1 COMPANY NAME	Bankers Life		Knights of Columbus		Mutual of Omaha		
2 Product Type	Comprehensive		Facility-Only	-		Comprehensive	
3 Product Marketing Name	SimpleChoice TQ Standard	SimpleChoice TQ Premier & Elite	Long Term Care Plus NHC2	Long Term Care Plus LTC2	Mutual Care Secure Solution	Mutual Care Custom Solution	
4 Product Form Number	GR-N620 GR-N650		ICC14 NHC2 7-14	ICC14 LTC2 7-14	LTC13		
5 Year First LTCI Product Offered	1985		20	00	1987		
6 Year Current LTCI Product Was Priced	2013		20	114	2020		
7 Jurisdictions LTCI Available	All States & DC (BCLIC in NY)		All Stat	All States & DC		All States & DC	
8 State Partnerships (as of January 1, 2023)	40 (Including CT, IN)		None		38		
9 Financial Ratings (as of December 31, 2022)							
10 A.M. Best	А		A+		A+		
11 Standard and Poor's	A-		AA+			A+	
12 Moody's		A3	Not Rated		A1		
13 Fitch		A-	Not Rated		Not Rated		
14 COMDEX Ranking (as of May 1, 2023)		71	98		90		
15 Statutory Financials (Millions)							
16 Assets (December 31, 2022)	\$2	0,051	\$29,361		\$10,171		
17 Capital & Surplus (December 31, 2022)	\$1	,353	\$2,739			\$4,012	
18 Percent Increase (Assets, Surplus)		6, 9%	2%, 3%		-2%, 0%		
19 LTCI Premium (Millions)							
20 2022 First Year Premium		51.6	\$2.3		\$28.3		
21 2022 End of Year In-Force Premium	\$2	276.5	\$85.6		\$589.9		
22 Percent Increase (New Business, In-Force)	-239	%, -8%	-38%, 3%		-19%, 5%		
23 Most recent issue year that has had a price increase	2	015	Never had a rate increase		2011		
24 LTCI Lives Insured							
25 2022 First Year Issued		706	1,077		8,574		
26 2022 End of Year In-Force	14	3,304	52,141		233,387		
27 Percent Increase (New Business, In-Force)	-58%, -8%		-52%, 2%		-34%, 1%		
		70, -0 70	-52%	o, Z%	~	J4 /0, 1 /0	
28 Product Ranges and Elimination Period Terms	-	-0.70	-52%	o, <i>2%</i> o		O→ 70, 170	
_		3 - 84		- 75		30 - 79	
28 Product Ranges and Elimination Period Terms	18			- 75			
28 Product Ranges and Elimination Period Terms 29 Issue Age Range	18 \$40	3 - 84	18	- 75 5,000/Month		30 - 79	
28 Product Ranges and Elimination Period Terms 29 Issue Age Range 30 Daily, Weekly or Monthly Benefit Range	18 \$40 1,	8 - 84 - \$400	18 \$1,500 - \$15	- 75 ,000/Month i, 10	\$1,500 -	30 - 79 \$10,000/Month	
28 Product Ranges and Elimination Period Terms 29 Issue Age Range 30 Daily, Weekly or Monthly Benefit Range 31 Benefit Periods and/or Pools	18 \$40 1, 0, 15, 30, 60, 90, 18	3 - 84 - \$400 2, 3	30, 90, 180 (cut in half for HCl	- 75 ,000/Month i, 10	\$1,500 - 2, 3, 4, 5 90, 180, 365	30 - 79 \$10,000/Month \$50,000 - \$500,000 (up to 8.3 years)	
28 Product Ranges and Elimination Period Terms 29 Issue Age Range 30 Daily, Weekly or Monthly Benefit Range 31 Benefit Periods and/or Pools 32 Elimination Periods	18 \$40 1, 0, 15, 30, 60, 90, 180 Ye:	3 - 84 - \$400 .2, 3 0, 365, 730, 1095, 1460	18 \$1,500 - \$15 3, 50 30, 90, 180 (cut in half for HCl	- 75 ,000/Month i, 10 BC with care coordination)**	\$1,500 - 2, 3, 4, 5 90, 180, 365	30 - 79 \$10,000/Month \$50,000 - \$500,000 (up to 8.3 years) 0, 30, 60, 90, 180, 365	
28 Product Ranges and Elimination Period Terms 29 Issue Age Range 30 Daily, Weekly or Monthly Benefit Range 31 Benefit Periods and/or Pools 32 Elimination Periods 33 Vanishing, Cumulative 34 Elimination Period Crediting 35 O-day HCBC EP with longer NH EP	18 \$40 1, 0, 15, 30, 60, 90, 18 Ye: 3 HC/	3 - 84 - \$400 2, 3 0, 365, 730, 1095, 1460 s, Yes	18 \$1,500 - \$15 3, 50 30, 90, 180 (cut in half for HCl	- 75 ,,000/Month i, 10 BC with care coordination)**	\$1,500 - 2, 3, 4, 5 90, 180, 365 Y Calendar Day	30 - 79 \$10,000/Month \$50,000 - \$500,000 (up to 8.3 years) 0, 30, 60, 90, 180, 365 Yes, Yes	
28 Product Ranges and Elimination Period Terms 29 Issue Age Range 30 Daily, Weekly or Monthly Benefit Range 31 Benefit Periods and/or Pools 32 Elimination Periods 33 Vanishing, Cumulative 34 Elimination Period Crediting 35 O-day HCBC EP with longer NH EP 36 Product Benefits	18 \$40 1, 0, 15, 30, 60, 90, 180 Yes 3 HC/	3 - 84 - \$400 2, 3 0, 365, 730, 1095, 1460 s, Yes Week=7	18 \$1,500 - \$15 3, 5 30, 90, 180 (cut in half for HCl Yes Calend Facility-Only	- 75 5,000/Month 5,10 BC with care coordination)** , No ar Days NA	\$1,500 - 2, 3, 4, 5 90, 180, 365 Y Calendar Day Extra Cost; H	30 - 79 \$10,000/Month \$50,000 - \$500,000 (up to 8.3 years) 0, 30, 60, 90, 180, 365 Yes, Yes ys After 1st Expense C Days Retire FC EP	
Product Ranges and Elimination Period Terms  Issue Age Range  Daily, Weekly or Monthly Benefit Range  Benefit Periods and/or Pools  Elimination Periods  Vanishing, Cumulative  Elimination Period Crediting  O-day HCBC EP with longer NH EP  Product Benefits  Number of: Benefit Pools, EPs	18 \$40 1, 0, 15, 30, 60, 90, 18 Ye: 3 HC/	3 - 84 - \$400 2, 3 0, 365, 730, 1095, 1460 s, Yes Week=7 NA	18 \$1,500 - \$15 3,5 30,90,180 (cut in half for HCl Yes Calend	- 75  5,000/Month  5, 10  BC with care coordination)**  , No ar Days	\$1,500 - 2, 3, 4, 5 90, 180, 365 Y Calendar Day Extra Cost; H	30 - 79 \$10,000/Month \$50,000 - \$500,000 (up to 8.3 years) 0, 30, 60, 90, 180, 365  Yes, Yes ys After 1st Expense IC Days Retire FC EP	
28 Product Ranges and Elimination Period Terms 29 Issue Age Range 30 Daily, Weekly or Monthly Benefit Range 31 Benefit Periods and/or Pools 32 Elimination Periods 33 Vanishing, Cumulative 34 Elimination Period Crediting 35 O-day HCBC EP with longer NH EP 36 Product Benefits 37 Number of: Benefit Pools, EPs 38 Partial Cash (Disability) Alternative	18 \$40 1, 0, 15, 30, 60, 90, 18 Ye: 3 HC/	3 - 84 - \$400 2, 3 0, 365, 730, 1095, 1460 s, Yes Week=7 NA	18 \$1,500 - \$15 3,50 30,90,180 (cut in half for HCl Yes Calend Facility-Only Facility-Only	- 75 5,000/Month 5,10 BC with care coordination)** , No ar Days NA	\$1,500 - 2, 3, 4, 5 90, 180, 365 Y Calendar Day Extra Cost; H	30 - 79 \$10,000/Month \$50,000 - \$500,000 (up to 8.3 years) 0, 30, 60, 90, 180, 365 Yes, Yes ys After 1st Expense IC Days Retire FC EP  1, 1 (Automatic)	
28 Product Ranges and Elimination Period Terms 29 Issue Age Range 30 Daily, Weekly or Monthly Benefit Range 31 Benefit Periods and/or Pools 32 Elimination Periods 33 Vanishing, Cumulative 34 Elimination Period Crediting 35 O-day HCBC EP with longer NH EP 36 Product Benefits 37 Number of: Benefit Pools, EPs 38 Partial Cash (Disability) Alternative 39 Additional Cash Benefit	18 \$40 1, 0, 15, 30, 60, 90, 18 Ye: 3 HC/	3 - 84 - \$400 2, 3 0, 365, 730, 1095, 1460 s, Yes Week=7 NA 1,1 NA xtra Cost)	18 \$1,500 - \$15 3,50 30, 90, 180 (cut in half for HCl Yes Calend Facility-Only Facility-Only	-75 i,000/Month i,10 BC with care coordination)** , No ar Days  NA  1,1	\$1,500 - 2, 3, 4, 5 90, 180, 365  Calendar Day Extra Cost; Hi	30 - 79 \$10,000/Month \$50,000 - \$500,000 (up to 8.3 years) 0, 30, 60, 90, 180, 365 Yes, Yes ys After 1st Expense IC Days Retire FC EP  1, 1 (Automatic) NA	
28 Product Ranges and Elimination Period Terms 29 Issue Age Range 30 Daily, Weekly or Monthly Benefit Range 31 Benefit Periods and/or Pools 32 Elimination Periods 33 Vanishing, Cumulative 34 Elimination Period Crediting 35 0-day HCBC EP with longer NH EP 36 Product Benefits 37 Number of: Benefit Pools, EPs 38 Partial Cash (Disability) Alternative 39 Additional Cash Benefit 40 HCBC Payment Basis	18 \$40 1, 0, 15, 30, 60, 90, 18 Ye: 3 HC/	3 - 84 - \$400 2, 3 0, 365, 730, 1095, 1460 s, Yes Week=7 NA  1,1 NA xtra Cost) Monthly	18 \$1,500 - \$15 3,50 30,90, 180 (cut in half for HCl Yes Calend Facility-Only Facility-Only N Facility Only	-75 5,000/Month 5,10 BC with care coordination)** , No ar Days  NA	\$1,500 - 2, 3, 4, 5 90, 180, 365  Calendar Day Extra Cost; Hi	30 - 79 \$10,000/Month \$50,000 - \$500,000 (up to 8.3 years) 0, 30, 60, 90, 180, 365 Yes, Yes ys After 1st Expense IC Days Retire FC EP  1, 1 (Automatic)	
Product Ranges and Elimination Period Terms  Issue Age Range  Daily, Weekly or Monthly Benefit Range  Elimination Periods and/or Pools  Vanishing, Cumulative  Llimination Period Crediting  O-day HCBC EP with longer NH EP  Product Benefits  Number of: Benefit Pools, EPs  Retail Cash (Disability) Alternative  Additional Cash Benefit  HCBC Payment Basis  Assisted Living (Percent of NH Max)	18 \$40 1, 0, 15, 30, 60, 90, 18 Ye: 3 HC/	3 - 84 - \$400 2, 3 0, 365, 730, 1095, 1460 s, Yes Week=7 NA 1,1 NA xtra Cost)	18 \$1,500 - \$15 3,50 30, 90, 180 (cut in half for HCl Yes Calend Facility-Only Facility-Only	-75 c,000/Month c, 10 BC with care coordination)** , No ar Days  NA  1, 1  Monthly	\$1,500 - 2, 3, 4, 5 90, 180, 365  Calendar Day Extra Cost; H	30 - 79 \$10,000/Month \$50,000 - \$500,000 (up to 8.3 years) 0, 30, 60, 90, 180, 365  Yes, Yes ys After 1st Expense C Days Retire FC EP  1, 1 (Automatic) NA Monthly	
28 Product Ranges and Elimination Period Terms 29 Issue Age Range 30 Daily, Weekly or Monthly Benefit Range 31 Benefit Periods and/or Pools 32 Elimination Periods 33 Vanishing, Cumulative 34 Elimination Period Crediting 35 O-day HCBC EP with longer NH EP 36 Product Benefits 37 Number of: Benefit Pools, EPs 38 Partial Cash (Disability) Alternative 39 Additional Cash Benefit 40 HCBC Payment Basis 41 Assisted Living (Percent of NH Max) 42 Home Care Health Aide (Percent of NH Max)	18 \$40 1, 0, 15, 30, 60, 90, 18 Ye: 3 HC/	3 - 84 - \$400 2, 3 0, 365, 730, 1095, 1460 s, Yes Week=7 NA  1,1 NA xtra Cost) Monthly	18 \$1,500 - \$15 3,50 30,90, 180 (cut in half for HCl Yes Calend Facility-Only Facility-Only N Facility Only	-75 i,000/Month i,10 BC with care coordination)** , No ar Days  NA  1,1	\$1,500 - 2, 3, 4, 5 90, 180, 365  Calendar Day Extra Cost; H	30 - 79 \$10,000/Month \$50,000 - \$500,000 (up to 8.3 years) 0, 30, 60, 90, 180, 365 Yes, Yes ys After 1st Expense IC Days Retire FC EP  1, 1 (Automatic) NA	
28 Product Ranges and Elimination Period Terms 29 Issue Age Range 30 Daily, Weekly or Monthly Benefit Range 31 Benefit Periods and/or Pools 32 Elimination Periods 33 Vanishing, Cumulative 34 Elimination Period Crediting 35 O-day HCBC EP with longer NH EP 36 Product Benefits 37 Number of: Benefit Pools, EPs 38 Partial Cash (Disability) Alternative 39 Additional Cash Benefit 40 HCBC Payment Basis 41 Assisted Living (Percent of NH Max) 42 Home Care Health Aide (Percent of NH Max) 43 Independent Professional	18 \$40 1, 0, 15, 30, 60, 90, 18 Yes 3 HC/	3 - 84 - \$400 2, 3 0, 365, 730, 1095, 1460 s, Yes Week=7 NA  1,1 NA xtra Cost)  Monthly 100%  50%, 100%	18 \$1,500 - \$15 3, 5 30, 90, 180 (cut in half for HCl Yes Calend Facility-Only Facility-Only N Facility Only 100%	-75 c,000/Month c, 10 BC with care coordination)** , No ar Days  NA  1, 1  Monthly	\$1,500 - 2, 3, 4, 5 90, 180, 365  Calendar Day Extra Cost; Hi	30 - 79 \$10,000/Month  \$50,000 - \$500,000 (up to 8.3 years)  0, 30, 60, 90, 180, 365  Yes, Yes ys After 1st Expense C Days Retire FC EP  1, 1 (Automatic) NA  Monthly , 75%, 100%	
Product Ranges and Elimination Period Terms  Issue Age Range  Daily, Weekly or Monthly Benefit Range  Benefit Periods and/or Pools  Elimination Periods  Vanishing, Cumulative  Coday HCBC EP with longer NH EP  Product Benefits  Number of: Benefit Pools, EPs  Additional Cash Benefit  HCBC Payment Basis  HCBC Payment Basis  Assisted Living (Percent of NH Max)  Pomeration Period Crediting  Product Benefit Pools, EPs  Remarks Partial Cash (Disability) Alternative  Product Benefit Pools, EPs  Remarks Partial Cash Benefit  HCBC Payment Basis  Independent Professional  Homemaker Services	18 \$40 1, 0, 15, 30, 60, 90, 18 Yes 3 HC/	3 - 84 - \$400 2, 3 0, 365, 730, 1095, 1460 s, Yes Week=7 NA  1,1 NA xtra Cost)  Monthly 100%	18 \$1,500 - \$15 3,50 30,90, 180 (cut in half for HCl Yes Calend Facility-Only Facility-Only N Facility Only	-75 c,000/Month c, 10 BC with care coordination)** , No ar Days  NA  1, 1  Monthly	\$1,500 - 2, 3, 4, 5 90, 180, 365  Calendar Day Extra Cost; Hi	30 - 79 \$10,000/Month \$50,000 - \$500,000 (up to 8.3 years) 0, 30, 60, 90, 180, 365  Yes, Yes ys After 1st Expense C Days Retire FC EP  1, 1 (Automatic) NA Monthly	
Product Ranges and Elimination Period Terms    Issue Age Range	25% (E Weekly	3 - 84 - \$400 2, 3 0, 365, 730, 1095, 1460 s, Yes Week=7 NA  1,1 NA xtra Cost)  Monthly 100%  50%, 100%	18 \$1,500 - \$15 3, 5 30, 90, 180 (cut in half for HCl Yes Calend Facility-Only Facility-Only N Facility Only 100%	-75 c,000/Month c, 10 BC with care coordination)** , No ar Days  NA  1, 1  IA  Monthly  100%  Same as Custodial Care	\$1,500 - 2, 3, 4, 5 90, 180, 365  Calendar Day Extra Cost; Hi	30 - 79 \$10,000/Month  \$50,000 - \$500,000 (up to 8.3 years)  0, 30, 60, 90, 180, 365  Yes, Yes ys After 1st Expense C Days Retire FC EP  1, 1 (Automatic) NA  Monthly , 75%, 100%	
Product Ranges and Elimination Period Terms  Issue Age Range  Daily, Weekly or Monthly Benefit Range  Benefit Periods and/or Pools  Elimination Periods  Vanishing, Cumulative  Product Benefits  Number of: Benefit Pools, EPs  Ratial Cash (Disability) Alternative  Additional Cash Benefit  HCBC Payment Basis  H Assisted Living (Percent of NH Max)  Addender Professional  Homemaker Services  Informal Care (Other Than Family)  Informal Family Care	25% (E Weekly	3 - 84 - \$400 2, 3 0, 365, 730, 1095, 1460 s, Yes  Week=7  NA  1,1  NA  xtra Cost)  Monthly 100%  50%, 100%	18 \$1,500 - \$15 3, 5 30, 90, 180 (cut in half for HCl Yes Calend Facility-Only Facility-Only N Facility Only 100%	-75 i,000/Month i,10 BC with care coordination)** , No ar Days  NA  1,1 IA  Monthly	\$1,500 - 2, 3, 4, 5 90, 180, 365  Calendar Day Extra Cost; Hi	30 - 79 \$10,000/Month  \$50,000 - \$500,000 (up to 8.3 years)  0, 30, 60, 90, 180, 365  Yes, Yes ys After 1st Expense C Days Retire FC EP  1, 1 (Automatic) NA Monthly , 75%, 100%	
Product Ranges and Elimination Period Terms  Issue Age Range  Daily, Weekly or Monthly Benefit Range  Benefit Periods and/or Pools  Elimination Periods  Vanishing, Cumulative  Product Benefits  Number of: Benefit Pools, EPs  Partial Cash (Disability) Alternative  Additional Cash Benefit  HCBC Payment Basis  Assisted Living (Percent of NH Max)  Home Care Health Aide (Percent of NH Max)  Independent Professional  Homemaker Services  Informal Care (Other Than Family)  Informal Family Care  Product Ranges and Elimination Period Terms  Period Terms  Additional Periods  Informal Care (Other Than Family)  Informal Family Care  Page 1	25% (E Weekly	8 - 84 - \$400 2, 3 0, 365, 730, 1095, 1460 s, Yes Week=7 NA  1,1 NA xtra Cost)  Monthly 100% 50%, 100%	S1,500 - \$15 3, 5 30, 90, 180 (cut in half for HCl Yes Calend Facility-Only Facility-Only N Facility Only 100% Facility Only	-75 5,000/Month 5,10 BC with care coordination)** , No ar Days  NA  1,1  IA  Monthly  100%  Same as Custodial Care  Not Covered	\$1,500 - 2, 3, 4, 5 90, 180, 365  Calendar Day Extra Cost; Hi  25% I	30 - 79 \$10,000/Month  \$50,000 - \$500,000 (up to 8.3 years)  0, 30, 60, 90, 180, 365  Yes, Yes ys After 1st Expense C Days Retire FC EP  1, 1 (Automatic)  NA  Monthly  75%, 100%  6 Custodial Care  EP; if used it Delays Satisfying the EP	
Product Ranges and Elimination Period Terms  Issue Age Range  Daily, Weekly or Monthly Benefit Range  Elimination Periods  Vanishing, Cumulative  Lilmination Period Crediting  Coday HCBC EP with longer NH EP  Product Benefit Pools, EPs  Rumber of: Benefit Pools, EPs  Additional Cash Benefit  HCBC Payment Basis  HCBC Payment Basis  Assisted Living (Percent of NH Max)  Home Care Health Aide (Percent of NH Max)  Homemaker Services  Informal Care (Other Than Family)  Informal Family Care  Benefit Increase Features  Lifetime Compound Increases (Level Premium)	18 \$40 1, 0, 15, 30, 60, 90, 18 Ye: 3 HC/ 25% (E Weekly  50%  Must Be  Not 0	8 - 84 - \$400 2, 3 0, 365, 730, 1095, 1460 s, Yes  Week=7  NA  1,1  NA  xtra Cost)  Monthly  100%  50%, 100%  clincidental  Covered	18 \$1,500 - \$15 3, 5 30, 90, 180 (cut in half for HCl Yes Calend Facility-Only Facility-Only N Facility Only 100%	-75 5,000/Month 5,10 BC with care coordination)** , No ar Days  NA  1,1  IA  Monthly  100%  Same as Custodial Care  Not Covered	\$1,500 - 2, 3, 4, 5 90, 180, 365  Calendar Day Extra Cost; Hi	30 - 79 \$10,000/Month  \$50,000 - \$500,000 (up to 8.3 years)  0, 30, 60, 90, 180, 365  Yes, Yes ys After 1st Expense C Days Retire FC EP  1, 1 (Automatic) NA  Monthly  75%, 100%  C Custodial Care  EP; if used it Delays Satisfying the EP  1% to 5%, 0.25% increments & Buy-Up Option	
Product Ranges and Elimination Period Terms  Issue Age Range  Daily, Weekly or Monthly Benefit Range  Elimination Periods and/or Pools  Elimination Periods  Vanishing, Cumulative  Lelimination Period Crediting  C-day HCBC EP with longer NH EP  Product Benefits  Number of: Benefit Pools, EPs  Additional Cash (Disability) Alternative  Additional Cash Benefit  HCBC Payment Basis  Assisted Living (Percent of NH Max)  Home Care Health Aide (Percent of NH Max)  Independent Professional  Homemaker Services  Informal Care (Other Than Family)  Informal Family Care  Benefit Increase Features  Lifetime Compound Increases (Level Premium)	18 \$40 1, 0, 15, 30, 60, 90, 18 Ye: 3 HC/  25% (E  Weekly  50%  Must Be  Not 0	3 - 84 - \$400 2, 3 0, 365, 730, 1095, 1460 s, Yes  Week=7  NA  1,1  NA  xtra Cost)  Monthly 100%  50%, 100%  Uncidental  Covered	S1,500 - \$15 3, 5 30, 90, 180 (cut in half for HCl Yes Calend Facility-Only Facility-Only N Facility Only 100% Facility Only	-75 5,000/Month 5,10 BC with care coordination)** , No ar Days  NA  1,1  IA  Monthly  100%  Same as Custodial Care  Not Covered	\$1,500 - 2, 3, 4, 5 90, 180, 365  Calendar Day Extra Cost; Hi  25%  Same as  Cash Alternative Has 0 Day E  3%, 4%, 5%	30 - 79 \$10,000/Month  \$50,000 - \$500,000 (up to 8.3 years)  0, 30, 60, 90, 180, 365  Yes, Yes ys After 1st Expense C Days Retire FC EP  1, 1 (Automatic) NA  Monthly , 75%, 100%  6 Custodial Care EP; if used it Delays Satisfying the EP  1% to 5%, 0.25% increments & Buy-Up Option NA	
Product Ranges and Elimination Period Terms  Issue Age Range  Daily, Weekly or Monthly Benefit Range  Elimination Periods and/or Pools  Elimination Periods  Vanishing, Cumulative  Limination Period Crediting  Coday HCBC EP with longer NH EP  Product Benefits  Number of: Benefit Pools, EPs  Additional Cash Benefit  HCBC Payment Basis  Assisted Living (Percent of NH Max)  Home Care Health Aide (Percent of NH Max)  Independent Professional  Homemaker Services  Informal Care (Other Than Family)  Informal Family Care  Renefit Increase Features  Lifetime Compound Increases (Level Premium)  Uther Increases (Level Premium)	25% (E  Weekly  Must Be  Not 0  2 Decreasing Inflation Options Are	8 - 84 - \$400 2, 2, 3 0, 365, 730, 1095, 1460 s, Yes Week=7 NA  1,1 NA xtra Cost)  Monthly 100%  50%, 100%  Incidental  Covered  Also Offered (See Other Comments)	S1,500 - \$15  30, 90, 180 (cut in half for HCl  Yes  Calend Facility-Only  Facility Only  100%  Facility Only  Facility Only	-75 5,000/Month 5,10 BC with care coordination)** , No ar Days  NA  1,1 IA  Monthly  100%  Same as Custodial Care  Not Covered	\$1,500 - 2, 3, 4, 5 90, 180, 365  Calendar Day Extra Cost; Hi  25% I	30 - 79 \$10,000/Month  \$50,000 - \$500,000 (up to 8.3 years)  0, 30, 60, 90, 180, 365  Yes, Yes ys After 1st Expense C Days Retire FC EP  1, 1 (Automatic)  NA  Monthly  , 75%, 100%  6 Custodial Care  EP; if used it Delays Satisfying the EP  1% to 5%, 0.25% increments & Buy-Up Option  NA  Above w/ 10, 15, or 20 yr periods	
Product Ranges and Elimination Period Terms  1 Issue Age Range  2 Issue Age Range  3 Daily, Weekly or Monthly Benefit Range  3 Benefit Periods and/or Pools  2 Elimination Periods  3 Vanishing, Cumulative  4 Elimination Period Crediting  5 O-day HCBC EP with longer NH EP  7 Product Benefits  7 Number of: Benefit Pools, EPs  8 Partial Cash (Disability) Alternative  9 Additional Cash Benefit  4 HCBC Payment Basis  4 Assisted Living (Percent of NH Max)  4 Home Care Health Aide (Percent of NH Max)  4 Homemaker Services  4 Homemaker Services  4 Informal Care (Other Than Family)  4 Informal Family Care  4 Benefit Increase Features  4 Lifetime Compound Increases (Level Premium)  5 Other Increases (Level Premium)  5 Other Increases (Level Premium)  5 Future Purchase Options (FPO)	18 \$40 1, 0, 15, 30, 60, 90, 186 Yes 3 HC/  25% (E Weekly  50%  Must Be Not 0 2%, 3% 2 Decreasing Inflation Options Are 15% Eve	3 - 84 - \$400 2, 3 0, 365, 730, 1095, 1460 s, Yes  Week=7  NA  1,1  NA  xtra Cost)  Monthly  100%  50%, 100%  clincidental  Covered  4 Also Offered (See Other Comments)  ery 3 Years	S1,500 - \$15  30, 90, 180 (cut in half for HCl  Yes  Calend Facility-Only  Facility Only  100%  Facility Only  Facility Only	-75 5,000/Month 5,10 BC with care coordination)** , No ar Days  NA  1,1  IA  Monthly  100%  Same as Custodial Care  Not Covered	\$1,500 - 2, 3, 4, 5 90, 180, 365  Calendar Day Extra Cost; Hi  25%  Same as  Cash Alternative Has 0 Day E  3%, 4%, 5%	30 - 79 \$10,000/Month \$50,000 - \$500,000 (up to 8.3 years) 0, 30, 60, 90, 180, 365 Yes, Yes ys After 1st Expense C Days Retire FC EP  1, 1 (Automatic) NA Monthly , 75%, 100% c Custodial Care EP; if used it Delays Satisfying the EP  1% to 5%, 0.25% increments & Buy-Up Option NA Above w/ 10, 15, or 20 yr periods No FPO. Buy-up option allows % incr each yr not to exceed	
Product Ranges and Elimination Period Terms  Issue Age Range  Daily, Weekly or Monthly Benefit Range  Elimination Periods and/or Pools  Elimination Periods  Vanishing, Cumulative  Limination Period Crediting  Coday HCBC EP with longer NH EP  Product Benefits  Number of: Benefit Pools, EPs  Additional Cash Benefit  HCBC Payment Basis  Assisted Living (Percent of NH Max)  Home Care Health Aide (Percent of NH Max)  Independent Professional  Homemaker Services  Informal Care (Other Than Family)  Informal Family Care  Renefit Increase Features  Lifetime Compound Increases (Level Premium)  Uther Increases (Level Premium)	18 \$40 1, 0, 15, 30, 60, 90, 186 Yes 3 HC/  25% (E Weekly  50%  Must Be Not 0 2%, 3% 2 Decreasing Inflation Options Are 15% Eve	8 - 84 - \$400 2, 2, 3 0, 365, 730, 1095, 1460 s, Yes Week=7 NA  1,1 NA xtra Cost)  Monthly 100%  50%, 100%  Incidental  Covered  Also Offered (See Other Comments)	S1,500 - \$15  30, 90, 180 (cut in half for HCl  Yes  Calend Facility-Only  Facility Only  100%  Facility Only  Facility Only	-75 5,000/Month 5,10 BC with care coordination)** , No ar Days  NA  1,1 IA  Monthly  100%  Same as Custodial Care  Not Covered	\$1,500 - 2, 3, 4, 5 90, 180, 365  Calendar Day Extra Cost; H  25%   Same as  Cash Alternative Has 0 Day E  3%, 4%, 5%  3% or 5% CBIO for 20 Years	30 - 79 \$10,000/Month  \$50,000 - \$500,000 (up to 8.3 years)  0, 30, 60, 90, 180, 365  Yes, Yes ys After 1st Expense C Days Retire FC EP  1, 1 (Automatic)  NA  Monthly  , 75%, 100%  6 Custodial Care  EP; if used it Delays Satisfying the EP  1% to 5%, 0.25% increments & Buy-Up Option  NA  Above w/ 10, 15, or 20 yr periods	

	Survey Product Exhi					
54 COMPANY NAME	Bankers Life and Casualty Company		Knights of Columbus		Mutual of Omaha	
55 Product Marketing Name	SimpleChoice TQ Standard	SimpleChoice TQ Premier & Elite	Long Term Care Plus Long-Term Care Plus		Mutual Care Secure Solution Mutual Care Custom Solution	
56 Sales Rep/Source for More Info	www.bankerslife.com		dan.hill@kc	rfc.org	1-800-693-6083	
57 Ancillary Benefits						
58 Bed Reserve Days/Year, Respite during EP?	60+Other, No	60+ Other, 21	21, 21		30+0ther, 30	
59 Alternative Plan of Care (APC)	No	Contractual After EP	Contractual After EP		Contractual After EP	
60 Home Modification	30 x MDB		min (45 x MDB, \$5000)*		2 x Mo Max If Care Coord Is Used*	
61 Caregiver Training Benefit	NA	25% of Monthly HC 5% HC MMB; Max 12 Months	Facility Only	\$500/Calendar Year		
62 Emergency Alert	IVA			APC w/Care Co-ord	Include	ed Above*
63 Equipment Benefit	370 HG WIIVID, WAX 12 WUHUIS		Included Above*			
64 Drug, Ambulance Benefit	NA, \$75/Trip x 4x/Year		NA, \$250/Year		NA	
65 Claims Features						
66 Conditional Receipt Protection	No		No		No	
67 Coverage Beyond USA	Canada (Other = 30 Days)		Canada & US Territories		Canada & UK; Indemnity for Other (365)	
68 Provider Discounts (Directly or Indirectly)	No		LifePlans Provider Dis	count Program*	No	
69 Care Coordination Available From	Thro	ugh Network	Through Network** or up to \$	500/yr for client's choice	Company Staff	
70 Independent Review	Extended to	Extended to IF in states with IR		Claimants	As Requ	ired by Law
71 Premiums and Discounts						
72 Gender-distinct or Unisex pricing	Ger	nder-Distinct	Gender-Distinct		Gender-Distinct	
73 Preferred Discount		10%	10%		15%	
74 Substandard Extra Ratings		25%	50%		25%, 50%	
75 Two-Spouse, Two-Partner Discounts	:	35%, 10%	30%, 0%		15%, 15%	
76 Requires Identical Coverage		No	No		No	
77 If Spouse is a Surprise Decline	_		_			
78 If Spouse answers "Yes" to 'Knock-Out' question	One-s	pouse discount	One-spouse discount		One-spouse discount	
79 One-Spouse Discount (Only 1 Spouse Applies)	15%		15%		5%	
80 Maximum Best UW Class & Spouse Discount	41.5%		37%		27.75%	
81 Later Marriage Earns Discount For:	IF & New Spouse (if within two years); Otherwise, New Spouse gets one-buy discount		New Spouse gets 15% discount		If Same Policy Series, IF & New Spousi	e; Otherwise new spouse gets 5% discount
82 How long unmarried partners must co-habit for discount	Five years		NA		Three years	
83 Any discounts available for non-spouse relatives?		No	No			No
84 When are dividends or credits expected to start?		NA .	, to		NA	
85 Most Common Employer, Affinity Discount		NA, 5%	NA NA			ver Sponsored), 5%
86 Minimum Size Employer Group, Number Apps		NA .			5 Apps, Common Employer Program Only	
87 Minimum Size Affinity Group, Number Apps	Varies				100, 10	
88 Modal Factors (SA, Q, M, PAC)	51.50%, 26.25%, 9.17%, 8.58%		52%, 26.5%, NA, 8.65%		51%, 26%, NA, 9%	
89 Credit Card: Frequencies Accepted	None		None		None	
90 Limited Premium Periods	NA NA		NA NA		NA	
91 Waiver of Premium			The state of the s			
92 First Premium Waived (Days)	Elimination		Elimination		Elimination	
93 HCBC Waiver	Yes		Yes		Yes, With 8 Days of Care/Month	
94 Joint Waiver	Extra Cost	Automatic	Not Offe		Not Offered Extra Cost	
95 Return of Premium Upon Death (ROP)			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
96 ROP Design #1	Net: Grades from 10%	@ 4th Year to 100% @ Year 20+	Automatic: Net, De	ath Before 65	Net 3 v initial	MMB after 10 yrs
97 Other ROP Design(s)	Net; Grades from 10% @ 4th Year to 100% @ Year 20+  NA		NA		NA NA	Net, 100%; Net 100% to 65
98 Other Riders & Features			NA.		100	10070, 110070 (0 00
99 Paid Up Survivor Benefit	Extra Cost		Not Offered		Not Offered	Extra Cost
100 Both People Must Survive Number of Years	10				Title Official	10
101 Claim-Free Requirement?	No No		NA NA		NA	No
102 Shared Care Benefit	No Permanent Extra \$, Third Pool		Available with 3-year or 5-year RP in liqu of couples discount		Permanent Extra \$	
103 Other Shared Care Aspects	remailen	t End a W, Tillia I OOI	Available with 3-year or 5-year BP in lieu of couples discount			
104 Restoration of Benefits	Extra Cost	Included	NA		Must Leave 1 Year for Living Spouse	
105 Other Comments		vor's Prem is Unchanged; Return of Premium Applies on Lapse Also.	Claims subject to "usual and customary"; Caregiver tra		NA  Spouse Security Benefit Pays 60% of Reimbursement Benefit; 5% "Common Employer" Discount But Employer Can Involved in Any Way	
106 Combination Policies Offered			aganist monthly max but do count aganist medine max			· ·
Combination i Olicies Offered	None		None		None	

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1 COMPANY NAME	National Guardian Life Insurance Company  New York Life Insurance Company			Thrivent
2 Product Type	Comprehensive Work-Site		Comprehensive	
3 Product Marketing Name	EssentialLTC EssentialLTC Employer Group	NYL My Care	NYL Secure Care	Comprehensive  Long-Term Care Insurance
4 Product Form Number	ICC16-NLTC100P	ICC18-LTCD	ICC14-LTC6	ICC13 H-HX-LTC
5 Year First LTCI Product Offered	2016	1988		1987
6 Year Current LTCI Product Was Priced	2021	2018		
7 Jurisdictions LTCI Available	All States & DC (except NY)  Not in ME, NY	All States	All States & DC	
8 State Partnerships (as of January 1, 2023)	35	35		All States & DC (except NY) 41 (Including IN)
9 Financial Ratings (as of December 31, 2022)				
10 A.M. Best	A	A++	+	A++
11 Standard and Poor's	Not Rated	AA+		Not Rated
12 Moody's	Not Rated	Aaa	Aaa	
13 Fitch	Not Rated	AAA	4	Not Rated
14 COMDEX Ranking (as of May 1, 2023)	Not Ranked	100		100
15 Statutory Financials (Millions)				
16 Assets (December 31, 2022)	\$4,798	\$392,1	126	\$107,935
17 Capital & Surplus (December 31, 2022)	\$523	\$30,1	11	\$13,768
18 Percent Increase (Assets, Surplus)	-6%, 5%	3%,-2		-7%, 1%
19 LTCI Premium (Millions)				
20 2022 First Year Premium	\$9.1	\$19.	7	\$12.4
21 2022 End of Year In-Force Premium	\$22.8	\$368.	.2	\$208.0
22 Percent Increase (New Business, In-Force)	-34%, 27%	-12%,	7%	14%, 1%
23 Most recent issue year that has had a price increase	Never had a rate increase	2014		2003
24 LTCI Lives Insured				
25 2022 First Year Issued	1,601	6,73	3,202	
26 2022 End of Year In-Force	7,157	164,302		113,236
27 Percent Increase (New Business, In-Force)	-56%, 21%	-60%, 1%		-27%, -2%
28 Product Ranges and Elimination Period Terms				
29 Issue Age Range	40-79 (age nearest birthday)	25-7	9	18 - 79
30 Daily, Weekly or Monthly Benefit Range	\$50-\$300	\$50-\$4	\$1,500 - \$15,000/Month	
31 Benefit Periods and/or Pools	2, 3, 4, 5, 6, Lifetime	\$50,000-\$500,000 in increments of \$5K; Max=60 x MMB 2, 3, 5, 7		2, 3, 4, 5, 8
32 Elimination Periods	30, 90, 180	Deductible=3, 6, 9 or 12 x MMB (then 20% co-pay)	90, 180, 365 (20 for HCBC*)	30, 90, 180
33 Vanishing, Cumulative	Yes, Yes	Voc V	Yes, Yes	
34 Elimination Period Crediting		163, 1		
35 0-day HCBC EP with longer NH EP	Service Days	Dollars spent	Service Days	1 HC/Week=7
36 Product Benefits				1 HC/Week=7  Extra Cost; HC Days Retire FC EP
37 Number of: Benefit Pools, EPs	Service Days	Dollars spent		
	Service Days	Dollars spent		
38 Partial Cash (Disability) Alternative	Service Days  Extra Cost; HC Days Retire FC EP  1, 1	Dollars spent  NA  1, 0 (deductible ilo EP)	1,1	Extra Cost; HC Days Retire FC EP
	Service Days Extra Cost; HC Days Retire FC EP	Dollars spent NA	1,1	Extra Cost; HC Days Retire FC EP  1,1
38 Partial Cash (Disability) Alternative	Service Days  Extra Cost; HC Days Retire FC EP  1, 1	Dollars spent  NA  1, 0 (deductible ilo EP)	1,1	Extra Cost; HC Days Retire FC EP  1,1  NA
38 Partial Cash (Disability) Alternative 39 Additional Cash Benefit	Service Days  Extra Cost; HC Days Retire FC EP  1, 1  NA  Daily	Dollars spent  NA  1, 0 (deductible ilo EP)  NA	1,1 Daily (Monthly@31 x MDB*)	Extra Cost; HC Days Retire FC EP  1,1  NA  10% in Facilities but 15% at Home (Extra Cost)
38 Partial Cash (Disability) Alternative 39 Additional Cash Benefit 40 HCBC Payment Basis	Service Days  Extra Cost; HC Days Retire FC EP  1, 1  NA	Dollars spent  NA  1, 0 (deductible ilo EP)  NA  Monthly	1,1 Daily (Monthly@31 x MDB*)	Extra Cost; HC Days Retire FC EP  1,1  NA  10% in Facilities but 15% at Home (Extra Cost)
38 Partial Cash (Disability) Alternative 39 Additional Cash Benefit 40 HCBC Payment Basis 41 Assisted Living (Percent of NH Max)	Service Days  Extra Cost; HC Days Retire FC EP  1, 1  NA  Daily	Dollars spent  NA  1, 0 (deductible ilo EP)  NA  Monthly  1009	1,1 Daily (Monthly@31 x MDB*)	Extra Cost; HC Days Retire FC EP  1,1  NA  10% in Facilities but 15% at Home (Extra Cost)  Monthly
38 Partial Cash (Disability) Alternative 39 Additional Cash Benefit 40 HCBC Payment Basis 41 Assisted Living (Percent of NH Max) 42 Home Care Health Aide (Percent of NH Max)	Service Days  Extra Cost; HC Days Retire FC EP  1, 1  NA  Daily  100%	Dollars spent  NA  1, 0 (deductible ilo EP)  NA  Monthly  100%	1,1 Daily (Monthly@31 x MDB*)  50%, 80%, 100%	Extra Cost; HC Days Retire FC EP  1,1  NA  10% in Facilities but 15% at Home (Extra Cost)  Monthly
38 Partial Cash (Disability) Alternative 39 Additional Cash Benefit 40 HCBC Payment Basis 41 Assisted Living (Percent of NH Max) 42 Home Care Health Aide (Percent of NH Max) 43 Independent Professional	Service Days  Extra Cost; HC Days Retire FC EP  1, 1  NA  Daily  100%  Not Covered  Same As Custodial Care	Dollars spent  NA  1, 0 (deductible ilo EP)  NA  Monthly  100%  Not Covered  1 day/wk if 2 LTC	1,1  Daily (Monthly@31 x MDB*)  50%, 80%, 100%  days provided	Extra Cost; HC Days Retire FC EP  1,1  NA  10% in Facilities but 15% at Home (Extra Cost)  Monthly  100%  Same As Custodial Care
38 Partial Cash (Disability) Alternative 39 Additional Cash Benefit 40 HCBC Payment Basis 41 Assisted Living (Percent of NH Max) 42 Home Care Health Aide (Percent of NH Max) 43 Independent Professional 44 Homemaker Services	Service Days Extra Cost; HC Days Retire FC EP  1, 1  NA  Daily  100%  Not Covered	Dollars spent  NA  1, 0 (deductible ilo EP)  NA  Monthly  100%  Not Covered	1,1 Daily (Monthly@31 x MDB*)  50%, 80%, 100%	Extra Cost; HC Days Retire FC EP  1,1  NA  10% in Facilities but 15% at Home (Extra Cost)  Monthly  100%
38 Partial Cash (Disability) Alternative 39 Additional Cash Benefit 40 HCBC Payment Basis 41 Assisted Living (Percent of NH Max) 42 Home Care Health Aide (Percent of NH Max) 43 Independent Professional 44 Homemaker Services 45 Informal Care (Other Than Family)	Service Days  Extra Cost; HC Days Retire FC EP  1, 1  NA  Daily  100%  Not Covered  Same As Custodial Care	Dollars spent  NA  1, 0 (deductible ilo EP)  NA  Monthly  100%  Not Covered  1 day/wk if 2 LTC	1,1  Daily (Monthly@31 x MDB*)  50%, 80%, 100%  days provided	Extra Cost; HC Days Retire FC EP  1,1  NA  10% in Facilities but 15% at Home (Extra Cost)  Monthly  100%  Same As Custodial Care
38 Partial Cash (Disability) Alternative 39 Additional Cash Benefit 40 HCBC Payment Basis 41 Assisted Living (Percent of NH Max) 42 Home Care Health Aide (Percent of NH Max) 43 Independent Professional 44 Homemaker Services 45 Informal Care (Other Than Family) 46 Informal Family Care	Service Days  Extra Cost; HC Days Retire FC EP  1, 1  NA  Daily  100%  Not Covered  Same As Custodial Care	Dollars spent  NA  1, 0 (deductible ilo EP)  NA  Monthly  100%  Not Covered  1 day/wk if 2 LTC	1,1  Daily (Monthly@31 x MDB*)  50%, 80%, 100%  days provided	Extra Cost; HC Days Retire FC EP  1,1  NA  10% in Facilities but 15% at Home (Extra Cost)  Monthly  100%  Same As Custodial Care
38 Partial Cash (Disability) Alternative 39 Additional Cash Benefit 40 HCBC Payment Basis 41 Assisted Living (Percent of NH Max) 42 Home Care Health Aide (Percent of NH Max) 43 Independent Professional 44 Homemaker Services 45 Informal Care (Other Than Family) 46 Informal Family Care 47 Benefit Increase Features	Service Days Extra Cost; HC Days Retire FC EP  1, 1  NA  Daily  100%  Not Covered  Same As Custodial Care  Not Covered	Dollars spent  NA  1, 0 (deductible ilo EP)  NA  Monthly  100%  Not Covered  Not Covered  Not Covered	1,1  Daily (Monthly@31 x MDB*)  50%, 80%, 100%  days provided  50% of HC MDB up to 365 days with 4+ hrs of care/day from non-Partner.	Extra Cost; HC Days Retire FC EP  1,1  NA  10% in Facilities but 15% at Home (Extra Cost)  Monthly  100%  Same As Custodial Care  Not Covered  1%, 2%, 3%, 5%
38 Partial Cash (Disability) Alternative 39 Additional Cash Benefit 40 HCBC Payment Basis 41 Assisted Living (Percent of NH Max) 42 Home Care Health Aide (Percent of NH Max) 43 Independent Professional 44 Homemaker Services 45 Informal Care (Other Than Family) 46 Informal Family Care 47 Benefit Increase Features 48 Lifetime Compound Increases (Level Premium)	Service Days Extra Cost; HC Days Retire FC EP  1, 1  NA  Daily  100%  Not Covered  Same As Custodial Care  Not Covered	Dollars spent  NA  1, 0 (deductible ilo EP)  NA  Monthly  100%  Not Covered  1 day/wk if 2 LTC  Not Covered  2%, 3%, 5%  NA	1,1  Daily (Monthly@31 x MDB*)  50%, 80%, 100%  days provided  50% of HC MDB up to 365 days with 4+ hrs of care/day from non-Partner.	Extra Cost; HC Days Retire FC EP  1,1  NA  10% in Facilities but 15% at Home (Extra Cost)  Monthly  100%  Same As Custodial Care  Not Covered
38 Partial Cash (Disability) Alternative 39 Additional Cash Benefit 40 HCBC Payment Basis 41 Assisted Living (Percent of NH Max) 42 Home Care Health Aide (Percent of NH Max) 43 Independent Professional 44 Homemaker Services 45 Informal Care (Other Than Family) 46 Informal Family Care 47 Benefit Increase Features 48 Lifetime Compound Increases (Level Premium) 49 Lifetime Simple Increases (Level Premium)	Service Days Extra Cost; HC Days Retire FC EP  1, 1  NA  Daily  100%  Not Covered  Same As Custodial Care  Not Covered	Dollars spent  NA  1, 0 (deductible ilo EP)  NA  Monthly  100%  Not Covered  1 day/wk if 2 LTC  Not Covered  2%, 3%, 5%	1,1  Daily (Monthly@31 x MDB*)  50%, 80%, 100%  days provided  50% of HC MDB up to 365 days with 4+ hrs of care/day from non-Partner.  3%, 5%  3%, 5%	Extra Cost; HC Days Retire FC EP  1,1  NA  10% in Facilities but 15% at Home (Extra Cost)  Monthly  100%  Same As Custodial Care  Not Covered  1%, 2%, 3%, 5%  NA
38 Partial Cash (Disability) Alternative 39 Additional Cash Benefit 40 HCBC Payment Basis 41 Assisted Living (Percent of NH Max) 42 Home Care Health Aide (Percent of NH Max) 43 Independent Professional 44 Homemaker Services 45 Informal Care (Other Than Family) 46 Informal Family Care 47 Benefit Increase Features 48 Lifetime Compound Increases (Level Premium) 49 Lifetime Simple Increases (Level Premium) 50 Other Increases (Level Premium)	Service Days Extra Cost; HC Days Retire FC EP  1, 1  NA  Daily  100%  Not Covered  Same As Custodial Care  Not Covered	Dollars spent  NA  1, 0 (deductible ilo EP)  NA  Monthly  100%  Not Covered  1 day/wk if 2 LTC  Not Covered  2%, 3%, 5%  NA	1,1  Daily (Monthly@31 x MDB*)  50%, 80%, 100%  days provided  50% of HC MDB up to 365 days with 4+ hrs of care/day from non-Partner.  3%, 5%  3%  Based on CPI-U (cap: 7.5%/yr)	Extra Cost; HC Days Retire FC EP  1,1  NA  10% in Facilities but 15% at Home (Extra Cost)  Monthly  100%  Same As Custodial Care  Not Covered  1%, 2%, 3%, 5%  NA  FPO provides automatic 5% increases each yr until declined 3x in a row.

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54 COMPANY NAME	National Guardian Life Insurance	Company	New York Life Insurance Company		Thrivent Financial for Lutherans
55 Product Marketing Name	EssentialLTC	EssentialLTC Employer Group	NYL My Care	Long-Term Care Insurance	
56 Sales Rep/Source for More Info	888-505-2332 or www.ngl-essentialltc.com			NYL My Care NYL Secure Care (800) 224-4582	
57 Ancillary Benefits					
58 Bed Reserve Days/Year, Respite during EP?	30+Other, 30		60+0th	er, 30	60+Other, 2 x Monthly Max
59 Alternative Plan of Care (APC)	No		Contractual When	Benefit Eligible	Contractual After EP
60 Home Modification	Not Covered		NA	Grab bars, hand rails, ramps	2 x Monthly Max*
61 Caregiver Training Benefit	5 x MDB		20% x MMB	5 x Facility MDB	2 x Monthly Max
62 Emergency Alert	Up to \$50/Month		NA NA		
63 Equipment Benefit	Not Covered		\$5,000	\$4,000	Included Above*
64 Drug, Ambulance Benefit	NA NA		NA VIII Capaci		NA
65 Claims Features					
66 Conditional Receipt Protection	No		Up to \$5000 for 60 days after app	Up to \$1000 for 60 days after app	Full, After UW Reqt
67 Coverage Beyond USA	Canada (others = 30 days	s)	3 x MMB	100 x Facility MDB	2x Max Monthly Benefit; No EP
68 Provider Discounts (Directly or Indirectly)	No		No		No
69 Care Coordination Available From	Through Network		Through Network	Through Network*	Through Network
70 Independent Review	As Required By Law		Extended to IF in	States with IR	Extended to IF in States with IR
71 Premiums and Discounts					
72 Gender-distinct or Unisex pricing	Gender-Distinct	Unisex	Gender-E	Distinct	Gender-Distinct
73 Preferred Discount	NA	None	NA NA		10%
74 Substandard Extra Ratings	IVA	INUITE	25%, 50%, 75%, 100%	50%, 100%	25%, 50%
75 Two-Spouse, Two-Partner Discounts	Together pay 125% of female premium at the	e older insured's age	25%, 2	25%	20%, 20%
76 Requires Identical Coverage	Yes		No	)	No
77 If Spouse is a Surprise Decline	Single Person Price at that pers	ane a'no	One-spouse discount	No Discount	One-spouse discount
78 If Spouse answers "Yes" to 'Knock-Out' question	onigie i ersoni i nee at that pers	ons ago	One spouse discount	No Discount	one spouse discount
79 One-Spouse Discount (Only 1 Spouse Applies)	0%		10%	0%	5%
80 Maximum Best UW Class & Spouse Discount	~24.5% (same age couple)	37.5% (same age couple)	25%	25%	30%
81 Later Marriage Earns Discount For:	Neither		New Sp	New Spouse	
How long unmarried partners must co-habit for discount	One Day		Three years		Three years
83 Any discounts available for non-spouse relatives?	Yes, if same generation cohal	pitants	No		Yes, if same generation 3-year cohabitants
84 When are dividends or credits expected to start?	NA		End of 3rd year End of 10th year		
85 Most Common Employer, Affinity Discount	NA, 5%	NA	5%, 5%; not for SSTD		
86 Minimum Size Employer Group, Number Apps	NA	5, 2-5 varies by state			NA
87 Minimum Size Affinity Group, Number Apps	10, 1 NA		None, None		
88 Modal Factors (SA, Q, M, PAC)	52%, 27%, 8.75%, 8.75%		51%, 26%,	50.8%, 25.6%, NA, 8.6%	
89 Credit Card: Frequencies Accepted	None		Nor	None	
90 Limited Premium Periods	1, 10		NA NA	10	
91 Waiver of Premium					
92 First Premium Waived (Days)	Elimination		After Deductible	Elimination	Elimination
93 HCBC Waiver	Yes		Yes		Yes
94 Joint Waiver	Automatic		Not Offered	Extra Cost	Automatic w/ Shared Care
95 Return of Premium Upon Death (ROP)					
96 ROP Design #1	100% net of claims paid, 2nd-		Automatic, Net, Death Before 65	Net, 100%	Net, 100% for death after 10 years
97 Other ROP Design(s)	Can add Cash Surrender Option (grades up	to 80% after 4 years)	NA NA		NA
98 Other Riders & Features					
99 Paid Up Survivor Benefit	Not offered		Not Off	Extra Cost	
100 Both People Must Survive Number of Years	NA NA		NA	10	
101 Claim-Free Requirement?			Demonstrate & Demonstrate & Third Dead		Yes
102 Shared Care Benefit	Permanent Extra \$,Third P	001	Permanent Extra \$ Permanent Extra \$, Third Pool		Extra Cost Ends If Partner Dies
103 Other Shared Care Aspects  104 Restoration of Benefits	NA		Cannot be unilaterally taken away  NA >12 mos of not being chronically ill		Pool Depleted, Spouse <86 & No Clm in 2 Yrs, Can Buy 2 Yr BP  NA
	Markets DOD 2 Commands - October - Income	ombo Boligiao Con una S100E		>12 mos of not being chronically ill  Qual'd EP costs can be reimbursed at end of next cal. yr after claim ends if	
105 Other Comments  106 Combination Policies Offered	Markets ROP & Surrender Option as alternative to Combo Policies. Can use \$1035.		Premium gtd for 3 yrs; FY 5% discount if other NYLIC policy policy is still IF (EP reinstated).  Life		5-Year Rate Guarantee Yes
	See row 106			,	
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