

**THRIVENT FINANCIAL - NAIC 56014****LTC Individual - Comprehensive - Tax Qualified**

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

**1. Maximum Policy Benefit (MPB) = In year(s).**

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

MPB Company Notes:	Other MBP = 8 years
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**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 Notes:	Enter Notes: None reported by the company.
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**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.
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**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	NO

HCB Company Notes:	Enter Notes: None reported by the company.
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**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 is not a Home Care Only policy.
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**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 or to protect health and safety when there is a cognitive impairment.
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**7. Elimination Period (EP)** = In days. Select all that applies.

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

EP Company Notes:	Other EP = 180 day; EP is calendar day if service is received at least once per week.
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**8. Inflation Protection (IP)**

IP Methodology	5% Compound	5% Simple	Guaranteed Purchase 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.
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**9. Waiver of Premium (WAVP)**

Included in base contract.
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**THRIVENT FINANCIAL - NAIC 56014**

Policy Form: H-HX-LTC CA (13)M **MALE**

**Long Term Care Insurance Rates**

LTC Individual - Comprehensive - Tax Qualified

**30 Day Elimination Period - Calendar      90 Day Elimination Period - Calendar**

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	\$468	\$2,303			\$390	\$1,919		
45	\$576	\$2,413			\$480	\$2,011		
50	\$684	\$2,483			\$570	\$2,069		
55	\$900	\$2,664			\$750	\$2,220		
60	\$1,080	\$2,808			\$900	\$2,340		
65	\$1,620	\$3,353			\$1,350	\$2,795		
70	\$2,124	\$3,887			\$1,770	\$3,239		
75	\$3,456	\$5,253			\$2,880	\$4,378		
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. Rates shown are for single insureds. Couples discounts are available.

**Customer Service Telephone Number:** For more information, please contact the company: (800) 847-4836