-	-	-	-	-	-	4.01%	1.5107
	2008	143,533,823	3,306,789	2.3%	74,322	208,482,392	4,803,100	2.3%	-	-	-	-	-	-	-	4.01%	1.4525
	2009	183,796,327	5,073,277	2.8%	82,954	256,677,149	7,084,985	2.8%	-	-	-	-	-	-	-	4.01%	1.3965
	2010	195,508,374	6,717,730	3.4%	85,207	262,513,108	9,020,035	3.4%	-	-	-	-	-	-	-	4.01%	1.3427
	2011	196,410,679	8,931,841	4.5%	82,310	253,563,055	11,530,864	4.5%	-	-	-	-	-	-	-	4.01%	1.2910
	2012	190,032,569	15,157,874	8.0%	77,737	235,876,224	18,814,575	8.0%	-	-	-	-	-	-	-	4.01%	1.2412
	2013	183,327,866	12,729,841	6.9%	75,536	218,786,167	15,191,980	6.9%	-	-	-	-	-	-	-	4.01%	1.1934
	2014	175,861,517	16,580,573	9.4%	74,194	201,788,979	19,025,065	9.4%	-	-	-	-	-	-	-	4.01%	1.1474
2015	166,876,449	22,708,647	13.6%	72,734	184,101,331	25,052,619	13.6%	-	-	-	-	-	-	-	4.01%	1.1032	
2016	156,783,568	31,341,036	20.0%	71,441	166,302,075	33,243,786	20.0%	-	-	-	-	-	-	-	4.01%	1.0607	
2017	146,358,109	34,419,488	23.5%	70,344	149,261,969	35,102,398	23.5%	-	-	-	-	-	-	-	4.01%	1.0198	
Projected Future Experience	2018	137,989,022	40,542,145	29.4%	68,777	135,394,475	39,753,406	29.4%	1.0000	N/A	0.0223	N/A	0.978	0.943	0.0000	N/A	0.9805
	2019	130,780,140	47,407,376	36.2%	67,205	123,294,775	44,693,955	36.2%	1.0000	N/A	0.0229	N/A	0.977	0.948	0.0000	N/A	0.9428
	2020	125,796,959	55,384,199	44.0%	66,595	114,027,149	50,202,345	44.0%	1.0000	N/A	0.0240	N/A	0.976	0.962	0.0000	N/A	0.9064
	2021	121,256,702	64,654,649	53.3%	63,937	105,676,671	56,347,303	53.3%	1.0000	N/A	0.0253	N/A	0.975	0.964	0.0000	N/A	0.8715
	2022	117,004,403	75,428,519	64.5%	62,225	98,041,699	63,203,947	64.5%	1.0000	N/A	0.0268	N/A	0.973	0.965	0.0000	N/A	0.8379
	2023	112,662,272	87,901,889	78.0%	60,457	90,765,828	70,817,742	78.0%	1.0000	N/A	0.0284	N/A	0.972	0.963	0.0000	N/A	0.8056
	2024	108,207,500	102,152,337	94.4%	58,633	83,817,844	79,127,497	94.4%	1.0000	N/A	0.0302	N/A	0.970	0.960	0.0000	N/A	0.7746
	2025	103,669,532	118,254,670	114.1%	56,753	77,208,570	88,070,948	114.1%	1.0000	N/A	0.0321	N/A	0.968	0.958	0.0000	N/A	0.7448
	2026	99,073,258	136,248,307	137.5%	54,818	70,942,431	97,562,009	137.5%	1.0000	N/A	0.0341	N/A	0.966	0.956	0.0000	N/A	0.7161
	2027	94,405,128	156,061,618	165.3%	52,828	64,995,076	107,443,705	165.3%	1.0000	N/A	0.0363	N/A	0.964	0.953	0.0000	N/A	0.6885
	2028	89,658,997	177,611,757	198.1%	50,788	59,349,081	117,568,731	198.1%	1.0000	N/A	0.0386	N/A	0.961	0.950	0.0000	N/A	0.6619
	2029	84,861,294	200,710,220	236.5%	48,700	54,008,861	127,739,395	236.5%	1.0000	N/A	0.0411	N/A	0.959	0.946	0.0000	N/A	0.6364
	2030	80,039,647	225,087,940	281.2%	46,570	48,977,408	137,734,534	281.2%	1.0000	N/A	0.0438	N/A	0.956	0.943	0.0000	N/A	0.6119
	2031	75,197,222	250,396,971	333.0%	44,401	44,241,278	147,317,703	333.0%	1.0000	N/A	0.0466	N/A	0.953	0.939	0.0000	N/A	0.5883
	2032	70,341,995	276,234,751	392.7%	42,202	39,790,170	156,256,981	392.7%	1.0000	N/A	0.0495	N/A	0.950	0.935	0.0000	N/A	0.5657
	2033	65,531,792	302,131,072	461.0%	39,980	35,640,879	164,320,504	461.0%	1.0000	N/A	0.0527	N/A	0.947	0.932	0.0000	N/A	0.5439
	2034	60,775,795	327,258,639	538.5%	37,744	31,780,612	171,128,655	538.5%	1.0000	N/A	0.0559	N/A	0.944	0.927	0.0000	N/A	0.5229
	2035	56,085,655	350,804,725	625.5%	35,503	28,198,023	176,373,080	625.5%	1.0000	N/A	0.0594	N/A	0.941	0.923	0.0000	N/A	0.5028
	2036	51,507,853	372,257,594	722.7%	33,270	24,886,636	179,947,443	722.7%	1.0000	N/A	0.0629	N/A	0.937	0.918	0.0000	N/A	0.4834
	2037	47,076,197	391,459,088	831.5%	31,054	21,879,567	181,938,137	831.5%	1.0000	N/A	0.0666	N/A	0.933	0.914	0.0000	N/A	0.4648
	2038	42,805,033	407,348,150	951.6%	28,869	19,127,907	182,028,069	951.6%	1.0000	N/A	0.0704	N/A	0.930	0.909	0.0000	N/A	0.4469
	2039	38,709,406	419,186,617	1082.9%	26,725	16,631,230	180,100,647	1082.9%	1.0000	N/A	0.0743	N/A	0.926	0.904	0.0000	N/A	0.4296
	2040	34,816,909	426,786,919	1225.8%	24,635	14,382,465	176,300,730	1225.8%	1.0000	N/A	0.0782	N/A	0.922	0.899	0.0000	N/A	0.4131
	2041	31,152,112	430,148,781	1380.8%	22,611	12,372,739	170,842,949	1380.8%	1.0000	N/A	0.0822	N/A	0.918	0.895	0.0000	N/A	0.3972
	2042	27,719,557	429,369,398	1549.0%	20,663	10,585,220	163,962,564	1549.0%	1.0000	N/A	0.0862	N/A	0.914	0.890	0.0000	N/A	0.3819
	2043	24,535,439	424,597,857	1730.5%	18,798	9,008,297	155,893,016	1730.5%	1.0000	N/A	0.0902	N/A	0.910	0.885	0.0000	N/A	0.3672
	2044	21,597,316	415,844,936	1925.4%	17,028	7,624,018	146,796,441	1925.4%	1.0000	N/A	0.0942	N/A	0.906	0.880	0.0000	N/A	0.3530
	2045	18,910,409	403,470,877	2133.6%	15,357	6,418,304	136,940,387	2133.6%	1.0000	N/A	0.0981	N/A	0.902	0.876	0.0000	N/A	0.3394
	2046	16,471,272	388,082,007	2356.1%	13,790	5,375,041	126,842,104	2356.1%	1.0000	N/A	0.1020	N/A	0.898	0.871	0.0000	N/A	0.3263
	2047	14,275,370	370,069,780	2592.4%	12,330	4,478,961	116,111,031	2592.4%	1.0000	N/A	0.1059	N/A	0.894	0.867	0.0000	N/A	0.3138
	2048	12,310,624	349,946,598	2842.6%	10,979	3,713,686	105,566,685	2842.6%	1.0000	N/A	0.1096	N/A	0.890	0.862	0.0000	N/A	0.3017
	2049	10,564,408	328,126,740	3106.0%	9,736	3,064,118	95,170,419	3106.0%	1.0000	N/A	0.1132	N/A	0.887	0.858	0.0000	N/A	0.2900
	2050	9,023,101	305,180,554	3382.2%	8,601	2,516,236	85,104,488	3382.2%	1.0000	N/A	0.1167	N/A	0.883	0.854	0.0000	N/A	0.2789
	2051	7,672,874	281,813,726	3672.5%	7,568	2,057,259	75,560,183	3672.5%	1.0000	N/A	0.1200	N/A	0.880	0.850	0.0000	N/A	0.2681
	2052	6,496,864	258,364,944	3976.8%	6,635	1,674,827	66,603,905	3976.8%	1.0000	N/A	0.1234	N/A	0.877	0.847	0.0000	N/A	0.2578
	2053	5,478,561	235,202,255	4293.1%	5,796	1,357,900	58,296,548	4293.1%	1.0000	N/A	0.1264	N/A	0.874	0.843	0.0000	N/A	0.2479
	2054	4,602,148	212,724,348	4622.3%	5,047	1,096,724	50,693,678	4622.3%	1.0000	N/A	0.1292	N/A	0.871	0.840	0.0000	N/A	0.2383
2055	3,852,119	191,621,904	4959.9%	4,382	882,615	47,737,225	4959.9%	1.0000	N/A	0.1318	N/A	0.868	0.837	0.0000	N/A	0.2291	
2056	3,213,452	170,631,222	5309.3%	3,792	707,918	37,682,445	5309.3%	1.0000	N/A	0.1345	N/A	0.865	0.834	0.0000	N/A	0.2203	
2057	2,673,072	151,736,953	5676.5%	3,272	566,178	32,139,100	5676.5%	1.0000	N/A	0.1373	N/A	0.863	0.832	0.0000	N/A	0.2118	
2058	2,217,921	134,227,634	6051.9%	2,815	451,673	27,334,947	6051.9%	1.0000	N/A	0.1390	N/A	0.861	0.830	0.0000	N/A	0.2036	
2059	1,836,085	118,247,696	6440.2%	2,421	359,506	23,152,908	6440.2%	1.0000	N/A	0.1407	N/A	0.859	0.828	0.0000	N/A	0.1958	
2060	1,516,823	103,783,615	6842.2%	2,077	285,551	19,537,856	6842.2%	1.0000	N/A	0.1421	N/A	0.858	0.826	0.0000	N/A	0.1883	
2061	1,250,475	90,764,115	7258.4%	1,778	226,338	16,428,486	7258.4%	1.0000	N/A	0.1441	N/A	0.856	0.824	0.0000	N/A	0.1810	
2062	1,029,056	78,147,936	7691.3%	1,520	179,085	13,773,940	7691.3%	1.0000	N/A	0.1451	N/A	0.855	0.823	0.0000	N/A	0.1740	
2063	845,460	68,911,748	8150.8%	1,207	141,464	11,530,473	8150.8%	1.0000	N/A	0.1467	N/A	0.853	0.822	0.0000	N/A	0.1673	
2064	693,529	59,862,256	8631.5%	1,105	111,572	9,630,3											

**Exhibit I-A**  
**Metropolitan Life Insurance Company**  
**Nationwide Experience Projections With 99% Future Premium Rate Increase**  
**Policy Forms: LTC2-FAC, LTC2-VAL, LTC2-IDEAL and LTC2-PREM**  
**All VIP2 Policies**

	Calendar Year	Loss Ratio Demonstration						Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors			
		Without Interest			With Interest			Premium Rate Increase Factor	Benefit Downgrade	Persistency Factors			Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor			
		Earned Premium	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Incurred Claims	Loss Ratio			Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistency	Premium Persistency			
Historical Experience	1998	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	-	4.01%	2.1516
	1999	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	-	4.01%	2.0687
	2000	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	-	4.01%	1.9890
	2001	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	-	4.01%	1.9124
	2002	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	-	4.01%	1.8387
	2003	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	-	4.01%	1.7678
	2004	-	-	N/A	-	-	-	N/A	-	-	-	-	-	-	-	4.01%	1.6997
	2005	2,359,204	-	0.0%	4,073	3,855,448	-	0.0%	-	-	-	-	-	-	-	4.01%	1.6342
	2006	31,432,207	939,324	3.0%	24,490	49,387,780	1,475,911	3.0%	-	-	-	-	-	-	-	4.01%	1.5712
	2007	84,063,648	1,065,734	1.3%	48,807	126,995,436	1,610,010	1.3%	-	-	-	-	-	-	-	4.01%	1.5107
	2008	143,533,823	3,306,789	2.3%	74,322	208,482,392	4,803,100	2.3%	-	-	-	-	-	-	-	4.01%	1.4525
	2009	183,796,327	5,073,277	2.8%	82,954	256,677,149	7,084,985	2.8%	-	-	-	-	-	-	-	4.01%	1.3965
	2010	195,508,374	6,717,730	3.4%	85,207	262,513,108	9,020,035	3.4%	-	-	-	-	-	-	-	4.01%	1.3427
	2011	196,410,679	8,931,841	4.5%	82,310	253,563,055	11,530,864	4.5%	-	-	-	-	-	-	-	4.01%	1.2910
	2012	190,032,569	15,157,874	8.0%	77,737	235,876,224	18,814,575	8.0%	-	-	-	-	-	-	-	4.01%	1.2412
	2013	183,327,866	12,729,841	6.9%	75,536	218,761,167	15,191,980	6.9%	-	-	-	-	-	-	-	4.01%	1.1934
	2014	176,861,517	16,580,573	9.4%	74,194	201,788,979	19,025,065	9.4%	-	-	-	-	-	-	-	4.01%	1.1474
	2015	166,876,449	22,708,647	13.6%	72,734	184,101,331	23,052,619	13.6%	-	-	-	-	-	-	-	4.01%	1.1032
	2016	156,783,568	31,341,036	20.0%	71,441	166,302,075	33,243,786	20.0%	-	-	-	-	-	-	-	4.01%	1.0607
2017	146,358,109	34,419,488	23.5%	70,344	149,261,969	35,102,398	23.5%	-	-	-	-	-	-	-	4.01%	1.0198	
Projected Future Experience	2018	137,989,022	40,542,145	29.4%	68,777	135,304,475	39,753,406	29.4%	1.0000	1.0000	0.0223	1.0000	0.978	0.943	4.01%	0.9805	
	2019	137,682,920	47,195,850	34.3%	67,024	129,802,466	44,494,536	34.3%	1.0575	0.9982	0.0255	0.9973	0.975	0.948	4.01%	0.9428	
	2020	189,123,166	52,946,962	28.0%	63,842	171,428,432	47,993,140	28.0%	1.5726	0.9822	0.0475	0.9733	0.953	0.962	4.01%	0.9064	
	2021	194,081,118	61,233,712	31.6%	61,878	169,144,024	53,365,915	31.6%	1.6900	0.9786	0.0308	0.9678	0.969	0.964	4.01%	0.8685	
	2022	187,274,971	71,437,526	38.1%	60,221	156,923,636	59,859,768	38.1%	1.6900	0.9786	0.0268	0.9678	0.973	0.965	4.01%	0.8379	
	2023	180,325,040	83,250,919	46.2%	58,510	145,278,019	67,070,711	46.2%	1.6900	0.9786	0.0284	0.9678	0.972	0.963	4.01%	0.8056	
	2024	173,194,819	96,747,363	55.9%	56,745	134,157,210	74,940,789	55.9%	1.6900	0.9786	0.0302	0.9678	0.970	0.960	4.01%	0.7746	
	2025	165,931,435	111,997,707	67.5%	54,925	123,578,534	83,411,033	67.5%	1.6900	0.9786	0.0321	0.9678	0.968	0.958	4.01%	0.7448	
	2026	158,574,729	129,039,283	81.4%	53,053	113,549,075	92,399,913	81.4%	1.6900	0.9786	0.0341	0.9678	0.966	0.956	4.01%	0.7161	
	2027	151,103,011	147,804,254	97.8%	51,127	104,029,854	101,758,760	97.8%	1.6900	0.9786	0.0363	0.9678	0.964	0.953	4.01%	0.6875	
	2028	143,506,446	168,214,156	117.2%	49,153	94,992,984	111,348,061	117.2%	1.6900	0.9786	0.0386	0.9678	0.961	0.950	4.01%	0.6619	
	2029	135,827,336	190,405,458	140.0%	47,132	86,445,532	120,980,586	140.0%	1.6900	0.9786	0.0411	0.9678	0.959	0.946	4.01%	0.6364	
	2030	128,109,901	213,178,330	166.4%	45,070	78,392,283	130,446,873	166.4%	1.6900	0.9786	0.0438	0.9678	0.956	0.943	4.01%	0.6119	
	2031	120,359,211	237,148,237	197.0%	42,971	70,811,729	139,522,988	197.0%	1.6900	0.9786	0.0466	0.9678	0.953	0.939	4.01%	0.5883	
	2032	112,588,028	261,618,917	232.4%	40,843	63,687,372	147,989,281	232.4%	1.6900	0.9786	0.0495	0.9678	0.950	0.935	4.01%	0.5657	
	2033	104,888,911	286,145,039	272.8%	38,692	57,046,098	155,156,155	272.8%	1.6900	0.9786	0.0527	0.9678	0.947	0.932	4.01%	0.5445	
	2034	97,276,554	309,943,083	318.6%	36,528	50,867,430	162,074,080	318.6%	1.6900	0.9786	0.0559	0.9678	0.944	0.927	4.01%	0.5229	
	2035	89,769,608	332,243,325	370.1%	34,360	45,133,207	167,041,018	370.1%	1.6900	0.9786	0.0594	0.9678	0.941	0.923	4.01%	0.5028	
	2036	82,442,467	352,561,102	427.6%	32,199	39,852,273	170,426,259	427.6%	1.6900	0.9786	0.0629	0.9678	0.937	0.918	4.01%	0.4834	
	2037	75,349,244	370,746,627	492.0%	30,054	35,020,010	172,311,623	492.0%	1.6900	0.9786	0.0666	0.9678	0.933	0.914	4.01%	0.4648	
	2038	68,512,903	385,794,984	563.1%	27,939	30,615,756	172,396,796	563.1%	1.6900	0.9786	0.0704	0.9678	0.930	0.909	4.01%	0.4469	
	2039	61,957,522	397,007,068	640.8%	25,865	26,619,623	170,571,356	640.8%	1.6900	0.9786	0.0743	0.9678	0.926	0.904	4.01%	0.4305	
	2040	55,727,267	404,205,135	725.3%	23,842	23,020,293	166,972,496	725.3%	1.6900	0.9786	0.0782	0.9678	0.922	0.899	4.01%	0.4131	
	2041	49,861,465	407,989,213	817.0%	21,893	19,803,566	161,903,561	817.0%	1.6900	0.9786	0.0822	0.9678	0.918	0.895	4.01%	0.3972	
	2042	44,367,383	406,651,069	916.6%	19,997	16,942,497	155,287,154	916.6%	1.6900	0.9786	0.0862	0.9678	0.914	0.890	4.01%	0.3819	
	2043	39,270,947	402,131,994	1024.0%	18,193	14,418,505	147,644,573	1024.0%	1.6900	0.9786	0.0902	0.9678	0.910	0.885	4.01%	0.3672	
	2044	34,568,244	393,842,198	1139.3%	16,480	12,202,854	139,029,307	1139.3%	1.6900	0.9786	0.0942	0.9678	0.906	0.880	4.01%	0.3535	
	2045	30,267,634	382,122,862	1262.5%	14,862	10,273,013	129,694,746	1262.5%	1.6900	0.9786	0.0981	0.9678	0.902	0.876	4.01%	0.3394	
	2046	26,363,597	367,549,231	1394.2%	13,346	8,603,185	119,941,354	1394.2%	1.6900	0.9786	0.1020	0.9678	0.898	0.871	4.01%	0.3263	
	2047	22,848,880	350,489,047	1533.9%	11,933	7,168,937	109,967,489	1533.9%	1.6900	0.9786	0.1059	0.9678	0.894	0.867	4.01%	0.3138	
	2048	19,704,145	331,430,601	1682.0%	10,626	5,944,053	99,981,054	1682.0%	1.6900	0.9786	0.1096	0.9678	0.890	0.862	4.01%	0.3017	
	2049	16,909,187	310,765,252	1837.8%	9,423	4,904,368	90,134,864	1837.8%	1.6900	0.9786	0.1132	0.9678	0.887	0.858	4.01%	0.2901	
	2050	14,442,199	289,033,170	2001.3%	8,324	4,027,439	80,601,531	2001.3%	1.6900	0.9786	0.1167	0.9678	0.883	0.854	4.01%	0.2790	
	2051	12,281,052	266,902,702	2173.3%	7,324	3,282,808	71,562,224	2173.3%	1.6900	0.9786	0.1200	0.9678	0.880	0.850	4.01%	0.2681	
	2052	10,398,754	244,604,618	2353.1%	6,421	2,680,695	63,079,831	2353.1%	1.6900	0.9786	0.1234	0.9678	0.877	0.847	4.01%	0.2578	
	2053	8,768,878	222,757,487	2540.3%	5,609	2,173,429	55,212,024	2540.3%	1.6900	0.9786	0.1264	0.9678	0.874	0.843	4.01%	0.2479	
	2054	7,366,109	201,468,907	2735.1%	4,884	1,755,395	48,011,429	2735.1%	1.6900	0.9786	0.1292	0.9678	0.871	0.840	4.01%	0.2383	
	2055	6,165,627	180,953,590	2934.9%	4,241	1,412,697	41,460,932	2934.9%	1.6900	0.9786	0.1318	0.9678	0.868	0.837	4.01%	0.2291	
	2056	5,143,437	161,585,919	3141.6%	3,670	1,133,080	35,596,772	3141.6%	1.6900	0.9786	0.1345	0.9678	0.866	0.834	4.01%	0.2204	
	2057	4,278,466	143,708,411	3358.9%	3,167	906,213	30,438,591	3358.9%	1.6900	0.9786	0.1373	0.9678	0.863	0.832	4.01%	0.2118	
	2058	3,549,962	127,125,148	3581.0%	2,726	722,938	25,888,630	3581.0%	1.6900	0.9786	0.1390	0.9678	0.861	0.830	4.01%	0.2036	
	2059	2,938,803	111,991,101	3810.8%	2,343	575,418	21,927,866	3810.8%	1.6900	0.9786	0.1407	0.9678	0.859	0.828	4.01%	0.1958	
	2060	2,427,797	98,292,328	4048.6%	2,010	457,047	18,504,090	4048.6%	1.6900	0.9786	0.1421	0.9678	0.858	0.826	4.01%	0.1883	
	2061	2,001,486	85,961,702	4294.9%	1,720	362,273	15,559,239	4294.9%	1.6900	0.9786	0.1441	0.9678	0.856	0.824	4.01%	0.1810	
	2062	1,547,093	74,960,146	4551.1%	1,471	286,640	13,045,148	4551.1%	1.6900	0.9786	0.1451	0.9678	0.855	0.823	4.01%	0.1740	
	2063	1,253,227	65,265,564	4823.0%	1,255	226,425	10,920,385	4823.0%	1.6900	0.9786	0.1467	0.96785					

**Exhibit I-B**  
**Metropolitan Life Insurance Company**  
**Virginia Experience Projections With No Premium Rate Increase**  
**Policy Forms: LTC2-FAC, LTC2-VAL, LTC2-IDEAL and LTC2-PREM**  
**All VIP2 Policies**

	Calendar Year	Loss Ratio Demonstration				Factors Derived from Projected Values for Illustrative Purposes Only				Interest Rate Factors			
		Without Interest		Life Years	With Interest		Premium Rate Increase Factor	Benefit Downgrade	Persistency Factors			Calendar Year Effective Int Rate	Mid-Year Disc/ Accum Factor
		Earned Premium	Incurred Claims		Earned Premium	Incurred Claims			Policy Lapse & Mortality	Policy Shock Lapse	Persistency	Premium Persistency	
Historical Experience	1998	-	-	N/A	-	-	N/A					4.01%	2.1510
	1999	-	-	N/A	-	-	N/A					4.01%	2.0687
	2000	-	-	N/A	-	-	N/A					4.01%	1.9890
	2001	-	-	N/A	-	-	N/A					4.01%	1.9124
	2002	-	-	N/A	-	-	N/A					4.01%	1.8397
	2003	-	-	N/A	-	-	N/A					4.01%	1.7678
	2004	-	-	N/A	-	-	N/A					4.01%	1.6997
	2005	3,387	-	0.0%	31	5,535	-	0.0%				4.01%	1.6342
	2006	738,836	359,903	48.7%	696	1,160,895	565,496	48.7%				4.01%	1.5712
	2007	1,949,661	-	0.0%	1,382	2,943,854	-	0.0%				4.01%	1.5107
	2008	3,199,200	-	0.0%	2,013	4,646,828	-	0.0%				4.01%	1.4525
	2009	4,252,242	9,650	0.2%	2,255	5,938,385	13,477	0.2%				4.01%	1.3965
	2010	4,493,902	95,835	2.1%	2,236	6,034,054	128,680	2.1%				4.01%	1.3427
	2011	4,525,200	150,403	3.3%	2,176	5,841,962	194,168	3.3%				4.01%	1.2910
	2012	4,384,363	355,866	8.1%	2,106	5,442,051	441,716	8.1%				4.01%	1.2412
	2013	4,267,898	399,967	9.4%	1,999	5,093,372	477,320	9.4%				4.01%	1.1934
	2014	4,236,928	475,605	11.2%	1,952	4,861,584	545,724	11.2%				4.01%	1.1474
Projected Future Experience	2015	4,114,039	776,518	18.9%	1,907	4,538,687	856,669	18.9%				4.01%	1.1032
	2016	3,925,640	899,955	22.9%	1,857	4,163,970	954,593	22.9%				4.01%	1.0607
	2017	3,748,068	408,519	10.9%	1,819	3,822,432	416,624	10.9%				4.01%	1.0186
	2018	3,518,375	964,664	25.8%	1,781	3,449,207	869,029	25.8%	1.0000	N/A	0.0210	N/A	0.939
	2019	3,249,898	1,067,325	32.8%	1,743	3,063,886	1,006,236	32.8%	1.0000	N/A	0.0214	N/A	0.924
	2020	3,121,883	1,253,421	40.1%	1,704	2,829,793	1,136,149	40.1%	1.0000	N/A	0.0223	N/A	0.961
	2021	2,995,317	1,470,092	49.1%	1,664	2,610,454	1,281,203	49.1%	1.0000	N/A	0.0235	N/A	0.959
	2022	2,894,076	1,724,368	59.6%	1,623	2,425,038	1,444,903	59.6%	1.0000	N/A	0.0248	N/A	0.975
	2023	2,789,314	2,018,480	72.4%	1,580	2,247,198	1,626,179	72.4%	1.0000	N/A	0.0262	N/A	0.964
	2024	2,685,231	2,266,533	87.7%	1,537	2,080,221	1,825,136	87.7%	1.0000	N/A	0.0277	N/A	0.963
	2025	2,578,921	2,739,144	106.2%	1,491	1,920,668	2,039,995	106.2%	1.0000	N/A	0.0294	N/A	0.971
	2026	2,470,819	3,169,919	128.3%	1,445	1,769,255	2,269,853	128.3%	1.0000	N/A	0.0312	N/A	0.969
	2027	2,359,363	3,644,435	154.5%	1,397	1,624,350	2,509,083	154.5%	1.0000	N/A	0.0332	N/A	0.965
	2028	2,246,925	4,165,202	185.4%	1,348	1,487,335	2,757,123	185.4%	1.0000	N/A	0.0352	N/A	0.965
	2029	2,129,903	4,729,825	221.7%	1,297	1,365,649	3,035,801	221.7%	1.0000	N/A	0.0374	N/A	0.948
	2030	2,011,750	5,318,227	264.4%	1,246	1,231,019	3,254,299	264.4%	1.0000	N/A	0.0397	N/A	0.960
	2031	1,893,669	5,944,010	313.9%	1,193	1,114,115	3,497,079	313.9%	1.0000	N/A	0.0421	N/A	0.958
	2032	1,776,924	6,580,427	370.3%	1,140	1,005,148	3,722,332	370.3%	1.0000	N/A	0.0446	N/A	0.955
	2033	1,660,422	7,226,211	435.2%	1,086	903,056	3,930,131	435.2%	1.0000	N/A	0.0473	N/A	0.934
	2034	1,544,720	7,851,581	508.3%	1,032	807,758	4,105,715	508.3%	1.0000	N/A	0.0501	N/A	0.930
	2035	1,430,608	8,448,448	590.5%	977	719,263	4,247,602	590.5%	1.0000	N/A	0.0531	N/A	0.947
	2036	1,318,262	8,994,954	682.3%	922	637,241	4,348,116	682.3%	1.0000	N/A	0.0560	N/A	0.944
	2037	1,209,568	9,483,044	784.0%	868	562,170	4,407,427	784.0%	1.0000	N/A	0.0591	N/A	0.941
	2038	1,104,493	9,900,700	896.4%	814	493,555	4,424,238	896.4%	1.0000	N/A	0.0622	N/A	0.938
	2039	1,001,703	10,238,656	1022.1%	761	430,375	4,398,968	1022.1%	1.0000	N/A	0.0653	N/A	0.935
	2040	904,633	10,472,555	1157.7%	708	373,963	4,326,092	1157.7%	1.0000	N/A	0.0685	N/A	0.931
	2041	813,773	10,595,211	1302.0%	658	323,207	4,208,119	1302.0%	1.0000	N/A	0.0716	N/A	0.900
	2042	728,466	10,630,708	1459.3%	609	278,178	4,059,530	1459.3%	1.0000	N/A	0.0748	N/A	0.925
	2043	649,066	10,584,752	1630.8%	561	238,308	3,886,239	1630.8%	1.0000	N/A	0.0778	N/A	0.922
	2044	575,609	10,446,616	1814.9%	516	203,194	3,687,735	1814.9%	1.0000	N/A	0.0808	N/A	0.919
	2045	508,064	10,230,886	2013.7%	473	172,440	3,472,423	2013.7%	1.0000	N/A	0.0837	N/A	0.916
	2046	446,499	9,945,596	2227.5%	432	145,705	3,245,525	2227.5%	1.0000	N/A	0.0864	N/A	0.914
	2047	390,636	9,586,062	2454.0%	393	122,564	3,007,669	2454.0%	1.0000	N/A	0.0892	N/A	0.911
	2048	340,325	9,159,989	2691.5%	357	102,664	2,763,249	2691.5%	1.0000	N/A	0.0918	N/A	0.908
	2049	295,292	8,691,588	2943.4%	324	85,647	2,520,922	2943.4%	1.0000	N/A	0.0941	N/A	0.906
	2050	255,208	8,202,809	3214.2%	292	71,169	2,287,485	3214.2%	1.0000	N/A	0.0964	N/A	0.904
	2051	219,758	7,687,066	3496.0%	264	58,922	2,061,064	3496.0%	1.0000	N/A	0.0988	N/A	0.901
	2052	188,556	7,155,097	3794.7%	237	48,608	1,844,513	3794.7%	1.0000	N/A	0.1008	N/A	0.899
	2053	161,268	6,626,669	4109.1%	213	39,971	1,642,467	4109.1%	1.0000	N/A	0.1027	N/A	0.897
	2054	137,508	6,103,699	4438.8%	190	32,769	1,454,554	4438.8%	1.0000	N/A	0.1043	N/A	0.896
	2055	116,920	5,601,926	4791.2%	170	26,789	1,283,540	4791.2%	1.0000	N/A	0.1058	N/A	0.894
	2056	99,118	5,107,923	5153.4%	152	21,835	1,125,256	5153.4%	1.0000	N/A	0.1075	N/A	0.893
	2057	83,832	4,638,399	5533.0%	135	17,756	982,450	5533.0%	1.0000	N/A	0.1089	N/A	0.891
	2058	70,773	4,206,256	5943.3%	120	14,413	856,591	5943.3%	1.0000	N/A	0.1105	N/A	0.890
	2059	59,643	3,804,864	6379.4%	107	11,678	744,993	6379.4%	1.0000	N/A	0.1111	N/A	0.889
	2060	50,172	3,432,361	6841.2%	95	9,445	646,162	6841.2%	1.0000	N/A	0.1115	N/A	0.888
	2061	42,125	3,085,656	7325.1%	84	7,625	558,510	7325.1%	1.0000	N/A	0.1129	N/A	0.887
	2062	35,303	2,770,521	7947.7%	75	6,144	482,148	7947.7%	1.0000	N/A	0.1140	N/A	0.886
	2063	29,529	2,494,896	8449.0%	66	4,941	417,452	8449.0%	1.0000	N/A	0.1149	N/A	0.885
	2064	24,641	2,249,093	9127.3%	58	3,964	361,823	9127.3%	1.0000	N/A	0.1172	N/A	0.883
	2065	20,525	2,018,425	9834.0%	52	3,175	312,203	9834.0%	1.0000	N/A	0.1179	N/A	0.882
	2066	17,070	1,813,831	10626.0%	45	2,539	269,747	10626.0%	1.0000	N/A	0.1189	N/A	0.881
	2067	14,162	1,635,252	11546.5%	40	2,025	233,819	11546.5%	1.0000	N/A	0.1218	N/A	0.878
	2068	11,712	1,481,078	12645.5%	35	1,610	203,614	12645.5%	1.0000	N/A	0.1231	N/A	0.877
	2069	9,651	1,335,841	13841.0%	31	1,276	176,571	13841.0%	1.0000	N/A	0.1275	N/A	0.872
	2070	7,927	1,207,612	15234.2%	27	1,007	153,472	15234.2%	1.0000	N/A	0.1282	N/A	0.872
	2071	6,489	1,095,039	16875.1%	23	793	133,803	16875.1%	1.0000	N/A	0.1323	N/A	0.868
	2072	5,286	984,530	18625.5%	20	621	115,664	18625.5%	1.0000	N/A	0.1356	N/A	0.864
	2073	4,284	896,332	20923.7%	17	484	101,245	20923.7%	1.0000	N/A	0.1429	N/A	0.857
	2074	3,453	798,793	23136.5%	15	375	86,751	23136.5%	1.0000	N/A	0.1456	N/A	0.854
	2075	2,768	711,497	25708.2%	12	289	74,293	25708.2%	1.0000	N/A	0.1520	N/A	0.848
	2076	2,204	630,761	28616.1%	10	221	63,325	28616.1%	1.0000	N/A	0.1533	N/A	0.847
	2077	1,744	555,005	31821.3%	9	168	53,573	31821.3%	1.0000	N/A	0.1602	N/A	0.840
	2078-2098	4,996	2,456,211	49162.1%	7	464	227,955	49162.1%	1.0000	N/A	0.1691	N/A	0.831
Past		43,838,365	3,932,221	9.0%	22,429	54,493,608	4,594,473	8.4%					
Future		55,331,432	300,355,780	542.8%	36,281	37,204,050	116,259,136	312.5%					
Lifetime		99,169,797	304,288,001	306.8%	58,710	91,697,659	120,853,609	131.8%					



	Calendar Year	Loss Ratio Demonstration						Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors		
		Without Interest			With Interest			Premium		Benefit		Persistence Factors		Calendar Year	Mid-Year	
		Earned Premium	Incurred Claims	Loss Ratio	Lifes Years	Earned Premium	Incurred Claims	Loss Ratio	Rate Increase Factor	Downgrade	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistence	Premium Persistence	Effective Init Rate	Disc / Accum Factor
Historical Experience	1998	-	-	N/A	-	-	-	N/A	-	-	-	4.01%	-	-	4.01%	2.516
	1999	-	-	N/A	-	-	-	N/A	-	-	-	4.01%	-	-	4.01%	2.0687
	2000	-	-	N/A	-	-	-	N/A	-	-	-	4.01%	-	-	4.01%	1.9890
	2001	-	-	N/A	-	-	-	N/A	-	-	-	4.01%	-	-	4.01%	1.9124
	2002	-	-	N/A	-	-	-	N/A	-	-	-	4.01%	-	-	4.01%	1.8387
	2003	-	-	N/A	-	-	-	N/A	-	-	-	4.01%	-	-	4.01%	1.7678
	2004	-	-	N/A	-	-	-	N/A	-	-	-	4.01%	-	-	4.01%	1.6997
	2005	3,387	-	0.0%	31	5,535	-	0.0%	-	-	-	4.01%	-	-	4.01%	1.6342
	2006	738,836	359,903	48.7%	696	1,160,895	565,496	48.7%	-	-	-	4.01%	-	-	4.01%	1.5712
	2007	1,948,611	-	0.0%	1,382	2,943,854	-	0.0%	-	-	-	4.01%	-	-	4.01%	1.5107
	2008	3,199,200	-	0.0%	2,013	4,646,828	-	0.0%	-	-	-	4.01%	-	-	4.01%	1.4525
	2009	4,252,242	9,650	0.2%	2,255	5,938,385	13,477	0.2%	-	-	-	4.01%	-	-	4.01%	1.3901
	2010	4,493,902	95,835	2.1%	2,236	6,034,054	128,680	2.1%	-	-	-	4.01%	-	-	4.01%	1.3427
	2011	4,525,200	150,403	3.3%	2,176	5,841,962	194,168	3.3%	-	-	-	4.01%	-	-	4.01%	1.2910
	2012	4,384,363	355,866	8.1%	2,106	5,442,051	441,716	8.1%	-	-	-	4.01%	-	-	4.01%	1.2412
	2013	4,267,988	399,967	9.4%	1,999	5,093,372	477,326	9.4%	-	-	-	4.01%	-	-	4.01%	1.1934
	2014	4,236,928	475,605	11.2%	1,952	4,861,584	545,724	11.2%	-	-	-	4.01%	-	-	4.01%	1.1474
	2015	4,114,039	776,518	18.9%	1,907	4,538,687	856,667	18.9%	-	-	-	4.01%	-	-	4.01%	1.0915
	2016	3,925,640	899,955	22.9%	1,857	4,163,970	954,593	22.9%	-	-	-	4.01%	-	-	4.01%	1.0607
2017	3,748,068	408,519	10.9%	1,819	3,822,432	416,624	10.9%	-	-	-	4.01%	-	-	4.01%	1.0198	
Projected Future Experience	2018	3,518,375	906,664	25.8%	1,781	3,449,926	889,025	25.8%	1.0000	1.0000	0.0210	1.0000	0.979	0.939	4.01%	0.9805
	2019	3,421,432	1,062,563	31.1%	1,738	3,225,803	1,001,746	31.1%	1.0075	0.9982	0.0240	0.9973	0.976	0.924	4.01%	0.9428
	2020	3,683,439	1,196,263	25.5%	1,659	4,254,312	1,086,151	25.5%	1.5726	0.9822	0.0458	0.9733	0.954	0.961	4.01%	0.9064
	2021	4,794,245	20,901	0.4%	1,610	4,178,242	29,413	0.7%	1.9890	0.9786	0.0290	0.9678	0.971	0.959	4.01%	0.8715
	2022	4,632,201	1,633,130	35.3%	1,571	3,851,468	1,388,452	35.3%	1.6900	0.9786	0.0248	0.9678	0.975	0.966	4.01%	0.8379
	2023	4,464,522	1,911,680	42.8%	1,529	3,596,821	1,540,136	42.8%	1.6900	0.9786	0.0282	0.9678	0.974	0.964	4.01%	0.8056
	2024	4,298,411	2,231,551	51.9%	1,487	3,329,562	1,728,566	51.9%	1.6900	0.9786	0.0277	0.9678	0.972	0.963	4.01%	0

Note:

There has not been any rate increase on these policies issued in Virginia.

- The projections are based on the assumptions derived using experience data through 6/30/2017.
- The current requested increase of 99% is assumed to be implemented starting 9/1/2019.

Metropolitan Life Insurance Company  
1300 Hall Boulevard, Bloomfield, CT 06002  
Email: [mark.newton@metlife.com](mailto:mark.newton@metlife.com)



**Mark D. Newton, FSA, MAAA**

December 11, 2019

Bill Dismore  
Virginia Bureau of Insurance  
P.O. Box 1157  
Richmond, Virginia 23218-1157

Re: Objection Letter Dated November 26, 2019  
SERFF/STATE Tracking #: META-131864670  
Company Tracking #: CT19-218 VIP2 old

Dear Mr. Dismore:

Thank you for your response dated November 26, 2019. Here are the answers to your questions:

### **Objection 1**

Please contact the undersigned at (804) 371-9370 or via email at [bill.dismore@scc.virginia.gov](mailto:bill.dismore@scc.virginia.gov) to set up a conference call between the VA BOI and the Company's actuary(ies) and compliance officer to resolve the following issues present in this filing and META-131864670.

The issue in question is as follows:

Both filings have requested rate increases for the same form numbers. The forms were issued in Virginia from April of 2005 through December of 2009. The Company has labeled the filings VIP2 (Old) which is META-131864670, requesting a 105% rate increase; and VIP2 (New) which is META-131864657 requesting a 42% rate increase. MetLife has separated the filings by application date. All policies in which the applications were received on or before 6/15/2009 (1,526 policies) will receive a 105% rate increase. All policies in which the applications were received on or after 6/16/2009 (191 policies) will receive a 42% rate increase.

MetLife argues that the policies issued on 6/16/2009 or later, where approved, were issued at higher premiums to address emerging rate inadequacies, specifically material changes in pricing assumptions including lapse and mortality. MetLife intends for the rate increase differential in these filings to moderate the gap between the two base rates, which they feel is appropriate given the similarity of the features, demographics and risk profile. They also state that this has been their approach nationwide and they have never been asked to combine the base rates by states that have approved rate increases. They believe it is most equitable to maintain this practice for the VA filings.

The Virginia Bureau of Insurance expressed their concerns regarding separate filings for the same form, under SERFF Tracking # META-128896442 in their 10/24/2014 Objection letter,

specifically stated under Objection #1. The Company did not respond to that objection and the filing was ultimately rejected.

**[MetLife Response]** We are requesting a 99% premium increase on all VIP2 policies based on the combined experience of the two VIP2 filings. Combined experience is demonstrated in the file titled "*VIP2 All Combined - Exhibit I*". New rate tables reflecting the updated request are provided with this response.

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

Thank you for your timely response and consideration.

Sincerely,

A handwritten signature in black ink that reads "Mark D. Newton". The signature is written in a cursive, flowing style.

Mark D. Newton, FSA, MAAA  
Actuarial Director, Metropolitan Life Insurance Company

Metropolitan Life Insurance Company  
1300 Hall Boulevard, Bloomfield, CT 06002  
Email: [mark.newton@metlife.com](mailto:mark.newton@metlife.com)



**Mark D. Newton, FSA, MAAA**

December 12, 2019

Bill Dismore  
Virginia Bureau of Insurance  
P.O. Box 1157  
Richmond, Virginia 23218-1157

Re: Objection Letter Dated December 12, 2019  
SERFF/STATE Tracking #: META-131864670  
Company Tracking #: CT19-218 VIP2-OLD (RATE) (RW)

Dear Mr. Dismore:

Thank you for your response dated December 12, 2019. Here are the answers to your questions:

**Objection 1**

Please revise the above referenced documents and accompanying exhibits to support the revised proposed rate increase.

**[MetLife Response]** We have updated the referenced documents and accompanying exhibits as requested.

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

Thank you for your timely response and consideration.

Sincerely,

A handwritten signature in black ink that reads 'Mark D. Newton'.

Mark D. Newton, FSA, MAAA  
Actuarial Director, Metropolitan Life Insurance Company  
Actuarial Director, Metropolitan Life Insurance Company

Metropolitan Life Insurance Company  
1300 Hall Boulevard, Bloomfield, CT 06002  
Email: [mark.newton@metlife.com](mailto:mark.newton@metlife.com)



**Mark D. Newton, FSA, MAAA**

January 16, 2020

Bill Dismore  
Virginia Bureau of Insurance  
P.O. Box 1157  
Richmond, Virginia 23218-1157

Re: SERFF/STATE Tracking #: META-131864670  
Company Tracking #: CT19-218 VIP2-OLD (RATE) (RW)

Dear Mr. Dismore:

We have revised our filing to reflect a 69% rate increase as agreed upon by your department.  
We are submitting revised rates, actuarial memorandum and exhibits for your review.

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

Thank you for your timely response and consideration.

Sincerely,

A handwritten signature in black ink that reads 'Mark D. Newton' in a cursive, flowing script.

Mark D. Newton, FSA, MAAA  
Actuarial Director, Metropolitan Life Insurance Company

State:	Virginia	Filing Company:	Metropolitan Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Individual Long-Term Care Insurance		
Project Name/Number:	2019 Rate Increase Filings/CT19-218 VIP2-Old (rate)		

## 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)
08/16/2019	Withdrawn 01/21/2020	Supporting Document	Explanation of Variable	11/19/2019	EOV_ACI Protection Modification Rider MN.pdf (Superceded) EOV_ASI Protection Modification Rider MN.pdf (Superceded)



NAIC Company No. is 65978

## **STATEMENT OF VARIABILITY**

### **Automatic Compound Inflation Protection Modification Rider**

- The bracketed percentage in the first bolded sentence will be customized for each insured that accepts the alternative lower automatic compound inflation protection offer.
- Automatic Compound Inflation Benefit section - The bracketed percentages in the first and second paragraphs will be customized for each insured that accepts the alternative lower automatic compound inflation protection offer.
- Rider effective date at the end of the rider is bracketed, and will be customized for each insured.



NAIC Company No. is 65978

## **STATEMENT OF VARIABILITY**

### **Automatic Simple Inflation Benefit Modification Rider**

- The bracketed percentage in the first bolded sentence will be customized for each insured that accepts the alternative lower automatic compound inflation protection offer.
- Automatic Simple Inflation Benefit section - The bracketed percentage in the first paragraph, will be customized for each insured that accepts the alternative lower automatic compound inflation protection offer.
- Rider effective date at the end of the rider is bracketed and will be customized for each insured.