

A **Solutions** Guide
for Individuals

It's about living life
on your terms.



SignatureCare® 500 Partnership Programs

Insurance Strategies



We'll help you get there.®

LTC54000P

**Massachusetts Mutual
Life Insurance Company**

Long Term Care Insurance



Contents

- 1 | The need for long term care affects the entire family.
- 3 | SignatureCare® 500 base policy
- 6 | Added value
- 7 | SignatureCare® Riders
- 10 | At claim time...
- 11 | Long Term Care Partnership program

The need for long term care affects the entire family.

The need for long term care may happen to anyone... at any time. It could be you, your spouse or partner, a parent, or even a sibling. The need for long term care may result from being chronically ill, from a severe cognitive impairment or something as unexpected as an accident or injury.

Many important questions arise:

Who will take care of me?

Will I be able to stay at home?

How will I pay for care?

The choices you make today could impact your future lifestyle, and the quality of life you experience. Now, while you're healthy, is the time to think about and plan for those unexpected things that can happen in life.

Who will take care of me?

A need for long term care may have a substantial impact on your relationships with family or friends. Sacrifices may be made to provide for your care. Family or friends may have to give up free time, spend less time with their family, and take on the stress and physical strain of becoming your caregiver. In addition, those caregivers may need to take time off work or cut back on their work schedule, adding financial strain.

Long term care insurance (LTCi) can help relieve the emotional and financial strains that often accompany the need for care. The benefits that you may receive from your policy can help you get the care that you need and allow you to focus on spending quality time with your family and friends.

Long term care is a variety of services and supports to help meet personal care needs over an extended period of time. Long term care may involve non-skilled personal care assistance, such as help performing everyday Activities of Daily Living (ADLs), which are: bathing, dressing, using the toilet, transferring (to or from bed or chair), caring for incontinence and eating. Long term care services may help you maximize your independence and functioning at a time when you are unable to be fully independent.

What is the likelihood of needing care?

Americans are living longer than ever before.¹ That means you – or your parents – could maintain good health and independence for many years. However, with longer life expectancy comes an increasing level of health conditions associated with aging.

What does long term care cost?

Long term care services can be very expensive. Nationally, home care from a home health aide averages \$21 per hour.² While getting care at home you will still have ordinary home and living expenses. The national average for a private room in a nursing home is \$90,520 annually.²

¹ National Center for Health Statistics, National Vital Statistics Reports (Volume 60, January 2012).

² The MetLife Market Survey of Nursing Home, Assisted Living, Adult Day Services and Home Care Costs. November 2012.

Long term care costs on the rise*

Year	National Annual Nursing Home Costs
2012	\$90,520
2015	\$104,788
2020	\$133,739
2025	\$170,688
2030	\$217,847
2035	\$278,034

* Based on 2012 national average costs for a private nursing home room with a 5% inflation assumption for subsequent years. MetLife Market Survey of Nursing Home, Assisted Living, Adult Day Services and Home Care Costs. November 2012.

How will you pay for care?

People may begin paying for long term care services on their own, but find that their savings will only cover a limited amount of care. You may plan to rely on your health insurance or government programs, like Medicare or Medicaid, to help you.

Long term care typically isn't covered by traditional health insurance plans. Medicare generally provides for long term care if it is part of a rehabilitative plan or skilled care. Medicaid only pays after you meet eligibility requirements, including significant restrictions on income and assets.

Where is long term care provided?

Long term care may take place at home or in assisted living facilities and it can also be provided in a community setting, in a nursing home or in a hospice facility. People with long term care needs may initially receive assistance at home or in community based settings before moving into more intensive care settings.

Long term care insurance, depending on the type of policy purchased, may provide more choices and control over where and how you receive care. This may mean you could stay at home and remain an integral part of family activity.

Why should you consider long term care insurance?

Long term care insurance is one option that can help you plan for the high cost of care.

While you may also receive support from family or loved ones, one way to help ensure that you receive the type of care you want – in the setting you choose – is through a customized individual long term care insurance policy from Massachusetts Mutual Life Insurance Company (MassMutual).

This policy can help you:

- Protect your assets, retirement funds, and your estate – including your home.
- Maintain your spouse or partner's standard of living, financial security, and peace of mind.
- Help relieve family and friends from the burden of providing for your care.
- Preserve your independence, allowing you to live where you wish.
- Give you more choices and control over your care.

The following pages describe our SignatureCare® product and the many optional benefits available, such as choice of care, choice of settings, and choice of premium options. This flexibility allows you to select a policy that is designed to fit your lifestyle and your needs.

SignatureCare® 500 base policy

MassMutual's SignatureCare 500 Long Term Care Insurance provides you the freedom to design a policy that helps meet your unique and changing needs while helping you protect your assets, your family, and your future. Policy provisions and benefits may vary from state to state and some of the benefits illustrated here may not be available in your state.

Base policy design

SignatureCare offers two basic policy designs to help meet your personal needs.

1 | Facility services only policy

This cost-effective policy provides benefits for care provided in nursing homes, assisted living facilities or hospice facilities ("Facility"). Once you have satisfied the Elimination Period and are eligible for benefits, SignatureCare covers you for skilled, intermediate and custodial levels of qualified long term care. This policy pays 100% of eligible charges incurred, up to the Daily Benefit Amount (DBA) you select, for a stay in a Facility. **Facility Services Only base benefits include Facility Services, Facility Prescription Drug Benefit, Facility Bed Reservation, Optional Personal Care Advisor and Coverage Outside of the United States.**

Facility Bed Reservation Benefit

This benefit reserves your bed in a Facility in the event of a temporary absence from the facility. We will reimburse you the eligible daily charges you incur up to your DBA for a maximum of 60 times the DBA per policy year.

Facility Prescription Drug Benefit

This benefit allows you to be reimbursed for prescription drugs, up to one times the DBA per month, while you are staying in a Facility.

Optional Personal Care Advisor Benefit

This benefit provides an optional service at no additional cost, and will provide you with assistance in developing a Plan of Care, coordination of appropriate services, and ongoing monitoring of such services when desired by you or your designated representative.

2 | Comprehensive policy

Once you have satisfied the Elimination Period and are eligible for benefits, the Comprehensive Policy pays 100% of the eligible expenses you incur for both Facility Services and Home and Community Based Services, up to the Daily Benefit Amount you select. This policy provides you with the independence to receive care in a familiar home or community based setting. **Base benefits of the Comprehensive Policy include the benefits of the Facility Services Only Policy plus benefits for Home and Community Based Services, Caregiver Training, Ambulance Services, Emergency Response System, Respite Care and Alternative Plan of Care.**

Coverage Outside of the United States Benefit

We will pay for the eligible cost of Facility Services, and, if covered under the policy, Home and Community Based Services provided outside of the United States. This benefit is payable subject to certain limitations and up to the daily and lifetime maximums outlined in the policy.

Home and Community Based Services Benefit (HCBS)

This benefit reimburses 100% of your eligible expenses up to the Daily Benefit Amount (DBA) you select, for care provided by a licensed or certified (where required) home health care agency, independent home health caregiver, or for care provided through adult day care programs and hospice care programs. This benefit reimburses you for services provided by licensed or certified (where required) home care providers including:

- Professional Nurse (RN, LPN, LVN)
- Physical Therapist
- Speech Therapist
- Respiratory Therapist
- Occupational Therapist
- Home Health Aide

This benefit is not payable on days on which a benefit is payable for Facility Services.

Caregiver Training Benefit

Additionally, we will reimburse you for training provided to your informal caregiver, up to a lifetime maximum of five times your DBA.

Ambulance Services Benefit

This benefit will reimburse you for costs associated with ambulance transportation for a permanent transfer to a Facility or a temporary transfer to or from a Facility to receive respite care. Ambulance Benefit reimbursements are payable while you are receiving Home and Community Based Services benefits and are in addition to your selected Daily Benefit Amount. The maximum benefit per policy year is 4 times the Daily Benefit Amount.

Respite Care Benefit

Respite Care provides temporary relief to an informal caregiver (i.e., spouse/partner, friend, or family member) who is providing your care. The reimbursement may be for care provided in your home, a Facility, or through a community based program. No Elimination Period is required. The eligible daily charges you incur for Facility or HCBS services covered under the policy, up to the Daily Benefit Amount (DBA), will be reimbursed. The maximum benefit payable is 30 times the DBA per policy year.

Alternative Plan of Care Benefit

Under the Alternative Plan of Care, once you are eligible for benefits under your base policy, we will work with you and your licensed health care practitioner to determine if an Alternative Plan of Care is best for you. The Alternative Plan of Care benefit includes medical and non-medical services, such as oxygen tanks or modifications to your home for handicap accessibility.

Emergency Response System Benefit

The Emergency Response System benefit is available, up to one half of the DBA per month, to help defray the cost of systems such as a personal service to alert authorities when you are in need of help. Emergency Response System reimbursements are payable while you are receiving HCBS benefits and are in addition to your selected DBA.

Regardless of the type of policy you choose, you have the added security of knowing as long as you continue to pay your required premiums, your policy cannot be cancelled. In addition, there are no limitations on current or prior medical conditions. Premiums may change subject to the approval of the appropriate regulatory authority of the state in which the policy was issued.

Customizing your policy

Daily Benefit Amount

This is the maximum amount your policy reimburses on any day that Facility Services and/or Home and Community Based Services (HCBS) are received. Daily Benefit Amounts (DBA) are available in \$10 increments, from \$50 to \$400 per day.

Elimination Period

This is the number of days that you must receive either Facility Services or HCBS (if covered under the policy) before reimbursement begins under the policy. For each day you receive covered services we will credit one day towards the satisfaction of the elimination period. SignatureCare offers a choice of 30, 60, 90 or 180 day Elimination Periods, and once you have satisfied your selected Elimination Period, no further Elimination Period is required for future benefits, if coverage is received within the United States. It is not necessary to satisfy the elimination period in order to use the Optional Personal Care Advisor Benefit or the Respite Care Benefit.

Total Benefit Amount

The Total Benefit Amount available over the life of the policy is determined by your choice of benefit period (2, 3, 4, 5 or 6 years) and the DBA. The Total Benefit Amount is equal to 365 times the number of years in the benefit period times the DBA.

For example:

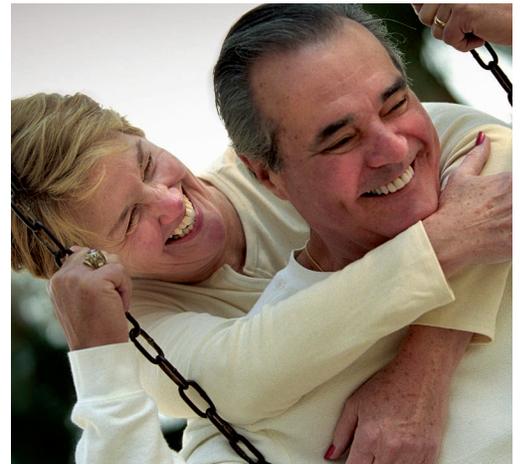
If you choose a \$200 DBA and a 5-year Benefit Period, your policy would provide an initial base value of \$365,000.

Payment Options

Standard Premium for Life paid annually, with semi-annually (twice a year), quarterly or monthly options available at an additional charge.

30-day free look

You will have 30 days from the date you receive your SignatureCare Policy to review it and all of the provisions you elected. Within this free look period, you may cancel and return the policy to your MassMutual insurance agent/producer or the company and your entire premium will be refunded.



Added value

Loyal Customer Discount:³

If you are currently insured by or own a life insurance policy, disability insurance policy or certain annuity contracts through MassMutual, or have an application pending, you may receive a 5% discount each year on your LTC insurance premiums.



Covered Partner Discount³

This 30% discount applies to each policy when both people meet the criteria for the covered partner discount. Both partners must be approved and both must maintain coverage beyond the free look period.

Partner Discount³

This 15% discount applies to the policy if it is sold to one member of a couple meeting the criteria for a covered partner.

Note: To be eligible for the Covered Partner Discount or Partner Discount applicant(s) must certify that they are legally married or part of a civil union recognized by the state in which the Policy is issued; or certify that they have been living together for a number of years in a committed relationship as partners or as family members.

Dividends⁴

Because MassMutual's long term care insurance is a participating product, your policy may be credited with dividends. Due to the tax qualified nature of these policies, any dividends credited to the policy will first be used to reduce your future premiums and then to increase your future benefits.

³ Discounts are subject to state approval and may not be available in all states.

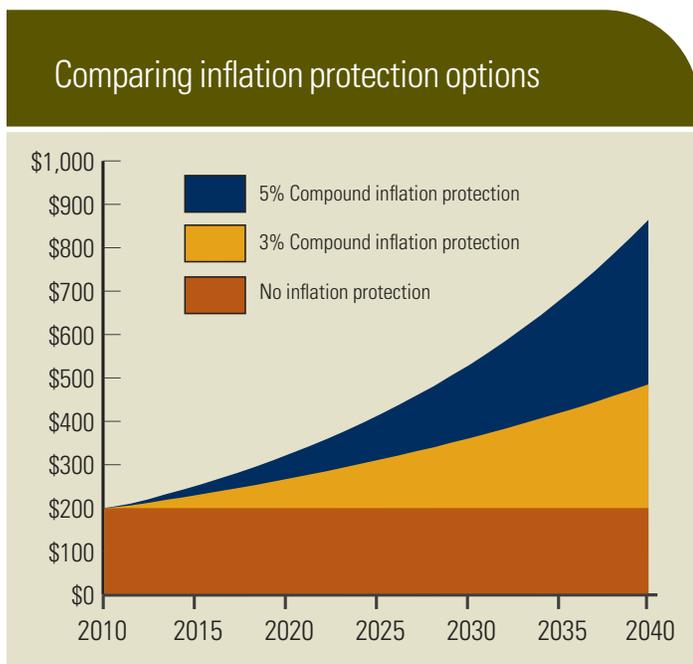
⁴ Dividends are not anticipated to be credited before the later of either the policy anniversary date after you turn 65 or the 10th policy anniversary date. Dividends will be used first to reduce future premiums or, if not in premium paying status, to increase future benefits. Dividends are not guaranteed.

SignatureCare® Riders

We offer a variety of optional riders, for an additional cost, that can be used to customize a policy to meet your individual needs. The availability of optional riders may be limited by the base policy selected as well as state or other restrictions.

Compound Inflation Protection Rider

- 5% Compound Inflation Protection Option increases the Daily Benefit Amount by 5% per year on a compound basis for the life of the policy, even while you are receiving benefits. Your premiums will remain the same as your Daily Benefit Amount increases.
- 3% Compound Inflation Protection Option increases the Daily Benefit Amount by 3% per year on a compound basis for the life of the policy, even while you are receiving benefits. Your premiums will remain the same as your Daily Benefit Amount increases.



Estimated inflation based on \$200 Daily Benefit amount.

Protection for Covered Partners

Shared Care Rider

This rider establishes a third pool of money to be used by you or your covered partner in the event that either of you exhausts the Total Benefit Amount of your individual policy. The use of the third pool by you will not deplete the Total Benefit Amount of your covered partner's policy. To purchase this rider both you and your covered partner must purchase and maintain identical policies (including all riders and endorsements).⁵



For example:

If you and your covered partner purchase identical policies with a DBA of \$200 and a Benefit Period of 3 years, the Total Benefit Amount will be \$219,000 for each insured. Shared Total Benefit Amount of \$219,000 will also be available from which both partners can draw if the Total Benefit Amount under their individual policy is exhausted.⁶

⁵ This rider is only available with the 2 and 3 year Benefit Periods.

⁶ The Shared Total Benefit Amount will increase in accordance with an inflation protection rider attached to the policy and cannot be restored by the Restoration of Benefits Rider.

Waiver of Premium for Covered Partner Rider

We will waive the premium for the policy to which this rider is attached during any period in which the Covered Partner's premium is waived. Both partners must purchase and maintain the rider on their individual policies.

Paid-Up Survivor Benefit Rider

If you purchase a policy and both of the following occur:

- the end of the 10th policy year, and
- the death of your covered partner

The policy and any attached riders will be paid-up and no further premiums will be due for the surviving insured.

Home and Community Based Services (HCBS)

HCBS Waiver of Elimination Period Rider

This rider pays HCBS benefits while the Elimination Period is being satisfied. Not available with Facility Services Only policy.

HCBS Monthly Benefit Rider

This rider changes the amount reimbursable under HCBS coverage from a Daily Benefit Amount (DBA) to a Monthly Benefit Amount, equal to 31 times the DBA less any Facility

Service Benefits received during that calendar month. This rider gives you more flexibility around services you may not receive every day. For instance, if you need occupational therapy three times per week, this feature allows the cost to be covered on a monthly rather than daily basis. This rider is not available with the Facility Services Only policy.

For example:

If your DBA is \$200, this benefit will allow you to be reimbursed up to \$6,200 per month, rather than \$200 per day. This allows you to have more flexibility with the timing of your care services.

Other Protection Riders

Enhanced Elimination Period Rider

This rider allows you to progress more quickly through the Elimination Period. If you receive care in a Facility or through Home and Community Based Services at least once during any 7 calendar day period (Sunday through Saturday), 7 days will be counted toward satisfying the Elimination Period. Once the Elimination Period is satisfied, no future Elimination Period is required. This rider is not available with a Facility Services Only policy.

Shortened Benefit Period Nonforfeiture Rider

If you lapse your policy after it has been in force for at least three years, your coverage will continue under the rider. However, the new Total Benefit Amount is limited to the greater of the total of all of the premiums paid prior to the date of lapse, or 30 times the DBA in effect at the time of lapse. The policy will remain in force until the new benefit amount described above is exhausted or until you die. Upon your death, there is no return of any unpaid benefit amount.

Restoration of Benefits Rider

If you make a claim and subsequently recover, we will restore the Total Benefit Amount to the original amount, after adjusting for the effects of any inflation riders attached to the policy. Benefits may be restored more than once, as long as the Total Benefit Amount has not been exhausted. The maximum amount that can be restored over the life of the policy is equal to the original Total Benefit Amount.



There's a clear advantage to buying long term care insurance at a younger age. You are more apt to be healthy and qualify for coverage and premiums are generally lower.

At claim time...

Benefit eligibility⁷

Provided all other eligibility requirements have been met, you will be eligible for SignatureCare benefits if, and within the last 12 months, a Licensed Health Care Practitioner certifies that you are Chronically Ill. Chronically Ill is defined as:

- You are unable to perform at least 2 of 6 Activities of Daily Living (ADLs) due to loss of functional capacity. This means you require substantial assistance in at least 2 of the following ADLs, bathing, eating, dressing, transferring, toileting or continence, for a period expected to last at least 90 days.

–or–

- You have a severe Cognitive Impairment. This means you require continual supervision due to a deterioration or loss of intellectual capacity. This includes Alzheimer's disease or similar forms of dementia.

Premium waiver

Premiums will be waived once you begin receiving, and for as long as you continue to receive, Facility Service benefits or HCBS benefits under the policy. For example, if you have a Facility Services Only policy, premiums will be waived when you receive benefits for Facility Services; or if you have a Comprehensive Policy premiums will be waived when you receive benefits for Facility Services or HCBS.

Premiums will resume when you are no longer receiving benefits for Facility Services or HCBS at least once every week.

Personal Care Advisory services

A Personal Care Advisor is a Licensed Health Care Practitioner that helps assess and coordinate your overall care needs. The Personal Care Advisor is not employed by, or under contract to MassMutual. This service, which is optional, will provide you with assistance in developing a Plan of Care, coordinate appropriate services, and monitor ongoing delivery of such services.



⁷ Subject to all the terms and provisions of the policy.

Long Term Care Partnership program

A Long Term Care Partnership program is a joint effort by your state government and the private insurance industry that helps you plan to meet your future long-term care needs without depleting all of your assets to pay for care. This program allows you to protect some or all of your assets if your long term care needs extend beyond the period covered by your private insurance policy. The purchase of a long term care partnership insurance policy does not guarantee eligibility for Medicaid.

Partnership policyholders who apply for Medicaid coverage are able to earn dollar for dollar asset protection, lessening the burden to ‘spend down’ assets to qualify for the Medicaid program. Dollar for dollar asset protection allows you to protect an amount of your assets equal to your insurance benefit payments if in the future you need to apply for Medicaid.

Special requirements

In addition to the standards that all long term care insurance policies must meet, Partnership policies must satisfy certain additional requirements.

Inflation Protection

Partnership policies are required to include inflation protection coverage. The chart on the facing page outlines which SignatureCare riders must be purchased at which ages in order to meet Partnership inflation protection requirements. Aside from the inclusion of this required rider, there is no additional cost for adding Partnership protection to your policy.

Residency Requirements

The insured must reside in the state in which the partnership policy is purchased.

SignatureCare Rider used to satisfy partnership inflation protection requirements

Age at Purchase	Inflation Protection Rider
Under 61 years old	Compound Inflation Protection Rider
Age 61 through age 75	Compound Inflation Protection Rider
Age 76 years or older	Inflation protection is not required

Reciprocity

To qualify for a State’s long term care insurance partnership program, the policy must cover an insured person who was a resident of the state when coverage first became effective under the policy. If the insured later relocates to another state, the Medicaid asset protection offered by the Partnership policy may be available subject to reciprocity rules.

Here’s how it works.

Design your policy and pay premiums.

You design your Partnership long term care insurance policy according to your needs and ability to pay. You pay the insurance premiums, generally until you need the care.

Have a long term care need.

Once you need long term care and you meet the benefit eligibility criteria (also known as the insured event) and deductible (elimination period) for the policy, MassMutual will pay benefits based on the policy terms you selected. MassMutual will continue to pay benefits as long as you need long term care and you continue to be eligible for benefits, or until all obligations of the policy, usually measured in number of years or a preset dollar amount, are met.

Share benefits with covered partner.

At an additional cost, covered partners can share a separate pool of benefits if each partner buys their own MassMutual policy and one partner depletes their benefits and still needs care. With this type of policy, keep in mind that only the covered partner who actually uses the benefits will earn Medicaid asset protection.

Apply for Medicaid assistance.

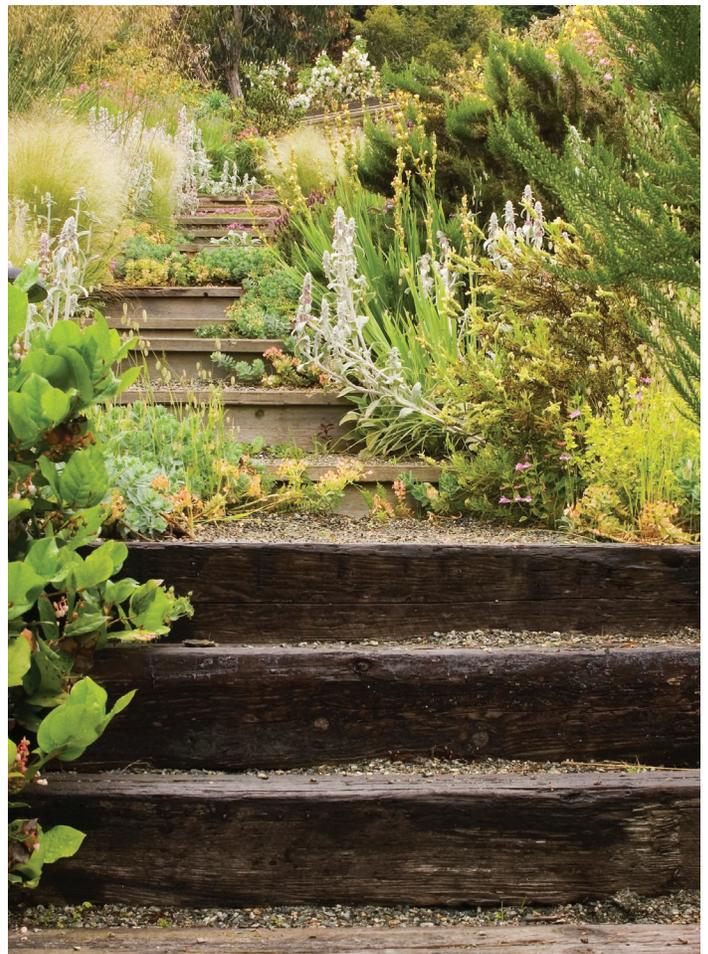
In the future, you may decide to apply for Medicaid assistance. Most Medicaid programs consider level of care, income and resource requirements in determining your eligibility.

With dollar-for-dollar asset protection, for every \$1 of benefits you receive from your Partnership policy, you will earn \$1 of asset protection. In determining your eligibility for Medicaid benefits, Medicaid will disregard your assets up to the amount of benefits received under your Partnership insurance policy. Once you are eligible for Medicaid assistance, you will be able to receive services covered under the Medicaid program. These services could be less than or more than the services provided to you under your Partnership insurance policy.

Benefits for policyholders

You may receive benefits from your SignatureCare 500 Partnership policy anywhere in the United States, based on the terms of the policy you select. Benefits received under the policy can accumulate Medicaid asset protection, even if you are in another state.

A policyholder who applies for Medicaid in a state other than the state where the policy was purchased may be eligible for Medicaid asset protection in that state. Eligibility will depend on whether the state in which the policy was purchased has Medicaid asset protection reciprocity with the other state at the time the policyholder applies to that state's Medicaid program.



Limitations and exclusions

No benefits will be reimbursed and the Elimination Period will not be satisfied for any confinement, care, treatment, or service(s):

- provided by a Family Member;
- provided Outside the United States except as described under Coverage Outside the United States;
- for which You or the Insured have no financial liability or that is provided at no charge in the absence of insurance;
- provided in facilities operated primarily for the treatment of alcoholism or drug addiction;
- provided in facilities operated primarily for the treatment of Mental or Nervous Disorders;

Non-Duplication of benefits

Benefits are not payable under the policy for expenses incurred to the extent that such expenses are reimbursable under Medicare or would be so reimbursable but for the application of a deductible or coinsurance amount; or for any other state or federal worker's compensation plan, or other governmental program (except Medicaid). For purposes of satisfying the Elimination Period, days on which you are eligible for benefits, but coverage is excluded due to the Non-Duplication of Benefits provision, will count toward satisfaction of the Elimination Period.

These provisions may not apply or may vary depending on the state in which you live at time of policy issue. Please refer to your state's Outline of Coverage for the exact language in your state. To obtain an Outline of Coverage or for more information on SignatureCare® 500, or any of MassMutual's suite of insurance products, contact your MassMutual insurance agent/producer.



Since 1851, Massachusetts Mutual Life Insurance Company has been operating for the benefit of our members and policyholders.

For more than 160 years, we've made business decisions based on their need. Our mutuality, along with our long-term business approach, has helped keep us strong. In 2000, we expanded our broad portfolio of products to include long term care insurance.

The information provided is not written or intended as tax or legal advice and may not be relied on for purposes of avoiding any Federal tax penalties. MassMutual, its employees and representatives are not authorized to give tax or legal advice. Individuals are encouraged to seek advice from their own tax or legal counsel.

Long Term Care Insurance Policy provided by Policy Forms MM500-P-2 et al. (In NC, MM500-P-2-NC) and other state variations thereof issued by Massachusetts Mutual Life Insurance Company, 1295 State Street, Springfield, MA 01111-0001. For costs and further details of coverage, including exclusions and reductions or limitations contact your agent/producer or MassMutual at 800-272-2216 for a referral to an insurance agent/producer who will contact you.

The purpose of this material is the solicitation of insurance.

This brochure is intended solely to provide an overview of the SignatureCare policy. It is not a contract and if there is a discrepancy the terms of the policy govern.

