### **NYL My Care**

# Long-Term Care Insurance Policy Proposal

#### Prepared for:

### Tomball Independent School District

#### Prepared by:

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#### Prepared on:

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New York Life Insurance Company



#### **GLOBAL PLAN INFORMATION**

Issue State: Texas

Underwriting Class: Preferred Premium Mode: Monthly Partners Discount: None Multi-Life Discount: 5%

#### POLICY COMPONENTS

	Plan 1	Plan 2	Plan 3
Policy Lifetime Maximum	\$50,000.00	\$75,000.00	\$100,000.00
Maximum Monthly Benefit <sup>1</sup>	\$1,500.00	\$2,000.00	\$3,000.00
Coinsurance % <sup>2</sup>	20 %	20 %	20 %
Dollar Deductible <sup>3</sup>	\$4,500	\$6,000	\$9,000
Inflation Protection	CPI-U Purchase Options	CPI-U Purchase Options	CPI-U Purchase Options

#### PLAN PREMIUM BY AGE - SINGLE

	Plar	າ 1	Plai	า 2	Plar	1 3
Issue Age	Male	Female	Male	Female	Male	Female
18-27	\$18.59	\$23.67	\$26.27	\$34.28	\$37.17	\$47.34
28	\$18.89	\$24.07	\$26.67	\$34.90	\$37.79	\$48.14
29	\$19.20	\$24.47	\$27.07	\$35.52	\$38.40	\$48.95
30	\$19.51	\$24.88	\$27.47	\$36.14	\$39.02	\$49.76
31	\$19.82	\$25.28	\$27.87	\$36.76	\$39.63	\$50.56
32	\$20.12	\$25.69	\$28.27	\$37.39	\$40.25	\$51.37
33	\$20.33	\$26.05	\$28.59	\$37.96	\$40.67	\$52.11
34	\$20.55	\$26.42	\$28.90	\$38.53	\$41.09	\$52.85
35	\$20.76	\$26.79	\$29.22	\$39.10	\$41.51	\$53.58
36	\$20.97	\$27.16	\$29.53	\$39.67	\$41.94	\$54.32
37	\$21.18	\$27.53	\$29.85	\$40.24	\$42.36	\$55.06
38	\$21.66	\$28.25	\$30.52	\$41.28	\$43.32	\$56.50
39	\$22.15	\$28.98	\$31.18	\$42.31	\$44.29	\$57.95
40	\$22.63	\$29.70	\$31.85	\$43.34	\$45.26	\$59.40
41	\$23.11	\$30.42	\$32.52	\$44.37	\$46.23	\$60.84
42	\$23.60	\$31.14	\$33.19	\$45.40	\$47.20	\$62.29

Illustrated values may vary slightly due to rounding.

Actual plans may vary by insured based on the allowance benefits in an individual's state or the individual's underwriting class.

Home Care is included in the Maximum Monthly Benefit at 100%.

<sup>&</sup>lt;sup>2</sup>The coinsurance amount is applicable each calendar month.

<sup>&</sup>lt;sup>3</sup>The dollar deductible selected above will increase each year to reflect the inflation protection mechanism you have chosen and only needs to be satisfied once per lifetime of the policy.

#### PLAN PREMIUM BY AGE - SINGLE

	Plan 1		Plan 2		Plan 3	
Issue Age	Male	Female	Male	Female	Male	Female
43	\$24.10	\$32.03	\$33.87	\$46.68	\$48.19	\$64.06
44	\$24.59	\$32.92	\$34.56	\$47.95	\$49.19	\$65.84
45	\$25.09	\$33.81	\$35.25	\$49.23	\$50.18	\$67.62
46	\$25.59	\$34.70	\$35.94	\$50.50	\$51.18	\$69.40
47	\$26.09	\$35.59	\$36.63	\$51.77	\$52.17	\$71.18
48	\$26.65	\$36.73	\$37.36	\$53.40	\$53.31	\$73.46
49	\$27.22	\$37.87	\$38.09	\$55.03	\$54.44	\$75.74
50	\$27.78	\$39.01	\$38.82	\$56.66	\$55.57	\$78.02
51	\$28.35	\$40.15	\$39.56	\$58.29	\$56.70	\$80.30
52	\$28.92	\$41.29	\$40.29	\$59.92	\$57.83	\$82.58
53	\$29.80	\$43.00	\$41.54	\$62.01	\$59.61	\$85.99
54	\$30.69	\$44.70	\$42.79	\$64.11	\$61.38	\$89.40
55	\$31.58	\$46.40	\$44.04	\$66.20	\$63.15	\$92.81
56	\$32.46	\$48.11	\$45.29	\$68.29	\$64.93	\$96.21
57	\$33.35	\$49.81	\$46.54	\$70.38	\$66.70	\$99.62
58	\$34.65	\$51.75	\$48.41	\$73.25	\$69.29	\$103.51
59	\$35.94	\$53.70	\$50.27	\$76.13	\$71.88	\$107.40
60	\$37.24	\$55.64	\$52.14	\$79.00	\$74.48	\$111.29
61	\$38.53	\$57.59	\$54.01	\$81.88	\$77.07	\$115.18
62	\$39.83	\$59.53	\$55.88	\$84.76	\$79.66	\$119.06
63	\$42.54	\$64.03	\$59.77	\$91.31	\$85.08	\$128.06
64	\$45.25	\$68.53	\$63.65	\$97.86	\$90.51	\$137.06
65	\$47.97	\$73.03	\$67.54	\$104.41	\$95.93	\$146.06
66	\$50.68	\$77.53	\$71.43	\$110.97	\$101.36	\$155.06
67	\$53.39	\$82.03	\$75.31	\$117.52	\$106.78	\$164.06
68	\$58.59	\$90.02	\$82.61	\$128.88	\$117.17	\$180.04
69	\$63.78	\$98.01	\$89.90	\$140.25	\$127.56	\$196.01
70	\$68.97	\$106.00	\$97.19	\$151.62	\$137.95	\$211.99
71	\$74.17	\$113.98	\$104.48	\$162.98	\$148.34	\$227.97
72	\$79.36	\$121.97	\$111.77	\$174.35	\$158.72	\$243.94
73	\$84.82	\$131.06	\$119.47	\$187.41	\$169.65	\$262.12
74	\$90.29	\$140.15	\$127.18	\$200.47	\$180.57	\$280.30
75	\$95.75	\$149.24	\$134.88	\$213.53	\$191.49	\$298.47

Illustrated values may vary slightly due to rounding.

Actual plans may vary by insured based on the allowance benefits in an individual's state or the individual's underwriting class.

Home Care is included in the Maximum Monthly Benefit at 100%.

<sup>&</sup>lt;sup>2</sup>The coinsurance amount is applicable each calendar month.

The dollar deductible selected above will increase each year to reflect the inflation protection mechanism you have chosen and only needs to be satisfied once per lifetime of the policy.

#### PLAN PREMIUM BY AGE - SINGLE

	Plan 1		Plan 2		Plan 3	
Issue Age	Male	Female	Male	Female	Male	Female
76	\$101.21	\$158.33	\$142.58	\$226.59	\$202.42	\$316.65
77	\$106.67	\$167.41	\$150.29	\$239.65	\$213.34	\$334.83
78	\$118.40	\$185.83	\$166.82	\$266.01	\$236.81	\$371.66
79	\$131.43	\$206.27	\$185.17	\$295.27	\$262.86	\$412.54

Illustrated values may vary slightly due to rounding.

Actual plans may vary by insured based on the allowance benefits in an individual's state or the individual's underwriting class.

<sup>&</sup>lt;sup>1</sup>Home Care is included in the Maximum Monthly Benefit at 100%.

<sup>&</sup>lt;sup>2</sup>The coinsurance amount is applicable each calendar month.

The dollar deductible selected above will increase each year to reflect the inflation protection mechanism you have chosen and only needs to be satisfied once per lifetime of the policy.

#### **GLOBAL PLAN INFORMATION**

**Issue State:** Texas

Underwriting Class: Preferred Premium Mode: Monthly Partners Discount: 10% Multi-Life Discount: 5%

#### POLICY COMPONENTS

	Plan 1	Plan 2	Plan 3
Policy Lifetime Maximum	\$50,000.00	\$75,000.00	\$100,000.00
Maximum Monthly Benefit <sup>1</sup>	\$1,500.00	\$2,000.00	\$3,000.00
Coinsurance % <sup>2</sup>	20 %	20 %	20 %
Dollar Deductible <sup>3</sup>	\$4,500	\$6,000	\$9,000
Inflation Protection	CPI-U Purchase Options	CPI-U Purchase Options	CPI-U Purchase Options
Shared Pools Rider	Not Included	Not Included	Not Included

#### PLAN PREMIUM BY AGE - PARTNERS

	Plan 1		Plan 2		Plan 3	
Issue Age	Male	Female	Male	Female	Male	Female
18-27	\$16.73	\$21.30	\$23.64	\$30.85	\$33.45	\$42.60
28	\$17.00	\$21.66	\$24.00	\$31.41	\$34.01	\$43.33
29	\$17.28	\$22.03	\$24.36	\$31.97	\$34.56	\$44.05
30	\$17.56	\$22.39	\$24.72	\$32.53	\$35.12	\$44.78
31	\$17.83	\$22.75	\$25.09	\$33.09	\$35.67	\$45.51
32	\$18.11	\$23.12	\$25.45	\$33.65	\$36.22	\$46.23
33	\$18.30	\$23.45	\$25.73	\$34.16	\$36.60	\$46.90
34	\$18.49	\$23.78	\$26.01	\$34.68	\$36.98	\$47.56
35	\$18.68	\$24.11	\$26.30	\$35.19	\$37.36	\$48.23
36	\$18.87	\$24.44	\$26.58	\$35.70	\$37.74	\$48.89
37	\$19.06	\$24.78	\$26.86	\$36.22	\$38.12	\$49.55
38	\$19.50	\$25.43	\$27.46	\$37.15	\$38.99	\$50.85
39	\$19.93	\$26.08	\$28.07	\$38.08	\$39.86	\$52.15
40	\$20.37	\$26.73	\$28.67	\$39.01	\$40.74	\$53.46
41	\$20.80	\$27.38	\$29.27	\$39.93	\$41.61	\$54.76

Illustrated values may vary slightly due to rounding.

Actual plans may vary by insured based on the allowance benefits in an individual's state or the individual's underwriting class. Illustrated premiums include a partner discount.

Home Care is included in the Maximum Monthly Benefit at 100%.

<sup>&</sup>lt;sup>2</sup>The coinsurance amount is applicable each calendar month.

<sup>&</sup>lt;sup>3</sup>The dollar deductible selected above will increase each year to reflect the inflation protection mechanism you have chosen and only needs to be satisfied once per lifetime of the policy.

#### PLAN PREMIUM BY AGE - PARTNERS

	Plan 1		Plan 2		Plan 3	
Issue Age	Male	Female	Male	Female	Male	Female
42	\$21.24	\$28.03	\$29.87	\$40.86	\$42.48	\$56.06
43	\$21.69	\$28.83	\$30.49	\$42.01	\$43.37	\$57.66
44	\$22.13	\$29.63	\$31.11	\$43.16	\$44.27	\$59.26
45	\$22.58	\$30.43	\$31.72	\$44.30	\$45.16	\$60.86
46	\$23.03	\$31.23	\$32.34	\$45.45	\$46.06	\$62.46
47	\$23.48	\$32.03	\$32.96	\$46.60	\$46.96	\$64.06
48	\$23.99	\$33.06	\$33.62	\$48.06	\$47.98	\$66.11
49	\$24.50	\$34.08	\$34.28	\$49.53	\$48.99	\$68.17
50	\$25.01	\$35.11	\$34.94	\$51.00	\$50.01	\$70.22
51	\$25.52	\$36.14	\$35.60	\$52.46	\$51.03	\$72.27
52	\$26.03	\$37.16	\$36.26	\$53.93	\$52.05	\$74.32
53	\$26.82	\$38.70	\$37.38	\$55.81	\$53.65	\$77.39
54	\$27.62	\$40.23	\$38.51	\$57.69	\$55.24	\$80.46
55	\$28.42	\$41.76	\$39.63	\$59.58	\$56.84	\$83.53
56	\$29.22	\$43.30	\$40.76	\$61.46	\$58.43	\$86.59
57	\$30.02	\$44.83	\$41.89	\$63.34	\$60.03	\$89.66
58	\$31.18	\$46.58	\$43.57	\$65.93	\$62.36	\$93.16
59	\$32.35	\$48.33	\$45.25	\$68.52	\$64.70	\$96.66
60	\$33.51	\$50.08	\$46.93	\$71.10	\$67.03	\$100.16
61	\$34.68	\$51.83	\$48.61	\$73.69	\$69.36	\$103.66
62	\$35.85	\$53.58	\$50.29	\$76.28	\$71.69	\$107.16
63	\$38.29	\$57.63	\$53.79	\$82.18	\$76.58	\$115.26
64	\$40.73	\$61.68	\$57.29	\$88.07	\$81.46	\$123.36
65	\$43.17	\$65.73	\$60.79	\$93.97	\$86.34	\$131.46
66	\$45.61	\$69.78	\$64.28	\$99.87	\$91.22	\$139.55
67	\$48.05	\$73.83	\$67.78	\$105.77	\$96.10	\$147.66
68	\$52.73	\$81.02	\$74.35	\$116.00	\$105.45	\$162.03
69	\$57.40	\$88.21	\$80.91	\$126.22	\$114.80	\$176.41
70	\$62.08	\$95.40	\$87.47	\$136.46	\$124.15	\$190.79
71	\$66.75	\$102.58	\$94.03	\$146.68	\$133.50	\$205.17
72	\$71.43	\$109.77	\$100.59	\$156.91	\$142.85	\$219.55
73	\$76.34	\$117.95	\$107.53	\$168.67	\$152.68	\$235.91
74	\$81.26	\$126.13	\$114.46	\$180.42	\$162.51	\$252.27

Illustrated values may vary slightly due to rounding.

Actual plans may vary by insured based on the allowance benefits in an individual's state or the individual's underwriting class. Illustrated premiums include a partner discount.

Home Care is included in the Maximum Monthly Benefit at 100%.

<sup>&</sup>lt;sup>2</sup>The coinsurance amount is applicable each calendar month.

<sup>&</sup>lt;sup>3</sup>The dollar deductible selected above will increase each year to reflect the inflation protection mechanism you have chosen and only needs to be satisfied once per lifetime of the policy.

#### PLAN PREMIUM BY AGE - PARTNERS

	Plan 1		Plan 2		Plan 3	
Issue Age	Male	Female	Male	Female	Male	Female
75	\$86.17	\$134.31	\$121.39	\$192.17	\$172.34	\$268.63
76	\$91.09	\$142.49	\$128.33	\$203.93	\$182.18	\$284.99
77	\$96.00	\$150.67	\$135.26	\$215.68	\$192.01	\$301.35
78	\$106.56	\$167.25	\$150.14	\$239.41	\$213.13	\$334.49
79	\$118.29	\$185.64	\$166.65	\$265.74	\$236.57	\$371.29

Illustrated values may vary slightly due to rounding.

Actual plans may vary by insured based on the allowance benefits in an individual's state or the individual's underwriting class. Illustrated premiums include a partner discount.

Home Care is included in the Maximum Monthly Benefit at 100%.

<sup>&</sup>lt;sup>2</sup>The coinsurance amount is applicable each calendar month.

The dollar deductible selected above will increase each year to reflect the inflation protection mechanism you have chosen and only needs to be satisfied once per lifetime of the policy.

### About This Product

This Proposal explains the important features of New York Life Insurance Company's (New York Life's) Long-Term Care insurance policy.

#### How the Policy Works

A long-term care insurance policy provides payment for eligible long-term care services. Policyholders are eligible for benefits when they need substantial assistance with two or more activities of daily living (dressing, eating, continence, toileting, transferring, bathing), or they require substantial supervision because of a severe cognitive impairment. The policy can provide payment for services in a variety of locations depending on the policy benefits selected, including your home, adult day care facility, assisted living residences, hospices and nursing home facilities.

Inflation protection is a tool that helps your policy retain or even grow its value over time. Please note that the 5% Compound Inflation Protection Rider must be rejected before other forms of inflation protection can be offered.

#### Specific Policy Information

Please refer to the state-specific Outline of Coverage for more information about the policy features, limitations, exclusions and benefits available in your state. The policy language will dictate the actual policy benefits. The NAIC Shoppers Guide or state-specific shoppers guide contains important information about planning for long-term care expenses. Please take some time to review both the Outline of Coverage and Shoppers Guide.

#### **Underwriting Information**

Policy issue is subject to underwriting. New York Life has five long-term care underwriting rate classes. You may not qualify for the rate class shown in this proposal. Some rate classes have limited benefits available. A medical exam is required.

#### Potential Rate Increases

This policy is Guaranteed Renewable. This means that the policy will remain in force, subject to the terms of the policy and as long as you pay the premiums on time. If any premium is not paid in full by the premium due date, you will have a total of 65 days from the premium due date to make the required payment or the policy will lapse. Your rates cannot be increased due to your increasing age or declining health, but our rates may go up based on the experiences of all Insureds with a policy similar to yours in your state.

Multi-year premium comparisons included in this proposal are based on your current benefit selection choices and age at time of policy issue and do not reflect the possibility of future premium changes.

New policy rates are subject to increase at the discretion of the company, once the rates are submitted and accepted by the state Departments of Insurance.

#### Dividends

This product is participating. Dividends are not guaranteed and must be approved annually by the New York Life Insurance Company board of directors. Dividends are applied as a premium off-set. Premiums are still required to keep the policy in force whether dividends are sufficient to off-set them or not.

#### Tax-Qualification

THIS POLICY IS INTENDED TO BE A QUALIFIED LONG-TERM CARE INSURANCE CONTRACT AS DEFINED UNDER SECTION 7702B(b) OF THE INTERNAL REVENUE CODE OF 1986, as amended, and will be endorsed to conform to changes in that definition. You should consult with Your attorney, accountant or tax advisor regarding the tax implications of purchasing this long-term care insurance.

### **Disclosures**

The purpose of this material is solicitation of individual long-term care insurance. An insurance Agent may contact you. Long-term care insurance is issued on policy form series: ICC18-LTCD PLCY (0218).

For costs and further details of the coverage, including terms under which the policy may be continued in force, see your Agent or write to the company.

General Exclusions and Limitations
No Benefits will be paid and the Deductible
will not be satisfied for any confinement,
care, treatment or service(s) incurred:

- Due to war, whether declared or undeclared;
- Due to attempted suicide (while sane or insane), or any intentionally selfinflicted injury;
- Due to conditions resulting from illness or injury received while participating in a felony, riot or insurrection or involvement in an illegal occupation;
- For care received outside of the United States except as provided in the International Coverage Benefit;
- Which would not be made in the absence of this insurance;
- As a result of alcoholism and drug addiction unless the drug addiction was a result of the administration of drugs as part of treatment by a Physician;
- For treatment of alcoholism and drug addiction unless the drug addiction was a result of the administration of drugs as part of treatment by a Physician;
- For treatment provided by or in a Veteran's Administration or government facility unless We are required by law to cover the charges;
- For treatment of an injury or sickness which would entitle You to Benefits under any state or federal Workers' Compensation Benefits, employers' liability or occupational disease law;
- From a Family Member or Partner, except as explicitly provided for elsewhere in the Policy;
- For any medications or supplements;

- To the extent that Benefits are or would be payable by Medicare except for the application of a deductible or coinsurance amount;
- To the extent that Benefits are payable under No-Fault Motor Vehicle Insurance Benefits;
- For items of comfort including but not limited to toiletries, television rental, laundry charges, beauty and hair charges;
- For transportation costs, emergency or non-emergency, such as transfers from Your Home to a Physician's office or transfers provided by an ambulance service. Transportation expenses incurred by an individual who is currently providing care to You under the Home and Community-Based Care Benefit provisions of the Policy are also excluded;
- For Ancillary Services billed by a Facility that are more than the Maximum Monthly Benefit for Room and Board; or
- For services provided to or for the benefit of anyone other than You, except as expressly provided elsewhere in the Policy.

Specific Exclusions and Limitations
Maximum Monthly Benefit: The Maximum
Monthly Benefit is the maximum dollar
amount of benefits We will pay for
Qualified Long-Term Care services under
the Policy and any attached riders in any
Calendar Month.

Policy Lifetime Maximum: No additional Benefits are payable under the Policy once We have paid Benefits equal to the Policy Lifetime Maximum. If the Shared Pools Rider is part of Your Policy, some of the Benefits paid under Your Policy Lifetime Maximum may be paid for Your Partner's care as explained in the Shared Pools Rider.

New York Life Insurance Company 51 Madison Avenue New York, NY 10010

Long-Term Care Insurance 1-800-224-4582 www.newyorklife.com