

MEDAMERICA INSURANCE COMPANY - NAIC 69515

LTC Individual - Comprehensive - Tax Qualified

Policy Form: FC-336-CA

1. Maximum Policy Benefit (MPB) = In year(s). Enter the number of days in Company Notes.

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

MPB Company Notes: 365 (Number of Days) times the Nursing Facility Daily Benefit = 1 year. Other Notes: 8 Yrs and 10 Yrs also offered.

2. Nursing Home/Facility Daily Benefit Amounts (NHB) - There is a minimum and maximum amount offered in dollar increments.

Minimum	Maximum	Increment	Day	Week	Month	None	Other
\$50	\$500	\$10	YES	NO	NO	NO	NO

NHB Company Notes: Enter Notes: None reported by the company.

3. Residential Care Facility Daily Benefit (RCFE) - Represents the RCFE percentage of the Nursing Facility Limit.

100%	90%	80%	75%	70%	Other
NO	NO	NO	YES	NO	NO

RCFE Company Notes: Enter Notes: 125% is also offered. If 75% is selected, the NHB minimum is \$70.

4. Home Care Benefit (HCB) - Represents the percentage of Home Care Benefit Amount for Comprehensive Policies.

100%	90%	80%	75%	70%	60%	50%	None	Other
YES	NO	NO	YES	NO	NO	NO	NO	NO

HCB Company Notes: Enter Notes: 125% is also offered. If 75% is selected, the NHB minimum is \$70.

5. Home Care Only Benefit Amounts (HCBO) - There is a minimum and maximum amount offered in dollar increments.

Minimum	Maximum	Increment	Day	Week	Month	None	Other
						YES	

HCBO Company Notes: Not Applicable: This LTC policy form is not a Home Care Only policy.

6. Qualification for Benefits (QB)

QB_2_OF_6	QB_2_OF_7	QB_OTH1	QB_MN	QB_CI	QB_90DR	QB_OTH2
YES	NO	NO	NO	YES	YES	NO

QB Company Notes: The need for human assistance or continual supervision to perform at least 2 of 6 Activities of Daily Living.

7. Elimination Period (EP) = In days Select all that applies.

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

EP Company Notes: Enter Notes: 180 days and 365 days are also offered.

8. Inflation Protection (IP)

IP Methodology	5% Compound	5% Simple	Guaranteed Purchase Option	Other
Explain IP Methodology: None reported by the company.	YES	YES	YES	YES

IP Company Notes: Enter Notes: Also offered are: 5% Comp 2X, 5% Simp 2X, 3% Comp, 3% Comp 2X, 3% Simp, 3% Simp 2X, Combination Benefit Increase, Daily Benefit Increase.

9. Waiver of Premium (WAVP)

Enter Notes: Premium is waived upon benefit eligibility and satisfaction of the Elimination Period

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Long Term Care Insurance Rates

Policy Form: FC-336-CA

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

ISSUE AGE	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION	3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION	LIFETIME BENEFIT - NO INFLATION PROTECTION	LIFETIME BENEFIT - WITH INFLATION PROTECTION
40	\$337	\$1,837			\$284	\$1,551		
45	\$433	\$2,025			\$366	\$1,710		
50	\$554	\$2,240			\$468	\$1,891		
55	\$737	\$2,507			\$622	\$2,117		
60	\$996	\$2,846			\$840	\$2,403		
65	\$1,471	\$3,505			\$1,242	\$2,959		
70	\$2,245	\$4,451			\$1,895	\$3,757		
75	\$3,498	\$5,874			\$2,953	\$4,959		
80	\$5,502	\$7,968			\$4,645	\$6,727		

Note: Lifetime Benefit Period is not available.

Customer Service Telephone Number: (800) 544-0327