THRIVENT FINANCIAL - NAIC 56014

LTC Individual - Comprehensive - Tax Qualified

Policy Form: H-HX-LTC CA (13)F

1Yr	2Yrs	3Yrs	4Yrs	5Yrs	6Yrs	7Yrs	Lifetime	Other
NO	YES	YES	YES	YES	NO	NO	NO	YES

MPB

Notes:

Company Oth

Other MBP = 8 years

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
\$1,500	\$15,000	\$100	NO	NO	YES	NO	
NHB							
Company	Enter Notes: N	None reported by	the company				
Notes:							

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	
RCFE					
Company	Enter Notes: N	lone reported b	y the company.		
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	
YES	NO	NO	NO	NO	NO	NO	NO		
HCB									
Company	Enter Notes: N	None reported b	y the company.						
Notes:									

. Home Care Only Benefit Amounts (HCBO) - There is a minimum and maximum amount offered in dollar increments.

J. Home Care C	illy belieflic Allic		nere is a minimi	iiii aiiu iiiaxiiiiuiii a	annount onered in	dollar increments.	
Minimum	Maximum	Increment	Day	Week	Month	None	Other
						Yes	
HCBO Company Notes:	Not Applicable.	This LTC policy i	s not a Home Ca	are 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	The need for hu	ıman assistance o	or continual super	vision to perform	at least 2 of 6 Ac	ctivities of Daily Livir	ng or to protect health and safety when there is a cognitive impairment.
Notes:							

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

	NO	NO	VEC	NO NO	90 VES	NO	CALENDAR	SERVICE	Other
1	INO	NO	ILO	NO	ILO	INO	IES	NO	IES

EP Company Notes:

Other EP = 180 day; EP is calendar day if service is received at least once per week.

8. Inflation Protection (IP)

			Guaranteed	
	5%		Purchase	
IP Methodology	Compound	5% Simple	Option	Other
Explain IP Methodology:	YES	NO	YES	YES

IP Company Notes:

Other IP = 1% compound, 2% compound, 3% compound. GPO is the Flexible Increase Benefit. Each year benefits increase by 5% compounded annually. Premiums also increase with each option elected. Each year the increase offer may be declined. After three consecutive increase offers refused, no further increases will be offered. Once on claim, benefit increases resume even if previous offers were refused.

9. Waiver of Premium (WAVP)

Included in base contract.

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Long Term Care Insurance Rates

Policy Form: H-HX-LTC CA (13)F FEMALE

30 Day Flimination Period - Calendar

LTC Individual - Comprehensive - Tax Qualified

	30 Day Lili	illiation Per	iou - Calent	uai	30 Day Lilli	illiation Peno	u - Calellu	aı
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	648	4,251			540	3,542		
45	828	4,388			690	3,657		
50	972	4,539			810	3,783		
55	1,296	4,821			1,080	4,018		
60	1,620	5,119			1,350	4,266		
65	2,448	6,022			2,040	5,018		
70	3,276	6,880			2,730	5,733		
75	5,400	9,126			4,500	7,605		
80								

Note: Thrivent does not offer a lifetime benefit period. The maximum issue age is 79. Inflation protection premium shown is 5% Compound. EP is calendar days if service is received at least once per week.

Customer Service Telephone Number:

For existing policies only: 1 (800) 847-4836