

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
						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) are payable and as long as FSB remain payable, any unearned premium returned on a pro-rata- basis. Premium becomes due again when FSB 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	\$554	\$3,018			\$462	\$2,515		
45	\$613	\$3,000			\$511	\$2,500		
50	\$704	\$3,020			\$587	\$2,517		
55	\$859	\$3,098			\$716	\$2,581		
60	\$1,128	\$3,299			\$940	\$2,749		
65	\$1,616	\$3,930			\$1,347	\$3,275		
70	\$2,604	\$5,364			\$2,170	\$4,470		
75	\$4,369	\$7,942			\$3,641	\$6,619		
80	\$7,228	\$12,359			\$6,023	\$10,299		

Customer Service Telephone Number: (800) 272-2216