



Long-Term Care Insurance product comparison

	Thrivent	Northwestern Mutual	National Guardian Life	Mutual of Omaha
	2016 Long-Term Care Insurance	QuietCare UU	EssentialLTC (Enhanced)	MutualCare Custom Solution 2020
Contract Provisions				
Issue Ages	18–79	18–79	40–79	30–79
Underwriting Classes	<ul style="list-style-type: none"> • Preferred (10% discount). • Standard. • Class 1: 125% of standard. • Class 2: 150% of standard. Gender-distinct pricing (in most states).	<ul style="list-style-type: none"> • Standard. • Class 1: 125% of standard. • Class 2: 150% of standard. 	<ul style="list-style-type: none"> • Premier. • Employer Group (unisex). 	<ul style="list-style-type: none"> • Preferred (15% discount). • Select (standard). • Class I: 125% of Select. • Class II: 150% of Select.
Payment Options	<ul style="list-style-type: none"> • Life (level pay). • 10-pay. 	<ul style="list-style-type: none"> • Life (level pay). 	<ul style="list-style-type: none"> • Life (level pay). • 10-pay. • Single-pay. 	<ul style="list-style-type: none"> • Life (level pay).
Rate Guarantee	5 years from date of issue.	Not available.	Rates guaranteed only on 10-pay or Single-pay.	Not available.
Dividends	Yes, not guaranteed.	Yes, not guaranteed.	Not available.	Not available.
Discounts	<ul style="list-style-type: none"> • Couples/Partners: <ul style="list-style-type: none"> - 20%: 2 apply/ 2 issued. - 5%: 2 apply/ 1 issued. - 5%: 1 apply/ 1 issued. 	<ul style="list-style-type: none"> • Couples/Partners: <ul style="list-style-type: none"> - 30%: 2 apply/ 2 issued. - 10%: 2 apply/ 1 issued - 10%: 1 apply/ 1 issued. • Multi-Life discount: 5%. 	<ul style="list-style-type: none"> • Joint pricing. • 5% Association discount. • Employer Group (unisex) rate class. 	<ul style="list-style-type: none"> • Couples/Partners: <ul style="list-style-type: none"> - 15%: 2 apply/ 2 issued. - 5%: 1 issued. • Sponsored endorsed group: 5%. • Valued client: 5%. • Producer's discount 5%.

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Contract Provisions (Continued)				
Waiver of Premium	Included. Premiums are waived after the elimination period is satisfied.	Included. Premiums are waived when the insured has been determined to need long-term care.	In most states, included in the base contract for Facility Care Services and for Home and Community Care Services if Comprehensive coverage is selected. In select states, included in the base contract for Facility Care Services and is available as a rider for Home and Community Care Services. Premiums are waived after the elimination period is satisfied.	Included. For Nursing Home and Assisted Living: Premiums are waived after the elimination period is satisfied. For Home Health Care: Premiums are waived after at least 8 days/month of care. If receiving Cash Benefit, there is no elimination period so waiver of premium begins immediately.
Benefit Amounts	Monthly Benefit: \$1,500 to \$15,000. (\$100 increments)	Monthly Benefit: \$1,500 to \$12,000. (\$100 increments)	Daily Benefit: \$50 to \$300 per day. (\$10 increments)	Monthly Benefit: \$1,500 to \$10,000. (\$50 increments)
Benefit Periods	Months: 24, 36, 48, 60 or 96.	Years: 3 or 6.	Years: 2, 3, 4, 5 or 6 or lifetime.	Pool of dollars determines policy limit. Options include, \$50,000 to \$500,000, in \$500 increments.
Elimination Periods	30, 90 or 180 days. 1 day of service in a week = credit for full week.	6, 12, 25 or 52 weeks. 1 day of qualifying expenses during a calendar week = 1 week.	30, 90 or 180 service days.	0, 30, 60, 90, 180 or 365 calendar days.
Basic Product Information				
Plan Description	Tax-qualified, reimbursement/cash option.	Tax-qualified, reimbursement/cash option.	Tax-qualified, reimbursement.	Tax-qualified, reimbursement/cash option.

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Basic Product Information (Continued)				
Nursing Home Facility	Pays expenses up to 100% of monthly maximum in a facility.	Pays expenses up to 100% of monthly maximum in a facility.	Pays expenses up to 100% of daily maximum in a facility.	Pays expenses up to 100% of monthly maximum in facility.
Home and Community Care	Pays expenses up to 100% of the monthly maximum.	Pays expenses up to 100% of the monthly maximum.	Pays expenses up to 100% of the daily maximum.	Pays expenses up to 50%, 75%, or 100% of the monthly maximum.
Assisted Living Facility	Pays expenses up to 100% of the monthly maximum.	Pays expenses up to 100% of the monthly maximum.	Pays expenses up to 100% of the daily maximum.	Pays expenses up to 50%, 75%, or 100% of the monthly maximum.
Hospice Care	Pays expenses up to 100% of the monthly maximum.	Pays expenses up to 100% of the monthly maximum.	Pays expenses up to 100% of the daily maximum.	Pays expenses up to 100% the of monthly maximum.
Eligibility for Benefits	2 out of 6 ADLs, or cognitive impairment.	2 out of 6 ADLs, or cognitive impairment.	2 out of 6 ADLs, or cognitive impairment.	2 out of 6 ADLs, or cognitive impairment.
Other Benefits				
Bed Hold Benefit	60 days per calendar year.	30 days per calendar year.	Maximum of 30 days per calendar year.	30 days per calendar year.
Respite Care	2x the current monthly benefit per calendar year.	30 days per year, in a total amount up to the value of the maximum monthly limit as of the end of the calendar year.	Maximum of 30 days per calendar year.	30 days per calendar year; no elimination period applies.
International Coverage	2x monthly benefit (lifetime limit). Nursing home, assisted living, adult day care, hospice care and home health care. No restriction on countries (except sanctioned countries or territories).	Up to 100% of the monthly maximum benefit for care received in Canada.	Coverage outside of the U.S., U.S. territories, and Canada—up to 30 days per calendar year.	12x monthly benefit, regardless of eligible expense. Paid for nursing home, assisted living facility, home health care. Cash benefit is not available with international coverage. No restriction on countries (except sanctioned countries or territories).

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Other Benefits (Continued)				
Ancillary Coverage (Additional Stay-at-Home Benefit)	<ul style="list-style-type: none"> • Respite care, equipment/home modification and caregiver training. • Pays 2x the maximum monthly benefit for eligible home modifications, assistive devices, supportive equipment and caregiver training. • Equipment/home modification benefits include: <ul style="list-style-type: none"> – Therapeutic equipment (i.e., hospital bed, wheelchair, crutches or walker). – Safety-related equipment, including medical alert systems. – Home safety checks. – Accessibility changes to the home (i.e., ramp, chairlift or alterations to bathroom or kitchen to accommodate a wheelchair). – Safety-related changes (i.e., installation of grab bars or railings). 	<ul style="list-style-type: none"> • Respite care and caregiver training. 	<ul style="list-style-type: none"> • Caregiver training—maximum lifetime benefit of 5 times the Daily Benefit Amount. • Emergency response system benefits—up to \$50 per month is available to install a residential device or system that provides a means of communication to request assistance in the event of a medical emergency. Benefits paid will be subtracted from the Benefit Amount. 	<ul style="list-style-type: none"> • 2x maximum monthly benefit (available when Care Coordination is used). • Home modifications/durable medical equipment, medical alert systems, provider care checks, caregiver training and home safety checks. • Not subject to, nor does it satisfy, the elimination period. • Does not reduce the total pool of money.
Alternate Care	Included.	Included.	Not available.	Included.
Coordination of Benefits	Yes – State variations apply.	Yes.	Yes.	Yes.

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Other Benefits (Continued)				
Contingent Nonforfeiture	Yes.	Yes.	If premium rates are increased resulting in a cumulative increase of the annual premium equal to or exceeding the percentage of the initial annual premium as set forth in the table in the policy, and the policy lapses within the grace period, then the following options become available; (1) the Daily Benefit Amount and Benefit Period may be reduced (subject to availability), or (2) the policy may be converted to a paid-up status with a Benefit Amount equal to the total of premiums paid and no less than 30 times the Daily Benefit Amount in effect on the date of lapse.	Yes.

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Care Coordination Services	<p>Included.</p> <p>If requested by the insured, care coordinator services are provided. A care coordinator:</p> <ul style="list-style-type: none"> • Identifies needed services. • Locates caregivers and facilities. • Develops, implements and coordinates a plan of care. • Monitors ongoing care. <p>Expenses for care coordinator services are not reimbursed from the contract but rather are covered separately by Thrivent. They do not reduce the available benefit.</p>	<p>Included.</p> <p>If requested by the insured, services include:</p> <ul style="list-style-type: none"> • Assessing the need for long-term care and developing an appropriate plan of care. • Assisting in the completion of claims forms. • Providing annual certification of the need for long-term care. • Providing information on local providers and community and health resources. • Monitoring and periodically reassessing the need for long-term care and the plan of care. 	<p>Optional.</p> <p>If requested, a licensed health care practitioner will:</p> <ul style="list-style-type: none"> • Assess and coordinate appropriate care and services. • Provide assistance in developing a plan of care. • Maintain a continuing role in arranging and monitoring services being provided. • Assist with necessary claims documentation. <p>These services are not required to file a claim and there is no cost to use these services. No benefits will be deducted from the Benefit Amount for their use.</p>	<p>Optional.</p> <p>If care coordination used, benefits may include Alternate Care Benefits and Stay at Home Benefits, including:</p> <ul style="list-style-type: none"> • Caregiver training • Durable medical equipment • Home modification • Medical alert system <p>Facility Assessment is included to provide an annual assessment of the quality of care provided in a nursing home or assisted living facility. Does not reduce maximum benefits.</p>
Benefit Increase Options (Inflation Protection)	<ul style="list-style-type: none"> • Annual Increase Benefit: <ul style="list-style-type: none"> – 1% compound. – 2% compound. – 3% compound. – 5% compound. • 5% Flexible Increase Benefit, annual option. 	<ul style="list-style-type: none"> • 3% compound. • 4% compound. • 5% compound. • Automatic Additional Purchase Benefit (AAPB). 	<ul style="list-style-type: none"> • 3% compound. • 5% compound. 	<p>Compound Inflation – Lifetime Benefit with Guaranteed Buy-up</p> <ul style="list-style-type: none"> • 1% to 5% in increments of .25% to 5%. <p>Inflation duration</p> <ul style="list-style-type: none"> • Lifetime, 20, 15, 10 years.

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Riders—Optional Benefits				
Waiver of Elimination Period for Home Health Care and Adult Day Care	<p>Waives the elimination period for home health care and adult day care.</p> <p>Home health care and adult day care count toward the elimination period.</p> <p>Not available with 180-day elimination period, Class 1 or Class 2.</p>	Not available.	Optional rider.	<p>Premiums are waived when benefits begin.</p> <p>Must receive home health care at least 8 days/month.</p> <p>If receiving Cash Benefit, there is no elimination period, so waiver of premium begins immediately.</p>
Cash Benefit Rider	<p>Cash Benefit Rider (a cash indemnity benefit):</p> <ul style="list-style-type: none"> • 15% of the monthly benefit amount if receiving home care. • 10% of the monthly benefit amount if receiving facility care. • Must meet the elimination period and receive care 5 times per month. • Separate benefit (does not reduce pool of money). 	Not available.	Not available.	<p>Included: Cash Alternative Benefit.</p> <p>In any month, insured may choose Cash Benefit equal to 25% monthly benefit (up to \$2,000 max) in lieu of the reimbursement benefit.</p>
Return of Premium Upon Death Rider	<ul style="list-style-type: none"> • Returns premium, less claims, after contract is in force for 10 years. • Benefit paid to the insured's estate. 	Not available.	<ul style="list-style-type: none"> • Limited Return of Premium (premium less claims). • Limited Return of Premium with Optional Policy Surrender. 	<p>3 options (all Less Claims Paid; all not available over age 64).</p> <ul style="list-style-type: none"> -3x maximum monthly benefit Return or Premium (not available with Shared Care). -Full Return of Premium (not available with Shared Care). -Return of Premium if death occurs before age 65.

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Nonforfeiture Benefit Rider	<p>If the contract lapses after 3 years, the insured will have a paid-up contract.</p> <p>Equal to the lesser of:</p> <ul style="list-style-type: none"> • The nonforfeiture credit. • The available benefit in effect immediately before the date paid-up coverage becomes effective. <p>Nonforfeiture credit is equal to the greater of:</p> <ul style="list-style-type: none"> • The total of all premiums paid on the contract. • The maximum monthly benefit in effect on the date the paid-up coverage becomes effective. 	<p>A special Benefit Account Value will be determined if the premiums stop being paid on or after the third year.</p> <p>Equal to the greater of:</p> <ul style="list-style-type: none"> • 100% of premiums paid since the benefit was added, including any waived premiums and premiums paid for additional benefits. • 3 times the maximum monthly limit. 	<p>If the policy lapses for nonpayment of premium after it has been in force for 3 years, coverage will continue, and benefits are payable equal to the greater of total of premiums paid, or 30 times the Daily Benefit Amount in effect at the time of lapse.</p>	<p>Shortened benefit period after 3 years.</p>
Survivorship Benefit Rider	<p>If both insureds have in-force contracts and riders, the contract will become paid up after the death of the spouse or partner.</p> <ul style="list-style-type: none"> • Paid-up contract for survivor if one dies after 10 years (no claims). 	<p>If both insureds have in-force policies and riders, the policy will become paid-up after the death of the spouse or companion.</p> <p>No claim restrictions on survivorship rider.</p>	<p>Not available.</p>	<ul style="list-style-type: none"> • If the insured's partner dies after the policy has been in force for 10 years, no further premium is due on the insured's policy. • If premiums increase after policy issue due to an increase or addition in coverage, the increased premium must be in effect for 10 year before the increase amount will be waived.

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Riders—Optional Benefits (Continued)				
Shared Care Rider	<ul style="list-style-type: none"> • Allows an insured to access his or her partner's available benefit when his or her own available benefit is exhausted. • If one exhausts all benefits, the other can purchase a 24-month benefit within 60 days, with no underwriting (no prior claims). This is not available after age 85. • Dual waiver of premium. • Must select identical benefits. • Upon death of one person, the survivor available benefit will be increased by the deceased's remaining available benefit. The premium will be reduced by the cost of the Shared Care Benefit rider. • Two individual contracts linked with the rider. • Not available with Class 1 or Class 2. 	Not available.	One policy with three Benefit Amounts, one for each insured and one Shared Benefit Amount.	<ul style="list-style-type: none"> • Allows an insured to access his or her partner's available benefit when his or her own available benefit is exhausted. • Must select identical benefits. • Upon death of one person, the survivor available benefit will be increased by the deceased's remaining available benefit. • If 1 spouse uses the other's benefits, 12 month residual benefit amount must remain with the second spouse.

Information acquired from published sources, deemed to be accurate as of date displayed for each product. Product and features may not be available in all states. Not all product features are shown. Features, benefits, riders and discounts may vary; and certain conditions and restrictions may apply.