

PROPOSED PLAN DESIGN

Payment: Method: Employer Pay Employee Pay

Plan Choice: Comprehensive Facility Care Only

Benefit: Daily Benefit Monthly Benefit

Benefit Amount: \$

Maximum Benefit Period:

Daily: 2yr 3yr 4yr 5yr 6yr 8yr 10yr

Monthly: 1yr 2yr 2.8yr 3yr 4yr 5yr 6yr 8yr

Elimination Period (Days): 30 60 90 180

Payment Method: Indemnity Reimbursement

OPTIONS

0 Day Elimination Period for Home & Community Care: Yes No

Service Days / Calendar Year

Home & Community Care Benefit: 50% 75% 100%

Inflation Protection Options: 3% Equal 5% Equal 3% Compound 5% Compound Future Purchase None

Restoration of Benefits: Yes No

Shared Coverage: Yes No

Premium Payment Period: Lifetime 10-Pay Pay to age 65

Return of Premium at Death: Yes No - If yes, select one: Graded Full

Survivorship Option: 7 Years 10 Years None

Optional NonForfeiture: Yes No

Partnership (if applicable): Yes No