# **JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A) - NAIC 65838**

### LTC Individual - Comprehensive - Tax Qualified

POLICY FORM: CA-06 10/11

1. Maximum Policy Benefit (MPB	) = In year(	s). Enter the number of da	ys in Company Notes.
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1Yr	2Yrs	3Yrs	4Yrs	5Yrs	6Yrs	7Yrs	Lifetime	Other
YES	YES	YES	YES	YES	YES	NO	NO	YES
MPB								

Notes:

365\_ (Number of Days) times the Nursing Facility Daily Benefit = \_365, 730, 1095, 1460, 1825, 2190, & 3650\_\_\_. Other Notes: 10 yr BP Company Notes:

# 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	\$500	\$10	YES	NO	NO	NO	NO					
NHB		-					-					
Company	Enter Notes:	nter Notes: None reported by the company.										
Notes:												

#### 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	YES	NO
RCFE					
Company	Enter Notes:	None reported b	by the company		
Notes:					

#### 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	YES	NO	NO	NO	NO
HCB								
Company	Enter Notes:	None reported by	by the company	<i>1</i> .				

# 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			
						YES				
HCBO										
Company	Not Applicable	lot Applicable: This LTC policy form is not a Home Care Only policy.								
Notes:										

#### 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	NO	NO	YES	YES	NO

QB	
Company	The need for human assistance or continual supervision to perform at least2 of6 Activities of Daily Living.
Notes:	

### **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	NO	YES	YES	
EP Company	Enter Notes: 1	180, 365, 730, 1	005						
Notes:	LINEI NOICS.	100, 303, 730, 1	093						

### 8. Inflation Protection (IP)

IP Methodolog	IV	5% Compound	5% Simple	Guaranteed Purchase Option	Other	
	dology: None reported by the company.	YES	YES	NO	YES	
Notos:						djusted on a compounded basis, according to increases in the riods of the highest inflation. In the event that the CPI decreases, the

### 9. Waiver of Premium (WAVP)

Enter Notes: While receiving benefits and after the satisfaction of the elimination period. Also offer an optional benefit rider called Survivorship and Waiver of Premiums where If both policyholds

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# **Long Term Care Insurance Rates**

POLICY FORM: CA-06 10/11

LTC Individual - Comprehensive - Tax Qualified

	30 Day Elir	mination Per	<mark>riod - Servic</mark>	e	90 Day Elimination Period - Service					
ISSUE AGE	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	INFLATION	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	INFLATION	LIFETIME BENEFIT - WITH INFLATION PROTECTION		
50	\$788	\$3,300			\$630	\$2,640				
55	\$1,013	\$3,525			\$810	\$2,820				
60	\$1,375	\$3,913			\$1,100	\$3,130				
65	\$2,050	\$4,838			\$1,640	\$3,870				
70	\$3,250	\$6,213			\$2,600	\$4,970				
75	\$5,163	\$8,700			\$4,130	\$6,960				
80										

**Customer Service Telephone Number:** (800) 377-7311