NEW YORK LIFE INSURANCE COMPANY - NAIC 66915

LTC Individual - Comprehensive - Tax Qualified

POLICY FORM: ILTC-5000(CA)(0112)

1. Maximum Policy Benef	t (MPB) = In	vear(s). Enter the	number of days in Co	mpany Notes.
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1Yr	2Yrs	3Yrs	4Yrs	5Yrs	6Yrs	/Yrs	Lifetime	Other
NO	YES	YES	YES	YES	NO	YES	NO	YES
MDR								

MPB

Company Notes: _365__ (Number of Days) times the Nursing Facility Daily Benefit = 730, 1095, 1460, 1825, 2555 or 3650. Other Notes: 10 years is also available.

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	\$400	\$1	YES	NO	NO	NO	NO					
NHB												
Company	Enter Notes: N	nter Notes: None reported by the company.										
Notes:												

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

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

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	YES	YES	NO	YES	YES	YES	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	NO	NO						
QB												
Company	The need for hu	e 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	YES	NO	NO	YES	NO	NO	YES	YES		
EP Company	Enter Notes:	180 days and 30	65 days are als	o available						

8. Inflation Protection (IP)

	5%		Guaranteed Purchase		
IP Methodology	Compound	5% Simple	Option	Other	
Explain IP Methodology: None reported by the company.	YES	YES	YES	YES	
TIP Company I	•		•	•	Simple 6%, Compound 3%, Compound 5% and CPI-U. There is also benefits and premiums proportionally to the increase in the CPI-U

9. Waiver of Premium (WAVP)

Enter Notes: Premiums will be waived beginning on the first day that benefits are payable after the Waiting Period has been satisfied. Premiums will continue to be waived until no benefits are payable for 30 consecutive days.

NEW YORK LIFE INSURANCE COMPANY - NAIC 66915

Long Term Care Insurance Rates

POLICY FORM: ILTC-5000(CA)(0112)

LTC Individual - Comprehensive - Tax Qualified

	20 Day Eli	imination Pe	e <mark>riod - Serv</mark> i	ice	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	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		
40	\$800	\$4,060			\$548	\$2,781				
45	\$967	\$4,262			\$662	\$2,919				
50	\$1,167	\$4,392			\$799	\$3,008				
55	\$1,402	\$4,629			\$960	\$3,171				
60	\$1,698	\$4,823			\$1,163	\$3,304				
65	\$2,516	\$5,850			\$1,723	\$4,007				
70	\$4,170	\$8,091			\$2,856	\$5,542				
75	\$6,305	\$10,514			\$4,319	\$7,201				
80										

Customer Service Telephone Number: (800) 224 - 4582