



**This is a Partnership-Approved Long-Term Care Insurance Policy
that provides Medicaid Asset Protection under**



LONG-TERM CARE INSURANCE POLICY

NOTICE TO BUYER

This Policy may not cover all of the costs associated with long-term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all Policy limitations.

POLICY

The Benefits of this Policy provide coverage to persons needing assistance for care as shown in the Benefits section of this Policy.

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the "Guide to Health Insurance for People with Medicare" available from Us.

This Policy is intended to be a qualified long-term care insurance contract under section 7702B(b) of the Internal Revenue Code.

GUARANTEED RENEWABLE

This Policy is guaranteed renewable. That means Your coverage will continue for life as long as You pay the premiums within the allowable time. We cannot make any change in the coverage or Benefits without Your consent. We can change Your premium with 30 days written notice, but only if We change the premiums for all policies like Yours that We have issued in the state where this Policy has been approved, and the change in premium has been approved by the Connecticut Insurance Department.

30-DAY LOOK

If You feel this Policy does not meet Your needs, You may return it to Us or Your agent within 30 days. If You do so: (1) We will return the premium You paid; and (2) We will not provide any Benefits under this Policy.

CANCELLATION AFTER 30 DAYS

You may cancel this Policy after the first 30 days following Your receipt of it by giving Us written notice. Cancellation will be effective upon receipt of Your notice or on a later date as You may specify in Your notice. Cancellation is without prejudice to any claim originating prior to the effective date of cancellation. We may not cancel this Policy so long as You pay the premiums within the Grace Period.

COORDINATION WITH OTHER BENEFITS NOTICE

As long as this Policy remains precertified for Medicaid Asset Protection, benefits provided under this Policy may be reduced to the extent that similar benefits are payable under any other plans or programs to which you are entitled (including Medicare). Please refer to the "Coordination With Other Benefits" section of the Policy for a full explanation. This provision will NOT reduce the Lifetime Benefit Amount payable under this Policy.

YOUR APPLICATION

Caution: The issuance of this long-term care Policy is based upon Your responses to the questions on Your application. A copy of Your application is enclosed. If Your answers are incorrect or untrue, We have the right to deny Benefits or rescind Your Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact Us at the above mailing address.

This Policy is signed on Our behalf by Our President.

A handwritten signature in black ink, appearing to read "Christopher D. Perna". The signature is written in a cursive style with a large initial "C".

Christopher D. Perna
President

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SECTION 1
SCHEDULE

Policyholder Name:	JOHN DOE
Policy Effective Date:	XX/XX/XXXX
Policyholder Issue Age:	XX
Rate Group:	X
Premium Mode:	XXXXXXXX
Policyholder Identification:	L123456789-01
Base Premium:	\$XXXX
Spousal Discount:	\$XXXX
List Bill Discount:	\$XXXX
Shortened Benefit Period Nonforfeiture Rider:	\$XXXX
Return of Premium Nonforfeiture Rider:	\$XXXX
Restoration of Benefits Rider:	\$XXXX
Spousal Benefit Transfer Rider:	\$XXXX
Survivorship Benefit Rider:	\$XXXX
Monthly Home Care Benefit Rider:	\$XXXX
Enhanced Return of Premium Rider:	\$XXXX
Total Premium	\$XXXX

***LIFETIME BENEFIT AMOUNTS**

\$XXXXX

We will deduct from this amount all Benefits paid under this Policy: X Unlimited Dollars

The following are also subject to the Lifetime Benefit Amount:

*Caregiver Training Lifetime Maximum Benefit: **\$XXXX**

*Supportive Equipment Lifetime Maximum Benefit: **\$XXXX**

(\$1000.00 annual benefit, \$5000.00 Lifetime maximum. Both will inflate with Inflation Protection).

Your Lifetime Benefit Amount is calculated by multiplying the Daily Benefit Amount by the Benefit Duration, which was selected on Your application.

LIFETIME ELIMINATION PERIOD

X 0 Days

X 20 Days

X 60 Days

X 90 Days

***DAILY BENEFIT AMOUNTS**

For Nursing Facility, Assisted Living Facility, Respite Care,
 Bed Reservation, Hospice Program, Home Care, Adult Day Care:

Actual Charges incurred up to: \$X Per Day

*** With the Compound Inflation Protection, the benefit amounts will increase as described on page 5.**

PREMIUM PAYMENT TERM

- Lifetime or as long as You wish to keep the Policy in force
- 10 Year Paid-in-Full
- 20-Year Paid-in-Full

INFLATION PROTECTION

- Compound Inflation Protection

Your Lifetime Benefit Amount and Daily Benefit Amount will each increase on every anniversary of the effective date of this Policy. Annual increases will apply to Benefits payable for any expenses You incur on or after the date of the increase. This first increase will be equal to 5% of Your original amounts. Each increase thereafter will be equal to 5% of the increased amounts that applied on the date of the prior increase.

- Compound Inflation Protection

Your Daily Benefit Amount will increase on every anniversary of the effective date of this Policy. Annual increases will apply to Benefits payable for any expenses You incur on or after the date of the increase. This first increase will be equal to 5% of Your original amounts. Each increase thereafter will be equal to 5% of the increased amounts that applied on the date of the prior increase.

- SHORTENED BENEFIT PERIOD NONFORFEITURE RIDER**

- RETURN OF PREMIUM NONFORFEITURE RIDER**

- RESTORATION OF BENEFITS RIDER**

- SPOUSAL BENEFIT TRANSFER RIDER**

- SURVIVORSHIP BENEFIT RIDER**

- MONTHLY HOME CARE BENEFIT RIDER**

- ENHANCED RETURN OF PREMIUM RIDER**

**Refer to the Appropriate
Provisions of Your Policy for Standard Benefits.**

SECTION 2

DEFINITIONS

ACCESS AGENCY

The term Access Agency means an organization that provides case management services, including: assessments and reassessments, care plan development, and coordination and monitoring of home and community-based services and has been approved as an Access Agency by the State of Connecticut as meeting the requirements for such agency as defined in Section 17b-342 of the Connecticut General Statutes.

ACTIVITIES OF DAILY LIVING (ADL)

Each of the following is an Activity of Daily Living:

Bathing: This means washing Yourself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.

Continence: This means the ability to maintain control of bowel or bladder functions; or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

Dressing: This means the ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs.

Eating: This means the ability to feed oneself by getting food into Your body from a receptacle (such as plate, cup or table) or by a feeding tube or intravenously.

Toileting: This means the ability to go to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.

Transferring: This means the ability to move into or out of a bed, chair or wheelchair.

ADULT DAY CARE CENTER

This is a facility that provides a daytime program of social and health-related services in a community group setting. An Adult Day Care Center does not provide 24-hour care. It must be established, licensed and operated in accordance with any applicable state or local laws.

ASSISTED LIVING FACILITY

A state or federally licensed, accredited or certified facility. If there are no state or federal mandates, it must meet all of the following criteria:

- Provides 24-hour-a-day care and services; and
- Has a trained and ready-to-respond employee on duty in the facility at all times to provide necessary care; and
- Provides for 3 meals a day and accommodates special dietary needs; and
- Has written contractual arrangements or otherwise ensures that

residents receive the medical care services of a physician or nurse in case of emergency; and

- Has appropriate methods and procedures to provide onsite assistance with prescription medications.

A portion, wing, ward or unit of a multi-use facility will qualify as an Assisted Living Facility only if it meets all of the above criteria.

An Assisted Living Facility is NOT:

- A hospital or clinic; or
- A hospital-based long-term care unit, subacute unit or rehabilitation unit; or
- A place that operates primarily for the treatment of alcoholism, drug addiction or mental illness; or
- A Nursing Facility.

BENEFITS

Coverage described in the “Benefits” section of Your Certificate, Your Schedule, and attached riders.

BENEFIT ELIGIBILITY

The section of this Policy that describes the conditions You must meet to qualify for payments under this Policy.

CARE MANAGEMENT

These are services to assist the Access Agency and the Personal Care Advisor in providing You with appropriate care when you meet Benefit Eligibility.

CHRONICALLY ILL

The term Chronically Ill Individual or Chronically Ill means any Insured who has been certified within the preceding 12 months by a Licensed Health Care Practitioner as:

- (a) Being unable to perform, without Substantial Assistance from another individual, at least 2 of the 6 ADLs listed in the Definitions due to a loss of functional capacity which is expected to last at least 90 days; or
- (b) Requiring Substantial Supervision to protect such Insured or others from threats to health and safety due to a Severe Cognitive Impairment.

CONNECTICUT PARTNERSHIP FOR LONG-TERM CARE

The term Connecticut Partnership for Long-Term Care means the program authorized in Section 17b-252 of the Connecticut General Statutes.

DOMESTIC PARTNER	This is a same or opposite sex relationship with which You have an exclusive mutual commitment, similar to that of marriage and You and Your partner reside together in a common household.
DAILY BENEFIT AMOUNT	This is the maximum amount We will pay for all charges You incur on any one day as stated in Your Schedule. Your Daily Benefit Amount will increase over time in accordance to the Compound Inflation Protection provision included in Your Policy.
FAMILY; FAMILY MEMBER	Your spouse or domestic partner and anyone who is related to You or Your spouse or domestic partner (including adopted, in-law and step-relatives) as a parent, grandparent, child, grandchild, brother, sister, aunt, uncle, first cousin, nephew or niece.
FOLSTEIN-MINI MENTAL STATE EXAMINATION	The term Folstein Mini-Mental State Examination means a method for clinicians to grade an Insured's cognitive status.
HOME	Any place where You reside other than a Nursing Facility, Assisted Living Facility, hospital or any residential care facility.
HOME HEALTH CARE AGENCY	This is an entity that provides care and services in Your Home and meets all of the following criteria: <ul style="list-style-type: none"> • Regularly provides Home Health Care Services, Maintenance or Personal Care Services, or Homemaker Services; and • Is qualified by training or experience to provide such services; and • Provides ongoing supervision and training to its employees appropriate to the services provided; and • Where required, is duly licensed, certified or accredited as a Home Health Care Agency or Homemaker-Home Health Aide Agency.
HOSPICE PROGRAM	<p>A state or federally licensed, accredited or certified Hospice Program that provides Hospice care to the terminally ill. A terminally ill individual is someone with no reasonable prospect of cure and who has a life expectancy of 6 months or less as estimated by a physician.</p> <p>The program must be prescribed by and administered by a physician. A Hospice Program is designed to provide palliative care for a terminally ill individual. It is also designed to alleviate the physical, emotional, social and spiritual discomforts of a person.</p> <p>Hospice Services may be provided in a Nursing Facility, an Assisted Living Facility, or in Your Home.</p>
INSURED EVENT	This is the criteria used in helping to determine Medicaid Asset Protection under this Policy.
LICENSED HEALTH CARE PRACTITIONER	This means any of the following: a physician (as defined in section 1861(r)(1) of the Social Security Act), a registered professional nurse, or a licensed social worker.

LIFETIME BENEFIT AMOUNT

This Policy entitles You to the Lifetime Benefit Amount of coverage as shown in Your Schedule. This is the maximum amount of money You have available for Benefits. We will deduct from this amount all Benefits paid for all covered services provided under this Policy. The Lifetime Benefit Amount is determined by Your selection of a Daily Benefit Amount multiplied by the number of benefit days You select. With Compound Inflation protection, Your Lifetime Benefit Amount will increase over time.

LIFETIME ELIMINATION PERIOD

This is the number of service days shown in Your Schedule for which We will NOT pay expenses for benefits covered in this Policy. The Lifetime Elimination Period will be applied only once during the life of the Policy.

A day is credited toward the Lifetime Elimination Period for eligible days paid in part or in full by Medicare or other health care coverage. Days used to satisfy Your Lifetime Elimination Period do not need to be consecutive.

There is no Lifetime Elimination Period for Hospice Program, Respite Care, Care Management, Caregiver Training, or Supportive Equipment Benefits. These Benefits may not be used to satisfy the Lifetime Elimination Period.

If You are receiving Hospice Program Benefits paid by another insurer We will waive the Lifetime Elimination Period, for all benefits payable in this Policy.

MAINTENANCE OR PERSONAL CARE SERVICES

This means any care the primary purpose of which is the provision of needed assistance with any of the disabilities as a result of which You are a Chronically Ill Individual (including protection from threats to health and safety due to Severe Cognitive Impairment).

MEDICAID

The program of grants to states for medical assistance established by Title XIX of the Social Security Act of 1965, as amended.

MEDICAID ASSET PROTECTION

The term Medicaid Asset Protection means the right extended by Sections 17b-252 and 17b-253 of the Connecticut General Statutes to a person purchasing a Partnership-Approved Long-Term Care Insurance Policy to retain amounts of assets equal to the sum of qualifying insurance payments made under such Policy on his/her behalf in determining eligibility for Connecticut's Medicaid program.

MEDICARE

The Health Insurance for Aged Act, Title XVIII of the Social Security Act Amendments of 1965, as Constituted and Later Amended.

MSQ (Mental Status Questionnaire)

The term MSQ means the Short Portable questionnaire comprised of ten (10) questions for clinicians to grade an Insured's cognitive status.

NURSING FACILITY

A state or federally licensed, accredited or certified institution, including a nursing home, hospital-based long-term care unit, Alzheimer's or Hospice facility that:

- Provides 24-hour-a-day nursing care under the supervision of a registered nurse (R.N.) or a physician; and
- Maintains a daily medical record of each patient; and
- Provides skilled care, intermediate care and custodial care.

If a facility or institution has multiple licenses and/or multiple purposes, only the section, wing, ward, unit or bed that is specifically licensed as a Nursing Facility and is authorized to provide nursing care services to inpatients meets this definition.

A Nursing Facility is NOT:

- A hospital or clinic; or
- A place which operates primarily for the treatment of alcoholism, drug addiction or mental illness; or
- An Assisted Living Facility or similar establishment.

PARTNERSHIP APPROVED LONG-TERM CARE POLICY

This means an insurance policy authorized by the Connecticut Department of Insurance under Section 38a-475 of the Connecticut General Statutes and the regulations promulgated thereunder.

PERSONAL CARE ADVISOR

This is a health care professional chosen by Us whose profession and training includes experience or expertise in managing and arranging for long-term care services. Where required, he or she must be licensed and acting within the scope of that license.

PLAN OF CARE

This is a written, individualized plan for care and support services for You that has been prescribed by a Licensed Health Care Practitioner and:

- Has been developed as a result of an assessment and incorporates any information provided by Your personal physician; and
- Fairly, accurately and appropriately addresses Your long-term care and support service needs; and
- Specifies the type, frequency and duration of all services required to meet those needs in the community or in a covered facility, and the providers appropriate to furnish those services, regardless of whether or not there is an allowable charge for those services.

The Plan of Care must be updated as Your needs change. It may also contain services that You need that are not covered under this Policy. We retain the right to request periodic updated assessments.

The Plan of Care for Home and community services must be developed and approved by a Licensed Health Care Practitioner employed by an Access Agency.

The use of an Access Agency for nursing facility care and assisted living facility care is not required to qualify for benefits under this policy. Additionally, for facility care and assisted living facility care, an Access Agency is not required to develop and/or approve the Plan of Care, in order for benefits to qualify for Medicaid Asset Protection under this policy.

POLICY

This is a legal agreement between You and Us. It includes this document, Your application, and any attached riders or endorsements.

QUALIFIED LONG-TERM CARE SERVICES

This means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services; as well as Maintenance or Personal Care Services that are required by a Chronically Ill Individual, and are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

These services do not include expenses for medications, prescription and non-prescription.

SEVERE COGNITIVE IMPAIRMENT

This means a loss or deterioration in intellectual capacity that is:

1. Comparable to (and includes) Alzheimer's Disease and similar forms of irreversible dementia; and
2. Measured by clinical evidence and standardized tests that reliably measure impairment in the individual's:
 - Short-term or long-term memory; and
 - Orientation as to people, places or time; and
 - Deductive or abstract reasoning.

You will be considered to have Severe Cognitive Impairment when one of the following tests is met:

1. You have been assessed using the Mental Status Questionnaire (MSQ) and have seven or more incorrect answers on the MSQ test; or
2. You exhibit specific behavioral problems requiring daily supervision, including but not limited to, wandering, abusive or assaultive behavior, poor judgement or uncooperativeness which poses a danger to oneself or others, and extreme or bizarre personal hygiene habits; and
 - You have taken either the Mental Status Questionnaire test and have four or more incorrect answers, or
 - You have taken the Folstein Mini- Mental State Examination and achieved a score of 23 or lower.

Note: Severe Cognitive Impairment can result from Alzheimer's Disease.

SUBSTANTIAL ASSISTANCE

This is Hands-On Assistance or Standby Assistance.

- Hands-On Assistance means the physical assistance of another person without which You would be unable to perform the ADL.
- Standby Assistance means the presence of another person within arm's reach of You to prevent, by physical intervention, injury to You while You are performing the ADL (such as being ready to

catch You if You fall while getting into or out of the bathtub or shower as part of Bathing, or being ready to remove food from Your throat if You choke while Eating).

SUBSTANTIAL SUPERVISION

Substantial Supervision means the continual supervision (which may include cueing by verbal prompting, gestures, or other demonstrations) by another person that is necessary to protect a Cognitively Impaired individual from threats to their health or safety (such as may result from wandering).

SUPPORTIVE EQUIPMENT

Supportive Equipment means equipment that is used to provide You with Qualified Long-Term Care Services. It must be able to withstand repeated use and is designed to be used in the Home to assist You in performing Activities of Daily Living.

Examples of Supportive Equipment include:

- Hospital-style beds; and
- Ramps to permit Your movement from one level of the residence to another; and
- Grab bars to assist You in toileting; and
- Pumps and other devices for intravenous injection; and
- Respirators; and
- medical alert systems.

Supportive Equipment does NOT include items such as:

- artificial limbs; or
- teeth; or
- hearing aids; or
- medical supplies; or
- equipment placed in Your body, temporarily or permanently.

WE, US, OUR

This refers to MedAmerica Insurance Company.

YOU, YOUR, YOURSELF

This refers to the person to whom this Policy is issued and whose name appears in the Schedule.

SECTION 3 BENEFIT ACCESS

BENEFIT ELIGIBILITY

To start the benefit access process, You must contact Us as soon as You think You might need services covered under this Policy. Please call Our Customer Service Representative at 1-800-544-0327.

To be eligible for Benefits provided by this Policy, We must receive periodic proof from a Licensed Health Care Practitioner that You are a Chronically Ill Individual. In order to be considered a Chronically Ill Individual, You must meet the following conditions:

- You need Substantial Assistance from another person to perform at least two of the Activities of Daily Living (Bathing, Dressing, Eating, Toileting, Transferring, Continence) for a period expected to last at least 90 days; or
- You need Substantial Supervision to protect You from threats to health and safety due to Severe Cognitive Impairment.

We will work with You, Your family and Your physician and Access Agency when We need information about Your condition. The Plan of Care under Your Policy must be developed for You by an Access Agency in conjunction with You, (together with Your family or licensed Physician if You desire) and be jointly approved by the Access Agency and Us. We will review the status of Your Activities of Daily Living and cognitive function. We will use this information to make an evaluation of Your condition to determine whether You qualify or continue to qualify for Benefits under this Policy. This information may be gathered by Us or one of Our representatives. You may contact Us with any questions regarding Our determination.

We must receive certification from a Licensed Health Care Practitioner at least every 12 months that You meet the above conditions.

The use of an Access Agency for nursing facility care and assisted living facility care is not required to qualify for benefits under this policy. Additionally, for facility care and assisted living facility care, an Access Agency is not required to develop and/or approve the Plan of Care, in order for benefits to qualify for Medicaid Asset Protection under this policy .

SECTION 4 CARE MANAGEMENT

CARE MANAGEMENT

In order for you to realize Medicaid Asset Protection under this Policy, You must call Us. You should identify yourself as an owner of a MedAmerica Connecticut Partnership-approved Policy. We will forward your call to one of our Personal Care Advisors, who will determine whether the facts warrant further assessment and if appropriate, work with an Access Agency to verify if You are Chronically Ill. If You are determined to be Chronically Ill, an Access Agency will develop a Plan of Care for You. The Plan of Care approved by the Access Agency, will be developed with assistance from You, together with Your family and licensed physician, if requested by You. The Access Agency and the Personal Care Advisor will be responsible for monitoring the appropriateness and necessity of care specified in the Plan of Care.

We will pay for the Care Management services listed below, and payments will not be deducted from Your Lifetime Benefit Amount. These services include, but are not limited to, charges for:

- Initial assessments by the Access Agency of the insured (including reports and test);
- Development and approval of a written Plan of Care;
- Coordinating and monitoring services and/or facilities;
- Implementing the written Plan of Care;
- Ongoing periodic reassessments by the Access Agency; and
- Changes to the written Plan of Care.

This benefit is not subject to, and may not be used to satisfy, the Lifetime Elimination Period.

You may use the services of Our Personal Care Advisor. These services are provided at no cost to You. Our Personal Care Advisor is available to help You and/or Your family members plan for Your care by:

- Assist in obtaining an Access Agency who will make the arrangement with a Licensed Health Care Practitioner to develop a written Plan of Care to identify the type and frequency of services You need; and
- Assist the Access Agency in arranging needed services for You covered in this Policy.

The use of an Access Agency for nursing facility care and assisted living facility care is not required to qualify for benefits under this policy. Additionally, for facility care and assisted living facility care, an Access Agency is not required to develop

and/or approve the Plan of Care, in order for benefits to qualify for Medicaid Asset Protection under this policy .

Although We will assist You in obtaining an Access Agency for long-term care services, We do not guarantee that any agency or facility will accept You as a patient. The Approved Providers are responsible for the quality of care.

We are not liable for any death, injury, illness or other condition that occurs while You are receiving services shown in the Plan of Care.

SECTION 5 APPROVED PROVIDERS

APPROVED PROVIDERS

Qualified Long-Term Care Services must be provided by Approved Providers in order to be reimbursed. Approved Providers are any of the following:

- Nursing Facility; or
- Assisted Living Facility; or
- Hospice Program; or
- Home Health Care Agency; or
- Adult Day Care Center.

SECTION 6 BENEFITS

MAXIMUM DAILY BENEFIT AMOUNT

The maximum amount We will pay for all charges You incur on any one day, whether under one or more of the categories of Benefits described below, is the Daily Benefit Amount shown in Your Schedule.

NURSING FACILITY

If You meet Benefit Eligibility, We will provide Benefits at 100% of the actual charges incurred up to the Daily Benefit Amount shown in Your Schedule for services provided in a Nursing Facility that are Qualified Long-Term Care Services.

ASSISTED LIVING FACILITY

If You meet Benefit Eligibility, We will provide Benefits at 100% of the actual charges incurred up to the Daily Benefit Amount shown in Your Schedule for services provided in an Assisted Living Facility that are Qualified Long-Term Care Services.

HOSPICE PROGRAM

If You meet Benefit Eligibility, We will provide Benefits at 100% of the actual charges incurred up to the Daily Benefit Amount shown in Your Schedule for services provided by a Hospice Program that are Qualified Long-Term Care Services.

This benefit is not subject to, and may not be used to satisfy, the Lifetime Elimination Period.

HOME CARE

If You meet Benefit Eligibility, We will provide Benefits at 100% of the actual charges incurred up to the Daily Benefit Amount shown in Your Schedule for services provided by a Home Health Care Agency that are Qualified Long-Term Care Services and are:

- Nursing services; or
- Respite services; or
- Physical, occupational, respiratory and speech therapy; or
- Home health aide or personal care attendant services including such things as: personal hygiene, performing Activities of Daily Living, managing medications, and other related supportive services; or
- Homemaker services including light work, household tasks, preparing meals, doing laundry and other household tasks that do not require the services of a trained aide or attendant.

ADULT DAY CARE

If You meet Benefit Eligibility, We will provide Benefits at 100% of the actual charges incurred up to the Daily Benefit Amount shown in Your Schedule for Qualified Long-Term Care Services provided by an Adult Day Care Center.

ALTERNATIVE CARE

If You meet Benefit Eligibility, We may pay for alternative Benefits under this provision. The Benefits must be for Qualified Long-Term Care Services that are medically acceptable, cost effective and agreed to by You and by Us and included in a Plan of Care approved by a Licensed Health Care Practitioner employed by an Access Agency.

Payments made under this Benefit are deducted from your Lifetime Benefit Amount. The total of this Alternative Care Benefit will not exceed the total Benefits to which You would otherwise be entitled under this Policy.

BED RESERVATION

If We are paying for Benefits in a Nursing Facility or Assisted Living Facility and that facility charges You a fee to reserve Your bed, We will pay to reserve Your bed for up to 21 days per calendar year.

We will pay the actual charges to reserve Your bed, up to the Daily Benefit Amount shown in Your Schedule. Payments made under this Benefit are deducted from Your Lifetime Benefit Maximum.

You must continue to meet Benefit Eligibility. Your eventual need to return to the facility where the bed is reserved must be expected, and outlined in the Plan of Care.

CAREGIVER TRAINING

If You meet Benefit Eligibility, and You are at Home, We will pay for training You, or a person designated by You, and agreed to by Us in:

1. The proper use and care of Supportive Equipment, provided that the training:
 - Is not included in the rental, lease or purchase agreement of Supportive Equipment; and
 - Is provided by a Registered Professional Nurse or other professionally designated person who is qualified to provide such training; and
 - Is intended to provide the knowledge and skills necessary for the proper use and care of the Supportive Equipment.
2. The proper use and care of disposable medical aids, including, but not limited to, catheters, ostomy bags, or suctioning tubes.
3. The proper way to assist You in the performance of Your Activities of Daily Living or other supportive needs.

Caregiver Training must be provided by a registered professional nurse or another professionally designated person who is qualified to provide training.

The total Caregiver Training Lifetime Maximum Benefit that is listed in Your Schedule is 5 times Your Daily Benefit Amount. Benefits paid for Caregiver Training will be deducted from Your Lifetime Benefit Amount, and must be included in a Plan of Care approved by a Licensed Health Care Practitioner employed by an Access Agency.

This benefit is not subject to, and may not be used to satisfy, the Lifetime Elimination Period.

SUPPORTIVE EQUIPMENT

If You meet Benefit Eligibility, We will reimburse You for expenses You pay for the rental, lease or purchase of Supportive Equipment that is used to provide You with Qualified Long-Term Care Services.

We will pay this benefit as outlined on Your Schedule Page of Your Policy. Benefits paid for Supportive Equipment will be deducted from Your Lifetime Benefit Amount, and must be included in a Plan of Care approved by a Licensed Health Care Practitioner employed by an Access Agency.

This benefit is not subject to, and may not be used to satisfy, the Lifetime Elimination Period.

RESPITE CARE

Respite Care services provide temporary care for You while Your regular caregiver in the Home takes a brief rest.

If You meet Benefit Eligibility and You are at Home, We will pay Benefits for Qualified Long-Term Care Services for Respite Care provided in Your Home, in a Nursing Facility, or in an Assisted Living Facility.

We will reimburse the actual charges incurred up to the Daily Benefit Amount shown in Your Schedule for a maximum Benefit of 30 days per calendar year. Payments made under this Benefit are deducted from Your Lifetime Benefit Maximum. Respite Care provided in your Home must be included in a Plan of Care approved by a Licensed Health Care Practitioner employed by an Access Agency.

This benefit is not subject to, and may not be used to satisfy, the Lifetime Elimination Period.

WORLDWIDE COVERAGE

This Policy covers Qualified Long-Term Care Services provided to You anywhere in the world by Approved Providers certified by applicable governmental bodies where required.

SECTION 7

WHEN BENEFITS WILL EARN MEDICAID ASSET PROTECTION

MEDICAID ASSET PROTECTION

Benefits paid to You, or to a provider of long-term care services on Your behalf, under this Policy can count towards Medicaid Asset Protection for purposes of Medicaid eligibility for Connecticut's Medicaid program or any other state's Medicaid program that has a reciprocal agreement with Connecticut's Medicaid program. In order for benefit payments to count towards Medicaid Asset Protection, the conditions in Items a, b, and c that follow must be met.

(a) You have met one of the following Insured Events:

You have a documented need for Substantial Assistance with two or more of the following Activities of Daily Living: Dressing, Bathing, Eating, Toileting, Continence and Transferring; or

You have been assessed using the Mental Status Questionnaire (MSQ) and have seven or more incorrect answers on the MSQ test, or

You exhibit specific behavioral problems requiring daily supervision, (including but not limited, wandering, abusive or assaultive behavior, poor judgement or uncooperativeness which poses a danger to You or others, and extreme or bizarre personal hygiene habits); and have taken either the MSQ test and have four or more incorrect answers, or have taken the Folstein Mini-Mental State Examination and achieved a score of 23 or lower.

(b) The benefits are paid under this Partnership-approved Policy; and

(c) The benefits that are paid for all services other than Nursing Facility and Assisted Living Facility Benefits are provided in accordance with a written Plan of Care approved by an Access Agency (the Access Agency must be approved by the Connecticut Partnership for Long-Term Care).

How to Stay Qualified For Medicaid Asset Protection Under the Partnership:

1. Each year Your Daily Benefit Amount must equal or exceed the minimum inflation adjusted daily benefit specified by the Connecticut Insurance Department. The inflation-adjusted Daily Benefit Amount increase provided to You each year under the Compound Inflation Protection provision will allow

You to keep pace with the Departments minimum requirements.

2. You must be a resident of Connecticut when You applied for and subsequently were issued this Partnership-approved long term care insurance.
3. Benefits paid for services Home and community-based services covered under this Policy, count toward Medicaid Asset Protection only when the Access Agency (the Access Agency must be approved by the Connecticut Partnership for Long-Term Care) developed and approved the written Plan of Care. Nursing Facility and Assisted living Facility care need not be approved by an Access Agency to count towards Medicaid Asset Protection. Services may be provided in Connecticut or elsewhere.
4. You can accumulate Medicaid Asset Protection wherever Your Policy pays benefits. If You need to access Medicaid to pay for Your care and You want to utilize the Medicaid Asset Protection You have earned, You must apply to Connecticut's Medicaid program or to any other state Medicaid program that has a reciprocal agreement with Connecticut. You must be a resident of and receive care in the state where You apply to Medicaid.

SECTION 8 LIMITATIONS OR EXCLUSIONS

EXCLUDED SERVICES

Expenses for the following will not be covered under this Policy.

1. Substance abuse treatment for alcohol or drug addiction
2. Treatment for illness or medical condition arising out of war or any act of war, declared or undeclared.
3. Services for intentionally self inflicted injury.
4. Treatment provided in a government facility except treatment provided to a Medicaid recipient or as otherwise required by State or Federal law.
5. Services provided by a member of Your family.

NON-DUPLICATION

We will not pay Benefits for services or expenses to the extent that they are reimbursable under Medicare or under any other federal, state, or other governmental health care plan or law (except Medicaid).

This exclusion also applies to services or expenses that would be reimbursable by Medicare but have been applied to a deductible or coinsurance amount.

COORDINATION WITH OTHER BENEFITS

The benefits of this Policy are designed to supplement NOT duplicate other benefits.

If You have any health insurance plan or non-Partnership long-term care plan and You are entitled to benefits under those plans that would also be covered services under this Policy, You are required to obtain coverage for those benefits first, prior to using benefits under this Policy. Examples of health insurance plans include, but are not limited to, basic hospital, health maintenance organization (HMO), medical/surgical, major medical plan, Medicare, Medicare managed care plan, and Medicare supplemental programs.

If You are eligible to receive benefits under this Policy and any other Partnership-approved long-term care plans, then the plan with the earliest Effective Date shall be deemed to be the primary coverage and the other Partnership-approved plans shall be deemed secondary coverage, in order by Effective Date, from earliest to latest.

Any benefit amounts that You are entitled to receive under this Policy will be reduced by any benefits payable by those other plans. This provision will NOT reduce the Lifetime Benefit Amount payable under this Policy.

SECTION 9 PREMIUM

PREMIUM AMOUNT

The premium is shown in Your Schedule. If there is any change to the amount, We will notify You 30 days in advance. No change will be made to the premium amount unless We change the premium rates for all policies like Yours that We have issued in the state where this Policy has been approved, and the change in premium has been approved by the Connecticut Insurance Department.

PAYMENT

The premium is to be paid in advance of the payment period indicated on the premium statement.

GRACE PERIOD

An initial Grace Period of 30 days will be granted for each premium that is unpaid on the date due. After 30 days, a notice will be sent to You explaining that a payment has been missed and that Your Policy risks lapsing. If you have designated an individual to be notified of lapse, We will send notice to the address you provided for that designee. You will have an additional 35 days from the date We mail notice to You during which any unpaid premium must be paid. Payment will allow Your Policy to continue in force without interruption. Failure to pay any unpaid premium by the end of this Grace Period will result in the termination of Your Policy as of the premium due date. If You have designated an individual to be notified of lapse, We will provide You the opportunity, no less frequently than every 2 years, to change such designation.

REINSTATEMENT

If Your Policy ends for non-payment of premium within the Grace Period, You may request reinstatement with no break in coverage. If We honor this request, Your Policy will be reinstated retroactive to the date Your Policy terminated. Once reinstated, You must pay the premium due retroactive to the date Your Policy terminated.

EXTENDED REINSTATEMENT BENEFIT FOR SEVERE COGNITIVE IMPAIRMENT AND LOSS OF FUNCTIONAL CAPACITY

If You failed to pay Your premium within the Grace Period, because of a condition that would qualify You for Benefits under this Policy, You may request reinstatement up to 5 months after termination of Your Policy.

A Licensed Health Care Practitioner must submit proof that You are a person who meets the conditions set forth in the Benefit Eligibility section of this Policy. We will make a Benefit Eligibility Assessment before deciding on reinstatement. If Your Policy is reinstated, You must pay the premium due retroactive to the date Your Policy terminated.

PREMIUM WAIVER

Your premium payments for Your Policy and any riders will be waived on a monthly basis starting:

- On the first day We will pay for Benefits in a Nursing Facility, Assisted Living Facility, or Hospice Program;
- On the 91st day We will pay for Benefits for Home Health Care or Adult Day Care.

Premium payments will resume on the first day We will no longer pay for Benefits as outlined in this Policy.

UNEARNED PREMIUM

When We are notified of Your death, We will refund to Your estate any premium paid for the period beyond Your death.

SECTION 10 CLAIMS

NOTICE OF CLAIM

Written notice of claim must be given to Us within 60 days after the date Your loss starts, or as soon thereafter as is reasonably possible. The notice should include at least Your name, Your Policy Identification Number, and the address to which the claim form is to be sent. Notice must be given by You or on Your behalf to Us at:

MedAmerica Insurance Company
165 Court Street
Rochester, NY 14647

HOW TO FILE A CLAIM

CLAIM FORMS: We will send claim forms to You upon receipt of a written notice of claim. If such forms are not sent within 15 days after giving of notice, You will be deemed to have met the timeliness of claim filing requirements upon submitting, within the time fixed in this Policy for filing proof of loss, a letter describing the occurrence, the character and the extent of the loss for which claim is made.

At a minimum, the description should include Your name and address, Your Policy Identification number, the type of Benefits You are claiming, the names and addresses of Your physicians, the services You required, Your diagnosis, and the periods for which You are claiming Benefits.

WHEN TO FILE A CLAIM

PROOF OF LOSS: Written proof of loss must be received by Us within 90 days after the end of each month for which Benefits may be paid. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of Your legal capacity, later than 1 year from the time proof is otherwise required.

CONDITIONS FOR RECEIVING CLAIM PAYMENT

If You meet Benefit Eligibility, We will pay Benefits subject to the terms, limitations and exclusions described in this Policy. The following conditions also apply:

- Your Policy must be in force when the care is approved and received; and
- You have completed the Lifetime Elimination Period, if it applies; and
- The service is covered under this Policy; and
- The service is included in the Plan of Care developed for You; and
- You have not exhausted the Lifetime Benefit Amount shown in Your Schedule.

PAYMENT OF CLAIMS: All Benefits will be paid to You, Your Power of Attorney or to the Approved Provider upon Your request. You may request in writing no later than the time proof of loss is filed that payment be made to the Approved Provider. Any Benefits unpaid at Your death will be paid to Your estate.

HOW AND WHEN CLAIMS ARE PAID

TIME OF PAYMENT OF CLAIM: Upon receipt of the proper written proof of loss, any Benefits then due will be paid: (1) monthly, when the loss is expected to result in ongoing Benefits and (2) promptly, when Our liability has ended.

Such payment will be made within 30 days after having received the proper written proof of loss.

If We contest a claim or a portion of a claim, You or Your assignee will be notified in writing that the claim is contested or denied within 30 days after We have received Your claim.

The notice that the claim is contested will identify the contested portion of the claim and the reasons for contesting the claim.

Upon receiving any additional information requested by Us, the contested claim or portion thereof will be paid or denied within 30 days.

RECOVERY OF OVERPAYMENT

If an error in processing a claim results in an overpayment, We will explain the overpayment to You. You must return the amount of overpayment within 60 days of Our request. Any overpayment that is not returned to Us within 60 days of Our request will be deducted from future claim payments.

WHEN YOU HAVE CLAIM QUESTIONS

If You would like an explanation of Our claim payment, please call, write or visit Us.

YOUR APPEAL RIGHTS

If You do not agree with a claim determination because We have partially or fully denied Benefits, You may file an appeal. Include the reason for the appeal and any documents that You feel are pertinent to the situation. The request should be sent to Our office within 3 years of the time of filing written notice of proof of loss for the claim being appealed.

We will make a benefit determination, independent of the original, using medical records and the provisions of this Policy. We will send You Our written decision within 60 days of Our receipt of Your appeal request.

PHYSICAL EXAMINATION

We, at Our expense, can have You examined as often as reasonably needed while a claim is pending, but no more frequently than every 90 days, unless You make the request.

TIME LIMIT FOR LEGAL ACTION

You cannot begin legal action before 60 days after written proof of loss has been given to Us. The time limit for legal action is 3 years after the time written proof of loss is furnished.

SECTION 11

GENERAL PROVISIONS

ENTIRE CONTRACT; CHANGES

This Policy document, Your application and any Riders and attached papers establish the entire contract of insurance between You and Us. Any change must be approved by one of Our officers and the Connecticut Insurance Department, where necessary, and mutually agreed to by You. It must also be endorsed on or attached to this Policy. No insurance agent has the authority to change this Policy or to waive any of its provisions.

YOUR BENEFITS

Only You can receive the Benefits under this Policy.

WHEN YOUR POLICY COVERAGE BEGINS

The date that Your Policy begins is shown in the Schedule. All time periods begin and end at 12:01 a.m. standard time at Your residence.

WHEN YOUR POLICY COVERAGE ENDS

When one of the following occurs, You will no longer be entitled to Benefits under this Policy:

- Nonpayment of premium (subject to the Grace Period); or
- Your Lifetime Benefit Amount is exhausted; or
- You elect to cancel this Policy; or
- Your death.

STEP DOWN COVERAGE

If Your Policy is about to lapse, We will notify You of Your right to reduce Your Lifetime Benefit Amount by lowering your Benefit Duration to reduce Your premium. You will have no less than 35 days to consider the offer. Notice will be sent 30 days after the premium is due. The premium for the new Lifetime Benefit Amount will be based upon Your age at the time Your Policy was originally issued. It will be Your responsibility to continue to promptly pay this new reduced premium before the end of each Grace Period.

The Reduced Lifetime Benefit Amount will take into account any increases in coverage that have accumulated due to the Compound Inflation Protection provision in Your Policy, along with any decreases due to claims paid.

Daily or Monthly Benefit Amounts will not be reduced and will continue to reflect any increases in accordance with the Compound Inflation Protection provision. All other provisions in Your Policy will remain the same.

We will make such an offer whenever Your Policy is about to lapse during the first year it is in force, and at least once after the Policy has been in force for one year. We will NOT make a Reduced Benefit Option offer to You if the balance of Your Lifetime Benefit Amount (after any claims have been paid) would provide for the equivalent of one year of coverage or less.

EXTENSION OF BENEFITS

If, on the date this Policy is cancelled, You are receiving Qualified Long-Term Care Services covered under this Policy, in a Nursing Facility or an Assisted Living Facility, We will continue to pay for Your care without interruption of Benefits until the first of the following dates:

- It is determined that You are no longer eligible for Benefits under this Policy; or
- You have used up Your Lifetime Benefit Amount.

We will not pay for more care than You would have been entitled to receive if Your Policy had not terminated.

You will not be entitled to Benefits after termination if the reason Your Policy terminated was due to You reaching Your maximum Lifetime Benefit Amount.

INCONTESTABLE PERIOD

During the first 6 months Your Policy is in force, We may rescind Your Policy or deny an otherwise valid long-term care insurance claim upon a showing of misrepresentation by You that was material to Our acceptance of You.

After 6 months but before 2 years of coverage, We may rescind Your Policy or deny an otherwise valid long-term care insurance claim upon a showing of misrepresentation that was both material to Our acceptance of You and which pertained to the condition for which Benefits are sought.

After Your Policy has been in force for 2 years, We may rescind Your Policy or deny an otherwise valid long-term care insurance claim only due to non-payment of premium.

CLERICAL ERROR

Clerical error, whether by You or Us, will not void Your insurance if that insurance would otherwise have been in effect. Neither will it extend Your insurance if that insurance would otherwise have ended or been reduced as provided in this Policy.

MISSTATEMENT OF AGE

If Your age was misstated on Your Application, Your premium will be changed retroactively to correspond to Your correct age.

NON-PARTICIPATING

This Policy does not participate in Our profits or surplus earnings.

CONFORMITY WITH FEDERAL AND STATE STATUTES

Any provision of this Policy which, on its effective date is in conflict with the federal statutes pertaining to qualified long-term care insurance or the statutes of the state in which You reside on such date is hereby amended to conform to the minimum requirement of such statutes. If changes are necessary in order to maintain the tax-qualified status of this Policy, we will provide you with the opportunity to accept or reject the necessary amendments to this policy.

**MONTHLY HOME CARE BENEFIT RIDER
WITH ENHANCED WAIVER OF PREMIUM**

MONTHLY HOME CARE BENEFIT

Subject to the terms and conditions contained in this Policy and the payment of the required premium, You are entitled to the benefits described in this Monthly Home Care Benefit Rider with Enhanced Waiver of Premium.

This Rider is a part of Your Policy and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Policy.

With this Rider, the provisions in the Benefits section of Your policy captioned Home Care and Adult Day Care are deleted in their entirety and replaced by the following:

HOME CARE If You meet Benefit Eligibility, We will provide Benefits at 100% of the actual charges incurred in a **Calendar Month** up to thirty one (31) times the Daily Benefit Amount shown in Your Schedule for services provided by a Home Health Care Agency. These services must be Qualified Long-Term Care Services and are:

- Nursing services
- Respite services; or
- Physical, occupational, respiratory and speech therapy; or
- Home health aide or personal care attendant services including such things as: personal hygiene, performing Activities of Daily Living, managing medications, and other related supportive services; or
- Homemaker services including light work, household tasks, preparing meals, doing laundry and other household tasks that do not require the services of a trained aide or attendant.

ADULT DAY CARE If You meet Benefit Eligibility, We will provide Benefits at 100% of the actual charges incurred in a **Calendar Month** up to thirty one (31) times the Daily Benefit Amount shown in Your Schedule for Qualified Long-Term Care services provided by an Adult Day Care Center.

A **Calendar Month** begins at 12:01 a.m. of the first day of the month and ends at 12:00 a.m. on the last day of the month. The days in a Calendar Month will vary in accord with the calendar year.

If you were eligible for policy paid services under the Home Care Benefit for only part of a **Calendar Month**, We will pro-rate benefits based upon the percentage of the month for which You were eligible for the Home Care Benefit.

If You received services covered under the Nursing Facility, Assisted Living Facility, or Hospice Program Benefit and the Home Care Benefit on the same day, the only benefit payable will be the Nursing Facility, Assisted Living Facility or Hospice Program Benefit.

The maximum amount that We will pay in a calendar month for all services is limited to the Daily Benefit Amount shown in Your Schedule times the number of days in a calendar month.

ENHANCED WAIVER OF PREMIUM BENEFIT

The provision in the Premium section of Your Policy captioned Premium Waiver is deleted in its entirety and replaced by the following:

Your premium payments will be waived on a monthly basis starting:

- On the first day We will pay for Benefits in a Nursing Facility, Assisted Living Facility, or Hospice Program;
- On the first day after We have paid an amount equal to thirty (30) times Your Daily Benefit Amount for Home Care or Adult Day Care services.

Premium payments will resume on the first day of the month We will no longer pay for Benefits as outlined in this Policy.

This Premium Waiver applies to premium payments for this policy and all attached Riders.

OTHER PROVISIONS

All of the terms, conditions, limitations and exclusions of this Policy also apply to the benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your Policy.

This Rider shall not be effective unless it is signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.



Christopher D. Perna,
President

SPOUSAL BENEFIT TRANSFER RIDER

Subject to the terms and conditions contained in this Policy and the payment of the required premium, You are entitled to the benefits described in this Spousal Benefit Transfer Rider.

This Rider is a part of Your Policy and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Policy.

SPOUSAL BENEFIT TRANSFER RIDER BENEFIT

When You and Your spouse (or domestic partner) each purchase a Spousal Benefit Transfer Rider, You are increasing the Lifetime Benefit Amount each of You would be entitled to use when qualifying for benefits payable under Your Policy. By purchasing the Riders, You are agreeing to accomplish this by first using Your own Lifetime Benefit Amount and then, at the option of Your spouse, using a portion or all of Your spouse's Lifetime Benefit Amount.

Benefits will be charged against Your Lifetime Benefit Amount until it is exhausted and then they will be charged against Your spouse's Lifetime Benefit Amount.

Both Policies and both Riders must remain in force for the provisions to be in effect.

SURVIVING SPOUSE BENEFIT

If one spouse dies when both Policies and Riders are in force, the surviving spouse will inherit the total remaining combined pool of Lifetime Benefit Amounts, subject to any increases due to the Compound Inflation Protection provision in the Policy. The surviving spouse will be responsible for continuing only his or her own Policy premium and Rider premium payments. If the surviving spouse cancels the Rider at any time, he or she will be entitled only to the benefits which remain unused under his or her own Policy.

DISCONTINUATION OF RIDER AND/OR LAPSE OF BASE POLICY

Either spouse may choose at any time to maintain his or her Policy and discontinue the Rider or to discontinue both the Policy and the Rider. Please note that these changes will affect You in the following ways:

1. You must agree that, if one spouse cancels the Rider, the Rider for the second spouse is automatically cancelled. In this instance, both spouses can retain their Policies, and each pays his or her original premium amount. Each spouse retains his or her own remaining Lifetime Benefit Amount.
2. You must agree that, if one spouse cancels both the Policy and Rider, the Rider for the second spouse is automatically cancelled. The second spouse can retain his or her Policy and pay the original premium amount. The spouse retaining the Policy will retain his or her own remaining Lifetime Benefit Amount.

BENEFIT TRANSFER PURCHASE REQUIREMENTS

1. At the time You apply for Your Policy, You and Your spouse must agree to make the same selections of benefit features (Daily Benefit Amounts, Lifetime Benefit Amounts, Inflation Protection Features and Riders) and payment terms. You must also agree to have the same effective date of coverage if both of You are accepted and issued a Policy.
2. You agree to accept the fact that if Your spouse uses his or her total Policy benefits and then accesses Your Benefits, You will have fewer benefits available to You than You would have had under Your own Policy if You had not purchased this Rider.

IMPACT ON MEDICAID ASSET PROTECTION WHEN A POLICY COVERS BOTH YOU AND YOUR SPOUSE

The amount of assets You can protect under a Partnership-approved Policy is equal to the amount of benefits paid for Your care. Please note that Medicaid Asset Protection is only available to the individual actually receiving the benefits. This means that if You receive benefits under this Policy the specific dollar amount of assets You can protect is dependent upon the amount of coverage You, as an individual, use for Your long-term care services.

If one Spouse is accessing benefits under this Spousal Benefit Transfer Rider, the other spouse will not receive Medicaid Asset Protection for that care. Medicaid Asset Protection is not transferable between spouses. In addition, continued access by one Spouse to this Rider's benefits could lead to the exhaustion of the Policy's Lifetime Benefit Amount for both spouses' policies. In such an event this Rider and both policies will terminate and neither Spouse will earn additional Medicaid Asset Protection.

OTHER PROVISIONS

All of the terms, conditions, limitations and exclusions of this Policy also apply to the benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your Policy.

This Rider shall not be effective unless it is signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.



Christopher D. Perna,
President

SHORTENED BENEFIT PERIOD NONFORFEITURE RIDER

Subject to the terms and conditions contained in this Policy and the payment of the required premium, You are entitled to the benefits described in this Shortened Benefit Period Nonforfeiture Rider.

This Rider is part of Your Policy and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Policy.

SHORTENED BENEFIT PERIOD NONFORFEITURE BENEFIT

We will continue the coverage provided by this Policy, subject to a reduced Lifetime Benefit Amount, if Your coverage under this Policy has been in force for three (3) years or more and Your coverage lapses due to cancellation or non-payment of premium. This reduced Lifetime Benefit Amount is called Your Nonforfeiture Maximum Benefit. If the eligibility requirements are met, We will provide benefits at 100% of the actual charges incurred for any Qualified Long-Term Care Services, otherwise covered under Your Policy, up to Your Nonforfeiture Maximum Benefit.

AMOUNT OF BENEFIT

Your Nonforfeiture Maximum Benefit will be the greater of:

1. The sum of all premiums paid for Your coverage under this Policy and any attached Riders; or
2. Thirty (30) times the Daily Benefit Amount in effect on the date Your coverage under this Policy lapses.

However, Your Nonforfeiture Maximum Benefit can never be greater than Your Policy Lifetime Benefit Amount at time of lapse.

TERMINATION

This Shortened Benefit Period Nonforfeiture Rider will terminate when the first of the following events occurs:

1. Our receipt of written notice from You to cancel this Rider. This cancellation will be effective as of the next premium due date;
2. You die;
3. We pay this Rider's Nonforfeiture Maximum Benefit;
4. Your coverage under this Policy terminates (except as specifically provided under the terms of this Rider); or
5. You fail to pay any premium for this Rider when due.

OTHER PROVISIONS

All of the terms, conditions, limitations and exclusions of Your Policy also apply to the benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Policy.

This Rider shall not be effective unless it is signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.



Christopher D. Perna,
President

ENHANCED RETURN OF PREMIUM RIDER

Subject to the terms and conditions contained in Your Policy and the payment of the required premium, You are entitled to the benefits described in this Enhanced Return of Premium Rider.

This Rider is a part of Your Policy and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Policy.

RETURN OF PREMIUM BENEFIT

Upon notification of Your death, We will refund to your estate all premiums paid for Your Policy and any Riders less any Benefits paid or payable. The amount of the refund is determined by calculating the total sum of premiums paid and reducing that amount by (A) and (B):

(A) = Any premiums which were waived and any unearned premiums refunded at Your death.

(B) = Your total benefits paid or payable.

TERMINATION

This Return of Premium Benefit Rider will terminate immediately on the earliest of the following:

1. Termination of Your Policy or
2. Termination of Your coverage under Your Policy (except as specifically provided under the terms of this Rider); or
3. Failure to pay any premium for this Rider when due.

This Rider will also terminate as of the next premium due date for this Rider following Our receipt of Your written notice of termination of this Rider.

OTHER PROVISIONS

All of the terms, conditions, limitations and exclusions of Your Policy also apply to the benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Policy.

This Rider shall not be effective unless it is attached to your policy and it is signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.



Christopher D. Perna,
President



Administrative Office:
 165 Court Street
 Rochester, NY 14647
 1-800-544-0327

RETURN OF PREMIUM NONFORFEITURE RIDER

Subject to the terms and conditions contained in Your Policy and the payment of the required premium, You are entitled to the benefits described in this Return of Premium Nonforfeiture Rider.

This Rider is a part of Your Policy and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Policy.

RETURN OF PREMIUM NONFORFEITURE BENEFIT

Upon notification of Your death, We will refund to your estate a portion of the premiums paid less any benefits paid or payable. The amount of the refund is determined by multiplying (A) by (C) and then subtracting (B). (A), (B) and (C) are defined as follows:

- (A) = Your total premiums paid, for Your Policy and any Riders not including any premiums which were waived, less any unearned premiums refunded at Your death.
- (B) = Your total benefits paid or payable.
- (C) = The applicable factor from the Schedule of Factors shown below. It is determined based on Your age on the birthday preceding the date of death.

Schedule of Factors

Age of Insured at Death	Factors
65 or younger	100%
66	90%
67	80%
68	70%
69	60%
70	50%
71	40%
72	30%
73	20%
74	10%
75 or older	No refund is made

The factors shall be further reduced on a monthly basis for each attained month of age preceding the date of death.

TERMINATION

This Return of Premium Nonforfeiture Rider will terminate immediately on the earliest of the following:

1. Termination of Your Policy; or
2. Termination of Your coverage under Your Policy (except as specifically provided under the terms of this Rider); or
3. Failure to pay any premium for this Rider when due.
4. You reach age 75

This Rider will also terminate as of the next premium due date for this Rider following Our receipt of Your written notice of termination of this Rider.

OTHER PROVISIONS

All of the terms, conditions, limitations and exclusions of Your Policy also apply to the benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Policy.

This Rider shall not be effective unless it is attached to Your Policy and it is signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.



Christopher D. Perna,
President

RESTORATION OF BENEFITS RIDER

Subject to the terms and conditions contained in Your Policy and the payment of the required premium, You are entitled to the benefits described in this Restoration of Benefits Rider.

This Rider is a part of Your Policy and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Policy.

RESTORATION OF BENEFITS

We will restore this Policy's Lifetime Benefit Amount to the amount that would have applied if no benefits had been paid under this Policy. This Restoration of Benefits applies whenever a period of 180 consecutive days elapses in which:

- You were not eligible for or being paid for benefits; and
- Your Policy did not lapse and all premiums were paid; and
- You have not reached Your Lifetime Benefit Amount; and
- Your Policy is currently in force.

TERMINATION

This Restoration of Benefits Rider will terminate immediately on the earliest of the following:

1. Termination of Your coverage under Your Policy (except as specifically provided under the terms of this Rider); or
2. Failure to pay any premium for this Rider when due.

This Rider will also terminate as of the next premium due date for this Rider following Our receipt of Your written notice of termination of this Rider.

OTHER PROVISIONS

All of the terms, conditions, limitations and exclusions of Your Policy also apply to the benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Policy.

This Rider shall not be effective unless it is signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.



Christopher D. Perna,
President

SURVIVORSHIP BENEFIT RIDER

Subject to the terms and conditions contained in this Policy and the payment of the required premium, You are entitled to the benefits described in this Survivorship Benefit Rider.

This Rider is part of Your Policy and is subject to all of its terms and conditions. Terms used in this Rider and not defined here have the meanings given to them in the Definitions section of Your Policy.

BENEFIT

We will not require the payment of premium under this Policy after both of the following events have occurred:

- Your Policy and Your spouse's Policy have been in force with Us for ten (10) consecutive years; and
- Your spouse is deceased.

DISCONTINUATION OF RIDER AND/OR LAPSE OF BASE POLICY

You may choose at any time to discontinue both Your Policy **and** this Rider, **or** to discontinue **only** this Rider. The following conditions apply:

1. If You cancel this Rider, Your spouse's Rider is automatically cancelled. You and Your spouse each have the option to retain Your base Policies.
2. If You cancel both Your base Policy and this Rider, Your spouse's Rider is automatically cancelled. Your spouse can retain his or her base Policy.
3. Your Rider and Your spouse's Rider are automatically cancelled as of the date of a divorce or a legal separation.

SURVIVORSHIP PURCHASE REQUIREMENTS

At the time You apply for Your Policy, You and Your spouse must agree to purchase the same benefit features. These benefit features include: the daily benefit amount, lifetime benefit amount, any options and riders.


Both You and Your spouse must also agree to purchase this Rider and choose the same payment terms. The effective date of both Policies must also be identical.

OTHER PROVISIONS

All of the terms, conditions, limitations and exclusions of Your Policy also apply to the benefits of this Rider, except where specifically changed by this Rider.

This Rider shall not otherwise vary, alter or extend the terms of Your coverage under Your Policy.

This Rider shall not be effective unless it is signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.



Christopher D. Perna,
President