

**MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY - NAIC 65935**

**LTC Individual - Nursing Facility/Residential Care - Tax Qualified**

POLICY FORM: MM501-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	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 (HCB) - Represents the percentage of Home Care Benefit Amount for Comprehensive Policies.**

100%	90%	80%	75%	70%	60%	50%	None	Other

HCB Company Notes: Enter Notes: Not applicable for NFR policies

**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

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: MM501-P-2-CA

LTC Individual - Nursing Facility/Residential Care - Tax Qualified

	30 Day Elimination Period - Service			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	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION PROTECTION
40	\$693	\$3,773			\$577	\$3,144		
45	\$766	\$3,750			\$639	\$3,125		
50	\$880	\$3,775			\$733	\$3,146		
55	\$1,074	\$3,872			\$895	\$3,227		
60	\$1,409	\$4,124			\$1,175	\$3,437		
65	\$2,020	\$4,913			\$1,683	\$4,094		
70	\$3,255	\$6,705			\$2,712	\$5,588		
75	\$5,461	\$9,928			\$4,551	\$8,273		
80								

**Customer Service Telephone Number:** (800) 272-2216