At-a-Glance – 2016 Thrivent Long-Term Care Insurance

Features	Descriptions
Product Description	Thrivent Long-Term Care Insurance is a federally tax-qualified, guaranteed renewable, dividend-eligible product. It covers qualified long-term care services in the form of nursing home care, assisted living care, adult day care, hospice care services, home health care, homemaker services, respite care, caregiver training, equipment/home modification and international care.
State Approvals	Not available in: CT, NY or HI (Hawaii still offers the 2012 product)
Issue Ages	18-79
Risk Classes	Preferred, Standard, Class 1 and Class 2. Gender distinct pricing (except for MT).
Premium Payment Options	Lifetime Pay or 10 Pay • 10 Pay: Equal to 10 annual payments (regardless of which premium mode is selected)
Premium Modes	Monthly EFT, Quarterly, Semiannually, Annually
Rate Guarantee	5-Year Rate Guarantee
Dividends	Yes – Dividend eligible. Reduce Premium Only.
Partnership Eligible	Yes – Partnership eligible. State-specific requirements may apply.

Couples Discount	Two Available Discounts*:
	
	• 20% Discount
	  ○ Both individuals apply and are approved for coverage, or
	  ○ One individual has existing coverage issued by Thrivent Financial, AAL or LB, and the other is applying for Thrivent LTCI coverage.
	• 5% Discount
	  ○ Both individuals apply but only one is approved for coverage; or
	  ○ Only one individual applies.
	
	*All discounts are subject to eligibility rules as explained in the Field Resource Guide (PDF). *In Montana, the available discounts are 25% and 10%.

Comprehensive Coverage	Yes. Coverage includes nursing home, assisted living, adult day care, hospice care, home health care, homemaker services, respite care, caregiver training, equipment/home modification and international care.
Elimination Periods	30, 90 or 180 Days (1 day of service in a week = credit for full week)
Maximum Monthly Benefit Amounts	$1,500 to $15,000 (increments of $100)

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Benefit Multiplier	24, 36, 48, 60 or 96 months
Available Benefit	The available benefit is the total pool of money available during the insured's lifetime to pay for qualified long-term care expenses. • This amount will increase if a benefit increase option is selected or decrease when covered expenses are reimbursed. • Available Benefit = Monthly Benefit Amount x Benefit Multiplier.
Benefit Payments	Reimbursement • Up to the maximum monthly benefit, subject to the available benefit.

Qualifying for Benefits	Insured must be chronically ill because of a:
	
	• Physical impairment expected to last at least 90 days.
	  ○ Prevents an insured from performing at least two activities of daily living without substantial assistance.
	  ○ Activities of daily living: bathing, continence, dressing, eating, transferring, and using the toilet.
	
	OR
	
	• Cognitive impairment.
	  ○ Comparable to and includes Alzheimer's disease and similar forms of irreversible dementia.
	  ○ Measured by clinical evidence and standardized tests.
	  ○ A condition that requires the need for continual supervision.

Waiver of Premium	Included. While receiving qualified long-term care services, premiums will be waived after the elimination period is satisfied and the insured continues to meet the definition of benefit eligible. • Ancillary benefits do not trigger waiver of premium. • Double waiver of premium available on shared care contracts.
Alternate Care	Included. Helps ensure that individuals have access to emerging services that may develop over time, but are not currently identified or available.
Bed Reservation	Up to 60 days per year.
Ancillary Benefits	• Respite Care • Equipment/Home Modification • Caregiver Training

	• International Care Benefit See Field Resource Guide for Ancillary Benefit Details.

Optional Riders	• Benefit Increase Options (compounded annually):
	  ○ Flexible Increase Benefit (5%); or
	  ○ Annual Increase Benefit (1%, 2%, 3% or 5%).
	• Cash Benefit
	• Non-forfeiture Benefit
	• Return of Premium Upon Death (not available with shared care)
	• Shared Care Benefit
	• Survivorship Benefit (not available with 10-pay or FIB rider)
	• Waiver of Elimination Period for Home Care and Adult Day Care*
	
	See Field Resource Guide for Rider Details.
	
	* CA Rider: Waiver of Elimination Period for Home and Community-Based Care

Coordination of Coverage	If a qualified long-term care service is eligible to be covered under this contract and is also covered by other contracts or riders issued by Thrivent Financial, this contract's expenses will be reduced by the sum of the amounts that we pay for that expense under the other coverage. Coordination of benefits will be determined on multiple contracts based on the issue date, beginning with the earliest issued contract paying benefits first. Coordination of Coverage does not apply to all states. Please see Field Resource Guide for state specific information. Also subject to Medicare non-duplication.
Right to Cancel	30 days upon receipt of the contract to review and/or rescind the contract.
Grace Period	A window of time (60 days) to pay each premium that is in default.
Reinstatement	When chronically ill: • Can reinstate within 6 months. • Must provide proof of chronic illness. • Must pay all back premiums due. When NOT chronically ill: • Can reinstate within 6 months. • Must submit application for reinstatement. • Must pay all back premiums due. NOTE: Florida Exception - Covers loss from condition only after date of reinstatement.
Exclusions	The Long-Term Care Insurance contract does not provide benefits:

	1. For charges billed by a doctor or charges for prescription drugs. 2. For services outside of the United States, its territories and possessions, except as provided under the International Care Benefit. 3. For services necessary due to an attempt at suicide or an intentionally self-inflicted injury. 4. For services provided for the treatment of alcoholism or drug addiction. 5. For care or services provided by an immediate family member unless: a. He or she is a regular employee of a facility or agency that is providing the treatment, services or care; b. The facility or agency receives the payment for the treatment, service or care and he or she receives no compensation other than the normal compensation for employees in his or her job category; and c. He or she has no ownership or financial interest in the facility or agency providing the treatment, services or care. 6. For which benefits are payable under any state or federal worker's compensation, employer's liability or occupational disease law.