Interstate Insurance
Product Regulation Commission

States, Strength & Speed Aligned

TO: Management Committee

FROM: Product Standards Committee

DATE: May 7, 2010

SUBJECT: Key Policy Issues Raised in Comments on Uniform Standards for Individual Long-Term Care Insurance

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During its March 25 meeting, the Management Committee directed the Product Standards Committee ("PSC") to review and respond to public comments regarding the proposed Uniform Standards for long-term care. This memorandum provides the PSC's response to certain key policy questions raised in the comments, and presents points in support and opposition to several alternatives to the currently recommended approach. The PSC received public comments on this memorandum on April 27, 2010.

I. Rate Filing Standards

The drafters of the Uniform Standards for individual long-term care insurance spent significant time considering how to structure the Rate Filing Standards.[1] Many regulators believe there is tremendous benefit in having both the initial rate and the rate increase for a product reviewed under a uniform set of standards with the approved rate being consistent for the particular product regardless of where the product is initially sold or where the benefits are ultimately used.

Long-term care insurance is an asset-based product and operates differently than health insurance. A consumer is purchasing a level of long-term care benefit, e.g., $100 per day in daily benefits rather than a level of health-care coverage, e.g., doctor and hospital visits/tests/treatment. Like life insurance, a person may purchase a long-term care insurance policy in one state then months or years later, move to another state and carry their policy with them. The person can use the benefits to apply to the cost of long-term care to a facility outside the original state where the policy was purchased.

A standard long-term care insurance policy offers coverage at a specified level of X dollars per day. An individual that is about to enter the nursing home or assisted living facility is likely to seek the best, and hence the priciest, accommodation that the policy will cover. There is no incentive to select a cheaper facility than what the policy would provide for. In addition, the insured is free to choose a facility in any geographical area. Therefore, one would expect the

[1] The proposed Rate Filing Standards are the Rate Filing Standards for Individual Long-Term Care Insurance Policies—Issue Age Rate Schedules Only and the Rate Filing Standards for Individual Long-Term Care Insurance Policies—Modified Rate Schedules.

cost of coverage to be unrelated to the actual cost of the nursing home in a particular area. Rather, the differences in cost would reflect overall health, presence of the immediate and extended family, personal traits, and societal culture.

During the drafting discussion and consideration process, evidence was not presented to justify geographic or state-specific differences of initial rates or rate increases for the same or similar long-term care policy coverage or benefits. Today, long-term care rates, especially rate increases, tend to vary due to the level of authority or discretion exercised by states in terms of either permitting the actuarially-justified rate or reducing the actuarially-justified rate based on statutory caps, phase-in approach or other discretionary authority to reduce below rates based on documented, actuarial justification. A 2008 Government Accountability Office report concluded that "*Consumers may face more risk of a rate increase depending on [among other things] which state is reviewing a proposed rate increase on their policy.*"[2]

The Attachment 1 spreadsheet shows the complete rate increase history for all states for a particular block of business. The spreadsheet is based on information submitted to Utah as a part of supporting documentation with a rate increase request. States are identified only by annualized premiums to show the size of the block for each state. Two observations grabbed the drafters' attention:

- First, the cumulative rate increases to date for this legacy block of business range from 0% to 268%. The PSC believes that the initial rate was largely uniform across the states.[3] If this is the case, today some policyholders pay more than 3.5 times as much as others.
- Second, the same range of increases can be observed for the five states with the smallest blocks of business. Arguably, experience in these states is not credible, and hence they base their decisions on nationwide data. So, consumers in five jurisdictions ended up with very different results based on the state's regulatory framework for long-term care insurance rates.

This data provides a very strong indication that the current review process is not the most equitable approach for consumers nationwide. The opportunity to draft Uniform Standards is also an opportunity to take a critical look at the current state of affairs and come up with a process that is more equitable to all consumers. For that reason, the drafters recommended the proposed Uniform Standards to implement a uniform review process through the IIPRC.

The drafters strongly believe the consistent application of NAIC model rate requirements, both for initial and increased rates, regardless of where the purchaser resides at the time of purchase or use, is needed in order to promote rate stability and prevent the problems associated with closed blocks of long-term care insurance. Furthermore, both large and small states involved in the drafting process were enthusiastic that the rate filings would be reviewed against nationwide experience and not based solely on state-specific data, which often times does not provide credible experience to adequately evaluate whether a rate increase is actuarially justified. The

[2] http://www.gao.gov/new.items/d081016t.pdf

[3] The PSC researched initial premium rates available from quote estimators on the web sites of four major long-term care insurers representing 57% of the national long-term care premium volume. This research is displayed on Attachment 2. The PSC is open to data indicating that this assumption is not correct.

proposed Uniform Standards do not preclude geographical variations in initial rates or rate increases, provided the variations are actuarially justified. The Uniform Standards provide that if industry or actuarial study indicating a clear and substantiated basis to vary a rate schedule increase by state or region becomes available subsequent to adoption of the Uniform Standards, the Interstate Insurance Product Regulation Commission will revisit the appropriateness of varying initial rates or rate increases by state or region for future issues.

For the above reasons, the Product Standards Committee continues to recommend and emphasize the importance of combining initial rate standards with rate increase standards. The Product Standards Committee considered but did not ultimately recommend other alternatives and provides them for consideration by the Management Committee.

ISSUE 1: MIX & MATCH

As proposed: The individual long-term care Uniform Standards do not permit mix & match for any long-term care standards and combine standards for initial rates and rate increases, with the option to specify whether the state will accept issue age rating structure only, both issue age and modified attained age rating structures. As currently proposed, states that opt out of IIPRC's rate filing standards are effectively opting out of all IIPRC individual long-term care Uniform Standards.

Pro

- Provides speed to market for products including their rates.
- Maintains consistent actuarially-justified rates across all member states.
- Maintains larger pool in IIPRC experience.
- Creates equity for consumers across the states.
- Implements actuarially justified rates.
- Promotes rate stabilization and company solvency.
- Filings are available to member states for responding to consumer questions.

Con

- Creates potential for some member states and their consumers to end up with higher rate increases than those states would approve on an individual-state basis.
- Raises member concern about relinquishing rate approval authority.
- Presents potential member challenges in responding to consumer questions.

Alternative 1: Removing rate increase filing standards from the initial slate of proposed individual long-term care Uniform Standards. Rate increase standards could be considered later, if desired.

Pro

- Addresses concerns of some members about relinquishing rate increase approval authority, but generates concerns from other members that support consistent rate increase review for IIPRC-approved products.

Con

- Creates uncertainty for member states and companies by not specifying rate increase requirements.

- Maintains inequity and subsidy concerns in rate increases currently experienced by consumers across the states with the potential for different rate increases for the same IIPRC-approved product.
- Diminishes speed to market.

Alternative 2: Creating an option for states to affirmatively indicate whether they will accept any rate increase filings through IIPRC (same approach as for Issue Age Only or Modified Rate Schedules). Rate increase standards would be adopted as proposed, with states signifying whether they will participate in the rate increase review for issue age and/or modified rate schedules. This is the same approach as for the rate filing standards in general, i.e., states indicate whether they permit issue age rate schedules and/or modified rate schedules.

Pro

- Satisfies member concerns about relinquishing rate increase approval authority.
- Continues ability of member states to cap or phase-in rate increases.

Con

- Could be perceived as circumventing the requirements of opting out in accordance with the Compact statute.
- May be difficult for IIPRC to administer and may cause confusion among states, companies and consumers.
- Raises concern from members that support full participation in the rate increase standards for IIPRC-approved filings.
- Maintains inequity in rate increases experienced by consumers across the states with the potential for different rate increases for the same IIPRC-approved product.
- Increases potential for cross-subsidization as the proposed Uniform Standards require rate increase filings be reviewed on the basis of all "IIPRC experience."
- Presents challenges for member states using this option because rate increase filings must reconcile initial rates approved by IIPRC and state-based rate increase review.

Alternative 3: Separating form standards from rating standards, i.e., permit mix and match for LTC rate filing standards.

Pro

- States would be able to participate in the Uniform Standards for the application, forms, features and advertisements even if they chose to opt out of the rate filing standards.
- Provides more flexibility for companies to utilize the IIPRC for product filings.
- Increases consistency when both initial rate review and rate increase review are performed in the same jurisdiction with a consistent set of rules.

Con

- Disincentivizes using the IIPRC because of the need to make rate filings in member states to accompany IIPRC-approved forms.
- Permits forum-shopping, i.e., companies could file with IIPRC for member states perceived as stricter than average and file directly with states perceived to allow higher increases.
- Presents challenges in educating consumers about why rates through IIPRC are different than those approved directly by states for the same IIPRC form.

- May cause more states to opt out of rate standards if they are concerned that their fellow states may exercise discretion to permit rates below what would be approved pursuant to the Uniform Standards.
- Maintains inequity in rate increases experienced by consumers across the states with the potential for different rate increases for the same IIPRC-approved product.
- Presents challenges in managing solvency and rate stabilization.

ISSUE 2: AMOUNT/TYPE OF RATE INCREASES ALLOWED IN IIPRC

As proposed: The individual long-term care Uniform Standards tie all rate increases to an actuarially justified amount.

Pro

- Maintains consistency with the NAIC Model and promotes rate stabilization.
- Provides transparency to consumers because actuarially-justified amount is permitted, rather than phased in artificially.
- Detailed requirements must be satisfied in order to justify a rate increase with a strict requirement that no new rating characteristics be introduced at the time of a rate increase request.
- Upholds direct interpretation of contingent lapse triggers.

Con

- Increases potential for lapse if actuarially-justified amount is difficult for policyholder to absorb.

Alternative 1: Impose an annual cap on rate increases, with full actuarially-justified increase spread over multiple years. This alternative would need to address whether re-submission would be required before future year increases are approved and whether planned or approved future increases should be disclosed to the policyholder or to potential buyers.

Pro

- Addresses comments from some members that rate increases should be limited or phased-in in order to make it easier for consumers to absorb, though approved future increases should be communicated.

Con

- Creates inconsistency with actuarial certification that no future rate increases are anticipated.
- Increases potential for lapse once the full actuarially-justified rate is in effect and policyholder has been adversely affected because has been paying premiums for multiple years on a policy that policyholder could not afford based on the actuarially-justified rate increase.

Alternative 2: Establish Commission member input process during review of rate increase filings and require Commission to issue a detailed summary of its disposition. The Products Standards Committee, working with the Actuarial Working Group and the Rulemaking Committee, can establish a formal process for member review and input for either all rate increase filings or only those exceeding a specific threshold.

Pro

- Affords opportunity for member states to participate in the rate increase review process before a rate increase filing is approved.
- Enables member states to have adequate notice of rate increase filing before increase is approved.
- Enables member states to have familiarity with rate increase filing in order to respond to consumer inquiries.

Con

- Does not address concerns of some members who could exercise discretion to approve a rate increase other than as actuarially justified.
- Creates potential for delayed disposition due to additional steps involved in Commission member review.

Alternative 3: Require rate increase filings be made directly with member states if increase exceeds a specific threshold such as 20% or 25%. IIPRC can be asked to perform an advisory review under the IIPRC rate filing standards. All rate increase filings less than the threshold would be reviewed by the IIPRC in accordance with the IIPRC rate filing standards.

Pro

- Affords opportunity for member states to review and decide rate increase requests above a certain threshold.
- Allows states to benefit from the IIPRC review process for rate increase requests below a certain threshold.
- States have the ability to ask the IIPRC to provide an advisory review which can be utilized by states wanting to benefit from the IIPRC review process for all rate increase requests.

Con

- May result in same rate differentials as currently seen across the states.
- Raises concern from members that support full participation in the rate increase standards for IIPRC-approved filings.
- Maintains inequity in rate increases experienced by consumers across the states with the potential for different rate increases for the same IIPRC-approved product.
- Causes states that want to use the IIPRC for all rate filings to accept rate increase filings above a certain threshold.

Alternative 4: Amend Uniform Standards to provide more specificity with regard to justifications for rate increases such as:

- **Set minimum threshold for "moderately adverse";**
- **Indicate that rate increase justifications cannot recoup past losses;**
- **Limit the risks which can be transferred to the policyholder such as not allowing rate increases for adverse experience in specific assumptions, such as interest or unexpected lapse rates.**

Pro

- Creates level playing field for industry as to expectation for approval of future rate increases.
- Provides agreed-upon parameters for member states delegating authority to IIPRC.

Con

- Permits forum-shopping, i.e., companies could file with IIPRC for member states perceived as stricter than average and file directly with states perceived to allow higher increases.
- Anticipated to generate significant discussion and likely opposition.
- Requires significant additional work to develop requirements through actuarial channels.

Conclusion

After reviewing the alternatives, the Product Standards Committee continues to recommend the standards as proposed. The drafters strongly believe the greatest consumer protection for all is provided by a consistent review process through the IIPRC, both for initial and increased rates.

II. OTHER KEY POLICY ISSUES

1. Partnership Policies (Kentucky comment).

Kentucky requested a specific statement in the Core Standards for Individual Long-Term Care Insurance Policies that they do not apply to Partnership policies.

Current approach: As proposed, the Uniform Standards contain a drafting note stating that an IIPRC-approved policy may qualify as a Partnership plan "subject to the company meeting all the Partnership requirements" of the state(s) where the policy is to be sold as a Partnership plan.

Analysis:

The PSC envisioned a process whereby IIPRC-approved policies could have all the requirements necessary to qualify as a Partnership policy in a Compacting state. Kentucky's and other oral comments indicate that the approach should be clarified, made more prominent in the Uniform Standards, and address more thoroughly the relationship between the form content and the process of qualifying as a Partnership policy.

Section 1917(b)(5)(B)(iii) of the Social Security Act (42 U.S.C. 1396p(b)(5)(B)(iii)), authorizes the Commissioner of Insurance, upon implementing a qualified State long-term care insurance partnership program ("Qualified Partnership"), to certify that long-term care insurance policies covered under the Qualified Partnership meet certain consumer protection requirements, and policies so certified are deemed to satisfy such requirements. These consumer protection requirements principally include certain specific provisions of the Long-Term Care Insurance Model Regulation and Long-Term Care Insurance Model Act. Some compacting states have implemented processes for the Commissioner to make this certification. For an IIPRC policy intended to be used as a Partnership policy, a company would review state requirements to determine if the IIPRC-approved policy could qualify with the compacting state as a Partnership policy, and if so, take the appropriate action to secure the Partnership status for the policy.

Recommendation: The PSC recommends adding a specific section to the proposed Uniform Standards to provide clarification on how Partnership qualification for IIPRC-approved policies works, including for states that, like Kentucky, do not permit certification of meeting Partnership requirement. The PSC also recommends considering whether a specific Operating Procedure, Filing Information Notice or other formal guidance to states and companies is appropriate to address this issue.

2. Benefit Triggers (California Health Advocates comment).
California Health Advocates requested consideration of changing the benefit trigger in the Core Standards for Individual Long-Term Care Insurance Policies from requiring 3 to requiring 2 Activities of Daily Living ("ADLs") before benefits are payable, consistent with the requirements of California and Texas.

Current approach: As proposed, the Uniform Standards provide that a maximum of 3 ADLs can be required before benefits are triggered.

Analysis: The PSC agrees with the comment and recommends a change from not more than 3 to not more than 2 ADLs as an enhanced consumer protection that companies are already complying with in certain large markets.

Recommendation: The PSC recommends changing the benefit trigger companies may require before benefits are payable to not more than 2 ADLs.

III. STATE-SPECIFIC DISCLOSURE COMMENTS

The PSC is appreciative of the detailed comments that highlight various content and process requirements in the proposed Uniform Standards. Some of the comments highlight state requirements that are not addressed in the proposed Uniform Standards, and some of the comments highlight areas where the proposed Uniform Standards vary from state-specific requirements. In general, state-specific content requirements are superseded by adopted Uniform Standards, for purposes of IIPRC filings. The PSC will continue to work through any specific content suggestions in detail and is confident that the content concerns can be addressed.

Long-term care also touches upon state-specific requirements for marketing products that are not as clearly related to the content of a product. For example, Massachusetts requires applicants to receive a long-term care policy illustration no later than the time of policy proposal or quote. The proposed Uniform Standards do not require a policy illustration. The IIPRC has established procedures for filing state-specific disclosures and policy illustrations on an informational basis.[4] On the other hand, if a state-specific disclosure requirement prescribes mandatory form content, it is difficult to reconcile how a filing could satisfy the state-specific requirements and satisfy the proposed Uniform Standards. The PSC will continue to work through this concept as it relates to state-specific long-term care disclosures with the objective of clarifying for states, filers and consumers how IIPRC-approved forms can comply with state-specific marketing requirements.

With the recommendation that the PSC continue to work to reconcile state-specific content and marketing requirements, what follows is a list of the priority comments to be addressed. To be successful, this effort may require states to opine on whether providing the

[4] See IIPRC Filing Information Notice 2008-6 at http://www.insurancecompact.org/documents/fin_2008-6.pdf.

prescribed content or disclosures can be accomplished by attachment or some other adjustment, such as a sticker.

1. Kentucky Comments

a. Application caution statement: Kentucky's prescribed wording varies from the proposed Uniform Standards.
b. Disclosure on covered costs: Required on first page of policy as well as outline of coverage, while proposed Uniform Standards require the disclosure only on the outline.
c. Fraud warning: Kentucky's prescribed wording varies from the proposed Uniform Standards.
d. Suitability letter: Required to issue a letter in addition to worksheet if applicant declines to provide information or does not meet financial suitability standards.

2. Massachusetts Comments

a. Medicaid exemptions: Required on the cover page or first-page sticker to disclose whether the policy is intended to satisfy minimum coverage requirements for asset and liability exemptions from state Medicaid program.
b. Changes to Medicaid eligibility: Required to notify insureds when policy will no longer satisfy standards for asset and liability exemptions from state Medicaid program and to offer qualifying benefits on a guaranteed issue basis, rated at the time of policy change.
c. Illustration form: Required to deliver state-specific illustration at the time of policy proposal, quote, or, in the case of direct response sales, at the time application is sent to insured. This is in addition to the Outline of Coverage.
d. Other-than-applied-for: Required to disclose when policy is issued on a basis other than as requested.
e. Health reform disclosures: Required to disclose whether policy satisfies minimum creditable coverage under Massachusetts individual health insurance mandate.

ATTACHMENT 1

State	Annualized Premium	LTC Rate Increases Implemented to Date for One Product													Cummulative Rate Increase
		1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	
1	10,241,945		16%				25%	12%	16%			15%			117%
2	6,215,107		16%				25%	12%	16%			25%			135%
3	5,832,687						25%	15%	25%				20%		116%
4	3,677,498			10%			10%	15%		10%	25%		40%		168%
5	3,257,616		16%				25%	12%	16%			56%		25%	267%
6	2,909,089		16%				25%	12%			10%			10%	97%
7	2,508,180	16%					25%	12%	16%		25%	25%			194%
8	2,217,013						15%	15%		15%	15%	15%		15%	131%
9	1,560,549						25%	15%			15%	25%			107%
10	1,508,954						18%	15%			23%		20%		100%
11	1,493,920							15%		15%	15%	15%			75%
12	1,468,821	16%					25%	12%		16%		56%		25%	267%
13	1,357,988								15%				20%	20%	66%
14	1,169,803						15%	15%			25%		25%		107%
15	1,168,591						25%	15%	25%		25%	25%		25%	251%
16	975,547	16%					15%	15%	15%			32%		15%	168%
17	921,765									7%		10%			18%
18	820,658						15%		15%		25%	25%		35%	179%
19	767,222	16%					25%	12%	16%		25%	25%		9%	221%
20	703,367		16%				25%	12%			25%	25%		26%	220%
21	702,767	16%					25%	12%	16%		12%				111%
22	655,487		16%					25%	16%		20%	20%		20%	191%
23	618,429		16%				25%	12%					10%		79%
24	555,821		16%				25%	12%	16%		25%	25%		25%	268%
25	522,783	16%					25%		25%						81%
26	494,788						25%	15%	25%		25%	25%			181%
27	453,496	16%					25%	12%	16%		25%	25%		9%	221%
28	423,424						25%	15%	25%			56%			180%
29	407,635	16%					25%	12%	16%			25%		25%	194%
30	374,564		15%				15%	15%		15%	15%	15%			131%
31	337,598		16%					10%		18%		27%			91%
32	258,000		16%							25%		15%	25%		108%
33	222,598		16%				25%	12%	16%		25%	25%		9%	221%
34	174,068						25%	15%		25%		56%		14%	220%
35	139,031	16%					25%	12%	16%						88%
36	125,718						25%	15%			25%	25%		25%	181%
37	104,309	16%					25%	12%	16%						88%
38	101,501														0%
39	62,107	16%					25%	12%	16%		25%	25%		25%	268%
40	16,063	16%							25%		25%	25%		40%	217%
41	12,422		16%												16%
42	11,761	16%							15%						33%

ATTACHMENT 2

	COMPANY A	COMPANY B	COMPANY C	COMPANY D
	Daily Benefit: $300	**Daily Benefit:$100**	**Daily Benefit: $100**	**Daily Benefit: $100**
	Benefit Period: 10 years	**Benefit Period: Lifetime**	**Benefit Period: 5 years**	**Benefit Period: Lifetime**
	Age: 45 yrs	**Age: 49 yrs**	**Age: 62 yrs**	**Age: 62 yrs**
Resident State	**Monthly Premium**	**Monthly Premium**	**Monthly Premium**	**Monthly Premium**
Alabama	$373.09	$532.32	$175.50	$92.30 (A)
Alaska	$373.09	$532.32	$156.50	$92.30 (A)
Arizona	Not available online	$532.32	Not available online	$92.30 (A)
Arkansas	$373.09	$532.32	$175.50	$212.17(B)
California	Not available online	$457.40	Not available online	Not available online
Colorado	$373.09	$532.32	$175.50	$212.17(B)
Connecticut	$380.70	$495.17	Not available online	$97.17(C)
Delaware	$373.09	$532.32	Not available online	$92.30 (A)
District of Columbia	$373.09	$532.32	$156.50	$92.30 (A)
Florida	Not available online	$569.45	Not available online	$124.17(A)
Georgia	$395.45	$532.32	Not available online	$92.30 (A)
Hawaii	$373.09	$532.32	Not available online	$92.30 (A)
Idaho	$373.09	$532.32	$175.50	$212.17(B)
Illinois	$373.09	$532.32	$175.50	$92.30 (A)
Indiana	$373.09	$532.32	$175.50	$89.67(C)
Iowa	$373.09	$532.32	$175.50	$92.30 (A)
Kansas	Not available online	$585.55	$175.50	$212.17(B)
Kentucky	$373.09	$532.32	Not available online	$92.30 (A)
Louisiana	$373.09	$532.32	$175.50	$92.30 (A)
Maine	$373.09	$532.32	$175.50	$92.30 (A)
Maryland	$380.70	$532.32	Not available online	$92.30 (A)
Massachusetts	$380.70	$532.32	$156.50	Not available online
Michigan	Not available online	$532.32	Not available online	$92.30 (A)
Minnesota	$373.09	$532.32	Not available online	$212.17(B)
Mississippi	$373.09	$532.32	$175.50	Not available online
Missouri	$373.09	$532.32	$175.50	$212.17(B)
Montana	$373.09	$532.32	Not available online	$94.17(A)
Nebraska	$373.09	$532.32	$175.50	$212.17(B)
Nevada	$373.09	$532.32	$156.50	Not available online
New Hampshire	$373.09	$532.32	Not available online	$92.30 (A)
New Jersey	$373.09	$460.18	$156.50	Not available online
New Mexico	$373.09	$532.32	$156.50	$92.30 (A)
New York	$342.63	$558.94	Not available online	$97.50(A)
North Carolina	$373.09	$532.32	Not available online	$92.30 (A)
North Dakota	$373.09	$585.55	$175.50	$212.17(B)
Ohio	$373.09	$532.32	$175.50	$212.17(B)
Oklahoma	$373.09	$532.32	Not available online	$212.17(B)
Orgeon	$388.31	$585.55	Not available online	$212.17(B)
Pennsylvania	$373.09	$532.32	$156.50	Not available online
Rhode Island	$373.09	$532.32	$156.50	Not available online
South Carolina	$373.09	$532.32	$175.50	$92.30 (A)
South Dakota	$373.09	$558.94	$175.50	$216.33(B)
Tennessee	Not available online	$532.32	Not available online	$92.30 (A)
Texas	Not available online	$532.32	Not available online	Not available online
Utah	$373.09	$532.32	$175.50	$92.30 (A)
Vermont	$373.09	$532.32	$156.50	$92.30 (A)
Virginia	$373.09	$532.32	$156.50	$212.17(B)
Washington	$373.09	$532.32	$156.50	$91.50(A)
West Virginia	$373.09	$532.32	$156.50	$92.30 (A)
Wisconsin	Not available online	$532.32	$156.50	Not available online
Wyoming	$373.09	$532.32	$175.50	$92.30 (A)
Maximum Rate	$395.45	$585.55	$175.50	$124.17(A) /$216.33(B)
Minimum Rate	$342.63	$457.40	$156.50	$91.50(A)/$212.17(B)
Most Common Rate	$373.09	$532.32	$175.50	$92.30(A)/$212.17(B)
Difference from Max to Min	$52.82	$128.15	$19.00	$32.67(A)/$4.16(B)
Range as % of Common Rate	14%	24%	11%	35%(A)/2%(B)
# of different rates	5	7	2	5(A)/2(B)

NOTE 1: Rate quotes were obtained from public web sites of four major individual long-term care carriers. Quotes are NOT comparable between carriers as each carrier web site had a unique format for estimation of rates. When obtaining quotes from a carrier web-site, the same information was inputted with only change being the selection of the state.

NOTE 2: For Company D, the quote listed is only for the base policy portion of Company D's quote summary and does not include optional riders or benefits which when added to the base policy, varied across states. Company D provided quotes based on three different form numbers even though the inputted information was the same from state to state. These quotes are marked based on whether it is Form A, Form B or Form C.