

CONTINENTAL CASUALTY COMPANY - NAIC 20443

LTC Group - Comprehensive - Tax Qualified

Policy Form: GLTC-3-P-CA-01-TQ

1. Maximum Policy Benefit (MPB) = In year(s).

1Yr	2Yrs	3Yrs	4Yrs	5Yrs	6Yrs	7Yrs	Lifetime	Other
YES	YES	YES	YES	YES	YES	YES	YES	YES

MPB Company Notes:	(Number of Days) times the Nursing Facility Daily Benefit = _____ . Other Notes: Notes: 365, 730, 1095, 1460, 1825, 2190, 2555, 1500, 2000, 3000, 3650, 4000, 5000
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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
\$100	\$350	\$5	YES	NO	NO	NO	NO

NHB Company Notes:	Enter Notes:
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3. Residential Care Facility Daily Benefit (RCFE) - Represents the RCFE percentage of the Nursing Facility Limit.

100%	90%	80%	75%	70%	Other
YES	NO	NO	NO	NO	NO

RCFE Company Notes:	Enter Notes:
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4. Home Care Benefit (HCB) - Represents the percentage of Home Care Benefit Amount for Comprehensive Policies.

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

HCB Company Notes:	Enter Notes: 66 and 2/3rds % also available
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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

HCBO Company Notes:	Not Applicable. This LTC policy is not a Home Care Only policy.
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6. Qualification for Benefits (QB)

QB_2_OF_6	QB_2_OF_7	QB_OTH1	QB_MN	QB_CI	QB_90DR	QB_OTH2
YES	NO	YES	NO	YES	YES	NO

QB Company Notes: The need for human assistance or continual supervision to perform at least 3 of 6 Activities of Daily Living.

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

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

EP Company Notes: Enter Notes: 120C, 180C, 180/180S, 120/120S, 90/15S, 60/15S, 30/15S (where NF/HC service days)

8. Inflation Protection (IP)

IP Methodology	5% Compound	5% Simple	Guaranteed Purchase Option	Other
Explain IP Methodology:	YES	NO	YES	YES

IP Company Notes: Enter Notes: Deferred ABI (begins inflating at 5% compounded at age 65), 20 Year 5% Simple ABI

9. Waiver of Premium (WAVP)

Enter Notes: We will waive premiums starting with the first premium due after the Waiting Period. We will continue to waive premiums until the first of the month following the end of the Plan of Care.

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Long Term Care Insurance Rates

Policy Form: GLTC-3-P-CA-01-TQ

LTC Group - Comprehensive - Tax Qualified

	30 Day Elimination Period - Service				90 Day Elimination Period - Calendar			
ISSUE AGE	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	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
50	\$308	\$1,404	\$517	\$2,593	\$290	\$1,325	\$488	\$2,446
55	\$416	\$1,596	\$700	\$2,923	\$392	\$1,506	\$661	\$2,757
60	\$591	\$1,945	\$955	\$3,388	\$558	\$1,835	\$901	\$3,196
65	\$848	\$2,356	\$1,320	\$3,980	\$800	\$2,223	\$1,245	\$3,755
70	\$1,375	\$3,069	\$2,253	\$5,511	\$1,297	\$2,895	\$2,126	\$5,199
75	\$2,145	\$3,967	\$3,687	\$7,422	\$2,024	\$3,742	\$3,478	\$7,001
80	\$3,089	\$4,800	\$5,355	\$8,921	\$2,914	\$4,529	\$5,052	\$8,416

Customer Service Telephone Number: For existing policies only: 1 (800) 528-4582