

**MetLife<sup>®</sup>**

*Long-Term Care Insurance*

## OUTLINES OF COVERAGE

For Residents of the State of  
Maryland



*You can feel secure today  
with your plan in place . . .  
for tomorrow*

## **INSTRUCTIONS TO AGENT:**

- ☑ Forms applicable to the Value, Ideal, Premier, and Facilities-Only Policies. (State variations may apply.)
- ☑ Outline of Coverage applicable to the policy selected must be completed by the agent and left with the applicant.

**METROPOLITAN LIFE INSURANCE COMPANY**  
**P.O. BOX 937**  
**WESTPORT, CT 06881-0937**  
**1-888-565-3761**

**LONG-TERM CARE INSURANCE**  
**OUTLINE OF COVERAGE**  
**POLICY FORM LTC-VAL**

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NOTICE TO BUYER: THE POLICY MAY NOT COVER ALL OF THE COSTS ASSOCIATED WITH LONG-TERM CARE INCURRED BY THE BUYER DURING THE PERIOD OF COVERAGE. THE BUYER IS ADVISED TO REVIEW CAREFULLY ALL POLICY LIMITATIONS.

CAUTION: The issuance of the long-term care insurance policy will be based upon Your responses to the questions on Your application. A copy of Your application will be attached to Your policy. If Your answers are incorrect or untrue, Metropolitan Life Insurance Company ("MetLife") may have the right to deny benefits or rescind Your policy. The best time to clear up any questions is now, before a claim arises. If, for any reason, any of Your answers are incorrect, contact MetLife at this address: PO Box 937, Westport, CT 06881-0937.

1. The policy is an individual policy of insurance.
2. **PURPOSE OF OUTLINE OF COVERAGE.** This outline of coverage provides a very brief description of the important features of the policy. You should compare this outline of coverage to outlines of coverage for other policies available to You. This is not an insurance contract, but only a summary of coverage. Only the individual policy contains governing contractual provisions. This means that the policy sets forth in detail the rights and obligations of both You and MetLife. Therefore, if You purchase this coverage or any other coverage, it is important that You **READ YOUR POLICY CAREFULLY!**
3. **FEDERAL TAX CONSEQUENCES.** The policy is intended to be a federally tax-qualified long-term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.
4. **TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED.**
  - a. **RENEWABILITY. THE POLICY IS GUARANTEED RENEWABLE.** This means You have the right, subject to the terms of the policy, to continue the policy as long as You pay Your premiums on time. MetLife cannot change any of the terms of the policy without Your consent, except that, in the future, **METLIFE MAY INCREASE THE PREMIUM YOU PAY.**

- b. **WAIVER OF PREMIUM.** We will waive Your premium starting on the first day of the Policy Month which starts on or next follows the later of the date on which You: (1) become eligible for Benefits; and (2) satisfy the Elimination Period. You must resume payment of Your premium starting on the first day of the Policy Month which starts on or next follows the date on which You are no longer eligible for Benefits.

**5. TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS.** We reserve the right to change premium rates, subject to applicable state Insurance Department approval. Any such change in premium rates will apply to all policies in the same class as Yours in the state where Your policy was issued. We will provide You with forty-five (45) day written notice prior to any change in premium rates. The premium will not increase because You get older or Your health changes. However, Your premiums will change if We change Your benefit amounts or coverage as a result of Your request or as a result of an increase as provided under the terms of the policy.

**6. TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED.**

- a. You can return the policy to Us, or to the sales representative from whom You bought it, within thirty (30) days from the date You receive it. If so returned, the policy will be void from the beginning. We will refund any premium paid within thirty (30) days after We receive the returned policy.
  - b. We will refund any unearned premium due at Your death, on cancellation of the policy, or as a result of the policy being paid-up, to You, or to Your estate at Your death.

**7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE. IT IS NOT DESIGNED TO FILL THE 'GAPS' OF MEDICARE.** If You are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from MetLife.

Neither MetLife nor its agents represent Medicare, the federal government, or any state government.

### 8. LONG-TERM CARE INSURANCE COVERAGE.

Policies of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a Hospital, such as in a Nursing Home, in the community or in the Home.

The policy provides coverage in the form of a reimbursement benefit for covered long-term care expenses, subject to policy limitations and Elimination Period requirements.

### 9. BENEFITS PROVIDED BY THE POLICY (after You have satisfied the Elimination Period described below, and We have determined that You are eligible for Benefits):

#### Maximum Daily Benefit Amount

Nursing Home	\$	_____
Assisted Living Facility	\$	_____
Home Care and Community Care	\$	_____
<b>TOTAL LIFETIME BENEFIT</b>	\$	_____

#### ELIMINATION PERIOD

20 days  45 days  100 days

"Elimination Period" is the number of days after the Original Coverage Effective Date of the policy during which You must be: (1) eligible for Benefits; and (2) receiving Primary Services (other than Hospice Care and Respite Care), before certain Benefits become payable. These days need not be consecutive.

### ELIGIBILITY FOR THE PAYMENT OF BENEFITS.

You will be eligible for Benefits only if a Licensed Health Care Practitioner has certified to us in writing, within the last twelve (12) months, that You are Chronically Ill; and a Plan of Care including the Qualified Long-Term Care Services You need is in place for You.

In order for certain Benefits to be payable, You must also satisfy the Elimination Period.

### IMPORTANT DEFINITIONS

The "Activities of Daily Living" (ADL) are: bathing, dressing, transferring, toileting, continence and eating.

"Chronically Ill" means You are unable to perform, with-

out Substantial Assistance from another individual, at least two Activities of Daily Living for an expected period of at least ninety (90) days due to a loss of functional capacity; or You require Substantial Supervision to protect You from threats to health and safety due to Cognitive Impairment.

"Plan of Care" means a written plan prescribed by a Licensed Health Care Practitioner that identifies ways of meeting the Qualified Long-Term Care Service needs of a person who is Chronically Ill.

"Qualified Long-Term Care Services" means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, and Maintenance or Personal Care services which: (a) are required by a Chronically Ill individual; and (b) are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

"Cognitive Impairment" means a deficiency in an individual's short or long-term memory, orientation as to person, place, and time, deductive or abstract reasoning, or judgement as it relates to safety awareness.

"Substantial Assistance" means Hands-On Assistance or Standby Assistance. "Hands-On Assistance" means that You require the physical assistance of another person without which You would be unable to perform the Activities of Daily Living. "Standby Assistance" means that You require the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to You while You are performing the Activities of Daily Living.

"Substantial Supervision" means that You require continual supervision (which may include cueing by verbal prompting, gesture or other demonstrations) by another person that is necessary to protect You from threats to Your health and safety (such as may result from wandering).

### COVERED SERVICES

We will pay for the following Covered Services only if:

1. they are Qualified Long-Term Care Services; and
2. they are received after the Original Coverage Effective Date of the policy; and
3. they are received after satisfying any required Elimination Period; and
4. You are eligible for Benefits; and
5. the Total Lifetime Benefit has not been paid.

## COVERED SERVICES-PRIMARY SERVICES

On any day, You may receive one or more Primary Services. The most We will pay for any combination of Primary Services You receive on any day is the highest Maximum Daily Benefit Amount associated with the Primary Services You receive that day. Payment of benefits for Primary Services will reduce Your Total Lifetime Benefit.

### A. NURSING HOME, HOSPICE FACILITY, AND ASSISTED LIVING FACILITY BENEFITS, INCLUDING BED RESERVATION BENEFITS.

We will pay up to the applicable Maximum Daily Benefit Amount for actual charges You incur for the following Covered Services received in a Nursing Home, Hospice Facility or Assisted Living Facility: (1) Room and board; and (2) Nursing Care, Maintenance or Personal Care, Therapy Services and Hospice Care, from a Formal Caregiver; and (3) Bed Reservation Benefits up to thirty (30) days per Policy Year. The amount We will pay for Bed Reservation Benefits will not be more than the applicable Benefits We would pay if You had been confined in the Nursing Home, Hospice Facility or Assisted Living Facility on those days.

### B. HOME CARE & COMMUNITY CARE BENEFITS.

We will pay up to the Home Care and Community Care Maximum Daily Benefit Amount for actual charges You incur for the following Covered Services: (1) Home Health Care Services performed by a Nurse, Therapist or Certified Private Aide; and (2) Home Health Care Services performed by a Home Health Aide from a Home Health Care Agency; and (3) Homemaker Services performed by a Homemaker from a Home Health Care Agency; and (4) ongoing Care Advisory Services performed by a Care Advisor; and (5) at-home Hospice Care; and (6) Adult Day Care.

**C. RESPITE CARE BENEFITS.** "Respite Care" means Covered Services from a Formal Caregiver that temporarily relieves an Informal Caregiver. These Covered Services may be received in a Nursing Home, Hospice Facility, Assisted Living Facility, at Home or in an Adult Day Care Center. We will pay up to the Maximum Daily Benefit Amount for Respite Care shown on page 3 of the policy, for a maximum of twenty-one (21) days per Policy Year, for actual charges You incur, based on the type of service received. If You receive more than one type of Respite Care service on the same day, the Maximum Daily Benefit Amount payable is the highest Respite Care Daily

Benefit Amount that relates to the services used. You do not need to satisfy the Elimination Period for Respite Care Benefits to be payable. Receipt of Respite Care will not count toward satisfying the Elimination Period. Payment of these Benefits will reduce the Maximum Daily Benefit Amounts otherwise available.

### D. ALTERNATE SERVICES BENEFITS.

"Alternate Services" means Qualified Long-Term Care Services which are furnished by a facility or person not defined in the policy. We will consider paying for actual charges You incur for covered Alternate Services. We will pay for Alternate Services only if We determine that the Alternate Services meet all of the following: (1) the service falls within guidelines We establish as approved Alternate Services; and (2) it is a type of service described in Your Plan of Care; and (3) it effectively meets Your long-term care service needs; and (4) it is, for You, a cost-effective alternative to Primary Services which would have been covered under the policy; and (5) it is not provided by a member of Your Immediate Family; and (6) the Alternate Services and benefit amounts must be mutually agreed to, in writing, by You, Your Licensed Health Care Practitioner, and Us through an Alternate Services Agreement.

The Benefits We will pay for each day you receive Alternate Services will be the lesser of: (1) the actual charges You incur for the services received; or (2) the Maximum Daily Benefit Amount for the Covered Services We determine to be most closely related to the Alternate Services received.

## COVERED SERVICES - ADDITIONAL SERVICES

Additional Services may be received on the same day as Primary Services, without affecting the benefit amounts for Primary Services. The Maximum Benefit Amounts We will pay for Additional Services are shown on page 3 of the policy.

**A. NEEDS ASSESSMENT BENEFITS.** After You become eligible for Benefits, You can receive, at no extra charge to You, one Needs Assessment from a Care Management Organization, selected by Us and to whom We make direct payment. Or, You may select a Care Management Organization to conduct one Needs Assessment and We will pay as a Covered Service the actual charges You incur up to \$250. You do not need to satisfy the Elimination Period for this Benefit to be payable. Receipt of this service will not count toward satisfying the Elimination Period. Payment of this Benefit will not reduce Your Total Lifetime Benefit.

## B. INFORMAL CAREGIVER TRAINING BENEFITS.

We will pay up to the Maximum Benefit Amount for Informal Caregiver Training shown on page 3 of the policy, for the actual charges You incur to train an Informal Caregiver to perform Maintenance or Personal Care services for You in Your Home. This training can take place while You are at Home, or in a Hospital, Nursing Home, Hospice Facility or Assisted Living Facility, to make it possible for You to return Home and be cared for by the person who received the training. We will not pay for training someone who will be paid, under the terms of the policy, to care for You. You do not need to satisfy the Elimination Period for this benefit to be payable. Receipt of this service will not count toward satisfying the Elimination Period. Payment of this Benefit will reduce Your Total Lifetime Benefit.

## OPTIONAL RIDERS

The Riders shown below are available with Your policy. You have selected those Riders indicated by a  (check mark). The provisions of these Riders are highlighted below. Please refer to the actual Rider for full details.

### A. FUTURE PURCHASE RIDER. (See Section 11)

This Rider will provide You with an automatic increase in Your benefit amounts as of each Policy Anniversary, unless You give Us written notice of rejection prior to that Policy Anniversary. If You reject the automatic increase two (2) times in a row, You will no longer receive these increases automatically. There will be an additional premium for each increase in Your benefit amounts. The additional premium will be based on Your age and the premium rates at the time the increase takes effect. If no Benefits have been paid, each increase is equal to at least five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year. No increases will be made if You (or Your Insured Spouse, if You have a Shared Care Rider and Your Insured Spouse is eligible to receive benefits under Your Policy) are eligible for Benefits.

### B. 5% AUTOMATIC COMPOUND INFLATION PROTECTION RIDER. (See Section 11)

This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, and no changes have been made to Your Benefit Amounts pursuant to Your request, the amounts of the increases are equal to five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year.

### C. 5% AUTOMATIC SIMPLE INFLATION PROTECTION RIDER. (See Section 11)

This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid and no changes have been made to Your Benefit Amounts pursuant to Your request, the amounts of the increases are equal to five percent (5%) of the benefit amounts on the Original Coverage Effective Date as shown on page 3 of the policy.

### D. NONFORFEITURE COVERAGE RIDER. This Rider provides limited coverage if premiums for the policy, including premiums for this Rider, have been paid for at least five (5) full Policy Years and Your policy ends because of nonpayment of premiums or Your written request to cancel the policy. The same benefit amounts as those payable under the policy in effect immediately prior to the Nonforfeiture Date will be payable under this Rider, except that the Total Lifetime Benefit will be reduced to that which can be provided by the Nonforfeiture Value applied as a net single premium. Nonforfeiture Value means a percentage of premiums actually paid for this policy, not including any premiums waived or any portion of Your premium which paid for Your Nonforfeiture Coverage under the terms of this Rider. The Nonforfeiture Value will be not less than twenty-eight (28) percent at the end of five (5) full Policy Years, and will increase by one (1) percent for each completed quarter Policy Year that Your policy is in effect thereafter. Increases in the Nonforfeiture Value will end on the earlier of: (a) the end of the completed policy quarter in which the Nonforfeiture Value is eighty (80) percent; or (b) the Policy Anniversary on which You are eighty (80) years old. The total Benefits paid prior to and after the Nonforfeiture Date will not be more than the Total Lifetime Benefit in effect immediately prior to the Nonforfeiture Date.

### E. CONTINGENT BENEFITS UPON LAPSE RIDER. This Rider provides limited coverage if Your policy ends because of nonpayment of premiums or Your written request to cancel the policy, within 120 days of a Substantial Premium Increase as defined in the Rider. If Contingent Nonforfeiture Coverage takes effect, the same benefit amounts as those payable under the policy in effect immediately prior to the Contingent Nonforfeiture Date will be payable under this Rider, except that the Total Lifetime Benefit will be one hundred percent (100%) of the sum of all

premiums paid, including the premiums paid before any changes in Benefits, but the benefit amount will not be less than thirty (30) times the Nursing Home Maximum Daily Benefit Amount or Facility Daily Benefit Amount in effect immediately prior to the Contingent Nonforfeiture Date. The total Benefits paid under this Rider will not be more than the remaining Total Lifetime Benefit when Your policy Lapsed or ended due to Your request to cancel the policy. You will also have the opportunity to reduce Your Benefits so that Your premium will not increase.

- F. RESTORATION OF BENEFITS RIDER.** This Rider restores all or part of Your Total Lifetime Benefit by amounts paid on Your behalf which were applied against Your Total Lifetime Benefit, if: (1) Your Total Lifetime Benefit has not been exhausted; and (2) any required premiums for this policy, including premiums for this Rider, have been paid to cover a continuous period of 180 days from the first day of the Policy Month on or after the date You were no longer Chronically Ill; and (3) You provide proof satisfactory to Us that You were not Chronically Ill at any time during this 180 day period.
- G. RETURN OF PREMIUM RIDER.** This Rider provides for a return of premium if this Rider has been in effect for at least four (4) Policy Years and is in effect on the date of Your death. The amount paid will be equal to the total premiums paid minus any Benefits paid or payable by Us.
- H. SHARED CARE RIDER.** This Rider allows Your Insured Spouse to receive certain Benefits under Your policy after the Total Lifetime Benefit under Your Insured Spouse's policy has been exhausted. When Your Insured Spouse dies, the remaining Total Lifetime Benefit, if any, from Your Insured Spouse's Policy will be added to the remaining Total Lifetime Benefit under Your policy. Coverage for both You and Your Insured Spouse must be identical in all respects, for the entire time both policies are in effect up to the time Benefits become payable under this Rider.
- I. INDEMNITY RIDER.** This Rider changes Your long-term care insurance policy to provide for payment of the Maximum Daily Benefit Amount for Primary Services you have received, without regard to the actual charges you incur.

Since Benefits under the Policy will be paid without regard to actual charges You incur, part of the Benefits could be considered taxable income if they exceed the daily benefit amount limit prescribed by U.S. tax law (referred to as a "Per Diem" limit). This

"Per Diem" limit is indexed for inflation. You should consult with Your tax advisor.

- J. TEN YEAR PREMIUM PAYMENT RIDER.** This Rider provides that the premium for the coverage purchased on Your Original Coverage Effective Date be Paid-Up on the tenth (10th) Policy Anniversary. Any premium increase which results from a change in benefits under the terms of the policy will be treated separately for purposes of this Rider. "Paid-Up" means no further premiums are payable, but the policy remains in effect.
- K. PAID-UP PREMIUMS RIDER.** This Rider provides for the premium for the coverage purchased on Your Original Coverage Effective Date to become Paid-Up at the later of the Policy Anniversary on or after Your 65th Birthday or on the tenth (10th) Policy Anniversary. Any premium increase which results from a change in benefits under the terms of the policy will be treated separately for purposes of this Rider. "Paid-Up" means no further premiums are payable, but the policy remains in effect.

#### **10. LIMITATIONS AND EXCLUSIONS.** No payment will be made for any of the following:

- a. Treatment of alcoholism or drug addiction, unless the addiction was due to drug(s) taken on the advice of a Physician.
- b. Any care received while in a Hospital, except in a unit specifically designated as a Nursing Home or Hospice Facility.
- c. Any injury or sickness that results from:
  - 1. any war, or act of war (whether declared or undeclared); or
  - 2. Your participation in a felony, riot or insurrection.
- d. Any intentionally self-inflicted injury.
- e. Services performed by a member of Your Immediate Family.
- f. Any care or services received outside of the United States and its territories, except as described in the International Coverage section of the policy.
- g. Any service or supply to the extent the expense for it is reimbursable under Medicare, or would be reimbursable but for the application of a deductible, coinsurance or co-payment amount. This exclusion will not apply where Medicare is secondary payer under applicable law.
- h. Treatment received in a government facility ( except a hospital or other institution of the State or county or municipal corporation of the State); services for which benefits are available under a government

program (except Medicaid); or services for which no charge is normally made in the absence of insurance.

- i. We will not pay any claim for Covered Services received in Maryland when the appropriate regulatory board determines that the services were provided as a result of a prohibited referral as specified in Section 1-302 of the Health Occupations Article. A prohibited referral is a referral to a health care entity in which the health care practitioner and/or the practitioner’s Immediate Family owns a beneficial interest or with which they have a compensation agreement.

Once You are accepted for coverage, there are no limitations or exclusions for pre-existing conditions, or mental and nervous disorders, including Alzheimer’s Disease.

### COORDINATION OF METLIFE COVERAGES

If You have more than one long-term care insurance policy or certificate issued or insured by MetLife, We will reduce the benefit amounts payable to the extent necessary, so that the combination of Benefits under all of these policies and certificates will not exceed one hundred percent (100%) of the actual charges for Covered Services.

If You are eligible to receive Benefits under the policy and any other long-term care insurance policy or certificate issued or insured by MetLife with a coordination of benefits provision, then the policy or certificate with the earliest effective date will be deemed to be the primary coverage, and any other policy or certificate will be deemed secondary coverage, in order by effective date, from the earliest to the latest. Policies and certificates without a coordination of benefits provision will pay first.

This provision will not apply to policies or certificates which pay Benefits without regard to actual charges You incur.

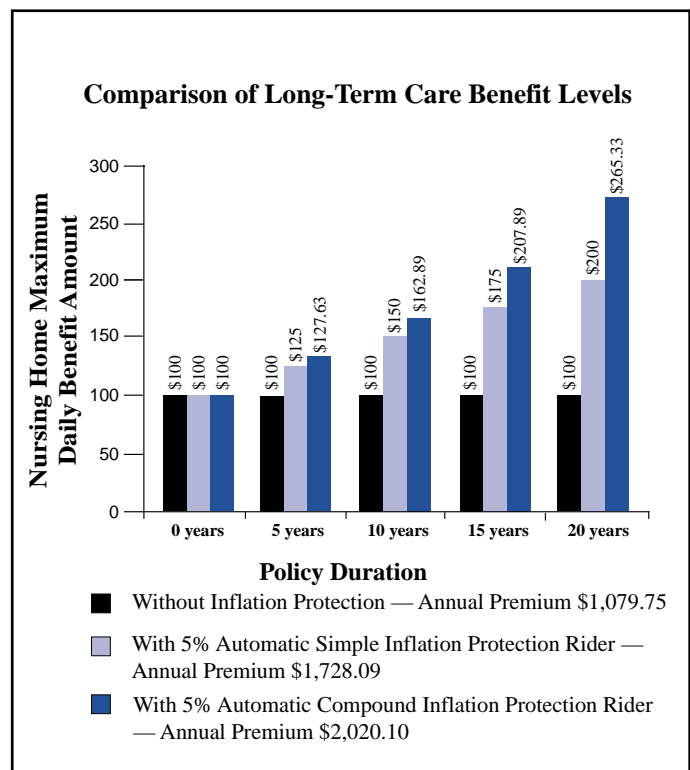
THE POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.

### 11. RELATIONSHIP OF COST OF CARE AND BENEFITS.

Because the costs of long-term care services will likely increase over time, You should consider whether and how the Benefits of the policy may be adjusted.

- A. **INFLATION PROTECTION.** You will have the opportunity to purchase one of two (2) Inflation Protection Riders. If You choose one of these Riders, the following increases are made without regard to Your age, claim status, claim history, health, or the length of time You have been covered under the policy. We reserve the right to adjust premium rates, on a class basis, for these Inflation Protection options. You have the choice of:
  - 5% Automatic Compound Inflation Protection Rider. This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, the amounts of the increases are equal to five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year; or
  - 5% Automatic Simple Inflation Protection Rider. This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, and no changes have been made to Your Benefit Amounts pursuant to Your request, the amounts of the increases are equal to five percent (5%) of the benefit amounts on the Original Coverage Effective Date as shown on page 3 of the policy.

The following graph compares the Benefits and premiums between a policy with the 5% Automatic Compound Inflation Protection Rider, a policy with the 5% Automatic Simple Inflation Protection Rider, and a policy without either Rider. For purposes of this graph, the premiums shown assume a policy issued to an individual who is age 65, has chosen a \$100 Nursing Home Maximum Daily Benefit Amount, a \$75 Home Care and Community Care Maximum Daily Benefit Amount, a 5 year Total Lifetime Benefit, and a 45 day Elimination Period.



**B. FUTURE PURCHASE RIDER.** This Rider will provide You with an automatic increase in Your benefit amounts as of each Policy Anniversary, unless You give Us written notice of rejection prior to that Policy Anniversary. If You reject the automatic increase two (2) times in a row, You will no longer receive these increases automatically. There will be an additional premium for each increase in Your benefit amounts. The additional premium will be based on Your age and the premium rates at the time the increase takes effect. If no Benefits have been paid, each increase is equal to at least five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year. No increases will be made if You (or Your Insured Spouse, if You have a Shared Care Rider and Your Insured Spouse is eligible to receive benefits under Your policy) are eligible for Benefits.

**C. BENEFIT INCREASE WITH EVIDENCE OF YOUR INSURABILITY.** You may, at any time, ask for an increase in Your benefit amounts in writing. Increases in amounts are subject to proof of Your insurability, satisfactory to Us, and Our underwriting rules and limits in effect at the time of Your request. The extra premium for the increase will be based on Your age, premium rates and Health Rating, at the time the increase takes effect.

**D. BENEFIT DECREASES.** You may, at any time, request a decrease in Your benefit amounts in writing. Decreases in amounts are subject to Our rules and limits in effect at the time of the request.

**12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS.** Once You are accepted for coverage, the policy provides coverage, for insureds clinically diagnosed as having Alzheimer's Disease or related degenerative and dementing illnesses, under the same terms as coverage for any other condition that qualifies You as Chronically Ill.

**13. ANNUAL PREMIUMS**  
(Premiums appear next to Riders selected.)

Value Policy	\$	<input type="text"/>
Future Purchase Rider	\$	<input type="text"/>
5% Automatic Compound Inflation Protection Rider	\$	<input type="text"/>
5% Automatic Simple Inflation Protection Rider	\$	<input type="text"/>
Nonforfeiture Coverage Rider	\$	<input type="text"/>
Contingent Benefits Upon Lapse Rider	\$	<input type="text" value="0.00"/>

Restoration of Benefits Rider	\$	<input type="text"/>
Return of Premium Rider	\$	<input type="text"/>
Shared Care Rider	\$	<input type="text"/>
Indemnity Rider	\$	<input type="text"/>
Ten Year Premium Payment Rider	\$	<input type="text"/>
Paid-Up Premiums Rider	\$	<input type="text"/>
Total Annual Premium	\$	<input type="text"/> *

\*This premium does not reflect any flexible Premium Payment Options that You may select. If You select a premium payment option or either the Ten Year Premium Payment Rider or the Paid-Up Premiums Rider, the federal income tax deduction You may receive for these premiums may be impacted. Please consult with Your tax advisor. If You pay premiums more frequently than annually, an additional charge will be included.

**14. ADDITIONAL POLICY FEATURES**

**A. MEDICAL UNDERWRITING.** The issuance of a policy will depend on the medical information obtained from Your application and any other authorized medical information We require.

**B. INTERNATIONAL COVERAGE.** We will pay You Benefits for International Coverage if You qualify under the terms of the policy. "International" means any location outside of the United States and its territories. We will pay a Per Diem (daily) Benefit of fifty percent (50%) of the Home Care and Community Care Maximum Daily Benefit Amount shown on page 2 of this outline of coverage. We will pay Benefits up to the lesser of: (1) Your Total Lifetime Benefit less any Benefits paid while You are in the United States and its territories; or (2) the Per Diem Benefit Amount for International Coverage times 3,650. Since Benefits for International Coverage are paid without regard to the actual charges You incur, part of the Benefits could be considered taxable income if they exceed the daily benefit amount limit prescribed by U.S. tax law (referred to as a "Per Diem" limit). This "Per Diem" limit is indexed for inflation. You should consult with Your tax advisor.

**C. EXTENSION OF BENEFITS.** If as of the date Your policy lapses, or as of the date We receive a written request to cancel the policy, You are eligible for Benefits and are confined in a Nursing Home, Hospice Facility or Assisted Living Facility, We will extend the payment of Benefits for Covered Services received so long as, without interruption, You remain eligible for Benefits and

confined. Subject to the Elimination Period and the terms of the policy, Benefits will be extended only until the earliest of the date: (1) You are no longer eligible for Benefits; or (2) You are no longer confined in the Nursing Home, Hospice Facility or Assisted Living Facility; or (3) the Total Lifetime Benefit has been paid.

**D. GRACE PERIOD.** After the first premium, You have a grace period of sixty-six (66) days to pay each premium after it is due. If the premium is not paid within thirty-one (31) days after it is due, We will send a written notice of Lapse of the policy to You and to any person named to receive such notice at the addresses given to Us. You have thirty-five (35) days after We mail this notice to pay the premium. The policy will stay in force during this time unless We receive a written request from You to cancel the policy. If We do not receive the premium by the end of the thirty-five (35) day period of mailing the notice, the policy will then Lapse.

**E. THIRD PARTY NOTIFICATION.** You have the right to name in writing a person in addition to You to receive notice of Lapse at the same time We send such notice to You. The person named will not be responsible for payment of the premium. You are responsible to inform Us of any change relating to the person named. We will inform You of Your right to change the person named at least once every two (2) years.

**F. REINSTATEMENT.** If Your policy Lapses, We will reinstate Your policy back to the date it Lapsed, if within twelve (12) months of that date You or someone acting for You:

1. request reinstatement and submit an application (“Reinstatement Health Questionnaire”). An application for reinstatement is always required.
2. submit proof of Your insurability, acceptable to Us, at Your expense; and
3. pay all past due premiums to Us, if We approve Your request for reinstatement. We will notify You of the amount of premium owed.

The policy will be reinstated upon approval of Your application (“Reinstatement Health Questionnaire”) and payment in full of all past due premiums. If We reinstate Your policy, Your premium will be what it would have been had Your coverage not been interrupted.

If We accept premium at any time and waive the requirements for the submission of an application (“Reinstatement Health Questionnaire”), Your pol-

icy will be reinstated. All past due premiums must be paid at that time.

If We accept a premium prior to reinstatement and You complete the application (“Reinstatement Health Questionnaire”) as required, We will issue a Conditional Receipt for the premium tendered. We also require evidence of Your insurability acceptable to Us. No sales representative or other person may waive or change any of these requirements.

We will notify You in writing of Our decision on or before the forty-fifth (45th) day after: (1) We receive Your request for reinstatement or (2) the date of the Conditional Receipt (if any), whichever is earlier. If We do not notify You within this forty-five (45) day period, Your policy will be reinstated at the end of this 45 day period. If Your policy is reinstated, You must also pay all past due premiums to Us.

The reinstated policy will cover those Benefits which We would pay pursuant to the terms of the policy if You become eligible for Benefits after the date of reinstatement. In all other respects, Your rights and Ours will be the same as they were just prior to the date of Lapse.

**G. REINSTATEMENT FOR COGNITIVE IMPAIRMENT OR LOSS OF FUNCTIONAL CAPACITY.** If Your policy Lapses, We will reinstate Your policy back to the date it Lapsed, without proof of Your good health, if within six (6) months of that date You or someone acting for You:

1. request reinstatement; and
2. submit proof acceptable to Us, that You suffered a Cognitive Impairment or loss of functional capacity before the policy Lapsed; and
3. pay all past due premiums to Us, if We approve Your request for reinstatement.

The standard of proof We will use will be no more restrictive than that described in the Eligibility for the Payment of Benefits section of the policy.

If We reinstate Your policy, Your premium will be what it would have been if Your coverage had not Lapsed.

**15. CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT METLIFE IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG-TERM CARE INSURANCE POLICY.**

**METROPOLITAN LIFE INSURANCE COMPANY**  
**P.O. BOX 937**  
**WESTPORT, CT 06881-0937**  
**1-888-565-3761**

**LONG-TERM CARE INSURANCE**  
**OUTLINE OF COVERAGE**  
**POLICY FORM LTC-IDEAL**

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NOTICE TO BUYER: THE POLICY MAY NOT COVER ALL OF THE COSTS ASSOCIATED WITH LONG-TERM CARE INCURRED BY THE BUYER DURING THE PERIOD OF COVERAGE. THE BUYER IS ADVISED TO REVIEW CAREFULLY ALL POLICY LIMITATIONS.

CAUTION: The issuance of the long-term care insurance policy will be based upon Your responses to the questions on Your application. A copy of Your application will be attached to Your policy. If Your answers are incorrect or untrue, Metropolitan Life Insurance Company ("MetLife") may have the right to deny benefits or rescind Your policy. The best time to clear up any questions is now, before a claim arises. If, for any reason, any of Your answers are incorrect, contact MetLife at this address: PO Box 937, Westport, CT 06881-0937.

1. The policy is an individual policy of insurance.
2. **PURPOSE OF OUTLINE OF COVERAGE.** This outline of coverage provides a very brief description of the important features of the policy. You should compare this outline of coverage to outlines of coverage for other policies available to You. This is not an insurance contract, but only a summary of coverage. Only the individual policy contains governing contractual provisions. This means that the policy sets forth in detail the rights and obligations of both You and MetLife. Therefore, if You purchase this coverage or any other coverage, it is important that You **READ YOUR POLICY CAREFULLY!**
3. **FEDERAL TAX CONSEQUENCES.** The policy is intended to be a federally tax-qualified long-term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.
4. **TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED.**
  - a. **RENEWABILITY. THE POLICY IS GUARANTEED RENEWABLE.** This means You have the right, subject to the terms of the policy, to continue the policy as long as You pay Your premiums on time. MetLife cannot change any of the terms of the policy without Your consent, except that, in the future, **METLIFE MAY INCREASE THE PREMIUM YOU PAY.**

- b. **WAIVER OF PREMIUM.** We will waive Your premium starting on the first day of the Policy Month which starts on or next follows the later of the date on which You: (1) become eligible for Benefits; and (2) satisfy the Elimination Period. You must resume payment of Your premium starting on the first day of the Policy Month which starts on or next follows the date on which You are no longer eligible for Benefits.

5. **TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS.** We reserve the right to change premium rates, subject to applicable state Insurance Department approval. Any such change in premium rates will apply to all policies in the same class as Yours in the state where Your policy was issued. We will provide You with forty-five (45) day written notice prior to any change in premium rates. The premium will not increase because You get older or Your health changes. However, Your premiums will change if We change Your benefit amounts or coverage as a result of Your request or as a result of an increase as provided under the terms of the policy.

6. **TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED.**

- a. You can return the policy to Us, or to the sales representative from whom You bought it, within thirty (30) days from the date You receive it. If so returned, the policy will be void from the beginning. We will refund any premium paid within thirty (30) days after We receive the returned policy.
  - b. We will refund any unearned premium due at Your death, on cancellation of the policy, or as a result of the policy being paid-up, to You, or to Your estate at Your death.

7. **THIS IS NOT MEDICARE SUPPLEMENT COVERAGE. IT IS NOT DESIGNED TO FILL THE 'GAPS' OF MEDICARE.** If You are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from MetLife.

Neither MetLife nor its agents represent Medicare, the federal government, or any state government.

## 8. LONG-TERM CARE INSURANCE COVERAGE.

Policies of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a Hospital, such as in a Nursing Home, in the community or in the Home.

The policy provides coverage in the form of a reimbursement benefit for covered long-term care expenses, subject to policy limitations and Elimination Period requirements.

## 9. BENEFITS PROVIDED BY THE POLICY (after You have satisfied the Elimination Period described below, and We have determined that You are eligible for Benefits):

### Maximum Daily Benefit Amount

Nursing Home/Assisted Living Facility \$ \_\_\_\_\_ \*

Home Care and Community Care \$ \_\_\_\_\_ \*

\*There is no daily limit for these Benefits. Instead there is a monthly limit.

Total Lifetime Benefit \$ \_\_\_\_\_

### Elimination Period

20 days  45 days  100 days

"Elimination Period" is the number of days after the Original Coverage Effective Date of the policy during which You must be: (1) eligible for Benefits; and (2) receiving Primary Services (other than Hospice Care and Respite Care), before certain Benefits become payable. These days need not be consecutive.

## ELIGIBILITY FOR THE PAYMENT OF BENEFITS.

You will be eligible for Benefits only if a Licensed Health Care Practitioner has certified to us in writing, within the last twelve (12) months, that You are Chronically Ill; and a Plan of Care including the Qualified Long-Term Care Services You need is in place for You.

In order for certain Benefits to be payable, You must also satisfy the Elimination Period.

## IMPORTANT DEFINITIONS

The "Activities of Daily Living" (ADL) are: bathing, dressing, transferring, toileting, continence and eating.

"Chronically Ill" means You are unable to perform, without Substantial Assistance from another individual, at

least two Activities of Daily Living for an expected period of at least ninety (90) days due to a loss of functional capacity; or You require Substantial Supervision to protect You from threats to health and safety due to Cognitive Impairment.

"Monthly Benefit Amount" means an amount equal to the number of days in the Calendar Month multiplied by the Maximum Daily Benefit Amount for Nursing Home, Assisted Living Facility or Home Care and Community Care shown on page 3 of the policy, as applicable.

"Plan of Care" means a written plan prescribed by a Licensed Health Care Practitioner that identifies ways of meeting the Qualified Long-Term Care Service needs of a person who is Chronically Ill.

"Qualified Long-Term Care Services" means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, and Maintenance or Personal Care services which: (a) are required by a Chronically Ill individual; and (b) are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

"Cognitive Impairment" means a deficiency in an individual's short or long-term memory, orientation as to person, place, and time, deductive or abstract reasoning, or judgement as it relates to safety awareness.

"Substantial Assistance" means Hands-On Assistance or Standby Assistance. "Hands-On Assistance" means that You require the physical assistance of another person without which You would be unable to perform the Activities of Daily Living. "Standby Assistance" means that You require the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to You while You are performing the Activities of Daily Living.

"Substantial Supervision" means that You require continual supervision (which may include cueing by verbal prompting, gesture or other demonstrations) by another person that is necessary to protect You from threats to Your health and safety (such as may result from wandering).

## COVERED SERVICES

We will pay for the following Covered Services only if:

1. they are Qualified Long-Term Care Services; and
2. they are received after the Original Coverage Effective Date of the policy; and
3. they are received after satisfying any required Elimination Period; and

4. You are eligible for Benefits; and
5. the Total Lifetime Benefit has not been paid.

## **COVERED SERVICES - PRIMARY SERVICES**

During any Calendar Month, You may receive one or more Primary Services. The most We will pay for any combination of Primary Services You receive during any Calendar Month is the Nursing Home Monthly Benefit Amount. Payment of benefits for Primary Services will reduce Your Total Lifetime Benefit.

### **A. NURSING HOME, HOSPICE FACILITY, AND ASSISTED LIVING FACILITY BENEFITS, INCLUDING BED RESERVATION BENEFITS.**

We will pay up to the Nursing Home Monthly Benefit Amount for actual charges You incur in a Calendar Month for the following Covered Services received in a Nursing Home, Hospice Facility or Assisted Living Facility: (1) room and board; and (2) Nursing Care, Maintenance or Personal Care, Therapy Services and Hospice Care, from a Formal Caregiver; and (3) Bed Reservation Benefits up to thirty (30) days per Policy Year. The amount We will pay for Bed Reservation Benefits will not be more than the Benefits We would pay if You had been confined in the Nursing Home, Hospice Facility or Assisted Living Facility on those days.

### **B. HOME CARE & COMMUNITY CARE BENEFITS.**

We will pay up to the Home Care and Community Care Monthly Benefit Amount for actual charges You incur in a Calendar Month for the following Covered Services: (1) Home Health Care Services performed by a Nurse, Therapist or Certified Private Aide; and (2) Home Health Care Services performed by a Home Health Aide from a Home Health Care Agency; and (3) Homemaker Services performed by a Homemaker from a Home Health Care Agency; and (4) Ongoing Care Advisory Services performed by a Care Advisor; and (5) at-home Hospice Care; and (6) Adult Day Care.

### **C. RESPITE CARE BENEFITS.**

"Respite Care" means Covered Services from a Formal Caregiver that temporarily relieves an Informal Caregiver. These Covered Services may be received in a Nursing Home, Hospice Facility, Assisted Living Facility, at Home or in an Adult Day Care Center. We will pay up to the Maximum Daily Benefit Amount for Respite Care shown on page 3 of the policy, for a maximum of twenty-one (21) days per Policy Year, for actual charges You incur, based on

the type of service received. If You receive more than one type of Respite Care service on the same day, the Maximum Daily Benefit Amount payable is the highest Respite Care Daily Benefit Amount that relates to the services used. You do not need to satisfy the Elimination Period for Respite Care Benefits to be payable. Receipt of Respite Care will not count toward satisfying the Elimination Period. Payment of these Benefits will reduce the Monthly Benefit Amounts otherwise available.

### **D. ALTERNATE SERVICES BENEFITS.**

"Alternate Services" means Qualified Long-Term Care Services which are furnished by a facility or person not defined in the policy. We will consider paying for actual charges You incur for covered Alternate Services. We will pay for Alternate Services only if We determine that the Alternate Services meet all of the following: (1) the service falls within guidelines We establish as approved Alternate Services; and (2) it is a type of service described in Your Plan of Care; and (3) it effectively meets Your long-term care service needs; and (4) it is, for You, a cost-effective alternative to Primary Services which would have been covered under the policy; and (5) it is not provided by a member of Your Immediate Family; and (6) the Alternate Services and benefit amounts must be mutually agreed to, in writing, by You, Your Licensed Health Care Practitioner, and Us through an Alternate Services Agreement.

The Benefits We will pay for Alternate Services will be the lesser of: (1) the actual charges You incur for the services received; or (2) the Maximum Benefit Amount for the Covered Services We determine to be most closely related to the Alternate Services received.

## **COVERED SERVICES - ADDITIONAL SERVICES**

Additional Services may be received on the same day as Primary Services, without affecting the benefit amounts for Primary Services. The Maximum Benefit Amounts We will pay for Additional Services are shown on page 3 of the policy.

**A. NEEDS ASSESSMENT BENEFITS.** After You become eligible for Benefits, You can receive, at no extra charge to You, one Needs Assessment from a Care Management Organization, selected by Us and to whom We make direct payment. Or, You may select a Care Management Organization to conduct one Needs Assessment and We will pay as a

Covered Service the actual charges You incur up to \$250. You do not need to satisfy the Elimination Period for this Benefit to be payable. Receipt of this service will not count toward satisfying the Elimination Period. Payment of this Benefit will not reduce Your Total Lifetime Benefit.

**B. TRANSITION EXPENSE ALLOWANCE.** After You have satisfied the Elimination Period, We will pay up to the Maximum Benefit Amount for Transition Expense Allowance shown on page 3 of the policy. We will pay for actual charges You incur for Qualified Long-Term Care Services during or after the Elimination Period, if the expense was incurred on a day You were eligible for Benefits and not paid under any other provisions of the policy. Transition Expense Allowance may include items required pursuant to a Plan of Care, such as prescription drugs, personal emergency response systems, durable medical equipment or Home modifications, required by a Chronically Ill person in order to continue to live at Home. We will not pay for modifications that would increase the value of Your Home. Payment of this Benefit will reduce Your Total Lifetime Benefit.

**C. INFORMAL CAREGIVER TRAINING BENEFITS.** We will pay up to the Maximum Benefit Amount for Informal Caregiver Training shown on page 3 of the policy, for the actual charges You incur to train an Informal Caregiver to perform Maintenance or Personal Care services for You in Your Home. This training can take place while You are at Home, or in a Hospital, Nursing Home, Hospice Facility or Assisted Living Facility, to make it possible for You to return Home and be cared for by the person who received the training. We will not pay for training someone who will be paid, under the terms of the policy, to care for You. You do not need to satisfy the Elimination Period for this benefit to be payable. Receipt of this service will not count toward satisfying the Elimination Period. Payment of this Benefit will reduce Your Total Lifetime Benefit.

**D. SUPPORTIVE SERVICES AND SPECIALIZED TRANSPORTATION BENEFITS.** We will pay up to the Maximum Benefit Amount shown on page 3 of the policy for Supportive Services and Specialized Transportation, for actual charges You incur for the following Qualified Long-Term Care Services required to promote Your health and safety while Chronically Ill:

1. Supportive Services, which are services that enable You to remain safely at Home. Supportive Services may include: (a) shopping for items You need; (b) personal laundry services; (c) meal preparation; (d) Meals on Wheels; and (e) light housekeeping. These services can be performed by an Informal Caregiver.
2. Specialized Transportation, which is hiring a vehicle, with ramps, lifts or other special equipment to assist You to get in and out of it, to enable You to receive Qualified Long-Term Care Services.

You must satisfy the Elimination Period for this Benefit to be payable. Receipt of these services will not count toward satisfying the Elimination Period. Payment of this Benefit will reduce Your Total Lifetime Benefit.

### OPTIONAL RIDERS

The Riders shown below are available with Your policy. You have selected those Riders indicated by a  (check mark). The provisions of these Riders are highlighted below. Please refer to the actual Rider for full details.

**A. FUTURE PURCHASE RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts as of each Policy Anniversary, unless You give Us written notice of rejection prior to that Policy Anniversary. If You reject two (2) offers in a row, You will no longer receive these offers automatically. There will be an additional premium for each increase in Your benefit amounts. The additional premium will be based on Your age and the premium rates at the time the increase takes effect. If no Benefits have been paid, each increase is equal to at least five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year. No increases will be made if You (or Your Insured Spouse, if You have a Shared Care Rider, and Your Insured Spouse is eligible to receive benefits under Your Policy) are eligible for Benefits.

**B. 5% AUTOMATIC COMPOUND INFLATION PROTECTION RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, the amounts of the increases are equal to five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year.

- C. 5% AUTOMATIC SIMPLE INFLATION PROTECTION RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, and no changes have been made to your benefit amounts pursuant to Your request, the amounts of the increases are equal to five percent (5%) of the benefit amounts on the Original Coverage Effective Date as shown on page 3 of the policy.
- D. NONFORFEITURE COVERAGE RIDER.** This Rider provides limited coverage if premiums for the policy, including premiums for this Rider, have been paid for at least five (5) full Policy Years and Your policy ends because of nonpayment of premiums or Your written request to cancel the policy. The same benefit amounts as those payable under the policy in effect immediately prior to the Nonforfeiture Date will be payable under this Rider, except that the Total Lifetime Benefit will be reduced to that which can be provided by the Nonforfeiture Value applied as a net single premium. Nonforfeiture Value means a percentage of premiums actually paid for this policy, not including any premiums waived or any portion of Your premium which paid for Your Nonforfeiture Coverage under the terms of this Rider. The Nonforfeiture Value will be not less than twenty-eight (28) percent at the end of five (5) full Policy Years, and will increase by one (1) percent for each completed quarter Policy Year that Your policy is in effect thereafter. Increases in the Nonforfeiture Value will end on the earlier of: (a) the end of the completed policy quarter in which the Nonforfeiture Value is eighty (80) percent; or (b) the Policy Anniversary on which You are eighty (80) years old. The total Benefits paid prior to and after the Nonforfeiture Date will not be more than the Total Lifetime Benefit in effect immediately prior to the Nonforfeiture Date.
- E. CONTINGENT BENEFITS UPON LAPSE RIDER.** This Rider provides limited coverage if Your policy ends because of nonpayment of premiums or Your written request to cancel the policy, within 120 days of a Substantial Premium Increase as defined in the Rider. If Contingent Nonforfeiture Coverage takes effect, the same benefit amounts as those payable under the policy in effect immediately prior to the Contingent Nonforfeiture Date will be payable under this Rider, except that the Total Lifetime Benefit will be one hundred percent (100%) of the sum of all premiums paid, including the premiums paid before any changes in Benefits, but the benefit amount will not be less than thirty (30) times the Nursing Home Maximum Daily Benefit Amount in effect immediately prior to the Contingent Nonforfeiture Date. The total Benefits paid under this Rider will not be more than the remaining Total Lifetime Benefit when Your policy Lapsed or ended due to Your request to cancel the policy. You will also have the opportunity to reduce Your benefits so that Your premium will not increase.
- F. RESTORATION OF BENEFITS RIDER.** This Rider restores all or part of Your Total Lifetime Benefit by amounts paid on Your behalf which were applied against Your Total Lifetime Benefit, if: (1) Your Total Lifetime Benefit has not been exhausted; and (2) any required premiums for this policy, including premiums for this Rider, have been paid to cover a continuous period of 180 days from the first day of the Policy Month on or after the date You were no longer Chronically Ill; and (3) You provide proof satisfactory to Us that You were not Chronically Ill at any time during this 180 day period.
- G. RETURN OF PREMIUM RIDER.** This Rider provides for a return of premium if this Rider has been in effect for at least four (4) Policy Years and is in effect on the date of Your death. The amount paid will be equal to the total premiums paid minus any Benefits paid or payable by Us.
- H. SHARED CARE RIDER.** This Rider allows Your Insured Spouse to receive certain Benefits under Your policy after the Total Lifetime Benefit under Your Insured Spouse's policy has been exhausted. When Your Insured Spouse dies, the remaining Total Lifetime Benefit, if any, from Your Insured Spouse's Policy will be added to the remaining Total Lifetime Benefit under Your policy. Coverage for both You and Your Insured Spouse must be identical in all respects, for the entire time both policies are in effect up to the time Benefits become payable under this Rider.
- I. HOME CARE PLUS RIDER.** This Rider provides for an Enhanced Elimination Period and for reimbursement for Supplemental Items. If You are eligible for Benefits and incur expenses for Home Care and Community Care Covered Services on at least one day during a Calendar Week, that Calendar

Week will count as seven (7) days toward satisfying the Elimination Period. This rider also provides that We will pay up to a lifetime maximum benefit amount of fifty (50) times Your Nursing Home Maximum Daily Benefit Amount for Supplemental Items, which are the following items required pursuant to a Plan of Care: personal emergency response systems, Durable Medical Equipment or Home modifications (which do not increase the value of Your Home) required by a Chronically Ill person in order to live at Home.

**J. TEN YEAR PREMIUM PAYMENT RIDER.** This Rider provides that the premium for the coverage purchased on Your Original Coverage Effective Date be Paid-Up on the tenth (10th) Policy Anniversary. Any premium increase which results from a change in benefits under the terms of the policy will be treated separately for purposes of this Rider. "Paid-Up" means no further premiums are payable, but the policy remains in effect.

**K. PAID-UP PREMIUMS RIDER.** This Rider provides for the premium for the coverage purchased on Your Original Coverage Effective Date to become Paid-Up at the later of the Policy Anniversary on or after Your 65th birthday or the tenth (10th) Policy Anniversary. Any premium increase which results from a change in benefits under the terms of the policy will be treated separately for purposes of this Rider. "Paid-Up" means no further premiums are payable, but the policy remains in effect.

## 10. LIMITATIONS AND EXCLUSIONS.

No payment will be made for any of the following:

- a. Treatment of alcoholism or drug addiction, unless the addiction was due to such drug(s) taken on the advice of a Physician.
- b. Any care received while in a Hospital, except in a unit specifically designated as a Nursing Home or Hospice Facility.
- c. Any injury or sickness that results from:
  1. any war, or act of war (whether declared or undeclared); or
  2. Your participation in a felony, riot or insurrection.
- d. Any intentionally self-inflicted injury.
- e. Services, other than Supportive Services, performed by a member of Your Immediate Family.

- f. Any care or services received outside of the United States and its territories, except as described in the International Coverage section of the policy.
- g. Any service or supply to the extent the expense for it is reimbursable under Medicare, or would be reimbursable but for the application of a deductible, coinsurance or co-payment amount. This exclusion will not apply where Medicare is the secondary payer under applicable law.
- h. Treatment received in a government facility (except a hospital or other institution of the State or county or municipal corporation of the State); services for which benefits are available under a government program (except Medicaid); or services for which no charge is normally made in the absence of insurance.
- i. We will not pay any claim for Covered Services received in Maryland when the appropriate regulatory board determines that the services were provided as a result of a prohibited referral as specified in Section 1-302 of the Health Occupations Article. A prohibited referral is a referral to a health care entity in which the health care practitioner and/or the practitioner's Immediate Family owns a beneficial interest or with which they have a compensation agreement.

Once You are accepted for coverage, there are no limitations or exclusions for pre-existing conditions, or mental and nervous disorders, including Alzheimer's Disease.

## COORDINATION OF METLIFE COVERAGES

If You have more than one long-term care insurance policy or certificate issued or insured by MetLife, We will reduce the benefit amounts payable to the extent necessary, so that the combination of Benefits under all of these policies and certificates will not exceed one hundred percent (100%) of the actual charges for Covered Services.

If You are eligible to receive Benefits under the policy and any other long-term care insurance policy or certificate issued or insured by MetLife with a coordination of benefits provision, then the policy or certificate with the earliest effective date will be deemed to be the primary coverage, and any other policy or certificate will be deemed secondary coverage, in order by effective date, from the earliest to the latest. Policies and certificates without a coordination of benefits provision will pay first.

This provision will not apply to policies or certificates which pay Benefits without regard to actual charges You incur.

THE POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.

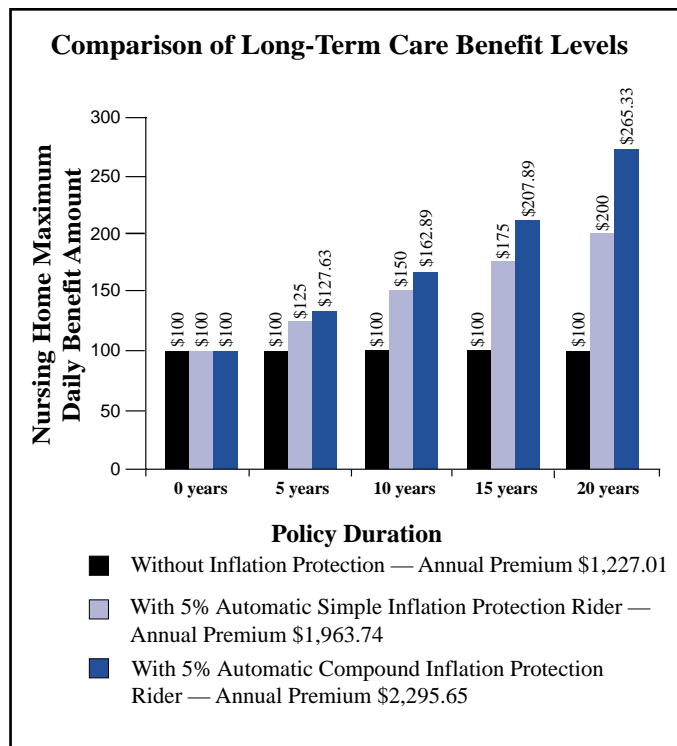
## 11. RELATIONSHIP OF COST OF CARE AND BENEFITS.

Because the costs of long-term care services will likely increase over time, You should consider whether and how the Benefits of the policy may be adjusted.

**A. INFLATION PROTECTION.** You will have the opportunity to purchase one of two (2) Inflation Protection Riders. If You choose one of these Riders, the following increases are made without regard to Your age, claim status, claim history, health, or the length of time You have been covered under the policy. We reserve the right to adjust premium rates, on a class basis, for these Inflation Protection options. You have the choice of:

- 5% Automatic Compound Inflation Protection Rider. This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, the amounts of the increases are equal to five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year; or
- 5% Automatic Simple Inflation Protection Rider. This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, and no changes have been made to Your benefit amounts pursuant to Your request, the amounts of the increases are equal to five percent (5%) of the benefit amounts on the Original Coverage Effective Date as shown on page 3 of the policy.

The following graph compares the Benefits and premiums between a policy with the 5% Automatic Compound Inflation Protection Rider, a policy with the 5% Automatic Simple Inflation Protection Rider, and a policy without either Rider. For purposes of this graph, the premiums shown assume a policy issued to an individual who is age 65, has chosen a \$100 Nursing Home Maximum Daily Benefit Amount, a \$75 Home Care and Community Care Maximum Daily Benefit Amount, a 5 year Total Lifetime Benefit, and a 45 day Elimination Period.



**B. FUTURE PURCHASE RIDER.** This Rider will provide You with an automatic increase in Your benefit amounts as of each Policy Anniversary, unless You give Us written notice of rejection prior to that Policy Anniversary. If You reject two (2) offers in a row, You will no longer receive these offers automatically. There will be an additional premium for each increase in Your benefit amounts. The additional premium will be based on Your age and the premium rates at the time the increase takes effect. If no Benefits have been paid, each increase is equal to at least five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year. No increases will be made if You (or Your Insured Spouse, if You have a Shared Care Rider, and Your Insured Spouse is eligible to receive benefits under Your policy) are eligible for Benefits.

**C. BENEFIT INCREASE WITH EVIDENCE OF YOUR INSURABILITY.** You may, at any time, ask for an increase in Your benefit amounts in writing. Increases in amounts are subject to proof of Your insurability, satisfactory to Us, and Our underwriting rules and limits in effect at the time of Your request. The extra premium for the increase will be based on Your age, premium rates and Health Rating, at the time the increase takes effect.

**D. BENEFIT DECREASES.** You may, at any time, request a decrease in Your benefit amounts in writing. Decreases in amounts are subject to Our rules and limits in effect at the time of the request.

## 12. ALZHEIMER'S DISEASE AND OTHER

**ORGANIC BRAIN DISORDERS.** Once You are accepted for coverage, the policy provides coverage for insureds clinically diagnosed as having Alzheimer's Disease or related degenerative and dementing illnesses, under the same terms as coverage for any other condition that qualifies You as Chronically Ill.

## 13. ANNUAL PREMIUMS

(Premiums appear next to Riders selected.)

Ideal Policy	\$ _____
Future Purchase Rider	\$ _____
5% Automatic Compound Inflation Protection Rider	\$ _____
5% Automatic Simple Inflation Protection Rider	\$ _____
Nonforfeiture Coverage Rider	\$ _____
Contingent Benefits Upon Lapse Rider	\$ _____ 0.00
Restoration of Benefits Rider	\$ _____
Return of Premium Rider	\$ _____
Shared Care Rider	\$ _____
Home Care Plus Rider	\$ _____
Ten Year Premium Payment Rider	\$ _____
Paid-Up Premiums Rider	\$ _____
Total Annual Premium	\$ _____*

\*This premium does not reflect any flexible Premium Payment Options that You may select. If You select a premium payment option or either the Ten Year Premium Payment Rider or the Paid-Up Premiums Rider, the federal income tax deduction You may receive for these premiums may be impacted. Please consult with Your tax advisor. If You pay premiums more frequently than annually, an additional charge will be included.

## 14. ADDITIONAL POLICY FEATURES

**A. MEDICAL UNDERWRITING.** The issuance of a policy will depend on the medical information obtained from Your application and any other authorized medical information We require.

**B. INTERNATIONAL COVERAGE.** We will pay You Benefits for International Coverage if You qualify under the terms of the policy.

"International" means any location outside of the United States and its territories. We will pay a Per Diem (daily) Benefit of fifty percent (50%) of the Home Care and Community Care Maximum Daily Benefit Amount shown on page 2 of this outline of coverage. We will pay Benefits up to the lesser of: (1) Your Total Lifetime Benefit less any Benefits paid while You are in the United States and its territories; or (2) the Per Diem Benefit Amount for International Coverage times 3,650. Since Benefits for International Coverage are paid without regard to the actual charges You incur, part of the Benefits could be considered taxable income if they exceed the daily benefit amount limit prescribed by U.S. tax law (referred to as a "Per Diem" limit). This "Per Diem" limit is indexed for inflation. You should consult with Your tax advisor.

**C. PAID-UP SURVIVORSHIP FEATURE.** Your policy will be Paid-Up for the Coverage in effect as of the date Your Insured Spouse's policy terminates due to Your Insured Spouse's death. "Paid-Up" means that no further premiums are payable for Your policy, but the Coverage remains in effect. However, You must pay any premium increase which results from a change in benefits under the terms of Your policy after Your policy is Paid-Up under this provision.

In order for Your policy to become Paid-Up under this provision, ALL of the following conditions must be met:

1. both You and Your Insured Spouse have each had a long-term care insurance policy which includes a Paid-Up Survivorship Feature in effect for the first ten (10) Policy Years; and
2. no Benefits were paid or payable to You or Your Insured Spouse for the first ten (10) Policy Years; and
3. Coverage for Your policy and Your Insured Spouse's policy must be identical in all respects for the entire time both policies are in effect. Coverage includes the policy form, Covered Services, Maximum Daily Benefit Amounts, Total Lifetime Benefit, Elimination Period, and any Rider(s) purchased; and
4. You must provide Us with written proof, satisfactory to Us, of the death of Your Insured Spouse.

**D. EXTENSION OF BENEFITS.** If as of the date Your policy lapses, or as of the date We receive a written request to cancel the policy, You are eligible for Benefits and are confined in a Nursing Home, Hospice Facility or Assisted Living Facility, We will extend the payment of Benefits for Covered Services received so long as, without interruption, You remain eligible for Benefits and confined. Subject to the Elimination Period and the terms of the policy, Benefits will be extended only until the earliest of the date: (1) You are no longer eligible for Benefits; or (2) You are no longer confined in a Facility or Assisted Living Facility; or (3) the Total Lifetime Benefit has been paid.

**E. GRACE PERIOD.** After the first premium, You have a grace period of sixty-six (66) days to pay each premium after it is due. If the premium is not paid within thirty-one (31) days after it is due, We will send a written notice of Lapse of the policy to You and to any person named to receive such notice at the addresses given to Us. You have thirty-five (35) days after We mail this notice to pay the premium. The policy will stay in force during this time unless We receive a written request from You to cancel the policy. If We do not receive the premium By the end of the thirty-five (35) day period of mailing the notice, the policy will then Lapse.

**F. THIRD PARTY NOTIFICATION.** You have the right to name in writing a person in addition to You to receive notice of Lapse at the same time We send such notice to You. The person named will not be responsible for payment of the premium. You are responsible to inform Us of any change relating to the person named. We will inform You of Your right to change the person named at least once every two (2) years.

**G. REINSTATEMENT.** If Your policy Lapses, We will reinstate Your policy back to the date it Lapsed, if within twelve (12) months of that date You or someone acting for You:

1. request reinstatement and submit an application (“Reinstatement Health Questionnaire”). An application for reinstatement is always required.
2. submit proof of Your insurability, acceptable to Us, at Your expense; and
3. pay all past due premiums to Us, if We approve

Your request for reinstatement. We will notify You of the amount of premium owed.

The policy will be reinstated upon approval of Your application (“Reinstatement Health Questionnaire”) and payment in full of all past due premiums. If We reinstate Your policy, Your premium will be what it would have been had Your coverage not been interrupted.

If We accept premium at any time and waive the requirements for the submission of an application (“Reinstatement Health Questionnaire”), Your policy will be reinstated. All past due premiums must be paid at that time.

If We accept a premium prior to reinstatement and You complete the application (“Reinstatement Health Questionnaire”) as required, We will issue a Conditional Receipt for the premium tendered. We also require evidence of Your insurability acceptable to Us. No sales representative or other person may waive or change any of these requirements.

We will notify You in writing of Our decision on or before the forty-fifth (45th) day after: (1) We receive Your request for reinstatement or (2) the date of the Conditional Receipt (if any), whichever is earlier. If We do not notify You within this forty-five (45) day period, Your policy will be reinstated at the end of this 45 day period. If Your policy is reinstated, You must also pay all past due premiums to Us.

The reinstated policy will cover those Benefits which We would pay pursuant to the terms of the policy if You become eligible for Benefits after the date of reinstatement. In all other respects, Your rights and Ours will be the same as they were just prior to the date of Lapse.

**H. REINSTATEMENT FOR COGNITIVE IMPAIRMENT OR LOSS OF FUNCTIONAL CAPACITY.** If Your policy Lapses, We will reinstate Your policy back to the date it Lapsed, without proof of Your good health, if within six (6) months of that date You or someone acting for You:

1. request reinstatement; and
2. submit proof acceptable to Us, that You suffered a Cognitive Impairment or loss of functional capacity before the policy Lapsed; and

3. pay all past due premiums to Us, if We approve Your request for reinstatement.

The standard of proof We will use will be no more restrictive than that described in the Eligibility for the Payment of Benefits section of the policy.

If We reinstate Your policy, Your premium will be what it would have been if Your coverage had not Lapsed.

**15. CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT METLIFE IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG-TERM CARE INSURANCE POLICY.**

**METROPOLITAN LIFE INSURANCE COMPANY**  
**P.O. BOX 937**  
**WESTPORT, CT 06881-0937**  
**1-888-565-3761**

**LONG-TERM CARE INSURANCE**  
**OUTLINE OF COVERAGE**  
**POLICY FORM LTC-PREM**

NOTICE TO BUYER: THE POLICY MAY NOT COVER ALL OF THE COSTS ASSOCIATED WITH LONG-TERM CARE INCURRED BY THE BUYER DURING THE PERIOD OF COVERAGE. THE BUYER IS ADVISED TO REVIEW CAREFULLY ALL POLICY LIMITATIONS.

CAUTION: The issuance of the long-term care insurance policy will be based upon Your responses to the questions on Your application. A copy of Your application will be attached to Your policy. If Your answers are incorrect or untrue, Metropolitan Life Insurance Company ("MetLife") may have the right to deny benefits or rescind Your policy. The best time to clear up any questions is now, before a claim arises. If, for any reason, any of Your answers are incorrect, contact MetLife at this address: PO Box 937, Westport, CT 06881-0937.

1. The policy is an individual policy of insurance.
2. **PURPOSE OF OUTLINE OF COVERAGE.** This outline of coverage provides a very brief description of the important features of the policy. You should compare this outline of coverage to outlines of coverage for other policies available to You. This is not an insurance contract, but only a summary of coverage. Only the individual policy contains governing contractual provisions. This means that the policy sets forth in detail the rights and obligations of both You and MetLife. Therefore, if You purchase this coverage or any other coverage, it is important that You READ YOUR POLICY CAREFULLY!

3. **FEDERAL TAX CONSEQUENCES.** The policy is intended to be a federally tax-qualified long-term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.

Since Benefits under the policy are paid without regard to the actual charges You incur, part of the Benefits could be considered taxable income if they exceed the daily benefit amount limit prescribed by U.S. tax law (referred to as a "Per Diem" limit). This "Per Diem" limit is indexed for inflation. You should consult with Your tax advisor.

4. **TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED.**

- a. **RENEWABILITY. THE POLICY IS GUARANTEED RENEWABLE.** This means You have the right, subject

to the terms of the policy, to continue the policy as long as You pay Your premiums on time. MetLife cannot change any of the terms of the policy without Your consent, except that, in the future, METLIFE MAY INCREASE THE PREMIUM YOU PAY.

- b. **WAIVER OF PREMIUM.** We will waive Your premium starting on the first day of the Policy Month which starts on or next follows the later of the date on which You: (1) become eligible for Benefits; and (2) satisfy the Elimination Period. You must resume payment of Your premium starting on the first day of the Policy Month which starts on or next follows the date on which You are no longer eligible for Benefits.

5. **TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS.** We reserve the right to change premium rates, subject to applicable state Insurance Department approval. Any such change in premium rates will apply to all policies in the same class as Yours in the state where Your policy was issued. We will provide You with forty-five (45) day written notice prior to any change in premium rates. The premium will not increase because You get older or Your health changes. However, Your premiums will change if We change Your benefit amounts or coverage as a result of Your request or as a result of an increase as provided under the terms of the policy.

6. **TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED.**

- a. You can return the policy to Us, or to the sales representative from whom You bought it within thirty (30) days from the date You receive it. If so returned, the policy will be void from the beginning. We will refund any premium paid within thirty (30) days after We receive the returned policy.
- b. We will refund any unearned premium due at Your death, on cancellation of the policy, or as a result of the policy being paid-up, to You, or to Your estate at Your death.

**7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE. IT IS NOT DESIGNED TO FILL THE ‘GAPS’ OF MEDICARE.** If You are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from MetLife.

Neither MetLife nor its agents represent Medicare, the federal government, or any state government.

**8. LONG-TERM CARE INSURANCE COVER-AGE.** Policies of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a Nursing Home, in the community or in the home.

The policy provides coverage in the form of a fixed dollar (disability type) benefit for covered long-term care conditions, subject to policy limitations and Elimination Period requirements. This means that Benefit payments, other than Needs Assessment Benefits, will be made without regard to the actual expenses You incur provided You are eligible for benefits.

**9. BENEFITS PROVIDED BY THE POLICY** (after You have satisfied the Elimination Period described below, and We have determined that You are eligible for Benefits):

**Benefit Amounts**

Facility	\$	<input type="text"/>
Basic	\$	<input type="text"/>
<b>TOTAL LIFETIME BENEFIT</b>	\$	<input type="text"/>

**ELIMINATION PERIOD**

20 days  45 days  100 days

"Elimination Period" is the number of days after the Original Coverage Effective Date of the policy during which You must be eligible for Benefits before certain Benefits become payable. These days need not be consecutive.

**ELIGIBILITY FOR THE PAYMENT OF BENEFITS.**

You will be eligible for Benefits only if a Licensed Health Care Practitioner has certified to us in writing, within the last twelve (12) months, that You are Chronically Ill; and a Plan of Care including the Qualified Long-Term Care Services You need is in place for You.

In order for certain Benefits to be payable, You must also satisfy the Elimination Period.

**IMPORTANT DEFINITIONS**

The "Activities of Daily Living" (ADL) are: bathing, dressing, transferring, toileting, continence and eating.

"Chronically Ill" means You are unable to perform, without Substantial Assistance from another individual, at least two Activities of Daily Living for an expected period of at least ninety (90) days due to a loss of functional capacity; or You require Substantial Supervision to protect You from threats to health and safety due to Cognitive Impairment.

"Plan of Care" means a written plan prescribed by a Licensed Health Care Practitioner that identifies ways of meeting the Qualified Long-Term Care Service needs of a person who is Chronically Ill.

"Qualified Long-Term Care Services" means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, and Maintenance or Personal Care services which: (a) are required by a Chronically Ill individual; and (b) are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

"Cognitive Impairment" means a deficiency in an individual's short or long-term memory, orientation as to person, place, and time, deductive or abstract reasoning, or judgement as it relates to safety awareness.

"Substantial Assistance" means Hands-On Assistance or Standby Assistance. "Hands-On Assistance" means that You require the physical assistance of another person without which You would be unable to perform the Activities of Daily Living. "Standby Assistance" means that You require the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to You while You are performing the Activities of Daily Living.

"Substantial Supervision" means that You require continual supervision (which may include cueing by verbal prompting, gesture or other demonstrations) by another person that is necessary to protect You from threats to Your health and safety (such as may result from wandering).

**BENEFIT PAYMENTS**

Benefit payments other than Needs Assessment Benefits will be made without regard to the actual expenses You incur. We will pay either the Basic Daily Benefit Amount or the Facility Daily Benefit Amount for each day that: (1) You have satisfied the required Elimination Period; and (2) You are eligible for Benefits; and (3) the Total Lifetime Benefit has not been paid.

- A. **BASIC DAILY BENEFITS.** We will pay You the Basic Daily Benefit Amount for each day that: (1) You satisfy the Conditions for Benefit Payments; and (2) You are not confined in a Facility. You do not need to incur charges or submit bills to receive the Basic Daily Benefit Amount.
- B. **FACILITY DAILY BENEFITS.** We will pay You the Facility Daily Benefit Amount for each day that: (1) You satisfy the Conditions for Benefit Payments; and (2) You are confined in a Facility. In no event will We pay more than the Facility Daily Benefit Amount on any day.
- C. **BED RESERVATION BENEFITS.** We will pay the Bed Reservation Benefit, which is equal to the Facility Daily Benefit Amount, for up to thirty (30) days per Policy Year.
- D. **NEEDS ASSESSMENT BENEFITS.** After You become eligible for Benefits, You can receive, at no extra charge to You, one Needs Assessment from a Care Management Organization, selected by Us and to whom We make direct payment. Or, You may select a Care Management Organization to conduct one Needs Assessment and We will pay the actual charges You incur up to \$250. You do not need to satisfy the Elimination Period for this Benefit to be payable. Payment of this Benefit will not reduce Your Total Lifetime Benefit.

## OPTIONAL RIDERS

The Riders shown below are available with Your policy. You have selected those Riders indicated by a  (check mark). The provisions of these Riders are highlighted below. Please refer to the actual Rider for full details..

- A. FUTURE PURCHASE RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts as of each Policy Anniversary, unless You give Us written notice of rejection prior to that Policy Anniversary. If You reject two (2) offers in a row, You will no longer receive these offers automatically. There will be an additional premium for each increase in Your benefit amounts. The additional premium will be based on Your age and the premium rates at the time the increase takes effect. If no Benefits have been paid, each increase is equal to at least five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year. No increases will be made if You (or Your Insured Spouse, if You have a Shared Care Rider and Your Insured Spouse is eligible to receive Benefits under Your policy) are eligible for Benefits.

- B. 5% AUTOMATIC COMPOUND INFLATION PROTECTION RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, the amounts of the increases are equal to five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year.
- C. 5% AUTOMATIC SIMPLE INFLATION PROTECTION RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, and no changes have been made to Your benefit amounts pursuant to Your request, the amounts of the increases are equal to five percent (5%) of the benefit amounts on the Original Coverage Effective Date as shown on page 3 of the policy.
- D. NONFORFEITURE COVERAGE RIDER.** This Rider provides limited coverage if premiums for the policy, including premiums for this Rider, have been paid for at least five (5) full Policy Years and Your policy ends because of nonpayment of premiums or Your written request to cancel the policy. The same benefit amounts as those payable under the policy in effect immediately prior to the Nonforfeiture Date will be payable under this Rider, except that the Total Lifetime Benefit will be reduced to that which can be provided by the Nonforfeiture Value applied as a net single premium. Nonforfeiture Value means a percentage of premiums actually paid for this policy, not including any premiums waived or any portion of Your premium which paid for Your Nonforfeiture Coverage under the terms of this Rider. The Nonforfeiture Value will be not less than twenty-eight (28) percent at the end of five (5) full Policy Years, and will increase by one (1) percent for each completed quarter Policy Year that Your policy is in effect thereafter. Increases in the Nonforfeiture Value will end on the earlier of: (a) the end of the completed policy quarter in which the Nonforfeiture Value is eighty (80) percent; or (b) the Policy Anniversary on which You are eighty (80) years old. The total Benefits paid prior to and after the Nonforfeiture Date will not be more than the Total Lifetime Benefit in effect immediately prior to the Nonforfeiture Date.
- E. CONTINGENT BENEFITS UPON LAPSE RIDER.** This Rider provides limited coverage if Your policy ends because of nonpayment of premiums or Your written request to cancel the policy, within 120 days of a Substantial Premium Increase as defined in the Rider. If Contingent Nonforfeiture Coverage takes effect, the same benefit amounts as those payable under the policy

in effect immediately prior to the Contingent Nonforfeiture Date will be payable under this Rider, except that the Total Lifetime Benefit will be one hundred percent (100%) of the sum of all premiums paid, including the premiums paid before any changes in Benefits, but the benefit amount will not be less than thirty (30) times the Facility Daily Benefit Amount in effect immediately prior to the Contingent Nonforfeiture Date. The total Benefits paid under this Rider will not be more than the remaining Total Lifetime Benefit when Your policy Lapsed or ended due to Your request to cancel the policy. You will also have the opportunity to reduce Your benefits so that Your premium will not increase.

- F. RETURN OF PREMIUM RIDER.** This Rider provides for a return of premium if this Rider has been in effect for at least four (4) Policy years and is in effect on the date of Your death. The amount paid will be equal to the total premiums paid minus any Benefits paid or payable by Us.
- G. SHARED CARE RIDER.** This Rider allows Your Insured Spouse to receive certain Benefits under Your policy after the Total Lifetime Benefit under Your Insured Spouse's policy has been exhausted. When Your Insured Spouse dies, the remaining Total Lifetime Benefit, if any, from Your Insured Spouse's policy will be added to the remaining Total Lifetime Benefit of Your policy. Coverage for both You and Your Insured Spouse must be identical in all respects, for the entire time both policies are in effect up to the time Benefits become payable under this Rider.
- H. TEN YEAR PREMIUM PAYMENT RIDER.** This Rider provides that the premium for the coverage purchased on Your Original Coverage Effective Date to become Paid-Up on the tenth (10th) Policy Anniversary. Any premium increases as a result of a change in benefits under the terms of the policy will be treated separately for purposes of this Rider. "Paid-Up" means no further premiums are payable, but the policy remains in effect.
- I. PAID-UP PREMIUMS RIDER.** This Rider provides the premium for the coverage purchased on Your Original Coverage Effective Date to be Paid-Up at the later of the Policy Anniversary on or after Your 65th birthday or on the tenth (10th) Policy Anniversary. Any premium increase which results from a change in benefits under the terms of the policy will be treated separately for purposes of this Rider. "Paid-Up" means no further premiums are payable, but the policy remains in effect.

**10. LIMITATIONS AND EXCLUSIONS.** No payment will be made for any of the following:

- a. Any injury or sickness that results from:
  - 1. any war, or act of war (whether declared or undeclared); or
  - 2. Your participation in a felony, riot or insurrection.
- b. Any intentionally self-inflicted injury.
- c. Days You are outside the United States and its territories, except as described in the International Coverage section of the policy.
- d. We will not pay the Facility Daily Benefit Amount for services received in Maryland when the appropriate regulatory board determines that the services were provided as a result of a prohibited referral as specified in Section 1-302 of the Health Occupations Article. A prohibited referral is a referral to a health entity in which the health care practitioner and/or the practitioner's Immediate Family owns a beneficial interest or with which they have a compensation agreement.

Once You are accepted for coverage, there are no limitations or exclusions for pre-existing conditions, or mental and nervous disorders, including Alzheimer's Disease.

**THE POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.**

**11. RELATIONSHIP OF COST OF CARE AND**

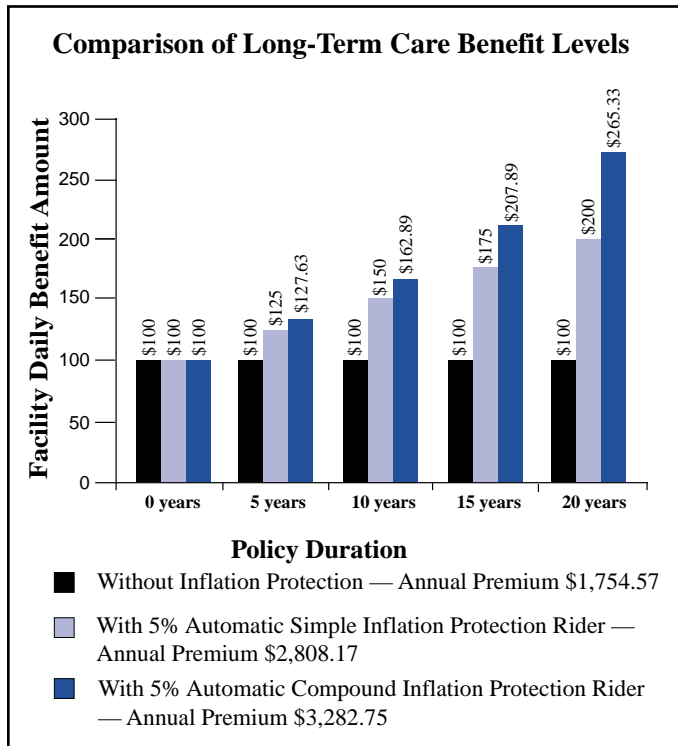
**BENEFITS.** Because the costs of long-term care services will likely increase over time, You should consider whether and how the Benefits of the policy may be adjusted.

- A. INFLATION PROTECTION.** You will have the opportunity to purchase one of two (2) Inflation Protection Riders. If You choose one of these Riders, the following increases are made without regard to Your age, claim status, claim history, health, or the length of time You have been covered under the policy. We reserve the right to adjust premium rates, on a class basis, for these Inflation Protection options. You have the choice of:

- 5% Automatic Compound Inflation Protection Rider. This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, the amounts of the increases are equal to five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year; or

- 5% Automatic Simple Inflation Protection Rider. This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid and no changes have been made to Your benefit Amounts pursuant to Your request, the amounts of the increases are equal to five percent (5%) of the benefit amounts on the Original Coverage Effective Date as shown on page 3 of the policy.

The following graph compares the benefits and premiums between a policy with the 5% Automatic Compound Inflation Protection Rider and a policy with the 5% Automatic Simple Inflation Protection Rider and a policy without either Rider. For purposes of this graph, the premiums shown assume a policy issued to an individual who is age 65, has chosen a \$100 Facility Daily Benefit Amount, a \$50 Basic Daily Benefit Amount, a 5 year Total Lifetime Benefit, and a 45 day Elimination Period.



- B. FUTURE PURCHASE RIDER.** This Rider will provide you with an automatic increase in Your benefit amounts as of each Policy Anniversary, unless You give Us written notice of rejection prior to that Policy Anniversary. If You reject two (2) offers in a row, You will no longer receive these offers automatically. There will be an additional premium for each increase in Your benefit amounts. The additional premium will be based on Your age and the premium rates at the time the

increase takes effect. If no Benefits have been paid, each increase is equal to at least five percent (5%) of the benefit amounts in the prior Policy Year. No increases will be made if You (or Your Insured Spouse, if you have a Shared Care Rider and Your Insured Spouse is eligible to receive Benefits under Your policy) are eligible for Benefits.

- C. BENEFIT INCREASE WITH EVIDENCE OF YOUR INSURABILITY.** You may, at any time, ask for an increase in Your benefit amounts in writing. Increases in amounts are subject to proof of Your insurability, satisfactory to Us, and Our underwriting rules and limits in effect at the time of Your request. The extra premium for the increase will be based on Your age, premium rates and Health Rating, at the time the increase takes effect.

- D. BENEFIT DECREASES.** You may, at any time, request a decrease in Your benefit amounts in writing. Decreases in amounts are subject to Our rules and limits in effect at the time of the request.

**12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS.** Once You are accepted for coverage, the policy provides coverage for insureds clinically diagnosed as having Alzheimer's Disease or related degenerative and dementing illnesses, under the same terms as coverage for any other condition that qualifies You as Chronically Ill.

**13. ANNUAL PREMIUMS**  
(Premiums appear next to Riders selected.)

Premier Policy	\$ _____
Future Purchase Rider	\$ _____
5% Automatic Compound Inflation Protection Rider	\$ _____
5% Automatic Simple Inflation Protection Rider	\$ _____
Nonforfeiture Coverage Rider	\$ _____
Contingent Benefits Upon Lapse Rider	\$ <u>0.00</u>
Return of Premium Rider	\$ _____
Shared Care Rider	\$ _____
Ten Year Premium Payment Rider	\$ _____
Paid-Up Premiums Rider	\$ _____
Total Annual Premium	\$ _____*

\*This premium does not reflect any flexible Premium Payment Options that You may select. If You select a premium payment option or either the Ten Year Premium Payment Rider or the Paid-Up Premiums Rider, the federal income tax deduction You may receive for these premiums may be impacted. Please consult with Your tax advisor. If You pay premiums more frequently than annually, an additional charge will be included.

## 14. ADDITIONAL POLICY FEATURES

- A. MEDICAL UNDERWRITING.** The issuance of a policy will depend on the medical information obtained from Your application and any other authorized medical information We require.
- B. INTERNATIONAL COVERAGE.** If You are otherwise eligible for Benefit payments under the terms of the policy and You are outside of the United States and its territories, we will pay You Benefits for International Coverage. We will pay a Daily Benefit Amount of fifty percent (50%) of the Basic Daily Benefit Amount shown on page 2 of this outline of coverage. We will pay Benefits up to the lesser of: (1) Your Total Lifetime Benefit less any Benefits paid while You are in the United States and its territories; or (2) the Daily Benefit Amount for International Coverage times 3,650.
- C. PAID-UP SURVIVORSHIP FEATURE.** Your policy will be Paid-Up for the Coverage in effect as of the date Your Insured Spouse's policy terminates due to Your Insured Spouse's death. "Paid-Up" means that no further premiums are payable for Your policy, but the Coverage remains in effect. However, You must pay for any premium increase which results from a change in Benefits under the terms of Your policy after Your policy is Paid-Up under this provision.

In order for Your policy to become Paid-Up under this provision, ALL of the following conditions must be met:

1. both You and Your Insured Spouse have each had a long-term care insurance policy which includes a Paid-Up Survivorship Feature in effect for the first ten (10) Policy Years; and
2. no Benefits were paid or payable to You or Your Insured Spouse for the first ten (10) Policy Years; and
3. Coverage for Your policy and Your Insured Spouse's policy must be identical in all respects for the entire time both policies are

in effect. Coverage includes the policy form, Daily Benefit Amounts, Total Lifetime Benefit, Elimination Period, and any Rider(s) purchased; and

4. You must provide Us with written proof, satisfactory to Us, of the death of Your Insured Spouse.

- D. EXTENSION OF BENEFITS.** If as of the date Your policy lapses, or as of the date We receive a written request to cancel the policy, You are eligible for Benefits and are confined in a Facility, We will extend the payment of Benefits received so long as, without interruption, You remain eligible for Benefits and confined. Subject to the Elimination Period and the terms of the policy, Benefits will be extended only until the earliest of the date: (1) You are no longer eligible for Benefits; or (2) You are no longer confined in a Facility; or (3) the Total Lifetime Benefit has been paid.
- E. GRACE PERIOD.** After the first premium, You have a grace period of sixty-six (66) days to pay each premium after it is due. If the premium is not paid within thirty-one (31) days after it is due, We will send a written notice of Lapse of the policy to You and to any person named to receive such notice at the addresses given to Us. You have thirty-five (35) days after We mail this notice to pay the premium. The policy will stay in force during this time unless We receive a written request from You to cancel the policy. If We do not receive the premium by the end of the thirty-five (35) day period of mailing the notice, the policy will then Lapse.
- F. THIRD PARTY NOTIFICATION.** You have the right to name in writing a person in addition to You to receive notice of Lapse at the same time We send such notice to You. The person named will not be responsible for payment of the premium. You are responsible to inform Us of any change relating to the person named. We will inform You of Your right to change the person named at least once every two (2) years.
- G. REINSTATEMENT.** If Your policy Lapses, We will reinstate Your policy back to the date it Lapsed, if within twelve (12) months of that date You or someone acting for You:
1. request reinstatement and submit an application ("Reinstatement Health Questionnaire"). An application for reinstatement is always required.
  2. submit proof of Your insurability, acceptable to Us, at Your expense; and

3. pay all past due premiums to Us, if We approve Your request for reinstatement. We will notify You of the amount of premium owed.

The policy will be reinstated upon approval of Your application (“Reinstatement Health Questionnaire”) and payment in full of all past due premiums. If We reinstate Your policy, Your premium will be what it would have been had Your coverage not been interrupted.

If We accept premium at any time and waive the requirements for the submission of an application (“Reinstatement Health Questionnaire”), Your policy will be reinstated. All past due premiums must be paid at that time.

If We accept a premium prior to reinstatement and You complete the application (“Reinstatement Health Questionnaire”) as required, We will issue a Conditional Receipt for the premium tendered. We also require evidence of Your insurability acceptable to Us. No sales representative or other person may waive or change any of these requirements.

We will notify You in writing of Our decision on or before the forty-fifth (45th) day after: (1) We receive Your request for reinstatement or (2) the date of the Conditional Receipt (if any), whichever is earlier. If We do not notify You within this forty-five (45) day period, Your policy will be reinstated at the end of this 45 day period. If Your policy is reinstated, You must also pay all past due premiums to Us.

The reinstated policy will cover those Benefits which We would pay pursuant to the terms of the policy if You become eligible for Benefits after the date of reinstatement. In all other respects, Your rights and Ours will be the same as they were just prior to the date of Lapse.

If We reinstate Your policy, Your premium will be what it would have been if Your coverage had not Lapsed.

**H. REINSTATEMENT FOR COGNITIVE IMPAIRMENT OR LOSS OF FUNCTIONAL CAPACITY.** If Your policy Lapses, We will reinstate Your policy back to the date it Lapsed, without proof of Your good health, if within six (6) months of that date You or someone acting for You:

1. request reinstatement; and
2. submit proof acceptable to Us, that You

suffered a Cognitive Impairment or loss of functional capacity before the policy Lapsed; and

3. pay all past due premiums to Us, if We approve Your request for reinstatement.

The standard of proof We will use will be no more restrictive than that described in the Eligibility for the Payment of Benefits section of the policy. If We reinstate Your policy, Your premium will be what it would have been if Your coverage had not Lapsed.

**15. CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT METLIFE IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG-TERM CARE INSURANCE POLICY.**

**METROPOLITAN LIFE INSURANCE COMPANY**  
**P.O. BOX 937**  
**WESTPORT, CT 06881-0937**  
**1-888-565-3761**

**LONG-TERM CARE INSURANCE-FACILITIES ONLY**  
**OUTLINE OF COVERAGE**  
**POLICY FORM LTC-FAC**

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NOTICE TO BUYER: THE POLICY MAY NOT COVER ALL OF THE COSTS ASSOCIATED WITH LONG-TERM CARE INCURRED BY THE BUYER DURING THE PERIOD OF COVERAGE. THE BUYER IS ADVISED TO REVIEW CAREFULLY ALL POLICY LIMITATIONS.

CAUTION: The issuance of the long-term care insurance policy will be based upon Your responses to the questions on Your application. A copy of Your application will be attached to Your policy. If Your answers are incorrect or untrue, Metropolitan Life Insurance Company ("MetLife") may have the right to deny benefits or rescind Your policy. The best time to clear up any questions is now, before a claim arises. If, for any reason, any of Your answers are incorrect, contact MetLife at this address: PO Box 937, Westport, CT 06881-0937.

1. The policy is an individual policy of insurance.
2. **PURPOSE OF OUTLINE OF COVERAGE.** This outline of coverage provides a very brief description of the important features of the policy. You should compare this outline of coverage to outlines of coverage for other policies available to You. This is not an insurance contract, but only a summary of coverage. Only the individual policy contains governing contractual provisions. This means that the policy sets forth in detail the rights and obligations of both You and MetLife. Therefore, if You purchase this coverage or any other coverage, it is important that You **READ YOUR POLICY CAREFULLY!**
3. **FEDERAL TAX CONSEQUENCES.** The policy is intended to be a federally tax-qualified long-term care insurance contract under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.
4. **TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED.**
  - a. **RENEWABILITY. THE POLICY IS GUARANTEED RENEWABLE.** This means You have the right, subject to the terms of the policy, to continue the policy as long as You pay Your premiums on time. MetLife cannot change any of the terms of the policy without Your consent, except that, in the future, **METLIFE MAY INCREASE THE PREMIUM YOU PAY.**

- b. **WAIVER OF PREMIUM.** We will waive Your premium starting on the first day of the Policy Month which starts on or next follows the later of the date on which You: (1) become eligible for Benefits; and (2) satisfy the Elimination Period. You must resume payment of Your premium starting on the first day of the Policy Month which starts on or next follows the date on which You are no longer eligible for Benefits.

5. **TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS.** We reserve the right to change premium rates, subject to applicable state Insurance Department approval. Any such change in premium rates will apply to all policies in the same class as Yours in the state where Your policy was issued. We will provide You with forty-five (45) day written notice prior to any change in premium rates. The premium will not increase because You get older or Your health changes. However, Your premiums will change if We change Your benefit amounts or coverage as a result of Your request or as a result of an increase as provided under the terms of the policy.

6. **TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED.**
  - a. You can return the policy to Us, or to the sales representative from whom You bought it, within thirty (30) days from the date You receive it. If so returned, the policy will be void from the beginning. We will refund any premium paid within thirty (30) days after We receive the returned policy.
  - b. We will refund any unearned premium due at Your death, on cancellation of the policy, or as a result of the policy being paid-up, to You, or to Your estate at Your death.

7. **THIS IS NOT MEDICARE SUPPLEMENT COVERAGE. IT IS NOT DESIGNED TO FILL THE 'GAPS' OF MEDICARE.** If You are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from MetLife.

Neither MetLife nor its agents represent Medicare, the federal government, or any state government.

### 8. LONG-TERM CARE INSURANCE COVERAGE.

Policies of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a Hospital, such as in a Nursing Home.

The policy provides coverage in the form of a reimbursement benefit for covered long-term care expenses, subject to policy limitations and Elimination Period requirements.

**9. BENEFITS PROVIDED BY THE POLICY** (after You have satisfied the Elimination Period described below, and We have determined that You are eligible for Benefits):

#### Maximum Daily Benefit Amount

Nursing Home/Assisted Living Facility \$ \_\_\_\_\_\*

\* There is no daily limit for this Benefit. Instead, there is a monthly limit.

TOTAL LIFETIME BENEFIT \$ \_\_\_\_\_

#### ELIMINATION PERIOD

20 days  45 days  100 days

"Elimination Period" is the number of days after the Original Coverage Effective Date of the policy during which You must be: (1) eligible for Benefits; and (2) receiving Primary Services (other than Hospice Care), before certain Benefits become payable. These days need not be consecutive.

### ELIGIBILITY FOR THE PAYMENT OF BENEFITS.

You will be eligible for Benefits only if a Licensed Health Care Practitioner has certified to us in writing, within the last twelve (12) months, that You are Chronically Ill; and a Plan of Care including the Qualified Long-Term Care Services You need is in place for You.

In order for certain Benefits to be payable, You must also satisfy the Elimination Period.

### IMPORTANT DEFINITIONS

The "Activities of Daily Living" (ADL) are: bathing, dressing, transferring, toileting, continence and eating.

"Chronically Ill" means You are unable to perform, without Substantial Assistance from another individual,

at least two Activities of Daily Living for an expected period of at least ninety (90) days due to a loss of functional capacity; or You require Supervision to protect You from threats to health and safety due to Cognitive Impairment.

"Monthly Benefit Amount" means an amount equal to the number of days in a Calendar Month multiplied by the Maximum Daily Benefit Amount for Nursing Home or Assisted Living Facility shown on page 3 of the policy.

"Plan of Care" means a written plan prescribed by a Licensed Health Care Practitioner that identifies ways of meeting the Qualified Long-Term Care Service needs of a person who is Chronically Ill.

"Qualified Long-Term Care Services" means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, and Maintenance or Personal Care services which: (a) are required by a Chronically Ill individual; and (b) are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

"Cognitive Impairment" means a deficiency in an individual's short or long-term memory, orientation as to person, place, and time, deductive or abstract reasoning, or judgement as it relates to safety awareness.

"Substantial Assistance" means Hands-On Assistance or Standby Assistance. "Hands-On Assistance" means that You require the physical assistance of another person without which You would be unable to perform the Activities of Daily Living. "Standby Assistance" means that You require the presence of another person within arm's reach of You that is necessary to prevent, by physical intervention, injury to You while You are performing the Activities of Daily Living.

"Substantial Supervision" means that You require continual supervision (which may include cueing by verbal prompting, gesture or other demonstrations) by another person that is necessary to protect You from threats to Your health and safety (such as may result from wandering).

### COVERED SERVICES

We will pay for the following Covered Services only if:

1. they are Qualified Long-Term Care Services; and
2. they are received after the Original Coverage Effective Date of the policy; and
3. they are received after satisfying any required Elimination Period; and
4. You are eligible for Benefits; and
5. the Total Lifetime Benefit has not been paid.

## COVERED SERVICES - PRIMARY SERVICES

During any Calendar Month, You may receive one or more Primary Services in a Facility. The most We will pay for any combination of Primary Services You receive during any Calendar Month is the Nursing Home Monthly Benefit Amount. Payment of Benefits for Primary Services will reduce Your Total Lifetime Benefit.

### A. NURSING HOME, HOSPICE FACILITY, AND ASSISTED LIVING FACILITY BENEFITS, INCLUDING BED RESERVATION BENEFITS.

We will pay up to the Nursing Home Monthly Benefit Amount for actual charges You incur in a Calendar Month for the following Covered Services received in a Facility: (1) room and board; and (2) Nursing Care, Maintenance or Personal Care, Therapy Services and Hospice Care, from a Formal Caregiver; and (3) Bed Reservation Benefits up to thirty (30) days per Policy Year. The amount We will pay for Bed Reservation Benefits will not be more than the Benefits We would pay if You had been confined in the Facility on those days.

**B. ALTERNATE SERVICES BENEFITS.** "Alternate Services" means Qualified Long-Term Care Services which are furnished in a facility not defined in the policy. We will consider paying for actual charges You incur for covered Alternate Services. We will pay for Alternate Services only if We determine that the Alternate Services meet all of the following: (1) the service falls within guidelines We establish as approved Alternate Services; and (2) it is a type of service described in Your Plan of Care; and (3) it effectively meets Your long-term care service needs; and (4) it is, for You, a cost-effective alternative to Primary Services which would have been covered under the policy; and (5) it is not provided by a member of Your Immediate Family; and (6) the Alternate Services and benefit amounts must be mutually agreed to, in writing, by You, Your Licensed Health Care Practitioner, and Us through an Alternate Services Agreement.

The Benefits We will pay for Alternate Services will be the lesser of: (1) the actual charges You incur for the services received; or (2) the Nursing Home Monthly Benefit Amount.

## COVERED SERVICES - ADDITIONAL SERVICES

Additional Services may be received on the same day as Primary Services, without affecting the benefit amounts for Primary Services. The Maximum Benefit Amounts We will pay for Additional Services are shown on page 3 of the policy.

**A. NEEDS ASSESSMENT BENEFITS.** After You become eligible for Benefits, You can receive, at no extra charge to You, one Needs Assessment from a Care Management Organization, selected by Us and to whom We make direct payment. Or, You may select a Care Management Organization to conduct one Needs Assessment and We will pay as a Covered Service the actual charges You incur up to \$250. You do not need to satisfy the Elimination Period for this Benefit to be payable. Receipt of this service will not count toward satisfying the Elimination Period. Payment of this Benefit will not reduce Your Total Lifetime Benefit.

### B. TRANSITION EXPENSE ALLOWANCE.

After You have satisfied the Elimination Period, We will pay up to the Maximum Benefit Amount for Transition Expense Allowance shown on page 3 of the policy. We will pay for actual charges You incur for Qualified Long-Term Care Services during or after the Elimination Period, if the expense was incurred on a day You were eligible for Benefits and not paid under any other provisions of the policy. Transition Expense Allowance may include items required pursuant to a Plan of Care, such as prescription drugs, personal emergency response systems, durable medical equipment or Home modifications, required by a Chronically Ill person in order to continue to live at Home. We will not pay for modifications that would increase the value of Your Home. Payment of this Benefit will reduce Your Total Lifetime Benefit.

### C. INFORMAL CAREGIVER TRAINING BENEFITS.

We will pay up to the Maximum Benefit Amount for Informal Caregiver Training shown on page 3 of the policy, for the actual charges You incur to train an Informal Caregiver to perform Maintenance or Personal Care services for You in Your Home. This training can take place while You are at Home, or in a Hospital, Nursing Home, Hospice Facility or Assisted Living Facility, to make it possible for You to return Home and be cared for by the person who received the training. You do not need to satisfy the Elimination Period for this Benefit to be payable. Receipt of this Benefit will not count toward satisfying the Elimination Period. Payment of this Benefit will reduce Your Total Lifetime Benefit.

## OPTIONAL RIDERS

The Riders shown below are available with Your policy. You have selected those Riders indicated by a  (check mark). The provisions of these Riders are

highlighted below. Please refer to the actual Rider for full details.

- A. FUTURE PURCHASE RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts as of each Policy Anniversary, unless You give Us written notice of rejection prior to that Policy Anniversary. If You reject the automatic increases two (2) times in a row, You will no longer receive these increases automatically. There will be an additional premium for each increase in Your benefit amounts. The additional premium will be based on Your age and the premium rates at the time the increase takes effect. If no Benefits have been paid, each increase is equal to at least five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year. No increases will be made if You (or Your Insured Spouse, if You have a Shared Care Rider and Your Insured Spouse is eligible to receive Benefits under Your Policy) are eligible for Benefits.
- B. 5% AUTOMATIC COMPOUND INFLATION PROTECTION RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, the amounts of the increases are equal to five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year.
- C. 5% AUTOMATIC SIMPLE INFLATION PROTECTION RIDER.** (See Section 11) This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, and no changes have been made to your benefit amounts pursuant to Your request, the amounts of the increases are equal to five percent (5%) of the benefit amounts on the Original Coverage Effective Date as shown on page 3 of the policy.
- D. NONFORFEITURE COVERAGE RIDER.** This Rider provides limited coverage if premiums for the policy, including premiums for this Rider, have been paid for at least five (5) full Policy Years and Your policy ends because of nonpayment of premiums or Your written request to cancel the policy. The same benefit amounts as those payable under the policy in effect immediately prior to the Nonforfeiture Date will be payable under this Rider, except that the Total Lifetime Benefit will be reduced to that which can be provided by the Nonforfeiture Value applied as a net single premium. Nonforfeiture

Value means a percentage of premiums actually paid for this policy, not including any premiums waived or any portion of Your premium which paid for Your Nonforfeiture Coverage under the terms of this Rider. The Nonforfeiture Value will be not less than twenty-eight (28) percent at the end of five (5) full Policy Years, and will increase by one (1) percent for each completed quarter Policy Year that Your policy is in effect thereafter. Increases in the Nonforfeiture Value will end on the earlier of: (a) the end of the completed policy quarter in which the Nonforfeiture Value is eighty (80) percent; or (b) the Policy Anniversary on which You are eighty (80) years old. The total Benefits paid prior to and after the Nonforfeiture Date will not be more than the Total Lifetime Benefit in effect immediately prior to the Nonforfeiture Date.

- E. CONTINGENT BENEFITS UPON LAPSE RIDER.** This Rider provides limited coverage if Your policy ends because of nonpayment of premiums or Your written request to cancel the policy, within 120 days of a Substantial Premium Increase as defined in the Rider. If Contingent Nonforfeiture Coverage takes effect, the same benefit amounts as those payable under the policy in effect immediately prior to the Contingent Nonforfeiture Date will be payable under this Rider, except that the Total Lifetime Benefit will be one hundred percent (100%) of the sum of all premiums paid, including the premiums paid before any changes in Benefits, but the benefit amount will not be less than thirty (30) times the Nursing Home Maximum Daily Benefit Amount in effect immediately prior to the Contingent Nonforfeiture Date. The total Benefits paid under this Rider will not be more than the remaining Total Lifetime Benefit when Your policy Lapsed or ended due to Your request to cancel the policy. You will also have the opportunity to reduce Your benefits so that Your premium will not increase.
- F. RESTORATION OF BENEFITS RIDER.** This Rider restores all or part of Your Total Lifetime Benefit by amounts paid on Your behalf which were applied against Your Total Lifetime Benefit, if: (1) Your Total Lifetime Benefit has not been exhausted; and (2) any required premiums for this policy, including premiums for this Rider, have been paid to cover a continuous period of 180 days from the first day of the Policy Month on or after the date You were no longer Chronically Ill; and (3) You provide proof satisfactory to Us that You were not Chronically Ill at any time during this 180 day period.

- G. RETURN OF PREMIUM RIDER.** This Rider provides for a return of premium if this Rider has been in effect for at least four (4) Policy Years and is in effect on the date of Your death. The amount paid will be equal to the total premiums paid minus any Benefits paid or payable by Us.
- H. SHARED CARE RIDER.** This Rider allows Your Insured Spouse to receive certain Benefits under Your policy after the Total Lifetime Benefit under Your Insured Spouse's policy has been exhausted. When Your Insured Spouse dies, the remaining Total Lifetime Benefit, if any, from Your Insured Spouse's Policy will be added to the remaining Total Lifetime Benefit under Your policy. Coverage for both You and Your Insured Spouse must be identical in all respects, for the entire time both policies are in effect up to the time Benefits become payable under this Rider.
- I. TEN YEAR PREMIUM PAYMENT RIDER.** This Rider provides that the premium for the coverage purchased on Your Original Coverage Effective Date be Paid-Up on the tenth (10th) Policy Anniversary. Any premium increase which results from a change in benefits under the terms of the policy will be treated separately for purposes of this Rider. "Paid-Up" means no further premiums are payable, but the policy remains in effect.
- J. PAID-UP PREMIUMS RIDER.** This Rider provides for the premium for the coverage purchased on Your Original Coverage Effective Date to become Paid-Up at the later of the Policy Anniversary on or after Your 65th birthday or the tenth (10th) Policy Anniversary. Any premium increase which results from a change in benefits under the terms of the policy will be treated separately for purposes of this Rider. "Paid-Up" means no further premiums are payable, but the policy remains in effect.

**10. LIMITATIONS AND EXCLUSIONS.** No payment will be made for any of the following:

- a. Treatment of alcoholism or drug addiction, unless the addiction was due to such drug(s) taken on the advice of a Physician.
- b. Any care received while in a Hospital, except in a unit specifically designated as a Nursing Home or Hospice Facility.
- c. Any injury or sickness that results from:
  1. any war, or act of war (whether declared or undeclared); or
  2. Your participation in a felony, riot or insurrection.

- d. Any intentionally self-inflicted injury.
- e. Services performed by a member of Your Immediate Family.
- f. Any care or services received outside of the United States and its territories, except as described in the International Coverage section of the policy.
- g. Any service or supply to the extent the expense for it is reimbursable under Medicare, or would be reimbursable but for the application of a deductible, coinsurance or co-payment amount. This exclusion will not apply where Medicare is the secondary payer under applicable law.
- h. Treatment received in a government facility (except a hospital or other institution of the State or county or municipal corporation of the State); services for which benefits are available under a government program (except Medicaid); or services for which no charge is normally made in the absence of insurance.
- i. We will not pay any claim for Covered Services received in Maryland when the appropriate regulatory board determines that the services were provided as a result of a prohibited referral as specified in Section 1-302 of the Health Occupations Article. A prohibited referral is a referral to a health care entity in which the health care practitioner and/or the practitioner's Immediate Family owns a beneficial interest or with which they have a compensation agreement.

Once You are accepted for coverage, there are no limitations or exclusions for pre-existing conditions, or mental and nervous disorders, including Alzheimer's Disease.

**COORDINATION OF METLIFE COVERAGES**

If You have more than one long-term care insurance policy or certificate issued or insured by MetLife, We will reduce the benefit amounts payable to the extent necessary so that the combination of Benefits under all of these policies and certificates will not exceed one hundred percent (100%) of the actual charges for Covered Services.

If You are eligible to receive Benefits under the policy and any other long-term care insurance policy or certificate issued or insured by MetLife with a coordination of benefits provision, then the policy or certificate with the earliest effective date will be deemed to be the primary coverage, and any other policy or certificate will be deemed secondary coverage, in order by effective date, from the earliest to the latest. Policies and certificates without a coordination of benefits provision will pay first.

This provision will not apply to policies or certificates which pay Benefits without regard to actual charges You incur.

THE POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.

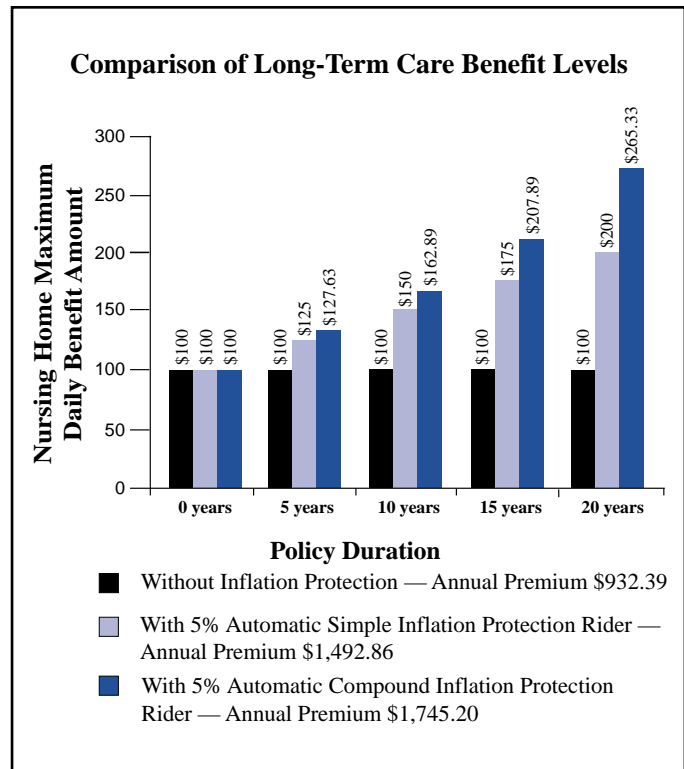
**11. RELATIONSHIP OF COST OF CARE AND BENEFITS.**

Because the costs of long-term care services will likely increase over time, You should consider whether and how the benefits of the policy may be adjusted.

**A. INFLATION PROTECTION.** You will have the opportunity to purchase one of two (2) Inflation Protection Riders. If You choose one of these Riders, the following increases are made without regard to Your age, claim status, claim history, health, or the length of time You have been covered under the policy. We reserve the right to adjust premium rates, on a class basis, for these Inflation Protection options. You have the choice of:

- 5% Automatic Compound Inflation Protection Rider. This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid, the amounts of the increases are equal to five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year; or
- 5% Automatic Simple Inflation Protection Rider. This Rider will provide You with an automatic increase in Your benefit amounts each year with no corresponding increase in premium. If no Benefits have been paid and no changes have been made to Your benefit amounts pursuant to Your request, the amounts of the increases are equal to five percent (5%) of the benefit amounts on the Original Coverage Effective Date as shown on page 3 of the policy.

The following graph compares the benefits and premiums between a policy with the 5% Automatic Compound Inflation Protection Rider, a policy with the 5% Automatic Simple Inflation Protection Rider, and a policy without either Rider. For purposes of this graph, the premiums shown assume a policy issued to an individual who is age 65, has chosen a \$100 Nursing Home Maximum Daily Benefit Amount, a 5 year Total Lifetime Benefit, and a 45 day Elimination Period.



**B. FUTURE PURCHASE RIDER.** This Rider will provide You with an automatic increase in Your benefit amounts as of each Policy Anniversary, unless You give Us written notice of rejection prior to that Policy Anniversary. If You reject two (2) offers in a row, You will no longer receive these offers automatically. There will be an additional premium for each increase in Your benefit amounts. The additional premium will be based on Your age and the premium rates at the time the increase takes effect. If no Benefits have been paid, each increase is equal to at least five percent (5%) of the benefit amounts in effect at the end of the prior Policy Year. No increases will be made if You (or Your Insured Spouse, if You have a Shared Care Rider and Your Insured Spouse is eligible to receive Benefits under Your policy) are eligible for Benefits.

**C. BENEFIT INCREASE WITH EVIDENCE OF INSURABILITY.** You may, at any time, ask for an increase in Your benefit amounts in writing. Increases in amounts are subject to proof of Your insurability, satisfactory to Us, and Our underwriting rules and limits in effect at the time of Your request. The extra premium for the increase will be based on Your age, premium rates and Health Rating, at the time the increase takes effect.

**D. BENEFIT DECREASES.** You may, at any time, request a decrease in Your benefit amounts in writing. Decreases in amounts are subject to Our rules and limits in effect at the time of the request.

## 12. ALZHEIMER'S DISEASE AND OTHER

**ORGANIC BRAIN DISORDERS.** Once You are accepted for coverage, the policy provides coverage for insureds clinically diagnosed as having Alzheimer's Disease or related degenerative and dementing illnesses, under the same terms as coverage for any other condition that qualifies You as Chronically Ill.

## 13. ANNUAL PREMIUMS

(Premiums appear next to Riders selected.)

Facilities Only Policy	\$	
Future Purchase Rider	\$	
5% Automatic Compound Inflation Protection Rider	\$	
5% Automatic Simple Inflation Protection Rider	\$	
Nonforfeiture Coverage Rider	\$	
Contingent Benefits Upon Lapse Rider	\$	0.00
Restoration of Benefits Rider	\$	
Return of Premium Rider	\$	
Shared Care Rider	\$	
Ten Year Premium Payment Rider	\$	
Paid-Up Premiums Rider	\$	
Total Annual Premium	\$	*

\*This premium does not reflect any flexible Premium Payment Options that You may select. If You select a premium payment option or either the Ten Year Premium Payment Rider or the Paid-Up Premiums Rider, the federal income tax deduction You may receive for these premiums may be impacted. Please consult with Your tax advisor. If You pay premiums more frequently than annually, an additional charge will be included.

## 14. ADDITIONAL POLICY FEATURES

**A. MEDICAL UNDERWRITING.** The issuance of a policy will depend on the medical information obtained from Your application and any other authorized medical information We require.

**B. INTERNATIONAL COVERAGE.** We will pay You Benefits for International Coverage if You qualify under the terms of the policy. "International" means any location outside of the United States and its territories. We will pay a Per Diem (daily) Benefit of twenty-five percent (25%) of the Nursing Home Maximum Daily Benefit Amount shown on page 2 of this outline

of coverage. We will pay Benefits up to the lesser of: (1) Your Total Lifetime Benefit less any Benefits paid while You are in the United States and its territories; or (2) the Per Diem Benefit Amount for International Coverage times 3,650. Since Benefits for International Coverage are paid without regard to the actual charges You incur, part of the Benefits could be considered taxable income if they exceed the daily benefit amount limit prescribed by U.S. tax law (referred to as a "Per Diem" limit). This "Per Diem" limit is indexed for inflation. You should consult with Your tax advisor.

**C. PAID-UP SURVIVORSHIP FEATURE.** Your policy will be Paid-Up for the Coverage in effect as of the date Your Insured Spouse's policy terminates due to Your Insured Spouse's death. "Paid-Up" means that no further premiums are payable for Your policy, but the Coverage remains in effect. However, You must pay for any premium increase which results from a change in Benefits under the terms of Your policy after Your policy is Paid-Up under this provision.

In order for Your policy to become Paid-Up under this provision, ALL of the following conditions must be met:

1. both You and Your Insured Spouse have each had a long-term care insurance policy which includes a Paid-Up Survivorship Feature in effect for the first ten (10) Policy Years; and
2. no Benefits were paid or payable to You or Your Insured Spouse for the first ten (10) Policy Years; and
3. Coverage for Your policy and Your Insured Spouse's policy must be identical in all respects for the entire time both policies are in effect. Coverage includes the policy form, Covered Services, Maximum Daily Benefit Amounts, Total Lifetime Benefit, Elimination Period, and any Rider(s) purchased; and
4. You must provide Us with written proof, satisfactory to Us, of the death of Your Insured Spouse.

**D. EXTENSION OF BENEFITS.** If as of the date Your policy lapses, or as of the date We receive a written request to cancel the policy, You are eligible for Benefits and are confined in a Facility, We will extend the payment of Benefits for Covered Services received so long as, without interruption, You remain eligible for Benefits and confined. Subject to the Elimination Period and the terms of

the policy, Benefits will be extended only until the earliest of the date: (1) You are no longer eligible for Benefits; or (2) You are no longer confined in a Facility; or (3) the Total Lifetime Benefit has been paid.

**E. GRACE PERIOD.** After the first premium, You have a grace period of sixty-six (66) days to pay each premium after it is due. If the premium is not paid within thirty-one (31) days after it is due, We will send a written notice of Lapse of the policy to You and to any person named to receive such notice at the addresses given to Us. You have thirty-five (35) days after We mail this notice to pay the premium. The policy will stay in force during this time unless We receive a written request from You to cancel the policy. If We do not receive the premium By the end of the thirty-five (35) day period of mailing the notice, the policy will then Lapse.

**F. THIRD PARTY NOTIFICATION.** You have the right to name in writing a person in addition to You to receive notice of Lapse at the same time We send such notice to You. The person named will not be responsible for payment of the premium. You are responsible to inform Us of any change relating to the person named. We will inform You of Your right to change the person named at least once every two (2) years.

**G. REINSTATEMENT.** If Your policy Lapses, We will reinstate Your policy back to the date it Lapsed, if within twelve (12) months of that date You or someone acting for You:

1. request reinstatement and submit an application (“Reinstatement Health Questionnaire”). An application for reinstatement is always required.
2. submit proof of Your insurability, acceptable to Us, at Your expense; and
3. pay all past due premiums to Us, if We approve Your request for reinstatement. We will notify You of the amount of premium owed.

The policy will be reinstated upon approval of Your application (“Reinstatement Health Questionnaire”) and payment in full of all past due premiums. If We reinstate Your policy, Your premium will be what it would have been had Your coverage not been interrupted.

If We accept premium at any time and waive the requirements for the submission of an application (“Reinstatement Health Questionnaire”), Your pol-

icy will be reinstated. All past due premiums must be paid at that time.

If We accept a premium prior to reinstatement and You complete the application (“Reinstatement Health Questionnaire”) as required, We will issue a Conditional Receipt for the premium tendered. We also require evidence of Your insurability acceptable to Us. No sales representative or other person may waive or change any of these requirements.

We will notify You in writing of Our decision on or before the forty-fifth (45th) day after: (1) We receive Your request for reinstatement or (2) the date of the Conditional Receipt (if any), whichever is earlier. If We do not notify You within this forty-five (45) day period, Your policy will be reinstated at the end of this 45 day period. If Your policy is reinstated, You must also pay all past due premiums to Us.

The reinstated policy will cover those Benefits which We would pay pursuant to the terms of the policy if You become eligible for Benefits after the date of reinstatement. In all other respects, Your rights and Ours will be the same as they were just prior to the date of Lapse.

#### **H. REINSTATEMENT FOR COGNITIVE IMPAIRMENT OR LOSS OF FUNCTIONAL CAPACITY.**

If Your policy Lapses, We will reinstate Your policy back to the date it Lapsed, without proof of Your good health, if within six (6) months of that date You or someone acting for You:

1. request reinstatement; and
2. submit proof acceptable to Us, that You suffered a Cognitive Impairment or loss of functional capacity before the policy Lapsed; and
3. pay all past due premiums to Us, if We approve Your request for reinstatement.

The standard of proof We will use will be no more restrictive than that described in the Eligibility for the Payment of Benefits section of the policy. If We reinstate Your policy, Your premium will be what it would have been if Your coverage had not Lapsed.

#### **15. CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT METLIFE IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG-TERM CARE INSURANCE POLICY.**



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LTC00569(0103)