

MedAmerica Insurance Company

CareDirections
Simplicity

Thank You for selecting MedAmerica Insurance Company as Your long term care insurer. We are pleased to provide You with this **Policy**. Your coverage, if the first premium is paid, as stated herein begins at 12:01 a.m. Standard time at Your home on the Effective Date of this **Policy**. It ends on 12:01 a.m. Standard time at Your home on the termination date of this **Policy**.

This Policy is intended to be a federally tax-qualified long term care insurance contract under section 7702B(b) of the Internal Revenue Code of 1986, as amended.

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. **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.

GUARANTEED RENEWABLE/PREMIUM INCREASES: This **Policy** will continue for Your lifetime as long as You do not exhaust the Lifetime Maximum and You pay the premiums within the allowable time. We cannot change the provisions of this **Policy** without Your consent. We can change Your premium with 45 days written notice, but only if We change the premiums for all similar **Policies** issued in Your state on this **Policy** form. You cannot be singled out for any increase because of a change in Your age or health.

IMPORTANT 30-DAY REVIEW: If You feel this **Policy** does not meet Your needs, You may return it to Your agent or Us 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**.

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.



Christopher D. Perna
President

SCHEDULE OF POLICY BENEFITS



POLICY NUMBER: SPL-336

ORIGINAL POLICY EFFECTIVE DATE: XX/XX/XX
POLICY CHANGE EFFECTIVE DATE: XX/XX/XX

BILLING ACCT. #: XXXXXXXXXXXXXXXXX

POLICYHOLDER ISSUE AGE: XX
MODAL PREMIUM: \$XXXX

INSURED:
JOHN DOE
1234 GENERIC DRIVE
ANYWHERE, USA 12345

BASE BENEFITS AND PREMIUM INFORMATION

ELIMINATION PERIOD:

- 30 Days
- 60 Days
- 90 Days
- 180 Days

FACILITY MAXIMUM MONTHLY BENEFIT

\$XXXX Per Month

COMMUNITY MAXIMUM MONTHLY BENEFIT

\$XXXX Per Month

LIFETIME MAXIMUM

(24); (36); (48); (60); (84); (Unlimited) Months

Basic Benefits Modal Premium:

Long Term Care Insurance

\$XXXX

Facility Only

\$XXXX

Community Only

\$XXXX

Premium Payment Option:

- Lifetime:** Premiums are payable when due as long as Your **Policy** is in force.
- 10 Year:** Premiums are payable when due until the 10th **Policy Anniversary Date**.
- Paid Up At Age 65:** Premiums are payable when due until the first **Policy Anniversary Date** on or after Your 65th birthday.
- Reduced Premium:** Premiums are payable when due as long as Your **Policy** is in force. However, on the first **Policy Anniversary Date** on or after Your 65th birthday, Your premium will be reduced to 50% of the premium that would have been payable had You originally selected the Lifetime Premium Payment option.
- Reduced Premium:** Premiums are payable when due as long as Your **Policy** is in force. However, on the first **Policy Anniversary Date** on or after Your 70th birthday, Your premium will be reduced to 50% of the premium that would have been payable had You originally selected the Lifetime Premium Payment option.

Optional Riders Modal Premium

\$XXXX

None

Shortened Benefit Period Rider:

\$XXXX

Restoration of Benefits Rider:

\$XXXX

Shared Waiver Rider:

\$XXXX

Return of Premium Rider:

\$XXXX

Full Return of Premium Rider:

\$XXXX

Survivor Benefit Rider:

\$XXXX

Shared Care Rider:

\$XXXX

5% Compound Inflation Rider—2X

\$XXXX

5% Compound Inflation Rider—No Maximum

\$XXXX

5% Simple Benefit Increase Rider

\$XXXX

DEFINITIONS

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.

ASSESSMENT

An **Assessment** is an evaluation of Your ability to perform **Activities of Daily Living** and Your cognitive condition to certify whether You are **Chronically III**. A **Licensed Health Care Practitioner** using recognized and accepted, objective standards of measurement must perform the **Assessment**. The **Assessment** must be made at the time You wish to establish **Benefit Eligibility**.

BENEFICIARY

A **Beneficiary** is a person or entity with an insurable interest, named by You, and is to receive any premiums that may be due in the event of Your death.

BENEFITS

Benefits are the payments this **Policy** pays. They are described in Your **Schedule of Policy Benefits** and any Riders attached to Your **Policy**.

BENEFIT ELIGIBLE or BENEFIT ELIGIBILITY

This means You will receive **Benefits**. To be **Benefit Eligible** or achieve **Benefit Eligibility** under this **Policy**, all of the following conditions must be met:

1. We have verified You are **Chronically III** and have a **Plan of Care**;
2. You are not **Chronically III** due to war or any act of war, declared or undeclared;
3. Your **Elimination Period** has been met. (Does not apply to Benefits that do not require meeting the **Elimination Period**.)

CARE PARTNER

A **Care Partner** is any policyholder who is a **Spouse** or **Domestic Partner**.

PLAN OF CARE

This is a written, individualized plan for care and support services for You that:

1. Has been prescribed by a **Licensed Health Care Practitioner**; and
2. Has been developed as a result of an **Assessment** and incorporates any information provided by Your personal physician; and
3. Fairly, accurately and appropriately addresses Your long term care and support service needs; and
4. Specifies the type, frequency and duration of all services required to meet those needs and the providers appropriate to furnish those services.

A **Plan of Care** is completed at the same time the **Assessment** is performed.

POLICY

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

POLICY ANNIVERSARY DATE

This is the date each year that coincides with the date Your **Policy** went into effect. Your first **Policy Anniversary Date** will be one year from the date Your **Policy** went into effect.

QUALIFIED FACILITY

A **Qualified Facility** is a state or federally regulated, licensed, accredited or certified facility that meets all of the following criteria:

- Provides accommodations to 3 or more unrelated individuals and supervision and personal care services for at least 3 of these individuals; and
- Provides 24-hour-a-day care and services; and
- Has a trained, awake, and ready-to-respond employee on duty in the facility at all times to provide necessary care; and
- Provides two (2) meals a day and accommodates special dietary needs; and
- Conducts an assessment of the resident on admission that includes a history and physical by a physician, nurse practitioner, or physician assistant in the last 60 days, the resident's ability to perform both instrumental activities of daily living and activities of daily living, safety evaluation, risk of fall assessment, cognitive assessment, and the resident's ability to manage medication administration; and
- Develops a **Plan of Care** or service plan for each resident that is customized to the resident and includes both the services provided by or contracted by the residence and identifies services that will be provided by outside agencies directly contracted with the insured including the scope of services, frequency of services and monitoring of services delivered; and
- Reviews the service plan at least every six months or as the resident's needs change.

A **Qualified Facility** must meet the above criteria for the **Benefits** to be paid at the Facility **Maximum Monthly Benefit** ; otherwise, the Community **Maximum Monthly Benefit** will apply.

YOUR LONG TERM CARE INSURANCE BENEFITS

PART 1: BENEFITS

Below are descriptions of the **Benefits** under this **Policy**. Except the terms We, Us, Our, You, Your, and Yourself, words that are **bolded** are defined in the Definition section.

Your **Benefits** are described in Your **Policy** or the Riders attached to it. **Benefit** and Rider limits and effective dates are stated on Your **Schedule of Policy Benefits**.

FACILITY BENEFITS

NOTE: This Section does not apply if You have elected the Facility Only or Community Only Rider.

The Facility **Maximum Monthly Benefit** will be paid each month if:

- a) You are **Benefit Eligible***; and
- b) You reside in a **Qualified Facility**; or
- c) You receive care under a **Hospice Care Program**.

* If You are receiving care under a **Hospice Care Program**, **Benefit Eligibility** does not require You to satisfy Your **Elimination Period** for payments to be made.

Payments made under this section will reduce Your **Lifetime Maximum**.

COMMUNITY BENEFITS

NOTE: This Section does not apply if You have elected the Facility Only or Community Only Rider.

The Community **Maximum Monthly Benefit** will be paid each month if:

- a) You are **Benefit Eligible**; and
- b) You do not reside in a **Qualified Facility**.

Payments of Community **Maximum Monthly Benefits** will reduce Your **Lifetime Maximum**.

ADDITIONAL POLICY BENEFITS AND FEATURES

This section will be modified if You have selected certain Riders under this Policy. Please see Your Rider language for details of coverage under those options.

CARE ADVISOR SERVICES

You may use the services of Our **Personal Care Advisors** at any time. They can help You and/or Your family members plan for Your care. Our **Personal Care Advisors** can provide support by assisting in developing a written **Plan of Care** and in arranging needed services for You.

Our **Personal Care Advisors** can help You obtain long term care services. We do not guarantee that a provider will accept You neither are We responsible for the quality of care You receive.

Personal Care Advisor services are not subject to the **Elimination Period**. Using them will not reduce Your **Lifetime Maximum**.

PART 2: ELIGIBILITY FOR PAYMENT OF BENEFITS

ESTABLISHING BENEFIT ELIGIBILITY

To start the process of establishing Benefit Eligibility, You should contact Us. If You think You might be Chronically Ill, please call Our Customer Service Representative at 1-800-544-0327.

We will review Your Assessment to verify You are Chronically Ill.

We will work with You, Your family and Your physician when We need Information about Your condition. This information will be gathered by Us or one of Our representatives. You may contact Us with any questions regarding Our decision.

You will also need a Plan of Care. The Plan of Care is updated as Your needs change. You may use the services of Our Personal Care Advisors. These services are provided at no cost to You.

To continue Benefit Eligibility, We must verify You are Chronically Ill and have an updated Plan of Care at least every 12 months.

NOTICE OF CLAIM

When You become Benefit Eligible, You or Your representative must submit a completed Request for Benefits form each month to receive Your monthly Benefit payment. Request for Benefits forms can be obtained by calling or writing Our Customer Service area.

You do not have to submit provider bills to claim benefits.

If We do not receive a completed Request for Benefits form from You for more than 90 days, You must re-establish Your Benefit Eligibility. You may contact Our Customer Service Representatives for assistance in re-establishing Your eligibility for Benefits.

PAYMENT OF CLAIM

Benefit payments will be payable prospectively from the day after the date You become Benefit Eligible. Thereafter, as long as You remain Benefit Eligible and submit Your claim, You will be paid Your Benefits on a monthly basis.

Named Payee: While You are living, all Benefits will be paid to You unless there is an Assignment of Benefits to a Named Payee. An Assignment of Benefits is You or Your legal representative's request for payments to be sent to someone other than You. An Assignment of Benefits cannot be irrevocable and You may change Your Named Payee at any time. If You or Your legal representative wish to have Benefit payments sent to another individual, We must receive the Assignment of Benefits request *in writing* no later than the time Your claim is submitted. No Assignment of Benefits will be considered valid unless it has been received in writing by Our administrative office.

Unassigned Benefits due and unpaid at Your death will be paid to Your estate.

Currency: Benefits will be paid in US currency.

WHEN YOU HAVE CLAIMS QUESTIONS

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

APPEALS

If We contest a claim or a portion of a claim, You or Your legal representative will be notified in writing that the claim is contested or denied.

You have a right to appeal Our claims decision. The appeal must be filed in writing with Our office within 3 years of the time the denied claim being appealed was filed. Include the reason for the appeal and any documents You feel are pertinent to the situation.

PART 3: POLICY EXCLUSIONS

POLICY EXCLUSIONS

There are no Exclusions in this **Policy**.

PART 4: PREMIUM

PREMIUM AMOUNT

The initial premium is shown in Your **Schedule of Policy Benefits**. It will remain the same unless You change Your coverage or We change the premium. If We change the premium, We will notify You at least 45 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, where applicable, Your State Department of Insurance has approved the increase.

*For residents of Connecticut: We will change the premium rates for all **policies** like Yours that We have issued where this **Policy** has been approved by the Connecticut Insurance Department.*

PAYMENT

Premiums are due in advance.

GRACE PERIOD

An initial Grace Period of 31 days will be granted for each premium that is unpaid on the date due. After the initial Grace Period of 31 days elapses, 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 in case of lapse, We will also send notice to the address You provided for that designee. You will have an additional 35 days Grace Period that begins the date We mail the second notice to pay the unpaid premium.

Payment will allow Your **Policy** to continue in force without interruption. Failure to pay any unpaid premium by the end of the second Grace Period will result in the termination of Your **Policy** as of the premium due date.

Lapse Designee: 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** lapses because You did not pay Your premium within the Grace Period, You may request reinstatement with no break in coverage. If We honor this request, Your **Policy** will be reinstated back to the termination date. If We do not approve or disapprove Your request within 45 days of receipt of the request and a premium was accepted by Us or one of Our authorized representatives, Your **Policy** will be reinstated as of the date Your **Policy** terminated.

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

You may request reinstatement up to 5 months after termination, if You did not pay Your premium due to a condition that would qualify You for **Benefits**. Your condition is subject to verification. An **Assessment** is required before deciding on reinstatement. If reinstated, You must pay Your premium retroactive to the date Your **Policy** terminated.

UNEARNED PREMIUM

When We are notified of Your cancellation or death, We will refund any premium paid for the period beyond Your cancellation or death. If You have died, all premiums paid for the period beyond Your death will be refunded to Your **Beneficiary**. In the absence of a named **Beneficiary**, we will refund unearned premium to Your estate. In the event of Your cancellation, premiums paid for the period beyond Your cancellation will be refunded to You.

CLERICAL ERROR

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

MISSTATEMENT OF FACT

If Your age or information regarding Your **Care Partner** eligibility was misstated on Your Application, Your premium will be changed retroactive to Your original effective date to correspond to a) Your correct age or b) Your actual **Care Partner** eligibility status.

Our liability will be limited to a refund of the premiums You have paid for this **Policy** if:

1. Your application would have been declined if Your age was not misstated; or
2. You would have been subject to additional evidence of insurability.

NON-PARTICIPATING

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

TAX STATUS OF PREMIUMS AND BENEFITS

Your **Policy** is intended to be a **Qualified Long Term Care Insurance Contract** as defined by the **Internal Revenue Code Section 7702B(b)**. The **Benefits** under this **Policy** are paid without regard to the type and amount of expenses You may have. Generally, if the **Benefits** paid under Your **Policy** exceed the per diem limit as prescribed in law, they could be considered taxable income. You should consult Your tax advisor with respect to the potential tax implications of ownership of this **Policy**.

COMMUNICATION THROUGH ELECTRONIC MEANS

We reserve the right to designate the form and means of all communications or notices required by Your **Policy**.

If We agree, You may contact Us about Your **Policy** using electronic means or technologies.

If You agree, We may contact You regarding Your **Policy** using electronic means or technologies.

Except where barred by state or federal law, electronic communication is equal to other communication methods. Information exchanged has the same legal effect, validity, and enforceability.

CONFORMITY WITH FEDERAL AND STATE STATUTES

If on this **Policy's Effective Date**, any part conflicts with federal statutes or statutes in the state You live in, this **Policy** 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**.

RETURN OF PREMIUM RIDER
Benefits Paid Considered

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 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

This Rider adds a **Benefit** to Your **Policy** to refund premiums paid for Your **Policy** upon Your death. The following provision is added to the **Additional Policy Benefits and Features** section under **Part 1: Benefits** in Your **Policy**.

TERMS OF RIDER

Upon notification of Your death, We will refund all premiums paid for Your **Policy** and any Riders less any **Benefits** paid or payable.

TERMINATION

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

1. The termination of Your coverage under Your **Policy** (except as specifically provided under the terms of this Rider); or
2. The failure to pay any premium for this Rider when due; or
3. You send a written request terminating this Rider. This Rider will terminate as of the requested termination date or the date the written request is received, whichever is later.

OTHER PROVISIONS

All of the terms and conditions 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 signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.



Christopher D. Perna
President

SHORTENED BENEFIT PERIOD 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 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

This Rider adds a **Benefit** to Your **Policy** that may provide coverage after the **Policy** has lapsed or been terminated. The following provision is added to the **Additional Policy Benefits and Features** section under **Part 1: Benefits** in Your **Policy**.

TERMS OF RIDER

- 1) **Conditions for Benefit Eligibility:** We will continue the coverage provided by this **Policy**, subject to a reduced **Lifetime Maximum**, if: a) Your coverage under this **Policy** has been in force for three (3) years or more; and b) Your coverage lapses due to cancellation or non-payment of premium.
- 2) **Benefit Availability:** If, after terminating Your long term care insurance **Policy**, You become **Benefit Eligible**, We will pay You the **Maximum Monthly Benefit** (Facility and/or Community, as appropriate) in effect at the time Your **Policy** terminated.
- 3) **Amount of Benefit:**
 - a) Your **Lifetime Maximum** under this Rider will be the greater of:
 - i) The sum of all premiums paid for Your coverage and any attached Riders under this **Policy** divided by the **Maximum Monthly Benefit** in effect on the date of Your lapse; or
 - ii) The **Maximum Monthly Benefit** in effect on the date Your coverage under this **Policy** lapses.
 - b) Your **Maximum Monthly Benefit** is payable up to Your **Lifetime Maximum** under this Rider.
 - c) Your **Lifetime Maximum** under this Rider can never be greater than Your **Lifetime Maximum** under Your **Policy** at the time of lapse.

TERMINATION

This Rider will terminate when the first of the following events occur:

- 1) The termination of Your coverage under Your **Policy** (except as specifically provided under the terms of this Rider);
- 2) Your death;
- 3) You send a written request terminating this Rider. This Rider will terminate as of the requested termination date or the date the written request is received, whichever is later; or
- 4) You fail to pay any premium for this Rider when due.

SHARED CARE 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 Shared Care 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**.

SHARED CARE RIDER

This Rider adds a **Benefit** to Your **Policy** that permits **Care Partners** to share the **Benefits** of their individual **Policies** in the event one exhausts his or her **Lifetime Maximum**. The following provision is added to the **Additional Policy Benefits and Features** section under **Part 1: Benefits** in Your **Policy**.

TERMS OF RIDER

When You and Your **Care Partner** each purchase a Shared Care Rider, You are increasing the **Lifetime Maximum** each of You would be entitled to use when qualifying for **Benefits** payable under Your **Policy**. By purchasing the Riders, You can share the coverage under Your **Policies** by first using Your own **Lifetime Maximum** and then, at the option of Your **Care Partner**, using a portion of Your **Care Partner's Lifetime Maximum**. In no case can Your use of a portion of Your **Care Partner's Lifetime Maximum** reduce Your **Care Partner's Policy Lifetime Maximum** below a level that would provide Your **Care Partner** less than a minimum of 24 months of **Benefits**.

1. The Shared Care Rider will provide coverage if the following conditions are met:
 - a) You and Your **Care Partner** purchase both this Rider; and Your **Policy** at the same time;
 - b) The **Benefits** and premium payment options of both **Policies** are identical;
 - c) The Shared Care Rider remains in force for both You and Your **Care Partner**;
 - d) You or Your **Care Partner** are **Benefit Eligible**; and
 - e) You or Your **Care Partner** continues to be **Benefit Eligible** when accessing the other's **Lifetime Maximum**.
2. **Surviving Care Partner Benefit:** If one **Care Partner** dies, the surviving **Care Partner** can assume the deceased **Care Partner's** remaining **Lifetime Maximum** if the survivor continues to pay his or her **Policy** and Shared Care Rider premium payments.

TERMINATION

This Rider will terminate if any of the following occurs:

1. You cancel this Rider. Your **Care Partner's** Rider will be cancelled as well, but both You and Your **Care Partner** have the option to retain Your **Policies**. In this instance, each **Care Partner** pays his or her original premium without the Rider and retains their remaining **Lifetime Maximum**;
2. If one **Care Partner** cancels both their **Policy** and Rider, the Rider for the second **Care Partner** is automatically cancelled. The second **Care Partner** can retain his or her **Policy**. They may pay the original premium without the Rider and retain their own remaining **Lifetime Maximum**;
3. One **Care Partner's Policy** lapses. This Rider will end as of the due date of the unpaid premium; or

SHARED WAIVER 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 Shared Waiver 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**.

SHARED WAIVER RIDER

This Rider adds a **Benefit** to Your **Policy** that waives the premium for Your **Care Partner's Policy** under the same conditions that Your premiums are waived. The following provision is added to the **Waiver of Premiums** section under **Additional Policy Benefits and Features, Part 1: Benefits** in Your **Policy**.

TERMS OF RIDER

1. Your **Care Partner's** premiums may be waived if You become **Benefit Eligible** and if both **Policies** meet the following conditions:
 - a) The **Policies** must be effective at the same time or within 6 months of each other; and
 - b) The **Policies** must both be in force on the date You become **Benefit Eligible**.
2. **Benefits** under the Shared Waiver Rider are subject to these rules:
 - a) The waivers for both **Policies** begin on the first day after the date You become **Benefit Eligible**;
 - b) Your **Care Partner's** waiver applies only to coverage in effect on the date You become **Benefit Eligible**;
 - c) Both You and Your **Care Partner's** waivers end on the earliest of these dates:
 - i) The date You are no longer **Benefit Eligible** or
 - ii) The date Your **Lifetime Maximum** is exhausted.
3. Premiums for both **Policies** will again become due on the first day after You are no longer **Benefit Eligible**. If, however, the Premium Payment option for either **Policy** is other than Lifetime and during the time premiums were waived the **Policy's** premium payment period ends, no further premiums for that **Policy** will be due.

TERMINATION

This Rider will terminate if any of the following events occur:

1. You or Your **Care Partner** dies. This Rider will end as of the date of death;
2. You cancel this Rider. Your **Care Partner's** Rider will be cancelled as well, but both You and Your **Care Partner** have the option to retain Your **Policies**;
3. Your **Policy** lapses for non-payment of premium and coverage continues under a non-forfeiture provision. This Rider will end as of the due date of the unpaid premium. Your **Care Partner's** Rider is automatically cancelled but Your **Care Partner** can retain his or her **Policy**; or
4. Your **Care Partner's Policy** lapses. This Rider will end as of the due date of the unpaid premium.

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 RIDER

This Rider restores Your **Policy's Lifetime Maximum** to the total available on the day the **Policy** went into effect and before any **Benefits** were paid. The following provision is added to the **Additional Policy Benefits and Features** section under **Part 1: Benefits** in Your **Policy**.

TERMS OF RIDER

We will restore this **Policy's Lifetime Maximum** to the total 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:

1. You are not eligible for or being paid **Benefits** because You are no longer deemed **Chronically III**; and
2. Your **Policy** did not lapse and all premiums were paid; and
3. You did not reach Your **Lifetime Maximum**; and
4. Your **Policy** remained in force.

TERMINATION

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

- a) The termination of Your coverage under Your **Policy**;
- b) Coverage under Your **Policy** consists of a reduced **Lifetime Maximum** under the Shortened Benefit Period Rider;
- c) The failure to pay any premium for this Rider when due; or
- d) You send a written request terminating this Rider. This Rider will terminate as of the requested termination date or the date the written request is received, whichever is later.

OTHER PROVISIONS

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

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

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



Christopher D. Perna
President

SIMPLE BENEFIT INCREASE 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 Simple Benefit Increase 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**.

SIMPLE BENEFIT INCREASE RIDER

This Rider adds a **Benefit** to Your **Policy** that allows You to increase the **Maximum Monthly Benefit** level of Your **Policy** on an annual basis. The following provision is added to the **Additional Policy Benefits and Features** section under **Part 1: Benefits** in Your **Policy**.

TERMS OF RIDER

- Your **Maximum Monthly Benefit** level will automatically increase on each **Policy Anniversary Date**. The first increase will take effect on the **Policy Anniversary Date** that follows the date this Rider went into effect. The increase will occur even if You are receiving **Benefits**.
- The increase amount will be the same each year if Your **Benefit levels** do not change as a result of Your request.
- Your premium will not increase due to increases under this Rider.
- Your increased **Maximum Monthly Benefit** (Facility and/or Community, as applicable) will be calculated as follows:
 - Your current **Maximum Monthly Benefit** in effect on Your **Policy Anniversary Date**; plus
 - 5% of the original **Maximum Monthly Benefit** as shown on Your **Schedule of Policy Benefits**.

The increase will be rounded to the nearest dollar.

TERMINATION

- This Rider will terminate immediately on the earliest of the following:
 - Your **Policy** lapses for non-payment of premium.
 - You send a written request terminating this Rider.
- If Your **Policy** terminates and is later reinstated, automatic Benefit increases will be made as if Your **Policy** had remained in effect.
- If Your **Policy** lapses for non-payment of premium and coverage continues under a non-forfeiture provision, no increases will be made after the due date of the unpaid premium.

OTHER PROVISIONS

All of the terms and conditions 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 signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.



Christopher D. Perna
President

COMPOUND INFLATION - 2X MAXIMUM 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 Compound Inflation- 2X Maximum 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**.

COMPOUND INFLATION - 2X MAXIMUM RIDER

This Rider adds a **Benefit** to Your **Policy** that allows You to increase the **Maximum Monthly Benefit** level of Your **Policy** on an annual basis up to a pre-set amount. The following provision is added to the **Additional Policy Benefits and Features** section under **Part 1: Benefits** in Your **Policy**.

TERMS OF RIDER

Your **Maximum Monthly Benefit** level will automatically increase on each **Policy Anniversary Date**. The first increase will take effect on the **Policy Anniversary Date** that follows the date this Rider went into effect. The increase will occur even if You are receiving **Benefits**.

- 1) Increases will occur each year until Your increased **Maximum Monthly Benefit** equals two times the amount of the **Maximum Monthly Benefit** in effect on the date this Rider went into effect. Thereafter, no increases will occur.
- 2) Your premium will not increase due to increases under this Rider.
- 3) Your increased **Maximum Monthly Benefit** (Facility and/or Community, as applicable) will be determined as follows:
 - a) The **Maximum Monthly Benefit** in effect on Your **Policy Anniversary Date** will be increased by 5% establishing Your new **Maximum Monthly Benefit**.
 - b) The increase will be rounded to the nearest dollar.

TERMINATION

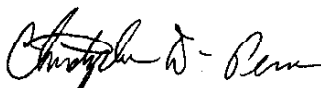
- 1) This Rider will terminate immediately on the earliest of the following:
 - a) Your **Policy** lapses for non-payment of premium.
 - b) You send a written request terminating this Rider.
- 2) If Your **Policy** terminates and is later reinstated, automatic inflation increases will be made as if Your **Policy** had remained in effect.
- 3) If Your **Policy** lapses for non-payment of premium and coverage continues under a non-forfeiture provision, no increases will be made after the due date of the unpaid premium.

OTHER PROVISIONS

All of the terms and conditions 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 signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.



Christopher D. Perna
President

FACILITY ONLY 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 Facility Only 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**.

FACILITY ONLY RIDER

Under this Rider, **Benefits** are payable only under the conditions as described in the **Terms of Rider** section below. This Rider permanently modifies the scope of **Benefits** covered by Your **Policy**. It replaces the **Community Benefits** and **Facility Benefits** sections of the **Part 1: Benefits** section under Your **Long Term Care Insurance Benefits** in Your **Policy**.

NOTE: By purchasing this Rider, You will not receive coverage that might be payable under the Community Benefits section of Your **Policy**.

TERMS OF RIDER

The Facility **Maximum Monthly Benefit** will be paid if:

- a) You are **Benefit Eligible***; and
- b) You reside in a **Qualified Facility**; or
- c) You receive care under a **Hospice Care Program**.

* If You are receiving care under a **Hospice Care Program**, **Benefit Eligibility** does not require You to satisfy Your **Elimination Period** for payments to be made.

Payments under the Facility **Maximum Monthly Benefit** will reduce Your Facility **Lifetime Maximum**.

TERMINATION

This Rider will terminate if either of the following events occur:

1. Your **Policy** lapses for non-payment of premium.
2. You send a written request terminating this Rider.

NOTE: As this Rider permanently modifies coverage under Your **Policy**, termination of the Rider will result in the termination of Your **Policy**.

OTHER PROVISIONS

All of the terms and conditions 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 signed by the Authorized Officer of MedAmerica Insurance Company as set forth below.



Christopher D. Perna
President