

**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 LTC2-IDEAL-CTP**

This Outline of Coverage describes a Precertified Long-Term Care Insurance Policy that provides Medicaid Asset Protection under



Additional Consumer Information is available by calling the State of Connecticut Partnership for Long-Term Care Information Service at 1-800-547-3443

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: P.O. Box 937, Westport, CT 06881-0937.

COORDINATION WITH OTHER BENEFITS NOTICE: As long as this policy remains precertified for Medicaid Asset Protection, Benefits provided under this Policy may be reduced to the extent that similar benefits are payable under any other plans or programs to which You are entitled (including Medicare). Please refer to "Section 7 – Limitations and Exclusions" in this Outline of Coverage for a full explanation. This provision will NOT reduce the Total Lifetime Benefit payable under the policy.

THIS POLICY IS INTENDED TO BE A QUALIFIED LONG-TERM CARE INSURANCE CONTRACT UNDER SECTION 7702B(b) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED. We may offer You amendments at any time as necessary to meet the requirements of that law, any successor law, or any applicable regulations. All such amendments and/or premium adjustments must be approved by the Connecticut Insurance Department. Upon approval, We will notify You of the availability of these new amendment(s). You will be given the opportunity to accept or reject these amendments.

1. The policy is an individual policy of insurance which is issued in Connecticut.

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 Severe 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 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. For Home Care and Community Care Benefits, the Plan of Care which must be approved by a Licensed Health Care Practitioner employed by an Access Agency, must specify: the type and frequency of all services required to maintain the Insured in his/her Home or in the community; the service providers; and the cost of services, regardless of whether or not there is an actual charge for the service.

"**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.

"**Severe Cognitive Impairment**" means a deterioration or loss in intellectual capacity that is: (a) comparable to (and includes) Alzheimer's Disease and similar forms of irreversible dementia; and (b) is measured by clinical evidence and standardized tests which reliably measure impairment in: (1) short or long term memory; (2) orientation to people, places or time; and (3) deductive or abstract reasoning.

The presence of "Severe Cognitive Impairment" must be established in one of the following ways:

- a. You have been assessed using the Mental Status Questionnaire and have seven (7) or more incorrect responses on the test (or its equivalent accepted by the State of Connecticut); or
- b. You exhibit specific behavior problems requiring daily supervision, including, but not limited to, wandering, abusive or assaultive behavior, poor judgment or uncooperativeness which poses a danger to self or others, and extreme or bizarre personal hygiene; and You have been assessed using either: the Mental Status Questionnaire and have four (4) or more incorrect answers (or its current equivalent accepted by the State of Connecticut); or the Folstein Mini-Mental State Examination and have a score of twenty-three (23) or lower (or its current equivalent accepted by the State of Connecticut).

"**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 (such as being ready to catch You if You fall while getting into or out of the bathtub or shower as part of Bathing; or being ready to remove food from Your throat if You choke while Eating).

"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 for which Benefits are payable on a monthly basis. The most We will pay for any combination of Primary Services You receive during any Calendar Month (for which Benefits are payable on a monthly basis) is the highest Monthly Benefit Amount for one of those Primary Services. However, the most we will pay for each Primary Service that you receive is the Monthly Benefit Amount for that Primary Service. 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 and provided by 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 fifty (50) 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 You receive while at Home or in an Adult Day Care Center: (1) Home Health Care Services performed by a Nurse, Therapist or Certified Private Aide; and (2) Therapy Services performed by a Therapist; and (3) Home Health Care Services performed by a Home Health Aide from a Home Health Care Agency or a Homemaker-Home Health Aide Agency; and (4) Homemaker Services performed by a Homemaker from a Home Health Care Agency or a Homemaker-Home Health Aide Agency; and (5) at-home Hospice Care; and (6) Adult Day Care. Home means any residence in which You are living or staying. Home does not include any hospital or other acute care facility. For purposes of the Transition Expense Allowance, the Specialized Transportation Benefit, the Home Care Elimination Period Waiver rider and the Calendar Day Rider, the term Home also does not include a nursing home, assisted living facility or hospice facility.

C. RESPITE CARE BENEFITS. "Respite Care" means Covered Services from a Formal Caregiver that temporarily relieves a primary 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 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 most We

will pay is the highest Respite Care Maximum 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 available for other Primary Services.

- 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 benefit amounts payable for Additional Services will be subject to specific maximum payment amounts.

- A. CARE ADVISORY SERVICES.** We will pay up to the Maximum Benefit Amount per Policy Year for charges You incur for Care Advisory Services. Benefits for Care Advisory Services may be received on the same day as Covered Services-Primary Services. There is no maximum Daily Benefit Amount for Care Advisory Services. The Maximum Benefit Amount for Care Advisory Services will increase each year in accordance with the 5% Automatic Compound Inflation Protection provided by this policy. Any Benefits for Care Advisory Services not used in the previous Policy Year cannot be carried over into the next Policy Year. You do not need to complete the Elimination Period in order to receive Care Advisory Services. Receipt of this service will not count toward satisfying the Elimination Period. Payment of this Benefit will 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. 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 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 have the sole effect of increasing the value of Your Home. Receipt of this Benefit will not count toward satisfying the Elimination Period. 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 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. SPECIALIZED TRANSPORTATION BENEFITS.** We will pay up to the Maximum Benefit Amount for Specialized Transportation for actual charges You incur for Specialized Transportation services. "Specialized Transportation means 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.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS.

You will be eligible for Benefits only if:

1. We are given proof, satisfactory to Us, that You are Chronically Ill; and
2. a Licensed Health Care Practitioner has certified in writing to Us, in the last 12 months, that You are Chronically Ill; and
3. 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.

If You are eligible for Benefits and plan to use Home Care and Community Care Benefits, We will arrange for a Licensed Health Care Practitioner employed by an Access Agency to perform an initial assessment and develop a Plan of Care for You.

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. The term Covered Partner, as used below, means Your spouse or Domestic Partner named on Your application if You and Your spouse or Domestic Partner select the Paid-Up Survivorship Rider or the Shared Care Rider.

- A. NONFORFEITURE COVERAGE RIDER.** This Rider provides limited coverage if this Rider has been in effect for at least three (3) Policy Years and is in effect when 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 the greater of: (1) the sum of all premiums paid or waived for coverage during the time this Rider is in effect; or (2) thirty (30) times the Nursing Home Maximum Daily Benefit Amount in effect immediately prior to the 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. Note, however, that this policy includes a Contingent Benefits Upon Lapse provision. We will not pay Benefits under both this Rider and the Contingent Benefits Upon Lapse provision

of Your policy. We will automatically apply the feature that will provide You with the higher adjusted Total Lifetime Benefit.

- B. PAID-UP SURVIVORSHIP RIDER.** Your policy will be Paid-Up for the Coverage in effect as of the date Your Covered Partner's policy terminates due to Your Covered Partner'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 Rider.

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

1. Both You and Your Covered Partner must each have a long-term care insurance policy which includes a Paid-Up Survivorship Rider in effect with Us for at least ten (10) consecutive Policy Years and both of these Riders must be in effect on the date Your Covered Partner dies; and
2. Neither You nor Your Covered Partner were eligible for Benefits during the first ten (10) Policy Years that the Paid-Up Survivorship Rider is in effect for Your policy and for Your Covered Partner's policy; and
3. You must provide Us with written proof, satisfactory to Us, of the death of Your Covered Partner.

- C. RESTORATION OF BENEFITS RIDER.** This Rider restores all or part of Your Total Lifetime Benefit by certain 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.

- D. RETURN OF PREMIUM RIDER.** This Rider provides for a return of premium if this Rider has been in effect for at least ten (10) 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.

- E. SHARED CARE RIDER.** This Rider allows Your Covered Partner to receive certain Benefits under Your policy after the Total Lifetime Benefit under Your Covered Partner's policy has been exhausted. When Your Covered Partner dies, the remaining Total Lifetime Benefit, if any, from Your Covered Partner's policy will be added to the remaining Total Lifetime Benefit under Your policy. Coverage for both You and Your Covered Partner 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. Any change in Benefits to one Covered Partner's coverage that is not made to the other Covered Partner's coverage will cause the Shared Care Rider to end.

The amount of assets You can protect under a Partnership-approved policy is equal to the amount of benefits paid for Your care. Please note that Medicaid Assets Protection is only available to the individual actually receiving the benefits. This means that if You receive benefits under this policy or under Your Covered Partner's policy pursuant to the terms of the Shared Care Rider the specific dollar amount of assets You can protect is dependent upon (limited to) the amount of coverage You, as an individual, use for Your long-term care services.

If one Covered Partner is accessing benefits under this policy, the other Covered Partner will NOT receive Medicaid Asset Protection for that care. Medicaid Asset Protection is NOT transferable between Covered Partners. In addition, continued access by Your Covered Partner to the benefits

under this policy pursuant to the terms of the Shared Care Rider could lead to the exhaustion of the Total Lifetime Benefit under this policy. In such an event both policies will terminate and no additional Medicaid Asset Protection can be earned by either Covered Partner.

- F. CALENDAR DAY RIDER.** This Rider provides that for each day that You are Chronically Ill, We will credit You with a day toward satisfying the Elimination Period for Home Care and Community Care Covered Services. Note, however, that Your Elimination Period for other Covered Services will continue to apply as stated in the policy. We will also pay a Supplemental Items Allowance of up to fifty (50) times the Nursing Home Maximum Daily Benefit Amount for the actual charges You incur for Supplemental Items, which include personal emergency response systems, Durable Medical Equipment or Home modifications that You require, while You are Chronically Ill, in order to continue to live at Home.
- G. HOME CARE ELIMINATION PERIOD WAIVER .** This Rider provides that on the first day that You are Chronically Ill, You will have satisfied the Elimination Period for Home Care and Community Care Covered Services. Note, however, that Your Elimination Period for other Covered Services will continue to apply as stated in the policy. We will also pay a Supplemental Items Allowance of up to fifty (50) times the Nursing Home Maximum Daily Benefit Amount for the actual charges You incur for Supplemental Items, which include personal emergency response systems, Durable Medical Equipment or Home modifications that You require, while You are Chronically Ill, in order to continue to live at Home.
- H. 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. Note that if You end this Rider before Your policy is Paid-Up, You will not receive any offset, adjustment or refund of the accelerated premium paid under this Rider upon switching to the standard method of premium payment.
- I. 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. Note that if You end this Rider before Your policy is Paid-Up, You will not receive any offset, adjustment or refund of the accelerated premium paid under this Rider upon switching to the standard method of premium payment.
- J. DOUBLE PAY FIRST YEAR RIDER.** This Rider provides that You pay two (2) times the premium amount that would otherwise be due for Your coverage during the first Policy Year that Your coverage is in effect. Then, the premium amount due in subsequent Policy Years will be reduced. Note that if You end this Rider before the end of the first Policy Year and Your policy remains in effect, You will not receive any offset, adjustment or refund of the accelerated premium paid under this Rider upon switching to the standard method of premium payment.
- K. REDUCED PAY AT AGE 65 RIDER.** This Rider provides that You pay an increased premium amount than would otherwise be due for Your coverage prior to age 65. Then, on the Policy Anniversary on or after Your 65th birthday, the premium for Your coverage will be reduced to 50% of the premium that You paid prior to age 65. Note that if You end this Rider before Your

65th birthday and Your policy remains in effect, You will not receive any offset, adjustment or refund of the accelerated premium paid under this Rider upon switching to the standard method of premium payment.

WHEN BENEFITS WILL EARN MEDICAID ASSET PROTECTION.

MEDICAID ASSET PROTECTION. Benefits paid to You, or to a provider of Covered Services on Your behalf, under this policy can count towards Medicaid Asset Protection for purposes of eligibility for Connecticut's Medicaid program or any other state's Medicaid program that has a reciprocal agreement with Connecticut's Medicaid program. In order for Benefits to count toward Medicaid Asset Protection, the following conditions must be met:

1. You are eligible for Benefits having met one of the following insured events:
 - You have a documented need for Substantial Assistance or supervision (from another person) with two or more of the following Activities of Daily Living: Dressing, Bathing, Eating, Toileting, Transferring, and Continence; or
 - You have been assessed using the Mental Status Questionnaire and have failed to answer correctly at least 7 of the 10 questions on the test (or its current equivalent accepted by the State of Connecticut); or
 - You exhibit specific behavioral problems requiring daily supervision, including but not limited to, wandering, abusive or assaultive behavior, poor judgment or uncooperativeness which poses a danger to You or others, and extreme or bizarre personal hygiene habits; and You have taken either the Mental Status Questionnaire test and failed to answer correctly at least 4 questions on the test (or its current equivalent accepted by the State of Connecticut), or You have taken the Folstein Mini-Mental State Examination and achieved a score of 23 or lower (or its equivalent accepted by the State of Connecticut).
2. The Benefits are paid under this Partnership-approved policy; and
3. The Benefits that are paid for Home Care and Community Covered Services (including the Alternate Service Benefits and Transition Expense Allowance, if they are Home and community based, and Informal Caregiver Training) are provided in accordance with a written Plan of Care approved by a Licensed Health Care Practitioner employed by an Access Agency (approved by the Connecticut Partnership for Long-Term Care).

HOW TO STAY QUALIFIED FOR MEDICAID ASSET PROTECTION UNDER THE PARTNERSHIP. In order to stay qualified for Asset Protection under the Partnership, the following conditions must be met:

1. Each year Your Nursing Home Maximum Daily Benefit Amount must equal or exceed the minimum inflation-adjusted daily benefit specified by the Connecticut Insurance Department. The inflation-adjusted increase in the Nursing home Maximum Daily Benefit Amount provided to You each year under the 5% Automatic Compound Inflation Protection provision will allow You to keep pace with the Insurance Department's minimum requirements.
2. You were a resident of Connecticut when You applied for and subsequently were issued this Partnership-approved long-term care insurance policy.
3. Benefits paid for Home and Community-based long-term care services covered under this policy, count toward Medicaid Asset Protection only when an Access Agency (the Access Agency must be approved by the Connecticut Partnership for Long-Term Care) developed and approved the written Plan of Care. Facility Care need not be approved by an Access Agency to

count towards Medicaid Asset Protection. Services may be provided in Connecticut or elsewhere.

4. You can accumulate Medicaid Asset Protection wherever Your policy pays Benefits. If You need to access Medicaid to pay for Your care and You want to utilize the Medicaid Asset Protection You have earned, You must apply to Connecticut's Medicaid program or to any other state Medicaid program that has a reciprocal agreement with Connecticut. You must be a resident of and receive care in the state where You apply to Medicaid.

7. 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 which is caused by declared or undeclared war or any act thereof.
- d. Any intentionally self-inflicted injury.
- e. Services provided by a member of Your Immediate Family unless: (a) he or she is a regular employee of an organization which is providing services; (b) the organization receives payment for the services; and (c) he or she receives no compensation other than the normal compensation for employees in his or under her job category.
- f. Any care or services received outside of the United States and its territories.
- 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 (unless a charge is made which You are required to pay).

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 WITH OTHER BENEFITS

The Benefits of this policy are designed to supplement NOT duplicate other benefits. If You have any health insurance plan or non-Partnership long-term care plan and You are entitled to benefits under those plans that would also be Covered Services under this policy, You are required to obtain payment for those benefits first, prior to using Benefits under this policy. Examples of Health Insurance Plans include, but are not limited to, basic hospital, health maintenance organization (HMO), medical/surgical, major medical plan, Medicare, Medicare managed care plan, and Medicare supplemental programs.

If You are eligible to receive Benefits under this policy and any other Partnership-approved long-term care plan, then the plan with the earliest Effective Date shall be deemed to be the primary coverage and the other Partnership-approved plans shall be deemed secondary coverage, in order by Effective Date, from the earliest to the latest.

Any Benefit amounts that You are entitled to receive under this policy will be reduced by any benefits payable by those other plans. This provision will NOT reduce the Total Lifetime Benefit payable under this policy.

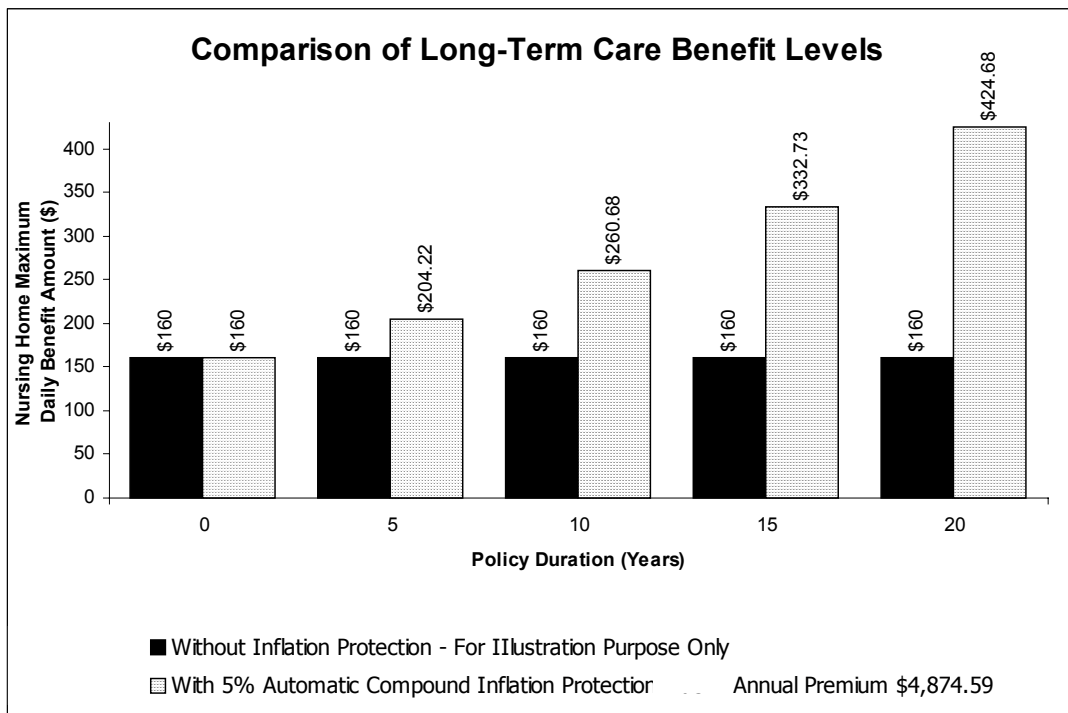
THE POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.

8. 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. 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 this Inflation Protection subject to the approval of the Connecticut Insurance Department.

- **5% Automatic Compound Inflation Protection** (included in the policy). This 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.

The following graph shows the change in the Maximum Daily Benefit Amount for a policy with 5% Automatic Compound Inflation Protection and a policy without this feature. For purposes of this graph, the premiums shown assume a policy issued to an individual who is age 65, has chosen a \$160 Nursing Home Maximum Daily Benefit Amount, an \$80 Home Care and Community Care Maximum Daily Benefit Amount, a 5 year Total Lifetime Benefit, and a 45 day Elimination Period.



B. BENEFIT INCREASE WITH PROOF OF GOOD HEALTH. You may, at any time, ask for an increase in Your benefit amounts in writing. Increases in amounts are subject to proof of Your good health, 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.

- C. 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. However, in order to maintain the Partnership-approved status of the policy, the Nursing Home Maximum Daily Benefit Amount may not be lower than the minimum daily benefit amount then required by the Connecticut Insurance Department for a Partnership-approved long-term care insurance policy.
- D. REDUCED BENEFIT OPTION.** In the event Your policy is about to Lapse, We will offer You the option to reduce Your current Total Lifetime Benefit and reduce Your premium. You will have no less than 35 days to consider the offer. Notice will be sent 31 days after the premium is due. The premium for the new Total Lifetime Benefit will be based upon Your Original Issue Age and no underwriting will be required. It will be Your responsibility to continue to promptly pay this new reduced premium when it is due.

The reduced Total Lifetime Benefit will take into account any increases in coverage that have accumulated due to the 5% Automatic Compound Inflation Protection provision. For example, if Your initial Total Lifetime Benefit grew from \$100,000 to \$200,000 because there were 14 years of 5% Compound Automatic Inflation increases, the reduced Total Lifetime Benefit would also include 14 years of 5% Compound Inflation increases.

The Maximum Daily Benefit Amount and Maximum Monthly Benefit amounts will NOT be reduced and will continue to reflect any increases in accordance with the 5% Automatic Compound Inflation Protection provision. For example, if Your Maximum Daily Benefit Amount grew from \$200 to \$400, then after any reduction under this provision the Maximum Daily Benefit amount would still be \$400 and will continue to increase annually.

We will make such an offer whenever Your policy is about to Lapse during the first year it is in force, and at least once after the policy has been in force for one year. We will NOT make a Reduced Benefit Option offer to You if the balance of Your Total Lifetime Benefit (after any claims have been paid) would provide for the equivalent of one year of coverage or less.

9. 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. All changes are subject to approval by the Connecticut Insurance Department. We will provide You with forty-five (45) days notice prior to an increase in premiums.
- 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 date on which You are receiving payment of Benefits for Primary Services. 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 receiving Covered Services.
- c. **TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS.** We reserve the right to change premium rates, subject to approval by the Connecticut Insurance Department. 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. 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.

10. 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.

11. ANNUAL PREMIUMS

(Premiums appear next to Riders selected.)

| | |
|-------------------------------|-----------|
| Ideal Policy | \$ _____ |
| Nonforfeiture Coverage Rider | \$ _____ |
| Paid-Up Survivorship Rider | \$ _____ |
| Restoration of Benefits Rider | \$ _____ |
| Return of Premium Rider | \$ _____ |
| Shared Care Rider | \$ _____ |
| Calendar Day Rider | \$ _____ |
| Home Care Elimination | |
| Period Waiver | \$ _____ |
| Ten Year Premium | |
| Payment Rider | \$ _____ |
| Paid-Up Premiums Rider | \$ _____ |
| Reduced Pay at Age 65 Rider | \$ _____ |
| Double Pay First Year Rider | \$ _____ |
| Total Annual Premium | \$ _____* |

*This premium does not reflect any flexible premium payment riders that You may select.

Tax Note: The Ten-Year Premium Payment Rider, the Paid-Up Premiums Rider, the Reduced Pay at Age 65 Rider or the Double Pay First Year Rider provide an accelerated premium payment schedule that would result in either: (a) Your coverage being paid-up; or (b) Your premium being reduced in subsequent years or at age 65. You should be aware that the payment of premiums more rapidly than under a standard payment plan may result in a loss of tax deductions to which You would otherwise be entitled under the federal income tax law and the income tax laws of certain states. You should consult Your tax advisor prior to selecting an accelerated premium payment rider.

If You pay premiums more frequently than annually, an additional charge will be included.

12. 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 information We require.

- B. CONTINGENT BENEFITS UPON LAPSE.** Contingent Benefits Upon Lapse is included in the policy. In the event of a Substantial Premium Increase as defined in the policy, We will send You written notice of the increase at least forty-five (45) days before it takes effect. We will provide limited coverage (“Contingent Nonforfeiture 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. If Contingent Nonforfeiture Coverage takes effect, the same benefit amounts as those payable under the policy immediately prior to the Contingent Nonforfeiture Date will be payable under Contingent Nonforfeiture Coverage, except that the Total Lifetime Benefit will be the greater of: (1) the sum of all premiums paid or waived under the terms of the policy; or (2) thirty (30) times the Nursing Home Maximum Daily Benefit Amount in effect immediately prior to the Contingent Nonforfeiture Date. The total Benefits paid after the Contingent Nonforfeiture Date will not be more than the remaining Total Lifetime Benefit (after taking into account any prior claims paid) when Your policy ends. You will also have the opportunity to reduce Your benefits so that Your premium will not increase.
- 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 are 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 Nursing Home, Hospice Facility or Assisted Living Facility; or (3) the Total Lifetime Benefit has been paid.
- D. GRACE PERIOD.** You have a grace period of thirty-one (31) days to pay each premium due after the first premium. If the premium is not paid by the end of the grace period, 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 within thirty-five (35) days of mailing the notice, the policy will then Lapse at the end of this thirty-five (35) day period.
- E. THIRD PARTY NOTIFICATION.** You have the right to name a person 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
 2. submit proof of good health, acceptable to Us, at Your expense; and
 3. pay all past due premiums to Us, if We approve Your request for reinstatement.
- If We reinstate Your policy, Your premium will be what it would have been if Your coverage had not Lapsed.
- 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 Severe 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.

NOTICE TO APPLICANT REGARDING MANDATORY INFLATION PROTECTION

In order for this long-term care policy to remain Partnership-approved by the State of Connecticut and qualified to provide Medicaid Asset Protection for the State Medicaid program in Connecticut, daily coverage benefits shall meet or exceed standards established by the State of Connecticut. The Metropolitan Life Insurance Company (“MetLife”) will provide You with a graphic comparison showing the differences in premiums and benefits, over at least a twenty (20) year period, between a policy that increases benefits and a policy that does not increase benefits. Failure to maintain the required daily coverage benefits will result in the policy losing its Partnership-approved status and no longer allow it to earn additional Medicaid Asset Protection. It is MetLife’s responsibility to automatically inflate daily coverage benefit levels in order to maintain Partnership-approval; it is Your responsibility to make premium payments in order to maintain coverage.

