MUTUAL of OMAHA INSURANCE COMPANY
Mutual of Omaha Plaza, Omaha, NE 68175 **1-877-894-2478**

LONG-TERM CARE INSURANCE - OUTLINE OF COVERAGE

For Policy Form Series LTC04I
One or Two Maximum Lifetime Benefits – Tax Qualified or Non-Tax Qualified

Name of Applicant: _____ Date of Application: _____

THE POLICY DOES NOT QUALIFY FOR MEDICAID ASSET PROTECTION UNDER THE IOWA LONG-TERM CARE ASSET PRESERVATION PROGRAM. HOWEVER, THE POLICY IS AN APPROVED LONG-TERM CARE INSURANCE POLICY UNDER STATE INSURANCE REGULATIONS. FOR INFORMATION ABOUT POLICIES AND CERTIFICATES QUALIFYING UNDER THE IOWA LONG-TERM CARE ASSET PRESERVATION PROGRAM, CALL THE SENIOR HEALTH INSURANCE INFORMATION PROGRAM OF THE DIVISION OF INSURANCE AT 1-515-281-5705.

NOTICE TO BUYER: The 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.

CAUTION: The issuance of the long-term care insurance policy is based upon the responses to questions on your application. A copy of your application will be attached to your policy if one is issued to you. If your answers are incorrect or untrue, we have the right to deny benefits or rescind the 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 this address: Mutual of Omaha Insurance Company, Long Term Care Service Office, P. O. Box 64901, St. Paul, MN 55164-0901.

1. POLICY DESIGNATION

This is an individual policy of insurance to be issued in your state of residence.

2. PURPOSE OF THE OUTLINE OF COVERAGE

This outline of coverage provides a very brief description of the important features of the policy. You should compare this outline of coverage to outlines of coverage for other policies available to you. This is not an insurance contract, but only a summary of coverage. Only the individual or group policy contains governing contractual provisions. This means that the individual or group policy sets forth in detail the rights and obligations of both you and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you **READ YOUR POLICY (OR CERTIFICATE) CAREFULLY!**

3. FEDERAL TAX CONSEQUENCES

- ❑ The 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 by the Health Insurance Portability and Accountability Act of 1996 - Public Law 104-191).
- ❑ The policy is not 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 by the Health Insurance Portability and Accountability Act of 1996 - Public Law 104-191).

4. TERMS UNDER WHICH THE POLICY OR CERTIFICATE MAY BE CONTINUED IN FORCE OR DISCONTINUED

Renewability

THIS POLICY IS GUARANTEED RENEWABLE. This means you have the right, subject to the terms of the policy, to continue the policy as long as premiums for your coverage are paid on time. Mutual of Omaha Insurance Company cannot change any of the terms of your policy on its own, except that, in the future, WE MAY INCREASE THE PREMIUM YOU PAY.

Waiver of Premium

We will waive the payment of your premium which becomes due while your policy is in force and you meet the Eligibility for the Payment of Benefits provision requirements. The Waiver of Premium Benefits will not apply if the only benefits you are receiving are Respite Care Benefits; Caregiver Training Benefits; Home Modification Benefits; Informal Caregiver Benefit for Homemaker Services; Medical Alert System Benefits; Durable Medical Equipment Benefits; or Care Coordination Services. To qualify for the waiver of premium benefit, you must be receiving any of the following benefits: Nursing Home, Assisted Living Facility or Home Health Care (at least 8 days per month). If you cease to receive benefits, premium payment will again be required. Future premiums must be paid as they become due.

5. TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS

Premiums will not increase due to a change in your age or health. We can, however, change premiums based on premium class; but only if we change the premiums for all policies issued to your Premium Class in your state. Premium Class means a population segment classified by our actuaries as having similar characteristics, such as form number, rate classification, and selected benefit options or other criteria. Any premium changes will be effective on the next premium due date following our notice to you.

6. TERMS UNDER WHICH THE POLICY OR CERTIFICATE MAY BE RETURNED AND PREMIUM REFUNDED

a) You may cancel your policy for any reason within 30 days after you receive it. To do so, mail or deliver the policy to either us or to the agent or office through which it was purchased. We will refund the full amount of any premium paid within 30 days of such a policy return; and the policy will be considered never to have been issued.

b) The policy contains a provision for the return of unearned premium in the event of termination due to death. It also provides for the return of unearned premium upon surrender or cancellation of the policy.

The optional Return of Premium at Death Less Claims Benefit provides for a refund of premiums upon your death. If the company receives proof of your death while your coverage is in force, we will refund the total amount of premiums paid for the policy (minus all benefits paid under the policy), from the effective date of Return of Premium at Death Less Claims Benefit coverage up to the date of your death.

7. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE

If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from Mutual of Omaha Insurance Company. Neither Mutual of Omaha Insurance Company nor its agents represent Medicare, the federal government, or any state government.

8. LONG-TERM CARE COVERAGE

Policies of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a Nursing Home, in the community, or in the Home. This policy reimburses you for expenses you incur for covered long-term care expenses. An indemnity benefit option is also available under federally tax-qualified coverage for the Nursing Home Benefit and Assisted Living Facility Benefit. The indemnity benefit option provides coverage in the form of a fixed dollar indemnity benefit. It is subject to the Elimination Period, coverage maximums, policy terms and limitations, and other requirements.

9. BENEFITS PROVIDED BY THE POLICY – BENEFIT ELIGIBILITY

Benefits

Benefits are available up to the daily, monthly, annual, and lifetime maximums until the applicable maximum lifetime benefits you selected are exhausted. You may select your level of coverage and coverage features from the options listed in the table below.

COVERAGE SELECTION

One Maximum Lifetime Benefit

Maximum Lifetime Benefit
- ❑ Unlimited
- ❑ 1825 X NH MDB (5 Years)
- ❑ 1460 X NH MDB (4 Years)
- ❑ 1095 X NH MDB (3 Years)
- ❑ 730 X NH MDB (2 Years)

Nursing Home Maximum Daily Benefit (NH MDB)
$ _____

Home Health Care Maximum Daily Benefit
$ _____
❑ 50% ❑ 100% of NH MDB

Assisted Living Facility Maximum Daily Benefit
$ _____
100% of NH MDB

Elimination Period
- ❑ 0 Days ❑ 30 Days
- ❑ 60 Days ❑ 90 Days
- ❑ 180 Days ❑ 365 Days
- ❑ Waiver of Elimination Period for Home Health Care Benefit

Two Maximum Lifetime Benefits

Confinement Maximum Lifetime Benefit
- ❑ Unlimited
- ❑ 1825 X NH MDB (5 Years)
- ❑ 1460 X NH MDB (4 Years)
- ❑ 1095 X NH MDB (3 Years)
- ❑ 730 X NH MDB (2 Years)

Nursing Home Maximum Daily Benefit (NH MDB)
$_____

Assisted Living Facility Maximum Daily Benefit
$_____
100% of NH MDB

Confinement Maximum Benefits Elimination Period
- ❑ 0 Days ❑ 30 Days
- ❑ 60 Days ❑ 90 Days
- ❑ 180 Days ❑ 365 Days

Home Health Care Maximum Lifetime Benefit
- ❑ Unlimited
- ❑ 1825 X HHC MDB (5 Years)
- ❑ 1460 X HHC MDB (4 Years)
- ❑ 1095 X HHC MDB (3 Years)
- ❑ 730 X HHC MDB (2 Years)

Home Health Care Maximum Daily Benefit (HHC MDB)
$_____
Must be at least 50% of NH MDB

Home Health Care Maximum Lifetime Benefits Elimination Period
- ❑ 0 Days ❑ 30 Days
- ❑ 60 Days ❑ 90 Days
- ❑ 180 Days ❑ 365 Days

OPTIONAL BENEFITS

Inflation Protection
- ❑ 5% Compound Inflation
- ❑ 20 Year 5% Compound Inflation
- ❑ 5% Simple Inflation
- ❑ Guaranteed Purchase Option
- ❑ None

- ❑ Non-Tax Qualified Plan
- ❑ Nonforfeiture Benefit - Shortened Benefit Period
- ❑ Return of Premium at Death Less Claims Benefit
- ❑ Spouse Benefit
- ❑ Spouse Waiver of Premium and Survivorship Benefit
- ❑ Monthly Home Health Care Benefits

Indemnity Coverage
- ❑ Nursing Home/Assisted Living

Limited Pay Options
- ❑ 10 Year Option
- ❑ Paid Up at 65 Option
- ❑ None

Nursing Home Benefit
We will pay your covered expenses up to the Nursing Home Maximum Daily Benefit for each day you meet the Eligibility for the Payment of Benefits requirements and are confined in a Nursing Home. The Nursing Home Benefit is subject to your Maximum Lifetime Benefit (if you elect the one maximum lifetime benefit policy) or your Confinement Maximum Lifetime Benefit (if you elect the two maximum lifetime benefit policy).

Nursing Home Bed Reservation Benefit
If you meet the Eligibility for the Payment of Benefits requirements and are absent for any reason (except discharge) during a Nursing Home confinement, and are charged by the facility to reserve your place there we will continue to pay the Nursing Home Benefit as if you were still confined. This benefit is payable for a maximum of 31 days per calendar year. Any unused days cannot be carried over into the next calendar year. The Nursing Home Bed Reservation Benefit is subject to your Maximum Lifetime Benefit (if you elect the one maximum lifetime benefit policy) or your Confinement Maximum Lifetime Benefit (if you elect the two maximum lifetime benefit policy).

Nursing Home Ambulance Benefit
If you meet the Eligibility for the Payment of Benefits requirements and are confined in a Nursing Home, we will pay the actual charges incurred for each round trip you take from a Nursing Home to a hospital. The Nursing Home Ambulance Benefit is subject to the Nursing Home Ambulance Benefit Round Trip Maximum (two times your Nursing Home Maximum Daily Benefit) and a Nursing Home Ambulance Maximum Annual Benefit (four times your Nursing Home Maximum Daily Benefit). It is also subject to the Maximum Lifetime Benefit (if you elect the one maximum lifetime benefit policy) or Confinement Maximum Lifetime Benefit (if you elect the two maximum lifetime benefit policy).

Assisted Living Facility Benefit
We will pay your covered expenses up to the Assisted Living Facility Maximum Daily Benefit for each day you meet the Eligibility for the Payment of Benefits requirements and are confined in an Assisted Living Facility. The Assisted Living Facility Benefit is subject to the Maximum Lifetime Benefit (if you elect the one maximum lifetime benefit product) or the Confinement Maximum Lifetime Benefit (if you elect the two maximum lifetime benefit product).

Assisted Living Facility Bed Reservation Benefit
If you meet the Eligibility for the Payment of Benefits requirements and are absent for any reason (except discharge) during an Assisted Living Facility confinement, and are charged by the facility to reserve your place there we will continue to pay the Assisted Living Facility Benefit as if you were still confined. This benefit is payable for a maximum of 31 days per calendar year. Any unused days cannot be carried over into the next calendar year. The Assisted Living Facility Bed Reservation Benefit is subject to your Maximum Lifetime Benefit (if you elect the one maximum lifetime benefit policy) or your Confinement Maximum Lifetime Benefit (if you elect the two maximum lifetime benefit policy).

Home Health Care Benefit
The Home Health Care Benefit provides benefits for Home Health Care services, Maintenance or Personal Care Services, Homemaker Services and care in an Adult Day Care Center and fees charged for transportation to and from the Adult Day Care Center. If you meet the Eligibility for the Payment of Benefits requirements, we will pay your covered expenses you incur each day up to the Home Health Care Maximum Daily Benefit. The Home Health Care Benefit is subject to your Maximum Lifetime Benefit (if you elect the one maximum lifetime benefit policy) or your Home Health Care Maximum Lifetime Benefit (if you elect the two maximum lifetime benefit policy).

Hospice Care Benefit

The Hospice Care Benefit covers Hospice Care expenses you incur during your confinement in a Hospice Care Facility, Assisted Living Facility or a Nursing Home for: room and board; ancillary services provided by the Hospice Care Facility, Assisted Living Facility or Nursing Home; and patient supplies provided by the Hospice Care Facility, Assisted Living Facility or Nursing Home for care of their residents. The Hospice Care Benefit also includes covered expenses for Home Health Care. If you meet the Eligibility for the Payment of Benefits requirements and you are terminally ill (six months or less to live), we will pay expenses you incur up to the applicable maximum daily benefit and maximum lifetime benefit, depending upon where your Hospice Care is received. You are not required to satisfy the Elimination Period before we will pay the Hospice Care Benefits. However, days on which you receive only Hospice Care services will not count toward satisfying the Elimination Period.

Respite Care Benefit

Respite care is temporary care provided to you to allow time off for those persons who ordinarily care for you on a regular unpaid basis. If you meet the Eligibility for the Payment of Benefits requirements, we will pay the covered expenses you incur for Respite Care in a Nursing Home, Assisted Living Facility or your Home. The amount we pay is subject to the Nursing Home Maximum Daily Benefit, regardless of where your care is received. The Respite Care Maximum Annual Benefit of 31 days is payable only once per calendar year. You are not required to satisfy the Elimination Period before we will pay the Respite Care Benefits. However, days on which you receive only Respite Care services will not count toward satisfying the Elimination Period. The Respite Care Benefit is subject to the Maximum Lifetime Benefit (if you elect the one maximum lifetime benefit policy) or the Confinement Maximum Lifetime Benefit (if you elect the two maximum lifetime benefit policy).

Care Coordination Services

If you meet the Eligibility for the Payment of Benefits requirements, we will provide you with Care Coordination services from a Care Coordination Services Provider designated by us. If requested, a Care Coordinator will help you identify your specific care needs and the long-term care services and programs in your area which can best meet those needs. These services are advisory only and are provided at no additional cost to you. You are not required to follow the recommendations or use the services or providers identified in the Plan of Care. However, we will not pay for the Additional Home Health Care Benefits Available With Care Coordination or the Alternate Care Benefit With Care Coordination Services unless they are recommended by a Care Coordinator. You are not required to satisfy the Elimination Period in order to receive Care Coordination services. However, days on which you receive only Care Coordination services will not count toward satisfying the Elimination Period. Care Coordination Services will not reduce your maximum lifetime benefit(s).

Additional Home Health Care Benefits Available With Care Coordination

Caregiver Training Benefit

If you meet the Eligibility for the Payment of Benefits requirements and Caregiver Training Benefits are recommended by a Care Coordinator in a written Plan of Care, we will pay the covered expenses incurred for training a Family Member or friend to provide care for you in your Home. We will not pay for training provided to someone who will be paid to care for you. The training cannot be received when you are confined in a hospital, Assisted Living Facility or Nursing Home, unless it is reasonably expected that the training will make it possible for you to return to your Home where you can be cared for by the person receiving the training. You are not required to satisfy the Elimination Period before we will pay benefits for Caregiver Training. However, days on which you receive only Caregiver Training will not count toward satisfying the Elimination Period. A Caregiver Training Maximum Lifetime Benefit of 15 times the Home Health Care Daily Maximum Benefit applies to this benefit.

Durable Medical Equipment Benefit

If you meet the Eligibility for the Payment of Benefits requirements, we will pay the expenses you incur for rental or purchase of Durable Medical Equipment when recommended by a Care Coordinator in a written Plan of Care and when mutually agreeable to you and us as a cost-effective alternative to benefits otherwise provided by the policy. Durable Medical Equipment Benefits may be paid in addition to other benefits for covered care received on the same day. You are not required to satisfy the Elimination Period before we will pay the Durable Medical Equipment Benefit. However, days on which you receive only Durable Medical Equipment Benefits will not count toward satisfying the Elimination Period. A Durable Medical Equipment Maximum Lifetime Benefit of 30 times the Home Health Care Maximum Daily Benefit applies to this benefit.

Home Modification Benefit

If you meet the Eligibility for the Payment of Benefits requirements, we will pay the expenses you incur for Home Modification when recommended by a Care Coordinator in a Plan of Care and when mutually agreeable to you and us as a cost-effective alternative to benefits otherwise provided by the policy. This benefit may not be used solely to increase the value of your Home. You are not required to satisfy the Elimination Period before we will pay the Home Modification Benefit. However, days on which you receive only Home Modification Benefits will not count toward satisfying the Elimination Period. A Home Modification Maximum Lifetime Benefit of 60 times the Home Health Care Maximum Daily Benefit applies to this benefit.

Informal Caregiver Benefits for Homemaker Services

If you meet the Eligibility for the Payment of Benefits requirements and Informal Caregiver Benefits for Homemaker Services Benefits are recommended by a Care Coordinator in a written Plan of Care, we will pay a daily benefit for care you receive from an Informal Caregiver who does not normally reside with you and who is providing you with Maintenance or Personal Care Services. The daily benefit is equal to 25% of the Home Health Care Maximum Daily Benefit.

Medical Alert System Benefit

If you meet the Eligibility for the Payment of Benefits requirements, we will pay the expenses you incur for the installation and rental of a Medical Alert System if the use of such system is recommended by a Care Coordinator in a written Plan of Care and is mutually agreeable to you and us as a cost-effective alternative to benefits otherwise provided by the policy. You are not required to satisfy the Elimination Period before we will pay the Medical Alert System Benefit. However, days on which you receive only Medical Alert System Benefits will not count toward satisfying the Elimination Period. The Medical Alert System Benefit is subject to the Medical Alert System Maximum Installation Benefit (one times the Home Health Care Maximum Daily Benefit) for the installation of the system and the Medical Alert System Maximum Monthly Benefit (.5 times the Home Health Care Maximum Daily Benefit) for the monthly operation of the system up to the Medical Alert System Maximum Lifetime Benefit (30 times the Home Health Care Maximum Daily Benefit).

Alternate Care Benefit With Care Coordination Services

You must meet the Eligibility for the Payment of Benefits requirements in order to be eligible to receive the Alternate Care Benefit With Care Coordination Services. The Care Coordinator may identify alternate services or special treatments, devices or types of care, consistent with generally accepted medical practices, in a written alternate Plan of Care for which no benefits are otherwise payable under the policy. This includes new types of Qualified Long-term Care Services that may be developed at some future time. If you choose the non-tax qualified plan, we will consider new types of long-term care services that may be developed at some future time. The Care Coordinator, you or your representative, your Physician (if appropriate) and we must all agree that the alternate services or special treatments, devices or types of care

are alternate forms of treatment appropriate to meet your needs and are determined to be a cost-saving alternative.

International Travel Benefit
If you meet the Eligibility for the Payment of Benefits requirements while you are traveling outside the United States, its possessions or territories, we will pay you a cash indemnity benefit for covered services according to the terms of the policy. This payment is in lieu of all benefit payments otherwise available under the policy. We will pay the Nursing Home Maximum Daily Benefit for each day you are eligible to receive the International Travel Benefit, for a period not to exceed a maximum lifetime benefit of 31 days. All benefit payments made will be in U.S. dollars.

Restoration of Benefits
Following a period during which we had been paying benefits, we will restore your remaining Maximum Lifetime Benefit (if you elect the one maximum lifetime benefit policy) or the Confinement Maximum Lifetime Benefit and Home Health Care Maximum Lifetime Benefit (if you elect the two maximum lifetime benefit policy) to their most recent levels before you received benefits if you meet a Qualification Free Period. If all of the conditions of the Qualification Free Period are met, the maximum lifetime benefit(s) will be restored on the 181st day after the last date you incur covered expenses or receive covered services. Your maximum lifetime benefit(s) may be restored an unlimited number of times, as long as the Qualification Free Period is met each time. The restored amount will not exceed any maximum lifetime benefit(s) payable. The maximum lifetime benefit(s) is/are the only benefit limit(s) to be restored. No Restoration of Benefits will be available if your maximum lifetime benefit(s) has/have been reduced to zero.

OPTIONAL BENEFITS

You may elect any of the following options to expand the benefits under the policy:

Spouse Benefit *(For tax-qualified plans only.)*
If you choose the tax-qualified plan and you are receiving benefits, we will pay you an additional cash benefit. The additional benefit that we will pay is the spouse benefit percentage (60%) multiplied by the daily or, if applicable, monthly benefit we pay you for covered expenses you incur. Benefits paid under this provision will not reduce any applicable maximum lifetime benefit(s).

Spouse Waiver of Premium and Survivorship Benefit
If both you and your Spouse are covered under Mutual of Omaha Long-Term Care Insurance policy series LTC04I and each of you has elected this coverage option you are eligible for the following benefits:
Spouse Waiver Of Premium: We will waive the payment of your premium after your Spouse qualifies for the Waiver of Premium Benefit. We will credit the pro-rata amount of premium paid for future periods after the premium waiver begins. Your premium will be waived for as long as your Spouse's premium continues to be waived and both policies are in force. Once your Spouse's Waiver of Premium ends, you must pay future premiums for your policy as they become due.
Survivorship Benefit: This benefit is applicable only if both you and your spouse are covered under Mutual of Omaha Long-Term Care Insurance policy series LTC04I and this benefit, and you and your Spouse are living on the tenth anniversary of the effective date of this benefit, and both policies are in force. If your Spouse dies on or after the tenth anniversary of the effective date of this benefit, your policy will become paid up effective on its next premium due date and will continue in force without further premium payments for the rest of your lifetime. Any benefit added or increased prior to your Spouse's death must be paid for at least ten years from the date of such increase or addition before the premium for this addition or increase will be paid-up due to this benefit. The premium for any benefit added after the death of your spouse will not be paid up.

Monthly Home Health Care Benefit
If you elect this option and meet the Eligibility for the Payment of Benefits requirements, we will pay the covered expenses you incur for Home Health Care during a calendar month up to the Monthly Home Health Care Benefit. The monthly maximum is 31 times the Home Health Care Maximum Daily Benefit. The Monthly Home Health Care Benefit provides benefits for services when provided to you by a Home Health Care Agency or by an Independent Provider for: Home Health Care services, Maintenance or Personal Care Services, care in an Adult Day Care Center and fees charged for transportation to and from the Adult Day Care Center, and Homemaker Services. You do not have to incur covered expenses on each day of the month in order to receive the full amount of the Monthly Home Health Care Benefit. However, if you do not meet the other Eligibility for the Payment of Benefits requirements for the full calendar month, your Monthly Home Health Care Benefit will be pro-rated. The reduced amount will reflect the actual number of days for which you meet the Eligibility for the Payment of Benefits requirements. The Monthly Home Health Care Benefit is subject to the Maximum Lifetime Benefit (if you elect the one maximum lifetime benefit policy) or the Home Health Care Maximum Lifetime Benefit (if you elect the two maximum lifetime benefit policy).

Indemnity Benefit Option *(For tax-qualified plans only.)*
If you choose the tax-qualified plan and elect this option and meet the Eligibility for the Payment of Benefits requirements, the amount we will pay when you are eligible to receive the Nursing Home Benefit or the Assisted Living Facility Benefit will be modified as described below.

Nursing Home Indemnity Benefit:
This benefit will be paid the same as the Nursing Home Benefit, except that we will pay the Nursing Home Indemnity Maximum Daily Benefit instead of paying covered expenses you have incurred up to the Nursing Home Maximum Daily Benefit.

Assisted Living Facility Indemnity Benefit:
This benefit will be paid the same as the Assisted Living Facility Benefit, except that we will pay the Assisted Living Facility Indemnity Maximum Daily Benefit instead of paying covered expenses you have incurred up to the Assisted Living Facility Maximum Daily Benefit.

Christian Science Providers
The Alternate Care Benefit With Care Coordination Services includes services: provided by an accredited Christian Science Nurse listed in the Christian Science Journal; and incurred while confined in a Christian Science nursing facility currently recognized by The Commission for Accreditation of Christian Science Nursing Organizations/Facilities, Inc., or any comparable accrediting organization, as long as such services are included in a written alternate Plan of Care.

LIMITED PREMIUM PAYMENT OPTIONS

You may elect any of the following options to pay the premiums for your policy within a limited time period:

10-Year Premium Payment Option
This option provides that your policy premiums may be paid over a ten-year period, after which no additional premiums will be due. Prior to the end of your tenth policy year, you must make sure that you pay the premiums when they are due to continue your policy. If the premium for your policy increases due to the addition of any option, the amount of the premium increase must be paid by you until the tenth anniversary of the date of the increase. Prior to the end of your tenth policy year, we have the right to

change your premiums in accordance with the Terms Under Which The Company May Change Premiums section.

To-Age-65 Premium Payment Option

This option provides that your policy premiums may be paid as due until the anniversary of the original policy effective date following your 65th birthday, after which no additional premiums will be due. Prior to your 65th birthday, you must make sure that you pay the premiums when they are due to continue your policy. If the premium for your policy increases due to the addition of any option, the amount of the premium increase must be paid by you until the anniversary of the effective date of the option following your 65th birthday. Prior to the policy anniversary date following your 65th birthday, we have the right to change your premiums in accordance with the Terms Under Which the Company May Change Premiums section.

OPTIONAL NONFORFEITURE BENEFITS

Nonforfeiture Benefit – Shortened Benefit Period

If you elect the optional Nonforfeiture Benefit–Shortened Benefit Period, it will provide a continuation of your policy up to a specified dollar amount, called the Shortened Benefit Period Allowance, if your policy terminates due to non-payment of premium before your Maximum Lifetime Benefit (if you elect the one maximum lifetime benefit policy) or your Confinement Maximum Lifetime Benefit and Home Health Care Maximum Lifetime Benefit (if you elect the two maximum lifetime benefit policy) has/have been paid. If your policy terminates due to non-payment of premium on or after the third anniversary of the effective date of the option, we will continue to pay benefits, subject to all of the terms and conditions of the policy, until the Shortened Benefit Period Allowance has been reached or when you no longer meet the Eligibility for the Payment of Benefits requirements of the policy, whichever occurs first. The Shortened Benefit Period Allowance we will pay will be the greater of: (a) one hundred percent (100%) of the sum of all premiums paid for your coverage, excluding any waived premiums; or (b) 30 times your Nursing Home Maximum Daily Benefit in effect at the time of lapse. The Shortened Benefit Period Allowance is reduced by the sum of all benefits previously paid to you. In no event will the total of benefits payable under the policy exceed your Maximum Lifetime Benefit (if you elect the one maximum lifetime benefit policy) or the Confinement Maximum Lifetime Benefit and Home Health Care Maximum Lifetime Benefit (if you elect the two maximum lifetime benefit policy).

Contingent Nonforfeiture Benefit

You will receive coverage under this benefit if you do not elect the Nonforfeiture Benefit–Shortened Benefit Period. If there is an increase in premium rates so that the cumulative amount of all premium rate increases is considered to be a substantial increase in premium rates, as determined by the table shown below, we will do all of the following:

- We will offer to reduce your current level of coverage without evidence of insurability so that the required premium rates for your coverage are not increased.
- We will offer to convert coverage to a paid-up status with a shortened benefit period as described below. This option may be elected at any time during the 120-day period following the date of the premium rate increase.
- We will notify you that a default or lapse at any time during the 120-day period following the date of the premium increase will be deemed to be the election of the preceding offer to convert. A default or lapse is your failure to pay the required premiums within the grace period.

Shortened Benefit Period
We will continue to pay benefits, subject to all of the terms and conditions of the policy, until the Shortened Benefit Period Allowance has been reached or when you no longer meet the Eligibility for the Payment of Benefits requirements of the policy, whichever occurs first. The Shortened Benefit Period Allowance we will pay will be the greater of: (a) one hundred percent (100%) of the sum of all premiums paid for your coverage under the policy, excluding any waived premiums; or (b) 30 times your Nursing Home Maximum Daily Benefit in effect at the time of lapse. The Shortened Benefit Period Allowance is reduced by the sum of all benefits previously paid to you. In no event will the total of benefits payable under the policy exceed your Maximum Lifetime Benefit (if you elect the one maximum lifetime benefit policy) or the Confinement Maximum Lifetime Benefit and Home Health Care Maximum Lifetime Benefit (if you elect the two maximum lifetime benefit policy).

Please refer to the chart below to determine whether or not a change in premiums constitutes a Substantial Premium Increase. Cumulative premium increases over original premium that will allow Contingent Nonforfeiture Benefit to be initiated appear in the chart. (Percentage increase is cumulative from date of original issue. It does NOT represent a one-time increase.)

Triggers for a Substantial Premium Increase

Issue Age	% Increase Over Initial Annual Premium	Issue Age	% Increase Over Initial Annual Premium	Issue Age	% Increase Over Initial Annual Premium
29 and under	200%	66	48%	79	22%
30-34	190%	67	46%	80	20%
35-39	170%	68	44%	81	19%
40-44	150%	69	42%	82	18%
45-49	130%	70	40%	83	17%
50-54	110%	71	38%	84	16%
55-59	90%	72	36%	85	15%
60	70%	73	34%	86	14%
61	66%	74	32%	87	13%
62	62%	75	30%	88	12%
63	58%	76	28%	89	11%
64	54%	77	26%	90 and over	10%
65	50%	78	24%		

ELIGIBILITY FOR THE PAYMENT OF BENEFITS (FOR TAX QUALIFIED POLICY)
For you to be eligible for benefits provided by the policy, we must verify that you are Chronically Ill and that you have been certified as Chronically Ill within the past 12 months by a Licensed Health Care Practitioner. In addition:

- You must also satisfy the Elimination Period;
- The service must be covered under the policy and be provided pursuant to a written Plan of Care;
- You must not have exhausted any daily, monthly, annual or lifetime limits on the specific benefits claimed; and
- The service, cost or item for which benefits are payable must constitute Qualified Long-term Care Services.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS (FOR NON-TAX QUALIFIED POLICY)
For you to be eligible for benefits provided by the policy, we must verify that you meet the Qualifying for Benefits criteria. In addition:

- You must also satisfy the Elimination Period;
- The service must be covered under the policy and be provided pursuant to a written Plan of Care; and
- You must not have exhausted any daily, monthly, annual or lifetime limits on the specific benefits claimed.

10. EXCLUSIONS AND LIMITATIONS

With respect to reimbursement benefits, the policy will not pay any expenses incurred for room and board, care, treatment, services, equipment, or other items as listed below. With respect to indemnity benefits, the policy will not pay for room and board, care, treatment, services, equipment, or other items as listed below.

1. care or services provided by a Family Member unless:
   a) he or she is a regular employee of an organization which is providing the treatment, service or care; and
   b) the organization receives the payment for the treatment, service or care; and
   c) he or she receives no compensation other than the normal compensation for employees in his or her job category; or
   d) such care or services are received under the Informal Caregiver for Homemaker Services Benefit; or
2. care or services for which no charge is made in the absence of insurance; or
3. care or services provided outside the United States of America, Canada or the United Kingdom except as provided for under the International Travel Benefit; or
4. care or services that result from war or act of war, whether declared or undeclared; or
5. care or services that result from suicide (while sane or insane), an attempt at suicide or an intentionally self-inflicted injury; or
6. care or services for alcoholism or drug addiction (except for an addiction to a prescription medication when administered in accordance with the advice of your Physician); or
7. treatment provided in a government facility (unless otherwise required by law) except a Veteran's Administration facility; services for which benefits are available under Medicare or other governmental program (except Medicaid), any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law; or
8. services received while the policy is not in force, except as provided in the Extension of Benefits section.

Non-Duplication With Veteran's Administration Benefits
We will pay the difference between your actual expenses incurred in a Veteran's Administration facility and the benefits payable for covered expenses you incur or covered services you receive that are provided by or in the Veteran's Administration facility. Our payment will not exceed the amount we would have paid in the absence of any Veteran's Administration benefits.

Coordination With Medicare
If you choose the tax-qualified plan, we will not pay expenses incurred for services or items to the extent that such expenses are reimbursable under Title XVIII of the Social Security Act (Medicare) or would be so reimbursable for the application of a deductible or coinsurance amount.

THIS POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.

11. RELATIONSHIP OF COST OF CARE AND BENEFITS

Because the costs of long-term care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted. You may elect one of the inflation protection options to increase your coverage. Only increases taken in accordance with one of the inflation protection options do not require proof of insurability.

5% Compound Inflation Protection

If you elect the optional 5% Compound Inflation Protection Benefit, we will increase each maximum daily benefit and the remaining amount of each maximum lifetime benefit shown in the Coverage Selection area of the policy you elect (one maximum lifetime benefit or two maximum lifetime benefits), by 5% compounded annually, as long as the benefit and your policy remain in force. The increase will be effective on each anniversary of the benefit even if you are receiving benefits.

5%Compound Inflation Protection – 20 Year

If you elect the optional 5% Compound Inflation Protection-20 Year Benefit, we will increase each maximum daily benefit and the remaining amount of each maximum lifetime benefit shown in the Coverage Selection area of the policy you elect (one maximum lifetime benefit or two maximum lifetime benefits), by 5% compounded annually through the 20th anniversary date of the benefit, as long as the benefit and your policy remain in force. The increase will be effective on each anniversary of the benefit through the 20th anniversary date of the benefit even if you are receiving benefits.

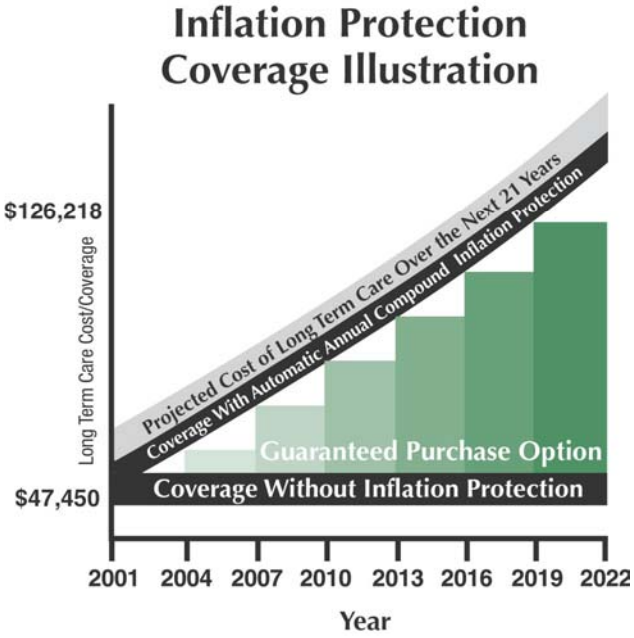
5% Simple Inflation Protection

If you elect the optional 5% Simple Inflation Protection Benefit, we will increase each original maximum daily benefit and the lesser of the initial amount of or the unused balance remaining in each maximum lifetime benefit shown in the Coverage Selection area of the policy you elect (one maximum lifetime benefit or two maximum lifetime benefits), by 5% as long as the benefit and your policy remain in force. The increase will be effective on each anniversary of the effective date of the benefit even if you are receiving benefits.

Guaranteed Purchase Option

If you elect this option, you will periodically be offered the option to increase the original amount of each maximum daily benefit and the remaining amount of each maximum lifetime benefit shown in the Coverage Selection area of the policy you elect (one maximum lifetime benefit or two maximum lifetime benefits). An offer will be made beginning on the second anniversary of the original policy effective date, or until the first policy anniversary date coinciding with or next following your 80th birthday, whichever occurs first, as long as your coverage remains in force, you have not refused two consecutive offers and you are not receiving benefits under the policy. If the 2nd anniversary of the original policy effective date coincides with or follows your 80th birthday, you will receive only one offer to increase your maximum daily benefits. Each offer to increase the maximum daily benefits will be 10% of the original maximum daily benefits you elected when your policy was issued. Amounts greater than or less than 10% may not be purchased under this option. Additional premium will be required for each increase in coverage, and such premium will be based on your age and premium rate as of the effective date of the offer.

Inflation Protection – Graphic Comparisons

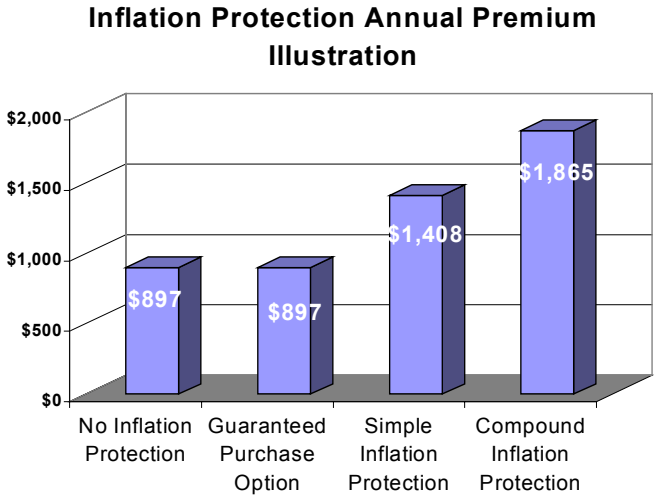


This chart compares and contrasts the anticipated cost for one year of institutional care over a 25-year period with the maximum lifetime benefit for three types of coverage: one with 5% compound inflation protection; one with Guaranteed Purchase Option; and one with no inflation protection at all. The chart assumes that the insured starts with $47,450 in coverage.

One maximum lifetime benefit policies:

The chart to the right compares the annual premium paid by a 63-year old for a tax qualified policy with 5% compound inflation protection; 5% simple inflation protection; Guaranteed Purchase Option; and no inflation protection, assuming the following coverage features:

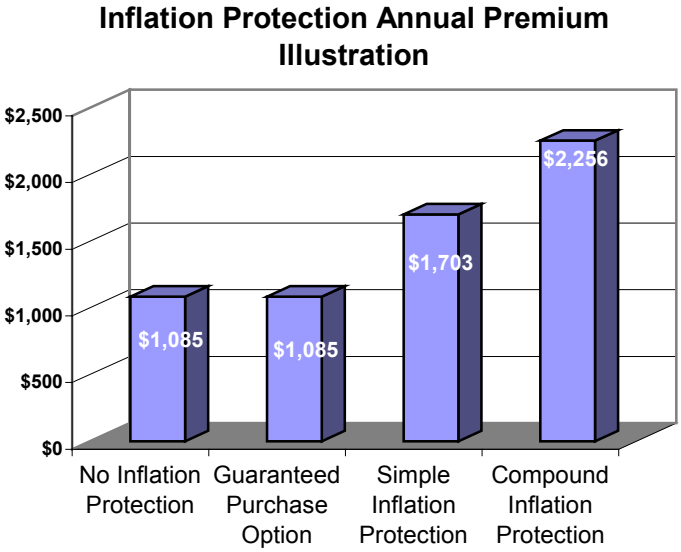
- a Maximum Lifetime Benefit (MLB) of 1,095 times the Nursing Home MDB;
- a $70 Nursing Home MDB;
- a Home Health Care MDB of $70;
- and an Elimination Period of 0 days.



Two maximum lifetime benefits policies:

The chart to the right compares the annual premium paid by a 63-year old for a tax qualified policy with 5% compound inflation protection; 5% simple inflation protection; Guaranteed Purchase Option; and no inflation protection, assuming the following coverage features:

- a Confinement MLB of 1,095 times the Nursing Home MDB;
- a Home Health Care MLB of 1,095 times the Nursing Home MDB;
- a $70 Nursing Home MDB;
- a Home Health Care MDB of $70;
- and an Elimination Period of 0 days.



12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS

Once your application for coverage under the policy is approved, the policy provides coverage for treatment of Alzheimer's disease, Parkinson's disease, senile dementia, and all other forms of organic brain disease.

13. PREMIUM

Refer to the table below to find the annual premium.

PREMIUM	
Premium Payment Mode (Adjustment Factor) ❑ Annual (1.0) ❑ Semi-Annual (.52) ❑ Quarterly (.265) ❑ Monthly Electronic Funds Transfer (.09)	
Basic Policy Coverage Premium:	$
Nonforfeiture Benefit – Shortened Benefit Period:	$
5% Compound Inflation Protection:	$
5% Compound Inflation Protection – 20 Year:	$
5% Simple Inflation Protection:	$
Return of Premium at Death Less Claims Benefit:	$
Monthly Home Health Care Benefit:	$
Spouse Benefit – 60%:	$
Spouse Waiver of Premium and Survivorship Benefit:	$
Limited Pay - 10 Pay Option:	$
Limited Pay - Paid Up at 65 Option:	$
Nursing Home/Assisted Living Facility Indemnity Benefit:	$
Waiver of Elimination Period for Home Health Care Benefit:	$
Total Annual Premium:	$
Modal Premium:	$
(Annual X Mode Factor)	

14. ADDITIONAL FEATURES

Underwriting

Medical underwriting is required. We will underwrite your application by reviewing one or more of the following: the information submitted on your application; an attending Physician's report; copies of your medical records; a medical evaluation; a telephone interview; and an in-person interview.

Extension of Benefits

If your policy terminates due to failure to pay premium while you are confined in a Nursing Home, an Assisted Living Facility, or a Hospice Care Facility, benefits will be paid in the same manner as if your policy was in force. Extension of Benefits stops on the earlier of the date when you no longer meet the Eligibility for the Payment of Benefits requirements; the date you are no longer confined in a Nursing Home, an Assisted Living Facility or a Hospice Care Facility; or the date your maximum lifetime benefit(s) are reached.

Added Protection Against Lapse

If your coverage terminates due to non-payment of premiums because you were Chronically Ill, your coverage will be reinstated if we receive proof from a Licensed Health Care Practitioner (or other proof approved by us) that you were Chronically Ill. If you choose the non-tax qualified plan and your coverage terminates due to non-payment of premiums because you met the Qualifying for Benefits criteria, your coverage will be reinstated if we receive proof from a Licensed Health Care Practitioner (or other proof approved by us) that you met the Qualifying for Benefits criteria.

We must receive such proof and you must pay all past due premiums for the coverage that was in force within five (5) months after termination of your policy.

15. CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG-TERM CARE INSURANCE POLICY.

DEFINITIONS

Activities of Daily Living means the following self-care functions:

Bathing: Washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.

Dressing: Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.

Toileting: Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.

Transferring: Moving into or out of a bed, chair or wheelchair.

Continence: The ability to maintain control of bowel and bladder function; 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.)

Eating: Feeding oneself by getting food into the body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously.

Adult Day Care means a program for six or more individuals of social and health-related services provided during the day in a community group setting for the purpose of supporting frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside the Home.

Adult Day Care Center means a facility that is licensed or certified to provide a planned program of adult day care services by the state in which it operates. If the state does not license or certify such facilities, then it must be operated pursuant to law and meet certain standards.

Assisted Living Facility means, for facilities located in the State of Iowa, a facility certified as an assisted living facility pursuant to state law. For facilities located outside the State of Iowa, Assisted Living Facility means a facility that is licensed or certified and engages primarily in providing ongoing care in one location. The facility must have an employee on-site 24 hours a day and provide care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or Severe Cognitive Impairment. If the state does not license or certify such facilities, then it must be operated pursuant to law and meet certain standards.

Care Coordination Services Provider means an agency, entity or person designated by us that provides care coordination and meets certain standards that pertain to staffing requirements, quality assurance, agency functions, and reporting and records maintenance requirements.

Care Coordinator means a Licensed Health Care Practitioner employed by or under contract to a Care Coordination Services Provider designated by us who is qualified by training and experience to assess and coordinate the overall care needs of a person who is Chronically Ill. If you choose the non-tax qualified plan, Care Coordinator means a nurse or licensed social worker employed by or under contract to a Care Coordination Services Provider designated by us who is qualified by training and experience to assess and coordinate the overall care needs of a person who meets the Qualifying for Benefits criteria.

Chronically Ill as used for tax-qualified plans only, means that you have been certified by a Licensed Health Care Practitioner as: a) being unable to perform, without Substantial Assistance from another person, at least two Activities of Daily Living for a period that is expected to last at least 90 consecutive days due to a loss of functional capacity, or b) requiring Substantial Supervision to protect yourself from threats to health and safety due to a Severe Cognitive Impairment.

Durable Medical Equipment means equipment included in your Plan of Care which: is functionally necessary and not just for your convenience; is designed for repeated and prolonged use; is suited for use in the Home; and can enhance your ability to perform Activities of Daily Living.

Infusion pumps, special hospital-style beds, walkers, or wheelchairs are examples of types of equipment that may be considered Durable Medical Equipment. Durable Medical Equipment does not include any drug, medicine or equipment implanted in your body, temporarily or permanently. Also not included is any Home Modification, motorized scooter, or sporting, protective, athletic or exercise equipment.

Elimination Period means the total number of days that you remain Chronically Ill and incur covered expenses or receive covered services before benefits are payable. If you choose the non-tax qualified plan, it means the total number of days that you must meet the Qualifying for Benefits criteria and incur covered expenses or receive covered services before benefits are payable. The Elimination Period begins on the first day that you are Chronically Ill (for tax qualified plans) or meet the Qualifying for Benefits criteria (for non-tax qualified plans) and incur covered expenses or receive covered services. Each day on which you remain Chronically Ill (for tax qualified plans) or meet the Qualifying for Benefits criteria (for non-tax qualified plans) and incur covered expenses or receive covered services will count toward the Elimination Period. The days do not have to be consecutive. The number of days may be accumulated before the filing of a claim if we can establish that you met these requirements before the filing of a claim. As indicated in the Coverage Selections area, if you elected the two maximum lifetime benefits policy you may elect different Elimination Periods for different benefits. However, any day that counts towards satisfying one Elimination Period also counts towards satisfying the other Elimination Period. The Elimination Period need only be met once during your lifetime. If your coverage includes the Waiver of Elimination Period for Home Health Care Benefits, no days on which you are Chronically Ill (for tax qualified plans) or meet the Qualifying for Benefits criteria (for non-tax qualified plans) and incur covered expenses or receive covered services for Home Health Care will count towards satisfying the Elimination Period.

Note, the Elimination Period applies to all policy benefits, except: the Respite Care Benefit; the Hospice Care Benefit; the Caregiver Training Benefit; the Durable Medical Equipment Benefit; the Home Modification Benefit; the Medical Alert System Benefit; and the Care Coordination Services.

Family Member means your spouse and anyone who is related to you or your spouse (including adopted, in-law and step-relatives) as a parent, grandparent, child, grandchild, brother, sister, aunt, uncle, first cousin, nephew or niece.

Home means the place where you maintain independent residence. Home does not mean: a Nursing Home; a hospital; an Assisted Living Facility; any other institutional setting where you are dependent on others for assistance with Activities of Daily Living; or the residence of the person providing the Homemaker Services or Home Health Care.

Home Health Care means part-time or intermittent skilled services provided by a nurse; to support your compliance with your medication/treatment regimen; home health aide services; physical therapy, respiratory therapy, occupational therapy or speech therapy. These services must be provided in your Home by a Home Health Agency.

Home Health Care Agency means an entity that is regularly engaged in providing Home Health Care services, Maintenance or Personal Care Services or Homemaker Services for compensation and employs staff who are qualified by training or experience to provide such care. The entity must: be supervised by a qualified professional such as a Registered Nurse (RN), a licensed social worker, or a Physician; keep clinical records or care plans on all patients; provide ongoing supervision and training to its employees appropriate to the services to be provided; and have the appropriate state licensure, accreditation or certification, where required.

Homemaker Services means the following services which you receive from a paid eligible provider to the extent that they constitute Maintenance or Personal Care Services: laundry services; routine food shopping and errands; meal preparation and cleanup; and domestic or cleaning services.

Hospice Care means services designed to provide palliative care and alleviate your physical, emotional and social discomforts if you are terminally ill and in the last phases of life.

Licensed Health Care Practitioner means any of the following who is not a Family Member: a Physician; a registered professional nurse; a licensed social worker; or any other individual who meets such requirements as may be prescribed by the Secretary of the Treasury of the United States.

Maintenance or Personal Care Services means any care the primary purpose of which is the provision of needed assistance with helping you conduct your Activities of Daily Living while you are Chronically Ill (for tax-qualified plans) or while you meet the Qualifying for Benefits criteria (for non-tax qualified plans). This includes protection from threats to health and safety due to Severe Cognitive Impairment.

Medical Alert System means a communication system installed in your Home that is used solely for the purpose of calling for assistance in the event of a medical emergency. A Medical Alert System does not include charges for a normal telephone service, or for a home security system, or any other similar service or device.

Medical Necessity as used for non-tax qualified policies, means medical services that are: provided in accordance with accepted standards of medical practice; provided as required by the patient's medical condition; not provided solely for the patient's or Physician's convenience; and approved by the Care Coordinator under a Plan of Care.

Nursing Home means a facility or distinctly separate part of a hospital or other institution that is appropriately licensed or certified, or complies with the state's facility licensing requirements, to engage primarily in providing nursing care to inpatients under a planned program supervised by a Physician. A Nursing Home provides 24-hour-a-day nursing care at skilled, intermediate, and/or custodial levels.

Physician means a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the state in which he or she performs such function or action other than you or a Family Member. He or she must be providing services within the scope of his or her license. Physician does not include: you; a Family Member; anyone who normally resides in your Home; or anyone who has a financial interest in, or is an employee of, a facility, agency, or center administering the Plan of Care.

Plan of Care means a written individualized plan of services approved by us and prescribed by a Licensed Health Care Practitioner. The Plan of Care specifies your long-term care needs and the type, frequency, and providers of the services appropriate to meet those needs and the costs, if any, of those services. The Plan of Care will be modified as required to reflect changes in: your functional or cognitive abilities; your social situation; and your care service needs.

Qualification Free Period as used for tax-qualified plans only, means a period of 180 consecutive days during which a Licensed Health Care Practitioner certifies, that you meet the following: you are able to perform, without Substantial Assistance from another individual, all Activities of Daily Living; and you do not require Substantial Supervision by another person to protect yourself from threats to health and safety due to Severe Cognitive Impairment; and you have been informed by your Physician or Licensed Health Care Practitioner that you no longer require, and have not been advised to receive, and are not receiving, services that would otherwise have been covered by the policy.

Qualification Free Period as used for non-tax qualified plans only, means a period of 180 consecutive days during which a Licensed Health Care Practitioner certifies, that you meet the following: you are able to perform, without Substantial Assistance from another individual, all Activities of Daily Living; and you do not require Substantial Supervision by another person to protect yourself from threats to health and safety due to Severe Cognitive Impairment; and you have been informed by your Physician or Licensed Health Care Practitioner that you no longer require, and have not been advised to receive, and are not receiving, services that would otherwise have been covered by the policy. In addition, your Physician or the Licensed Health Care Practitioner must certify that no care or services are necessary for you due to Medical Necessity.

Qualified Long-term Care Services as used for tax-qualified plans only, means necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services and Maintenance or Personal Care Services which are required by a Chronically Ill individual and are provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

Qualifying for Benefits Criteria as used for non-tax qualified policies only, means you are unable to perform (without Substantial Assistance from another individual) at least two Activities of Daily Living due to a loss of functional capacity; or you require Substantial Supervision to protect yourself from threats to health and safety due to a Severe Cognitive Impairment; or you have a Medical Necessity as verified by your Care Coordinator and approved by us.

Severe Cognitive Impairment means a loss or deterioration in intellectual capacity that is comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia; and is measured by clinical evidence and standardized tests that reliably measure impairment in your: short-term or long-term memory; orientation as to people, places or time; and deductive or abstract reasoning.

Spouse means the person you are legally married to.

Substantial Assistance means either Hands-on Assistance or Standby Assistance.
Hands-on Assistance is the physical assistance of another person without which you would be unable to perform the Activities of Daily Living.
Standby Assistance means the presence of another person, within your arm's reach, that is necessary to prevent, by physical intervention, your injury while you are performing the Activity of Daily Living.

Substantial Supervision means continual supervision (which may include cueing by verbal prompting, gestures, or other demonstrations) by another person that is necessary to protect you from threats to your health or safety (including, but not limited to, such threats as may result from wandering.)