2009 Long-Term Care Insurance Consumer Rate Guide (LTC/RG) STATISTICAL PLAN

INTRODUCTION

This is a statistical plan for the 2009 Long-Term Care Rate Guide Data Call. This document contains the reporting requirements, due dates and related information needed to complete your company's reporting obligations under California Insurance Code Section 10234.6.

The statistical plan contains ten sections. These sections are outlined below:

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A. SCOPE OF THE STUDY

This study is applicable to **all insurers licensed, by the California Department of Insurance, to write business in Class 6 Disability Lines.**

The State of California requires that every insurer, licensed to write Long-Term Care (Class 6, Disability Lines) business, **maintain and report** its data to the Insurance Commissioner following California Insurance Code Section 10234.6.

Pursuant to **CICS 10234.6** the consumer rate guide, *shall consist of two parts*:

1. **Rate History Portion**: As stated in CIC 10234.6(b)(1), " …a *history of the rates for all policies issued in the United States on or after January 1, 1990 and…".*

   This includes all rate increases throughout the United States which have been: (1) approved, (2) requested, but not yet approved, **by** July 31, 2009, and (3) if prior approval is not required, all rate increases for which you have mailed notifications to policyholders **prior** to July 31, 2009.

2. **Rate & Benefits Portion**: As stated in CIC 10234.6(b)(2), " …*a comparison of the policies, benefits, and sample premiums for all policies…"* Include rates and benefits for all policies issued for delivery in California as of December 1, 2009.

B. GENERAL RULES

WHO MUST FILE:

All insurers *that* ***will offer*** Long-Term Care coverage (Class 6, Disability Lines) insurance in California on or after January 1, 2009 or who have any history of rate increases within the United States since January 1, 1990. Insurers who file a consolidated annual statement as a group of companies **may not** submit consolidated experience. If a group has two or more companies writing Long-Term care policies, a separate company acknowledgment and data must be submitted for each company. As stated in Section A, this filing consists of two main parts, Rate History and Rates & Benefits.

Part 1 – Rate History Section: For companies that are ***not offering*** LTC insurance in California, but do have LTC policies i*n-force* or have had LTC insurance activity since January 1, 1990, you will only be responsible for the ***Rate History*** portion of this filing. Reporting of the Rate History portion only includes all rate increases nationwide (applicable to policies issued on or after January 1, 1990) which: (1) have been approved, (2) requested, but not yet approved, **before** July 31, 2009, and (3) if prior approval not required, all rate increases for which you have mailed notifications to policyholders **prior** to July 31, 2009.

Part 2 – Rate & Benefits Sections: Include rates and benefits for all policies issued for delivery in California as of December 1, 2009 which the company expects to offer on and after December 1, 2009.

IMPORTANT ISSUES ON THE EXCEL WORKBOOK:

There is an explanation of each worksheet on the LTC/RG-2009 Data Workbook in Section I of this Statistical Plan. However, several important issues should be noted at the very beginning of this Statistical Plan. These issues are discussed below:

1. **Company Information Worksheet**:
   a. Company Address: This address should reflect where the company contact person listed is currently located, not the main corporate location. This is important so that the Department of Insurance may have the correct location of the company contact person for future data calls.
   b. Company Customer Service Telephone Number: The toll free number listed on this worksheet should have a *current number* where California consumers can call and speak to a qualified representative who will be able to answer all of their questions in relation to Long-Term care insurance. If the toll free number listed is merely directed to an operator, it is the company's responsibility to make sure that the individual answering the phone is qualified to answer consumer inquires about Long-Term care coverage or direct that consumer to a trained professional who can address his needs.

B. GENERAL RULES (Continued) –

IMPORTANT ISSUES ON THE EXCEL WORKBOOK – (Continued)

2. **Rate Insurance History Details Worksheet**: There were no new changes added to the LTC/RG-2009 Rate Increase History worksheets. Please note the following when completing the rate increase history portion of the workbook:
   a. Column 6-Indicate Name of Company From Which Policy Form Was Acquired: Companies that acquired policy forms from other companies **must identify the company and NAIC number of the company from which that policy form was acquired**. *For example, ABC Insurance Company acquired policy form "LTC-003" from ACME Insurance Company, NAIC #12345. Indicate that policy form "LTC-003" was acquired from "ACME Insurance Company" in Column 6 and "12345" in column 7.*

   Column 7–NAIC Code of Acquired Company: Indicate the NAIC code number for the company listed in the adjacent column 6.

   b. Column 8-In California (indicate CA): Please indicate "CA" for California, not an "X".
   c. Column 13–1st Date [Rate] Increase Was Issued to a Policyholder): Prior data calls requested only the *Date of Increase Approval*, which is the date the premium increase was approved by the appropriate state authority. LTC/RG-2009 is requesting, in addition, that the *1st Date Increase Was Issued to a Policyholder* also be indicated.

3. **Rate Comparison Worksheets – (Examples A through H)**:
   a. Rates for Comprehensive Policies: The Rate Comparison Worksheets for Examples A through H provides additional information and instructions in the box entitled "Comprehensive Policies". For clarification, we have specified:
   Comprehensive Policies: *Provide the rate for $100 Daily Nursing Facility with 100% Residential Care Facility and 100% Home Care Benefit. If 100% is not offered, show rates for the highest percentage (%) offered.* ***Note****: See Page 14 of this Statistical Plan for how to report the correct rates for Nursing Facility, Residential Care Facility and Home Care Only amounts.*
   b. Elimination Periods: Some companies may provide policy forms which have "service day" elimination periods, as well as "calendar day" elimination periods. ***As long as the policy form fits the benefit plan design, please report both "service day" and "calendar day" elimination periods***. A "pop out" comment has been included in the first row of the Elimination Period column to instruct you to report your elimination periods with a "(S)" for service day and a "(C)" for calendar day. For example, 30 service day should be reported as "30 (S)" and 30 calendar day should be reported as "30 (C)".

B. GENERAL RULES (Continued) –

4. **Benefit Comparison Worksheet**: Quite a number of changes have been added to the Benefit Comparison Worksheet. A more standardized format has been created to make responses from insurers more uniform. This worksheet has been designed to report the available benefits for a particular policy form per page. You will need to select the "Add Policy Forms" button to create an addition page for each policy form your company offers.
   a. Policy Form: Indicate the complete Policy Form number. As in last years data call, **indicate only one Policy Form number per row**. Everything that follows to the right of that cell will report the complete description and history of benefits for the policy form number indicated. You will need to select the "Add Policy Forms" button at the top of the screen for each subsequent policy form. This button will create a new blank Benefit Comparison Worksheet.
   b. Policy Type: Using your mouse, click the appropriate box that best describes the policy form number being discussed. Click the box that best describes whether that policy form is an Individual, Group or Partnership policy.
   c. Class of Business: Select the appropriate box that indicates whether that policy form is Tax Qualified (TQ) or Non-Tax Qualified (NTQ).
   d. Policy Category: Select the appropriate box that indicates whether that policy form is a Nursing Facility and Residential Care Facility Only Policy (NFR), a Home Care Only Policy (HCO) or a Comprehensive Long-Term Care Policy (COMP.)
   e. Elimination Period: Select all the appropriate boxes that apply. Also, indicate whether the policy form specified provides the elimination period in "Calendar Day" or "Service Day" or "Both".
   f. Maximum Benefit Period: To standardize the maximum benefit, please provide your response "in days as a multiple of the Nursing Facility daily benefit". Therefore, we require that your response be standardized to reflect the number of days, times the Nursing Facility daily benefit. Merely fill in the blank space with all that apply. *For example, "365, 500, 730, 1000, 1095, 1460, 1500, 1825, 2000, 2190, 2500 & 2920 times the Nursing Facility Daily Amount & Lifetime". Also, in the boxes that follow your written response, indicate all of the annual equivalents or near annual equivalents that apply.*
   g. Nursing Facility Benefit Amount: Please express this amount in the following format, "$____ minimum to $____ maximum per [day, week or month] with a $____ increment". *****The boxes that follow your written response must also be selected to express whether per day, per week or per month.
   h. Residential Care Facility: This amount should be expressed as a percentage (%) of the Nursing Facility Limit. *****Boxes have been provided. Select all that apply. Note that Residential Care Facility, must be at least 70% of the Nursing Facility Limit.
   i. Home Care Benefit Amount (Comprehensive Policy): Also for comprehensive policies the Home Care Benefit Amount should also be expressed as a percentage (%) of the Nursing Facility Limit. *****Boxes have been provided. Select all that apply. Must be at least 50%.

B. GENERAL RULES (Continued) –

Benefit Comparison Worksheet (Continued) –

j. Home Care "Only" Benefit Amount: As with the Nursing Facility Benefit Amount, please express your response in the same format, "$____ minimum to $____ maximum per [day, week or month] with a $____ increment". The boxes that follow your written response must also be selected to express whether per day, per week or per month. ***Do not use this column for Home Care Benefit in a Comp. Policy***.

k. Qualifications for Benefits: This sections requests the qualification for benefits be indicated as Medical Necessity, Cognitive Impairment and/or the number of Activities for Daily Living (ADL) required. Checkboxes have been provided for your response. Indicate all that apply.

l. Inflation Protection: Report all options you offer: 5% Compound, 5% Simple, Guaranteed Purchase Option or Others by checking the boxes provided. Enter your response for "Others" in the cell provided.

m. Waiver of Premiums: Enter your free form response in the cell provided.

RE-SUBMISSIONS:

Submissions that do not pass the Department's validating tests will be returned to the company for corrections. No more than **one (1)** re-submission is acceptable. The company will be allowed **10 working days** to resubmit its data to the Department.

PENALTIES AND CHARGES:

The LTC/RG-2009 Statistical Plan shall contain a verification of an executive officer of the insurer, under penalty of perjury under the laws of the State of California, that the information contained therein is true and correct. Any insurer subject to LTC/RG-2009 which fails to file a submission when due, or which files an incorrect submission, shall be subject to all applicable penalties set forth by CIC Sections 10234.3(b) and 10234.4, which provide in part:

> **Pursuant to CICS 10234.3(b):** *Any insurer that violates this chapter is liable for an administrative penalty of not less than five thousand dollars ($5,000) for each violation. The penalty for committing a subsequent or knowing violation shall be not less than ten thousand dollars ($10,000) for each violation*
>
> **Pursuant to CICS 10234.4***: In addition to the assessment of penalties and other applicable remedies, the commissioner may take the following actions upon determination that a violation of this chapter, or an regulation adopted pursuant to this chapter, has occurred:*
>
> *(b) Suspend an insurer's certificate of authority.*

On the final re-submission, if the re-submitted data does not meet the LTC/RG-2009 reporting requirements set forth in this plan or, if the data fails the Department's initial validation tests, your company will be identified as being in NON-COMPLIANCE.

B. GENERAL RULES (Continued) –

VALIDATING PROCEDURE:
Companies should establish their own validating programs and procedures to detect errors to POLICY FORMS, CODES and STATISTICAL DATA reported. All data will be tested for accuracy and reasonability. Rejected data will be returned to the company for correction and resubmission. *If the company believes that the data is correct as submitted, but may be questioned by this Department, the company should provide an explanation in writing*.

C. REPORTING DUE DATES

The **ACKNOWLEDGEMENT OF RECEIPT FORM** is due **no later than AUGUST 28, 2009**.

The **DATA WORKBOOK** is due **no later than SEPTEMBER 14, 2009**.

Any ***requests for extensions*** in reporting must be received no later than **SEPTEMBER 07, 2009**. Requests for extensions must be in writing. Please e-mail your request to the attention of **Erlinda D. Hayin at hayine@insurance.ca.gov**.

D. RETRIEVING THE LTC/RG-2009 REPORTING FORMS AND INSTRUCTIONS FROM THE INTERNET

The LTC/RG-2009 instructions and forms are available on the California Department of Insurance's website. To retrieve this information, please follow the instructions below:

1. Go to the Department of Insurance Website: **http://www.insurance.ca.gov**.
2. Select **Insurers** page.
3. From the **Insurers** page, select **Data & Reports** link on the left-hand column.
4. Select **Statistical Plans** and then **Reporting Year 2009 Statistical Plans** link.
5. A message will appear requesting a user name and password. Enter the following:
   User Name: **GOTNUMBERS09** (case sensitive)
   Password: **STAT2009** (case sensitive)
6. Once you have accessed this website, review the instructions and download the files needed to complete your company's reporting obligations under LTC/RG-2009.

* *The **Acknowledgement Form** must be returned to the below address regardless of your reporting experience.*

** *The **LTC/RG-2009 Data Workbook is not functional on the Internet**. Upon saving the data workbook on "C" Drive or Diskette, exit the Internet and complete the workbook using Mircosoft Excel. See "Open File From Department Web Site" under Section H of this Statistical Plan for detailed instruction on how to save the data workbook to "C:\" drive or diskette (A:\) when using Internet Explorer and Netscape Navigator.*

E. METHOD OF REPORTING

The data workbook is available on the Internet as discussed in Section D. The data may be submitted two ways:

1. Via **e-mail attachment** to e-mail address: **Submissions@insurance.ca.gov**
2. Via **mail on CD-ROM**. If the company is unable to e-mail the data workbook, as preferred in option 1, you may save the data on CD-ROM and mail it to the Statistical Analysis Division of the California Department of Insurance at the address provided below.

ALL SUBMISSIONS MUST BE SUBMITTED ELECTRONICALLY. DO NOT SUBMIT A HARDCOPY FILING. We will print a hard copy of your data upon receiving the electronic submission. If you are unable to process an Excel 97 file, please contact this office for further instructions (see Section F for the appropriate contact person).

CALIFORNIA DEPARTMENT OF INSURANCE
Statistical Analysis Division
Attn: LTC/RG-2009
300 South Spring Street, 14th Floor
Los Angeles, CA 90013
CDI Fax #: (213) 897-6571

AFFIDAVIT FORM – Mandated legislative filings must be submitted with an affidavit completed and signed under oath before a notary public. Submit this form via mail to the address listed above. FAXing the Affidavit Form to the FAX number listed above is also acceptable.

F. CALIFORNIA DEPARTMENT OF INSURANCE CONTACT INFORMATION

Please contact the individual listed below for all questions or concerns regarding this filing.

Erlinda D. Hayin
Project Lead, LTC Rate Guide Data Call
Phone: (213) 346-6311
Fax: (213) 897-6571
E-mail: hayine@insurance.ca.gov

G. DEFINITION OF TERMS

The purpose of this section is to:

- Provide you with some definitions of terms used in this statistical plan.
- Instructions for completing the LTC/RG-2009 data worksheets.

Please remember to carefully review each element in this section. If you have any questions, please contact the appropriate Department of Insurance contact person listed in Section F.

1. **Class of Business**: For the purpose of this study, there will be two classes of business reported:
   a. Tax qualified (TQ).
   b. Non-tax qualified (NTQ).

2. **Policy Category**: For the purpose of this study, there will be three policy categories reported:
   a. Nursing Facility and Residential Care Facility Only (NFR).
   b. Home Care Only (HCO).
   c. Comprehensive Long-Term Care (COMP.).

3. **Policy Type:** The above policy categories should further be identified as being one of three types of policies:
   a. Individual policy form (I).
   b. Group policy form (G).
   c. Partnership (P).

H. INSTRUCTIONS FOR COMPLETING THE LTC/RG-2009 DATA WORKBOOK

The purpose of this section is to provide you with the reporting instructions necessary for completing the LTC/RG-2009 Data Workbook in MS Excel 97. The LTC/RG-2009 Data Workbook is the primary element of the LTC/RG-2009 Statistical Plan. The data entered into this workbook is recognized as:

- **Rate Increase History (RH) Portion:** A history of the rate increases approved or requested, but not approved, by July 31, 2009, for all policies issued in the **United States on or after January 1, 1990.**

- **Rate Comparison (RC) Portion:** Sample rates and benefits.

- **Benefits Comparison (BC) Portion:** List **all Policy Forms** offered by the company. Row-by-row, list the information pertaining to that specific policy form. The elements required on the BC portion are as follows below. *The elements required are described in complete detail in "Section – I" of this Statistical Plan*.

H. INSTRUCTIONS FOR COMPLETING THE LTC/RG-2009 DATA WORKBOOK (Continued) -

The LTC/RG-2009 Data Workbook is provided in an MS Excel 97 "workbook". Within the workbook, you will find tabs for each "worksheet". Upon accessing the data workbook on the Department's Internet web site, you can move from worksheet to worksheet by clicking the worksheet "tabs" at the bottom of your screen or clicking the "Next Page" button at the top of the worksheet. Complete all the worksheets provided. If your company cannot read or load the MS Excel 97 workbook, please contact the Department of Insurance contact person listed in Section F of this statistical plan.

1. SYSTEMS REQUIREMENTS

- **Microsoft Excel 97 or higher** – The data workbook will only run on Microsoft Excel 97 or higher. If you are experiencing difficulty in opening the data workbook and/or related files, please contact **Erlinda D. Hayin at 213-346-6311.**
- **Internet Explorer Version 5** or
- **Netscape Navigator**

2. OPENING FILE FROM DEPARTMENT WEB SITE

Upon entering the Long-Term Care Insurance Consumer Rate Guide Website (see Section E for accessing this page), click on the "Data Workbook" link to bring up the Excel workbook file, ***LTC/RG-2009.xls***

You may see different messages appear when using Internet Explorer or Netscape Navigator to access the LTC/RG-2008 data workbook. **Please refer to the appropriate sections below to SAVE the data workbook to a diskette before starting your data entry**.

- **Internet Explorer Version 5** –
  - A message will be displayed…***Microsoft Excel***…***The Workbook you are opening contains Macros***…
  - Select **Enable Macros***, which enables the* ***macros*** *that are needed to run the workbook. Calculations have been programmed and are automatic once data are provided. Use only positive numbers.*

To ***save*** the file to your "C" drive (hard-drive) or diskette, after retrieving it from the Departments web site, as indicated above.

- At the TOP LEFT-HAND corner of the LTC/RG-2009 Excel worksheet, **CLICK** on the button labeled **"SAVE AS"** in read (the SAVE AS button is only available on the "Contact" worksheet of the workbook).
- Select the ***path*** where you wish to save the file. If you are planning to save this file to a diskette choose the **"a:\"** drive, otherwise, choose **"c:\"** for your hark-drive.
- Under **FILE NAME** type ***LTC/RG-2009***.
- Select **SAVE**.
- Go to step 3, ***Enter Data***.

OPENING FILE FROM DEPARTMENT WEB SITE (Continued) -

- or **Netscape Navigator** –
  - A message will be displayed…
  - Select **SAVE TO DISK** and choose path where you would like to save your file.
  - Under **FILE NAME** type ***LTC/RG-2009***.
  - Select **SAVE**.
  - Go to step 3, ***Enter Data***.

3. **ENTER DATA**
   - Exit the Internet and go into MS Excel and retrieve the workbook you just saved to diskette or hard drive. You cannot complete the workbook from the Internet. You must be in Excel.
   - The Excel workbook has a number of worksheets, one for each section of the filing. The macro will automatically bring you to the Contact Information Form. If not, simply click on the worksheet entitled, "CONTACT INFO". **IMPORTANT: Be sure that your company's Contact Information is filled out completely**.
   - Begin entering the appropriate data, as requested by each worksheet. To move from worksheet to worksheet, click the worksheet tabs at the bottom of your screen or click the "Next Page" button at the top of the worksheet.

4. **VALIDATE** and confirm your entries.

5. **SAVE**
   Save the entire workbook on diskette or on your hard drive. If unable to submit data to this Department via the desired e-mail method, you may save data onto 3.5" Diskette and send the completed diskette to the address provided in Section E.

6. **PRINT**
   You may print each worksheet one at a time by clicking the "Print" button at the top of the worksheet, or from the last worksheet, you may print the entire workbook by clicking the "Print All" button.

7. **SUBMISSION OF DATA**
   Submit your completed LTC/RG-2009 filing to the California Department of Insurance as explained under Method of Reporting in Section E of this statistical plan. **IMPORTANT: A completed and signed AFFIDAVIT Form must be submitted in conjunction with your electronic submission of the data workbook, and may be mailed or FAXED.**

I. EXPLANATIONS OF EACH LTC/RG-2009 WORKSHEET

Company Info Worksheet:

This worksheet will contain your company name and contact information. This will include company's NAIC number, as well as detailed contact information such as e-mail address and fax number. The mailing address should reflect where the company contact person listed is currently located, not the main corporate location. This is important so that the Department of Insurance may have the correct location of the company contact person for future data calls. *It is also required that you provide a current public access phone number, such as a customer service "800" number, where consumers can call and speak to a qualified representative who will be able to answer all of their questions in relation to Long-Term care insurance*. If the toll free number listed is merely directed to an operator, it is the company's responsibility to make sure that the individual answering the phone is qualified to answer consumer inquires about Long-Term care coverage or direct that consumer to a trained professional who can address their needs. This number will be provided to the public in our published rate guide.

Policy Category Worksheet:

This worksheet indicates which ***category of policies*** your company ***offers***; meaning that you are selling a plan of this type during the first (1st) quarter of 2009 in California. Indicate whether it is:

- Nursing Facility and Residential Care Facility Only Policies (NFR).
- Home Care Only Policies (HCO).
- Comprehensive Long-Term Care Policies (COMP.).

It is further broken down by ***policy type***:

- Individual (I).
- Group (G).
- Partnership (P).

Theses sections are further divided into ***class of business***:

- Tax-Qualified (TQ)
- Non-Tax Qualified (NTQ)

In the appropriate section, indicate "yes" for each policy category your company offers. If not offering a specific policy category, leave space blank.

I. EXPLANATIONS OF EACH LTC/RG-2009 WORKSHEET (Continued) -

Rate Increase History (RH) Details Worksheet:

The **rate increase history portion** of the rate guide requires that each insurer shall provide all of the following information for each Long-Term care policy, including all policies, whether issued by the insurer or purchased or acquired from another insurer, issued in the United States ***on or after January 1, 1990***. As stated in Section A, *include all rate increases nationwide, which: (1) have been approved, (2) requested, but not yet approved, before July 31, 2009, and (3) if prior approval is not required, all rate increases for which you have mailed notifications to policyholders prior to July 31, 2009.*

The information required on the rate history portion is as follows:

- Policy Form (indicate specific form).
- Policy Type: Individual (I), Group (G) or Partnership (P).
- Policy Category: Nursing Facility & Residential Care Facility Only (NFR), Home Care Only (HCO) and Comprehensive Long-Term Care (COMP.). Utilize the Policy Codes (A through F) to indicate the corresponding policy category and class of business (tax qualified or non-tax qualified).
- Date Policy Form Sold (1st date policy form was sold).
- Date acquired (if applicable).
- Indicate Name of Company form which Policy From was Acquired (if applicable).
- NAIC Code number of Acquired Company [listed in the previous column].
- In California (indicate "CA").
- In Other States (indicate state abbreviation). *There should only be one state per line. If your company provides the same policy form in more than one state, then the next state and corresponding rate history should be provided for that policy form on another line (row).*
- Percentage (%) or "Range" of Premium Rate Increase Requested.
- Percentage (%) of "Range" Premium Rate Increase Approved.
- Date Premium Rate Increase Approved.
- 1st Date [Rate] Increase Was Issued to a Policyholders.

* Use the Rate History Explanation Worksheet to advise in the event that filed percentages are not available on purchased or acquired business.

<u>No Rate Increases since January 1, 1990</u>. If your company has had no rate increases requested or approved since January 1, 1990, you may indicate an "X" in the box provided at the top right hand corner of the screen and subsequent completion of the RH Worksheet will not be necessary.

I. EXPLANATIONS OF EACH LTC/RG-2009 WORKSHEET (Continued) -

Rate Increase History (RH)
Explanation Worksheet: This worksheet should be used to describe the increases indicated on the Rate History Details Worksheet. We understand that all rate increases may not be a single percentage applied to all ages and benefit period/elimination period combinations. For such cases, this worksheet should be used to provide brief explanations of how the increases are applied. Do not provide justifications for the rate increases.

For example:

- Percentage of increase applies only to specific age ranges.
- Increase applies only to policies with low elimination periods.
- Percentage differences may apply only to policies without inflation protection for the same policy form.
- Premium increase may be related as a percentage to a rider and thus not a level percentage of the entire premium.

Advise if percentages are not available on purchased or acquired business. Also, be sure that the Policy Form number is referenced in the left column.

Rate Comparison (RC) Worksheets: The rate **comparison portion** of the rate guide calls for a comparison of:

- ***policies***,
- ***benefits*** and
- ***sample premiums***.

The required collection of sample premiums* for specified benefit combinations is addressed in the **Rate Comparison Worksheets**, whereas the comparison of policies and their benefits is addressed in the **Benefit Comparison Worksheets**, discussed below. There are a total of eight (8) examples identified as RC-Example A through RC-Example H. Each example requests the annual premium for a specific benefit plan design at seven issue ages. Complete as many as your company offers, including multiple examples if necessary to accommodate Individual, Group and Partnership policy types. Leave blank any benefit plan design you do not offer. The benefit plan designs for Examples A through H are as follows. Also please note these important points:

IMPORTANT NOTE:

- ***Premiums should reflect your most Competitive Rate for which the largest group of individual applicants would qualify without spousal discount.**
- **For *Comprehensive Policies*, provide the rate for $100 Daily Nursing Facility Benefit with 100% Residential Care Facility and 100% Home Care Benefit. If 100% is not offered, show rates for the highest percentage (%) offered.**

I. EXPLANATIONS OF EACH LTC/RG-2009 WORKSHEET (Continued) –

Rate Comparison (RC) Worksheets (Continued) -

IMPORTANT NOTE (CONTINUED) -

- **For *Nursing Facility & Residential Care Facility (NFR) Only*** policies**, the same rates apply, i.e., provide your rates for $100 Daily Nursing Facility Benefit with 100% Residential Care Facility. If 100% not offered, show rates for the highest percentage (%) offered.**
- **For *Home Care "Only"(HCO)* policies, provide your rates for $100 Daily Benefit.**

Three (3) Year Benefit Period:

- **RC-Example A** – Benefit Plan Design: $100 Daily Benefit; 30 Day Elimination Period; 3Year Benefit Period.
- **RC-Example B** – Benefit Plan Design: $100 Daily Benefit; 30-Day Elimination Period; 3Year Benefit Period, ***with 5% compound inflation protection***.
- **RC-Example C** – Benefit Plan Design: $100 Daily Benefit; 90-Day Elimination Period; 3-Year Benefit Period.
- **RC-Example D** – Benefit Plan Design: $100 Daily Benefit; 90 Day Elimination Period; 3 Year Benefit Period, ***with 5% compound inflation protection***.

Life Time Benefit Period:

- **RC-Example E** – Benefit Plan Design: $100 Daily Benefit; 30 Day Elimination Period; Life Time Benefit Period.
- **RC-Example F** – Benefit Plan Design: $100 Daily Benefit; 30 Day Elimination Period; Life Time Benefit Period, ***with 5% compound inflation protection***.
- **RC-Example G** – Benefit Plan Design: $100 Daily Benefit; 90 Day Elimination Period; Life Time Benefit Period.
- **RC-Example H** – Benefit Plan Design: $100 Daily Benefit; 90 Day Elimination Period; Life Time Benefit Period, ***with 5% compound inflation protection***.

Note: Refer to the **IMPORTANT** note at the top of each RC Worksheet (Examples A - H) for clarification on the ***elimination periods***, and the reported rates for ***comprehensive policies***.

I. EXPLANATIONS OF EACH LTC/RG-2009 WORKSHEET (Continued) –

Benefit Comparison (BC) Quite a number of changes have been added to the Benefit Comparison Worksheet from last year's format. A more standardized format has been created to make responses from insurers more uniform. **SEE PAGES 5 and 6 OF THIS STATISTICAL PLAN FOR DETAILED INSTRUCTION ON COMPLETING THIS SECTION OF THE DATA CALL.** Checkboxes have also been provided for your convenience. This worksheet has been designed to report the available benefits for a particular policy form per page. You will need to select the "Add Policy Forms" button to create an addition page for each policy form your company offers. Companies must complete the Benefit Comparison (BC) Worksheet. Use this worksheet to indicate the various benefits range available.

- Policy Form.
- Policy Type.
- Class of Business.
- Policy Category.
- Elimination Period.
- Maximum Benefit Period.
- Nursing Facility Benefit Amount.
- Residential Care Facility Amount.
- Home Care Benefit Amount (Comprehensive Policy).
- Home Care **"Only"** Benefit Amount.
- Qualifications for Benefits.
- Inflation Protection.
- Waiver of Premiums.

J. PROPRIETARY POLICY

As a general rule all data submitted to the California Department of Insurance (CDI) Statistical Analysis Division is deemed to be proprietary in nature and treated as confidential. Data will only be released in the aggregate so no individual company experience is revealed, unless;

a. Mandated by California Insurance Code or California Code of Regulations.
b. Requested by other CDI Units for internal use, but continue to maintain confidentiality.
c. Ordered by the Insurance Commissioner or Legislative Insurance Committee in the public interest, and does not conflict with proprietary protection under current law.