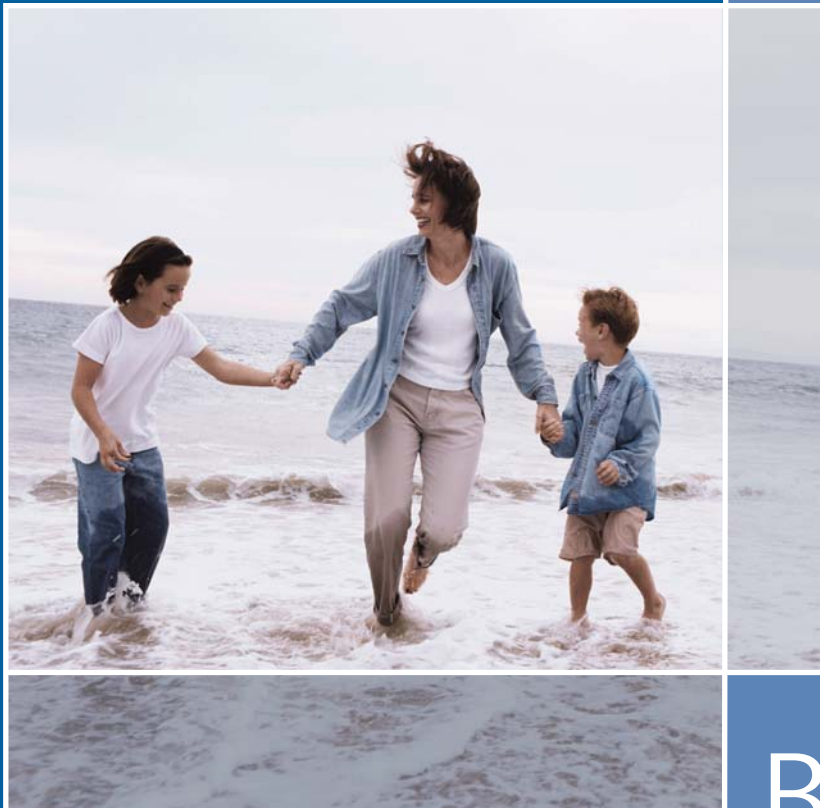


LTCI Plan Design Questionnaire

Metropolitan Life Insurance Company (“MetLife”)



MetLife[®]



BUILDING

a Long-Term Care
Insurance (LTCI) Plan

That's Right For You

Building a Long-Term Care Insurance plan that will meet your needs and fit your budget and lifestyle is an important step to help ensure you are protected now and in the future. By working with your Insurance Agent/ Representative/ Producer, you can implement a plan that will help you to be protected today and in the future, without placing an unnecessary burden on your family or friends.

The choices you make now will help you maintain your financial freedom, independence and dignity.

Building a Plan to Meet Your Needs

Purchasing Long-Term Care Insurance (“LTCI”) can be an important part of your overall financial plan. Designing the right policy to meet your individual needs and objectives is a key component in the purchasing process. This brochure is one tool to assist you in building a plan to meet your needs.

Your responses to this questionnaire will help guide the planning process by identifying preferences and concerns that are important to you. Your answers will drive the development of a Long-Term Care Insurance plan customized to fit your needs now and in the future.

The **LTCI Plan Design Questionnaire** is one tool in the process and should be used as a starting point in your long-term care plan development. Before you make any final decisions about a specific plan, you should consult your Insurance Agent/Representative/Producer.

Two Key Benefits to Using this Questionnaire:

- Help ensure the LTCI plan you purchase today has the features and benefits important to you, should you need care in the future.
- Help ensure your premium dollars are used to purchase the benefits that are important to you.

Key Information the Questionnaire Will Uncover:

1. Your level of protection needed based on your age.
2. Your inflation concerns in conjunction with your age to help determine the type of benefit increase option coverage to purchase.
3. Your assets and your feelings about preserving your assets for your heirs to help determine the benefit period needed to help protect these assets.
4. Your Spouse⁽¹⁾ and Family support to help determine the level of home care needed.
5. Your Retirement Income to help determine the appropriate the Daily Benefit Amount level to purchase.

How to Determine the Best Plan Design for You:⁽²⁾

- Answer all of the questions in this brochure.
- Once you’ve answered all of the questions, calculate your score on page 4.
- Select a suggested LTCI plan design, based on your score, from those shown on page 5.
- Review “**Understanding Your LTCI Policy Choices**” on page 7.
- Discuss the LTCI plans with your Insurance Agent/Representative/Producer and make your final selection of benefits and features.
- Review the *MetLife Mature Market Survey of Nursing Home and Home Care Costs*, available from your Insurance Agent/Representative/Producer, to determine the cost of long-term care in your area.
- When you and your Insurance Agent/Representative/Producer have determined which plan is right for you, complete a LTCI application.

⁽¹⁾ “Spouse” can include Domestic Partner or Civil Union Partner where permitted by law.

⁽²⁾ Please note that LTCI may not be suitable for everyone. Please consult your Insurance Agent/Representative/Producer.

Long-Term Care Plan Design Questionnaire

DETERMINING YOUR LONG-TERM CARE NEEDS AND RESOURCES

Understanding Your Needs

Understanding who you want to care for you, where you would like that care provided, and how you want your financial resources used to provide that care, all play a role in determining the type of LTCI coverage you should select. Please answer the following five questions to determine your

Long-Term Care Needs Score:

1. Your age today plays an important role in your purchase decision. Please select the age range you fall within:
 - a. 55 or less
 - b. 56 – 65
 - c. 66 – 75
 - d. 76+
2. As the cost of living goes up, your money will buy less and less over time. This is due to inflation. Which statement best describes how concerned you are about inflation and its impact on your insurance benefits over time?
 - a. **I am highly concerned** about maintaining my current lifestyle and my future financial needs as the cost of living goes up over time.
 - b. **I am concerned** and would like to ensure all of my needs are met by planning accordingly so that I may maintain my lifestyle as much as possible.
 - c. **I am somewhat concerned** about keeping pace with inflation, but feel that my assets will be sufficient to cover any shortfalls for my needs or lifestyle.
 - d. **I am not very concerned** about keeping pace with inflation and will be satisfied as long as some of my basic needs are met.

3. Everyone has different feelings about the disposition of their assets. Select the answer below that best describes your feelings regarding the preservation of your assets over time:
 - a. I am not concerned with preserving my assets for my family.
 - b. If possible, I'd like to leave some of my assets to my family.
 - c. It is very important that my assets are preserved for my family.
4. When considering the possibility of needing long-term care, the more assets you have the more potential loss you could face. Including your home, what is your current net worth:⁽³⁾
 - a. Under \$150,000
 - b. \$150,000 – \$499,000
 - c. \$500,000 – \$999,999
 - d. \$1,000,000 or more

⁽³⁾ For this questionnaire, each of the owners of any joint assets should include the total value of those assets, regardless of who holds title to the assets.

Name: _____ Address: _____

5. Your willingness to rely on your Spouse and/or family to provide care, and their ability to provide care are important factors in determining the LTCI coverage that's right for you. Please select the answer below that best describes your feelings about caregiving:
- a. I would expect my Spouse and/or family to provide care for me should I need it.
 - b. I recognize that I may need some help from my Spouse and/or family, but I also want to help ensure they have the financial resources they will need.
 - c. I do not want to be a burden to anyone regardless of my Spouse's and family's abilities or willingness to care for me. I wish to help ensure that my independence and dignity are intact.

7. It is important to consider whether you have a Spouse who could provide care, and your willingness to rely on that person. Please indicate your marital status and preference below. *(Remember, if you are married, your Spouse should complete a separate questionnaire.)*
- a. I am married, but I **do not** feel comfortable he/she could provide the daily care I may need.
 - b. I am married and I **do** feel confident he/she could provide the daily care I may need.
 - c. I am single/widowed and I **do not** feel the daily care I may need could readily be provided by a family member or someone close to me.
 - d. I am single/widowed and I **do** feel the daily care I may need could readily be provided by a family member or someone close to me.

Understanding Your Resources

It is important to explore how you feel about who would provide care for you and the financial resources that will be available. Please answer the following two questions to determine your

Long-Term Care Resources Score.

6. Your annual retirement income (current or projected, and from all sources such as earned income, pension benefits, social security and investment income), is an important consideration when determining the Daily Benefit Amount you should purchase. Please select the option below that best represents your expected retirement income:
- a. Less than \$50,000
 - b. \$50,000 – \$100,000
 - c. \$101,000 or higher

Long-Term Care Costs:

Please refer to the *MetLife Mature Market Institute Survey of Nursing Home and Home Care Costs* to determine the average cost of care in your area. Your Insurance Agent/Representative/Producer can provide the survey to you.

- 8a. The average cost for Nursing Home Care in my area per day is: \$ _____.
- 8b. You may wish to self-insure a portion of the cost of care using your own income and assets. If so, enter the daily dollar amount you would be willing to self-insure: \$ _____.
- 8c. The Daily Benefit Amount you prefer to insure (8a. minus 8b.): \$ _____.

Calculating Your Score

The first step in determining which LTCI plan may be right for your current situation is to tabulate your **Needs Score**, **Resources Score**, and **Daily Benefit Amount**.

Select the numerical score that corresponds to the answer you selected for each question on the preceding pages. Write each score down in the column to the right and then total your score, as indicated, to determine your **Long-Term Care Needs Score** and **Long-Term Care Resources Score**.

NEEDS SCORE:

If you answered:	A	B	C	D	Your Score
Question 1:	16	12	5	0	
Question 2:	16	12	5	0	
Question 3:	0	8	16	n/a	
Question 4:	0	5	12	16	
Question 5:	0	8	16	n/a	
	To determine your Long-Term Care Needs Score , total your scores from questions 1 through 5 and enter here.				

RESOURCES SCORE:

If you answered:	A	B	C	D	Your Score
Question 6:	0	8	16	n/a	
Question 7:	16	0	16	0	
	To determine your Long-Term Care Resources Score , total your scores for questions 6 and 7 and enter here.				

LTC COSTS:

Question 8:	Enter the Average Daily Cost of Nursing Home Care Services in your area or the Daily Benefit Amount you wish to insure (from part 8c).	\$
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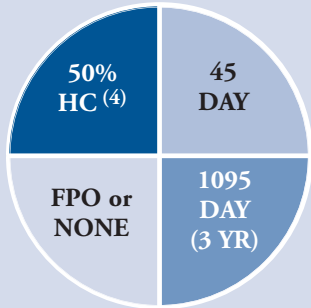
DETERMINE THE PLAN FOR YOU

To find the Long-Term Care Insurance plan that best meets your needs, look in the adjacent table and find your **Needs Score** range (across the top), and **Resources Score** range (down the left side). The plan design number in the box where these two scores intersect, is the suggested plan design for you, based on your answers to the questionnaire.

Resources Score	Needs Score			
	0 to 18	19 to 40	41 to 60	61+
0 to 7	I	I	II	III
8 to 15	I	II	III	III
16 to 23	II	II	III	IV
24 or more	III	IV	V	V

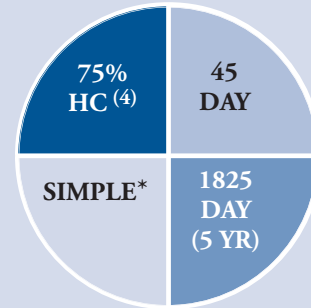
SUGGESTED LONG-TERM CARE INSURANCE PLANS

LTCI COMPREHENSIVE PLAN I



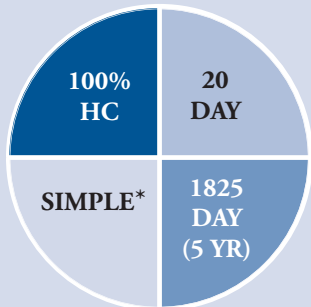
A basic foundation to ensure some LTCI coverage is there when needed. Generally for those with budget concerns or readily available care.

LTCI COMPREHENSIVE PLAN II



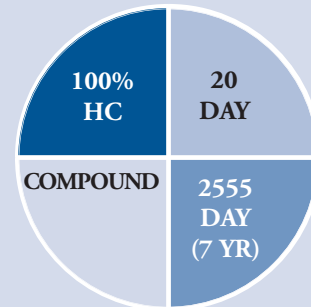
A plan design that balances budget concerns and sound protection which considers your financial situation now and in the future.

LTCI COMPREHENSIVE PLAN III



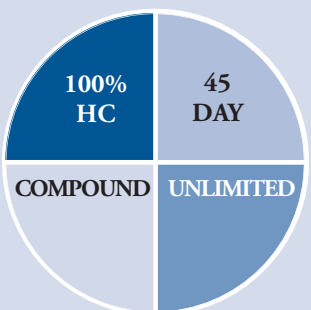
A mid-range priced plan that offers a longer time period of coverage and a larger home care benefit.

LTCI COMPREHENSIVE PLAN IV



A higher range plan including policy protection features and optional benefits which optimize your plan.

LTCI COMPREHENSIVE PLAN V



A premium plan designed to ensure the most flexibility and control over your care.

* At younger ages, you may wish to consider a Compound Inflation Protection feature rather than a Simple Inflation Protection feature.

⁽⁴⁾ In KS, LTCI Comprehensive Plans I and II are offered with 100% HC only as part of the plan design.

LEGEND

- Benefit Period
- Home Care
- Elimination Period
- Inflation Protection Option/Benefit Increase Option

Write in the suggested **LTCI plan number** based on your score:

Write in the **Daily Benefit Amount** you selected. (See answer to question **8c.** on page 3): \$

Summary of Suggested LTCI Plan Designs

The suggested plans summarize the plans on the previous page. There are additional features and benefits that can be added based on your personal situation. Your Insurance Agent/Representative/Producer can explain these features to you.

LTCI COMPREHENSIVE PLAN I

DBA: \$
HC: 50%⁽⁵⁾ of DBA
Benefit Period: 1095 days (3 years)
Elimination Period: 45 days
Inflation Protection or Benefit Increase Option:
Future Purchase Option or
No Inflation Protection

LTCI COMPREHENSIVE PLAN II

DBA: \$
HC: 75%⁽⁵⁾ of DBA
Benefit Period: 1825 days (5 years)
Elimination Period: 45 days
Inflation Protection:
Simple Inflation Protection⁽⁶⁾

LTCI COMPREHENSIVE PLAN III

DBA: \$
HC: 100% of DBA
Benefit Period: 1825 days (5 years)
Elimination Period: 20 days
Inflation Protection:
Simple Inflation Protection⁽⁶⁾

LTCI COMPREHENSIVE PLAN IV

DBA: \$
HC: 100% of DBA
Benefit Period: 2555 days (7 years)
Elimination Period: 20 days
Inflation Protection:
Compound Inflation Protection

LTCI COMPREHENSIVE PLAN V

DBA: \$
HC: 100% of DBA
Benefit Period: Unlimited
Elimination Period: 45 days
Inflation Protection:
Compound Inflation Protection

⁽⁵⁾ In KS, LTCI Comprehensive Plans I and II are offered with 100% HC only as part of the plan design.

⁽⁶⁾ At younger ages you may wish to consider a Compound Inflation Protection feature rather than a Simple Inflation Protection feature.

Understanding Your LTCI Plan Choices

Comprehensive Plan or Facilities-Only Plan

A Comprehensive Plan (Value, Ideal or Premier) provides for care in the following settings:

- Home Care ⁽⁷⁾
- Adult Day Care
- Nursing Homes
- Assisted Living Facility/Residential Care Facility
- Hospice Care at home or in a facility
- Respite Services at home or in a facility

A Facilities-Only Plan only provides for care in the following settings:

- Nursing Homes
- Assisted Living Facility/Residential Care Facility
- Hospice Facility

Daily Benefit Amount (DBA)*

You may select the amount of coverage you want for facility care.

You can select a DBA from \$50 to \$400 in \$10 increments. Benefits can be paid as a reimbursement of actual expenses incurred or the full per diem amount can be paid if the optional Indemnity Rider or Premier Plan is selected regardless of actual expenses incurred.

Home Care Benefit (Comprehensive Plan only)* (8)

You may choose the percentage of your Daily Benefit Amount that can be paid for Home Care/Community Care Services and also for an Assisted Living Facility in the Value Plan.

You can select 50%, 75% or 100% of DBA

Benefit Period*

The year you select will be used to calculate your Total Lifetime Benefit (TLB), as shown below:

You may choose 2, 3, 4, 5, 7 years or an Unlimited benefit duration. Unlimited benefits continue for your entire life.

TLB Example: DBA x number of days in benefit period x Benefit Period.
(\$100 x 365 days x 3 years = \$109,500)

Elimination Period (Deductible)*

You can choose the number of days you will pay your long-term care costs on your own (once you become eligible for benefits), before your benefits begin.

You may choose 20, 45 or 100 days.

In Value, Ideal and Facilities-Only Plans, “days” are counted based on actual days of service.

In the Premier Plan, calendar days are counted.

Benefit Increase Options*

Benefit Increase Options help maintain the worth of your coverage over time.

You may choose 5% Compound Inflation Protection, 5% Simple Inflation Protection, Future Purchase, or No Inflation Protection.

Optional Riders**

You can select several Optional Riders (available at an additional cost):

- Nonforfeiture
- Paid-up Survivorship
- Restoration of Benefits (not available with Premier policy)
- Return of Premium
- Shared Care
- Indemnity (with Value policy only)
- Calendar Day (with Value & Ideal policies only)
- Home Care Elimination Period Waver (with Value & Ideal policies only)

Additional Features**

These features are included in all plans without any additional premium:

- International Coverage
- Caregiver Training
- Bed Reservations
- Alternate Plan of Care

* May vary by state

** May not be available in all states, combined with other riders, or with all plans

(7) In CA, Home Care includes Nursing Care, Home Health Care, Therapy Services, Audiology Services, Social Worker and Homemaker Services through a Home Health Care Agency.

(8) In KS, the DBA selected can be used to pay for Home Care/Community Care Services and also for an Assisted Living Facility in the Value Plan.

Note: Premiums will vary based on benefits selected.

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 such 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)^(b); or
 - b. Your participation in a felony, riot, or insurrection.
4. Any intentionally self-inflicted injury.
5. Services, other than supportive services,^(c) performed by a member of your immediate family.
6. Any care or services received outside the United States and its territories, except as described in the International Coverage section of the policy.
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 co-payment 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)^(d); 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.

In MD, the following additional exclusion and limitation applies:

9. 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.

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)^(b); or
 - b. participation in a felony, riot or insurrection.
2. Any intentionally self-inflicted injury.

In MD, the following additional exclusion and limitation applies:

3. 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.

^(a) Riders may contain additional limitations

^(b) In OK: any war, or act of war (whether declared or undeclared), while serving in the military service or any auxiliary unit attached thereto.

^(c) For Value and Facilities-Only policies, the exclusion is as follows: Services performed by a member of your immediate family.

^(d) In MD: treatment received in a government facility (except a hospital or other institution of the state or country or municipal corporation of the state); or services for which no charge is normally made in the absence of Insurance.

The Metropolitan Life Insurance Company's ("MetLife") Long-Term Care Insurance policies are guaranteed renewable. This means that once a policy is issued, its premiums will increase only as a result of an increase made on a class-wide basis in the state where the policy is issued.

Like most Long-Term Care Insurance policies, MetLife's policies contain certain exclusions, limitations, waiting periods, reductions of benefits and terms for keeping them in-force. A MetLife Representative/Insurance Agent/Producer can provide you with complete costs and details.

This brochure describes coverage offered by MetLife policies. 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 numbers followed by the state's 2-letter abbreviation. Please note that policy form LTC2-FAC is not available in GA, OR, RI and VT. In California, coverage may be offered by the following MetLife policies: LTC2-VAL-CA, LTC2-IDEAL-CA, LTC2-PREM-CA, LTC2-FAC-CA.

have you met life today?®

MetLife®