#### **BANKERS LIFE AND CASUALTY COMPANY - NAIC 61263**

## LTC Individual - Comprehensive - Tax Qualified

POLICY FORM: GR-N350

1Yr	2Yrs	3Yrs	4Yrs	5Yrs	6Yrs	7Yrs	Lifetime	Other
YES	YES	YES	YES	YES	YES	NO	NO	YES

MPB

Company Notes: Other Notes: We offer the following benefit periods (in days): 365,500,730,1000,1095,1460,1500,1825,2000,2190,2500,2920.

#### 2. Nursing Home/Facility Daily Benefit Amounts (NHB) - There is a minimum and maximum amount offered in dollar increments.

Minimum	Maximum	Increment	Day	Week	Month	None	Other	
\$50	\$300	\$10	YES	NO	YES	NO	NO	
NHB								
Company	Enter Notes: N	None reported by	the company					
Notes:								

## 3. Residential Care Facility Daily Benefit (RCFE) - Represents the RCFE percentage of the Nursing Facility Limit.

1009	% 90%	80%	75%	70%	Other
YES	S NO	NO	NO	NO	NO
DOEE					

RCFE Company Notes:

Enter Notes: None reported by the company.

4. Home Care Benefit Amounts (HCB) - Represents the percentage of Home Care Benefit Amount for Comprehensive Policies.

100%	90%	80%	75%	70%	60%	50%	None	Other
YES	NO	NO	NO	NO	NO	YES	NO	NO
LICD								

HCB Company Notes:

Enter Notes: 50% OPTION

5. Home Care Only Benefit Amounts (HCBO) - There is a minimum and maximum amount offered in dollar increments.

Minimum	Maximum	Increment	Day	Week	Month	None	Other
						VES	

HCBO Company Notes:

Notes:

Not Applicable: This LTC policy form is not a Home Care Only policy.

# 6. Qualification for Benefits (QB)

QB_Z_UF_0	QB_2_UF_/	QB_UITI	QB_IVIIV	QB_CI	QB_90DR	QB_UTHZ		
YES	NO	NO	NO	YES	YES	NO		
QB		-					-	
Company	The need for	human assistan	ce or continual	supervision to	perform at least	2	of	6 Activities of Daily Living.

OD OTHE

# 7. Elimination Period (EP) = In days Select all that applies.

0	20	30	60	90	100	CALENDAR	SERVICE	Other
YES	NO	YES	YES	YES	NO	NO	YES	YES

EP Company

Enter Notes: 15 AND 180 DAY OPTIONS ARE ALSO AVAILABLE.

8. Inflation Protection (IP)

	1		Guaranteed	
	5%		Purchase	
IP Methodology	Compound	5% Simple	Option	Other
Explain IP Methodology: None reported by the company.	YES	YES	NO	YES

IP Company Notes:

Enter Notes: 3% AND 4% COMPOUND OPTIONS ARE ALSO AVAILABLE.

#### 9. Waiver of Premium (WAVP)

Enter Notes: Premiums are waived after 90 days of receiving covered services. Premiums are waived for the entire policy.

## **BANKERS LIFE AND CASUALTY COMPANY - NAIC 61263**

# **Long Term Care Insurance Rates**

POLICY FORM: GR-N350

LTC Individual - Comprehensive - Tax Qualified

	30 Day Ellir	mination Per	<u> 10a - Servic</u>	e	90 Day Elimination Period - Service				
ISSUE AGE	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	LIFETIME BENEFIT - NO INFLATION PROTECTION	INFLATION	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION PROTECTION	
40	\$451	\$1,633			\$399	\$1,445			
45	\$570	\$1,784			\$504	\$1,579			
50	\$614	\$1,912			\$543	\$1,693			
55	\$771	\$2,214			\$682	\$1,960			
60	\$1,075	\$2,678			\$951	\$2,371			
65	\$1,558	\$3,428			\$1,379	\$3,034			
70	\$2,454	\$4,697			\$2,172	\$4,157			
75	\$3,930	\$6,760			\$3,479	\$5,983			
80									

**Customer Service Telephone Number:** 

(800) 231-9150