### **KNIGHTS OF COLUMBUS - NAIC 58033**

# LTC Individual - Comprehensive - Tax Qualified

<b>1. Maximum Policy Benefit (MPB)</b> = In year(s). Enter the number of days in Company Notes.											
1Yr	2Yrs	3Yrs	4Yrs	5Yrs	6Yrs	7Yrs	Lifetime	Other			
				YES							
MPB Company Notes:	(Number of Days) times the Nursing Facility Daily Benefit =										
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										
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											
RCFE Company Notes:	Enter Notes: None reported by the company.										
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	0.101001		
YES	3070	0070	7070	7 0 70	0070	0070	140110	Otrici	1		
HCB Company Notes:	Enter Notes: None reported by the company.										
5 Home Care O	nly Renefit Am	ounts (HCBO) - T	here is a minimu	ım and maximum	amount offered in	n dollar increments.					
Minimum	Maximum	Increment	Day	Week	Month	None YES	Other				
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_MN	QB_CI	QB_90DR	QB_OTH2					
YES				YES	YES						
QB Company Notes:	The need for hu	uman assistance o	or continual supe	rvision to perform	n at least2	of6	Activities of D	aily Living.			

Policy Form: LTC01-CA 1-02TQ

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

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

EP Company

Enter Notes: Other = 180 Days

8. Inflation Protection (IP)

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

IP Company Notes:

Enter Notes: None reported by the company.

#### 9. Waiver of Premium (WAVP)

Enter Notes: None reported by the company.

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Policy Form: LTC01-CA 1-02TQ

### **Long Term Care Insurance Rates**

LTC Individual - Comprehensive - Tax Qualified

	30 Day Elir	mination Per	<mark>iod - Calen</mark>	<mark>dar                                    </mark>	90 Day Elimination Period - Calendar					
ISSUE AGE	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	INFLATION	LIFETIME BENEFIT - NO INFLATION PROTECTION	INFLATION	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	INFLATION	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION PROTECTION		
40	\$224	\$810			\$200	\$724				
45	\$307	\$973			\$274	\$869				
50	\$406	\$1,138			\$363	\$1,016				
55	\$520	\$1,322			\$465	\$1,180				
60	\$701	\$1,585			\$626	\$1,415				
65	\$1,042	\$2,061			\$930	\$1,841				
70	\$1,679	\$2,925			\$1,499	\$2,612				
75	\$3,079	\$4,753			\$2,750	\$4,244				
80	\$4,427	\$6,147			\$3,953	\$5,488				

**Customer Service Telephone Number:** (800) 524-3611