

MEDAMERICA INSURANCE COMPANY - NAIC 69515

LTC Individual - Nursing Facility/Residential Care - Tax Qualified

Policy Form: FC-337-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
YES	YES	YES	YES	YES	YES	YES	NO	YES

MPB Company Notes: 365 (Number of Days) times the Nursing Facility Daily Benefit = 1 year. Other Notes: 10 year MPB is also offered.

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 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
NO	NO	NO	YES	NO	NO

RCFE Company Notes: Enter Notes:

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
NO	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 _____ of _____ Activities of Daily Living.

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

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

EP Company Notes: Enter Notes: 180 days and 365 days are also offered.

8. Inflation Protection (IP)

IP Methodology	5% Compound	5% Simple	Guaranteed Purchase Option	Other
Explain IP Methodology: None reported by the company.	YES	YES	YES	YES

IP Company Notes: Enter Notes: Also offered are: 5% Comp 2X, 5% Simp 2X, 3% Comp, 3% Comp 2X, 3% Simp, 3% Simp 2X, Combination Benefit Increase, Daily Benefit Increase

9. Waiver of Premium (WAVP)

Enter Notes: Premiums are waived the day after the elimination period is met.

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Long Term Care Insurance Rates

Policy Form: FC-337-CA

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ISSUE AGE	30 Day Elimination Period - Calendar				90 Day Elimination Period - Calendar			
	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	\$381	\$1,590			\$321	\$1,342		
55	\$509	\$1,791			\$430	\$1,512		
60	\$694	\$2,054			\$586	\$1,735		
65	\$1,037	\$2,552			\$876	\$2,155		
70	\$1,604	\$3,273			\$1,354	\$2,763		
75	\$2,575	\$4,413			\$2,174	\$3,726		
80	\$4,172	\$6,321			\$3,523	\$5,336		

Customer Service Telephone Number: (800) 544 - 0327