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Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 42059  
Company Tracking Number: MM09-11  
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other  
Product Name: Long-Term Care Insurance Institutional Advertising  
Project Name/Number: MM09-11/MM09-11

## Filing at a Glance

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Product Name: Long-Term Care Insurance Institutional Advertising SERFF Tr Num: META-126098592 State: ArkansasLH

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Arkansas Insurance Department  
1200 West 3rd Street

*SERFF Tracking Number:*      *META-126098592*                      *State:*                      *Arkansas*  
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Little Rock, Arkansas 72201-1904

Re: Metropolitan Life Insurance Company ("MetLife")

Long-Term Care Insurance Advertising

Advertising Form Number(s): ADF# 1883.09

Description: The Essentials LTCI Brochure

NAIC No. 65978 - FEIN No. 13-5581829

MetLife Filing No. MM09-11

Dear Sir/Madam:

We enclose for filing an electronic copy of the long-term care advertising material referenced above. The material is intended for use with any approved long-term care policy form.

The advertising material is new and does not replace any materials previously filed with your Department.

We consider this material to be an Institutional piece. The material created by MetLife's Mature Market Institute as an educational piece which describes long term care insurance in general. Please note the material does not speak to any specific long-term care insurance policy form and a consumer is invited to contact any insurance company offering long-term care insurance for additional details.

This electronic submission includes the following:

- the Institutional advertisement.
- the NAIC form
- an explanation of variables identifying how the variable material will be modified, and
- this letter
- The \$25.00 filing fee is an EFT transaction.

Please advise us of your action on this submission in accordance with your usual procedures.

If you have any questions or comments, please do not hesitate to contact me.



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## Correspondence Summary

### Dispositions

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## **Disposition**

Disposition Date: 04/13/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
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<b>Supporting Document</b>	cover letter		Yes
<b>Form</b>	The Essentials LTCI Brochure		Yes

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## Form Schedule

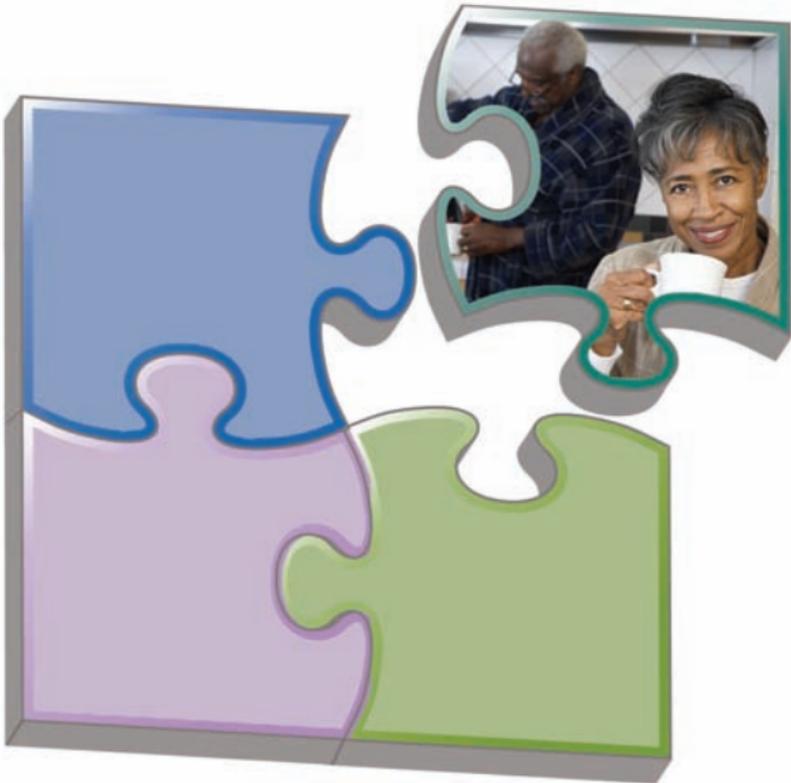
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Metropolitan Life Insurance Company

*The Essentials*

Long-Term Care  
Insurance



**MetLife**  
Mature Market  
INSTITUTE

## The MetLife Mature Market Institute®

Established in 1997, the Mature Market Institute (MMI) is MetLife's research organization and a recognized thought leader on the multi-dimensional and multi-generational issues of aging and longevity. MMI's groundbreaking research, gerontology expertise, national partnerships, and educational materials work to expand the knowledge and choices for those in, approaching, or caring for those in the mature market.

MMI supports MetLife's long-standing commitment to identifying emerging issues and innovative solutions for the challenges of life. MetLife, a subsidiary of MetLife, Inc. (NYSE: MET), is a leading provider of insurance and financial services to individual and institutional customers.

For more information about the MetLife Mature Market Institute, please visit:  
[www.MatureMarketInstitute.com](http://www.MatureMarketInstitute.com).

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Long-term care services may be necessary at any age. An older adult might gradually find that day-to-day living is becoming increasingly difficult without help, or he or she may develop Alzheimer's disease. Someone younger may have a heart attack, a stroke, a disabling accident, or develop a serious chronic illness such as Parkinson's disease. Long-term care services are generally custodial and personal in nature. They may be needed as a chronic illness progresses or following a period of rehabilitation after an acute event such as a stroke.

Because neither medical insurance nor Medicare are primarily designed to pay for long-term care services, long-term care insurance can help provide a way for you to pay for this care. Long-term care insurance can help you retain assets and income set aside for retirement and can help you remain independent by providing the money to allow you to decide where and how your care will be provided.

This guide is a general introduction to long-term care insurance. It defines terminology generally used in the long-term care insurance industry, presents some basic issues, and provides answers to some frequently asked questions. We hope you will find it helpful. Long-term care insurance policies can differ substantially, and new policies are introduced frequently. The descriptions in this guide are generic and may not apply to the specific policy or policies you are considering.

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# Introduction to Long-Term Care Insurance

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Insurance is technical—there is just no way around it. And the technicalities are important—you need to understand them to know what to look for in a policy. In some cases, different insurance companies use different terms to describe similar features. We will define these terms that describe features and benefits of typical long-term care insurance policies. Please use this booklet as a guideline only. By the time you're done, you should have a good, general understanding of long-term care insurance.

## General Information

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### Q. What Is Long-Term Care?

**A.** Long-term care (LTC) refers to a variety of services designed to help people perform the functions of day-to-day living to help them remain as independent as possible. Some long-term care services provide assistance with day-to-day activities for people with a chronic illness or cognitive impairment, such as dementia. Others follow a period of rehabilitation for people who continue to require assistance to perform daily activities.

*Disability rates are falling as a result of preventive care and medical advances; but the longer people live, the greater the chances are that chronic conditions may develop, resulting in an increased need for assistance with everyday activities.<sup>1</sup>*

### Q. Where Can I Receive Long-Term Care Services?

**A.** Many people think that long-term care refers only to services provided in a nursing home. It is much more than that. In fact most long-term care is delivered at home by family and friends. This care is referred to as “informal care.” People may need more care than families are able to provide and additional resources are required. Often called “formal care,” this care can be given by a number of long-term care service providers in various locations depending upon the needs of the individual.

<sup>1</sup>Medicaid and Long-Term Care, The Henry J. Kaiser Foundation, March 2005.

## General Information

### ✦ Long-term care services can be provided by:

- Nurses
- Certified Nursing Assistants
- Physical, Occupational, and Respiratory Therapists
- Home Health Aides and Homemakers

### ✦ They can be provided in many different settings such as:

- Your own home
- An adult day services center
- An assisted living facility
- A nursing home
- A hospice facility or hospice services provided at another location

Long-term care services may also be received in a continuing care retirement community. This type of setting usually provides housing, services, and various levels of long-term care when needed, in one location. The types of housing, services, and care offered change with the needs of the resident and allow the older adult resident to “age in place.”

The terminology used to describe care settings may vary from state to state.

*An American at age 65 today has an average life expectancy of 18.7 more years, almost 7 years longer than an individual who reached age 65 in 1900.<sup>2</sup>*

<sup>2</sup> *Older Americans 2008: Key Indicators of Well-Being*, Federal Interagency Forum on Aging-Related Statistics. Washington, DC: U.S. Government Printing Office. March 2008.

## Q. What Are Activities of Daily Living (ADLs)?

**A.** People with illnesses that require long-term care services often need assistance with daily activities on an ongoing basis. This may include shopping, transportation, and housekeeping as well as the activities listed below.

The insurance industry has specific definitions that they use involving certain activities and functions. These are referred to as Activities of Daily Living (ADLs), which are:

- ✦ Dressing
- ✦ Bathing
- ✦ Transferring (moving in or out of a bed or chair)
- ✦ Toileting
- ✦ Eating
- ✦ Continence

# The Cost of Long-Term Care Services

## Q. What Is the Current Cost of Long-Term Care Services?

**A.** The cost depends on what kind of care you need and where you are living when you need the care. Based on the *MetLife Market Survey of Adult Day Services & Home Care Costs*<sup>3</sup> and the *MetLife Market Survey of Nursing Home & Assisted Living Costs*,<sup>4</sup> the costs for [2008] are as follows:

### Home Care Costs for Home Health Aides

National average hourly rate = [\$20]

Average yearly rate (assumes five hours a day, five days per week) = [\$26,000]

### Home Care Costs for Homemaker Companion

National average hourly rate = [\$18]

Average yearly rate (assumes five hours a day, five days a week) = [\$23,400]

### Adult Day Services

National average daily rate = [\$64]

Average yearly rate (assumes five days per week) = [\$16,640]

### Assisted Living — Base Rate

National average monthly = [\$3,031]

National average yearly rate = [\$36,372]

### Nursing Home Costs for Semiprivate Room

National average daily rate = [\$191]

National average yearly rate = [\$69,715]

If you require in-home assistance from a Home Health Aide (HHA), you may start with a short visit of one or two hours to assist with bathing. You may find however that you need help with other activities as time goes on. This may increase the hours the HHA would need to spend with you per day and may increase the cost of service. Also, if your needs change and you require the services of a skilled nurse instead of an HHA, the cost of care would generally be higher.

Because care situations vary greatly among individuals, the costs and location of care received may also vary. Generally, the yearly average cost of an HHA is less than that of a yearly average cost of a nursing home, but, for instance, if you need around-the-clock care, the costs may be more expensive. Again, much depends on your care situation. Adult day services can serve as a cost-effective option for individuals who need ongoing supervision and/or assistance throughout the day.

<sup>3</sup> *The MetLife Market Survey of Adult Day Services & Home Care Costs*, MetLife Mature Market Institute, [September 2008].

<sup>4</sup> *The MetLife Market Survey of Nursing Home & Assisted Living Costs*, MetLife Mature Market Institute, [October 2008].

# Paying for Long-Term Care Services

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## Q. Does Medicare Cover Long-Term Care Expenses?

**A.** Medicare was not designed to cover ongoing long-term care services. It is the federal medical insurance program for people age 65 or older, and disabled persons of any age receiving Social Security benefits for not less than 24 months. It was designed to pay some of the costs of certain health care services in order to provide recipients access to a basic level of health care. The majority of care provided in the U.S. today in connection with chronic long-term illnesses or conditions is personal or custodial care.

Like most health care insurance, Medicare does not pay for custodial care. Medicare only pays for services that are considered “medically necessary” according to Medicare guidelines. This might include a skilled nursing facility and home health care for a period of time as part of treatment for an injury or acute illness, but not on an ongoing basis. One example would be rehabilitation services in a skilled nursing facility as described below.

✦ Following a hospitalization of at least three days for treatment of a hip fracture, Medicare would pay for up to the first 20 days of a stay in a Medicare-certified skilled nursing facility as long as the individual requires skilled services such as nursing and physical therapy prescribed by a physician.

- ✦ Days 21 through 100 may be covered if the individual continues to meet Medicare criteria for skilled care. Each of these days would have a co-payment determined yearly by the Centers for Medicare & Medicaid Services (CMS). Medigap policies may cover the daily co-payment amount
- ✦ After 100 days, Medicare will pay nothing for these services. Also, if it is determined that the individual no longer meets Medicare criteria for skilled care prior to 100 days, services will be discontinued. When an individual is receiving Medicare-covered services, regular eligibility reviews are performed to determine ongoing eligibility.

**Medigap** (also known as **Medicare Supplement Insurance**) includes 12 standard (with a few state-specific differences) plans labeled A-L which are defined by Medicare but offered through private insurers. They are intended to cover some of the “gaps” in Medicare. These gaps include the costs of coinsurance, co-payments, and deductibles. Some of the plans offer benefits not offered through Medicare, such as emergency travel coverage outside of the U.S. Like Medicare, Medigap does not cover ongoing long-term care services.<sup>5</sup>

<sup>5</sup> “2009 Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare,” Centers for Medicare & Medicaid (CMS) and the National Association of Insurance Commissioners (NAIC), September 2008, <http://www.medicare.gov/Publications/Pubs/pdf/02110.pdf>

### Q. How Are Long-Term Care Services Paid?

A. There are basically three ways of paying for LTC services:

- ✦ Self-Insurance
- ✦ Medicaid
- ✦ Long-Term Care Insurance

**1. Self-Insuring** means setting aside or having enough money to pay privately for future LTC services, if they become necessary. This plan may require a dedicated, aggressive, and immediate savings plan. It is impossible to know if or when these services will be needed, and that makes the target savings amount difficult to determine.

For example, if a family member is involved in an accident that leaves the family member even partially paralyzed or if a family member develops Parkinson's disease, some type of long-term care services would most likely be necessary to help the family member function on a daily basis.

**2. Medicaid**, a joint federal-state government program for low-income individuals, will provide coverage for long-term care expenses if your income and assets are very low or after you have exhausted almost all of your own assets. It is an entitlement program based on strict income and asset guidelines. You may be required to spend your own money for care, living expenses, and other "allowable" expenses before becoming eligible for Medicaid. This is referred to as the "spend-down" period.

Even though every state has different eligibility criteria for this government program, assets and income are subject to review in order to determine your eligibility. Many people try to transfer all their assets immediately after it has been determined that they require long-term care assistance; however, this time period will not always meet the "look-back" period criteria.

The look-back period is a 60-month period of time prior to a Medicaid application date. This means that certain assets that have been transferred for less than fair market value or simply "gifted" to others in this time period are still considered to be the care recipient's money, funds that the care recipient must use to pay for long-term care services. The look-back period for assets transferred to a trust is 60 months.<sup>6</sup>

*When it comes to Medicaid eligibility, be sure to research your state's requirements.*

### 3. Long-Term Care Insurance

This is insurance designed to help pay for the cost of long-term care services. It is not the same as medical insurance, which generally provides coverage for doctor visits and hospital stays. Depending on the type of policy and coverage selected, long-term care insurance can provide coverage for long-term care in many settings: your own home, adult day services centers, assisted living communities, and nursing homes.

<sup>6</sup> "Transfer of Assets in the Medicaid Program," Centers for Medicare & Medicaid Services, January 2008, <http://www.cms.hhs.gov/DeficitReductionAct/Downloads/TOAbackgrounder.pdf>

Long-term care insurance can be issued on a group or an individual basis. If it is issued on a group basis, the group sponsor is the policyholder and is issued the policy. The insured will receive a certificate as evidence of coverage. If it is issued on an individual basis, the insured is the policyholder and is issued the policy.

Oftentimes, employees enrolling in a group plan can be guaranteed coverage without providing any medical history, on the condition that employees enroll during the initial enrollment period and are actively at work (not absent due to disability, leave, or illness) on their effective date of coverage. Issuers of individual long-term care insurance policies require that you be medically underwritten before they approve a long-term care insurance policy.

## Is Long-Term Care Insurance Appropriate for You or a Family Member?

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### Q. Who Could Benefit from Purchasing Long-Term Care Insurance?

**A.** The need for long-term care can happen at any time, not just as you age. If you are single, it is less likely that unpaid care by family members will be readily available. Long-term care insurance can help you obtain and pay for the services that you require.

If you are married or live in a multi-member household and you and your partner age together, your day-to-day functions may decline at the same rate. If your adult children live in another location or if your care needs are greater than a family can provide, you may require paid assistance. Also, if certain chronic conditions run in your family—the kind that require some type of daily assistance—long-term care insurance might be important for you to consider.

*If you don't have a specific policy designated as long-term care insurance (called "Nursing Home and Home Care Insurance" in some states) you usually are not covered for long-term care expenses.*

**Q. What Is the Right Age to Purchase Long-Term Care Insurance?**

**A.** In general, long-term care insurance can provide coverage for anyone 18 years of age and older. The younger you are when you buy long-term care insurance, the greater the chance that your health will be good and you'll be insurable. Additionally, premiums are based in part on the age at which you initially purchase coverage. The younger you are, the lower your premiums can be for any given amount of coverage from the same carrier.

**Q. Is There Anyone Who Should Not Purchase Long-Term Care Insurance?**

**A.** It is important to be able to afford the premiums, not only now, but in the future. If you are on a fixed income or if you have limited savings, the premiums may be too difficult to pay over the long run. In this situation, you may want to look closely at your needs and resources and perhaps talk with a family member or financial advisor to decide if this is the right purchase for you.

## What About the Cost of a Long-Term Care Insurance Policy?

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**Q. What Is the Cost of a Long-Term Care Insurance Policy Based On?**

- A.** The cost of a policy is based on such factors as:
- ✦ Your age at the time the policy was purchased
  - ✦ The type of the policy purchased (a “basic” policy may cost less compared to another from the same company that offers more features)
  - ✦ The amount of the daily/monthly benefit you have purchased
  - ✦ The number of “extras” such as riders or options you may choose to purchase within a particular benefit level
  - ✦ The total amount of coverage you have available
  - ✦ The type of inflation protection you select
  - ✦ The “elimination period” or “waiting period,” which are the days you must pay for your care before the plan begins providing benefits

*Every insurer offers different long-term care insurance policies, but don't shop by price alone. The lowest cost policy might not be the best choice for you or your family.*

# How to Select a Policy

## Q. What Decisions Do I Need to Make?

**A.** If you decide to purchase a policy, it is important to ask the following questions to help decide which options will be the most appropriate choices for your situation:

1. What Plan Benefits and Features Should I Select?
2. What Daily or Monthly Benefit Amount Should I Select?
3. What Total Amount of Coverage Should I Choose?
4. How Long Should the Elimination Period Be?
5. How Can I Protect Myself Against the Rising Cost of Care?

### ✦ 1. Plan Benefits and Features

Policies are available that offer a variety of covered services and other plan features. The cost for your coverage will depend upon the features you select. A comprehensive policy will cover a range of services at home, in community settings, assisted living facilities, and nursing homes. This may include care advisory services, home care, adult day services, hospice care either at home or in a facility, and respite care services. Some plans have benefits for coverage of informal care provided by family, friends, or independent caregivers. The ability to receive benefits for home care may allow the care recipient to live independently in their home instead of living in a long-term care facility. Carriers may also have available plans with a more limited range of services, such as a

plan that covers care in assisted living facilities and/or nursing homes, but not care at home.<sup>7</sup> This type of plan is typically less expensive than one covering a full range of services.

### ✦ 2. Daily Benefit Amount (DBA) or Monthly Benefit Amount (MBA)

It is important to know what the rules are in any policy that you might consider using. Policies may offer benefits in the form of a “Daily Benefit Amount” or a “Monthly Benefit Amount.” The DBA may be either the maximum or the actual amount the insurance policy will pay per day for covered services. The MBA may be either the maximum or the actual amount the insurance policy will pay for services in a given month.

While the total benefits one can receive in a given month may be the same whether you have a DBA or MBA, having a monthly benefit provides more flexibility as there are no daily limits, only monthly limits. The plan can pay any amount on a given day until the maximum monthly benefit is reached. It is especially helpful when one is receiving care at home. The example below illustrates the difference.

**You are receiving home care services 4 days per week at a cost of \$120 per day. You receive 17 days of care during the 30-day month.**

#### **With a DBA of \$100 per day for each day**

Plan pays: \$100 per day—You pay: \$20 per day  
Plan pays: \$1,700 for the month (\$100 times 17)  
You pay: \$340 for the month (\$20 times 17)  
Total: \$2,040

#### **With an MBA of \$3,000 (\$100 x 30 days)**

Plan pays: \$120 daily—You pay \$0 daily  
Plan pays: \$2,040 for the month—You pay \$0

<sup>7</sup> This type of plan may not be available in all states.

### ✦ 3. Total Amount of Coverage

Policies may offer a variety of options as to the total amount of coverage available to pay for benefits over the course of your lifetime. The total amount of coverage may be expressed as a dollar amount such as \$100,000 or \$300,000. It may be presented as a period of time such as 3 or 5 years. The time selected is used as a means to calculate the total amount of coverage. For instance, if your DBA was \$150 and you selected 3 years, the total amount of coverage you would have for your lifetime would be \$164,250 (Your \$150 DBA x 365 days x 3 years). In most circumstances, your DBA or MBA is paid for as long as you qualify for benefits and receive covered services until you have received benefits equal to the total amount of coverage available to you.

If you select a total amount of coverage and you wish to increase it, you may be able to do so at a later time. It is important to remember two things. First, that the cost for coverage is based on the age at which you initially purchased it. Therefore, if you enrolled in a policy with a total amount of coverage of \$200,000 at age 55, that portion of coverage would always be based on the cost at age 55. If you wished to add \$100,000 in coverage at age 65, the cost for the additional coverage would be based on age 65, the age at which you added it. Secondly, in most instances, if you wished to increase your coverage at a later time, you would need to provide proof of good health.

Some companies offer policies that allow you to increase your coverage at certain intervals of time without proof of good health, although some rules may apply. (For example, you may not be able to increase coverage if you have

reached a certain age.) The cost for any increased coverage would be based on the age at which the additional coverage is purchased as described above. This kind of policy would allow you to start with a smaller amount of coverage and increase it over time.

### ✦ 4. Elimination Period

To keep the cost of your premiums lower, most policies become payable only after a period of time called an “elimination period” or a “waiting period,” which is similar to a deductible. These terms generally mean the same thing. This is the period of time during which you must be eligible for benefits (and in certain types of policies you must also be receiving covered services) before your insurance benefits become payable. During this time you will generally continue to pay premiums.

If you are purchasing a policy it is important to understand how the elimination period works so you will know what to expect at the time of benefit. It is typically measured in either calendar days or service days. Under both scenarios you must meet the eligibility criteria to receive benefits before the elimination period begins.

In a calendar day waiting period, once you have been benefit eligible for the number of days specified (for example 30 calendar days or 90 calendar days), you can begin receiving claim payments for covered services. You do not need to have received any services during the elimination period for those days to apply.

In a service day elimination period, in most instances, you need to receive a covered service for any day to count toward your elimination period. For instance, if your elimination period was 30 days of service and you were receiving

home care services three days per week, it would take approximately 10 weeks to satisfy the 30-day elimination period. Some companies may count days differently. For instance, a company may say that if you receive at least one day of service in a given week, the entire 7 days will be applied to your elimination period.

Policies with a short or no elimination period are usually more expensive than policies with an extended elimination period. Some companies require that you meet the prescribed elimination period only once in your lifetime. Others require you to meet the prescribed elimination period each time you need long-term care services.

*There are a number of options available to help keep pace with the future cost of care. Before you purchase a policy, be sure you understand the benefits and options offered with the policy that you are considering.*

### 5. The Rising Cost of Care

There are several options that may help you protect yourself against the increased costs of care in the future. Below are some common examples.

#### A. Automatic Compound Inflation Option

- Automatic inflation protection helps keep pace with the future cost of care. This annual increase, for the life of the coverage, is based on your compounded DBA. Choosing an Automatic Compound Inflation Option will result in a higher DBA than the Automatic Simple Inflation option.

#### B. Automatic Simple Inflation Option

- The annual increase, for the life of the coverage, is based on the DBA originally purchased.

*Selecting either of these options at the time of purchase will result in initially higher premiums, but they will also provide an “automatic” yearly increase in benefits without an increase in premium. Below is an illustration using 5% as an example.*

#### Daily Benefit Amount Increases at Simple and Compound Rates (5%)

Year	Simple	Compound	Difference
0	\$100	\$100	\$0
10	\$150	\$163	\$13
15	\$175	\$208	\$33
20	\$200	\$265	\$65
25	\$225	\$339	\$114
30	\$250	\$432	\$182

Source: *Planning for Long-Term Care*, United Seniors Health Council, McGraw-Hill, 2002

#### C. Optional Inflation Protection

- There are different types of optional inflation features. Common names are Periodic Inflation Protection, Future Purchase Option, or Guaranteed Purchase Option. With these options, the company periodically offers the opportunity to increase coverage by a certain percentage or amount at predetermined intervals without providing evidence of good health. The offers may be given annually or every few years. In some policies, these offers may stop if the

increases are declined for a certain number of years. In this instance, you may need to provide proof of good health if you wish to receive future offers.

- Both your DBA/MBA and total amount of remaining coverage will increase each time you accept an inflation offer. The premium you pay when the insurance is initially purchased covers the benefit amount and total coverage you purchased at that time. With the optional inflation features, your premium will increase for each piece of added coverage based on your age at the time each offer is accepted. The increase in premium will only reflect the cost for the added coverage not any amount you had prior to the offer. As you get older, the cost for the optional inflation offers will increase. If you are reviewing policies and you have the option to select either optional inflation or automatic inflation protection, request a comparison of your anticipated costs and benefit increases over time, based on whether you selected automatic or optional inflation protection. This will help in your decision as to which type of inflation protection may best meet your needs.

### Q. How Much Coverage Is Right for Me?

**A.** The cost of care varies throughout the country so when selecting a Daily Benefit Amount it is important for you to buy sufficient coverage that will pay for care where you expect to receive it. Costs for home care, nursing homes, and assisted living facilities vary widely, depending on the region. The Area Agency on Aging may be able to provide current cost figures for your area. See page 10 for national average costs. Visit the MetLife Mature Market Institute Web site, **[www.MatureMarketInstitute.com](http://www.MatureMarketInstitute.com)**, to view costs in various parts of the country.

*You should also consider whether or not you wish to purchase an inflation or benefit increase option, and what amount, if any, you are able or willing to self-insure.*

# What About Different Types of Policies and Coverage?

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## Q. What Is the Difference Between “Reimbursement,” “Indemnity,” and “Disability” Type Policies?

**A.** A reimbursement policy, also known as an “expense-incurred policy,” is the most common type of policy currently purchased. To prove benefit eligibility you are required to meet the need for assistance with ADLs or severe cognitive impairment criteria as indicated in your policy. This is described more fully in the “What About Benefits?” section of this guide. You will receive benefits only when eligible services are received; benefits are paid directly to you or to the provider. This type of coverage pays for the expense incurred or up to your policy’s monetary limit, whichever is less.

Unlike a reimbursement (expense-incurred) policy, benefits paid by an indemnity policy are a set dollar amount. Benefit eligibility is generally the same as for a reimbursement policy. When eligibility is established and you are receiving covered long-term care services, the insurance company will pay the pre-determined daily benefit amount indicated in your policy on days you receive a covered service.

A disability type policy will pay a flat dollar amount on any day that you are determined to be eligible to receive benefits. Under this plan, provider bills are usually not needed, and the insurer will often pay out the fixed monthly amount you selected, regardless of whether services have been received.

## Q. What Is a “Tax-Qualified” Policy?

**A.** Policies that are tax-qualified meet certain standards as set forth in the Health Insurance Portability and Accountability Act, commonly referred to as “HIPAA,” which Congress passed in 1996. HIPAA ensures that benefits paid from policies that meet its standards are not considered taxable income and that qualified premiums may be deductible as medical expenses if certain thresholds are met. Almost half of all states offer tax incentives for long-term care insurance premiums.

## Q. What Are “Partnership Programs”?

**A.** There are a growing number of states that have or are considering Partnership Programs. The Partnership Programs are joint efforts by state governments and the private long-term care insurance industry to create an option to help individuals plan to meet their future long-term care needs without depleting all of their assets to pay for care.

Features of the Partnership Program generally vary by state but function in a similar way. If you purchase state-approved Partnership long-term care insurance, and the benefits under that insurance coverage are exhausted, you may apply for Medicaid coverage. You may retain all or a portion of the assets you would otherwise have had to “spend down” if Partnership long-term care insurance had not been purchased. However, you will have to contribute income you receive to the cost of any long-term care services provided under Medicaid in accordance with the regulations in your state. Consult the Partnership Program in your state for further information about how its Partnership Program operates.

# How Long Will I Need Coverage?

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## Q. How Long Can I Expect to Need Coverage?

**A.** There are a number of factors that should be considered in selecting the total amount of coverage—your age at purchase, your current health, your family’s health history, the increase in life expectancy, the cost of care in your area, and even your marital status.



# What About Benefits?

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## Q. How Do I Become Eligible to Receive Benefits?

**A.** Typically, you become eligible when you are unable to perform two out of the six Activities of Daily Living (ADLs). This number may vary from insurer to insurer. Also, the period of time when you are unable to perform the ADLs should be anticipated to last for at least 90 days. You will also need to have satisfied the elimination period. Policies start to pay once you are eligible and have met the elimination period. You may also become eligible when you have a severe cognitive impairment (for example, you develop Alzheimer’s disease).

## Q. Who Determines When I Am Eligible for Benefits?

**A.** Under a tax-qualified long-term care insurance policy, a licensed health care practitioner must certify that you are chronically ill and that a Plan of Care, including the qualified long-term care services you need, is in place for you. Being chronically ill means that you are unable to perform the requisite number of ADLs, according to your policy, for a period that is expected to last for at least 90 days or you have a severe cognitive impairment.

## Q. What Happens to My Benefits if I Stop Paying My Premium?

**A.** If you stop premium payments, with most long-term care insurance policies, your policy terminates. Most policies offer an option called “nonforfeiture” which preserves a part of your benefits even if you should stop paying premiums. Typically, this option offers you a benefit equal to the premiums you have paid. And also typically, you need to keep the policy in force at least three years before you’re

## What About Benefits?

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entitled to this “nonforfeiture” benefit, usually available at an additional cost.

Many policies also include “Contingent Benefit Upon Lapse” as a consumer protection. This means that if your current premium increases over a certain level outlined by the National Association of Insurance Commissioners, and you decide you cannot afford the new premium, you can choose one of two benefits. One benefit provides a reduction of your current policy’s benefits so that your premium will not increase. The other benefit allows you to reduce your policy’s benefits by lessening the original total amount of coverage, thereby converting the policy to a “paid up” status. Of course, you may elect to keep your policy’s benefits the same and pay the higher premium.

*A good rule of thumb: If you purchase a long-term care insurance policy, plan on paying the premium until you need benefits. Most policies do not expect you to pay premiums once you begin to collect benefits, but the way in which this works may differ from policy to policy, so be sure to know what your policy provides.*

### Q. What Is a “Return of Premium on Death” Benefit?

**A.** The “return or refund of premium on death” benefit will return or refund all or part of the premiums you paid, and in most cases, any “refund” is paid to your estate. This benefit varies from policy to policy. Some policies require payment for a specific number of years before this benefit can be received. Others may only refund premiums up to a specific age or a percentage of the total premium paid.

## What Else Should I Know?

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### Q. Can I Change My Mind if I Buy a Policy?

**A.** Generally, you will have 30 days from delivery date to review the policy and return it and get your money back if you find that it does not meet your needs. This period of time is called the “free look period.” You may also be able to make changes in the policy during this free look period.

### Q. Can My Premiums Be Raised?

**A.** Most long-term care insurance plans are Guaranteed Renewable. This means that premiums cannot be raised solely in response to the number of claims an individual has filed, nor can they be raised solely because of age or change in health.

Companies whose policies are Guaranteed Renewable may increase premiums on policies on a class-wide basis, usually only with state approval.

### Q. How Can I Evaluate a Long-Term Care Insurance Company?

**A.** Look for a company that achieves consistently high ratings from the leading insurance company rating agencies, such as Standard & Poor’s ([www.standardandpoors.com](http://www.standardandpoors.com)), Moody’s ([www.moody.com](http://www.moody.com)), or A.M. Best ([www.ambest.com](http://www.ambest.com)). These ratings represent the overall financial stability of the insurance company.

## What Else Should I Know?

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*It is important to base your purchase on the company's reputation and benefit offerings. Premiums that are less expensive but do not offer the coverage that is best for you will not always save you money in the long run. Monthly premiums that start out much lower than others may not always stay low.*

### **Q. How Can I Obtain Detailed Information on Long-Term Care Insurance?**

**A.** You can obtain more detailed information on long-term care insurance in several ways—through an association, your employer, an insurance agent, or via the Internet. You may also contact your state's Department of Insurance or local Area Agency on Aging. As with any major purchase, being an informed consumer is the best way to make a decision.

*Like other insurance coverage, long-term care insurance policies contain certain exclusions, limitations, reductions of benefits, and terms for keeping them in force. For complete details, contact an insurance company offering long-term care insurance.*

**MetLife**  
Mature Market  
INSTITUTE

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200 Park Avenue  
New York, NY

MMI00028(0309)  
L0309025885[exp0212]

*SERFF Tracking Number:*      *META-126098592*                      *State:*                      *Arkansas*  
*Filing Company:*              *Metropolitan Life Insurance Company.*              *State Tracking Number:*      *42059*  
*Company Tracking Number:*      *MM09-11*  
*TOI:*                      *LTC06 Long Term Care - Other*                      *Sub-TOI:*                      *LTC06.000 Long Term Care - Other*  
*Product Name:*              *Long-Term Care Insurance Institutional Advertising*  
*Project Name/Number:*      *MM09-11/MM09-11*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: META-126098592 State: Arkansas  
Filing Company: Metropolitan Life Insurance Company. State Tracking Number: 42059  
Company Tracking Number: MM09-11  
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other  
Product Name: Long-Term Care Insurance Institutional Advertising  
Project Name/Number: MM09-11/MM09-11

## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Explanation of Variables 04/01/2009  
**Comments:**  
**Attachment:**  
EOV ADF# 1883.09 LTCI The Essentials.pdf

**Review Status:**  
**Satisfied -Name:** NAIC Form 04/06/2009  
**Comments:**  
**Attachment:**  
AR \_ NAIC.pdf

**Review Status:**  
**Satisfied -Name:** cover letter 04/06/2009  
**Comments:**  
**Attachment:**  
AR\_Cover Letter .pdf



Metropolitan Life Insurance Company  
NAIC: 241-65978

**EXPLANATION OF VARIABLE MATERIAL**

**The Essentials LTCI**

**FORM NUMBER: ADF# 1883.09**

There are two types of variable material set forth in brackets within the enclosed form. These are:

1. Illustrative material; and
2. Specific variable material

**Illustrative Material**

Illustrative material consists of entries such as numbers, monetary figures, phone numbers, website addresses, ages and dates, administrative codes, all which may be varied.

**Specific Variable Material**

Specific variable material items will be changed only as indicated in the explanations set forth below.

<u>SECTION</u>	<u>ITEM</u>	<u>EXPLANATION</u>
General	Throughout	All statistical information and accompanying sources may be updated to reflect the most current, up-to-date information. Please note any source listed is the most current source to date.

## Life, Accident & Health, Annuity, Credit Transmittal Document

<b>1.</b>	<b>Prepared for the State of</b>	<b>ARKANSAS</b>
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<b>2.</b>	<b>Department Use Only</b>
	<b>State Tracking ID</b>

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	New York	A&H	241	65978	13-5581829	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Mary J. Rinaldi Metropolitan Life Insurance Company Long-Term Care Insurance Division 57 Greens Farms Road Westport, CT 06881-9909	203.221.3859	203.221.6573	mrinaldi@metlife.com

<b>5.</b>	<b>Requested Filing Mode</b>	<input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input checked="" type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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<b>6.</b>	<b>Company Tracking Number</b>	<b>MM09-11</b>
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<b>7.</b>	<input checked="" type="checkbox"/> <b>New Submission</b> <input type="checkbox"/> <b>Resubmission</b> Previous file # _____
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<b>8.</b>	<b>Market</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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<b>9.</b>	<b>Type of Insurance (TOI)</b>	<b>LTC06 Long-Term Care – Other</b>
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<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	<b>LTC06.000 Long-Term Care - Other</b>
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<b>11.</b>	<b>Submitted Documents</b>	<input type="checkbox"/> <b>FORMS</b> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other  <b>Rates</b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate  <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____  <b>SUPPORTING DOCUMENTATION</b> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements
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		<input type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____	<input type="checkbox"/> Certifications
12.	<b>Filing Submission Date</b>	<b>April 6, 2009</b>	
13	<b>Filing Fee (If required)</b>	Amount <u>\$25.00</u>	Check Date <u>See EFT Transaction</u>
		Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Number <u>See EFT Transaction</u>
14.	<b>Date of Domiciliary Approval</b>	NA <b>New York does not require LTCI advertising to be filed.</b>	
15.	<b>Filing Description: LONG-TERM CARE INSURANCE INSTITUTIONAL ADVERTISING MATERIAL</b>		

*Mary J. Rinaldi*

<p><b>Re:</b></p> <p>Long-Term Care Insurance Advertising                  Advertising Form Number(s): ADF# 1883.09                  Description: The Essentials LTCI Brochure                  NAIC No. 65978 - FEIN No. 13-5581829                  MetLife Filing No. MM09-11</p> <p>Dear Sir/Madam:</p> <p>We enclose for filing an electronic copy of the long-term care advertising material referenced above. The material is intended for use with any approved long-term care policy form.</p> <p>The advertising material is new and does not replace any materials previously filed with your Department.</p> <p>We consider this material to be an <u>Institutional piece</u>. The material created by MetLife's Mature Market Institute IS an educational piece which describes long term care insurance in general. Please note the material does <b>not</b> speak to any specific long-term care insurance policy form and a consumer is encouraged to contact any insurance company offering long-term care insurance for additional details.</p> <p>Please advise us of your action on this submission in accordance with your usual procedures.</p> <p>If you have any questions or comments, please do not hesitate to contact me.</p> <p>Sincerely,                  Mary J. Rinaldi                  Consultant-Compliance Marketing/AD</p>	<p><b>Metropolitan Life Insurance Company ("MetLife")</b></p>
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16.	<b>Certification (If required)</b>
<p><b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>ARKANSAS</u>.</p>	
Print Name	<u>Mary J. Rinaldi</u> Title <u>Consultant-Compliance Mktg/AD</u>
Signature	<u><i>Mary J. Rinaldi</i></u> Date: <u>April 6, 2009</u>

17.	<b>Form Filing Attachment</b>	
This filing transmittal is part of company tracking number		MM09-11
This filing corresponds to rate filing company tracking number		NA

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	The Essentials LTCI Brochure	ADF# 1883.09	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1

Metropolitan Life Insurance Company  
57 Greens Farms Road, Westport, CT 06880  
Tel 203 221-3859 Fax 203 221-6573  
Mrinaldi@metlife.com

**MetLife**<sup>®</sup>

**Mary J. Rinaldi**  
Long-Term Care

April 6, 2009

Commissioner of Insurance  
Arkansas Insurance Department  
1200 West 3rd Street  
Little Rock, Arkansas 72201-1904

**Re: Metropolitan Life Insurance Company ("MetLife")**  
Long-Term Care Insurance Advertising  
Advertising Form Number(s): ADF# 1883.09  
Description: The Essentials LTCI Brochure  
NAIC No. 65978 - FEIN No. 13-5581829  
MetLife Filing No. MM09-11

Dear Sir/Madam:

We enclose for filing an electronic copy of the long-term care advertising material referenced above. The material is intended for use with any approved long-term care policy form.

The advertising material is new and does not replace any materials previously filed with your Department.

We consider this material to be an Institutional piece. The material created by MetLife's Mature Market Institute as an educational piece which describes long term care insurance in general. Please note the material does **not** speak to any specific long-term care insurance policy form and a consumer is invited to contact any insurance company offering long-term care insurance for additional details.

This electronic submission includes the following:

- The Institutional advertisement.
- the NAIC form
- an explanation of variables identifying how the variable material will be modified,
- this letter
- The \$25.00 filing fee is an EFT Transaction.

Please advise us of your action on this submission in accordance with your usual procedures.

If you have any questions or comments, please do not hesitate to contact me.

Sincerely,



Mary J. Rinaldi  
Consultant-Compliance Marketing/AD