

Preparing for the Future

MetLife[®]



Planning for
Longevity



How Will You Live in the Future?

You're preparing to live a long life. You've made sound investment decisions to ensure a stable and comfortable financial future for yourself and your family. However, planning for longevity also means planning for proper care and taking steps to ensure your independence. Perhaps you are someone who's already familiar with what it means to need long-term care services. Maybe you are a couple looking ahead to a comfortable future together at home. Or maybe you're looking to maintain your independence and quality of life in retirement.

Whatever your situation is, now is the time to consider how your life might change should you experience an injury or illness that requires you to need long-term care services. Getting ill is something that no one likes to think about — something that no one thinks will ever happen to them. The fact is, people are living longer than ever. The older you are, the greater the likelihood you'll need long-term care at some point in your life.

The choices you make today can determine *how* you and your family will live and *where* you will live in the future.



Long-Term Care Can Pose Emotional Challenges

Think about the many ways that a long-term care need could impact your family and friends. Will they be able to devote sufficient time to care for you? If they're working, they may have to reduce their work schedule or leave their job entirely. Could they afford the loss of income — and would you feel comfortable with the sacrifices your caregivers may have to make?

Keep in mind that whether they are working or not, the responsibilities of caregivers can be quite demanding. In fact, assisting you with your long-term care needs could be one of the most demanding situations your family and friends will ever encounter. Even if their intentions are good, will they be physically and emotionally capable of providing you with the care you need?

Long-Term Care Services Can Drain You Financially

You may find yourself wondering how your lifestyle would be affected. Long-term care services can be expensive, and can deplete your income and assets, especially your retirement plan. Having the financial resources to pay for care is just one of many challenges you may have to confront. The money you have worked hard to set aside for retirement should be protected from the costs of care, should you need it.

Be Prepared to Make the Right Choices About Your Care

If your friends and family are not able to provide long-term care services on a regular basis, how prepared are you to find additional help? Do you know the care options available to you? How much do care options cost? Do you know how to find available care in your community?

• Not A Deposit or Other Obligation of Bank • Not FDIC - Insured • Not Insured by Any Federal Government Agency • Not Issued, Guaranteed or Underwritten by Bank or FDIC • Not a Condition to the Provision or Term of any Banking Service or Activity • Policy is an Obligation of the Issuing Insurance Company

How will you pay for your care?

You've worked your entire life to help ensure an enjoyable retirement for yourself and your loved ones. Think about how the considerable expenses associated with long-term care services could deplete your retirement savings — maybe even before retirement. Long-Term Care Insurance can help allow you to use your retirement funds for the purpose for which they were intended: *your retirement*.

Cost of Care in Your Area

City, State	Approximate Annual Care Costs		
	Home Care ⁽¹⁾ (5 hrs/day x 5 days/wk)	Assisted Living/ Residential Care Facility ⁽²⁾ (7 days/week)	Nursing Home/ Facility ⁽²⁾ (7 days/wk)
Atlanta, GA	\$22,100	\$32,856	\$60,225
Austin, TX	\$20,800	\$43,788	\$47,085
Boston, MA	\$33,800	\$49,716	\$102,930
Columbus, OH	\$26,000	\$42,960	\$67,160
Denver, CO	\$32,500	\$30,156	\$65,335
Des Plaines Area/ Highland Park, IL	\$28,600	\$51,216	\$74,460
Grand Rapids, MI	\$24,700	\$29,820	\$77,015
Miami, FL	\$20,800	\$35,232	\$72,635
New York, NY	\$22,100	\$49,752	\$129,575
Philadelphia, PA	\$23,400	\$37,176	\$88,330
Portland, OR	\$26,000	\$36,528	\$76,650
Raleigh-Durham, NC	\$22,100	\$39,228	\$63,510
San Francisco, CA	\$29,900	\$44,028	\$91,250
Seattle, WA	\$29,900	\$35,580	\$88,695
St. Louis, MO	\$24,700	\$36,582	\$52,925
Stamford, CT	\$35,100	\$52,836	\$132,860
Tucson, AZ	\$24,700	\$37,884	\$61,320
Washington, DC	\$24,700	\$52,968	\$98,185
National Average	\$26,000	\$36,372	\$69,715

(1) MetLife Mature Market Institute. "The MetLife Market Survey of Adult Day Services & Home Care Costs," September 2008.

(2) MetLife Mature Market Institute. "The MetLife Market Survey of Nursing Home & Assisted Living Costs," October 2008.



Consider your monthly expenses

Sometimes it's hard to appreciate the magnitude of the cost of long-term care services. Consider the cost of your everyday living expenses, such as your mortgage or rent payment, your utilities and your car payment(s). Sometimes we may think that these are high, however, compare them to the national average cost of long-term care services.

Approximate National Average Monthly Costs for Long-Term Care Services:

Home Care	\$2,166 ⁽¹⁾
Assisted Living Facility Care	\$3,031 ⁽²⁾
Nursing Home Care	\$5,809 ⁽²⁾

Would home care be an expense you could fully afford in addition to your current living expenses?

Five Questions you need to ask yourself when buying

1 Where would you like to receive care?

You can choose a comprehensive policy that will cover care at home, in an adult day care center, assisted living/residential care facility, hospice facility or in a nursing home/facility. Some policies can also cover care provided by friends or relatives (informal care).

You can choose from the following comprehensive policies: **Value**, **Ideal** and **Premier**. Or, you can choose a **Facilities-Only**⁽³⁾ policy that will only cover care received in a long-term care facility.

2 How would you like to receive your benefits?

You have a choice of one of three ways to receive your benefits.

Daily Reimbursement – The Value policy pays up to your maximum Daily Benefit Amount (DBA) for covered services received.

Monthly Reimbursement – Both the Ideal and Facilities-Only policies pay benefits on a monthly basis for covered services you receive at any time during the calendar month. The most we will pay in any given month is your maximum DBA times the number of days in a calendar month.

Cash Payment – Once you are eligible for benefit payment, the Premier policy pays your DBA regardless of whether services are received and without having to submit bills (though proof of residency in a facility is required to qualify for payment of the facility DBA). This policy provides you with the maximum amount of flexibility, as benefits can be used for informal care services.⁽⁴⁾



Choose MetLife for coverage you can rely on to help protect your assets and preserve your future independence

(3) Facilities-Only policy is not available in Georgia. In New York, Facilities-Only policy is called Nursing Home Insurance Only policy.

(4) Any per diem benefits paid without regard to the actual charges you incur may be subject to income tax to the extent that they exceed the greater of: (1) your expense for qualified Long-Term Care services, or (2) the IRS per diem exclusion amount \$280 in 2009. Tax results may vary depending on your individual circumstances. You should consult with, and rely on, your own tax counsel concerning your individual tax results.

Pricing a MetLife Long-Term Care Insurance Policy

3 How much coverage is right for you?

Your MetLife Representative/Insurance Agent/Producer can provide you with the average cost of care in your area. You may be planning to cover all of your long-term care needs, or just a portion of them. Both are perfectly good decisions, it just depends on your situation.

Nursing Home/Facility DBAs available: \$50 - \$400 (in \$10 increments)⁽⁵⁾

If you are considering a comprehensive policy, you need to decide if you want your policy to pay 100%, 75% or 50% of your Nursing Home/Facility DBA for Home and Community Care.

Note: For the Value policy, the Assisted Living Facility benefit is equal to the Home and Community Care benefit. For the Facilities-Only,⁽⁶⁾ Ideal and Premier policies, the Assisted Living Facility benefit is equal to the Nursing Home/Facility DBA.

4 How long would you like your benefits to last?

The Benefit Period is the number of years (in days) you will receive your Maximum Nursing Home DBA.

Benefit Periods available: 2, 3, 4, 5 or 7 years

The Benefit Period you select is used to calculate the total amount of benefit dollars under your policy. This "Total Lifetime Benefit" is equal to the Nursing Home DBA multiplied by the number of days in the Benefit Period.

Example: \$150 DBA x 5 years x 365 = \$273,750 Total Lifetime Benefit

5 How long do you want to wait before benefit payments begin?

Determine the number of days you want to wait once you are eligible for benefits and receiving covered services, before benefit payments start. During this period of time, which is referred to as an Elimination Period, you are responsible for paying the cost of your long-term care services. The Elimination Period only needs to be satisfied once, and the days required to satisfy the Elimination Period do not need to be consecutive.

Elimination Periods available: 20 days, 45 days, 100 days⁽⁷⁾

(The Premier policy uses calendar days, rather than days of service, to calculate the Elimination Period.)

(5) In New York, DBA ranges are: Upstate \$70 to \$400; Metro \$100 to \$400. In South Dakota, DBA ranges are: \$100 to \$400.

(6) Facilities-Only policy is not available in Georgia. In New York, Facilities-Only policy is called Nursing Home Insurance Only policy.

(7) 100 day elimination period is not available in Georgia.

How Your Coverage Works

MetLife offers Long-Term Care Insurance policies designed to help pay for care in a range of settings. Once you are determined to be eligible for benefits, and complete any applicable Elimination Period, you will qualify for benefit payment. A MetLife Care Coordinator will be available to help you with important decisions about your care along the way. If you do not have a care provider, your Care Coordinator can help identify long-term care resources available in your community and help you and your family coordinate your care.

Our Care Coordinators, which include Registered Nurses, have worked extensively in the community and have backgrounds that include experience with nursing homes/facilities, adult day health care and home care. These caring professionals provide a level of expertise and support you simply won't find with other companies. You may call your Care Coordinator directly with any questions or issues.

You will be eligible for benefits when it is verified that you require substantial assistance with two out of six activities of daily living (ADLs), or suffer from a severe cognitive impairment that requires substantial supervision. A licensed health care practitioner must certify to this. No prior hospitalization is required. The services you receive must be part of a written plan of care prepared by a licensed health care practitioner of your choice.

The need for ADL assistance must be expected to last for a period of at least 90 days. The ADLs are eating, dressing, bathing, toileting, transferring into or out of a bed or chair and continence.

Why choose MetLife?

Industry Experience

- More than 140 years of insurance experience
- One of the first companies to offer long-term care insurance
- MetLife is a provider of long-term care insurance for many Fortune 100 companies and associations

Financial Strength

- High marks from leading insurance industry experts, including an A+ (Superior) rating from A.M. Best for financial strength and an AA (Very Strong) rating from Fitch for claims paying ability⁽⁸⁾

(8) Ratings (as of October 2008) refer to the overall financial status of the company and are not recommendations of specific policy provisions, rates or company practices.

What's Not Covered under the Value, Ideal and Facilities-Only Policies: ^(a)

No payment will be made for any of the following:

1. Treatment of alcoholism or drug addiction, unless the addiction was due to drug(s) taken on the advice of a physician.
2. Any care received while in a hospital, except in a unit specifically designated as a nursing home or hospice facility.
3. Any injury or sickness that results from:
 - a. Any war, or act of war (whether declared or undeclared); or
 - b. Participation in a felony, riot, or insurrection.
4. Any intentionally self-inflicted injury.
5. Services, other than supportive services, performed by a member of your immediate family.^(b)
6. Any care or services received outside the United States and its territories, except as described in the International Coverage section.
7. 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 copayment amount. This exclusion will not apply where Medicare is the secondary payer under applicable law.
8. Treatment received in a government facility (unless otherwise required by law); 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.

What's not covered under the Premier Policy: ^(a)

No payment will be made for any of the following:

1. Any injury or sickness that results from:
 - a. Any war, or act of war (whether declared or undeclared); or
 - b. Participation in a felony, riot, or insurrection.
2. Any intentionally self-inflicted injury.

These exclusions may not apply in all states and may vary depending on the state in which you live at the time of policy issue or the policy you select. The policy you receive once you are insured will contain the exact exclusions for your state. If you move to another state, the state guidelines where the policy was originally purchased will apply.

- (a) Riders may contain additional limitations
- (b) For Value and Facilities-Only policies, the exclusion is as follows: Services performed by a member of your immediate family.

This advertisement describes coverage offered by Metropolitan Life Insurance Company ("MetLife"). Depending upon state availability, coverage may be offered by the following MetLife policies: LTC2-VAL, LTC2-IDEAL, LTC2-PREM, LTC2-FAC. In some states, coverage may be offered by the above-referenced policy number followed by the state's 2-letter abbreviation; the state's 2-letter abbreviation plus "ML" for Multi-Life policies; or the state's 2-letter abbreviation plus "P" for Partnership policies.

MetLife Long-Term Care Insurance policies are guaranteed renewable. This means that once a policy is issued, it cannot be cancelled due to an increase in your age or a change in your health. Premium rates can only be raised as the result of a rate increase made on a class-wide basis in the state where the policy is issued and approved by the Department of Insurance.

Like most Long-Term Care Insurance policies, MetLife's policies contain certain exclusions, limitations, elimination periods, reductions of benefits and terms for keeping them in-force. For complete costs and details, please contact your MetLife Representative/Insurance Agent/Producer.

MetLife[®]

Metropolitan Life Insurance Company
New York, NY 10166

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INSURANCE MARKETPLACE
STANDARDS ASSOCIATION

Value Policy



BENEFITS AT-A-GLANCE

How Benefits are Paid	Daily Reimbursement You are reimbursed for covered services up to your selected Daily Benefit Amount (DBA).
Maximum Nursing Home Daily Benefit Amount (DBA)	Choice of \$70-\$400 in Upstate NY Choice of \$100-\$400 in Metro NY (both in \$10 increments)
Home Care or Community Based Care Benefit	Choice of 100%, 75% or 50% of Maximum Nursing Home DBA
Assisted Living Facility Benefit	Equal to your Home and Community Care Benefit
Benefit Period	Choice of 2, 3, 4, 5 or 7 years
Elimination Period The number of days you must be chronically ill and receiving primary covered services prior to certain benefits becoming payable.	Choice of 20, 45 or 100 days

PREMIUM DISCOUNTS AVAILABLE

- 25% Spousal Discount** will be applied when both you and your Spouse⁽¹⁾ apply and are accepted for coverage, as long as both policies remain in-force.
- 10% Marital Discount** will be applied if both you and your Spouse apply but only one of you is accepted for coverage—or if you are a Spouse but have applied (and are approved) alone.

In New York, premium discounts cannot exceed 35%.

(1) "Spouse" includes Domestic Partner and Civil Union Partner where permitted by law.

TAX QUALIFIED

MetLife Long-Term Care Insurance policies are intended to be tax qualified. All, or part, of your Long-Term Care Insurance premiums may be tax deductible as part of your itemized medical deductions if they exceed 7.5% of your Adjusted Gross Income. Additionally, any Long-Term Care Insurance benefits you receive, may be income tax free.

Pursuant to IRS Circular 230, MetLife is providing you with the following notification: The information contained in this advertisement is not intended to (and cannot) be used by anyone to avoid IRS penalties. This advertisement supports the promotion and marketing of this Long-Term Care Insurance product. You should seek advice based on your particular circumstances from an independent tax advisor.

If you want a long-term care insurance policy that offers solid coverage and good "value," the Value policy may be right for you. The Value policy helps you get the type of care you need, in the setting you want, including your home.



CONSIDER ADDING THE INDEMNITY RIDER

Adding the Indemnity Rider⁽²⁾ allows you to be paid your full Daily Benefit Amount every day a covered service is received, regardless of the cost of that service. This flexibility can give you more control over your finances and how you spend your benefit dollars. For example, if the cost of your covered services add up to \$100 a day and your Daily Benefit Amount is \$150, you will receive the full \$150 each day, so you will have \$50 to spend as you see fit for your care.

OTHER FEATURES INCLUDED

- ✓ **Premium Waiver:** Once you have completed your elimination period and you are receiving payment of benefits for primary covered services, you do not have to pay premiums.
- ✓ **Caregiver Training:** A benefit to train an informal caregiver, such as a family member, to provide care for you in your home. Up to 5x the Maximum Nursing Home DBA per life of the policy.
- ✓ **Respite Care:** A benefit of up to 100% of your Maximum Nursing Home DBA, for up to 21 days per year to pay for formal caregiver services, to temporarily relieve an informal caregiver, should they need time off.
- ✓ **Bed Reservation:** A benefit up to the Maximum Nursing Home DBA, for up to 50 days per policy year, for charges incurred to hold a space in a nursing home, assisted living facility or hospice facility in order for you to return to the facility.
- ✓ **Guaranteed Renewability:** MetLife Long-Term Care Insurance policies are guaranteed renewable. This means that once a policy is issued, it cannot be cancelled due to an increase in your age or a change in your health. Premium rates can only be raised as the result of a rate increase made on a class-wide basis in the state where the policy is issued and approved by the Department of Insurance.

RIDERS AVAILABLE WITH THE VALUE POLICY

- ✓ **Benefit Increase Riders**
 - 5% Automatic Compound Inflation Protection
 - 5% Automatic Simple Inflation Protection
 - Future Purchase
- ✓ **Policy Riders**
 - Nonforfeiture Coverage
 - Restoration of Benefits
 - Paid-Up Survivorship
 - Return of Premium
 - Home Care Elimination Period Waiver
 - Shared Care
 - Indemnity⁽²⁾
 - Calendar Day
- ✓ **Flex-Pay Riders⁽³⁾**
 - Ten-Year Premium Payment
 - Paid-Up Premium
 - Reduced-Pay at Age 65
 - Double-Pay First Year

Not all riders may be available in conjunction with each other. In New York, a no-cost International Coverage Rider is applied to all policies.

HOW YOUR COVERAGE WORKS

MetLife offers Long-Term Care Insurance policies designed to help pay for care in a range of settings. Once you are determined to be eligible for benefits, and complete any applicable elimination period, you will qualify for benefit payment. A MetLife Care Coordinator will be available to help you with important decisions about your care along the way. If you do not have a care provider, your Care Coordinator can help identify resources available in your community and help you and your family coordinate your care.

Our Care Coordinators, who include Registered Nurses, have worked extensively in the community and have backgrounds that include experience with nursing homes, adult day health care and home care. These caring professionals provide a level of expertise and support you simply won't find with other companies. You may call your Care Coordinator directly with any questions or issues.

You will be eligible for benefits when it is determined that you require substantial assistance with two out of six activities of daily living (ADLs) or suffer from a severe cognitive impairment that requires substantial supervision. A licensed health care practitioner must certify to this. No prior hospitalization is required. The services you receive must be part of a written plan of care prepared by a licensed health care practitioner of your choice.

The need for ADL assistance must be expected to last for a period of at least 90 days. The ADLs are eating, dressing, bathing, toileting, transferring (moving in or out of a bed, chair or wheelchair) and continence.

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Like most Long-Term Care Insurance policies, MetLife's policies contain certain exclusions, limitations, elimination periods, reductions of benefits and terms for keeping them in-force. For complete costs and details, please contact your MetLife Representative.

• **Not A Deposit or Other Obligation of Bank** • **Not FDIC - Insured** • **Not Insured by Any Federal Government Agency**
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• **Not a Condition to the Provision or Term of any Banking Service or Activity** • **Policy is an Obligation of the Issuing Insurance Company**

(2) Any per diem benefits paid without regard to the actual charges you incur may be subject to income tax to the extent that they exceed the greater of: (a) your expense for qualified long-term care services, or (b) the IRS per diem exclusion amount (\$270 in 2008). Applicable to the Value policy with Indemnity rider.

(3) Payment under a Flex-Pay Rider may limit your tax deduction. You should consult your independent tax advisor before choosing a Flex-Pay Rider.

MetLife®

Metropolitan Life Insurance Company
New York, NY 10166

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Value Policy with the Indemnity Rider



MetLife®

When you add the Indemnity Rider to the Value Policy you will be paid your full Daily Benefit Amount (DBA) every day a covered service is received, regardless of the cost of that service. This flexibility can give you more control over how you spend your benefit dollars. For example, if the cost of your covered service adds up to \$100 a day and your DBA is \$150, you will receive the full \$150 each day and will have the extra \$50 a day to spend on your care as you see fit.



WHAT CAN THE MONEY BE USED FOR?

- Expenses Incurred During Elimination Period
- Payment to Unlicensed Caregiver (friend or family)
- Prescription Medication
- Durable Medical Equipment
- Emergency Response Systems
- Home Modifications
- Specialized Transportation
- Light Housekeeping
- Homemaker Services
- Meal Preparation

WHY CHOOSE METLIFE?

- More than 140 years of insurance experience.
- Financially, MetLife consistently receives high marks from industry experts, including an A+ (Superior) rating from A.M Best for financial strength and an AA (Very Strong) rating from Fitch for claims paying ability.*

*Ratings (as of October 2008) refer to the overall financial status of the company and are not recommendations of specific policy provisions, rates or company practices.

discover
the difference.

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