

GENERIC SAMPLE OF SCHEDULE PAGE

Insurance Company Name

[Policy Owner: **John Q. Public**]

Insured:

[John Q. Public]

Issue Age: **[57]**

[Spouse:

Suzy R. Public]

[Group: ABC Association]

Policy Number: [12345]

Original Policy Effective Date: **[August 1, 2006]**

Schedule Effective Date: **[August 1, 2006]**

Rate Classification

[Discount]

[[Spouse] [Married] [Two-Person Household] Discount] [35%][15%][10%]

{Language for non-Partnership: **This is not a long-term care partnership policy.**}

{Language for Partnership only: **The policy is intended to meet the standards for the long-term care partnership program in this state.**}

Nothing in the policy is a guarantee of Medicaid eligibility nor is it a guarantee of any ability to disregard assets for purposes of Medicaid eligibility. This notice is required by the State of South Dakota.}

Policy Schedule Print Date: [08/01/06]

POLICY SCHEDULE

Your Elimination Period: [0, 15, 20, 30, 60, 90 or 100 days of covered service]

Your Maximum Lifetime Benefit: [Product of 730, 1095, 1460, 1825, 2190 or 2920 X NH MDB OR Unlimited OR \$XXX,XXX.XX]

Benefits Provided by Your Policy (Deducted From Your Maximum Lifetime Benefit When Paid Unless Otherwise Indicated in Your Schedule)	
NURSING HOME BENEFITS	
[Nursing Home Maximum Daily Benefit (NH MDB)]	[Up to [\$ 50 - \$ 500] each day]
Nursing Home Ambulance Benefit	Nursing Home Ambulance Benefit Trip Maximum – 1 X NH MDB Nursing Home Ambulance Maximum Annual Benefit – 4 X NH MDB
Nursing Home Bed Reservation Benefit	Up to NH MDB each day; Up to 31 days in a Calendar Year
ASSISTED LIVING FACILITY BENEFITS	
[Assisted Living Facility Maximum Daily Benefit (ALF MDB)]	[Up to [50%][60%][70%][75%][80%][100%] of NH MDB each day]
Assisted Living Facility Bed Reservation Benefit	Up to ALF MDB; Up to 31 days in a Calendar Year
HOME HEALTH CARE BENEFITS	
[Home Health Care Maximum Daily Benefit (HHC MDB)]	[Up to [50%][100%][150%] of NH MDB each day]
OR	OR
[Basic Home Health Care Maximum Daily Benefit (BHHC MDB)]	[Up to [50%][100%][150%] of NH MDB each day]
Professional Home Health Care Maximum Daily Benefit (PHHC MDB)]	[Up to 2 X BHHC MDB each day]
OR	OR
[Monthly Home Health Care Benefit]	[Monthly Benefit: 31 X HHC MDB]
OR	OR
[Monthly Home Health Care Benefit]	[Maximum Monthly HHC Benefit is determined each calendar month by using the formula indicated in Your Policy.]
OTHER POLICY BENEFITS	
Respite Care Benefit	Pays for respite care up to the NH MDB each day A Respite Care Maximum Annual Benefit of 31 Days in a Calendar Year
Hospice Care Benefit	Pays for hospice care up to the NH MDB each day hospice care is received in a Nursing Home or Hospice Facility Pays for hospice care up to the ALF MDB each day hospice care is received in an Assisted Living Facility Pays for hospice care up to the [HHC][BHHC] MDB each day hospice care is received in your Home or the community
International Benefit	Up to a maximum lifetime benefit of 365 X NH MDB
Waiver of Premium	Included
CARE COORDINATION BENEFITS	
Care Coordination Services	<i>THIS BENEFIT IS NOT DEDUCTED FROM YOUR POLICY'S MAXIMUM LIFETIME BENEFITS.</i>
Alternate Care Benefit	As approved by Your Care Coordinator; subject to Your Policy's Maximum Lifetime Benefit

ADDITIONAL HOME HEALTH CARE BENEFITS AVAILABLE WITH CARE COORDINATION IF YOU CHOOSE TO FOLLOW THE PLAN OF CARE DEVELOPED BY ONE OF OUR CARE COORDINATORS IN ACCORDANCE WITH THE CARE COORDINATION BENEFITS, WE WILL PROVIDE THE FOLLOWING ADDITIONAL BENEFITS. SEE THE POLICY FOR FURTHER DETAILS.		
Caregiver Training Benefit	Caregiver Training Maximum Lifetime Benefit of [15 X [HHC][BHHC] MDB]	
Durable Medical Equipment Benefit	Durable Medical Equipment Maximum Lifetime Benefit of [30 X [HHC][BHHC] MDB]	
Home Modification Benefit	Home Modification Maximum Lifetime Benefit of [60 X [HHC][BHHC] MDB]	
Informal Caregiver Benefit for Homemaker Services	Daily Benefit Equals [30% of [HHC][BHHC] MDB]	
Medical Alert System Benefit	Medical Alert System Maximum Installation Benefit: Up to [1 X [HHC][BHHC] MDB] Medical Alert System Maximum Monthly Benefit: Up to [0.5 X [HHC][BHHC] MDB] each month Medical Alert System Maximum Lifetime Benefit: Up to [30 X [HHC][BHHC] MDB]	
OTHER BENEFITS YOU HAVE CHOSEN		Your Premium
[Cash Benefit Monthly Benefit -- 10 X [HHC][BHHC] MDB]	[Included]	[Basic Policy]
[Additional Benefit for Injury]	[Included]	[Basic Policy]
[Spouse Benefit -- 60%]	[Included]	[\$ xxx.xx]
[Spouse Waiver of Premium and Survivorship Benefit Spouse Waiver of Premium Qualification Period Survivorship Benefit Qualification Period]	[Included] [XX Years] [XX Years]	[\$ xxx.xx]
[Restoration of Benefits]	[Included]	[\$ xxx.xx]
[Simple Inflation Protection- 5%]	[Included]	[\$ xxx.xx]
[Compound Inflation Protection – [2.5%] [3%] [3.5%] [4%] [4.5%] [5%]]	[Included]	[\$ xxx.xx]
[Compound Inflation Protection – 10 Year - 5%]	[Included]	[\$ xxx.xx]
[Compound Inflation Protection – 20 Year - 5%]	[Included]	[\$ xxx.xx]
[Step-Rated Compound Inflation Protection – [3%][4%][5%]]	[Included]	[\$ xxx.xx]
[Guaranteed Purchase Option]	[Included]	[\$ xxx.xx]
[Compound Guaranteed Purchase Option]	[Included]	[\$ xxx.xx]
[Full Return of Premium at Death Benefit]	[Included]	[\$ xxx.xx]
[Return of Premium at Death Less Claims Benefit]	[Included]	[\$XX.XX]
[Return of Premium at Death Before Age 70 Less Claims Benefit]	[Included]	[\$ xxx.xx]
[Nonforfeiture Benefit – Shortened Benefit Period]	[Included]	[\$ xxx.xx]
[Contingent Nonforfeiture Benefit]	[Included]	[Basic Policy]
[Christian Science Providers]	[Included]	[Basic Policy]
[10-Year Premium Payment Option]	[Included]	[\$ xxx.xx]
[20-Year Premium Payment Option]	[Included]	[\$ xxx.xx]
[To-Age-65 Premium Payment Option]	[Included]	[\$ xxx.xx]
[Rate Guarantee Period]	[None] [XX Years] [Additional X Years]	[Basic Policy] [\$ xxx.xx]
[Spouse Shared Benefit]	[Included]	[\$ xxx.xx]
[Waiver of Elimination Period for Home Health Care Benefits]	[Included]	[\$XX.XX]
BASIC POLICY PREMIUM		[XXXX.XX]
ANNUAL TOTAL PREMIUM (BASIC POLICY + OTHER BENEFITS)		[XXXX.XX]
PREMIUM MODE		[Annual, SemiAnnual, Quarterly, Monthly]
YOUR TOTAL POLICY MODAL PREMIUM		[XXXX.XX]

IF YOU ELECT TO PAY PREMIUMS OTHER THAN ANNUALLY, THE TOTAL AMOUNT OF THE PREMIUMS YOU PAY EACH YEAR WILL BE GREATER THAN THE ANNUAL PREMIUM BECAUSE THE COSTS ASSOCIATED WITH ADMINISTERING YOUR COVERAGE WILL BE GREATER.

Tax Qualified

The policy is intended to be a tax qualified long-term care insurance contract under §7702B(b) of the Internal Revenue Code of 1986, as amended. For additional information concerning the tax status of premiums paid and benefits received under the policy, you should consult your professional tax advisor.