



DETAILED DESCRIPTION

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Category Name	Features	GE Long Term Care Choice	AARP / Metlife Group Long Term Care Insurance: G.LTC1497	AIG Life: Total LTC-64028
Choices	Daily Maximums	Test this is br starts here between a break and this is after test test tly... Please let me know if it worked	Test this is br starts here between a break and this is after test test tly... Please let me know if it worked	TEST \$50 - \$200
	Elimination Periods	50 or 100 days Applies only to LTC Facility Benefits; NO EP FOR HOME CARE If PCC is used, credit is also given towards satisfying the EP for LTC Facility benefits)One-time EP No Accumulation Period	Test this is br starts here between a break and this is after test test tly... Please let me know if it worked	0,30,100 days One-time EP No Accumulation Period
	Home Care	Pays Prevailing Expenses up to a monthly maximum equal to 31 X daily benefit(100%)	Test this is br starts here between a break and this is after test test tly... Please let me know if it worked	50% OR 100% OF DAILY MAX PAYS THE LESSER OF THE DAILY BENEFIT, EQUAL TO 1 X DAILY BENEFIT, OR THE REASONABLE CHARGES INCURRED FOR THE SERVICES PROVIDED



	Policy Maximums	Individual Plan SHARED PLAN 730 X DM 1095 X DM 1095 X DM 1460 X DM 1460 X DM 2190 X DM 2190 X D	Test this is br starts here between a break and this is after test test tly... Please let me know if it worked	730 X DM1095 X DM 1460 X DM* 1825 X DM* Unlimited* *not available to issue ages 85-89
Company Information	2000 Inforce LTC Premium	2001 Inforce LTC Premium \$1.289 Billion	Test this is br starts here between a break and this is after test test tly... Please let me know if it worked	\$22.3 Million
	AM Best Rating	A+	Test this is br starts here between a break and this is after test test tly... Please let me know if it worked	A++
	LTC Experience	Since 1974	Test this is br starts here between a break and this is after test test tly... Please let me know if it worked	Since 1996
	Rate Increases on previous Policy Series	While we reserve the right to raise future premiums for all policyholders by state and class, we have never had to do so since we pioneered long term care insurance more than 25 years ago. And, premiums will never increase due to changes in health status	Test this is br starts here between a break and this is after test test tly... Please let me know if it worked	None
Exclusions	Nonorganic Mental/ Nervous Disorders	Not Excluded	Test this is br starts here between a break and this is after test test tly... Please let me know if it worked	EXCLUDED



	Pre-existing Condition Waiting period	None	Test this is br starts here between a break and this is after test test tly... Please let me know if it worked	None
Facility Benefits	Bed Reservation	50 days per year For any reason	TEST \$50 - \$200	30 days per year For hospitalization only
	Payment Levels	Pays 100% of expenses up to the full Daily Max for confinement in a Long Term Care Facility (Nursing Homes, Assisted Care Facilities, Alzheimers Facilities)	0,30,100 days One-time EP No Accumulation Period	Pays the LESSER of the Daily benefit OR the Reasonable charges incurred for daily room and board (Nursing Homes, Assisted Living Facilities)
Home and Community Care Benefits	Payment	Prevailing Expenses up to a monthly maximum equal to 31 X daily benefit (100%)	50% OR 100% OF DAILY MAX PAYS THE LESSER OF THE DAILY BENEFIT, EQUAL TO 1 X DAILY BENEFIT, OR THE REASONABLE CHARGES INCURRED FOR THE SERVICES PROVIDED	Pays the LESSER of the daily benefit, equal to 1 X daily benefit, OR the Reasonable charges incurred for the services provided (Choice of 50% or 100%)
Optional Benefit	Inflation Protection	Simple/Equal or Compound 5%OR No InflationLifetime maximum increases based on ORIGINAL benefit amounts.These increases are not affected by any benefit payments	730 X DM1095 X DM 1460 X DM* 1825 X DM* Unlimited* *not available to issue ages 85-89	Compound 5%Lifetime maximum increases based on ORIGINAL benefit amounts
Other features	Alternate Plan of Care	Yes	\$22.3 Million	No
	Other		A++	
	Restoration of Benefits	RiderRestores lifetime maximum to original amount after 180 consecutive days of not qualifying for benefits	Since 1996	Not available
	Survivorship Benefit	Included in the base policyIf a spouse dies after LTC policies have been in force for at least 10 years without any benefit payments, surviving spouse policy is fully paid up.	None	None



	Waiver of Premium	Begins when receiving benefits; either LTC Facility benefits OR HC benefits using the Privileged Care Coordinator (PCC), otherwise HC benefits after satisfying a qualifying period (equal in number to the Elimination Period)	EXCLUDED	Waiver of Premium begins after 90 continuous days of benefits (for HC, at least 5 days per week)Joint Waiver
Plan Design	Issue Ages	18-84	None	40 - 89
	Plan Description	Tax qualified, integrated benefits, pool of money. Expense reimbursement.Shared benefit version available	Test this is br starts here between a break and this is after test test tly... Please let me know if it worked	Tax qualified (by Rider), integrated benefits, pool of money. Expense reimbursement Shared Plan not available
Rates	Rate classes	10% preferred health discount	Test this is br starts here between a break and this is after test test tly... Please let me know if it worked	Preferred health discount
	Sample Rate comparisons	Benefit Selections: \$100 day NH, 100% HHC 100 day EP, Compound Inflation, Preferred and Spouse/Couples discount Annual Premium AGE 1460 1095	Test this is br starts here between a break and this is after test test tly... Please let me know if it worked	Benefit Selections: \$100 day NH, 100% HHC 100 day EP, Compound Inflation, Preferred and Spouse/Couples discount Annual Premium AGE 1460 1095
	Spousal Discount	25% Both must be eligible and apply Covers family members of the same generation as well as domestic partners Can be siblings as well as domestic partners	Test this is br starts here between a break and this is after test test tly... Please let me know if it worked	10% Both must apply at same time for same benefits



Services and Benefit Levels	Adult Day Care	Pays Expenses up to a monthly maximum equal to 31 X daily benefit	Test this is br starts here between a break and this is after test test tly... Please let me know if it worked	Pays the LESSER of the daily benefit, equal to 1 X daily benefit, OR the Reasonable charges incurred for the services provided
	Agency Requirement	No	Test this is br starts here between a break and this is after test test tly... Please let me know if it worked	No
	Care Coordination Benefit	Covers all expenses incurred for services of a Privileged Care Coordinator Benefit not deducted from policy maximum No EP required for care coordination benefit Credit is given towards satisfying Elimination Period for Faci	Test this is br starts here between a break and this is after test test tly... Please let me know if it worked	Covers all expenses incurred for services of a Personal Care Specialist Benefit not charged against policy maximum and is not subject to Daily Max Plan of Care, and any subsequent changes, must be approved by insurer
	Equipment	50 X Daily Max (Lifetime Max)	Test this is br starts here between a break and this is after test test tly... Please let me know if it worked	Emergency Response System; \$50 per month (when receiving HC for @ least 5 days per week)
	Home Health Aide	Pays Expenses up to a monthly maximum equal to 31 X daily benefit (100%)	Test this is br starts here between a break and this is after test test tly... Please let me know if it worked	Pays the LESSER of the daily benefit, equal to 1 X daily benefit, OR the Reasonable charges incurred for the services provided



	Homemaker Services	Pays Expenses up to a monthly maximum equal to 31 X daily benefit (100%)Chore Services are also covered up to a monthly maximum equal to 31 X daily benefit (100%)	Test this is br starts here between a break and this is after test test tly... Please let me know if it worked	Pays the LESSER of the daily benefit, equal to 1 X daily benefit, OR the Reasonable charges incurred for the services provided (Homemaker and Companion service will be covered only if they are an incidental part of an overall Plan of Care)
	Hospice Care	Yes	Test this is br starts here between a break and this is after test test tly... Please let me know if it worked	Yes
	Nurse/ Therapist	Pays Expenses up to a monthly maximum equal to 31 X daily benefit (100%)	Test this is br starts here between a break and this is after test test tly... Please let me know if it worked	Pays the LESSER of the daily benefit, equal to 1 X daily benefit, OR the Reasonable charges incurred for the services provided (Choices: 50% or 100%)
	Respite Care	21 days per year	Test this is br starts here between a break and this is after test test tly... Please let me know if it worked	30 days per year

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