

MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY - NAIC 65935

LTC Individual - Comprehensive - Tax Qualified

POLICY FORM: MM500-P-2-CA

1. Maximum Policy Benefit (MPB) = In year(s). Enter the number of days in Company Notes.

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

MPB Company Notes: 2190 (Number of Days) times the Nursing Facility Daily Benefit = 6 Years. Other 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	\$400	\$10	YES	NO	NO		NO

NHB Company Notes: Enter Notes: None reported by the company.

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: 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	NO	NO	NO

HCB Company Notes: Enter Notes: None reported by the company.

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

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 Notes: The need for human assistance or continual supervision to perform at least 2 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	NO	YES	YES

EP Company Notes:	Enter Notes: 180 Days EP
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8. Inflation Protection (IP)

IP Methodology	5% Compound	5% Simple	Guaranteed Purchase Option	Other
Explain IP Methodology: inflates the DBA and policy maximum by an amount chosen at issue (3% or 5%) each year	YES	NO	NO	YES

IP Company Notes:	Enter Notes: 3% Compound
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9. Waiver of Premium (WAVP)

Enter Notes: No premiums are due when Facility Services Benefit (FSB) or Home Care Benefit (HCB) are payable. Any unearned premium returned on a pro-rata- basis. Premium becomes due when FSB or HCB are no longer being paid.

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Long Term Care Insurance Rates

POLICY FORM: MM500-P-2-CA

LTC Individual - Comprehensive - Tax Qualified

ISSUE AGE	30 Day Elimination Period - Service				90 Day Elimination Period - Service			
	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
40	\$627	\$3,414			\$523	\$2,845		
45	\$694	\$3,393			\$578	\$2,828		
50	\$796	\$3,416			\$664	\$2,847		
55	\$972	\$3,504			\$810	\$2,920		
60	\$1,276	\$3,732			\$1,063	\$3,110		
65	\$1,828	\$4,446			\$1,524	\$3,705		
70	\$2,946	\$6,068			\$2,455	\$5,057		
75	\$4,942	\$8,984			\$4,118	\$7,487		
80								

Customer Service Telephone Number: (800) 272-2216