

State: Virginia **Filing Company:** MetLife Insurance Company USA
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.002 Non Qualified
Product Name: Long-Term Care
Project Name/Number: 2013 Rate Increase/145GEC01-30

Filing at a Glance

Company: MetLife Insurance Company USA
Product Name: Long-Term Care
State: Virginia
TOI: LTC04I Individual Long Term Care - Nursing Home
Sub-TOI: LTC04I.002 Non Qualified
Filing Type: Rate
Date Submitted: 03/26/2015
SERFF Tr Num: MILL-129963541
SERFF Status: Closed-Approved
State Tr Num: MILL-129963541
State Status: Approved
Co Tr Num: LTC3+ NQ FO

Implementation: On Approval
Date Requested:
Author(s): Mike Bergerson, John Hebig, Travis Reisch, Michael Emmert, Alex Moore, Michael McNutt, Samuel Scheevel

Reviewer(s): Janet Houser (primary)
Disposition Date: 01/20/2016
Disposition Status: Approved
Implementation Date:

State: Virginia **Filing Company:** MetLife Insurance Company USA
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.002 Non Qualified
Product Name: Long-Term Care
Project Name/Number: 2013 Rate Increase/145GEC01-30

General Information

Project Name: 2013 Rate Increase Status of Filing in Domicile: Authorized
Project Number: 145GEC01-30 Date Approved in Domicile: 02/25/2014
Requested Filing Mode: Review & Approval Domicile Status Comments: A 25.0% rate increase was approved in Delaware on 02/25/2014
Explanation for Combination/Other: Market Type: Individual
Submission Type: Resubmission Previous Filing Number: MILL-129257029
Individual Market Type: Overall Rate Impact: 16.8%
Filing Status Changed: 01/20/2016
State Status Changed: 01/20/2016 Deemer Date:
Created By: Rolan Manderson-Jones Submitted By: John Hebig
Corresponding Filing Tracking Number:
State TOI: LTC04I Individual Long Term Care - Nursing Home State Sub-TOI: LTC04I.002 Non Qualified

Filing Description:

Milliman, Inc. has been retained by GNA Corporation (Genworth), a reinsurer of this business, to submit the referenced rate filing on behalf of MetLife USA for your review. In preparing this rate filing, I relied on data provided to me by Union Fidelity Life Insurance Company (UFLIC), the retrocessionaire on this business, and Genworth.

H-LTC3JFO and H-LTC3JFO2 are existing individual facility only long term care policies of insurance previously approved in 1994. These forms were issued in Virginia from May 1994 through April 1997 and are no longer being marketed in any state. Nationwide, the last policies were issued in 1999.

This is a resubmission of a prior filing, SERFF tracking number MILL-129257029, that was withdrawn on February 13, 2015. The actuarial memorandum and supplement provided in this filing are similar to those provided in MILL-129257029. Any revisions or adjustments resulting from correspondence with the Bureau with respect to that prior filing are reflected in the appendix of this filing. The only substantive change from the prior filing is the company name.

The company is requesting the approval of a premium rate increase on the above listed forms and all associated riders. The increase is needed due to morbidity and persistency levels which produce lifetime loss ratios in excess of original pricing and the minimum requirement. As noted in the attached actuarial memorandum, two prior increases have been approved and implemented on these forms and associated riders. A 39.0% increase was approved on May 6, 2005 and implemented on each contract's next billing anniversary beginning August 27, 2005. A 27.9% increase was approved on July 24, 2011 and implemented on each contract's next billing anniversary beginning November 1, 2011. A premium rate increase of 16.8% is being requested at this time.

The company will offer insureds affected by the premium increase the option of reducing their policy daily benefit, where possible, to provide flexibility of choice for those insureds who wish to maintain a premium level reasonably similar to what they were paying prior to the rate increase.

Concurrent with this filing, the company is filing a limited nonforfeiture endorsement for approval. If the endorsement is approved, for policyholders who do not have a nonforfeiture benefit as part of their policy, the company is making a limited nonforfeiture option available for those who wish to elect a limited paid-up long term care insurance benefit. This option provides a paid-up policy with benefits equal to the total of premiums paid, less any claims paid. While the company is strongly encouraging policyholders to keep or reduce their existing coverage, it believes it is important to provide a comprehensive set of options to policyholders.

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Company and Contact

Filing Contact Information

Amy Pahl, Consulting Actuary	amy.pahl@milliman.com
8500 Normandale Lake Blvd.,	952-820-2419 [Phone]
Suite 1850	952-897-5301 [FAX]
Minneapolis, MN 55437-3830	

Filing Company Information

(This filing was made by a third party - millimaninc)

MetLife Insurance Company USA	CoCode: 87726	State of Domicile: Delaware
1209 Orange Street	Group Code: 241	Company Type:
Wilmington, DE 19801	Group Name: Metropolitan Group	Life/Accident/Health
(860) 768-0328 ext. [Phone]	FEIN Number: 06-0566090	State ID Number:

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

SERFF Tracking #:

MILL-129963541

State Tracking #:

MILL-129963541

Company Tracking #:

LTC3+ NQ FO

State: Virginia

Filing Company:

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Product Name: Long-Term Care

Project Name/Number: 2013 Rate Increase/145GEC01-30

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Janet Houser	01/20/2016	01/20/2016

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Long Term Care Insurance Rate Request Summary	Alex Moore	01/14/2016	01/14/2016
Rate	Rate Tables	Alex Moore	01/12/2016	01/13/2016
Rate	Rate Tables	Alex Moore	01/12/2016	01/13/2016
Rate	Rate Tables	Alex Moore	01/12/2016	01/13/2016
Rate	Rate Tables	Alex Moore	01/12/2016	01/13/2016
Rate	Rate Tables	Alex Moore	01/12/2016	01/13/2016
Supporting Document	L&H Actuarial Memorandum	Alex Moore	01/13/2016	01/13/2016
Supporting Document	Long Term Care Insurance Rate Request Summary	Alex Moore	01/12/2016	01/13/2016
Rate	Rate Tables	Michael Emmert	11/04/2015	11/04/2015
Rate	Rate Tables	Michael Emmert	11/04/2015	11/04/2015
Rate	Rate Tables	Michael Emmert	11/04/2015	11/04/2015
Rate	Rate Tables	Michael Emmert	11/04/2015	11/04/2015
Rate	Rate Tables	Michael Emmert	11/04/2015	11/04/2015
Supporting Document	Response to August 25, 2015 Phone Call	Michael Emmert	11/04/2015	11/04/2015
Supporting Document	L&H Actuarial Memorandum	Michael Emmert	11/04/2015	11/04/2015
Supporting Document	Long Term Care Insurance Rate Request Summary	Michael Emmert	11/04/2015	11/04/2015

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
RRS	Reviewer Note	Janet Houser	01/19/2016	
act memo	Reviewer Note	Janet Houser	04/03/2015	

State: Virginia Filing Company: MetLife Insurance Company USA
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Disposition

Disposition Date: 01/20/2016

Implementation Date:

Status: Approved

Comment: The Virginia State Corporation Commission earlier this year adopted revisions to the Rules Governing Long-Term Care Insurance set forth in Chapter 200 of Title 14 of the Virginia Administrative Code. Except as specifically provided in the regulation, the changes are effective September 1, 2015. The Order adopting the revisions to the long term care insurance regulation and all related documents are located on the commission's website at <http://www.scc.virginia.gov/DocketSearch#/caseDetails/132748>. As a reminder, several changes within the revised regulations have an immediate impact on both new and existing policies; and the company should take appropriate action to ensure its full compliance with such changes in the revised regulations.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
MetLife Insurance Company USA	750.900%	10.300%	\$11,653	49	\$113,132	10.300%	10.300%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document (revised)	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document	Cover Letter	Received & Acknowledged	Yes
Supporting Document	Supplement to the Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document	Rate Revision Review Requirements Checklist	Received & Acknowledged	Yes
Supporting Document	Letter of Authorization	Received & Acknowledged	Yes
Supporting Document	Appendix	Received & Acknowledged	Yes
Supporting Document	Response to August 25, 2015 Phone Call	Received & Acknowledged	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	Yes
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	Yes
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	Yes
Rate (revised)	Rate Tables	Approved	Yes

SERFF Tracking #:

MILL-129963541

State Tracking #:

MILL-129963541

Company Tracking #:

LTC3+ NQ FO

State:

Virginia

Filing Company:

MetLife Insurance Company USA

TOI/Sub-TOI:

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Product Name:

Long-Term Care

Project Name/Number:

2013 Rate Increase/145GEC01-30

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate (revised)	Rate Tables	Withdrawn	Yes
Rate (revised)	Rate Tables	Withdrawn	Yes
Rate (revised)	Rate Tables	Withdrawn	Yes
Rate (revised)	Rate Tables	Withdrawn	Yes
Rate	Rate Tables	Withdrawn	Yes
Rate	Rate Tables	Withdrawn	Yes
Rate	Rate Tables	Withdrawn	Yes
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Rate	Rate Tables	Withdrawn	Yes
Rate	Rate Tables	Withdrawn	Yes

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Product Name: Long-Term Care
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Amendment Letter

Submitted Date: 01/14/2016

Comments:

On behalf of Amy Pahl, please see the revised Long Term Care Insurance Rate Request Summary. Thank you for your assistance with this filing.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	Long Term Care Insurance Rate Request Summary Part 1_LTC3+ NQ FO_20160114.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	<i>The document "MICC RIL VA 121815.pdf" enclosed with the "Supplement to the Actuarial Memorandum" of the LTC4 TQ FO filing (MILL-129963593) provides a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.</i>
Attachment(s):	<i>Long Term Care Insurance Rate Request Summary Part 1_LTC3+ NQ FO_20151104.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	<i>The document "MICC FAQ 10152013.pdf" enclosed with the "Supplement to the Actuarial Memorandum" provides a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.</i>
Attachment(s):	<i>Long Term Care Insurance Rate Request Summary Part 1_LTC3+ NQ FO_20151104.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	<i>The document "MICC FAQ 10152013.pdf" enclosed with the "Supplement to the Actuarial Memorandum" provides a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.</i>
Attachment(s):	<i>Long Term Care Insurance Rate Request Summary Part 1_LTC3+ NQ FO_20150326.pdf</i>

SERFF Tracking #:

MILL-129963541

State Tracking #:

MILL-129963541

Company Tracking #:

LTC3+ NQ FO

State:

Virginia

Filing Company:

MetLife Insurance Company USA

TOI/Sub-TOI:

LTC04I Individual Long Term Care - Nursing Home/LTC04I.002 Non Qualified

Product Name:

Long-Term Care

Project Name/Number:

2013 Rate Increase/145GEC01-30

Amendment Letter

Submitted Date:

01/13/2016

Comments:

On behalf of Amy Pahl, this filing has been revised according to our January 7 phone call. Thank you for your assistance with this filing.

Changed Items:

No Form Schedule Items Changed.

SERFF Tracking #:

MILL-129963541

State Tracking #:

MILL-129963541

Company Tracking #:

LTC3+ NQ FO

State: Virginia

Filing Company:

MetLife Insurance Company USA

TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.002 Non Qualified

Product Name: Long-Term Care

Project Name/Number: 2013 Rate Increase/145GEC01-30

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Tables	H-LTC3JFO, H-LTC3JFO2, H-5AIFO, H-COLRFO, H-NF3	Revised	Previous State Filing Number: MILL-126439261 Percent Rate Change Request: 10.3	Prem_LTC3+_NQ_FO_VA_10.3_20151104.pdf,	01/13/2016 By:
<i>Previous Version</i>						
1	Rate Tables	H-LTC3JFO	Revised	Previous State Filing Number: MILL-129257029 Percent Rate Change Request: 10.3	Prem_Current_LTC3+_NQ_FO_VA_20150326.pdf, Prem_LTC3+_NQ_FO_VA_10.3_20151104.pdf,	11/04/2015 By:
<i>Previous Version</i>						
1	Rate Tables	H-LTC3JFO	Revised	Previous State Filing Number: MILL-129257029 Percent Rate Change Request: 16.8	Prem_Current_LTC3+_NQ_FO_VA_20150326.pdf, Prem_LTC3+_NQ_FO_VA_16.8_20150326.pdf,	03/26/2015 By: John Hebig
2	Rate Tables		Other	Previous State Filing Number: Rate Action Other Explanation: Removed		01/13/2016 By:
<i>Previous Version</i>						
2	Rate Tables	H-LTC3JFO2	Revised	Previous State Filing Number: MILL-129257029 Percent Rate Change Request: 10.3	Prem_Current_LTC3+_NQ_FO_VA_20150326.pdf, Prem_LTC3+_NQ_FO_VA_10.3_20151104.pdf,	11/04/2015 By:
<i>Previous Version</i>						
2	Rate Tables	H-LTC3JFO2	Revised	Previous State Filing Number:	Prem_Current_LTC3+_NQ_FO_VA_20150326.pdf, Prem_LTC3+_NQ_FO_VA_10.3_20151104.pdf,	03/26/2015 By: John Hebig

State: Virginia Filing Company: MetLife Insurance Company USA
 TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.002 Non Qualified
 Product Name: Long-Term Care
 Project Name/Number: 2013 Rate Increase/145GEC01-30

Rate/Rule Schedule Item Changes						
				MILL-129257029 Percent Rate Change Request: 16.8	6.pdf, Prem_LTC3+_NQ_FO _VA_16.8_20150326.p df,	
3	Rate Tables		Other	Previous State Filing Number: Rate Action Other Explanation: Removed		01/13/2016 By:
<i>Previous Version</i>						
3	Rate Tables	H-5AIFO	Revised	Previous State Filing Number: MILL-129257029 Percent Rate Change Request: 10.3	Prem_Current_LTC3+ _NQ_FO_VA_2015032 6.pdf, Prem_LTC3+_NQ_FO _VA_10.3_20151104.p df,	11/04/2015 By:
<i>Previous Version</i>						
3	Rate Tables	H-5AIFO	Revised	Previous State Filing Number: MILL-129257029 Percent Rate Change Request: 16.8	Prem_Current_LTC3+ _NQ_FO_VA_2015032 6.pdf, Prem_LTC3+_NQ_FO _VA_16.8_20150326.p df,	03/26/2015 By: John Hebig
4	Rate Tables		Other	Previous State Filing Number: Rate Action Other Explanation: Removed		01/13/2016 By:
<i>Previous Version</i>						
4	Rate Tables	H-COLRFO	Revised	Previous State Filing Number: MILL-129257029 Percent Rate Change Request: 10.3	Prem_Current_LTC3+ _NQ_FO_VA_2015032 6.pdf, Prem_LTC3+_NQ_FO _VA_10.3_20151104.p df,	11/04/2015 By:
<i>Previous Version</i>						
4	Rate Tables	H-COLRFO	Revised	Previous State Filing Number: MILL-129257029 Percent Rate Change	Prem_Current_LTC3+ _NQ_FO_VA_2015032 6.pdf, Prem_LTC3+_NQ_FO	03/26/2015 By: John Hebig

SERFF Tracking #:

MILL-129963541

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Company Tracking #:

LTC3+ NQ FO

State: Virginia

Filing Company:

MetLife Insurance Company USA

TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.002 Non Qualified

Product Name: Long-Term Care

Project Name/Number: 2013 Rate Increase/145GEC01-30

Rate/Rule Schedule Item Changes

				Request: 16.8	_VA_16.8_20150326.pdf,	
5	Rate Tables		Other	Previous State Filing Number: Rate Action Other Explanation: Removed		01/13/2016 By:
<i>Previous Version</i>						
5	Rate Tables	H-NF3	Revised	Previous State Filing Number: MILL-129257029 Percent Rate Change Request: 10.3	Prem_Current_LTC3+_NQ_FO_VA_20150326.pdf, Prem_LTC3+_NQ_FO_VA_10.3_20151104.pdf,	11/04/2015 By:
<i>Previous Version</i>						
5	Rate Tables	H-NF3	Revised	Previous State Filing Number: MILL-129257029 Percent Rate Change Request: 16.8	Prem_Current_LTC3+_NQ_FO_VA_20150326.pdf, Prem_LTC3+_NQ_FO_VA_16.8_20150326.pdf,	03/26/2015 By: John Hebig

State: Virginia Filing Company: MetLife Insurance Company USA
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 Product Name: Long-Term Care
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Supporting Document Schedule Item Changes

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	The Overall % Indicated Change was determined by targeting the greater of the minimum required loss ratio or that from original pricing, absent any additional regulatory restrictions, assuming the rate increase is fully implemented on January 1, 2014. This calculation was performed using nationwide experience, current best-estimate assumptions, and without regard to any shock lapse, reduced benefit option election, or adverse selection resulting from the increase.
Attachment(s):	AM_LTC3+_NQ_FO_VA_20160113.pdf

Previous Version

Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	<i>The Overall % Indicated Change was determined by targeting the greater of the minimum required loss ratio or that from original pricing, absent any additional regulatory restrictions, assuming the rate increase is fully implemented on January 1, 2014. This calculation was performed using nationwide experience, current best-estimate assumptions, and without regard to any shock lapse, reduced benefit option election, or adverse selection resulting from the increase.</i>
Attachment(s):	<i>AM_LTC3+_NQ_FO_VA_20151104.pdf</i>

Previous Version

Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	<i>The Overall % Indicated Change was determined by targeting the greater of the minimum required loss ratio or that from original pricing, absent any additional regulatory restrictions, assuming the rate increase is fully implemented on January 1, 2014. This calculation was performed using nationwide experience, current best-estimate assumptions, and without regard to any shock lapse, reduced benefit option election, or adverse selection resulting from the increase.</i>
Attachment(s):	<i>AM_LTC3+_NQ_FO_VA_20150326.pdf</i>

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	The document "MICC RIL VA 121815.pdf" enclosed with the "Supplement to the Actuarial Memorandum" of the LTC4 TQ FO filing (MILL-129963593) provides a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.
Attachment(s):	Long Term Care Insurance Rate Request Summary Part 1_LTC3+ NQ FO_20151104.pdf

Previous Version

Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	<i>The document "MICC FAQ 10152013.pdf" enclosed with the "Supplement to the Actuarial Memorandum" provides a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.</i>
Attachment(s):	<i>Long Term Care Insurance Rate Request Summary Part 1_LTC3+ NQ FO_20151104.pdf</i>

Previous Version

Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	<i>The document "MICC FAQ 10152013.pdf" enclosed with the "Supplement to the Actuarial Memorandum" provides a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.</i>
Attachment(s):	<i>Long Term Care Insurance Rate Request Summary Part 1_LTC3+ NQ FO_20150326.pdf</i>

SERFF Tracking #:	MILL-129963541	State Tracking #:	MILL-129963541	Company Tracking #:	LTC3+ NQ FO
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State:	Virginia	Filing Company:	MetLife Insurance Company USA
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Product Name:	Long-Term Care		
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State:	Virginia	Filing Company:	MetLife Insurance Company USA
TOI/Sub-TOI:	LTC04I Individual Long Term Care - Nursing Home/LTC04I.002 Non Qualified		
Product Name:	Long-Term Care		
Project Name/Number:	2013 Rate Increase/145GEC01-30		

Amendment Letter

Submitted Date: 11/04/2015

Comments:

On behalf of Amy Pahl, please see the attached response letter. The status listing, which is as of August 17, 2015 and included in the enclosed Excel file, corresponds to the time of the Bureau's offer. If an updated version of the status listing were provided it would include additional approvals, thus justifying a larger rate increase.

Thank you for your assistance with this filing.

Changed Items:

No Form Schedule Items Changed.

SERFF Tracking #:

MILL-129963541

State Tracking #:

MILL-129963541

Company Tracking #:

LTC3+ NQ FO

State:

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2013 Rate Increase/145GEC01-30

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Tables	H-LTC3JFO	Revised	Previous State Filing Number: MILL-129257029 Percent Rate Change Request: 10.3	Prem_Current_LTC3+_NQ_FO_VA_20150326.pdf, Prem_LTC3+_NQ_FO_VA_10.3_20151104.pdf,	11/04/2015 By:
<i>Previous Version</i>						
1	Rate Tables	H-LTC3JFO	Revised	Previous State Filing Number: MILL-129257029 Percent Rate Change Request: 16.8	Prem_Current_LTC3+_NQ_FO_VA_20150326.pdf, Prem_LTC3+_NQ_FO_VA_16.8_20150326.pdf,	03/26/2015 By: John Hebig
2	Rate Tables	H-LTC3JFO2	Revised	Previous State Filing Number: MILL-129257029 Percent Rate Change Request: 10.3	Prem_Current_LTC3+_NQ_FO_VA_20150326.pdf, Prem_LTC3+_NQ_FO_VA_10.3_20151104.pdf,	11/04/2015 By:
<i>Previous Version</i>						
2	Rate Tables	H-LTC3JFO2	Revised	Previous State Filing Number: MILL-129257029 Percent Rate Change Request: 16.8	Prem_Current_LTC3+_NQ_FO_VA_20150326.pdf, Prem_LTC3+_NQ_FO_VA_16.8_20150326.pdf,	03/26/2015 By: John Hebig
3	Rate Tables	H-5AIFO	Revised	Previous State Filing Number: MILL-129257029 Percent Rate Change Request: 10.3	Prem_Current_LTC3+_NQ_FO_VA_20150326.pdf, Prem_LTC3+_NQ_FO_VA_10.3_20151104.pdf,	11/04/2015 By:
<i>Previous Version</i>						
3	Rate Tables	H-5AIFO	Revised	Previous State Filing Number: MILL-129257029 Percent Rate Change Request: 10.3	Prem_Current_LTC3+_NQ_FO_VA_20150326.pdf, Prem_LTC3+_NQ_FO_VA_10.3_20151104.pdf,	03/26/2015 By: John Hebig

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Rate/Rule Schedule Item Changes

				<i>Request:</i> 16.8	<i>_VA_ 16.8_ 20150326.p</i> <i>df,</i>	
4	Rate Tables	H-COLRFO	Revised	Previous State Filing Number: MILL-129257029 Percent Rate Change Request: 10.3	Prem_Current_LTC3+ _NQ_FO_VA_2015032 6.pdf, Prem_LTC3+_NQ_FO _VA_10.3_20151104.p df,	11/04/2015 By:
<i>Previous Version</i>						
4	<i>Rate Tables</i>	<i>H-COLRFO</i>	<i>Revised</i>	<i>Previous State Filing</i> <i>Number:</i> <i>MILL-129257029</i> <i>Percent Rate Change</i> <i>Request:</i> <i>16.8</i>	<i>Prem_Current_LTC3+</i> <i>_NQ_FO_VA_2015032</i> <i>6.pdf,</i> <i>Prem_LTC3+_NQ_FO</i> <i>_VA_16.8_20150326.p</i> <i>df,</i>	<i>03/26/2015</i> <i>By: John Hebig</i>
5	Rate Tables	H-NF3	Revised	Previous State Filing Number: MILL-129257029 Percent Rate Change Request: 10.3	Prem_Current_LTC3+ _NQ_FO_VA_2015032 6.pdf, Prem_LTC3+_NQ_FO _VA_10.3_20151104.p df,	11/04/2015 By:
<i>Previous Version</i>						
5	<i>Rate Tables</i>	<i>H-NF3</i>	<i>Revised</i>	<i>Previous State Filing</i> <i>Number:</i> <i>MILL-129257029</i> <i>Percent Rate Change</i> <i>Request:</i> <i>16.8</i>	<i>Prem_Current_LTC3+</i> <i>_NQ_FO_VA_2015032</i> <i>6.pdf,</i> <i>Prem_LTC3+_NQ_FO</i> <i>_VA_16.8_20150326.p</i> <i>df,</i>	<i>03/26/2015</i> <i>By: John Hebig</i>

State: Virginia Filing Company: MetLife Insurance Company USA
 TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.002 Non Qualified
 Product Name: Long-Term Care
 Project Name/Number: 2013 Rate Increase/145GEC01-30

Supporting Document Schedule Item Changes

Satisfied - Item:	Response to August 25, 2015 Phone Call
Comments:	
Attachment(s):	VA_LTC3+ NQ FO_Response to 20150825 Phone Call_20151104.pdf VA_LTC3+ NQ FO_State Status Listing_20151104.xlsb

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	The Overall % Indicated Change was determined by targeting the greater of the minimum required loss ratio or that from original pricing, absent any additional regulatory restrictions, assuming the rate increase is fully implemented on January 1, 2014. This calculation was performed using nationwide experience, current best-estimate assumptions, and without regard to any shock lapse, reduced benefit option election, or adverse selection resulting from the increase.
Attachment(s):	AM_LTC3+_NQ_FO_VA_20151104.pdf

Previous Version

Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	<i>The Overall % Indicated Change was determined by targeting the greater of the minimum required loss ratio or that from original pricing, absent any additional regulatory restrictions, assuming the rate increase is fully implemented on January 1, 2014. This calculation was performed using nationwide experience, current best-estimate assumptions, and without regard to any shock lapse, reduced benefit option election, or adverse selection resulting from the increase.</i>
Attachment(s):	<i>AM_LTC3+_NQ_FO_VA_20150326.pdf</i>

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	The document "MICC FAQ 10152013.pdf" enclosed with the "Supplement to the Actuarial Memorandum" provides a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.
Attachment(s):	Long Term Care Insurance Rate Request Summary Part 1_LTC3+ NQ FO_20151104.pdf

Previous Version

Satisfied - Item:	<i>Long Term Care Insurance Rate Request Summary</i>
Comments:	<i>The document "MICC FAQ 10152013.pdf" enclosed with the "Supplement to the Actuarial Memorandum" provides a brief narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.</i>
Attachment(s):	<i>Long Term Care Insurance Rate Request Summary Part 1_LTC3+ NQ FO_20150326.pdf</i>

State: Virginia **Filing Company:** MetLife Insurance Company USA
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.002 Non Qualified
Product Name: Long-Term Care
Project Name/Number: 2013 Rate Increase/145GEC01-30

Reviewer Note

Created By:

Janet Houser on 01/19/2016 09:42 AM

Last Edited By:

Janet Houser

Submitted On:

01/20/2016 07:56 AM

Subject:

RRS

Comments:

rate summaries

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Reset Form

Company Name and NAIC Number: MetLife Insurance Company USA, NAIC # 87726

SERFF Tracking Number: MILL-129963541

Effective Date: On Approval

(Projected) Number of Insureds Affected: 49

New Rates
Average Annual Premium Per Member: 2,309

Revised Rates

Average Annual Premium Per Member: 2,547

Average Requested Percentage Rate Change Per Member: 10.3%

Minimum Requested Percentage Rate Change Per Member: 10.3%

Maximum Requested Percentage Rate Change Per Member: 10.3%

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
H-LTC3JFO H-LTC3JFO2 H-5AIFO H-COLRFO H-NF3	Nursing Facility Only Nursing Facility Only Annual 5% Benefit Inflation Rider Cost of Living (CPI) Benefit Inflation Rider Nonforfeiture Benefit Rider

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

Rate Increase Driver Narrative

The premium increase is not based upon a change in your age, health, claims history or any other individual characteristic. Rather, the increase is based on the experience of all policies that are similar to your policy and issued for delivery in Virginia. Our decision to increase premiums is primarily based upon the fact that expected claims are significantly higher today than we originally anticipated when your policy was priced. Policyholders are utilizing more benefits than was actuarially anticipated when the policy form was originally priced, as well as our anticipation of higher than expected claims costs in the future. Therefore, the company will be exposed to higher than actuarially anticipated claims costs, which is a class-wide risk as opposed to its risk on a single policy. Our decision to increase premiums was not determined based upon the current economic environment.

Long Term Care Insurance Rate Request Summary Part 2 –To Be Completed By Bureau of Insurance

Company Name and NAIC Number: MetLife Insurance Company USA 87726

SERFF Tracking Number: MILL-129963541

Disposition: Approve

Approval Date: 1/20/2016

Revised Rates

Average Annual Premium Per Member: \$ 2547

Average Requested Percentage Rate Change Per Member: 10.3%

Minimum Requested Percentage Rate Change Per Member: 10.3%

Maximum Requested Percentage Rate Change Per Member: 10.3%

Number of Policy Holders Affected: 49

Summary of the Bureau of Insurance's review of the rate request:

METLIFE Insurance Company USA (the company) requested a 16.8% rate increase. The company did, however, reduce the requested rate increase to 10.3% after discussions with the Bureau. The primary drivers of the rate increase are insureds being sicker (morbidity) and keeping the policies (persistency) longer than originally anticipated. This has resulted in significantly higher loss ratios than assumed in the original pricing, and as required by Virginia law.

The Bureau reviewed the rate increase in accordance with the requirements of 14VAC5-200-150, which requires that the filing demonstrate that both the future and lifetime loss ratios will be at least 60% after application of the rate increase. The Bureau's review, based on the requirements of Virginia law and regulation and using actuarially accepted and justified assumptions, indicated that the future loss ratio will be 243.4% and the lifetime loss ratio will be 100.5%. Since the filing met the requirements of 14VAC5-200-150 after implementation of the rate increase, approval was recommended.

These forms were issued in Virginia from 1990 through 1995, and are subject to the pre-rate stability requirements of 14VAC5-200-150 and 14VAC5-130. Two prior increases were previously approved: 39.0% in 2005 and 27.9% in 2011. The Bureau's review is based on the requirements of Virginia law and regulations and the use of actuarially accepted and justified assumptions. The vast majority (91%) of the premiums for this block have already been collected, causing the loss ratio to be extremely insensitive to rate increases. For example, the Company reports that they could increase rates by 750.9% and still meet the minimum loss ratio standard. In addition, the requested increase would cause the Virginia rate level to be well above the cumulative average increases that have been approved on a nationwide basis. In order to alleviate this concern and due to the limited credibility of the aggregate loss data, the company proposed to reduce the rate increase to 10.3%.

The Company is offering all policyholders the option to reduce the premium increase by reducing their coverage. These reductions could be in the form of lower daily benefits, a shorter benefit period, a longer elimination period, the termination of riders or any combination of these reductions.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

State: Virginia **Filing Company:** MetLife Insurance Company USA
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.002 Non Qualified
Product Name: Long-Term Care
Project Name/Number: 2013 Rate Increase/145GEC01-30

Reviewer Note

Created By:

Janet Houser on 04/03/2015 01:50 PM

Last Edited By:

Janet Houser

Submitted On:

01/20/2016 07:56 AM

Subject:

act memo

Comments:

sent to Shawn 3.30.15; due date 4.13.15

7.9.15 - filing in compliance w/ factors SCC should consider



SHAWN D. PARKS, FSA, MAAA
1114 CATAWBA RIVER RD • GREAT FALLS, SC 29055
(803) 994 - 9895 • SHAWN.PARKS@ARCGA.COM

July 9, 2015

Ms. Janet Houser
Life and Health Division
State Corporation Commission, Bureau of Insurance
P. O. Box 1157
Richmond, VA 23218

Subject: **Actuarial Report for Long Term Care Rate Increase Filing
MetLife Insurance Company USA
SERFF Tracking # MILL-129963541
Forms H-LTC3JFO and H-LTC3JFO2**

Dear Janet:

We have completed our review of the filing for the above captioned submission from MetLife Insurance Company USA (the "Company"). This is a rate increase filing pursuant to the requirements of 14VAC5-200-150 for a block of Individual Long Term Care Insurance plans. This block of business is not available for new issues.

Recommendation

Our review of this filing was performed according to the provisions of 14VAC5-200 et seq. Applicable Actuarial Standards of Practice were considered, including Actuarial Standard of Practice No. 18, "Long-Term Care Insurance" and Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans". After review of the Company's submission, we believe that the Company has demonstrated that the request is in compliance with all applicable regulations and standards. However, there are several factors that the Virginia SCC Bureau of Insurance (the "Bureau") may want to consider in determining whether to approve the rate increase as proposed. These factors are detailed in the Analysis section, but summarized here.

The vast majority (91%) of the premiums for this block have already been collected, causing the loss ratio to be extremely insensitive to rate increases. For example, the Company reports that they could increase rates by 750% and still meet the minimum loss ratio standard. In addition, the requested increase would cause the Virginia rate level to be well above the cumulative average increases that have been approved on a nationwide basis. In order to alleviate this concern, we recommend that the Bureau encourage the Company to consider revising their request to be no greater than 9.8%.

Historical Background

This filing was originally submitted as MILL-129257029 under previous company name, MetLife Insurance Company of Connecticut. There have been two previous rate increases: 39.0% approved in 2005 and 27.9% approved in 2011. The Company is now requesting a 16.8% rate increase which will apply to all policies.

These forms were issued in Virginia from 1994 through 1997, and therefore are subject to the pre-rate stability requirements of 14VAC5-200-150 and 14VAC5-130.

As of 12/31/2012, there were 49 policies with \$113k premium in force in Virginia, and 2,173 policies with annual premiums of \$4.4m nationwide, making Virginia's block approximately 2.6% of the total.

Several requests were sent to the Company for additional information and the Company's responses clarified issues which arose during the course of our review. The Bureau was involved in all correspondence between us and the Company.

Methodology

Our approach was to a) review the filing materials, b) check the filing contents and assumptions for compliance with all relevant regulations, c) verify the calculations in the supplied exhibits, d) review the assumptions and projections for reasonableness, e) analyze the current increase and cumulative increase in Virginia relative to other states and f) analyze the request in light of the Model Bulletin adopted by the NAIC Exec/Plenary on December 18, 2013 (the "Bulletin").

Assumptions

Morbidity – The business was assumed in 2000 by General Electric Capital Assurance ("GECA") and the morbidity assumptions are equal to the claim costs expected by GECA at that time, modified by A/E factors by duration. When compared to the factors used in the 2010 rate filing, the future A/E factors in this filing start about 38% higher, grading down over 20 years to 2% lower. In addition, morbidity was increased by 0.7% due to adverse selection from the rate increase.

The A/E factors applied to the base morbidity table are derived from the actual experience on these plans and other plans issued in the same underwriting era smoothed and grading back to an ultimate factor of 113% of the base table. We believe these factors are reasonable based on the historical results.

One often-quoted basis for measuring credibility is the June 12, 2003 letter from the American Academy of Actuaries Long-Term Care Reserving Work Group to the Accident and Health Working Group of the NAIC Life and Health Actuarial Task Force which recommended a "Rule of Thumb" standard for full credibility of incidence rates of 1,082 claims (within 5% of the true claims with 90% confidence). The letter also reports

that the standard for aggregate loss is a multiple of the standard for incidence, in the range of 3 to 5 times (3,246 to 5,410 claims). The Company's experience data on these forms includes 989 claims. The Company has chosen to use 1,082 claims as the standard for full credibility which would result in 96% credibility. Use of a 3-5X multiple as recommended by the working group would result in credibility between 43%-55%. Even though this policy form is only partially credible, it should be noted that the experience of this form was combined with other similar products offered by the Company in each underwriting era to arrive at the morbidity assumption used.

Voluntary Lapse – Shown in table below are the lapses assumed in the 2010 rate increase filing, the current 2014 assumed lapses, and the actual lapse rate experience; in addition, shock lapses and benefit reductions are assumed in the year of a rate increase. Generally, a higher lapse rate will produce a lower loss ratio. Therefore, the current lapse rate assumptions which are higher than the assumptions used in the 2010 rate filing should be favorable to the Company.

Policy Duration	Original Lapse Assump	2005 Lapse Assump	2010 Lapse Assump	2014 Lapse Assump	Raw Lapse Exper
1	13.00%	5.00%	6.00%	6.00%	6.07%
2	10.00%	3.00%	4.00%	4.00%	4.20%
3	7.00%	2.00%	2.50%	2.50%	2.46%
4	4.00%	0.80%	1.50%	1.50%	1.60%
5	4.00%	0.80%	1.30%	1.30%	1.30%
6	4.00%	0.75%	1.10%	1.10%	1.10%
7	4.00%	0.75%	0.90%	1.00%	1.00%
8-13	4.00%	0.75%	0.80%	1.00%	1.00%
14-19	4.00%	0.75%	0.95%	1.40%	1.40%
20+	4.00%	0.75%	1.25%	1.75%	N/A

Mortality – 1983 Individual Annuitant Mortality Table with selection factors grading from 30% to 95% over 20 years, based on past experience.

Interest – the original pricing interest rate was reported to be 7.5% for these plans.

Loss Ratio Projections

The Company has provided projections for both nationwide and Virginia only policies as of 12/31/2013. We have reviewed both sets of projections but base our recommendations on the nationwide projections adjusted for rate differences to the Virginia rate level.

The lifetime loss ratio utilizing the original pricing interest rate is projected to drop from 90.0% to 88.7% with the requested rate increase. Using the active life reserve balance confirmed by the Company, the anticipated future loss ratio is projected to be 89.6%. These ratios exceed the minimum required loss ratio of 60%.

It should be noted that approximately 91% of the total present value of premium will have been collected by the end of 2014 and therefore the lifetime loss ratio is relatively insensitive to changes in future premium. In other words, the 16.8% rate increase requested only moves the expected loss ratio from 90% to 89%. For this reason, we requested the Company provide a projection of future loss ratios based on original assumptions and actual distribution of business sold. The results of those projections are shown below. The allowable increase is calculated on both a percentage loss ratio basis and a dollar present value basis. In either case, we calculated the percentage rate increase that would equate either the PV of future loss or the future loss ratio to the same measure using the original pricing assumptions. We believe that it is more appropriate to concentrate on the present value of future loss on a dollar basis if the Bureau wishes to recommend that the Company cap the rate increase based on this particular analysis.

	No Increase	With Requested Increase	With Original Assumptions	Allowable Increase
PV Future Loss	41,496,110	38,058,483	20,165,452	104.2%
Future LR	272.6%	244.0%	333.9%	-36.0%

The other measure that the Bureau has used at times to analyze the reasonableness of a particular rate increase is the lifetime loss ratio assuming the proposed rates had been charged from inception. The result of this analysis was a loss ratio of 51.6%. Since this ratio without an increase is 58.9%, **no increase** would be allowed under this measure.

The Bureau has expressed a general concern about Virginia’s policyholders providing some subsidization of the nationwide results in situations where the cumulative rate increase in Virginia exceeds the nationwide average rate increase level. The Company has submitted a list of the increases requested in the 39 states and D.C with premiums in force. The Company has filed for a rate increase in 38 of those 40 jurisdictions. Final dispositions have been reached in 33 of those jurisdictions representing approximately 65% of total annual premium. The average cumulative rate increase across those 35 jurisdictions (33 final plus 2 not filed) is 95.3%. For comparison, if the requested 16.8% rate increase is approved, the cumulative rate increase in Virginia would be 107.6%. A rate increase of **9.8%** would cause Virginia’s cumulative increase to match the nationwide average of 95.1%. If all pending rate increases are approved as requested, the nationwide cumulative average rate increase would be 116.3%, which would be matched in Virginia with a rate increase of 21.7%.

Analysis of Bulletin

Our analysis focuses on the actuarial aspects of the Bulletin as follows:

- Actuarial Assumptions for Establishing Rate Increase Requests
- Approval of Rate Increases
- Application of New Loss Ratio Standards

Actuarial Assumptions for Establishing Rate Increase Requests

The assumptions used by the Company in support of this rate increase appear to be reasonable based on the data provided by the Company. The assumptions and the present and accumulated values are also consistent with the three requirements spelled out in the Bulletin.

Approval of Rate Increases

Two scenarios are laid out in the Bulletin: 1) a single rate increase with a three year moratorium on future rate increases, or 2) an actuarially equivalent series of increases. The Company has agreed to a three year guarantee period if the full 16.8% rate increase is approved. The Company also agreed that the Bureau may approve a series of increases but did not volunteer to modify their request.

Application of New Loss Ratio Standards

The submitted calculations in Attachment 18 show that the dual loss ratio test is met.

Reliance and Qualifications

We are providing this letter to you to communicate our findings regarding the filing under consideration. Distribution of this letter to parties other than the Bureau by us or any other party does not constitute advice by us to those parties. The reliance of parties other than the Bureau on any aspect of our work is not authorized by us and is done at their own risk.

In arriving at our opinion, we used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, our findings and conclusions may need to be revised. While we have relied on the data provided without independent investigation or verification, we have reviewed the data for consistency and reasonableness. Where we found the data inconsistent or unreasonable, we have requested clarification.

We have utilized generally accepted actuarial methodologies in arriving at our opinion. I am a member of the American Academy of Actuaries and meet that body's Qualification Standards to render this opinion.

If you have any questions regarding this filing, please call me at 803-994-9895.

Sincerely,



Shawn D. Parks, FSA, MAAA

State: Virginia **Filing Company:** MetLife Insurance Company USA
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.002 Non Qualified
Product Name: Long-Term Care
Project Name/Number: 2013 Rate Increase/145GEC01-30

Post Submission Update Request Processed On 11/05/2015

Status: Allowed
Created By: Michael Emmert
Processed By: Janet Houser
Comments:

Company Rate Information:

Company Name:MetLife Insurance Company USA

Field Name	Requested Change	Prior Value
Overall % Rate Impact	10.300%	16.800%
Written Premium Change for this Program	\$11653	\$19006
Maximum %Change (where required)	10.300%	16.800%
Minimum %Change (where required)	10.300%	16.800%

State: Virginia **Filing Company:** MetLife Insurance Company USA
TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.002 Non Qualified
Product Name: Long-Term Care
Project Name/Number: 2013 Rate Increase/145GEC01-30

Rate Information

Rate data applies to filing.

Filing Method: Review and Approval
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 27.900%
Effective Date of Last Rate Revision: 11/01/2011
Filing Method of Last Filing: Review and Approval

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
MetLife Insurance Company USA	750.900%	10.300%	\$11,653	49	\$113,132	10.300%	10.300%

SERFF Tracking #:

MILL-129963541

State Tracking #:

MILL-129963541

Company Tracking #:

LTC3+ NQ FO

State: Virginia

Filing Company:

MetLife Insurance Company USA

TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.002 Non Qualified

Product Name: Long-Term Care

Project Name/Number: 2013 Rate Increase/145GEC01-30

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Tables	H-LTC3JFO, H-LTC3JFO2, H-5AIFO, H-COLRFO, H-NF3	Revised	Previous State Filing Number: MILL-126439261 Percent Rate Change Request: 10.3	Prem_LTC3+_NQ_FO_VA_10.3_20151104.pdf,
2		Rate Tables		Other	Previous State Filing Number: Rate Action Other Explanation: Removed	
3		Rate Tables		Other	Previous State Filing Number: Rate Action Other Explanation: Removed	
4		Rate Tables		Other	Previous State Filing Number: Rate Action Other Explanation: Removed	
5		Rate Tables		Other	Previous State Filing Number: Rate Action Other Explanation: Removed	

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	188.25	174.52	158.83	18-44	12.75	12.75	11.77
45-49	215.70	201.98	184.33	45-49	15.69	14.71	13.73
50-54	243.15	229.43	213.74	50-54	17.65	16.67	15.69
55	335.32	311.79	286.29	55	22.55	21.57	20.59
56	358.85	333.36	305.90	56	24.51	23.53	22.55
57	384.34	356.89	327.47	57	26.47	24.51	23.53
58	411.79	382.38	349.04	58	28.43	26.47	24.51
59	441.21	407.87	374.54	59	29.41	28.43	26.47
60	470.62	435.33	398.07	60	31.37	29.41	27.45
61	503.96	466.70	425.52	61	34.32	32.36	29.41
62	539.25	498.07	454.93	62	36.28	34.32	31.37
63	576.51	531.41	484.35	63	39.22	36.28	33.34
64	617.69	568.67	517.68	64	42.16	39.22	35.30
65	658.87	605.93	551.02	65	44.12	41.18	37.26
66	721.62	662.79	602.00	66	49.02	45.10	41.18
67	790.25	723.58	656.91	67	53.93	50.00	45.10
68	866.73	790.25	715.74	68	58.83	53.93	48.04
69	949.09	864.77	780.45	69	63.73	58.83	52.94
70	1,037.33	943.20	849.08	70	69.61	63.73	56.87
71	1,145.18	1,037.33	927.52	71	77.46	70.59	62.75
72	1,264.80	1,139.30	1,013.80	72	85.30	77.46	68.63
73	1,396.18	1,251.07	1,105.96	73	94.12	85.30	74.52
74	1,539.33	1,374.61	1,207.93	74	103.93	93.14	81.38

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,698.16	1,507.95	1,317.74	75	114.71	101.97	88.24
76	1,911.90	1,698.16	1,484.42	76	129.42	114.71	100.01
77	2,153.10	1,911.90	1,668.75	77	145.11	129.42	111.77
78	2,423.70	2,151.13	1,878.57	78	163.74	145.11	126.48
79	2,727.65	2,421.74	2,113.88	79	183.35	162.76	142.17
80		2,723.72	2,376.64	80	205.90	182.37	158.83
81		3,064.92	2,674.70	81	232.37	205.90	179.42
82		3,449.27	3,008.06	82	260.80	231.39	201.98
83		3,882.63	3,384.56	83	293.16	259.82	226.49
84		4,368.94	3,808.12	84	329.44	292.18	254.92
				85	369.63	328.45	286.29
				86	416.70	369.63	322.57
				87	468.66	415.72	362.77
				88	526.51	467.68	407.87
				89	592.20	526.51	458.86
				90	666.71	592.20	516.70
				91	750.05	666.71	580.43
				92	843.20	750.05	652.99
				93	949.09	843.20	735.35
				94	1,067.72	948.11	826.53
				95	1,201.07	1,066.74	930.46
				96	1,351.08	1,200.09	1,046.15
				97	1,519.72	1,350.10	1,177.54
				98	1,709.93	1,518.74	1,324.60
				99	1,922.69	1,708.95	1,489.32

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	213.74	201.98	188.25	18-44	14.71	14.71	13.73
45-49	251.00	237.27	219.62	45-49	17.65	16.67	15.69
50-54	294.14	274.53	254.92	50-54	19.61	18.63	17.65
55	392.18	372.58	352.97	55	27.45	25.49	23.53
56	421.60	400.03	378.46	56	29.41	27.45	25.49
57	452.97	427.48	401.99	57	31.37	29.41	27.45
58	486.31	458.86	429.44	58	33.34	31.37	29.41
59	521.61	490.23	458.86	59	35.30	33.34	31.37
60	558.86	523.57	488.27	60	37.26	35.30	33.34
61	598.08	560.82	523.57	61	40.20	38.24	36.28
62	639.26	600.04	560.82	62	43.14	41.18	38.24
63	682.40	641.22	602.00	63	46.08	44.12	41.18
64	727.50	686.32	645.14	64	50.00	47.06	44.12
65	776.53	733.39	690.25	65	52.94	50.00	46.08
66	843.20	798.10	752.99	66	57.85	54.91	50.98
67	913.79	866.73	819.67	67	62.75	58.83	54.91
68	992.23	943.20	894.18	68	67.65	63.73	59.81
69	1,074.59	1,023.60	972.62	69	72.55	69.61	65.69
70	1,164.79	1,111.84	1,058.90	70	78.44	74.52	70.59
71	1,288.33	1,233.42	1,176.55	71	87.26	83.34	79.42
72	1,425.59	1,364.80	1,305.98	72	96.09	92.16	87.26
73	1,574.62	1,511.87	1,451.08	73	105.89	101.97	97.07
74	1,741.30	1,674.63	1,609.92	74	116.68	112.75	107.85

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,923.67	1,855.03	1,786.40	75	128.44	124.52	119.62
76	2,164.86	2,088.38	2,009.95	76	145.11	140.21	135.30
77	2,435.47	2,349.19	2,260.95	77	162.76	157.85	151.97
78	2,739.41	2,643.33	2,543.32	78	183.35	177.46	170.60
79	3,082.57	2,972.76	2,860.99	79	205.90	199.03	192.17
				80	231.39	223.55	215.70
				81	260.80	251.98	243.15
				82	293.16	283.35	273.55
				83	329.44	318.65	307.87
				84	370.61	358.85	346.10
				85	416.70	402.97	388.26
				86	469.64	453.95	437.29
				87	527.49	510.82	492.19
				88	594.16	574.55	552.98
				89	667.69	646.12	622.59
				90	751.03	726.52	700.05
				91	845.16	817.71	787.31
				92	951.05	919.67	886.34
				93	1,069.68	1,034.39	997.13
				94	1,203.03	1,163.81	1,121.65
				95	1,354.02	1,308.92	1,260.87
				96	1,522.66	1,472.65	1,418.73
				97	1,712.87	1,656.98	1,596.19
				98	1,927.59	1,863.86	1,795.23
				99	2,167.80	2,096.23	2,019.75

Fractional Premiums (expressed as a percent of annual premium)

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**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	249.04	239.23	227.47	18-44	16.67	16.67	15.69
45-49	296.10	278.45	260.80	45-49	20.59	19.61	18.63
50-54	349.04	323.55	298.06	50-54	23.53	22.55	20.59
55	476.50	443.17	409.83	55	33.34	31.37	28.43
56	513.76	476.50	439.25	56	36.28	34.32	30.39
57	551.02	511.80	470.62	57	39.22	36.28	32.36
58	592.20	549.06	503.96	58	41.18	38.24	35.30
59	637.30	588.28	539.25	59	44.12	41.18	37.26
60	684.36	631.42	576.51	60	47.06	43.14	39.22
61	737.31	678.48	617.69	61	50.98	47.06	42.16
62	792.21	727.50	660.83	62	54.91	50.00	45.10
63	853.00	780.45	705.93	63	58.83	53.93	48.04
64	915.75	837.31	754.96	64	62.75	56.87	51.96
65	984.38	896.14	805.94	65	66.67	60.79	54.91
66	1,074.59	976.54	878.49	66	73.53	66.67	59.81
67	1,172.63	1,064.78	954.97	67	79.42	72.55	64.71
68	1,280.48	1,160.87	1,039.29	68	86.28	78.44	70.59
69	1,396.18	1,264.80	1,129.49	69	94.12	85.30	76.48
70	1,523.64	1,376.57	1,227.54	70	101.97	92.16	82.36
71	1,674.63	1,517.76	1,358.92	71	112.75	101.97	91.18
72	1,839.35	1,672.67	1,502.07	72	123.54	112.75	100.99
73	2,021.71	1,843.27	1,660.90	73	136.28	123.54	111.77
74	2,221.73	2,029.56	1,835.43	74	149.03	136.28	123.54

Fractional Premiums (expressed as a percent of annual premium)

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Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,439.39	2,235.45	2,029.56	75	163.74	150.01	136.28
76	2,747.26	2,515.87	2,284.48	76	184.33	169.62	153.93
77	3,090.42	2,831.57	2,570.77	77	207.86	190.21	172.56
78	3,478.68	3,186.50	2,894.32	78	233.35	213.74	194.13
79	3,914.01	3,584.57	3,255.13	79	261.78	240.21	218.64
				80	294.14	269.63	245.12
				81	331.40	303.94	276.49
				82	372.58	341.20	310.81
				83	418.66	384.34	349.04
				84	471.60	432.38	393.17
				85	529.45	485.33	441.21
				86	596.12	546.12	497.09
				87	670.64	614.75	558.86
				88	753.98	691.23	628.48
				89	848.10	777.51	706.91
				90	954.97	875.55	795.15
				91	1,073.61	984.38	895.16
				92	1,207.93	1,106.94	1,006.93
				93	1,358.92	1,246.17	1,132.43
				94	1,528.54	1,401.08	1,273.62
				95	1,719.73	1,576.58	1,433.44
				96	1,934.45	1,773.66	1,611.88
				97	2,176.63	1,995.24	1,813.86
				98	2,448.21	2,244.28	2,040.34
				99	2,754.12	2,524.69	2,295.26

Fractional Premiums (expressed as a percent of annual premium)

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FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	296.10	284.33	270.61	18-44	20.59	19.61	18.63
45-49	352.97	337.28	319.63	45-49	25.49	23.53	22.55
50-54	419.64	398.07	374.54	50-54	29.41	27.45	25.49
55	598.08	562.79	527.49	55	41.18	38.24	35.30
56	645.14	603.96	564.75	56	45.10	41.18	38.24
57	694.17	649.07	602.00	57	48.04	45.10	41.18
58	747.11	694.17	643.18	58	51.96	48.04	44.12
59	802.02	745.15	688.28	59	54.91	51.96	47.06
60	862.81	798.10	733.39	60	58.83	54.91	50.00
61	929.48	856.92	786.33	61	63.73	58.83	53.93
62	1,000.07	919.67	841.24	62	68.63	63.73	57.85
63	1,074.59	988.31	900.06	63	73.53	67.65	61.77
64	1,156.95	1,060.86	964.77	64	79.42	72.55	65.69
65	1,243.23	1,137.34	1,031.45	65	84.32	77.46	69.61
66	1,339.31	1,231.46	1,125.57	66	91.18	84.32	76.48
67	1,439.32	1,333.43	1,227.54	67	98.05	91.18	82.36
68	1,549.13	1,443.24	1,337.35	68	104.91	98.05	90.20
69	1,666.79	1,562.86	1,456.97	69	112.75	105.89	98.05
70	1,792.28	1,690.32	1,588.35	70	120.60	113.73	105.89
71	1,990.34	1,870.72	1,753.07	71	134.32	126.48	117.66
72	2,209.96	2,070.74	1,931.51	72	149.03	139.23	129.42
73	2,453.12	2,292.32	2,129.56	73	164.72	153.93	143.15
74	2,723.72	2,537.44	2,349.19	74	182.37	170.60	157.85

Fractional Premiums (expressed as a percent of annual premium)

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**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	3,021.78	2,806.08	2,588.42	75	201.98	188.25	173.54
76	3,400.24	3,159.05	2,913.93	76	227.47	211.78	196.09
77	3,825.76	3,555.16	3,280.63	77	255.90	238.25	219.62
78	4,306.19	4,000.29	3,690.46	78	288.26	267.67	247.08
79	4,843.48	4,500.32	4,155.20	79	323.55	301.00	277.47
				80	363.75	338.26	311.79
				81	409.83	381.40	351.01
				82	460.82	428.46	395.13
				83	518.66	481.41	444.15
				84	583.38	542.20	500.04
				85	655.93	608.87	561.80
				86	738.29	685.34	632.40
				87	830.45	770.64	711.82
				88	934.38	867.71	800.06
				89	1,051.06	975.56	900.06
				90	1,182.44	1,098.12	1,012.82
				91	1,330.49	1,234.40	1,139.30
				92	1,496.19	1,389.31	1,281.46
				93	1,683.45	1,562.86	1,442.26
				94	1,894.25	1,757.97	1,621.68
				95	2,130.54	1,977.59	1,824.64
				96	2,397.23	2,224.67	2,053.09
				97	2,696.27	2,503.12	2,308.99
				98	3,033.55	2,815.89	2,598.22
				99	3,412.01	3,167.87	2,922.76

Fractional Premiums (expressed as a percent of annual premium)

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Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	351.01	327.47	301.98	18-44	23.53	22.55	21.57
45-49	411.79	386.30	358.85	45-49	28.43	27.45	25.49
50-54	480.43	452.97	423.56	50-54	33.34	31.37	29.41
55	629.46	590.24	551.02	55	43.14	41.18	38.24
56	666.71	625.53	586.32	56	46.08	44.12	41.18
57	705.93	662.79	621.61	57	49.02	46.08	43.14
58	747.11	703.97	658.87	58	50.98	49.02	45.10
59	792.21	745.15	698.09	59	53.93	51.96	48.04
60	837.31	788.29	739.27	60	56.87	53.93	50.00
61	888.30	835.35	782.41	61	60.79	57.85	53.93
62	939.28	884.38	829.47	62	63.73	60.79	56.87
63	994.19	935.36	876.53	63	67.65	64.71	59.81
64	1,053.02	990.27	927.52	64	71.57	67.65	63.73
65	1,113.81	1,047.13	980.46	65	75.50	71.57	66.67
66	1,209.89	1,137.34	1,064.78	66	82.36	77.46	72.55
67	1,311.86	1,233.42	1,154.98	67	89.22	84.32	78.44
68	1,423.63	1,339.31	1,254.99	68	96.09	91.18	85.30
69	1,545.21	1,453.05	1,360.88	69	104.91	98.05	92.16
70	1,674.63	1,576.58	1,476.58	70	112.75	105.89	99.03
71	1,839.35	1,731.50	1,621.68	71	124.52	116.68	108.83
72	2,019.75	1,900.14	1,778.56	72	136.28	128.44	119.62
73	2,217.81	2,084.46	1,951.12	73	149.03	140.21	131.38
74	2,433.51	2,288.40	2,141.33	74	163.74	153.93	144.13

Fractional Premiums (expressed as a percent of annual premium)

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Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,670.78	2,509.98	2,347.23	75	178.44	168.64	157.85
76	3,006.10	2,825.69	2,643.33	76	200.99	190.21	177.46
77	3,380.63	3,178.66	2,974.72	77	226.49	213.74	200.01
78	3,804.19	3,576.73	3,347.30	78	254.92	240.21	224.53
79	4,278.74	4,023.82	3,766.94	79	286.29	269.63	252.96
80		4,525.81	4,239.52	80		302.96	283.35
81		5,092.52	4,770.93	81		341.20	319.63
82		5,729.82	5,367.05	82		383.36	358.85
83		6,445.56	6,037.69	83		431.40	403.95
84		7,249.54	6,792.64	84		485.33	454.93

Fractional Premiums (expressed as a percent of annual premium)

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RIDER: H-5AIFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	421.60	394.15	366.69	18-44	28.43	27.45	25.49
45-49	498.07	466.70	437.29	45-49	34.32	33.34	30.39
50-54	584.36	551.02	517.68	50-54	40.20	38.24	35.30
55	778.49	731.42	684.36	55	51.96	49.02	46.08
56	823.59	774.57	725.54	56	55.89	52.94	49.02
57	870.65	819.67	768.68	57	58.83	55.89	51.96
58	919.67	868.69	813.78	58	62.75	58.83	54.91
59	972.62	917.71	862.81	59	65.69	62.75	57.85
60	1,027.52	970.66	911.83	60	69.61	65.69	60.79
61	1,088.31	1,027.52	964.77	61	74.52	69.61	64.71
62	1,153.02	1,088.31	1,021.64	62	78.44	74.52	68.63
63	1,219.69	1,151.06	1,078.51	63	83.34	78.44	72.55
64	1,292.25	1,217.73	1,141.26	64	87.26	83.34	77.46
65	1,366.76	1,286.37	1,205.97	65	92.16	87.26	81.38
66	1,486.38	1,398.14	1,311.86	66	100.99	95.10	89.22
67	1,613.84	1,519.72	1,425.59	67	108.83	102.95	96.09
68	1,753.07	1,651.10	1,549.13	68	118.64	111.77	104.91
69	1,906.02	1,794.25	1,684.43	69	128.44	121.58	113.73
70	2,068.78	1,949.16	1,829.54	70	139.23	131.38	122.56
71	2,276.63	2,145.25	2,011.91	71	152.95	145.11	135.30
72	2,504.10	2,358.99	2,211.92	72	168.64	158.83	149.03
73	2,755.10	2,594.30	2,431.55	73	185.31	174.52	163.74
74	3,031.59	2,851.18	2,670.78	74	202.96	191.19	179.42
75	3,333.57	3,135.52	2,935.50	75	222.56	209.82	197.07
76	3,751.25	3,529.66	3,304.16	76	251.00	236.29	221.58
77	4,219.91	3,970.87	3,719.87	77	282.37	265.71	250.02
78	4,747.40	4,466.99	4,186.57	78	317.67	299.04	280.41
79	5,339.60	5,025.85	4,710.14	79	356.89	336.30	315.71

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	543.18	511.80	478.47	18-44	36.28	34.32	32.36
45-49	645.14	607.89	568.67	45-49	44.12	41.18	39.22
50-54	764.76	719.66	674.56	50-54	51.96	49.02	46.08
55	1,019.68	954.97	890.26	55	68.63	64.71	60.79
56	1,080.47	1,011.84	943.20	56	73.53	68.63	64.71
57	1,143.22	1,070.66	998.11	57	77.46	72.55	67.65
58	1,209.89	1,133.41	1,056.94	58	82.36	76.48	71.57
59	1,280.48	1,200.09	1,117.73	59	86.28	81.38	75.50
60	1,355.00	1,268.72	1,182.44	60	91.18	85.30	79.42
61	1,437.36	1,343.23	1,251.07	61	97.07	90.20	84.32
62	1,521.68	1,421.67	1,321.66	62	102.95	96.09	89.22
63	1,611.88	1,504.03	1,398.14	63	107.85	100.99	94.12
64	1,707.97	1,592.27	1,476.58	64	114.71	106.87	100.01
65	1,807.97	1,684.43	1,560.90	65	120.60	112.75	104.91
66	1,968.77	1,837.39	1,706.00	66	131.38	123.54	114.71
67	2,141.33	2,002.10	1,860.92	67	143.15	134.32	125.50
68	2,329.58	2,180.55	2,033.48	68	155.89	146.09	136.28
69	2,533.51	2,376.64	2,219.77	69	169.62	159.82	149.03
70	2,755.10	2,588.42	2,421.74	70	184.33	173.54	161.78
71	3,019.82	2,833.54	2,645.29	71	201.98	190.21	177.46
72	3,310.04	3,100.22	2,890.40	72	221.58	207.86	193.15
73	3,625.75	3,392.40	3,157.09	73	242.17	227.47	210.80
74	3,972.83	3,710.07	3,447.31	74	265.71	248.06	230.41
75	4,353.25	4,059.11	3,764.97	75	290.22	270.61	251.00
76	4,827.80	4,519.93	4,212.07	76	322.57	301.98	281.39
77	5,353.32	5,031.73	4,710.14	77	356.89	336.30	314.73
78	5,933.76	5,602.36	5,269.00	78	396.11	373.56	351.99
79	6,580.86	6,235.74	5,892.58	79	439.25	415.72	393.17

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	717.70	680.44	643.18	18-44	48.04	46.08	44.12
45-49	860.85	819.67	776.53	45-49	57.85	55.89	52.94
50-54	1,031.45	984.38	937.32	50-54	69.61	66.67	62.75
55	1,358.92	1,290.29	1,219.69	55	92.16	87.26	82.36
56	1,439.32	1,364.80	1,288.33	56	98.05	92.16	87.26
57	1,523.64	1,443.24	1,360.88	57	102.95	97.07	92.16
58	1,613.84	1,527.56	1,437.36	58	108.83	102.95	97.07
59	1,707.97	1,613.84	1,517.76	59	114.71	108.83	101.97
60	1,807.97	1,706.00	1,602.08	60	120.60	113.73	106.87
61	1,911.90	1,802.09	1,690.32	61	128.44	120.60	113.73
62	2,019.75	1,902.10	1,782.48	62	135.30	127.46	119.62
63	2,135.45	2,007.99	1,880.53	63	143.15	134.32	126.48
64	2,257.02	2,119.76	1,982.49	64	151.97	142.17	133.34
65	2,384.48	2,237.41	2,090.35	65	159.82	150.01	140.21
66	2,562.93	2,417.82	2,274.67	66	171.58	162.76	152.95
67	2,753.14	2,611.95	2,472.73	67	184.33	175.50	165.70
68	2,957.07	2,823.73	2,688.43	68	198.05	189.23	180.41
69	3,176.70	3,049.24	2,921.78	69	212.76	203.94	195.11
70	3,412.01	3,294.35	3,176.70	70	227.47	219.62	211.78
71	3,743.40	3,606.14	3,470.84	71	250.02	241.19	231.39
72	4,104.21	3,947.34	3,792.43	72	274.53	263.74	252.96
73	4,500.32	4,321.88	4,141.47	73	300.02	288.26	276.49
74	4,935.65	4,729.75	4,523.85	74	329.44	315.71	301.98
75	5,412.15	5,176.84	4,941.53	75	360.81	345.12	329.44
76	6,018.08	5,741.59	5,463.14	76	401.99	383.36	364.73
77	6,692.64	6,365.16	6,037.69	77	447.09	425.52	402.97
78	7,439.75	7,057.37	6,671.06	78	497.09	471.60	446.11
79	8,273.14	7,824.09	7,373.08	79	552.00	522.59	492.19

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

SERFF Tracking #:

MILL-129963541

State Tracking #:

MILL-129963541

Company Tracking #:

LTC3+ NQ FO

State:

Virginia

Filing Company:

MetLife Insurance Company USA

TOI/Sub-TOI:

LTC04I Individual Long Term Care - Nursing Home/LTC04I.002 Non Qualified

Product Name:

Long-Term Care

Project Name/Number:

2013 Rate Increase/145GEC01-30

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance
Comments:	Please see section 22 of the actuarial memorandum.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	01/14/2016

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	The Overall % Indicated Change was determined by targeting the greater of the minimum required loss ratio or that from original pricing, absent any additional regulatory restrictions, assuming the rate increase is fully implemented on January 1, 2014. This calculation was performed using nationwide experience, current best-estimate assumptions, and without regard to any shock lapse, reduced benefit option election, or adverse selection resulting from the increase.
Attachment(s):	AM_LTC3+_NQ_FO_VA_20160113.pdf
Item Status:	Received & Acknowledged
Status Date:	01/14/2016

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	Long Term Care Insurance Rate Request Summary Part 1_LTC3+ NQ FO_20160114.pdf
Item Status:	Received & Acknowledged
Status Date:	01/20/2016

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	CovLtr_LTC3+_NQ_FO_VA_20150326.pdf
Item Status:	Received & Acknowledged
Status Date:	01/14/2016

Satisfied - Item:	Supplement to the Actuarial Memorandum
Comments:	
Attachment(s):	Supp_LTC3+_NQ_FO_VA_20150326.pdf MICC RIL 07152014.pdf MICC FAQ 10152013.pdf
Item Status:	Received & Acknowledged
Status Date:	01/14/2016

Satisfied - Item:	Rate Revision Review Requirements Checklist
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SERFF Tracking #:

MILL-129963541

State Tracking #:

MILL-129963541

Company Tracking #:

LTC3+ NQ FO

State:

Virginia

Filing Company:

MetLife Insurance Company USA

TOI/Sub-TOI:

LTC04I Individual Long Term Care - Nursing Home/LTC04I.002 Non Qualified

Product Name:

Long-Term Care

Project Name/Number:

2013 Rate Increase/145GEC01-30

Comments:	
Attachment(s):	Checklist Rate Revisions_20150326.pdf
Item Status:	Received & Acknowledged
Status Date:	01/14/2016
Satisfied - Item:	Letter of Authorization
Comments:	
Attachment(s):	2015 MetLife Auth Letter_LTC3+ NQ FO_VA_20150326.pdf
Item Status:	Received & Acknowledged
Status Date:	01/14/2016
Satisfied - Item:	Appendix
Comments:	
Attachment(s):	Appendix_LTC3+_NQ_FO_VA_20150326.pdf MICC OLB 03242015 VA.pdf MetLife Insurance Company USA Amendment.pdf
Item Status:	Received & Acknowledged
Status Date:	01/14/2016
Satisfied - Item:	Response to August 25, 2015 Phone Call
Comments:	
Attachment(s):	VA_LTC3+ NQ FO_Response to 20150825 Phone Call_20151104.pdf VA_LTC3+ NQ FO_State Status Listing_20151104.xlsb
Item Status:	Received & Acknowledged
Status Date:	01/14/2016

SERFF Tracking #:	MILL-129963541	State Tracking #:	MILL-129963541	Company Tracking #:	LTC3+ NQ FO
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State:	Virginia	Filing Company:	MetLife Insurance Company USA
TOI/Sub-TOI:	LTC04I Individual Long Term Care - Nursing Home/LTC04I.002 Non Qualified		
Product Name:	Long-Term Care		
Project Name/Number:	2013 Rate Increase/145GEC01-30		

Attachment VA_LTC3+ NQ FO_State Status Listing_20151104.xlsb is not a PDF document and cannot be reproduced here.

METLIFE INSURANCE COMPANY USA

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Actuarial Memorandum for LTC3+ Nursing Facility Only Product

January 2016

<u>Product or Rider</u>	<u>Form Number</u>
Nursing Facility Only	H-LTC3JFO
Nursing Facility Only	H-LTC3JFO2
Annual 5% Benefit Inflation Rider	H-5AIFO
Cost of Living (CPI) Benefit Inflation Rider	H-COLRFO
Nonforfeiture Benefit Rider	H-NF3

These policy forms are individual policy forms providing facility only long term care coverage. These forms were issued in Virginia from May 1994 through April 1997.

1. Purpose of Filing

This actuarial memorandum has been prepared for the purpose of documenting the rates and demonstrating that the anticipated loss ratio of this product with those rates meets the minimum requirements in the statutes of Virginia. It may not be suitable for other purposes.

2. Description of Benefits

These are individually underwritten policies which pay a daily benefit for Nursing Facility Care, Assisted Living Facility Care, Alzheimer's Facility Care, Hospice Facility Care, Bed Reservation, and Respite Care provided in a Facility setting.

Elimination periods are 20, 60, and 100 days. The elimination period applies to all benefits except the Respite Care Benefit and Alternative Plan of Care Benefit. The elimination period must be satisfied in full only once during the life of the contract.

Benefit periods are 2 years, 3 years, 5 years, and unlimited. Benefit eligibility is defined as not being able to perform at least two of five Activities of Daily Living (ADLs) (dressing, eating, toileting, transferring, and bathing) or cognitive impairment.

The most the company will pay for all services received on one day will be the daily benefit amount for Nursing Facility Care, except for Alternate Plan of Care benefits, which will be paid in a lump sum.

Premiums will be waived if benefits, other than Respite Care or Alternate Plan of Care, are being paid.

A 5% compound and a cost of living (CPI) inflation rider as well as a non-forfeiture rider are available options.

3. Renewability

These policy forms are guaranteed renewable for life.

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4. Applicability

This filing is applicable to in-force policies only as these policy forms are no longer being sold in the market. The premium changes will apply to the base form and all riders associated with the base form.

5. Actuarial Assumptions

- a. Expected Claim Costs are the product of the reinsurer's (General Electric Capital Assurance Company; GECA) expected claim costs used at the time of the reinsurance transaction executed in 2000 between Travelers and GECA and actual-to-expected factors that reflect actual emerging experience on these policy forms.

At the time the expected claim costs were developed, the reinsurer had been marketing nursing home and home health care benefit riders and policies on a direct basis for over 20 and 10 years, respectively. Using the experience on this business, both the expected incidence and severity of claims were developed for nursing home benefits. Selection factors were applied to the incidence rates in order to reflect the effects of underwriting.

The expected incidence rates, lengths of stay, and amount of benefit payments were separately identified for all combinations of plan options.

Actual-to-expected adjustment factors were developed from actual emerging experience through June 30, 2012 and are shown in the following table:

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Actual-to-Expected Adjustment Factors

Policy Duration	Policy Issue Year	
	1994 through 1997	1998 and Later
1 - 4	151.8%	132.5%
5	171.1%	158.2%
6 - 7	171.1%	163.4%
8	176.6%	185.3%
9	182.4%	185.3%
10 - 11	187.2%	194.8%
12	194.8%	204.3%
13	194.8%	206.4%
14	213.8%	218.3%
15	213.8%	220.5%
16	211.2%	215.6%
17	213.4%	215.6%
18 - 19	210.7%	210.7%
20	205.8%	205.8%
21	200.7%	200.7%
22	195.6%	195.6%
23	190.7%	190.7%
24	186.0%	186.0%
25	181.3%	181.3%
26	176.8%	176.8%
27	172.4%	172.4%
28	168.1%	168.1%
29	163.9%	163.9%
30	159.8%	159.8%
31	155.8%	155.8%
32	151.9%	151.9%
33	148.1%	148.1%
34	144.4%	144.4%
35	140.8%	140.8%
36	137.3%	137.3%
37	133.8%	133.8%
38	130.5%	130.5%
39	127.2%	127.2%
40	124.0%	124.0%
41	120.9%	120.9%
42	117.9%	117.9%
43	115.0%	115.0%
44	113.4%	112.1%
45	113.4%	109.3%
46	113.4%	106.6%
47+	113.4%	105.1%

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- b. Termination Rates. Historical termination rates are based on actual experience of this policy form.

Future voluntary lapse rates vary by duration as developed from actual experience through March 31, 2012 and are shown in the following table:

Voluntary Lapse Rates

Policy Duration	Lapse Rate
1	6.00%
2	4.00%
3	2.50%
4	1.50%
5	1.30%
6	1.10%
7 - 13	1.00%
14 - 19	1.40%
20 +	1.75%

Future mortality is based on 1983 IAM with selection factors consistent with experience and shown in the following table:

Mortality Selection Factors

Policy Duration	Factor
1	30.0%
2	40.0%
3	45.0%
4	50.0%
5	55.0%
6	60.0%
7	65.0%
8	67.0%
9	70.0%
10	72.0%
11	75.0%
12	77.0%
13	80.0%
14	82.0%
15	85.0%
16	87.0%
17	90.0%
18	92.0%
19	94.0%
20+	95.0%

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- c. Expenses. Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate.

The above assumptions are based on actual experience of the policies in-force under these policy forms and general experience of the reinsurer and are deemed reasonable for these particular policies.

6. Marketing Method

These policy forms were marketed by agents as well as through various subsidiaries of Citigroup.

7. Underwriting Description

These policy forms were fully underwritten with the use of various underwriting tools in addition to the application, which may have included medical records, an attending physician's statement, telephone interview and/or face-to-face assessment.

8. Premiums

Premiums are unisex, level and payable for life. The premiums vary by issue age, elimination period, benefit period, initial daily benefit, and inflation protection option.

9. Issue Age Range

Elimination periods of 20, 60, and 100 days are available for issue ages 18 to 79. Only the 60 and 100 day elimination periods of the 2-year benefit period are available for issue ages 80 through 84.

10. Area Factors

Area factors are not used for this product.

11. Premium Modalization Rules

The following modal factors and nationwide percent distributions (based on in-force count as of 12/31/2012) are applied to the annual premium (AP):

Premium Mode	Modal Factors	Percent Distribution
Annual	1.00*AP	49.9%
Semi-Annual	0.51*AP	16.9%
Quarterly	0.26*AP	8.0%
Monthly	0.09*AP	25.2%

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12. Reserves

Active life reserves have not been used in this rate increase analysis, except in the loss ratio calculation in Exhibits III and IV and as described in the Supplement to the Actuarial Memorandum. Claim reserves as of December 31, 2012 have been discounted to the incurred date of each respective claim and included in historical incurred claims. Incurred but not reported balances as of December 31, 2012 have been allocated to a calendar year of incurred and included in historic incurred claims.

13. Trend Assumptions

As this is not medical insurance, we have not included any explicit medical cost trends in the projections.

14. Past and Future Policy Experience

Nationwide experience for these policy forms is shown in Exhibit I and includes earned premiums, paid claims, incurred claims, and loss ratios. The experience and projections in Exhibit I have been restated to reflect a rate level similar to that approved in Virginia on a nationwide basis.

Virginia-specific experience for these policy forms is shown in Exhibit II, including any previously implemented rate increases as described in Section 16 of this memorandum.

The company has chosen a credibility standard of 1,082 claims. Based on this parameter, Virginia-specific experience for the above-referenced forms is not considered fully credible, but is being provided as required.

Historical experience is shown by claim incurral year with the loss ratio for each loss year calculated by the following formula:

$$LR_j = \frac{\sum_{t=j}^{2012} Pmt_t^j * v^{t-j} + {}_jCR_{2012} * v^{2012-j+1/2} + {}_jIBNR_{2012} * v^{2012-j+1/2}}{EP_j}$$

LR_j = loss ratio for year j

Pmt_t^j = claim payments in year t on claims incurred in year j , assumed to occur mid-year

${}_jCR_{2012}$ = open claim reserve held on December 31, 2012 for claims incurred in year j

${}_jIBNR_{2012}$ = incurred but not reported reserve as of December 31, 2012 attributable to claims incurred in year j

EP_j = earned premium in year j , assumed mid-year

j = year of incurral

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$$v = 1 / 1.0585 = 0.944714$$

A future annual loss ratio is calculated, with and without interest, as anticipated incurred claims divided by earned premiums.

A lifetime loss ratio as of 12/31/2012 is calculated as the sum of accumulated past and discounted future claims divided by the sum of accumulated past and discounted future earned premium.

Pursuant to 14VAC5-130-75, the loss ratios are calculated using an interest rate that is on a consistent basis, but not identical in value, to the interest rate assumed in the determination of premiums. The original pricing interest rate of 7.5% used in the determination of premiums is assumed to be reflective of a pre-tax net investment earnings rate. That is, the company's actual and future expected pre-tax investment earnings rate net of investment expenses and default risk.

The company's actual earned rates were only available beginning in 2004, so the weighted-average interest rate of 5.85% (using earned premium on all of MetLife Insurance Company USA's individual long-term care policy forms as weights) was assumed for the entire historical period (1988 through 2012). The historical earned rates are net of investment expenses and default risk, but are on a pre-tax basis.

The prospective interest rate assumption was derived from the 2012 cash flow testing results. The rates represent the runoff of the assets currently backing the company's long-term care liabilities and a reinvestment strategy consistent with the 2012 cash flow testing. Again, the prospective interest rates are net of investment expenses and default risk, but are on a pre-tax basis.

Exhibit III shows nationwide past experience including earned premiums, incurred claims, increase in active life reserves, and incurred loss ratios by calendar year. Exhibit IV provides similar information on a Virginia-specific basis. The company does not consider Virginia-specific experience as fully credible, but is providing it as required by the rate revisions checklist. The incurred loss ratio is defined as the sum of incurred claims and increase in active life reserves divided by earned premium. The values in these exhibits are shown without interest accumulation.

15. Projected Earned Premiums and Incurred Claims

Exhibits I and II contain lifetime projections of earned premium and incurred claims based on the current premiums and the filed premium rate schedule increase. Earned premiums and incurred claims for projection years 2013 through 2052 are developed from an asset share model representing actual contracts in-force as of December 31, 2012. The assumptions described above for morbidity, voluntary lapse and mortality are used to project life years, earned premiums and incurred claims. The projections reflecting the rate increase assume that the increase is effective on each policy's first anniversary on or after January 1, 2014.

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16. History of Previous Rate Revisions

Two prior rate increases have been approved and implemented on these policy forms and associated riders. A 39.0% increase was approved on May 6, 2005 and implemented on each contract's next billing anniversary beginning August 27, 2005. A 27.9% increase was approved on July 24, 2011 and implemented on each contract's next billing anniversary beginning November 1, 2011.

The experience and projections in Exhibit I have been restated to reflect a rate level similar to that approved in Virginia on a nationwide basis.

17. Requested Rate Increase and Demonstration of Satisfaction of Loss Ratio Requirements

The company originally requested an increase of 16.8%. After discussion with the Virginia State Corporation Commission, the company revised its rate increase request to 10.3% at this time. Projected experience assuming this increase is implemented is shown in Exhibits I and II. As shown in Exhibits I and II, the expected lifetime loss ratio with and without the requested rate increase exceeds the minimum loss ratio of 60%.

Current rate tables are included with this memorandum in Exhibit V. Rate tables reflecting the 10.3% increase are included with this memorandum in Exhibit VI. The proposed rates are uniformly 10.3% higher than the current rates. The actual rates implemented may vary slightly from those in Exhibit VI due to rounding in the implementation algorithm.

18. Virginia Average Annual Premium (Annual Premium Based on 2012 In-force)

Before increase: \$2,309
After increase: \$2,547

19. Proposed Effective Date

The rate increase will apply to policies on their billing anniversary date following at least a 60-day policyholder notification period following approval.

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20. Nationwide Distribution of Business as of 12/31/2012 (based on in-force count)

By Issue Age:

Issue Ages	Percent Distribution
< 48	0.3%
48 - 52	1.5%
53 - 57	4.7%
58 - 62	16.4%
63 - 67	34.5%
68 - 72	28.4%
73 +	14.2%

By Elimination Period:

Elimination Period	Percent Distribution
20-day	43.9%
60-day	19.1%
100-day	37.0%

By Benefit Period:

Benefit Period	Percent Distribution
2-Year	9.3%
3-Year	35.8%
5-Year	30.4%
Unlimited	24.5%

By Inflation Protection Option:

Inflation Option	Percent Distribution
None	24.6%
Compound	26.9%
CPI	48.5%

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21. Number of Policyholders

As of 12/31/2012, the number of policies in-force and annualized premium in the state and nationwide is:

	Number of Insured	Annual Premium based on 2012 In-force
Virginia	49	\$113,132
Nationwide	2,173	\$4,407,766

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Actuarial Memorandum for LTC3+ Nursing Facility Only Product

January 2016

22. Actuarial Certification

I am a Principal and Consulting Actuary for Milliman, Inc. and have been retained by GNA Corporation (Genworth), a reinsurer of this business, to prepare this memorandum on behalf of MetLife Insurance Company USA. I am a Fellow of the Society of Actuaries and a member of the American Academy of Actuaries. I meet the Academy's qualification standards to render this actuarial opinion and am familiar with the requirements for filing long-term care insurance premium and rate increases. This memorandum has been prepared for the sole purpose stated, and it may not be appropriate for other purposes.

I believe this rate filing is in compliance with the applicable laws of the State of Virginia and with the rules of the Bureau. This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8 and 18.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of the state where it is filed. Furthermore, the actuarial assumptions are appropriate and the rates are not excessive or unfairly discriminatory. The premiums are reasonable in relation to the benefits, as provided in 14VAC5-130-75.

In preparing this actuarial memorandum, I relied on data provided to me by Union Fidelity Life Insurance Company, the retrocessionaire on this business, and Genworth. I did not audit this data but did review it for reasonableness. To the extent that this data is incomplete or inaccurate the contents of this memorandum may be materially affected.



Amy Pahl, FSA, MAAA
Principal and Consulting Actuary, Milliman, Inc.

Date: January 13, 2016

Exhibit II
MetLife Insurance Company USA
Virginia-Specific Experience Projections with 10.3% Increase
LTC3+ Nursing Facility Only Policy Forms

Calendar Year	Loss Ratio Demonstration											Factors Derived from Projected Values for Illustrative Purposes Only					Interest Rate Factors	
	Without Interest					With Interest					Premium Rate Increase Factor	Morbidity Factors		Persistence Factors			Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Claim Factor		Adverse Selection	Policy Lapse & Mortality	Shock Lapse	Policy Persistence	Premium Persistence		
1994	10,269	0	0	0.0%	21	29,409	0	0	0.0%			0.000		1.000		5.85%	2.8638	
1995	44,165	0	0	0.0%	44	119,488	0	0	0.0%			0.022		0.977		5.85%	2.7055	
1996	80,545	0	0	0.0%	85	205,866	0	0	0.0%			0.034		0.965		5.85%	2.5559	
1997	119,159	0	0	0.0%	85	287,721	0	0	0.0%			0.023		0.977		5.85%	2.4146	
1998	117,532	0	0	0.0%	84	268,104	0	0	0.0%			0.018		0.988		5.85%	2.2811	
1999	117,179	1,870	1,865	1.6%	83	252,519	4,030	4,019	1.6%			0.019		0.988		5.85%	2.1550	
2000	117,243	4,441	42,606	36.3%	82	238,889	9,041	86,740	36.3%			0.020		0.980		5.85%	2.0359	
2001	117,028	45,441	46,462	39.7%	82	225,080	87,396	89,360	39.7%			0.000		1.000		5.85%	1.9233	
2002	113,057	59,904	151,099	133.6%	78	205,421	108,844	274,542	133.6%			0.048		0.952		5.85%	1.8170	
2003	105,504	7,007	29,369	27.8%	75	181,099	12,028	50,412	27.8%			0.038		0.965		5.85%	1.7165	
2004	105,384	23,150	0	0.0%	75	170,892	37,540	0	0.0%			0.000		1.000		5.85%	1.6216	
2005	108,565	0	118,259	108.9%	71	166,317	0	181,168	108.9%			0.053		0.947		5.85%	1.5320	
2006	132,244	164,749	208,707	157.8%	67	191,392	238,435	302,054	157.8%			0.056		0.943		5.85%	1.4473	
2007	129,711	39,282	49,435	38.1%	64	177,348	53,708	67,590	38.1%			0.048		0.952		5.85%	1.3673	
2008	119,444	135,034	0	0.0%	59	154,281	174,418	0	0.0%			0.078		0.929		5.85%	1.2917	
2009	111,675	197,719	41,841	37.5%	57	136,272	241,267	51,056	37.5%			0.039		0.966		5.85%	1.2203	
2010	105,771	117,781	6,931	6.6%	52	121,931	135,776	7,990	6.6%			0.077		0.913		5.85%	1.1528	
2011	99,004	34,976	503,090	508.2%	52	107,820	38,090	547,892	508.2%			0.000		1.000		5.85%	1.0891	
2012	106,143	144,534	212,039	199.8%	49	109,205	148,703	218,155	199.8%			0.057		0.943		5.85%	1.0288	
2013	108,665	221,194	241,288	222.0%	45	105,795	215,352	234,915	222.0%	1.000	1.115	1.000	0.000	0.925	1.023	5.50%	0.9736	
2014	103,990	264,879	248,206	238.7%	42	96,010	244,551	229,158	238.7%	1.045	1.121	1.000	0.000	0.919	0.917	5.47%	0.9233	
2015	100,096	274,397	249,647	249.4%	38	87,703	240,424	218,738	249.4%	1.055	1.104	1.000	0.000	0.912	0.913	5.43%	0.8762	
2016	90,441	275,779	247,672	273.8%	34	75,257	229,478	206,090	273.8%	1.000	1.090	1.000	0.000	0.906	0.905	5.39%	0.8321	
2017	81,132	267,524	242,513	298.9%	31	64,148	211,522	191,746	298.9%	1.000	1.091	1.000	0.000	0.909	0.897	5.36%	0.7907	
2018	72,317	259,791	234,877	324.8%	28	54,333	195,186	176,468	324.8%	1.000	1.086	1.000	0.000	0.895	0.893	5.34%	0.7513	
2019	64,042	251,740	224,868	351.1%	25	45,706	179,664	160,485	351.1%	1.000	1.081	1.000	0.000	0.890	0.885	5.33%	0.7137	
2020	56,341	242,942	214,413	380.6%	22	38,179	164,628	145,295	380.6%	1.000	1.083	1.000	0.000	0.884	0.879	5.33%	0.6776	
2021	49,231	233,461	204,266	414.9%	19	31,662	150,149	131,372	414.9%	1.000	1.093	1.000	0.000	0.878	0.878	5.33%	0.6431	
2022	42,716	223,751	195,276	457.1%	17	26,061	136,511	119,138	457.1%	1.000	1.101	1.000	0.000	0.872	0.867	5.34%	0.6101	
2023	36,792	214,061	186,483	506.9%	15	21,296	123,903	107,940	506.9%	1.000	1.108	1.000	0.000	0.866	0.863	5.35%	0.5788	
2024	31,444	204,333	177,205	563.6%	12	17,272	112,243	97,341	563.6%	1.000	1.119	1.000	0.000	0.859	0.856	5.35%	0.5493	
2025	26,653	194,458	166,955	626.4%	11	13,894	101,371	87,033	626.4%	1.000	1.115	1.000	0.000	0.852	0.847	5.35%	0.5213	
2026	22,397	183,998	154,747	690.9%	9	11,081	91,038	76,565	690.9%	1.000	1.103	1.000	0.000	0.845	0.843	5.35%	0.4948	
2027	18,648	172,438	139,951	750.5%	8	8,760	81,005	65,744	750.5%	1.000	1.082	1.000	0.000	0.837	0.832	5.35%	0.4698	
2028	15,377	159,534	123,981	806.3%	6	6,861	71,186	55,321	806.3%	1.000	1.073	1.000	0.000	0.829	0.826	5.34%	0.4462	
2029	12,553	145,479	107,781	858.6%	5	5,323	61,690	45,704	858.6%	1.000	1.064	1.000	0.000	0.821	0.816	5.34%	0.4240	
2030	10,140	130,655	92,021	907.5%	4	4,088	52,677	37,101	907.5%	1.000	1.059	1.000	0.000	0.817	0.807	5.33%	0.4032	
2031	8,103	115,487	77,155	952.2%	3	3,108	44,292	29,590	952.2%	1.000	1.049	1.000	0.000	0.804	0.799	5.32%	0.3835	
2032	6,404	100,462	63,606	993.3%	3	2,338	36,672	23,218	993.3%	1.000	1.043	1.000	0.000	0.795	0.793	5.30%	0.3650	
2033	5,003	86,079	51,765	1034.7%	2	1,739	29,923	17,995	1034.7%	1.000	1.041	1.000	0.000	0.786	0.781	5.29%	0.3476	
2034	3,862	72,745	41,589	1077.0%	2	1,279	24,092	13,773	1077.0%	1.000	1.048	1.000	0.000	0.776	0.771	5.27%	0.3312	
2035	2,943	60,764	33,203	1128.0%	1	929	19,180	10,480	1128.0%	1.000	1.047	1.000	0.000	0.766	0.762	5.26%	0.3156	
2036	2,213	50,271	26,375	1191.9%	1	666	15,139	7,943	1191.9%	1.000	1.056	1.000	0.000	0.758	0.751	5.24%	0.3011	
2037	1,639	41,215	20,647	1259.8%	1	472	11,860	5,941	1259.8%	1.000	1.057	1.000	0.000	0.744	0.740	5.22%	0.2878	
2038	1,193	33,438	15,801	1324.1%	1	329	9,208	4,351	1324.1%	1.000	1.051	1.000	0.000	0.731	0.728	5.19%	0.2754	
2039	852	26,861	12,042	1412.6%	1	225	7,085	3,176	1412.6%	1.000	1.069	1.000	0.000	0.718	0.714	5.16%	0.2638	
2040	596	21,398	9,041	1517.7%	1	151	5,409	2,285	1517.7%	1.000	1.074	1.000	0.000	0.708	0.698	5.13%	0.2528	
2041	406	16,889	6,603	1626.6%	1	98	4,093	1,600	1626.6%	1.000	1.071	1.000	0.000	0.687	0.681	5.10%	0.2423	
2042	269	13,162	4,638	1725.7%	1	62	3,058	1,078	1725.7%	1.000	1.069	1.000	0.000	0.675	0.662	5.07%	0.2324	
2043	172	10,098	3,149	1829.6%	1	38	2,250	702	1829.6%	1.000	1.062	1.000	0.000	0.658	0.645	5.05%	0.2228	
2044	106	7,614	2,047	1927.7%	1	23	1,627	437	1927.7%	1.000	1.056	1.000	0.000	0.637	0.619	5.02%	0.2137	
2045	63	5,641	1,268	2020.1%	1	13	1,155	260	2020.1%	1.000	1.049	1.000	0.000	0.610	0.591	5.00%	0.2048	
2046	35	4,104	745	2102.9%	1	7	806	146	2102.9%	1.000	1.041	1.000	0.000	0.586	0.564	4.98%	0.1963	
2047	19	2,935	411	2167.8%	1	4	552	77	2167.8%	1.000	1.038	1.000	0.000	0.561	0.532	4.96%	0.1881	
2048	10	2,067	211	2203.0%	1	2	373	38	2203.0%	1.000	1.013	1.000	0.000	0.532	0.502	4.95%	0.1802	
2049	5	1,439	100	2192.4%	1	1	249	17	2192.4%	1.000	0.995	1.000	0.000	0.511	0.472	4.93%	0.1727	
2050	2	994	42	2115.4%	1	0	164	7	2115.4%	1.000	0.969	1.000	0.000	0.465	0.442	4.91%	0.1655	
2051	1	684	16	1952.3%	1	0	108	3	1952.3%	1.000	0.929	1.000	0.000	0.425	0.406	4.90%	0.1586	
2052	0	471	5	1696.5%	1	0	72	1	1696.5%	1.000	0.869	1.000	0.000	0.379	0.374	4.89%	0.1520	
Past	1,959,623	975,887	1,411,702	72.0%	1,265	3,348,855	1,289,277	1,880,978	56.2%									
Future	1,001,767	4,521,364	3,753,518	374.7%	396	724,913	2,879,941	2,509,274	346.1%									
Lifetime	2,961,390	5,497,251	5,165,220	174.4%	1,661	4,073,769	4,169,218	4,390,253	107.8%									

Exhibit III
MetLife Insurance Company USA
Incurred Loss Ratio Including the Change in Active Life Reserves
Nationwide Experience, without Interest
LTC3+ Nursing Facility Only Policy Forms

Calendar Year	(a) Earned Premium	(b) Incurred Claims	(c) Change in Active Life Reserves	(d) = (b+c)/(a) Incurred Loss Ratio
1994	142,277	0	40,047	28.1%
1995	1,426,945	82,519	359,126	31.0%
1996	3,730,743	11,147	1,651,987	44.6%
1997	5,422,839	436,323	3,494,282	72.5%
1998	5,640,501	1,034,035	4,118,482	91.3%
1999	5,656,636	1,291,172	4,195,936	97.0%
2000	5,491,309	2,027,535	4,349,860	116.1%
2001	5,384,424	2,627,944	4,084,980	124.7%
2002	5,268,652	3,531,946	3,976,037	142.5%
2003	5,097,934	4,978,514	3,692,397	170.1%
2004	5,753,976	5,050,112	3,075,822	141.2%
2005	6,390,917	5,702,692	2,638,587	130.5%
2006	6,111,956	6,594,725	2,832,089	154.2%
2007	5,895,284	6,841,053	2,526,786	158.9%
2008	5,584,928	8,083,388	1,781,940	176.6%
2009	5,269,582	8,127,224	1,565,468	183.9%
2010	5,600,905	6,577,388	915,351	133.8%
2011	5,858,856	10,395,235	314,901	182.8%
2012	5,430,517	9,022,466	474,065	174.9%
Total	95,159,183	82,415,418	46,088,143	135.0%

Exhibit IV
MetLife Insurance Company USA
Incurred Loss Ratio Including the Change in Active Life Reserves
Virginia-Specific Experience, without Interest
LTC3+ Nursing Facility Only Policy Forms

Calendar Year	(a) Earned Premium	(b) Incurred Claims	(c) Change in Active Life Reserves	(d) = (b+c)/(a) Incurred Loss Ratio
1994	10,269	0	2,797	27.2%
1995	44,165	0	19,331	43.8%
1996	80,545	0	45,578	56.6%
1997	119,159	0	83,727	70.3%
1998	117,532	0	103,384	88.0%
1999	117,179	1,865	106,120	92.2%
2000	117,243	42,606	104,639	125.6%
2001	117,028	46,462	116,506	139.3%
2002	113,057	151,099	89,969	213.2%
2003	105,504	29,369	85,878	109.2%
2004	105,384	0	123,565	117.3%
2005	108,565	118,259	110,371	210.6%
2006	132,244	208,707	104,129	236.6%
2007	129,711	49,435	64,543	87.9%
2008	119,444	0	78,764	65.9%
2009	111,675	41,841	80,928	109.9%
2010	105,771	6,931	20,134	25.6%
2011	99,004	503,090	123,793	633.2%
2012	106,143	212,039	29,639	227.7%
Total	1,959,623	1,411,702	1,493,797	148.3%

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	170.67	158.23	144.00	18-44	11.56	11.56	10.67
45-49	195.56	183.11	167.11	45-49	14.22	13.33	12.44
50-54	220.45	208.00	193.78	50-54	16.00	15.11	14.22
55	304.01	282.67	259.56	55	20.44	19.56	18.67
56	325.34	302.23	277.34	56	22.22	21.33	20.44
57	348.45	323.56	296.89	57	24.00	22.22	21.33
58	373.34	346.67	316.45	58	25.78	24.00	22.22
59	400.01	369.78	339.56	59	26.67	25.78	24.00
60	426.67	394.67	360.90	60	28.44	26.67	24.89
61	456.90	423.12	385.78	61	31.11	29.33	26.67
62	488.90	451.56	412.45	62	32.89	31.11	28.44
63	522.68	481.79	439.12	63	35.56	32.89	30.22
64	560.01	515.56	469.34	64	38.22	35.56	32.00
65	597.34	549.34	499.56	65	40.00	37.33	33.78
66	654.23	600.90	545.79	66	44.45	40.89	37.33
67	716.46	656.01	595.57	67	48.89	45.33	40.89
68	785.79	716.46	648.90	68	53.33	48.89	43.56
69	860.46	784.01	707.57	69	57.78	53.33	48.00
70	940.46	855.13	769.79	70	63.11	57.78	51.56
71	1,038.24	940.46	840.90	71	70.22	64.00	56.89
72	1,146.69	1,032.91	919.13	72	77.33	70.22	62.22
73	1,265.80	1,134.24	1,002.68	73	85.33	77.33	67.56
74	1,395.58	1,246.24	1,095.13	74	94.22	84.45	73.78

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,539.58	1,367.14	1,194.69	75	104.00	92.45	80.00
76	1,733.36	1,539.58	1,345.80	76	117.34	104.00	90.67
77	1,952.04	1,733.36	1,512.92	77	131.56	117.34	101.34
78	2,197.37	1,950.26	1,703.14	78	148.45	131.56	114.67
79	2,472.93	2,195.60	1,916.48	79	166.23	147.56	128.89
80		2,469.38	2,154.71	80	186.67	165.34	144.00
81		2,778.72	2,424.93	81	210.67	186.67	162.67
82		3,127.17	2,727.16	82	236.45	209.78	183.11
83		3,520.06	3,068.50	83	265.78	235.56	205.34
84		3,960.96	3,452.51	84	298.67	264.89	231.12
				85	335.12	297.78	259.56
				86	377.78	335.12	292.45
				87	424.90	376.90	328.89
				88	477.34	424.01	369.78
				89	536.90	477.34	416.01
				90	604.46	536.90	468.45
				91	680.01	604.46	526.23
				92	764.46	680.01	592.01
				93	860.46	764.46	666.68
				94	968.02	859.57	749.35
				95	1,088.91	967.13	843.57
				96	1,224.91	1,088.02	948.46
				97	1,377.80	1,224.02	1,067.57
				98	1,550.25	1,376.91	1,200.91
				99	1,743.14	1,549.36	1,350.25

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	193.78	183.11	170.67	18-44	13.33	13.33	12.44
45-49	227.56	215.12	199.11	45-49	16.00	15.11	14.22
50-54	266.67	248.89	231.12	50-54	17.78	16.89	16.00
55	355.56	337.78	320.01	55	24.89	23.11	21.33
56	382.23	362.67	343.12	56	26.67	24.89	23.11
57	410.67	387.56	364.45	57	28.44	26.67	24.89
58	440.90	416.01	389.34	58	30.22	28.44	26.67
59	472.90	444.45	416.01	59	32.00	30.22	28.44
60	506.68	474.68	442.67	60	33.78	32.00	30.22
61	542.23	508.45	474.68	61	36.45	34.67	32.89
62	579.57	544.01	508.45	62	39.11	37.33	34.67
63	618.68	581.34	545.79	63	41.78	40.00	37.33
64	659.57	622.23	584.90	64	45.33	42.67	40.00
65	704.01	664.90	625.79	65	48.00	45.33	41.78
66	764.46	723.57	682.68	66	52.45	49.78	46.22
67	828.46	785.79	743.12	67	56.89	53.33	49.78
68	899.57	855.13	810.68	68	61.33	57.78	54.22
69	974.24	928.02	881.79	69	65.78	63.11	59.56
70	1,056.02	1,008.02	960.02	70	71.11	67.56	64.00
71	1,168.02	1,118.24	1,066.69	71	79.11	75.56	72.00
72	1,292.47	1,237.36	1,184.02	72	87.11	83.56	79.11
73	1,427.58	1,370.69	1,315.58	73	96.00	92.45	88.00
74	1,578.70	1,518.25	1,459.58	74	105.78	102.22	97.78

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,744.03	1,681.81	1,619.58	75	116.45	112.89	108.45
76	1,962.70	1,893.37	1,822.26	76	131.56	127.11	122.67
77	2,208.04	2,129.82	2,049.81	77	147.56	143.11	137.78
78	2,483.60	2,396.49	2,305.82	78	166.23	160.89	154.67
79	2,794.72	2,695.16	2,593.82	79	186.67	180.45	174.23
				80	209.78	202.67	195.56
				81	236.45	228.45	220.45
				82	265.78	256.89	248.00
				83	298.67	288.89	279.12
				84	336.01	325.34	313.78
				85	377.78	365.34	352.01
				86	425.79	411.56	396.45
				87	478.23	463.12	446.23
				88	538.68	520.90	501.34
				89	605.34	585.79	564.45
				90	680.90	658.68	634.68
				91	766.24	741.35	713.79
				92	862.24	833.79	803.57
				93	969.80	937.79	904.02
				94	1,090.69	1,055.13	1,016.91
				95	1,227.58	1,186.69	1,143.13
				96	1,380.47	1,335.14	1,286.25
				97	1,552.92	1,502.25	1,447.14
				98	1,747.59	1,689.81	1,627.59
				99	1,965.37	1,900.48	1,831.14

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	225.78	216.89	206.23	18-44	15.11	15.11	14.22
45-49	268.45	252.45	236.45	45-49	18.67	17.78	16.89
50-54	316.45	293.34	270.23	50-54	21.33	20.44	18.67
55	432.01	401.79	371.56	55	30.22	28.44	25.78
56	465.79	432.01	398.23	56	32.89	31.11	27.56
57	499.56	464.01	426.67	57	35.56	32.89	29.33
58	536.90	497.79	456.90	58	37.33	34.67	32.00
59	577.79	533.34	488.90	59	40.00	37.33	33.78
60	620.46	572.45	522.68	60	42.67	39.11	35.56
61	668.46	615.12	560.01	61	46.22	42.67	38.22
62	718.24	659.57	599.12	62	49.78	45.33	40.89
63	773.35	707.57	640.01	63	53.33	48.89	43.56
64	830.24	759.12	684.46	64	56.89	51.56	47.11
65	892.46	812.46	730.68	65	60.45	55.11	49.78
66	974.24	885.35	796.46	66	66.67	60.45	54.22
67	1,063.13	965.35	865.79	67	72.00	65.78	58.67
68	1,160.91	1,052.46	942.24	68	78.22	71.11	64.00
69	1,265.80	1,146.69	1,024.02	69	85.33	77.33	69.33
70	1,381.36	1,248.02	1,112.91	70	92.45	83.56	74.67
71	1,518.25	1,376.02	1,232.02	71	102.22	92.45	82.67
72	1,667.59	1,516.47	1,361.80	72	112.00	102.22	91.56
73	1,832.92	1,671.14	1,505.81	73	123.56	112.00	101.34
74	2,014.26	1,840.03	1,664.03	74	135.11	123.56	112.00

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,211.60	2,026.70	1,840.03	75	148.45	136.00	123.56
76	2,490.71	2,280.93	2,071.15	76	167.11	153.78	139.56
77	2,801.83	2,567.16	2,330.71	77	188.45	172.45	156.45
78	3,153.83	2,888.94	2,624.05	78	211.56	193.78	176.00
79	3,548.51	3,249.84	2,951.16	79	237.34	217.78	198.23
				80	266.67	244.45	222.23
				81	300.45	275.56	250.67
				82	337.78	309.34	281.78
				83	379.56	348.45	316.45
				84	427.56	392.01	356.45
				85	480.01	440.01	400.01
				86	540.45	495.12	450.67
				87	608.01	557.34	506.68
				88	683.57	626.68	569.79
				89	768.90	704.90	640.90
				90	865.79	793.79	720.90
				91	973.35	892.46	811.57
				92	1,095.13	1,003.57	912.91
				93	1,232.02	1,129.80	1,026.69
				94	1,385.80	1,270.25	1,154.69
				95	1,559.14	1,429.36	1,299.58
				96	1,753.81	1,608.03	1,461.36
				97	1,973.37	1,808.92	1,644.47
				98	2,219.60	2,034.70	1,849.81
				99	2,496.93	2,288.93	2,080.93

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	268.45	257.78	245.34	18-44	18.67	17.78	16.89
45-49	320.01	305.78	289.78	45-49	23.11	21.33	20.44
50-54	380.45	360.90	339.56	50-54	26.67	24.89	23.11
55	542.23	510.23	478.23	55	37.33	34.67	32.00
56	584.90	547.57	512.01	56	40.89	37.33	34.67
57	629.34	588.46	545.79	57	43.56	40.89	37.33
58	677.35	629.34	583.12	58	47.11	43.56	40.00
59	727.12	675.57	624.01	59	49.78	47.11	42.67
60	782.24	723.57	664.90	60	53.33	49.78	45.33
61	842.68	776.90	712.90	61	57.78	53.33	48.89
62	906.68	833.79	762.68	62	62.22	57.78	52.45
63	974.24	896.02	816.01	63	66.67	61.33	56.00
64	1,048.91	961.80	874.68	64	72.00	65.78	59.56
65	1,127.13	1,031.13	935.13	65	76.45	70.22	63.11
66	1,214.24	1,116.46	1,020.46	66	82.67	76.45	69.33
67	1,304.91	1,208.91	1,112.91	67	88.89	82.67	74.67
68	1,404.47	1,308.47	1,212.47	68	95.11	88.89	81.78
69	1,511.14	1,416.91	1,320.91	69	102.22	96.00	88.89
70	1,624.92	1,532.47	1,440.03	70	109.34	103.11	96.00
71	1,804.48	1,696.03	1,589.36	71	121.78	114.67	106.67
72	2,003.59	1,877.37	1,751.14	72	135.11	126.22	117.34
73	2,224.04	2,078.26	1,930.70	73	149.34	139.56	129.78
74	2,469.38	2,300.49	2,129.82	74	165.34	154.67	143.11

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,739.61	2,544.05	2,346.71	75	183.11	170.67	157.34
76	3,082.72	2,864.05	2,641.83	76	206.23	192.00	177.78
77	3,468.51	3,223.17	2,974.28	77	232.00	216.00	199.11
78	3,904.07	3,626.73	3,345.84	78	261.34	242.67	224.00
79	4,391.19	4,080.07	3,767.18	79	293.34	272.89	251.56
				80	329.78	306.67	282.67
				81	371.56	345.78	318.23
				82	417.79	388.45	358.23
				83	470.23	436.45	402.67
				84	528.90	491.56	453.34
				85	594.68	552.01	509.34
				86	669.35	621.34	573.34
				87	752.90	698.68	645.35
				88	847.13	786.68	725.35
				89	952.91	884.46	816.01
				90	1,072.02	995.57	918.24
				91	1,206.24	1,119.13	1,032.91
				92	1,356.47	1,259.58	1,161.80
				93	1,526.25	1,416.91	1,307.58
				94	1,717.36	1,593.81	1,470.25
				95	1,931.59	1,792.92	1,654.25
				96	2,173.37	2,016.93	1,861.37
				97	2,444.49	2,269.37	2,093.37
				98	2,750.27	2,552.94	2,355.60
				99	3,093.39	2,872.05	2,649.83

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	318.23	296.89	273.78	18-44	21.33	20.44	19.56
45-49	373.34	350.23	325.34	45-49	25.78	24.89	23.11
50-54	435.56	410.67	384.01	50-54	30.22	28.44	26.67
55	570.68	535.12	499.56	55	39.11	37.33	34.67
56	604.46	567.12	531.57	56	41.78	40.00	37.33
57	640.01	600.90	563.57	57	44.45	41.78	39.11
58	677.35	638.23	597.34	58	46.22	44.45	40.89
59	718.24	675.57	632.90	59	48.89	47.11	43.56
60	759.12	714.68	670.23	60	51.56	48.89	45.33
61	805.35	757.35	709.35	61	55.11	52.45	48.89
62	851.57	801.79	752.01	62	57.78	55.11	51.56
63	901.35	848.02	794.68	63	61.33	58.67	54.22
64	954.68	897.79	840.90	64	64.89	61.33	57.78
65	1,009.80	949.35	888.91	65	68.45	64.89	60.45
66	1,096.91	1,031.13	965.35	66	74.67	70.22	65.78
67	1,189.35	1,118.24	1,047.13	67	80.89	76.45	71.11
68	1,290.69	1,214.24	1,137.80	68	87.11	82.67	77.33
69	1,400.91	1,317.36	1,233.80	69	95.11	88.89	83.56
70	1,518.25	1,429.36	1,338.69	70	102.22	96.00	89.78
71	1,667.59	1,569.81	1,470.25	71	112.89	105.78	98.67
72	1,831.14	1,722.70	1,612.47	72	123.56	116.45	108.45
73	2,010.70	1,889.81	1,768.92	73	135.11	127.11	119.11
74	2,206.26	2,074.70	1,941.37	74	148.45	139.56	130.67

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,421.38	2,275.60	2,128.04	75	161.78	152.89	143.11
76	2,725.38	2,561.82	2,396.49	76	182.23	172.45	160.89
77	3,064.94	2,881.83	2,696.94	77	205.34	193.78	181.34
78	3,448.95	3,242.73	3,034.72	78	231.12	217.78	203.56
79	3,879.18	3,648.07	3,415.17	79	259.56	244.45	229.34
80		4,103.19	3,843.63	80		274.67	256.89
81		4,616.97	4,325.41	81		309.34	289.78
82		5,194.76	4,865.87	82		347.56	325.34
83		5,843.66	5,473.88	83		391.12	366.23
84		6,572.56	6,158.33	84		440.01	412.45

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	382.23	357.34	332.45	18-44	25.78	24.89	23.11
45-49	451.56	423.12	396.45	45-49	31.11	30.22	27.56
50-54	529.79	499.56	469.34	50-54	36.45	34.67	32.00
55	705.79	663.12	620.46	55	47.11	44.45	41.78
56	746.68	702.23	657.79	56	50.67	48.00	44.45
57	789.35	743.12	696.90	57	53.33	50.67	47.11
58	833.79	787.57	737.79	58	56.89	53.33	49.78
59	881.79	832.02	782.24	59	59.56	56.89	52.45
60	931.57	880.02	826.68	60	63.11	59.56	55.11
61	986.68	931.57	874.68	61	67.56	63.11	58.67
62	1,045.35	986.68	926.24	62	71.11	67.56	62.22
63	1,105.80	1,043.57	977.80	63	75.56	71.11	65.78
64	1,171.58	1,104.02	1,034.69	64	79.11	75.56	70.22
65	1,239.13	1,166.24	1,093.35	65	83.56	79.11	73.78
66	1,347.58	1,267.58	1,189.35	66	91.56	86.22	80.89
67	1,463.14	1,377.80	1,292.47	67	98.67	93.34	87.11
68	1,589.36	1,496.92	1,404.47	68	107.56	101.34	95.11
69	1,728.03	1,626.70	1,527.14	69	116.45	110.22	103.11
70	1,875.59	1,767.14	1,658.70	70	126.22	119.11	111.11
71	2,064.04	1,944.92	1,824.03	71	138.67	131.56	122.67
72	2,270.26	2,138.71	2,005.37	72	152.89	144.00	135.11
73	2,497.82	2,352.04	2,204.48	73	168.00	158.23	148.45
74	2,748.49	2,584.94	2,421.38	74	184.00	173.34	162.67
75	3,022.28	2,842.72	2,661.38	75	201.78	190.23	178.67
76	3,400.95	3,200.06	2,995.61	76	227.56	214.23	200.89
77	3,825.85	3,600.07	3,372.51	77	256.00	240.89	226.67
78	4,304.08	4,049.85	3,795.62	78	288.01	271.12	254.23
79	4,840.98	4,556.53	4,270.30	79	323.56	304.89	286.23

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	492.45	464.01	433.79	18-44	32.89	31.11	29.33
45-49	584.90	551.12	515.56	45-49	40.00	37.33	35.56
50-54	693.35	652.46	611.57	50-54	47.11	44.45	41.78
55	924.46	865.79	807.13	55	62.22	58.67	55.11
56	979.57	917.35	855.13	56	66.67	62.22	58.67
57	1,036.46	970.68	904.91	57	70.22	65.78	61.33
58	1,096.91	1,027.57	958.24	58	74.67	69.33	64.89
59	1,160.91	1,088.02	1,013.35	59	78.22	73.78	68.45
60	1,228.47	1,150.24	1,072.02	60	82.67	77.33	72.00
61	1,303.13	1,217.80	1,134.24	61	88.00	81.78	76.45
62	1,379.58	1,288.91	1,198.24	62	93.34	87.11	80.89
63	1,461.36	1,363.58	1,267.58	63	97.78	91.56	85.33
64	1,548.47	1,443.58	1,338.69	64	104.00	96.89	90.67
65	1,639.14	1,527.14	1,415.14	65	109.34	102.22	95.11
66	1,784.92	1,665.81	1,546.69	66	119.11	112.00	104.00
67	1,941.37	1,815.14	1,687.14	67	129.78	121.78	113.78
68	2,112.04	1,976.92	1,843.59	68	141.34	132.45	123.56
69	2,296.93	2,154.71	2,012.48	69	153.78	144.89	135.11
70	2,497.82	2,346.71	2,195.60	70	167.11	157.34	146.67
71	2,737.83	2,568.94	2,398.27	71	183.11	172.45	160.89
72	3,000.94	2,810.72	2,620.49	72	200.89	188.45	175.11
73	3,287.17	3,075.61	2,862.27	73	219.56	206.23	191.11
74	3,601.84	3,363.62	3,125.39	74	240.89	224.89	208.89
75	3,946.74	3,680.07	3,413.40	75	263.12	245.34	227.56
76	4,376.97	4,097.85	3,818.74	76	292.45	273.78	255.12
77	4,853.42	4,561.86	4,270.30	77	323.56	304.89	285.34
78	5,379.65	5,079.20	4,776.98	78	359.12	338.67	319.12
79	5,966.33	5,653.44	5,342.32	79	398.23	376.90	356.45

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	650.68	616.90	583.12	18-44	43.56	41.78	40.00
45-49	780.46	743.12	704.01	45-49	52.45	50.67	48.00
50-54	935.13	892.46	849.79	50-54	63.11	60.45	56.89
55	1,232.02	1,169.80	1,105.80	55	83.56	79.11	74.67
56	1,304.91	1,237.36	1,168.02	56	88.89	83.56	79.11
57	1,381.36	1,308.47	1,233.80	57	93.34	88.00	83.56
58	1,463.14	1,384.91	1,303.13	58	98.67	93.34	88.00
59	1,548.47	1,463.14	1,376.02	59	104.00	98.67	92.45
60	1,639.14	1,546.69	1,452.47	60	109.34	103.11	96.89
61	1,733.36	1,633.81	1,532.47	61	116.45	109.34	103.11
62	1,831.14	1,724.48	1,616.03	62	122.67	115.56	108.45
63	1,936.04	1,820.48	1,704.92	63	129.78	121.78	114.67
64	2,046.26	1,921.81	1,797.37	64	137.78	128.89	120.89
65	2,161.82	2,028.48	1,895.15	65	144.89	136.00	127.11
66	2,323.60	2,192.04	2,062.26	66	155.56	147.56	138.67
67	2,496.05	2,368.04	2,241.82	67	167.11	159.11	150.22
68	2,680.94	2,560.05	2,437.38	68	179.56	171.56	163.56
69	2,880.05	2,764.49	2,648.94	69	192.89	184.89	176.89
70	3,093.39	2,986.72	2,880.05	70	206.23	199.11	192.00
71	3,393.84	3,269.39	3,146.72	71	226.67	218.67	209.78
72	3,720.96	3,578.73	3,438.28	72	248.89	239.12	229.34
73	4,080.07	3,918.29	3,754.73	73	272.00	261.34	250.67
74	4,474.75	4,288.08	4,101.41	74	298.67	286.23	273.78
75	4,906.76	4,693.42	4,480.08	75	327.12	312.89	298.67
76	5,456.10	5,205.43	4,952.98	76	364.45	347.56	330.67
77	6,067.67	5,770.77	5,473.88	77	405.34	385.78	365.34
78	6,745.01	6,398.34	6,048.11	78	450.67	427.56	404.45
79	7,500.58	7,093.46	6,684.57	79	500.45	473.79	446.23

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	188.25	174.52	158.83	18-44	12.75	12.75	11.77
45-49	215.70	201.98	184.33	45-49	15.69	14.71	13.73
50-54	243.15	229.43	213.74	50-54	17.65	16.67	15.69
55	335.32	311.79	286.29	55	22.55	21.57	20.59
56	358.85	333.36	305.90	56	24.51	23.53	22.55
57	384.34	356.89	327.47	57	26.47	24.51	23.53
58	411.79	382.38	349.04	58	28.43	26.47	24.51
59	441.21	407.87	374.54	59	29.41	28.43	26.47
60	470.62	435.33	398.07	60	31.37	29.41	27.45
61	503.96	466.70	425.52	61	34.32	32.36	29.41
62	539.25	498.07	454.93	62	36.28	34.32	31.37
63	576.51	531.41	484.35	63	39.22	36.28	33.34
64	617.69	568.67	517.68	64	42.16	39.22	35.30
65	658.87	605.93	551.02	65	44.12	41.18	37.26
66	721.62	662.79	602.00	66	49.02	45.10	41.18
67	790.25	723.58	656.91	67	53.93	50.00	45.10
68	866.73	790.25	715.74	68	58.83	53.93	48.04
69	949.09	864.77	780.45	69	63.73	58.83	52.94
70	1,037.33	943.20	849.08	70	69.61	63.73	56.87
71	1,145.18	1,037.33	927.52	71	77.46	70.59	62.75
72	1,264.80	1,139.30	1,013.80	72	85.30	77.46	68.63
73	1,396.18	1,251.07	1,105.96	73	94.12	85.30	74.52
74	1,539.33	1,374.61	1,207.93	74	103.93	93.14	81.38

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,698.16	1,507.95	1,317.74	75	114.71	101.97	88.24
76	1,911.90	1,698.16	1,484.42	76	129.42	114.71	100.01
77	2,153.10	1,911.90	1,668.75	77	145.11	129.42	111.77
78	2,423.70	2,151.13	1,878.57	78	163.74	145.11	126.48
79	2,727.65	2,421.74	2,113.88	79	183.35	162.76	142.17
80		2,723.72	2,376.64	80	205.90	182.37	158.83
81		3,064.92	2,674.70	81	232.37	205.90	179.42
82		3,449.27	3,008.06	82	260.80	231.39	201.98
83		3,882.63	3,384.56	83	293.16	259.82	226.49
84		4,368.94	3,808.12	84	329.44	292.18	254.92
				85	369.63	328.45	286.29
				86	416.70	369.63	322.57
				87	468.66	415.72	362.77
				88	526.51	467.68	407.87
				89	592.20	526.51	458.86
				90	666.71	592.20	516.70
				91	750.05	666.71	580.43
				92	843.20	750.05	652.99
				93	949.09	843.20	735.35
				94	1,067.72	948.11	826.53
				95	1,201.07	1,066.74	930.46
				96	1,351.08	1,200.09	1,046.15
				97	1,519.72	1,350.10	1,177.54
				98	1,709.93	1,518.74	1,324.60
				99	1,922.69	1,708.95	1,489.32

Fractional Premiums (expressed as a percent of annual premium)

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FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	213.74	201.98	188.25	18-44	14.71	14.71	13.73
45-49	251.00	237.27	219.62	45-49	17.65	16.67	15.69
50-54	294.14	274.53	254.92	50-54	19.61	18.63	17.65
55	392.18	372.58	352.97	55	27.45	25.49	23.53
56	421.60	400.03	378.46	56	29.41	27.45	25.49
57	452.97	427.48	401.99	57	31.37	29.41	27.45
58	486.31	458.86	429.44	58	33.34	31.37	29.41
59	521.61	490.23	458.86	59	35.30	33.34	31.37
60	558.86	523.57	488.27	60	37.26	35.30	33.34
61	598.08	560.82	523.57	61	40.20	38.24	36.28
62	639.26	600.04	560.82	62	43.14	41.18	38.24
63	682.40	641.22	602.00	63	46.08	44.12	41.18
64	727.50	686.32	645.14	64	50.00	47.06	44.12
65	776.53	733.39	690.25	65	52.94	50.00	46.08
66	843.20	798.10	752.99	66	57.85	54.91	50.98
67	913.79	866.73	819.67	67	62.75	58.83	54.91
68	992.23	943.20	894.18	68	67.65	63.73	59.81
69	1,074.59	1,023.60	972.62	69	72.55	69.61	65.69
70	1,164.79	1,111.84	1,058.90	70	78.44	74.52	70.59
71	1,288.33	1,233.42	1,176.55	71	87.26	83.34	79.42
72	1,425.59	1,364.80	1,305.98	72	96.09	92.16	87.26
73	1,574.62	1,511.87	1,451.08	73	105.89	101.97	97.07
74	1,741.30	1,674.63	1,609.92	74	116.68	112.75	107.85

Fractional Premiums (expressed as a percent of annual premium)

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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,923.67	1,855.03	1,786.40	75	128.44	124.52	119.62
76	2,164.86	2,088.38	2,009.95	76	145.11	140.21	135.30
77	2,435.47	2,349.19	2,260.95	77	162.76	157.85	151.97
78	2,739.41	2,643.33	2,543.32	78	183.35	177.46	170.60
79	3,082.57	2,972.76	2,860.99	79	205.90	199.03	192.17
				80	231.39	223.55	215.70
				81	260.80	251.98	243.15
				82	293.16	283.35	273.55
				83	329.44	318.65	307.87
				84	370.61	358.85	346.10
				85	416.70	402.97	388.26
				86	469.64	453.95	437.29
				87	527.49	510.82	492.19
				88	594.16	574.55	552.98
				89	667.69	646.12	622.59
				90	751.03	726.52	700.05
				91	845.16	817.71	787.31
				92	951.05	919.67	886.34
				93	1,069.68	1,034.39	997.13
				94	1,203.03	1,163.81	1,121.65
				95	1,354.02	1,308.92	1,260.87
				96	1,522.66	1,472.65	1,418.73
				97	1,712.87	1,656.98	1,596.19
				98	1,927.59	1,863.86	1,795.23
				99	2,167.80	2,096.23	2,019.75

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	249.04	239.23	227.47	18-44	16.67	16.67	15.69
45-49	296.10	278.45	260.80	45-49	20.59	19.61	18.63
50-54	349.04	323.55	298.06	50-54	23.53	22.55	20.59
55	476.50	443.17	409.83	55	33.34	31.37	28.43
56	513.76	476.50	439.25	56	36.28	34.32	30.39
57	551.02	511.80	470.62	57	39.22	36.28	32.36
58	592.20	549.06	503.96	58	41.18	38.24	35.30
59	637.30	588.28	539.25	59	44.12	41.18	37.26
60	684.36	631.42	576.51	60	47.06	43.14	39.22
61	737.31	678.48	617.69	61	50.98	47.06	42.16
62	792.21	727.50	660.83	62	54.91	50.00	45.10
63	853.00	780.45	705.93	63	58.83	53.93	48.04
64	915.75	837.31	754.96	64	62.75	56.87	51.96
65	984.38	896.14	805.94	65	66.67	60.79	54.91
66	1,074.59	976.54	878.49	66	73.53	66.67	59.81
67	1,172.63	1,064.78	954.97	67	79.42	72.55	64.71
68	1,280.48	1,160.87	1,039.29	68	86.28	78.44	70.59
69	1,396.18	1,264.80	1,129.49	69	94.12	85.30	76.48
70	1,523.64	1,376.57	1,227.54	70	101.97	92.16	82.36
71	1,674.63	1,517.76	1,358.92	71	112.75	101.97	91.18
72	1,839.35	1,672.67	1,502.07	72	123.54	112.75	100.99
73	2,021.71	1,843.27	1,660.90	73	136.28	123.54	111.77
74	2,221.73	2,029.56	1,835.43	74	149.03	136.28	123.54

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,439.39	2,235.45	2,029.56	75	163.74	150.01	136.28
76	2,747.26	2,515.87	2,284.48	76	184.33	169.62	153.93
77	3,090.42	2,831.57	2,570.77	77	207.86	190.21	172.56
78	3,478.68	3,186.50	2,894.32	78	233.35	213.74	194.13
79	3,914.01	3,584.57	3,255.13	79	261.78	240.21	218.64
				80	294.14	269.63	245.12
				81	331.40	303.94	276.49
				82	372.58	341.20	310.81
				83	418.66	384.34	349.04
				84	471.60	432.38	393.17
				85	529.45	485.33	441.21
				86	596.12	546.12	497.09
				87	670.64	614.75	558.86
				88	753.98	691.23	628.48
				89	848.10	777.51	706.91
				90	954.97	875.55	795.15
				91	1,073.61	984.38	895.16
				92	1,207.93	1,106.94	1,006.93
				93	1,358.92	1,246.17	1,132.43
				94	1,528.54	1,401.08	1,273.62
				95	1,719.73	1,576.58	1,433.44
				96	1,934.45	1,773.66	1,611.88
				97	2,176.63	1,995.24	1,813.86
				98	2,448.21	2,244.28	2,040.34
				99	2,754.12	2,524.69	2,295.26

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	296.10	284.33	270.61	18-44	20.59	19.61	18.63
45-49	352.97	337.28	319.63	45-49	25.49	23.53	22.55
50-54	419.64	398.07	374.54	50-54	29.41	27.45	25.49
55	598.08	562.79	527.49	55	41.18	38.24	35.30
56	645.14	603.96	564.75	56	45.10	41.18	38.24
57	694.17	649.07	602.00	57	48.04	45.10	41.18
58	747.11	694.17	643.18	58	51.96	48.04	44.12
59	802.02	745.15	688.28	59	54.91	51.96	47.06
60	862.81	798.10	733.39	60	58.83	54.91	50.00
61	929.48	856.92	786.33	61	63.73	58.83	53.93
62	1,000.07	919.67	841.24	62	68.63	63.73	57.85
63	1,074.59	988.31	900.06	63	73.53	67.65	61.77
64	1,156.95	1,060.86	964.77	64	79.42	72.55	65.69
65	1,243.23	1,137.34	1,031.45	65	84.32	77.46	69.61
66	1,339.31	1,231.46	1,125.57	66	91.18	84.32	76.48
67	1,439.32	1,333.43	1,227.54	67	98.05	91.18	82.36
68	1,549.13	1,443.24	1,337.35	68	104.91	98.05	90.20
69	1,666.79	1,562.86	1,456.97	69	112.75	105.89	98.05
70	1,792.28	1,690.32	1,588.35	70	120.60	113.73	105.89
71	1,990.34	1,870.72	1,753.07	71	134.32	126.48	117.66
72	2,209.96	2,070.74	1,931.51	72	149.03	139.23	129.42
73	2,453.12	2,292.32	2,129.56	73	164.72	153.93	143.15
74	2,723.72	2,537.44	2,349.19	74	182.37	170.60	157.85

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	3,021.78	2,806.08	2,588.42	75	201.98	188.25	173.54
76	3,400.24	3,159.05	2,913.93	76	227.47	211.78	196.09
77	3,825.76	3,555.16	3,280.63	77	255.90	238.25	219.62
78	4,306.19	4,000.29	3,690.46	78	288.26	267.67	247.08
79	4,843.48	4,500.32	4,155.20	79	323.55	301.00	277.47
				80	363.75	338.26	311.79
				81	409.83	381.40	351.01
				82	460.82	428.46	395.13
				83	518.66	481.41	444.15
				84	583.38	542.20	500.04
				85	655.93	608.87	561.80
				86	738.29	685.34	632.40
				87	830.45	770.64	711.82
				88	934.38	867.71	800.06
				89	1,051.06	975.56	900.06
				90	1,182.44	1,098.12	1,012.82
				91	1,330.49	1,234.40	1,139.30
				92	1,496.19	1,389.31	1,281.46
				93	1,683.45	1,562.86	1,442.26
				94	1,894.25	1,757.97	1,621.68
				95	2,130.54	1,977.59	1,824.64
				96	2,397.23	2,224.67	2,053.09
				97	2,696.27	2,503.12	2,308.99
				98	3,033.55	2,815.89	2,598.22
				99	3,412.01	3,167.87	2,922.76

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	351.01	327.47	301.98	18-44	23.53	22.55	21.57
45-49	411.79	386.30	358.85	45-49	28.43	27.45	25.49
50-54	480.43	452.97	423.56	50-54	33.34	31.37	29.41
55	629.46	590.24	551.02	55	43.14	41.18	38.24
56	666.71	625.53	586.32	56	46.08	44.12	41.18
57	705.93	662.79	621.61	57	49.02	46.08	43.14
58	747.11	703.97	658.87	58	50.98	49.02	45.10
59	792.21	745.15	698.09	59	53.93	51.96	48.04
60	837.31	788.29	739.27	60	56.87	53.93	50.00
61	888.30	835.35	782.41	61	60.79	57.85	53.93
62	939.28	884.38	829.47	62	63.73	60.79	56.87
63	994.19	935.36	876.53	63	67.65	64.71	59.81
64	1,053.02	990.27	927.52	64	71.57	67.65	63.73
65	1,113.81	1,047.13	980.46	65	75.50	71.57	66.67
66	1,209.89	1,137.34	1,064.78	66	82.36	77.46	72.55
67	1,311.86	1,233.42	1,154.98	67	89.22	84.32	78.44
68	1,423.63	1,339.31	1,254.99	68	96.09	91.18	85.30
69	1,545.21	1,453.05	1,360.88	69	104.91	98.05	92.16
70	1,674.63	1,576.58	1,476.58	70	112.75	105.89	99.03
71	1,839.35	1,731.50	1,621.68	71	124.52	116.68	108.83
72	2,019.75	1,900.14	1,778.56	72	136.28	128.44	119.62
73	2,217.81	2,084.46	1,951.12	73	149.03	140.21	131.38
74	2,433.51	2,288.40	2,141.33	74	163.74	153.93	144.13

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,670.78	2,509.98	2,347.23	75	178.44	168.64	157.85
76	3,006.10	2,825.69	2,643.33	76	200.99	190.21	177.46
77	3,380.63	3,178.66	2,974.72	77	226.49	213.74	200.01
78	3,804.19	3,576.73	3,347.30	78	254.92	240.21	224.53
79	4,278.74	4,023.82	3,766.94	79	286.29	269.63	252.96
80		4,525.81	4,239.52	80		302.96	283.35
81		5,092.52	4,770.93	81		341.20	319.63
82		5,729.82	5,367.05	82		383.36	358.85
83		6,445.56	6,037.69	83		431.40	403.95
84		7,249.54	6,792.64	84		485.33	454.93

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	421.60	394.15	366.69	18-44	28.43	27.45	25.49
45-49	498.07	466.70	437.29	45-49	34.32	33.34	30.39
50-54	584.36	551.02	517.68	50-54	40.20	38.24	35.30
55	778.49	731.42	684.36	55	51.96	49.02	46.08
56	823.59	774.57	725.54	56	55.89	52.94	49.02
57	870.65	819.67	768.68	57	58.83	55.89	51.96
58	919.67	868.69	813.78	58	62.75	58.83	54.91
59	972.62	917.71	862.81	59	65.69	62.75	57.85
60	1,027.52	970.66	911.83	60	69.61	65.69	60.79
61	1,088.31	1,027.52	964.77	61	74.52	69.61	64.71
62	1,153.02	1,088.31	1,021.64	62	78.44	74.52	68.63
63	1,219.69	1,151.06	1,078.51	63	83.34	78.44	72.55
64	1,292.25	1,217.73	1,141.26	64	87.26	83.34	77.46
65	1,366.76	1,286.37	1,205.97	65	92.16	87.26	81.38
66	1,486.38	1,398.14	1,311.86	66	100.99	95.10	89.22
67	1,613.84	1,519.72	1,425.59	67	108.83	102.95	96.09
68	1,753.07	1,651.10	1,549.13	68	118.64	111.77	104.91
69	1,906.02	1,794.25	1,684.43	69	128.44	121.58	113.73
70	2,068.78	1,949.16	1,829.54	70	139.23	131.38	122.56
71	2,276.63	2,145.25	2,011.91	71	152.95	145.11	135.30
72	2,504.10	2,358.99	2,211.92	72	168.64	158.83	149.03
73	2,755.10	2,594.30	2,431.55	73	185.31	174.52	163.74
74	3,031.59	2,851.18	2,670.78	74	202.96	191.19	179.42
75	3,333.57	3,135.52	2,935.50	75	222.56	209.82	197.07
76	3,751.25	3,529.66	3,304.16	76	251.00	236.29	221.58
77	4,219.91	3,970.87	3,719.87	77	282.37	265.71	250.02
78	4,747.40	4,466.99	4,186.57	78	317.67	299.04	280.41
79	5,339.60	5,025.85	4,710.14	79	356.89	336.30	315.71

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	543.18	511.80	478.47	18-44	36.28	34.32	32.36
45-49	645.14	607.89	568.67	45-49	44.12	41.18	39.22
50-54	764.76	719.66	674.56	50-54	51.96	49.02	46.08
55	1,019.68	954.97	890.26	55	68.63	64.71	60.79
56	1,080.47	1,011.84	943.20	56	73.53	68.63	64.71
57	1,143.22	1,070.66	998.11	57	77.46	72.55	67.65
58	1,209.89	1,133.41	1,056.94	58	82.36	76.48	71.57
59	1,280.48	1,200.09	1,117.73	59	86.28	81.38	75.50
60	1,355.00	1,268.72	1,182.44	60	91.18	85.30	79.42
61	1,437.36	1,343.23	1,251.07	61	97.07	90.20	84.32
62	1,521.68	1,421.67	1,321.66	62	102.95	96.09	89.22
63	1,611.88	1,504.03	1,398.14	63	107.85	100.99	94.12
64	1,707.97	1,592.27	1,476.58	64	114.71	106.87	100.01
65	1,807.97	1,684.43	1,560.90	65	120.60	112.75	104.91
66	1,968.77	1,837.39	1,706.00	66	131.38	123.54	114.71
67	2,141.33	2,002.10	1,860.92	67	143.15	134.32	125.50
68	2,329.58	2,180.55	2,033.48	68	155.89	146.09	136.28
69	2,533.51	2,376.64	2,219.77	69	169.62	159.82	149.03
70	2,755.10	2,588.42	2,421.74	70	184.33	173.54	161.78
71	3,019.82	2,833.54	2,645.29	71	201.98	190.21	177.46
72	3,310.04	3,100.22	2,890.40	72	221.58	207.86	193.15
73	3,625.75	3,392.40	3,157.09	73	242.17	227.47	210.80
74	3,972.83	3,710.07	3,447.31	74	265.71	248.06	230.41
75	4,353.25	4,059.11	3,764.97	75	290.22	270.61	251.00
76	4,827.80	4,519.93	4,212.07	76	322.57	301.98	281.39
77	5,353.32	5,031.73	4,710.14	77	356.89	336.30	314.73
78	5,933.76	5,602.36	5,269.00	78	396.11	373.56	351.99
79	6,580.86	6,235.74	5,892.58	79	439.25	415.72	393.17

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	717.70	680.44	643.18	18-44	48.04	46.08	44.12
45-49	860.85	819.67	776.53	45-49	57.85	55.89	52.94
50-54	1,031.45	984.38	937.32	50-54	69.61	66.67	62.75
55	1,358.92	1,290.29	1,219.69	55	92.16	87.26	82.36
56	1,439.32	1,364.80	1,288.33	56	98.05	92.16	87.26
57	1,523.64	1,443.24	1,360.88	57	102.95	97.07	92.16
58	1,613.84	1,527.56	1,437.36	58	108.83	102.95	97.07
59	1,707.97	1,613.84	1,517.76	59	114.71	108.83	101.97
60	1,807.97	1,706.00	1,602.08	60	120.60	113.73	106.87
61	1,911.90	1,802.09	1,690.32	61	128.44	120.60	113.73
62	2,019.75	1,902.10	1,782.48	62	135.30	127.46	119.62
63	2,135.45	2,007.99	1,880.53	63	143.15	134.32	126.48
64	2,257.02	2,119.76	1,982.49	64	151.97	142.17	133.34
65	2,384.48	2,237.41	2,090.35	65	159.82	150.01	140.21
66	2,562.93	2,417.82	2,274.67	66	171.58	162.76	152.95
67	2,753.14	2,611.95	2,472.73	67	184.33	175.50	165.70
68	2,957.07	2,823.73	2,688.43	68	198.05	189.23	180.41
69	3,176.70	3,049.24	2,921.78	69	212.76	203.94	195.11
70	3,412.01	3,294.35	3,176.70	70	227.47	219.62	211.78
71	3,743.40	3,606.14	3,470.84	71	250.02	241.19	231.39
72	4,104.21	3,947.34	3,792.43	72	274.53	263.74	252.96
73	4,500.32	4,321.88	4,141.47	73	300.02	288.26	276.49
74	4,935.65	4,729.75	4,523.85	74	329.44	315.71	301.98
75	5,412.15	5,176.84	4,941.53	75	360.81	345.12	329.44
76	6,018.08	5,741.59	5,463.14	76	401.99	383.36	364.73
77	6,692.64	6,365.16	6,037.69	77	447.09	425.52	402.97
78	7,439.75	7,057.37	6,671.06	78	497.09	471.60	446.11
79	8,273.14	7,824.09	7,373.08	79	552.00	522.59	492.19

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Reset Form

Company Name and NAIC Number: MetLife Insurance Company USA, NAIC # 87726

SERFF Tracking Number: MILL-129963541

Effective Date: On Approval

(Projected) Number of Insureds Affected: 49

New Rates
Average Annual Premium Per Member: 2,309

Revised Rates

Average Annual Premium Per Member: 2,547

Average Requested Percentage Rate Change Per Member: 10.3%

Minimum Requested Percentage Rate Change Per Member: 10.3%

Maximum Requested Percentage Rate Change Per Member: 10.3%

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
H-LTC3JFO H-LTC3JFO2 H-5AIFO H-COLRFO H-NF3	Nursing Facility Only Nursing Facility Only Annual 5% Benefit Inflation Rider Cost of Living (CPI) Benefit Inflation Rider Nonforfeiture Benefit Rider

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

Rate Increase Driver Narrative

The premium increase is not based upon a change in your age, health, claims history or any other individual characteristic. Rather, the increase is based on the experience of all policies that are similar to your policy and issued for delivery in Virginia. Our decision to increase premiums is primarily based upon the fact that expected claims are significantly higher today than we originally anticipated when your policy was priced. Policyholders are utilizing more benefits than was actuarially anticipated when the policy form was originally priced, as well as our anticipation of higher than expected claims costs in the future. Therefore, the company will be exposed to higher than actuarially anticipated claims costs, which is a class-wide risk as opposed to its risk on a single policy. Our decision to increase premiums was not determined based upon the current economic environment.



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March 26, 2015

Honorable Jacqueline Cunningham
Insurance Commissioner
Virginia Bureau of Insurance (Bureau)
1300 East Main Street
Richmond, VA 23219

RE: MetLife Insurance Company USA (MetLife USA)

Company NAIC # 87726

SERFF Tracking # MILL-129963541

Policy Forms: Nursing Facility Only

Nursing Facility Only

Annual 5% Benefit Inflation Rider

Cost of Living (CPI) Benefit Inflation Rider

Nonforfeiture Benefit Rider

H-LTC3JFO

H-LTC3JFO2

H-5AIFO

H-COLRFO

H-NF3

Dear Commissioner Cunningham:

Milliman, Inc. has been retained by GNA Corporation (Genworth), a reinsurer of this business, to submit the referenced rate filing on behalf of MetLife USA for your review. In preparing this rate filing, I relied on data provided to me by Union Fidelity Life Insurance Company (UFLIC), the retrocessionaire on this business, and Genworth.

H-LTC3JFO and H-LTC3JFO2 are existing individual facility only long term care policies of insurance previously approved in 1994. These forms were issued in Virginia from May 1994 through April 1997 and are no longer being marketed in any state. Nationwide, the last policies were issued in 1999.

This is a resubmission of a prior filing, SERFF tracking number MILL-129257029, that was withdrawn on February 13, 2015. The actuarial memorandum and supplement provided in this filing are similar to those provided in MILL-129257029. Any revisions or adjustments resulting from correspondence with the Bureau with respect to that prior filing are reflected in the appendix of this filing. The only substantive change from the prior filing is the company name.

The company is requesting the approval of a premium rate increase on the above listed forms and all associated riders. The increase is needed due to morbidity and persistency levels which produce lifetime loss ratios in excess of original pricing and the minimum requirement. As noted in the attached actuarial memorandum, two prior increases have been approved and implemented on

Offices in Principal Cities Worldwide

This work product was prepared to provide assistance to Genworth and MetLife USA. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.



Honorable Jacqueline Cunningham
March 26, 2015

these forms and associated riders. A 39.0% increase was approved on May 6, 2005 and implemented on each contract's next billing anniversary beginning August 27, 2005. A 27.9% increase was approved on July 24, 2011 and implemented on each contract's next billing anniversary beginning November 1, 2011. A premium rate increase of 16.8% is being requested at this time.

The company will offer insureds affected by the premium increase the option of reducing their policy daily benefit, where possible, to provide flexibility of choice for those insureds who wish to maintain a premium level reasonably similar to what they were paying prior to the rate increase.

Concurrent with this filing, the company is filing a limited nonforfeiture endorsement for approval. If the endorsement is approved, for policyholders who do not have a nonforfeiture benefit as part of their policy, the company is making a limited nonforfeiture option available for those who wish to elect a limited paid-up long term care insurance benefit. This option provides a paid-up policy with benefits equal to the total of premiums paid, less any claims paid. While the company is strongly encouraging policyholders to keep or reduce their existing coverage, it believes it is important to provide a comprehensive set of options to policyholders.

The following electronic items are included in this submission:

- this cover letter;
- a Rate Revision Checklist;
- a letter from MetLife USA authorizing us to submit this filing on their behalf;
- an actuarial memorandum and rate schedules;
- a supplement to the actuarial memorandum; and
- an appendix providing additional information requested with respect to the prior filing.

No filing fee is required for this submission.



Honorable Jacqueline Cunningham
March 26, 2015

The contact person for this filing is:

Amy Pahl, FSA, MAAA
Principal and Consulting Actuary
8500 Normandale Lake Blvd., Suite 1850
Minneapolis, MN 55437
(952) 820-2419
amy.pahl@milliman.com

Thank you for your assistance in reviewing this filing.

Respectfully,

A handwritten signature in blue ink that reads "Amy Pahl".

Amy Pahl, FSA, MAAA
Principal and Consulting Actuary

ABP/rbmj

Enclosures

METLIFE INSURANCE COMPANY USA

Address: 1209 Orange Street, Wilmington, DE 19801

Supplement to the Actuarial Memorandum for the LTC3+ Nursing Facility Only Product

March 2015

<u>Product</u>	<u>Form Number</u>
Nursing Facility Only	H-LTC3JFO
Nursing Facility Only	H-LTC3JFO2
Annual 5% Benefit Inflation Rider	H-5AIFO
Cost of Living (CPI) Benefit Inflation Rider	H-COLRFO
Nonforfeiture Benefit Rider	H-NF3

1. Purpose of Filing

This supplement has been prepared for the purpose of providing additional information that the Bureau has indicated they generally like to see when reviewing long-term care (LTC) rate increase filings. These additional items (stated in italics) have been assembled based on correspondence with the Bureau as it relates to other LTC filings. It is provided to expedite the review process and may not be appropriate for other purposes.

2. Additional Information Previously Requested (stated in italics)

- 1. Please demonstrate compliance with 14VAC5-200-150 for those policy forms issued prior to October 1, 2003 and demonstrate compliance with 14VAC5-200-153 for those policy forms issued on or after October 1, 2003.*

The above-referenced policy forms were issued in Virginia from May 1994 through April 1997. Since no policies were issued on or after October 1, 2003, the corresponding actuarial memorandum has been prepared in accordance with the requirements of 14VAC5-200-150.

- 2. In providing the experience, the exhibits should show the earned premiums, paid claims, incurred claims and loss ratio for each calendar year from the date of the forms' inception through the most recent date that information is available. Separate exhibits, and projections thereof, should be provided based on the Virginia only and national data.*

Exhibits I and II of the actuarial memorandum provide the referenced information based on experience through 2012.

- 3. Please state the number of policies in force in Virginia and nationwide.*

Section 21 of the actuarial memorandum provides the referenced information.

- 4. Please state the number of claims that the nationwide projection is based on, and the corresponding credibility.*

MetLife Insurance Company USA (MetLife USA) has chosen a credibility standard of a 90% confidence interval for the number of claims with an error of plus or minus 5%. Based on these parameters, 1,082 claims is the criterion for full credibility. Since inception, there have been 989 claims reported as of December 31, 2012 nationwide on these policy forms. This means the nationwide credibility on these policy forms is 96%. The credibility percentage is determined as $(\text{Number of Claims} / 1,082)^{1/2}$. The assumptions used for these policy forms were

METLIFE INSURANCE COMPANY USA

Address: 1209 Orange Street, Wilmington, DE 19801

Supplement to the Actuarial Memorandum for the LTC3+ Nursing Facility Only Product

March 2015

developed from experience on this product and similar MetLife USA's individual LTC products combined.

5. *Please state the approval and issued dates of all applicable forms.*

These policy forms were approved in Virginia in 1994 and were issued in Virginia from May 1994 through April 1997.

6. *Please provide justification for all assumptions used in the projections.*

Attachment 1 to this supplement provides justification for the assumptions used in this filing.

7. *Please provide an explanation of the reserve basis and justification for the reserve levels.*

Attachment 2 to this supplement provides reserve detail for the above referenced forms on a nationwide basis. Actual reserves held by MetLife USA are based on valuation assumptions that vary by issue year.

8. *If a prior rate increase has been approved for the forms in the filing, please provide an explanation as to why an additional rate increase is needed and a comparison of the differences in the assumptions used in the prior filing with those actually experienced and with those used in the original filing. If no previous rate increase has been approved, then just provide a comparison of the differences in the assumptions actually experienced with those used in the original filing.*

Two prior rate increases have been approved and implemented on these policy forms and associated riders. A 39.0% increase was approved on May 6, 2005 and implemented on each contract's next billing anniversary beginning August 27, 2005. A 27.9% increase was approved on July 24, 2011 and implemented on each contract's next billing anniversary beginning November 1, 2011. The increase is needed due to morbidity and persistency levels which produce lifetime loss ratios in excess of original pricing and the minimum requirement.

Attachment 3 to this supplement provides a comparison of the assumptions used during pricing and in the prior filing. Attachment 1 provides justification of the assumptions used in this filing. Also included in this attachment is a comparison of the current assumptions and actual emerging experience.

9. *Please provide the anticipated loss ratio where the numerator is equal to the anticipated incurred claims less the policy reserves, and the denominator is equal to the anticipated earned premium.*

Attachment 4 to this supplement provides the nationwide and Virginia-specific anticipated loss ratio as defined above. For purposes of this attachment, anticipated incurred claims, policy reserves, and anticipated earned premium are discounted at an interest rate representing the historical and projected long-term after-tax net investment earnings rate for this business for all policy forms, consistent with that assumed in the original

METLIFE INSURANCE COMPANY USA

Address: 1209 Orange Street, Wilmington, DE 19801

Supplement to the Actuarial Memorandum for the LTC3+ Nursing Facility Only Product

March 2015

determination of premiums.

The experience and projections underlying the nationwide calculations reflects a rate level similar to that approved in Virginia while the experience and projections underlying the Virginia-specific calculations reflects actual history.

As shown in Attachment 4, the anticipated loss ratio calculated as described above exceeds 60% after the requested 16.8% rate increase.

Note that MetLife USA does not view the Virginia-specific experience as fully credible, but is providing it as generally requested by the Bureau.

10. *Please state the lifetime loss ratio anticipated in the original filing and, if applicable, an explanation why the current projected loss ratio is less than the originally anticipated.*

The expected lifetime loss ratio based on original pricing assumptions since inception and the nationwide mix of business actually sold is 52.2%. This expected lifetime loss ratio is less than 60% because 1) the earned premium and incurred claim values are based on the actual mix of business sold (rather than the original pricing assumed mix) and 2) the 52.2% lifetime loss ratio is equal to the present value of incurred claims divided by the present value of earned premiums rather than the present value of incurred claims plus the change in policy reserves divided by the present value of earned premium (as was the case in the original filing). The current projected lifetime loss ratio exceeds this original expectation and the 60% minimum requirement.

11. *Please provide a separate calculation of the Lifetime Loss Ratio so that the historical premium component is restated to what it would be if the proposed premium had been charged (collected) since the forms' introduction.*

Attachments 5 and 6 to this supplement provide historical and projected experience on a nationwide and Virginia-specific basis, respectively. The historical and projected earned premium in these attachments has been restated to assume that the proposed rate level had been charged since inception.

The company acknowledges that the requested 16.8% rate increase results in a lifetime loss ratio in Attachment 5 that is below the 60% minimum requirement. A 16.1% rate increase would result in a 60% lifetime loss ratio with premiums restated to the proposed level since inception on a nationwide basis. However, since the Bureau approved lower increases than were actuarially justified and requested in the past, the company believes that a rate increase in excess of 16.1% is justified and appropriate at this time.

Attachment 7 to this supplement shows the premium lost as a result of the Bureau approving lower increases in the past than requested. The company believes that it has taken appropriate and timely action in response to the mispricing of this product, and it should be allowed a larger increase now by an amount equal to the lost premium resulting from the Bureau not approving a previous rate increase for the full amount requested. As shown in Attachment 7, this lost historical premium is equal to 0.7% of all current projected future earned premium. This percentage is the increase relative to

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remaining premium that is necessary to make up for lost past premium resulting from a Bureau approval different than that then actuarially justified and requested. Given this increase for lost past premium (0.7%) and the increase justified by restating premium since inception (16.1%), the company believes a rate increase of 16.8% is justified.

Note that MetLife USA does not view the Virginia-specific experience as fully credible, but is providing it as generally requested by the Bureau.

12. *Please provide assurances that the assumptions used in the projections, other than the interest rate, are no more conservative (i.e., do not produce a higher loss ratio) than those used in the company's prior year's asset adequacy testing.*

The assumptions used in the above-referenced filing, other than the interest rate (which is prescribed by Virginia regulation), are consistent with the business plan in the primary risk taker's year-end 2012 asset adequacy testing. The assumptions are consistent but not identical to those used in the year-end 2012 asset adequacy testing. The assumptions used in this rate filing include a policy coverage type adjustment and an additional downward adjustment to the morbidity assumptions ranging by duration from 8% to 2% ultimate. The policy coverage type adjustment is a refinement to allow for greater model granularity in projecting experience for facility-only or comprehensive policy forms separately and has no effect in aggregate. The additional downward adjustment is made to more accurately reflect the effect of reduced benefit elections on expected benefits and waived premium in the actual-to-expected morbidity study and thus remove an implicit margin in the asset adequacy testing assumptions.

13. *Please disclose the nature and magnitude of any conservatism included in any of the assumptions used in making the lifetime loss ratio projections.*

The assumptions used in making the lifetime loss ratio projections represent the primary risk taker's best estimate of future experience based on information available today; they do not include any provision for conservatism.

14. *Please clearly detail how the rate changes requested in Virginia compare with those requested in other states.*

Attachment 7 to this supplement provides the rate increase history and the status of the current rate increase being requested for each jurisdiction in which these policy forms are in force.

15. *If approved, please explain what, if any, options will be offered to policyholders in lieu of accepting the rate increase.*

In addition to the option to reduce their daily benefit, insureds will also be given the option to reduce coverage in other ways to provide flexibility of choice for those insureds who wish to maintain a premium level reasonably similar to what they were paying prior to the rate increase. Other options available to insureds include but are not limited to lengthening their elimination period, shortening their benefit period, reducing the level of home care coverage, if any, and reducing or removing inflation protection.

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Concurrent with this filing, the company is filing a limited nonforfeiture endorsement for approval. If the endorsement is approved, for policyholders who do not have a nonforfeiture benefit as part of their policy, the company is making a limited nonforfeiture option available for those who wish to elect a limited paid-up long term care insurance benefit. This option provides a paid-up policy with benefits equal to the total of premiums paid, less any claims paid. While the company is strongly encouraging policyholders to keep or reduce their existing coverage, it believes it is important to provide a comprehensive set of options to policyholders.

16. *Please explain steps the company has taken to minimize rate increases on this block of business.*

The company continues to use best practices in claim adjudication to balance cost effectiveness with insured satisfaction. Note that under the minimum loss ratio regulation, a larger premium rate increase is currently supportable. In order to minimize the impact on policyholders to the extent the company can, an increase of only 16.8% is being requested at this time.

17. *Does the company have other blocks of long term care business? If so, how has the experience on those blocks developed? If applicable, has the company considered combining different blocks for rate making purposes?*

Table 1 below provides a list of all of MetLife USA's individual LTC products currently in force nationwide and in Virginia as of December 31, 2012. MetLife USA is currently in the process of filing rate increases for most of the policy forms listed below in every jurisdiction where they are in-force. At the time of the first round of rate increases, the company had decided to keep each block separate from one another unless specific state regulations required otherwise. Since then, the company has maintained the initially filed groups.

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**Table 1
MetLife USA's Individual LTC Products**

Policy Form	Product*	In-Force Outside of Virginia	In-Force in Virginia
H-LC2J, et al.	Partnership NQ Comp	X	
H-LC3J, et al.	Partnership NQ Comp	X	
H-NYLC3JQ, et al.	Partnership TQ Comp	X	
H-LC3J-2, et al.	Partnership NQ Comp	X	
H-LC3JQ, et al.	Partnership TQ Comp	X	
H-LC4JQ, et al.	Partnership TQ Comp	X	
H-371, et al. **	NQ Comp	X	
H-LTC2J, et al.	NQ Comp	X	X
H-LTC2JQ, et al.	TQ Comp	X	
H-LTC3J, et al.	NQ Comp	X	X
H-LTC3JP, et al.	NQ Comp	X	X
H-LTC3JQ, et al.	TQ Comp	X	X
H-LTC3JFO, et al.	NQ FO	X	X
H-LTC3JFQ, et al.	TQ FO	X	X
H-LTC4J, et al.	NQ Comp	X	
H-LTC4JQ, et al.	TQ Comp	X	X
H-LTC4JF29, et al.	NQ FO	X	
H-LTC4JFQ, et al.	TQ FO	X	X

*NQ = Non Tax-Qualified; TQ = Tax-Qualified; Comp = Comprehensive; FO = Nursing Facility Only

**No rate increase is being requested on this policy form.

18. Please provide an actual to expected analysis based on the original assumptions.

Attachments 9 and 10 to this supplement provide a calendar year actual-to-expected (A:E) analysis for nationwide and Virginia-specific experience, respectively. The expected experience reflects the actual mix of business sold and the original pricing assumptions since inception.

The experience and projections in Attachment 9 have been restated to reflect a rate level similar to that approved in Virginia on a nationwide basis. The experience in Attachment 10 reflects actual history.

Note that MetLife USA does not view the Virginia-specific experience as fully credible, but is providing it as generally requested by the Bureau.

19. Provide a copy of the premium notification letter that the company intends to send to policyholders notifying them of the rate increase.

Enclosed with this supplement is a copy of the policyholder notification letter which will be sent to policyholders informing them of the rate increase and explaining their options for a reduction in benefits. In the future, slight variations in letter language may occur

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that do not materially change the information being provided to the policyholder. As the letter does not require approval, we understand that it will not be necessary to file each of these minor variations with the state of Virginia.

In addition to the policyholder notification letter, policyholders will receive a Frequently Asked Questions document which will provide policyholders with direction on the rate increase in consumer friendly language. A sample copy of this document is enclosed with this supplement. In the future, slight variations in language may occur that do not materially change the information being provided to the policyholder in the Frequently Asked Questions document. As the document does not require approval, we understand that it will not be necessary to file each of these minor variations with the state of Virginia.

3. Summary of Attachments and Enclosures

- Attachment 1: Assumption Justification for Current Assumptions
- Attachment 2: Nationwide Reserve Balances
- Attachment 3: Comparison of the Prior Filing and Original Pricing Assumptions
- Attachment 4: Anticipated Loss Ratio
- Attachment 5: Nationwide Restated Experience Projections
- Attachment 6: Virginia-Specific Restated Experience Projections
- Attachment 7: Nationwide Experience Projections with Lost Premium
- Attachment 8: State Status Listing
- Attachment 9: Nationwide A:E Experience by Calendar Year
- Attachment 10: Virginia-Specific A:E Experience by Calendar Year

Enclosures: MICC RIL 07152014.pdf
MICC FAQ 10152013.pdf

**Attachment 1
MetLife Insurance Company USA
Assumption Justification
LTC3+ Nursing Facility Only Policy Forms**

Voluntary Lapse

The voluntary lapse assumption for this policy form was developed from experience on all of MetLife USA's individual long-term care ("LTC") policy forms combined.

Table 1 below provides a comparison of the actual voluntary lapse rates for all individual LTC policy forms combined through March 2012 and the currently assumed voluntary lapse rates for this policy form.

**Table 1
Actual and Assumed Voluntary Lapse Rates
Using Experience through March 2012**

Duration	Actual Lapse Rates	Currently Assumed Lapse Rates
1	6.07%	6.00%
2	4.20%	4.00%
3	2.46%	2.50%
4	1.60%	1.50%
5	1.30%	1.30%
6	1.10%	1.10%
7 - 13	1.00%	1.00%
14 - 19	1.40%	1.40%
20 +	N/A	1.75%

In the year of rate increase implementation, an additional 1.0% of in-force policyholders are assumed to lapse, and a 1.7% reduction in premium and claims is expected due to the election of reduced benefits.

Interest Rate

The company has provided actual historical earned rates on the assets backing its LTC products. Since actual earned rates are unavailable prior to 2004, the weighted-average interest rate of 5.85% (using earned premium on all of MetLife USA's individual LTC policy forms as weights) is assumed for the entire historical period 1988 through 2012. The historical earned rates are net of investment expenses and default risk, but are on a pre-tax basis. The company believes that a 4.5% interest rate is a conservative long-term after-tax expected investment earnings rate for this business.

Expenses

Expenses have not been reflected in the projections for this filing. It is assumed that the originally filed expense assumptions remain appropriate.

Mortality

The mortality assumption for this policy form was developed from experience on all of MetLife USA's individual LTC policy forms combined.

Future mortality is based on the 1983 Individual Annuitant Mortality Table with selection consistent with experience. Table 2 below provides a comparison of the actual selection experienced and the currently assumed selection factors.

Attachment 1
MetLife Insurance Company USA
Assumption Justification
LTC3+ Nursing Facility Only Policy Forms

Table 2
Actual and Assumed Mortality Selection Factors
Using Experience through March 2010

Duration	Actual Selection Factors	Currently Assumed Selection Factors
1	27%	30%
2	44%	40%
3	48%	45%
4	54%	50%
5	55%	55%
6	63%	60%
7	65%	65%
8	67%	67%
9	69%	70%
10	69%	72%
11	71%	75%
12	74%	77%
13	76%	80%
14	83%	82%
15	83%	85%
16	85%	87%
17	87%	90%
18	91%	92%
19	N/A	94%
20+	N/A	95%

Morbidity

At the time of issue for the above-referenced policy forms, MetLife USA was under the predecessor name of The Travelers Insurance Company ("Travelers"). In 2000, a reinsurance transaction was executed between Travelers and General Electric Capital Assurance ("GECA"). Travelers changed its name to MetLife USA in 2005, when it was acquired by MetLife, Inc.

Expected claim costs are the product of the GECA's expected claim costs used at the time of the reinsurance transaction and actual-to-expected (A/E) factors that reflect actual emerging experience on this product and similar products.

Table 3 below provides the A/E factors developed from experience through June 2012, compared with the A/E factors used in the current projections.

Attachment 1
MetLife Insurance Company USA
Assumption Justification
LTC3+ Nursing Facility Only Policy Forms

Table 3
Actual-to-Expected Factors Developed from Experience vs. Actual-to-Expected Factors Assumed in Projections

Policy Duration	Policy Issue Year							
	1993 - 1997				1998 and Later			
	Actual	Expected	Actual-to-Expected	A/E Factors Assumed in the Projections	Actual	Expected	Actual-to-Expected	A/E Factors Assumed in the Projections
1	7,398,488	4,217,329	175.4%	151.8%	3,675,620	3,037,585	121.0%	132.5%
2	12,936,954	9,327,016	138.7%	151.8%	8,358,361	6,696,883	124.8%	132.5%
3	19,273,617	11,528,002	167.2%	151.8%	9,037,792	8,229,378	109.8%	132.5%
4	22,896,514	15,885,317	144.1%	151.8%	17,629,143	11,316,355	155.8%	132.5%
5	31,420,373	19,317,074	162.7%	171.1%	22,092,974	13,669,865	161.6%	158.2%
6	44,393,031	23,083,514	192.3%	171.1%	21,940,917	15,672,490	140.0%	163.4%
7	46,654,608	28,001,609	166.6%	171.1%	33,929,126	18,789,464	180.6%	163.4%
8	52,764,828	31,887,703	165.5%	176.6%	40,538,655	21,434,523	189.1%	185.3%
9	67,207,828	34,819,371	193.0%	182.4%	44,548,581	24,569,416	181.3%	185.3%
10	79,751,226	40,547,043	196.7%	187.2%	53,578,151	29,146,390	183.8%	194.8%
11	82,853,947	45,386,407	182.6%	187.2%	68,201,810	32,989,867	206.7%	194.8%
12	89,077,319	50,359,398	176.9%	194.8%	80,146,781	36,093,845	222.1%	204.3%
13	112,109,605	55,548,755	201.8%	194.8%	60,556,644	30,588,875	198.0%	206.4%
14	121,964,795	60,554,169	201.4%	213.8%	42,960,875	18,493,538	232.3%	218.3%
15	144,897,276	62,860,191	230.5%	213.8%	5,004,121	2,578,722	194.1%	220.5%
16	100,522,770	44,990,067	223.4%	211.2%	N/A	N/A	N/A	215.6%
17	52,124,484	20,701,718	251.8%	213.4%	N/A	N/A	N/A	215.6%
18	10,127,581	4,806,356	210.7%	210.7%	N/A	N/A	N/A	210.7%
19	N/A	92,245	N/A	210.7%	N/A	N/A	N/A	210.7%
20	N/A	N/A	N/A	205.8%	N/A	N/A	N/A	205.8%
21	N/A	N/A	N/A	200.7%	N/A	N/A	N/A	200.7%
22	N/A	N/A	N/A	195.6%	N/A	N/A	N/A	195.6%
23	N/A	N/A	N/A	190.7%	N/A	N/A	N/A	190.7%
24	N/A	N/A	N/A	186.0%	N/A	N/A	N/A	186.0%
25	N/A	N/A	N/A	181.3%	N/A	N/A	N/A	181.3%
26	N/A	N/A	N/A	176.8%	N/A	N/A	N/A	176.8%
27	N/A	N/A	N/A	172.4%	N/A	N/A	N/A	172.4%
28	N/A	N/A	N/A	168.1%	N/A	N/A	N/A	168.1%
29	N/A	N/A	N/A	163.9%	N/A	N/A	N/A	163.9%
30	N/A	N/A	N/A	159.8%	N/A	N/A	N/A	159.8%
31	N/A	N/A	N/A	155.8%	N/A	N/A	N/A	155.8%
32	N/A	N/A	N/A	151.9%	N/A	N/A	N/A	151.9%
33	N/A	N/A	N/A	148.1%	N/A	N/A	N/A	148.1%
34	N/A	N/A	N/A	144.4%	N/A	N/A	N/A	144.4%
35	N/A	N/A	N/A	140.8%	N/A	N/A	N/A	140.8%
36	N/A	N/A	N/A	137.3%	N/A	N/A	N/A	137.3%
37	N/A	N/A	N/A	133.8%	N/A	N/A	N/A	133.8%
38	N/A	N/A	N/A	130.5%	N/A	N/A	N/A	130.5%
39	N/A	N/A	N/A	127.2%	N/A	N/A	N/A	127.2%
40	N/A	N/A	N/A	124.0%	N/A	N/A	N/A	124.0%
41	N/A	N/A	N/A	120.9%	N/A	N/A	N/A	120.9%
42	N/A	N/A	N/A	117.9%	N/A	N/A	N/A	117.9%
43	N/A	N/A	N/A	115.0%	N/A	N/A	N/A	115.0%
44	N/A	N/A	N/A	113.4%	N/A	N/A	N/A	112.1%
45	N/A	N/A	N/A	113.4%	N/A	N/A	N/A	109.3%
46	N/A	N/A	N/A	113.4%	N/A	N/A	N/A	106.6%
47+	N/A	N/A	N/A	113.4%	N/A	N/A	N/A	105.1%

Attachment 2
MetLife Insurance Company USA
Nationwide Reserve Experience as of December 31, 2012
LTC3+ Nursing Facility Only Policy Forms

Incurral Year	Incurred Claims*	Paid Claims*	IBNR*	DLR*	Active Life Reserve
1994	0	0	0	0	
1995	82,519	82,519	0	0	
1996	11,147	11,147	0	0	
1997	436,323	436,323	0	0	
1998	1,034,035	1,034,035	0	0	
1999	1,291,172	1,291,172	0	0	
2000	2,027,535	2,027,535	0	0	
2001	2,627,944	2,607,225	0	20,720	
2002	3,531,946	3,531,946	0	0	
2003	4,978,514	4,957,782	0	20,732	
2004	5,050,112	4,916,370	0	133,742	
2005	5,702,692	5,521,241	0	181,451	
2006	6,594,725	6,334,478	0	260,247	
2007	6,841,053	6,192,947	0	648,106	
2008	8,083,388	7,352,796	0	730,592	
2009	8,127,224	6,396,142	0	1,731,082	
2010	6,577,388	4,387,278	156,837	2,033,273	
2011	10,395,235	3,696,031	662,611	6,036,594	
2012	9,022,466	949,359	3,431,422	4,641,684	46,088,143
Total	82,415,418	61,726,325	4,250,870	16,438,222	46,088,143

* Incurred claims, paid claims, IBNR, and DLR are discounted to the year of incurral

Attachment 3
MetLife Insurance Company USA
Original Pricing & Prior Rate Increase Assumptions Comparison

Policy Form: LTC3+ Nursing Facility Only Forms

Original Pricing Assumptions

Mortality: 1980 Commissioners Standard Ordinary Table D

Voluntary Lapse Rates:

Duration	Rate
1	13.00%
2	10.00%
3	7.00%
4+	4.00%

Morbidity: Data published by the National Center for Health Statistics ("NCHS") in 1977 and 1985, the Wilkins adjustments to the 1985 National Nursing Home Survey conducted by the NCHS, the 1982 and 1984 National Long Term Care Surveys, and the NCHS advance data publications #92 and #133.

Interest Rate: 7.5%

2005 Rate Increase Assumptions

Mortality: 1983 Individual Annuitant Mortality Basic Table with selection.

Duration	Factor
1	50%
2	60%
3	70%
4	80%
5	85%
6	90%
7	95%
8+	100%

Voluntary Lapse Rates:

Duration	Rate
1	5.00%
2	3.00%
3	2.00%
4	0.80%
5	0.80%
6+	0.75%

An additional 12.5% voluntary lapse is assumed in the year of rate increase implementation.

Attachment 3
MetLife Insurance Company USA
Original Pricing & Prior Rate Increase Assumptions Comparison

Policy Form: LTC3+ Nursing Facility Only Forms

2005 Rate Increase Assumptions (Continued)

Morbidity: Current Claim Costs are the product of the reinsurer's (General Electric Capital Assurance Company; GECA) expected claim costs used at the time of the reinsurance transaction executed in 2000 between Travelers and GECA and actual-to-expected factors that reflect actual emerging experience on this policy form.

At the time the expected claim costs were developed, the reinsurer had been marketing nursing home and home health care benefit riders and policies on a direct basis for over 20 and 10 years, respectively. Using the experience on this business, both the expected incidence and severity of claims were developed for nursing home benefits. Selection factors were applied to the incidence rates in order to reflect the effects of underwriting.

It should be recognized that considerable judgment was made with respect to expected claim costs for non-institutional benefits. After using all available data, total expected claim costs were developed which represent reasonable estimates of aggregate long term experience under the applicable underwriting criteria.

The expected incidence rates, lengths of stay, and amount of benefit payments were separately identified for all combinations of plan options.

Actual-to-expected adjustment factors were developed from actual emerging experience through December 2003 and are shown in the following table.

Duration	Factor
1-4	152%
5-9	145%
10	143%
11	141%
12	140%
13	138%
14	136%
15	134%
16	132%
17	130%
18	128%
19	127%
20	125%
21	123%
22	121%
23	119%
24	117%
25	115%
26+	113%

The resulting projected claim costs reflect a 6% provision for moderately adverse experience. Inclusion of this margin is consistent with the reinsurer's pricing practices and is considered prudent for future rate stabilization.

Adverse Selection is 6.3% in the year of rate increase implementation.

Interest Rate: 4.5%

Attachment 3
MetLife Insurance Company USA
Original Pricing & Prior Rate Increase Assumptions Comparison

Policy Form: LTC3+ Nursing Facility Only Forms

2011 Rate Increase Assumptions

Mortality: 1983 Individual Annuitant Mortality Basic Table with selection.

Duration	Factor
1	30%
2	40%
3	45%
4	50%
5	55%
6	60%
7	65%
8	67%
9	70%
10	72%
11	75%
12	77%
13	80%
14	82%
15	85%
16	87%
17	90%
18	92%
19	94%
20+	95%

Voluntary Lapse Rates:

Duration	Rate
1	6.00%
2	4.00%
3	2.50%
4	1.50%
5	1.30%
6	1.10%
7	0.90%
8	0.80%
9	0.80%
10	0.80%
11	0.80%
12	0.80%
13	0.80%
14	0.95%
15	0.95%
16	0.95%
17	0.95%
18	0.95%
19	0.95%
20+	1.25%

In the year of rate increase implementation, an additional 2.0% of in-force policyholders is assumed to lapse, and a 2.0% reduction in premium and claims is expected due to the election of reduced benefits.

Attachment 3
MetLife Insurance Company USA
Original Pricing & Prior Rate Increase Assumptions Comparison

Policy Form: LTC3+ Nursing Facility Only Forms

2011 Rate Increase Assumptions (Continued)

Morbidity: Current Claim Costs are the product of the reinsurer's (General Electric Capital Assurance Company; GECA) expected claim costs used at the time of the reinsurance transaction executed in 2000 between Travelers and GECA and actual-to-expected factors that reflect actual emerging experience on this policy form.

At the time the expected claim costs were developed, the reinsurer had been marketing nursing home and home health care benefit riders and policies on a direct basis for over 20 and 10 years, respectively. Using the experience on this business, both the expected incidence and severity of claims were developed for nursing home benefits. Selection factors were applied to the incidence rates in order to reflect the effects of underwriting.

It should be recognized that considerable judgment was made with respect to expected claim costs for non-institutional benefits. After using all available data, total expected claim costs were developed which represent reasonable estimates of aggregate long term experience under the applicable underwriting criteria.

The expected incidence rates, lengths of stay, and amount of benefit payments were separately identified for all combinations of plan options.

Actual-to-expected adjustment factors were developed from actual emerging experience through March 2009 and are shown in the following table.

Attachment 3
MetLife Insurance Company USA
Original Pricing & Prior Rate Increase Assumptions Comparison

Policy Form: LTC3+ Nursing Facility Only Forms

2011 Rate Increase Assumptions (Continued)

Morbidity (Continued):

Duration	Policy Years	
	1994 through 1997	1998 and Later
1	156.0%	134.0%
2	156.0%	134.0%
3	156.0%	134.0%
4	156.0%	134.0%
5	178.0%	155.0%
6	178.0%	155.0%
7	178.0%	155.0%
8	178.0%	165.0%
9	178.0%	165.0%
10	178.0%	165.0%
11	178.0%	165.0%
12	178.0%	165.0%
13	178.0%	165.0%
14	173.6%	160.9%
15	169.2%	156.9%
16	165.0%	152.9%
17	160.9%	149.1%
18	156.8%	145.4%
19	152.9%	141.7%
20	149.1%	138.2%
21	145.4%	134.7%
22	141.7%	131.4%
23	138.2%	128.1%
24	134.7%	124.9%
25	131.4%	121.8%
26	128.1%	118.7%
27	124.9%	115.8%
28	121.8%	112.9%
29	118.7%	110.0%
30 +	115.7%	107.3%

Interest Rate:

The company has indicated that the assets backing the liabilities on this business are currently earning 6.15%. As such, the company believes that a 4.5% interest rate is a conservative long-term after-tax expected investment earnings rate for this business. However, pursuant to Virginia regulation (and consistent with our April 7 submission), all accumulating and discounting in this filing occur at an interest rate consistent with that assumed in the determination of premiums (7.5%).

Attachment 4
MetLife Insurance Company USA
Anticipated Loss Ratios
LTC3+ Nursing Facility Only Policy Forms
Experience as of December 31, 2012

Nationwide Experience
With No Increase

1	Present Value of Future Claims:	78,004,551
2	Active Life Reserves at 12/31/2012:	46,088,143
3	Present Value of Future Premium:	29,739,756
Anticipated Loss Ratio = (1 - 2) / 3:		107.3%

Nationwide Experience
With 16.8% Increase

1	Present Value of Future Claims:	76,711,337
2	Active Life Reserves at 12/31/2012:	46,088,143
3	Present Value of Future Premium:	32,800,096
Anticipated Loss Ratio = (1 - 2) / 3:		93.4%

Virginia-Specific Experience
With No Increase

1	Present Value of Future Claims:	2,509,274
2	Active Life Reserves at 12/31/2012:	1,493,797
3	Present Value of Future Premium:	672,098
Anticipated Loss Ratio = (1 - 2) / 3:		151.1%

Virginia-Specific Experience
With 16.8% Increase

1	Present Value of Future Claims:	2,466,199
2	Active Life Reserves at 12/31/2012:	1,493,797
3	Present Value of Future Premium:	742,294
Anticipated Loss Ratio = (1 - 2) / 3:		131.0%

Future claims, active life reserves, and future premium are discounted at an interest rate representing the historical and projected long-term after-tax net investment earnings rate for this business, for all policy forms, consistent with that assumed in the determination of premiums of the LTC3+ Nursing Facility Only policy forms.

Attachment 7
MetLife Insurance Company USA
Nationwide Experience Projections
LTC3+ Nursing Facility Only Policy Forms

	Calendar Year	Without Interest		With Interest				(G) = (E) - (F)	(H) = (D) / (C)	Calendar Year Effective Int Rate	Disc./Accum Factor
		(A) Premium at Original Rates	(B) Incurred Claims	(C) Premium at Original Rates	(D) Incurred Claims	(E) Assuming Prior Rate Increase Requests Fully Approved*	(F) Assuming Actual Virginia Rate Increases Approved**				
Historical Experience	1994	142,277	0	407,453	0	407,453	407,453	0	0.0%	5.85%	2.864
	1995	1,426,945	82,519	3,860,572	223,254	3,860,572	3,860,572	0	5.8%	5.85%	2.705
	1996	3,730,743	11,147	9,535,427	28,492	9,535,427	9,535,427	0	0.3%	5.85%	2.556
	1997	5,422,839	436,323	13,093,985	1,053,545	13,093,985	13,093,985	0	8.0%	5.85%	2.415
	1998	5,640,501	1,034,035	12,866,578	2,358,742	12,866,578	12,866,578	0	18.3%	5.85%	2.281
	1999	5,656,636	1,291,172	12,190,007	2,782,465	12,190,007	12,190,007	0	22.8%	5.85%	2.155
	2000	5,491,309	2,027,535	11,179,489	4,127,759	11,179,489	11,179,489	0	36.9%	5.85%	2.036
	2001	5,384,424	2,627,944	10,355,848	5,054,318	10,355,848	10,355,848	0	48.8%	5.85%	1.923
	2002	5,268,652	3,531,946	9,572,960	6,417,424	9,572,960	9,572,960	0	67.0%	5.85%	1.817
	2003	5,097,934	4,978,514	8,750,667	8,545,682	8,750,667	8,750,667	0	97.7%	5.85%	1.717
	2004	4,897,543	5,050,112	7,941,921	8,189,329	7,941,921	7,941,921	0	103.1%	5.85%	1.622
	2005	4,597,782	5,702,692	7,043,621	8,736,300	8,417,127	8,417,127	0	124.0%	5.85%	1.532
	2006	4,397,091	6,594,725	6,363,754	9,544,313	8,845,618	8,845,618	0	150.0%	5.85%	1.447
2007	4,241,211	6,841,053	5,798,801	9,353,437	8,060,333	8,060,333	0	161.3%	5.85%	1.367	
2008	4,017,934	8,083,388	5,189,809	10,440,998	7,213,834	7,213,834	0	201.2%	5.85%	1.292	
2009	3,791,066	8,127,224	4,626,049	9,917,246	6,430,208	6,430,208	0	214.4%	5.85%	1.220	
2010	3,548,962	6,577,388	4,091,199	7,582,330	5,686,766	5,686,766	0	185.3%	5.85%	1.153	
2011	3,222,480	10,395,235	3,509,456	11,320,975	4,878,143	4,878,143	0	322.6%	5.85%	1.089	
2012	2,986,886	9,022,466	3,073,042	9,282,716	5,552,987	5,463,285	89,702	302.1%	5.85%	1.029	
2013	2,799,276	9,197,439	2,725,337	8,954,500	4,924,684	4,845,131	79,553	328.6%	5.50%	0.974	
Projected Future Experience	2014	2,541,899	9,156,109	2,346,827	8,453,445	4,240,716	4,172,212	360.2%	5.40%	0.923	
	2015	2,288,721	8,940,937	2,005,351	7,833,945	3,623,668	3,565,132	390.7%	5.34%	0.876	
	2016	2,043,051	8,557,869	1,700,037	7,121,061	3,071,966	3,022,342	418.9%	5.25%	0.832	
	2017	1,809,178	8,091,611	1,430,453	6,397,747	2,584,828	2,543,073	447.3%	5.23%	0.791	
	2018	1,590,451	7,578,136	1,194,937	5,693,600	2,159,251	2,124,371	476.5%	5.24%	0.751	
	2019	1,388,037	7,051,556	990,625	5,032,608	1,790,059	1,761,143	508.0%	5.30%	0.714	
	2020	1,202,611	6,526,445	814,939	4,422,586	1,472,594	1,448,806	542.7%	5.34%	0.678	
	2021	1,034,236	5,998,625	665,162	3,857,972	1,201,947	1,182,531	580.0%	5.39%	0.643	
	2022	882,697	5,474,691	538,537	3,340,132	973,137	957,417	620.2%	5.44%	0.610	
	2023	747,534	4,960,497	432,687	2,871,234	781,866	769,236	663.6%	5.37%	0.579	
	2024	628,073	4,460,934	345,009	2,450,450	623,431	613,360	710.3%	5.37%	0.549	
	2025	523,464	3,985,077	272,881	2,077,416	493,096	485,131	761.3%	5.37%	0.521	
	2026	432,718	3,535,799	214,098	1,749,429	386,876	380,626	817.1%	5.35%	0.495	
	2027	354,745	3,114,277	166,646	1,462,974	301,130	296,265	877.9%	5.30%	0.470	
	2028	288,390	2,720,961	128,682	1,214,119	232,529	228,773	943.5%	5.26%	0.446	
	2029	232,469	2,360,771	98,578	1,001,082	178,131	175,254	1015.5%	5.20%	0.424	
	2030	185,802	2,036,426	74,911	821,036	135,364	133,177	1096.0%	5.16%	0.403	
	2031	147,238	1,744,922	56,469	669,211	102,039	100,391	1185.1%	5.09%	0.384	
	2032	115,684	1,484,339	42,229	541,838	76,308	75,075	1283.1%	5.03%	0.365	
	2033	90,118	1,256,046	31,327	436,635	56,609	55,694	1393.8%	4.98%	0.348	
2034	69,607	1,055,736	23,052	349,637	41,656	40,983	1516.7%	4.95%	0.331		
2035	53,312	880,601	16,828	277,958	30,408	29,917	1651.8%	4.89%	0.316		
2036	40,493	729,622	12,194	219,720	22,035	21,679	1801.9%	4.74%	0.301		
2037	30,504	600,618	8,778	172,835	15,862	15,605	1969.0%	4.56%	0.288		
2038	22,795	491,757	6,277	135,419	11,343	11,160	2157.3%	4.44%	0.275		
2039	16,902	402,959	4,458	106,285	8,056	7,926	2384.1%	4.37%	0.264		
2040	12,439	329,187	3,144	83,208	5,681	5,590	2646.5%	4.33%	0.253		
2041	9,088	267,665	2,202	64,861	3,980	3,915	2945.1%	4.29%	0.242		
2042	6,595	215,519	1,532	50,078	2,769	2,724	3267.9%	4.28%	0.232		
2043	4,754	172,297	1,059	38,392	1,914	1,883	3624.0%	4.28%	0.223		
2044	3,405	135,924	728	29,040	1,315	1,294	3991.3%	4.31%	0.214		
2045	2,424	106,319	496	21,775	897	883	4386.1%	4.32%	0.205		
2046	1,714	82,130	337	16,122	608	598	4790.8%	4.36%	0.196		
2047	1,204	62,997	227	11,850	409	403	5230.8%	4.36%	0.188		
2048	840	47,641	151	8,586	274	269	5671.4%	4.38%	0.180		
2049	581	35,846	100	6,190	181	178	6166.7%	4.35%	0.173		
2050	399	26,629	66	4,406	119	117	6678.8%	4.37%	0.165		
2051	271	19,346	43	3,067	78	76	7145.0%	4.36%	0.159		
2052	182	13,792	28	2,096	50	49	7588.2%	4.32%	0.152		
Past (1994 - 2013)		81,762,491	91,612,856	142,175,973	123,913,825	159,764,606	159,595,352	169,255	87.2%		
Future (2014 - 2052)		18,804,627	104,712,614	13,632,085	69,050,051	24,633,178	24,235,258	0	506.5%		
Lifetime (1994 - 2052)		100,567,117	196,325,470	155,808,058	192,963,876	184,397,785	183,830,609	169,255	123.8%		
Lost Premium / Projected Future Premium (assuming actual Virginia rate increases)								0.7%			

* Assumes 39% rate increase implemented mid-year 2005 and 30% rate increase implemented beginning of 2012

** Assumes 39% rate increase implemented mid-year 2005 and 27.9% rate increase implemented beginning of 2012

Attachment 8
MetLife Insurance Company USA
Status of Filings as of March 23, 2015
All Jurisdictions in which these Forms are Active
LTC3+ Nursing Facility Only Policy Forms

Jurisdiction	Prior Increases						Cumulative Approved Increase	Current Increase					
	First Round			Second Round				Requested Increase	Date of Submission	Date Approved or Filed	Amount Approved or Filed	2012 Annualized Premium	Proportion of Nationwide
	Requested Increase	Date Approved or Filed	Amount Approved or Filed	Requested Increase	Date Approved or Filed	Amount Approved or Filed							
Alaska*	39.0%	5/14/2004	39.0%	30.0%	N/A	30.0%	80.7%	50.0%	N/A	N/A	50.0%	4,469	0.10%
Alabama	39.0%	6/15/2004	30.0%	30.0%	6/23/2010	30.0%	69.0%	61.7%	12/16/2013	1/14/2014	20.0%	36,002	0.82%
Arkansas	39.0%	8/16/2004	39.0%	30.0%	5/5/2010	10.0%	52.9%	77.8%	12/31/2013	1/29/2015	25.0%	3,921	0.09%
Arizona	39.0%	2/14/2005	15.0%	30.0%	7/12/2010	20.0%	38.0%	66.6%	11/13/2013	4/8/2014	66.6%	103,044	2.34%
California	39.0%	6/2/2004	30.0%	30.0%	10/24/2012	18.0%	53.4%	77.3%				774,480	17.57%
Colorado	39.0%	8/31/2004	39.0%	30.0%	11/22/2010	10.0%	52.9%	77.8%	11/6/2014	1/12/2015	35.0%	168,748	3.83%
Connecticut	39.0%	Disapproved	0.0%	39.0%	9/3/2010	30.0%	30.0%	100.0%	9/27/2013	3/28/2014	20.0%	419,160	9.51%
District of Columbia	39.0%	11/2/2005	10.0%	30.0%	Disapproved	0.0%	10.0%	10.0%	3/6/2014	4/18/2014	10.0%	6,272	0.14%
Delaware	39.0%	9/8/2004	20.0%	30.8%	7/12/2010	25.0%	50.0%	25.0%	12/13/2013	2/25/2014	25.0%	5,503	0.12%
Florida	39.0%	Disapproved	0.0%	39.0%	11/8/2012	12.7%	12.7%	50.1%	11/13/2014			462,777	10.50%
Hawaii	39.0%	12/21/2004	25.0%	30.0%	10/10/2011	30.0%	62.5%	68.2%	10/18/2013			25,461	0.58%
Iowa	39.0%	6/23/2004	32.0%	30.0%	7/12/2010	16.5%	53.8%	76.9%	12/3/2013	4/7/2014	17.0%	94,065	2.13%
Illinois	39.0%	7/28/2004	39.0%	30.0%	8/2/2010	30.0%	80.7%	50.0%	10/8/2013	1/8/2015	50.0%	117,335	2.66%
Indiana	39.0%	8/24/2004	35.0%	30.0%	6/24/2010	25.0%	68.8%	62.0%	10/30/2014	2/25/2015	11.4%	102,096	2.32%
Kansas	39.0%	7/15/2004	25.0%	30.0%	8/5/2010	10.0%	37.5%	93.2%	11/13/2013	5/21/2014	30.3%	129,997	2.95%
Kentucky	39.0%	9/20/2004	30.0%	30.0%	5/12/2010	7.0%	39.1%	91.6%	12/4/2013	3/4/2014	19.8%	119,108	2.70%
Louisiana	39.0%	6/9/2004	39.0%	30.0%	Disapproved	0.0%	39.0%	91.7%	8/1/2014	Disapproved	0.0%	13,082	0.30%
Massachusetts	0.0%	Not Filed	0.0%	0.0%	Not Filed	0.0%	0.0%	Not Filing				1,029	0.02%
Maine	39.0%	6/22/2004	39.0%	30.0%	10/19/2010	30.0%	80.7%	5.7%	7/14/2014	Disapproved	0.0%	28,256	0.64%
Michigan	39.0%	9/1/2004	39.0%	30.0%	3/19/2010	30.0%	80.7%	50.0%	11/7/2013	12/3/2013	50.0%	5,180	0.12%
Missouri	39.0%	7/15/2004	39.0%	30.0%	9/22/2010	30.0%	80.7%	Not Filing				243,403	5.52%
Mississippi	39.0%	8/19/2004	25.0%	30.8%	5/6/2010	30.8%	63.5%	25.0%	4/21/2014	5/20/2014	25.0%	3,432	0.08%
North Carolina	39.0%	6/9/2004	39.0%	30.0%	7/22/2010	32.7%	84.5%	50.0%	12/2/2013	2/6/2014	33.0%	404,974	9.19%
North Dakota	39.0%	6/23/2004	20.0%	30.0%	7/21/2010	17.0%	40.4%	90.3%	1/2/2014	1/21/2014	15.0%	7,512	0.17%
Nebraska	39.0%	7/21/2004	39.0%	30.0%	12/14/2010	14.0%	58.5%	72.2%	12/12/2013	9/29/2014	15.0%	91,860	2.08%
New Hampshire	39.0%	7/9/2004	39.0%	30.0%	8/26/2010	14.0%	58.5%	72.2%	12/17/2013	Disapproved	0.0%	25,661	0.58%
Nevada	39.0%	6/7/2004	39.0%	30.0%	11/30/2010	10.0%	52.9%	77.8%	2/4/2014	10/16/2014	35.0%	12,498	0.28%
Ohio	39.0%	6/10/2004	25.0%	34.7%	6/1/2010	34.7%	68.4%	68.2%	3/11/2014			181,594	4.12%
Oklahoma	39.0%	8/25/2004	25.0%	30.0%	11/15/2010	10.0%	37.5%	93.2%	12/19/2013	3/17/2014	25.0%	31,120	0.71%
Pennsylvania	39.0%	8/10/2004	39.0%	30.0%	7/28/2010	14.9%	59.7%	71.0%	11/6/2013	2/28/2014	15.0%	220,546	5.00%
South Carolina	39.0%	7/12/2004	39.0%	30.0%	Withdrawn	Withdrawn	39.0%	91.7%	10/21/2013	2/4/2014	20.0%	34,299	0.78%
South Dakota	39.0%	6/7/2004	39.0%	30.0%	4/9/2010	30.0%	80.7%	50.0%	2/7/2014	3/5/2014	50.0%	18,222	0.41%
Tennessee	39.0%	6/25/2004	39.0%	30.0%	6/24/2010	10.0%	52.9%	77.8%	12/3/2013	4/14/2014	77.8%	19,254	0.44%
Texas	39.0%	9/15/2004	30.0%	30.0%	7/16/2010	13.0%	46.9%	83.8%	3/13/2014	4/28/2014	16.0%	196,392	4.46%
Utah	39.0%	10/28/2004	39.0%	30.0%	Disapproved	0.0%	39.0%	91.7%	7/22/2014	11/5/2014	30.0%	12,054	0.27%
Virginia	39.0%	5/6/2005	39.0%	30.0%	7/24/2011	27.9%	77.8%	16.8%	6/3/2014			113,132	2.57%
Vermont	39.0%	7/19/2005	25.0%	30.0%	Disapproved	0.0%	25.0%	100.0%	12/5/2013	Disapproved	0.0%	6,206	0.14%
Washington	39.0%	7/7/2004	39.0%	30.0%	3/22/2010	30.0%	80.7%	14.3%	6/24/2014	8/14/2014	14.3%	148,998	3.38%
Wisconsin	39.0%	5/21/2004	39.0%	30.0%	6/25/2010	30.0%	80.7%	50.0%	12/18/2013	2/27/2014	50.0%	15,452	0.35%
Wyoming	39.0%	5/6/2004	39.0%	30.0%	6/4/2010	30.0%	80.7%	50.0%	2/6/2014	2/7/2014	50.0%	1,171	0.03%
Total												4,407,766	100.00%

*Alaska does not require Long Term Care rates to be filed before use.

Attachment 10
MetLife Insurance Company USA
Virginia-Specific Experience
Actual to Expected Experience Projections by Calendar Year with No Increase
LTC3+ Nursing Facility Only Policy Forms

	Calendar Year	Actual Experience				Expected Pricing Experience				I = D / H	Cumulative Loss Ratio		
		A Earned Premium	B Paid Claims	C Incurred Claims	D = C / A Loss Ratio	E Earned Premium	F Paid Claims	G Incurred Claims	H = G / E Loss Ratio		J Actual at Pricing* (on Col D)	K Expected at 7.5% (on Col H)	L = J / K Actual to Expected Ratio
Historical Experience	1994	10,269	0	0	0.0%	9,785	114	548	5.6%	0.000	0.0%	5.6%	0.000
	1995	44,165	0	0	0.0%	40,586	714	2,556	6.3%	0.000	0.0%	6.2%	0.000
	1996	80,545	0	0	0.0%	72,013	2,236	5,905	8.2%	0.000	0.0%	7.3%	0.000
	1997	119,159	0	0	0.0%	101,814	5,024	10,430	10.2%	0.000	0.0%	8.6%	0.000
	1998	117,532	0	0	0.0%	90,271	8,573	14,295	15.8%	0.000	0.0%	10.5%	0.000
	1999	117,179	1,870	1,865	1.6%	81,399	12,409	18,150	22.3%	0.071	0.3%	12.6%	0.027
	2000	117,243	4,441	42,606	36.3%	74,294	16,285	21,672	29.2%	1.246	6.5%	14.8%	0.438
	2001	117,028	45,441	46,462	39.7%	68,321	19,871	24,520	35.9%	1.106	11.1%	16.9%	0.654
	2002	113,057	59,904	151,099	133.6%	62,571	23,125	27,317	43.7%	3.061	24.8%	19.0%	1.303
	2003	105,504	7,007	29,369	27.8%	56,924	25,983	29,168	51.2%	0.543	25.1%	21.0%	1.190
	2004	105,384	23,150	0	0.0%	51,476	28,355	30,706	59.7%	0.000	23.1%	23.0%	1.004
	2005	108,565	0	118,259	108.9%	46,369	30,371	32,285	69.6%	1.564	29.2%	24.9%	1.172
	2006	132,244	164,749	208,707	157.8%	41,535	32,151	33,711	81.2%	1.944	38.9%	26.8%	1.453
2007	129,711	39,282	49,435	38.1%	36,998	33,763	35,057	94.8%	0.402	38.8%	28.5%	1.360	
2008	119,444	135,034	0	0.0%	32,735	35,088	35,575	108.7%	0.000	36.7%	30.3%	1.215	
2009	111,675	197,719	41,841	37.5%	28,822	36,029	35,860	124.4%	0.301	36.8%	31.9%	1.154	
2010	105,771	117,781	6,931	6.6%	25,243	36,645	36,079	142.9%	0.046	35.6%	33.4%	1.066	
2011	99,004	34,976	503,090	508.2%	21,841	36,998	36,155	165.5%	3.070	51.3%	34.8%	1.474	
2012	106,143	144,534	212,039	199.8%	18,820	37,166	36,015	191.4%	1.044	56.2%	36.2%	1.552	
Projected Future Experience	2013	108,665	221,194	241,288	222.0%	16,095	37,058	35,220	218.8%	1.015	61.2%	37.4%	1.636
	2014	99,693	264,879	248,206	249.0%	13,647	36,633	34,227	250.8%	0.993	66.1%	38.6%	1.713
	2015	90,749	274,397	249,647	275.1%	11,491	35,918	33,013	287.3%	0.958	70.7%	39.6%	1.784
	2016	81,996	275,779	247,672	302.1%	9,606	34,938	31,617	329.1%	0.918	75.0%	40.6%	1.847
	2017	73,556	267,524	242,513	329.7%	7,967	33,742	30,032	376.9%	0.875	78.9%	41.4%	1.905
	2018	65,564	259,791	234,877	358.2%	6,553	32,334	28,186	430.1%	0.833	82.5%	42.2%	1.957
	2019	58,062	251,740	224,868	387.3%	5,345	30,732	26,223	490.6%	0.789	85.8%	42.8%	2.004
	2020	51,080	242,942	214,413	419.8%	4,323	28,971	24,159	558.8%	0.751	88.8%	43.4%	2.047
	2021	44,634	233,461	204,266	457.7%	3,470	27,087	22,058	635.7%	0.720	91.5%	43.9%	2.086
	2022	38,727	223,751	195,276	504.2%	2,766	25,114	19,912	719.9%	0.700	94.0%	44.3%	2.123
	2023	33,356	214,061	186,483	559.1%	2,188	23,071	17,724	810.0%	0.690	96.3%	44.6%	2.158
	2024	28,507	204,333	177,205	621.6%	1,717	20,988	15,596	908.5%	0.684	98.3%	44.9%	2.191
	2025	24,164	194,458	166,955	690.9%	1,332	18,893	13,514	1014.6%	0.681	100.2%	45.1%	2.221
	2026	20,305	183,998	154,747	762.1%	1,024	16,815	11,539	1127.3%	0.676	101.9%	45.3%	2.249
	2027	16,906	172,438	139,951	827.8%	781	14,796	9,708	1243.2%	0.666	103.3%	45.4%	2.274
	2028	13,941	159,534	123,981	889.3%	591	12,865	8,019	1356.1%	0.656	104.6%	45.6%	2.295
	2029	11,381	145,479	107,781	947.1%	446	11,054	6,539	1467.2%	0.645	105.6%	45.6%	2.313
	2030	9,193	130,655	92,021	1001.0%	333	9,386	5,257	1578.8%	0.634	106.4%	45.7%	2.328
	2031	7,346	115,487	77,155	1050.2%	246	7,877	4,166	1692.4%	0.621	107.1%	45.7%	2.341
	2032	5,806	100,462	63,606	1095.6%	181	6,536	3,260	1803.2%	0.608	107.6%	45.8%	2.350
	2033	4,536	86,079	51,765	1141.3%	132	5,364	2,505	1902.5%	0.600	108.0%	45.8%	2.358
	2034	3,501	72,745	41,589	1187.9%	96	4,369	1,937	2011.8%	0.590	108.3%	45.8%	2.364
	2035	2,669	60,764	33,203	1244.2%	72	3,555	1,545	2144.8%	0.580	108.5%	45.8%	2.368
	2036	2,006	50,271	26,375	1314.6%	55	2,910	1,264	2302.6%	0.571	108.7%	45.8%	2.372
	2037	1,486	41,215	20,647	1389.6%	42	2,407	1,059	2497.6%	0.556	108.9%	45.8%	2.374
	2038	1,082	33,438	15,801	1460.5%	33	2,020	901	2726.4%	0.536	109.0%	45.9%	2.376
	2039	773	26,861	12,042	1558.1%	26	1,723	771	2998.4%	0.520	109.0%	45.9%	2.378
	2040	540	21,398	9,041	1674.0%	20	1,494	654	3308.8%	0.506	109.1%	45.9%	2.379
	2041	368	16,889	6,603	1794.1%	15	1,312	550	3668.7%	0.489	109.1%	45.9%	2.379
	2042	244	13,162	4,638	1903.4%	11	1,165	459	4085.6%	0.466	109.1%	45.9%	2.380
	2043	156	10,098	3,149	2018.0%	8	1,042	373	4548.2%	0.444	109.2%	45.9%	2.380
	2044	96	7,614	2,047	2126.3%	6	936	294	5072.4%	0.419	109.2%	45.9%	2.380
	2045	57	5,641	1,268	2228.1%	4	843	224	5663.4%	0.393	109.2%	45.9%	2.380
	2046	32	4,104	745	2319.5%	3	760	163	6318.6%	0.367	109.2%	45.9%	2.380
	2047	17	2,935	411	2391.0%	2	685	111	7013.8%	0.341	109.2%	45.9%	2.380
2048	9	2,067	211	2429.9%	1	617	68	7869.6%	0.309	109.2%	45.9%	2.380	
2049	4	1,439	100	2418.2%	0	554	33	8861.9%	0.273	109.2%	45.9%	2.380	
2050	2	994	42	2333.3%	0	497	10	9388.9%	0.249	109.2%	45.9%	2.380	
2051	1	684	16	2153.4%	0	447	0	0.0%	0.000	109.2%	45.9%	2.380	
2052	0	471	5	1871.2%	0	403	0	0.0%	0.000	109.2%	45.9%	2.380	
TOTALS	Past	1,959,623	975,887	1,411,702	72.0%	961,816	420,902	466,004	48.5%	1.487	56.2%	36.2%	1.552
	Future	901,209	4,595,233	3,822,607	424.2%	90,629	497,911	392,892	433.5%	0.978	373.3%	366.9%	1.018
	Lifetime	2,860,832	5,571,120	5,234,309	183.0%	1,052,445	918,813	858,895	81.6%	2.242	109.2%	45.9%	2.380

*Represents the historical and projected long-term after-tax net investment earnings rate for this business

Attachment 10
MetLife Insurance Company USA
Virginia-Specific Experience
Actual to Expected Experience Projections by Calendar Year with 16.8% Increase
LTC3+ Nursing Facility Only Policy Forms

	Calendar Year	Actual Experience				Expected Pricing Experience				I = D / H	Cumulative Loss Ratio		
		A Earned Premium	B Paid Claims	C Incurred Claims	D = C / A Loss Ratio	E Earned Premium	F Paid Claims	G Incurred Claims	H = G / E Loss Ratio		J Actual at Pricing* (on Col D)	K Expected at 7.5% (on Col H)	L = J / K Actual to Expected Ratio
Historical Experience	1994	10,269	0	0	0.0%	9,785	114	548	5.6%	0.000	0.0%	5.6%	0.000
	1995	44,165	0	0	0.0%	40,586	714	2,556	6.3%	0.000	0.0%	6.2%	0.000
	1996	80,545	0	0	0.0%	72,013	2,236	5,905	8.2%	0.000	0.0%	7.3%	0.000
	1997	119,159	0	0	0.0%	101,814	5,024	10,430	10.2%	0.000	0.0%	8.6%	0.000
	1998	117,532	0	0	0.0%	90,271	8,573	14,295	15.8%	0.000	0.0%	10.5%	0.000
	1999	117,179	1,870	1,865	1.6%	81,399	12,409	18,150	22.3%	0.071	0.3%	12.6%	0.027
	2000	117,243	4,441	42,606	36.3%	74,294	16,285	21,672	29.2%	1.246	6.5%	14.8%	0.438
	2001	117,028	45,441	46,462	39.7%	68,321	19,871	24,520	35.9%	1.106	11.1%	16.9%	0.654
	2002	113,057	59,904	151,099	133.6%	62,571	23,125	27,317	43.7%	3.061	24.8%	19.0%	1.303
	2003	105,504	7,007	29,369	27.8%	56,924	25,983	29,168	51.2%	0.543	25.1%	21.0%	1.190
	2004	105,384	23,150	0	0.0%	51,476	28,355	30,706	59.7%	0.000	23.1%	23.0%	1.004
	2005	108,565	0	118,259	108.9%	46,369	30,371	32,285	69.6%	1.564	29.2%	24.9%	1.172
	2006	132,244	164,749	208,707	157.8%	41,535	32,151	33,711	81.2%	1.944	38.9%	26.8%	1.453
2007	129,711	39,282	49,435	38.1%	36,998	33,763	35,057	94.8%	0.402	38.8%	28.5%	1.360	
2008	119,444	135,034	0	0.0%	32,735	35,088	35,575	108.7%	0.000	36.7%	30.3%	1.215	
2009	111,675	197,719	41,841	37.5%	28,822	36,029	35,860	124.4%	0.301	36.8%	31.9%	1.154	
2010	105,771	117,781	6,931	6.6%	25,243	36,645	36,079	142.9%	0.046	35.6%	33.4%	1.066	
2011	99,004	34,976	503,090	508.2%	21,841	36,998	36,155	165.5%	3.070	51.3%	34.8%	1.474	
2012	106,143	144,534	212,039	199.8%	18,820	37,166	36,015	191.4%	1.044	56.2%	36.2%	1.552	
Projected Future Experience	2013	108,665	221,194	241,288	222.0%	16,095	37,058	35,220	218.8%	1.015	61.2%	37.4%	1.636
	2014	105,404	264,429	246,001	233.4%	13,647	36,633	34,227	250.8%	0.931	66.0%	38.6%	1.709
	2015	103,172	272,564	244,638	237.1%	11,491	35,918	33,013	287.3%	0.825	70.2%	39.6%	1.771
	2016	93,220	272,493	242,702	260.4%	9,606	34,938	31,617	329.1%	0.791	74.2%	40.6%	1.828
	2017	83,625	263,380	237,646	284.2%	7,967	33,742	30,032	376.9%	0.754	77.8%	41.4%	1.879
	2018	74,539	255,255	230,164	308.8%	6,553	32,334	28,186	430.1%	0.718	81.2%	42.2%	1.926
	2019	66,010	247,083	220,356	333.8%	5,345	30,732	26,223	490.6%	0.680	84.3%	42.8%	1.968
	2020	58,072	238,319	210,110	361.8%	4,323	28,971	24,159	558.8%	0.647	87.1%	43.4%	2.006
	2021	50,744	228,946	200,167	394.5%	3,470	27,087	22,058	635.7%	0.621	89.6%	43.9%	2.042
	2022	44,029	219,377	191,357	434.6%	2,766	25,114	19,912	719.9%	0.604	91.9%	44.3%	2.076
	2023	37,922	209,846	182,741	481.9%	2,188	23,071	17,724	810.0%	0.595	94.0%	44.6%	2.108
	2024	32,410	200,289	173,649	535.8%	1,717	20,988	15,596	908.5%	0.590	96.0%	44.9%	2.138
	2025	27,472	190,597	163,605	595.5%	1,332	18,893	13,514	1014.6%	0.587	97.8%	45.1%	2.167
	2026	23,085	180,336	151,642	656.9%	1,024	16,815	11,539	1127.3%	0.583	99.3%	45.3%	2.193
	2027	19,221	169,000	137,143	713.5%	781	14,796	9,708	1243.2%	0.574	100.7%	45.4%	2.216
	2028	15,850	156,349	121,493	766.5%	591	12,865	8,019	1356.1%	0.565	101.9%	45.6%	2.236
	2029	12,939	142,571	105,618	816.3%	446	11,054	6,539	1467.2%	0.556	102.8%	45.6%	2.253
	2030	10,452	128,042	90,174	862.8%	333	9,386	5,257	1578.8%	0.546	103.6%	45.7%	2.267
	2031	8,352	113,176	75,607	905.2%	246	7,877	4,166	1692.4%	0.535	104.2%	45.7%	2.279
	2032	6,600	98,450	62,329	944.3%	181	6,536	3,260	1803.2%	0.524	104.7%	45.8%	2.288
	2033	5,156	84,355	50,726	983.7%	132	5,364	2,505	1902.5%	0.517	105.1%	45.8%	2.295
	2034	3,980	71,287	40,755	1023.9%	96	4,369	1,937	2011.8%	0.509	105.4%	45.8%	2.301
	2035	3,034	59,545	32,536	1072.4%	72	3,555	1,545	2144.8%	0.500	105.6%	45.8%	2.305
	2036	2,281	49,263	25,846	1133.1%	55	2,910	1,264	2302.6%	0.492	105.8%	45.8%	2.308
	2037	1,689	40,389	20,232	1197.7%	42	2,407	1,059	2497.6%	0.480	105.9%	45.8%	2.311
	2038	1,230	32,767	15,484	1258.8%	33	2,020	901	2726.4%	0.462	106.0%	45.9%	2.313
	2039	879	26,322	11,800	1343.0%	26	1,723	771	2998.4%	0.448	106.1%	45.9%	2.314
	2040	614	20,969	8,859	1442.9%	20	1,494	654	3308.8%	0.436	106.2%	45.9%	2.315
	2041	418	16,550	6,470	1546.4%	15	1,312	550	3668.7%	0.422	106.2%	45.9%	2.315
	2042	277	12,898	4,545	1640.6%	11	1,165	459	4085.6%	0.402	106.2%	45.9%	2.316
	2043	177	9,895	3,086	1739.4%	8	1,042	373	4548.2%	0.382	106.2%	45.9%	2.316
	2044	109	7,461	2,006	1832.7%	6	936	294	5072.4%	0.361	106.2%	45.9%	2.316
	2045	65	5,528	1,243	1920.5%	4	843	224	5663.4%	0.339	106.3%	45.9%	2.316
	2046	37	4,021	730	1999.3%	3	760	163	6318.6%	0.316	106.3%	45.9%	2.316
	2047	20	2,876	403	2060.9%	2	685	111	7013.8%	0.294	106.3%	45.9%	2.316
2048	10	2,026	207	2094.5%	1	617	68	7869.6%	0.266	106.3%	45.9%	2.316	
2049	5	1,410	98	2084.4%	0	554	33	8861.9%	0.235	106.3%	45.9%	2.316	
2050	2	974	42	2011.1%	0	497	10	9388.9%	0.214	106.3%	45.9%	2.316	
2051	1	670	16	1856.1%	0	447	0	0.0%	0.000	106.3%	45.9%	2.316	
2052	0	462	5	1612.9%	0	403	0	0.0%	0.000	106.3%	45.9%	2.316	
TOTALS	Past	1,959,623	975,887	1,411,702	72.0%	961,816	420,902	466,004	48.5%	1.487	56.2%	36.2%	1.552
	Future	1,001,767	4,521,364	3,753,518	374.7%	90,629	497,911	392,892	433.5%	0.864	332.2%	366.9%	0.906
	Lifetime	2,961,390	5,497,251	5,165,220	174.4%	1,052,445	918,813	858,895	81.6%	2.137	106.3%	45.9%	2.316

*Represents the historical and projected long-term after-tax net investment earnings rate for this business

[company_logo]

[company_name_short]
[company_address1]
[company_address2]
[company_city_state]

[mailing_name]
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Long Term Care Insurance

[Masthead subtitle]
[document_date]
[product_name_long]
from [company_name_long]
[company copyright]

[Insured[s]]
[Insured_name1]
[Insured_name2]

[Agent]
[servicing_agent_name]
[servicing_agent_address1]
[servicing_agent_address2]
[servicing_agent_address3]
[servicing_agent_address4]
[servicing_agent_address5]
[servicing_agent_address6]

[Policy] number
[policy_number]

Customer service
[company_phone]
[company_hours1]
[company_hours2]
Fax: [company_fax]
[company_website]

Dear [salutation name1 [and [salutation name2]],

We are writing to notify you that the premium of your long term care insurance policy will increase as outlined below.

We are committed to providing long term care insurance benefits to our policyholders when they need them most. As part of our commitment to meet the future needs of our policyholders, we routinely monitor the experience of our long term care insurance policies. Based on our analysis, we have determined that a premium increase is necessary on certain long term care insurance policies and your policy is among those affected.

We understand that a premium increase may be difficult for policyholders and that certain policyholders may be unable, or unwilling, to pay the increased premium. Therefore, we are offering various options to help policyholders maintain their premium at approximately its current level to help minimize the effect of the premium increase. In addition, there may be a nonforfeiture option available that you may wish to consider. The "What are my options" section of this letter and the enclosed "Frequently Asked Questions" provide detailed information about these options, including contact information for our Customer Service Team, which can assist in reviewing your options.

About the premium increase

It is important to note that this premium increase is being implemented in accordance with the laws and regulations of the state in which your policy was issued for delivery. [**<if VA>** The Virginia Bureau of Insurance reviewed the rate increase filing for compliance with the applicable Virginia laws and regulations governing long term care insurance.] The premium increase is not based upon a change in your age, health, claims history or any other individual characteristic. Rather, the increase is based on the experience of all policies that are similar to your policy and issued for delivery in the same state as your policy. Our decision to increase premiums is primarily based upon the fact that expected claims are significantly higher today than we originally anticipated when your policy was priced. Our decision to increase premiums was not determined based upon the current economic environment.

Effect on your premium rate

[<if not phased>

The [monthly <or> quarterly <or> semiannual <or> annual] premium for your long term care insurance policy is scheduled to increase from \$[current premium] to \$[new premium] on your next Billing Anniversary Date, which is [mm/dd/yyyy]. This amount represents a [Z%] increase in premium for your policy.]

[<if phased>

The [monthly <or> quarterly <or> semiannual <or> annual] premium for your long term care insurance policy is scheduled to increase from \$[current premium] to \$[new premium on billing anniversary date of final phase] in a phased manner beginning on your next Billing Anniversary Date, [mm/dd/yyyy]. The total amount will be phased in on the Billing Anniversary Dates according to the schedule below. The total amount of the premium increase represents a [Z%] increase in premium for your policy.]

In addition, please note that in accordance with the terms of your policy, we reserve the right to change premiums and it is [possible <or> likely] that your premium will increase again in the future.

<if phased and no CPI>

Billing Anniversary Date	Premium Prior to Billing Anniversary Date	New Premium on Billing Anniversary Date
[01/01/2011]	[\$9,999.99]	[\$9,999.99]
[01/01/2012]	[\$9,999.99]	[\$9,999.99]
[01/01/2013]	[\$9,999.99]	[\$9,999.99]
[01/01/2014]	[\$9,999.99]	[\$9,999.99]

The information above illustrates how your long term care insurance policy premium increase will be phased in over time, based on your current coverage and payment mode.

<if phased with CPI>

Billing Anniversary Date	Premium Prior to Billing Anniversary Date	New Premium on Billing Anniversary Date
[01/01/2011]	[\$9,999.99]	[\$9,999.99]
[01/01/2012]	[\$9,999.99]	[\$9,999.99]
[01/01/2013]	[\$9,999.99]	[\$9,999.99]
[01/01/2014]	[\$9,999.99]	[\$9,999.99]

The information above illustrates how your long term care insurance policy premium increase will be phased in over time, based on your current coverage and payment mode. These amounts do not reflect increases in your premium that may occur as a result of your acceptance of the Cost of Inflation benefit offers that you may receive. As a result, the premium amounts may vary based on benefit increases actually accepted.

What are my options?

- You may continue your current coverage by paying the new premium.** You will need to make this payment on or before [billing anniversary date]. [<if not monthly EFT> This letter is not a bill. You will receive a premium notice prior to your Billing Anniversary Date.]
 - If you are currently paying your premium by automatic deduction from a designated account, please be aware that the transfer from that account will be at the new premium amount.[<if monthly EFT> You will not receive a premium notice prior to this deduction.]
 - If your payment is made via a third-party account or online banking, please make appropriate arrangements, if necessary, prior to [billing anniversary date] to revise the payment amount and ensure that your coverage is not disrupted.
 - If you are currently on claim and are not paying premium due to the Waiver of Premium provision in your policy (if applicable), you do not need to pay the new premium at this time, however this letter is notifying you of the increase that will be payable when the Waiver of Premium provision is no longer in effect.
- You may keep your premium at approximately its current level by electing available options that may help minimize the effect of the premium increase, including the following:**
 - You may choose to reduce your maximum daily benefit, or
 - You may choose to adjust your benefit period, inflation protection option or elimination period.

Please note: By reducing your maximum daily benefit or benefit period, your lifetime maximum is also reduced. In addition, other benefits may be proportionately reduced. Any benefits paid will be deducted from the reduced lifetime maximum. If you have previously been on claim, adjusting your elimination period may not be appropriate. Please note that some states require a minimum benefit level. This requirement may limit your options to reduce benefits. We will advise you of any such limitations applicable to your policy in the event you contact us for this information.

Important: If you choose to decrease your benefits, you may change your decision in writing within 60 days of the date printed on our written confirmation of your benefit reduction. Following this, you cannot reinstate your original benefits. Depending on the specific provisions of your policy, you may be able to apply for an increase in benefits. We will require you to meet current underwriting criteria in order to qualify for additional

benefits. If your application is approved, the premium for an increase in benefits will be based on your current age.

[<if NFO Rider on Policy>

3. **You may exercise the Nonforfeiture Rider.** Your policy includes a Nonforfeiture Rider which you may elect to exercise at any time. This Rider allows you to have a paid-up long term care insurance benefit as outlined in the Rider.

Please note: Your election to exercise this Rider could significantly reduce your policy benefits. Please review the Nonforfeiture Rider in your policy for more detailed information prior to making this election.]

[<if CNF>

3. **You may select a Contingent Nonforfeiture Benefit Endorsement.** This premium increase qualifies you to receive a Contingent Nonforfeiture benefit. This Endorsement allows you to reduce your policy benefit by converting your coverage to a paid-up status with a shortened benefit period and reduced benefit plan. A policy lapse at any time during the 120-day period following the due date of the premium increase will be deemed as the election of this Endorsement.

Please note: Your election of this endorsement could significantly reduce the policy benefit. Please review the enclosed Contingent Nonforfeiture Benefit Endorsement for more detailed information prior to making this election.]

[<if Optional Limited Benefit>

3. **You may select an Optional Limited Benefit.** As a result of this premium increase, we are offering an optional limited benefit. This option allows you to elect a limited paid-up long term care insurance benefit. This benefit provides a paid-up policy with total benefits equal to the total amount of premium paid, excluding waived premium, less any claims paid.

Please note: Your election of this option could significantly reduce the policy benefit. Please review the enclosed Optional Limited Benefit Endorsement for more detailed information prior to making this election.

Tell us what decision is right for you.

Please carefully evaluate your individual situation before selecting one of these options. We believe that long term care insurance should be considered in every financial plan and encourage you to maintain your policy to retain the valuable protection it provides.

As you evaluate what is best for you, we also encourage you to review the current and projected cost of care in your area, as well as how much of that amount you are willing and able to pay.

We will be happy to review each of these options with you. If you would like to modify your benefits in order to reduce your premium, please contact your insurance agent or our Customer Service Team at the phone number shown above to review your options.

[Sincerely,]

[Signature/name & title or department name]

[cc: [cc_name1]
[cc_name2]]

[enclosure[s]: [enclosure1], [enclosure2]...]

Frequently Asked Questions

Q: Why are rates increasing?

A: Our decision to increase premiums is primarily based upon the fact that the expected claims over the life of your policy form are significantly higher today than we originally anticipated when this policy form was priced. The premium increase is not based upon a change in your age, claims history or any other individual characteristic. Our decision to increase premiums was not determined based upon the current economic conditions. Additionally, applicable state regulations require us to support our request for a rate increase with actuarial justification.

Q: The letter states that you “reserve the right to change premiums and it is possible that your premium will increase again in the future.” What does this mean?

A: Your policy gives us the right to increase premium on a class-wide basis. Therefore, we reserve the right to change premiums again in the future, on a class-wide basis, if our experience warrants an increase. Because the expected claims over the life of your policy form are significantly higher today than we originally anticipated when your policy was priced, it is possible that your premium will increase again in the future.

[<if Phased>

Q: Why is my premium increase being phased in over several years?

A: In accordance with the requirements of the state where your policy was issued for delivery, the increase is being phased-in over the period of years indicated in the letter.]

Q: But, I've never filed a claim. Why am I getting a rate increase?

A: Premiums are increasing for all policies in your policy class (i.e., all policies that are similar to your policy) and are not increasing due to a change in your age, health or claim activity.

Q: I am currently on claim. Am I affected by this rate increase?

A: Where the premium rate increase is applicable to your policy, and your policy provides for a Waiver of Premium benefit, you will not be required to pay the increased premium until such time as the Waiver of Premium benefit no longer applies, as provided in your policy. If your policy does not provide for a Waiver of Premium benefit, you will be required to pay the increased premium. Please contact one of our Customer Service Representatives toll free at [xxx xxx.xxx] so we may answer your questions based on your specific situation. Please note, however, that reducing benefits while on claim is generally not advisable.

[<If CNF available>

Q: I can't afford to pay higher premiums.

A: With this premium increase you may have the option of choosing from several reduced benefit options in order to maintain approximately the same premium level. If your premium payment mode is more frequent than annual, consider changing your premium mode to annual. Additionally, you are eligible for a Contingent Nonforfeiture Benefit. Please refer to the enclosed Contingent Nonforfeiture Benefit Endorsement for specific information about this benefit. We encourage you to contact us, your insurance agent, or your financial advisor to evaluate your particular situation in order to help you select the option that you believe is best suited to your individual needs.

Q: What is a Contingent Nonforfeiture Benefit Endorsement?

A: A Contingent Nonforfeiture Benefit Endorsement, if exercised, allows you to have a paid-up policy with benefits equal to the greater of 30 days of the daily benefit or the total amount of premiums paid over the life of the policy, excluding waived premium (except for policies issued for delivery in Maine.) The Contingent Nonforfeiture Benefit Endorsement is available to you only during the 120 days after the premium increase is effective.

As this Endorsement could significantly reduce your policy benefits, we encourage you to keep or reduce your existing coverage rather than elect the Contingent Nonforfeiture Benefit Endorsement. Please review the Contingent Nonforfeiture Benefit Endorsement for more detailed information prior to making this election. Please note that a policy lapse at any time within 120 days following the premium increase will be deemed as the election of this Endorsement.]

<If NFO is available>

Q: I can't afford to pay higher premiums.

A: With this rate increase you may have the option of choosing from several reduced benefit options in order to maintain approximately the same premium level. If your premium payment mode is more frequent than annual, consider changing your premium payment mode to annual. Additionally, your policy includes a Nonforfeiture benefit, which may be exercised at any time.

Q: What is the Nonforfeiture Rider?

A: The Nonforfeiture Rider, if exercised, allows you to have a paid-up policy according to its terms.

Because the election of this Rider could significantly reduce your policy benefits, we encourage you to keep or reduce your existing coverage rather than elect the Nonforfeiture Option. Please review the Nonforfeiture Rider in your long term care contract for more detailed information prior to making this election.]

<If Optional Limited Benefit is available>

Q: I can't afford to pay higher premiums.

A: With this rate increase you may have the option of choosing from several reduced benefit options while maintaining approximately the same premium level. Additionally, an Optional Limited Benefit is available. We encourage you to contact us or your insurance agent to evaluate your particular situation in order to help you select the option that you believe is best suited for your individual needs.

Q: What is an Optional Limited Benefit?

A: An Optional Limited Benefit allows for you to have a paid-up long term care insurance policy with benefits equal to the total amount of premium paid, excluding any waived premium, less any claims paid. The Optional Limited Benefit is available to you for 120 days after your next Billing Anniversary Date.

As this option could significantly reduce the policy benefits, we encourage you to keep or reduce your existing coverage rather than elect the Optional Limited Benefit. Please review the enclosed Optional Limited Benefit Endorsement for more detailed information prior to making this election.]

Q: If I decrease my benefits now, can I change my mind and increase my benefits in the future?

A: Once you decrease your benefits, you may change your decision in writing within 60 days of the date printed on our benefit change confirmation of your benefit reduction. Following this, you cannot reinstate your original benefits. Depending on the specific provisions of your policy, you may be able to apply for an increase in benefits. We will require you to meet current underwriting criteria in order to qualify for additional benefits. If your application is approved, the premium for an increase in benefits will be based on your current age.

Q: If I wish to cancel my policy, what steps do I take?

A: We encourage you to keep this important coverage. There may be options available for you to reduce your benefits in order to keep your premium at approximately the same amount as before the premium increase. Depending on your policy, you may also be able to exercise a nonforfeiture option which would provide a paid up policy with a shortened benefit period. We encourage you to consult with your family, your insurance agent, or financial advisor before making a decision to reduce or cancel your coverage. If you choose to cancel your policy, we will be happy to do so upon receipt of your signed and dated request.

Q: If I cancel my policy, can I reinstate it at a later date?

A: If you cancel your policy, reinstatement is available upon our receipt, within 60 days of the date printed on our written confirmation of this cancellation, of a signed, written request. Unfortunately, after this 60 day period, your policy cannot be reinstated. Accordingly, we encourage you to consult with your family, insurance agent, or financial advisor before making a decision to reduce or cancel your coverage.

Review Requirements Checklist
RATE REVISIONS

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
General Filing Requirements		
	14 VAC 5-100-40	For Paper Filings: A letter of transmittal must be submitted in duplicate with each filing.
	14 VAC 5-100-40 6	For Paper Filings: At least one copy of each rate must be included in the filing. A duplicate copy of rates must be submitted if the company wants a “stamped” copy of forms for its records. A stamped self-addressed return envelope is required. The letter of transmittal must be addressed to, State Corporation Commission, Bureau of Insurance, P. O. Box 1157, Richmond, VA 23218.
	14 VAC 5-100-70	When an insurer submits a change of Individual accident and sickness premium rates previously filed with the Bureau of Insurance, the following information must be provided. 1. That the filing is an increase, decrease, or revision of former rate filings and the percentage amounts of such changes. 2. That the claim/earned premium loss ratio and other bases for such increase, decrease, or revision of premium rates. An actuarial memorandum and other relevant material should be attached to the letter of transmittal.
	Administrative Letter 1983-7	The transmittal letter must include the name and NAIC number of the company for which the filing is made.
All Accident and Sickness Forms	14 VAC 5-130-70 A	New Rate Sheet
	14 VAC 5-130-70 B	Actuarial Memorandum
	14 VAC 5-130-70 B 1	A description of the type of policy, including benefits, renewability, and issue age limits.
	14 VAC 5-130-70 B 2	The scope and reason for the rate revision.
	14 VAC 5-130-70 B 3	A comparison of the revised premiums with the current premium scale.
	14 VAC 5-130-70 B 4	A statement of whether the revision applies only to new business, only to in-force business, or to both.
	14 VAC 5-130-70 B 5	The estimated average annual premium per policy, before and after the proposed rate increase.
	14 VAC 5-130-70 B 6	Provide Earned Premiums, paid claims, incurred claims and loss from inception through most recent quarter*. Virginia and national experience should be shown separately. Missing experience should be estimated with all estimation assumptions and methodologies provided in detail.
	14 VAC 5-130-70 B 7	Details and dates of all past rate increases on this form.
	14 VAC 5-130-70 B 8	A description of how revised rates were determined, including the general description and source of each assumption used. For expenses, include percent of premium, dollars per policy, and/or dollars per unit of benefit.
	14 VAC 5-130-70 B 9	If the rate revision applies to new business, the anticipated loss ratio and a description of how it was calculated.

* The filing reflects data through the most recent, available calendar year.

Review Requirements Checklist
RATE REVISIONS

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
	14 VAC 5-130-70 B 10	If the rate revision applies to in-force business provide (a) the anticipated future loss ratio and a description of how it was calculated and (b) the estimated cumulative loss ratio, past and future and a description of how it was calculated.
	14 VAC 5-130-70 B 11	Minimum loss ratio presumed reasonable in 14 VAC 5-130-60 C.
	14 VAC 5-130-70 B 12	If 9, 10a, or 10b is less than 11, supporting documentation for the use of such premiums.
	14 VAC 5-130-70 B 13	The current number of Virginia policyholders and either premiums in force, premiums earned, or premiums collected for such policyholders in the year immediately prior to the filing of the rate increase.
	14 VAC 5-130-70 B 14	Certification by a qualified actuary that, to the best of the actuary's knowledge and judgment, the rate filing is in compliance with applicable laws and regulations of this Commonwealth and the premiums are reasonable in relation to the benefits provided.
	14 VAC 5-130-70 C	Revised rate filings for previously approved forms must demonstrate reasonableness of benefits in relation to premiums.
	14 VAC 5-130-70 C 1	The anticipated loss ratio over the entire period for which the revised rates are computed to provide coverage, and the ratio of the sum of the accumulated benefits from the original effective date of the form to the effective date of the revision and the present value of future benefits to the sum of the accumulated premiums from the original effective date of the form to the effective date of the revision and the present value of future premiums must be at least as great as the standards in 14 VAC 5-130-60 C.
	14 VAC 5-130-70 C 2	Revised premiums for policies issued on or after the effective date of the revision must meet the standards in 14 VAC 5-130-70 C, except the average annual premium shall be determined on actual rather than anticipated distribution of business.
Medicare Supplement Requirements		Applicable requirements for accident and sickness forms in addition to the following.
Standard Medicare Supplement Forms	14 VAC 5-170-120 A 2	All filings of rates and rating schedules shall demonstrate that expected claims in relation to premiums comply with the requirements of this section when combined with actual experience to date. Filings of rate revisions shall also demonstrate that the anticipated loss ratio over the entire future period for which the revised rates are computed to provide coverage can be expected to meet the appropriate loss ratio standards.

Review Requirements Checklist
RATE REVISIONS

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Pre-Standardized Medicare Supplement Forms	14 VAC 5-170-120 A 3	<p>For policies issued prior to July 30, 1992, expected claims in relation to premiums shall meet:</p> <ul style="list-style-type: none"> a. The originally filed anticipated loss ratio when combined with the actual experience since inception; b. The appropriate loss ratio requirement from subdivisions 1 a and 1 b of this subsection when combined with actual experience beginning with July 1, 1991, to date; and c. The appropriate loss ratio requirement from subdivisions 1 a and 1 b of this subsection over the entire future period for which the rates are computed to provide coverage.
Annual Rate and Experience Filing	14 VAC 5-170-120 C	<p>An issuer of Medicare supplement policies and certificates issued before or after July 30, 1992, in this Commonwealth shall file annually its rates, rating schedule, and supporting documentation including ratios of incurred losses to earned premiums by policy duration for approval by the State Corporation Commission in accordance with the filing requirements and procedures prescribed by the State Corporation Commission. The supporting documentation shall also demonstrate in accordance with actuarial standards of practice using reasonable assumptions that the appropriate loss ratio standards can be expected to be met over the entire period for which rates are computed. The demonstration shall exclude active life reserves. An expected third-year loss ratio which is greater than or equal to the applicable percentage shall be demonstrated for policies or certificates in force less than three years.</p>
Actuarial Certification for Medicare Supplement Rate Filings	14 VAC 5-170-120 C	<p>For annual rate and experience filings, an actuarial certificate by a qualified actuary that to the best of the actuary's knowledge and judgment, the following items are true with respect to the filing as follows:</p> <ul style="list-style-type: none"> 1. The assumptions present the actuary's best judgment as to the reasonable value for each assumption and are consistent with the issuer's business plan at the time of the filing; 2. The anticipated lifetime loss ratio, future loss ratios, and except for policies issued prior to July 30, 1992, third-year loss ratios all exceed the applicable ratio; 3. Except for policies issued prior to July 30, 1992, the filed rates maintain the proper relationship between policies which had different rating methodologies; 4. The filing was prepared based on the current standards of practices as promulgated by the Actuarial Standards Board, including the data quality standard of practice, as described at www.actuary.org; 5. The filing is in compliance with the applicable laws and regulations in this Commonwealth; and 6. The premiums are reasonable in relation to the benefits provided.

Review Requirements Checklist
RATE REVISIONS

REVIEW REQUIREMENTS	REFERENCE	COMMENTS
Actuarial Certification for Medicare Supplement Rate Filings	14 VAC 5-170-130 B	<p>For proposed rate changes, an actuarial certificate by a qualified actuary that the best of the actuary's knowledge and judgment, the following items are true with respect to the filing as follows:</p> <ol style="list-style-type: none"> 1. The assumptions present the actuary's best judgment as to the reasonable value for each assumption and are consistent with the issuer's business plan at the time of the filing; 2. The anticipated lifetime loss ratio, future loss ratios, and except for policies issued prior to July 30, 1992, third-year loss ratio all exceed the applicable ratio; 3. The filing was prepared based on the current standards or practices as promulgated by the Actuarial Standards Board including the data quality standard of practice as described at: www.actuary.org; 4. The filing is in compliance with applicable laws and regulations in this Commonwealth; and 5. The premiums are reasonable in relation to the benefits provided.
Change in the Rating Structure or Methodology of a Medicare Supplement Form	14 VAC 5-170-130 D 3	<p>A change in the rating structure or methodology shall be considered a discontinuance under subdivision 1 of this subsection unless the issuer complies with the following requirements:</p> <ol style="list-style-type: none"> a. The issuer provides an actuarial memorandum, in a form and manner prescribed by the State Corporation Commission, describing the manner in which the revised rating methodology and resultant rates differ from the existing rating methodology and existing rates. b. The issuer does not subsequently put into effect a change of rates or rating factors that would cause the percentage differential between the discontinued and subsequent rates as described in the actuarial memorandum to change.

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at:
<http://www.scc.virginia.gov/boi/laws.aspx>

The Life and Health Division, Forms and Rates Section handles rate revisions. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

Review Requirements Checklist
RATE REVISIONS

I hereby certify that I have reviewed the attached rate revision filing and believe that it is in compliance with the rate revision checklist.

Signed: 

Name (please print): Amy Pahl

Company Name: Milliman, Inc.

Date: 03/26/2015 Phone No: (952) 820-2419 FAX No: (952) 897-5301

E-Mail Address: amy.pahl@milliman.com

MetLife Insurance Company USA

PO Box 40006
Lynchburg, VA 24506

March 26, 2015

Honorable Jacqueline Cunningham
Insurance Commissioner
Virginia Bureau of Insurance (Bureau)
1300 East Main Street
Richmond, VA 23219

RE: MetLife Insurance Company USA ("MetLife USA")
Company NAIC # 87726
MILL-129963541

Dear Commissioner Cunningham:

This letter sets forth the conditions under which Milliman USA ("Milliman") is authorized to act on behalf of MetLife USA with respect to the individual long term care insurance rate filing referenced above (the "LTC Rate Filings") and outlines the relationship between the MetLife USA and Genworth Life Insurance Company ("GLIC").

Please be advised that Milliman USA ("Milliman") has been retained by GLIC, as administrator, to provide actuarial support for the LTC Rate Filings. GLIC is the reinsurer and administrator of the MetLife USA long term care insurance policies ("Reinsured Policies"), which are the subject of the LTC Rate Filings, under and Indemnity Reinsurance Agreement and an Administrative Services Agreement, both dated July 1, 2000 (the "Agreements"). GLIC has since retroceded the Reinsured Policies to Union Fidelity Life Insurance Company, under a Retrocession Agreement dated April 15, 2004.

In connection with the retention of Milliman, and subject to the conditions in the next sentence, MetLife USA hereby authorizes Milliman to enter into written and oral communications, including the submission and receipt of written materials, with your Bureau, for the purpose of completing the rate filing process and responding to your review of this filing. This authorization is subject to Milliman's agreement to act in accordance with the applicable terms and conditions to which GLIC is subject under the Agreements.

Should you have any questions regarding this letter, please contact Thomas Reilly, Director via e-mail at treilly1@metlife.com, or by telephone at 860-656-3813.

Sincerely,



Karen A. Johnson
Vice President
MetLife Insurance Company USA

MetLife Insurance Company USA

Address: 1209 Orange Street, Wilmington, DE 19801

Appendix for the LTC3+ Nursing Facility Only Product

March 2015

<u>Product or Rider</u>	<u>Form Number</u>
Nursing Facility Only	H-LTC3JFO
Nursing Facility Only	H-LTC3JFO2
Annual 5% Benefit Inflation Rider	H-5AIFO
Cost of Living (CPI) Benefit Inflation Rider	H-COLRFO
Nonforfeiture Benefit Rider	H-NF3

1. Purpose of Filing

This appendix has been prepared for the purpose of providing additional information that the Bureau has indicated it will need to complete its review of this rate filing. The additional items (stated in italics) have been assembled based on correspondence with the Bureau relating to a prior filing, SERFF tracking number MILL-129257029, that was withdrawn on February 13, 2015. Items in this appendix are addressed in the chronological order in which they were received. The appendix is provided to expedite the review process and may not be appropriate for other purposes.

2. Additional Information Requested in the Bureau's July 1, 2014 Letter (stated in italics)

1. *The Actuarial Memorandum states that pursuant to 14VAC5-130-75, the loss ratios are calculated using an interest rate that is on a consistent basis, but not identical in value, to the interest rate assumed in the determination of premiums. The regulation states under Item A 2:*

Present values shall be taken over the entire period for which the revised rates are computed to provide coverage. Accumulated benefits and premiums shall include an explicit estimate of benefits and premiums from the last accounting date to the effective date of the revision. Interest, at a rate consistent with that assumed in the original determination of premiums shall be used in the calculation of this loss ratio.

Based on our interpretation, the company should be using the original pricing interest rate of 7.5% used in the determination of premiums. This appears to be the interest rate used in the previous rate filing. As a result, all exhibits and projections should be revised using the original interest rate.

Attachments 1 through 11 to this appendix provide revised exhibits and attachments from those provided with the actuarial memorandum and supplement to the actuarial memorandum. The attachments have been updated to use the original pricing interest rate assumption of 7.5%. The table below provides a listing of the attachments to this appendix and identifies the exhibit or attachment from the actuarial memorandum or supplement to the actuarial memorandum to which each corresponds.

MetLife Insurance Company USA

Address: 1209 Orange Street, Wilmington, DE 19801

Appendix for the LTC3+ Nursing Facility Only Product

March 2015

Appendix Attachment	Actuarial Memorandum or Supplement to the Actuarial Memorandum Exhibit/Attachment
Attachment 1	Exhibit I
Attachment 2	Exhibit II
Attachment 3	Exhibit III
Attachment 4	Exhibit IV
Attachment 5	Attachment 2
Attachment 6	Attachment 4
Attachment 7	Attachment 5
Attachment 8	Attachment 6
Attachment 9	Attachment 7
Attachment 10	Attachment 9
Attachment 11	Attachment 10

2. *Please review the attached NAICs Executive/Plenary bulletin adopted on December 18, 2013. Although Virginia has not yet adopted this, because there is so much national attention on long term care regulation, we have now added this to our review process. Is this filing consistent or not with its recommendations? Please provide details that support your response.*

All applicable sections of the provided NAIC bulletin are addressed below.

Since this filing applies to pre-stability business, please be sure to include a response to the following:

- a) If a single rate increase of the requested amount is approved, is the insurer agreeable to not implement future rate increase for three years from the date of implementation?*

Yes, if a single rate increase of the requested amount is approved, the company agrees to guarantee the rate level for a three year period following the implementation of the fully requested rate increase.

- b) In lieu of a single increase, the Bureau may approve a series of scheduled rate increases that are actuarially equivalent to the single amount requested by the insurer over the lifetime of the policy. The entire series would be approved at one time as part of the current increase filing. For pre-rate stability forms, approval of the increase may require a three year monitoring provision similar to that currently applicable to post-rate stabilization increases. If the rate increase is approved in a series of scheduled rate increases and the sum of all scheduled rate increases would ultimately trigger the offering of the contingent benefit upon lapse, the insurer will be required to include contingent benefit upon lapse at the time of each scheduled increase.*

The company understands these requirements and agrees. It will provide each policyholder,

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Appendix for the LTC3+ Nursing Facility Only Product

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who does not have a nonforfeiture benefit as part of their policy, an Optional Limited Benefit Endorsement, which provides a paid up benefit similar to that of the NAIC CBUL benefit, at the notification of the rate increase.

Concurrent with this filing, the company is submitting the endorsement to the Bureau for approval under the SERFF tracking number MILL-129914690. A copy of the optional limited benefit endorsement is enclosed with this appendix.

c) The Bureau will require the implementation of the contingent benefit upon lapse as outlined in the bulletin. Please confirm the company is willing to comply with this by providing the benefit:

- 1) For a block of business for which the contingent benefit upon lapse is not required for pre-rate-stability policies; and*
- 2) Without reference to the table of trigger percentages for policies that have reached their 20th duration; and for policies that have not reached that point, any percentage value in excess of 100% will be reduced to 100%.*

Yes, the company is willing to comply with this requirement. As part of this rate increase request the company is making a limited nonforfeiture option available to all policyholders who do not have a nonforfeiture benefit as part of their policy. This option provides a paid-up policy with benefits equal to the total of premiums paid, less any claims paid. This benefit will be available without reference to the table trigger percentages. While the company is strongly encouraging policyholders to keep or reduce their existing coverage, it believes it is important to provide a comprehensive set of options to policyholders.

As stated above, a copy of the endorsement providing the limited nonforfeiture option is enclosed with this appendix.

d) The policyholder letter will clearly disclose the following:

- 1) the amount of the premium rate requested and implementation schedule*
- 2) available benefit reduction/rate increase mitigation actions*
- 3) clear disclosure addressing the guaranteed renewable nature of the policy and that insured should understand that there may be future rate increases*
- 4) offer of contingent benefit upon lapse*

All of the required items listed above are disclosed in the policyholder notification letter enclosed with the supplement to the actuarial memorandum.

In addition, the management of the Bureau of Insurance (BOI) has also provided direction that policyholder letters include an explanation for the rate increase in consumer friendly language including the driving factors contributing to the increase. Stating that based on the company's analysis a premium increase is necessary is not sufficient.

The Frequently Asked Questions document enclosed with the supplement to the actuarial memorandum provides the information required by this request.

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The management also prefers that any reference to laws and regulations of the state be expanded to state the Virginia Bureau of Insurance reviewed the filing for compliance with applicable Virginia laws and regulations governing Long Term Care Insurance; and because it was compliant, the increase was approved or words of similar import.

The policyholder notification letter enclosed with the supplement to the actuarial memorandum complies with this request.

e) Compliance with the New Loss Ratio Standards

Attachment 12 to this appendix provides a demonstration that the requested rate increase meets the new loss ratio standards as described in the NAICs Executive/Plenary bulletin. This attachment shows that the sum of the accumulated value of incurred claims without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:

1. Accumulated value of the historical earned premium times 60%,
2. Present value of future projected earned premium without the requested rate increase, times 60%, and
3. Present value of future projected earned premium with the requested rate increase in excess of the future projected earned premium without the requested rate increase, times 80%.

As required by the NAICs Executive/Plenary bulletin, present and accumulated values in Attachment 12 are determined at the maximum valuation interest rate, which varies by issue year from 4.5% to 5.5%

3. *According to your submission, the company is submitting a separate filing for a limited nonforfeiture endorsement for approval. Please provide the SERFF tracking number.*

Concurrent with this filing, the company is submitting the endorsement to the Bureau for approval under the SERFF tracking number MILL-129914690.

If the insured chooses to reduce benefits or make other changes to the policy, how is the policy amended? If through an endorsement, please provide the form number and SERFF tracking number as to when the form was approved. If the insured is sent a revised Schedule of Benefits, please provide evidence the policy form was approved for such variability.

When any benefit changes are processed on a policy, the company will send an amendment to the schedule page. A template of the amendment is enclosed with this appendix. If the policyholder accepts the optional limited benefit, however, the endorsement will serve as proof of the change and the company will send a confirmation letter once it is processed.

MetLife Insurance Company USA

Address: 1209 Orange Street, Wilmington, DE 19801

Appendix for the LTC3+ Nursing Facility Only Product

March 2015

3. Additional Information Requested in the Bureau's September 8, 2014 Letter (stated in italics)

1. Attachments 1-11 [of this appendix] are described as replacements for various exhibits from [the actuarial memorandum and supplement to the actuarial memorandum] with a different discount rate. The Incurred Claims for the historical period (1990-2012) differ in the new attachments from the values in the original exhibits. Please show the details of how the Incurred Claims are calculated for previous years which would explain this difference.

The historical incurred claims shown in Attachments 1 through 11 of this appendix differ from those provided in the actuarial memorandum and supplement to the actuarial memorandum as the interest rate which is used to discount claim payments and claim reserve balances to the date of incurral was revised. The incurred claims shown in Attachments 1 through 11 of this appendix, the actuarial memorandum, and the supplement to the actuarial memorandum are calculated by the following formula:

$$\text{Incurred Claims} = \sum_{t=j}^{2012} Pmt_t^j * v^{t-j} + {}_jCR_{2012} * v^{2012-j+1/2} + {}_jIBNR_{2012} * v^{2012-j+1/2}$$

Pmt_t^j = claim payments in year t on claims incurred in year j , assumed to occur mid-year

${}_jCR_{2012}$ = open claim reserve held on December 31, 2012 for claims incurred in year j

${}_jIBNR_{2012}$ = incurred but not reported reserve as of December 31, 2012 attributable to claims incurred in year j

j = year of incurral

v = discount rate = $(1 / (1 + \text{interest rate}))$

The interest rate is the variable which was revised from 5.85% in the actuarial memorandum and supplement to the actuarial memorandum, to 7.5% in this appendix, as was requested as part of the July 1, 2014 objection letter.

2. Please explain the difference between the Active Life Reserves balance shown in Attachment 6 of [this appendix] (\$41,344,841) and that shown in [Attachment 4 of the supplement to the actuarial memorandum] (\$46,088,143).

The active life reserve balance differs because the interest rate used in the calculation was updated from 5.85% to 7.5%, as described above.

3. The ratio of the future premiums in Attachment 7 [of this appendix] to those in Attachment 1 [of this appendix] with and without the rate increase is not what we would expect. We would expect the premiums for years 2016 and beyond to be identical between Attachment 7 and Attachment 1 with the rate increase. In addition, the premiums in Attachment 7 should be equal to Attachment 1 without the rate increase multiplied by 1 plus the rate increase percentage. There may be some distortion due to benefit reductions and shock lapses, but these do not appear to fully explain the differences. Please reconcile the premiums in these exhibits to each other.

MetLife Insurance Company USA

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Appendix for the LTC3+ Nursing Facility Only Product

March 2015

The premiums with the requested 16.8% rate increase for years 2016 and beyond in Attachment 1 of this appendix differ from the corresponding premiums in Attachment 7 of this appendix due to the effects of 1) shock lapse, 2) benefit reduction options, and 3) a premium restatement (to a level similar to that approved in Virginia on a nationwide basis). Table 1 below summarizes the differences between Attachments 1 and 7 of this appendix.

**Table 1
Summary of Differences in this Appendix**

Item	Attachment 1	Attachment 7
(a) Proposed rate increase	16.8%	16.8%
(b) Effect of shock lapse	1.0% reduction in premium	None
(c) Effect of benefit reduction	1.7% reduction in premium	None
(d) Historical rate increase	81.8%, <i>similar</i> to that approved in VA	77.8% <i>as approved</i> in VA
(e) = (1+a) x (1-b) x (1-c) x (1+d) - 1 Resulting rate level compared to original	106.6%	107.7%

4. Additional Information Requested in the Bureau’s November 6, 2014 Letter (stated in italics)

- Please update the “Status of Filings as of May 26, 2014” exhibit with any additional dispositions since that date.*

Attachment 8 to the supplement to the actuarial memorandum reflects the current status of the filings as of March 23, 2015.

- Please update the financial projections (particularly Attachments 1,2,6,7,8,12 of [this appendix]) to a more recent projection date, such as 6/30/2014 or at least 12/31/2013.*

Attachments 13 through 18 to this appendix are revisions of select attachments to this appendix. Attachments 13 through 18 have been updated to reflect experience through December 31, 2013. The table below provides a listing of corresponding attachments to this appendix.

Appendix Attachment with experience through December 31, 2013	Appendix Attachment
Attachment 13	Attachment 1
Attachment 14	Attachment 2
Attachment 15	Attachment 6
Attachment 16	Attachment 7
Attachment 17	Attachment 8
Attachment 18	Attachment 12

The company acknowledges that the requested rate increase results in lifetime loss ratios in Attachments 16 and 17 that are below the 60% minimum requirement. The company believes

MetLife Insurance Company USA

Address: 1209 Orange Street, Wilmington, DE 19801

Appendix for the LTC3+ Nursing Facility Only Product

March 2015

that it has taken appropriate and timely action in response to the mispricing of this product, and it should be allowed a larger increase now due to the Bureau not approving a previous rate increase for the full amount requested.

The company does not view Virginia-specific experience as fully credible but is providing it as requested.

3. *Please provide a loss ratio projection similar to Attachments 10-11 of [this appendix], but reflecting the actual historical experience during the historical experience period and then, utilizing the actual inforce as of the projection date, projecting forward with the original pricing assumptions for interest, mortality, morbidity and persistency in the future and assuming the future premiums are paid based on the original premium scale with no increases in the Expected Pricing Experience columns E-H. Again, please utilize a more recent projection date as in the previous item.*

Attachments 19 and 20 to this appendix provide projections similar to Attachments 10 and 11 of this appendix except that the expected values (columns E through H) have been updated to reflect actual historical experience through December 31, 2013 and the policyholders in force as of December 31, 2013. As requested, the original premium scale with no increases and original pricing assumptions are being used to project future experience in columns E through H of Attachments 19 and 20.

The company does not view Virginia-specific experience as fully credible but is providing it as requested.

MetLife Insurance Company USA

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Appendix for the LTC3+ Nursing Facility Only Product

March 2015

5. Summary of Attachments and Enclosures

- Attachment 1: Nationwide Experience Projections
 - Attachment 2: Virginia-Specific Experience Projections
 - Attachment 3: Nationwide Loss Ratio History with Active Life Reserves
 - Attachment 4: Virginia-Specific Loss Ratio History with Active Life Reserves
 - Attachment 5: Nationwide Breakdown of Incurred Claims
 - Attachment 6: Anticipated Loss Ratio
 - Attachment 7: Nationwide Restated Experience Projections
 - Attachment 8: Virginia-Specific Restated Experience Projections
 - Attachment 9: Nationwide Experience Projections with Lost Premium
 - Attachment 10: Nationwide A:E Experience by Calendar Year
 - Attachment 11: Virginia-Specific A:E Experience by Calendar Year
 - Attachment 12: Nationwide 60%/80% Loss Ratio Test
 - Attachment 13: Nationwide Experience Projections (experience through December 31, 2013)
 - Attachment 14: Virginia-Specific Experience Projections (experience through December 31, 2013)
 - Attachment 15: Anticipated Loss Ratio (experience through December 31, 2013)
 - Attachment 16: Nationwide Restated Experience Projections (experience through December 31, 2013)
 - Attachment 17: Virginia-Specific Restated Experience Projections (experience through December 31, 2013)
 - Attachment 18: Nationwide 60%/80% Loss Ratio Test (experience through December 31, 2013)
 - Attachment 19: Nationwide A:E Experience by Calendar Year (experience through December 31, 2013)
 - Attachment 20: Virginia-Specific A:E Experience by Calendar Year (experience through December 31, 2013)
- Enclosures: MICC OLB 03242015 VA.pdf
MetLife Insurance Company USA Amendment.pdf

Attachment 3
MetLife Insurance Company USA
Incurred Loss Ratio Including the Change in Active Life Reserves
Nationwide Experience, without Interest
LTC3+ Nursing Facility Only Policy Forms

Calendar Year	(a) Earned Premium	(b) Incurred Claims	(c) Change in Active Life Reserves	(d) = (b+c)/(a) Incurred Loss Ratio
1994	142,277	0	39,906	28.0%
1995	1,426,945	81,294	330,204	28.8%
1996	3,730,743	11,128	1,491,210	40.3%
1997	5,422,839	420,973	3,119,197	65.3%
1998	5,640,501	1,002,945	3,681,359	83.0%
1999	5,656,636	1,231,845	3,751,196	88.1%
2000	5,491,309	1,972,014	3,898,358	106.9%
2001	5,384,424	2,514,737	3,668,486	114.8%
2002	5,268,652	3,392,644	3,578,160	132.3%
2003	5,097,934	4,727,806	3,334,813	158.2%
2004	5,753,976	4,791,761	2,787,558	131.7%
2005	6,390,917	5,403,154	2,403,919	122.2%
2006	6,111,956	6,284,081	2,574,646	144.9%
2007	5,895,284	6,552,874	2,281,865	149.9%
2008	5,584,928	7,841,079	1,593,153	168.9%
2009	5,269,582	7,895,337	1,405,136	176.5%
2010	5,600,905	6,421,363	792,494	128.8%
2011	5,858,856	10,201,027	238,903	178.2%
2012	5,430,517	8,946,375	374,277	171.6%
Total	95,159,183	79,692,437	41,344,841	127.2%

Attachment 4
MetLife Insurance Company USA
Incurred Loss Ratio Including the Change in Active Life Reserves
Virginia-Specific Experience, without Interest
LTC3+ Nursing Facility Only Policy Forms

Calendar Year	(a) Earned Premium	(b) Incurred Claims	(c) Change in Active Life Reserves	(d) = (b+c)/(a) Incurred Loss Ratio
1994	10,269	0	2,791	27.2%
1995	44,165	0	17,097	38.7%
1996	80,545	0	40,528	50.3%
1997	119,159	0	72,126	60.5%
1998	117,532	0	89,623	76.3%
1999	117,179	1,863	93,015	81.0%
2000	117,243	42,241	91,381	114.0%
2001	117,028	46,429	102,678	127.4%
2002	113,057	143,333	78,179	195.9%
2003	105,504	29,158	76,312	100.0%
2004	105,384	0	110,373	104.7%
2005	108,565	112,253	99,424	195.0%
2006	132,244	199,200	92,450	220.5%
2007	129,711	48,870	56,884	81.5%
2008	119,444	0	69,286	58.0%
2009	111,675	41,546	74,989	104.4%
2010	105,771	6,769	18,161	23.6%
2011	99,004	492,661	112,209	611.0%
2012	106,143	210,573	25,080	222.0%
Total	1,959,623	1,374,897	1,322,586	137.7%

Attachment 5
MetLife Insurance Company USA
Nationwide Reserve Experience as of December 31, 2012
LTC3+ Nursing Facility Only Policy Forms

Incurral Year	Incurred Claims*	Paid Claims*	IBNR*	DLR*	Active Life Reserve
1994	0	0	0	0	
1995	81,294	81,294	0	0	
1996	11,128	11,128	0	0	
1997	420,973	420,973	0	0	
1998	1,002,945	1,002,945	0	0	
1999	1,231,845	1,231,845	0	0	
2000	1,972,014	1,972,014	0	0	
2001	2,514,737	2,497,294	0	17,442	
2002	3,392,644	3,392,644	0	0	
2003	4,727,806	4,709,988	0	17,817	
2004	4,791,761	4,674,963	0	116,798	
2005	5,403,154	5,241,213	0	161,941	
2006	6,284,081	6,049,413	0	234,668	
2007	6,552,874	5,957,049	0	595,825	
2008	7,841,079	7,160,645	0	680,435	
2009	7,895,337	6,253,352	0	1,641,985	
2010	6,421,363	4,312,977	150,888	1,957,498	
2011	10,201,027	3,655,278	647,414	5,898,336	
2012	8,946,375	944,744	3,404,986	4,596,645	41,344,841
Total	79,692,437	59,569,760	4,203,288	15,919,389	41,344,841

* Incurred claims, paid claims, IBNR, and DLR are discounted to the year of incurral

Attachment 6
MetLife Insurance Company USA
Anticipated Loss Ratios
LTC3+ Nursing Facility Only Policy Forms
Experience as of December 31, 2012

Nationwide Experience
With No Increase

1	Present Value of Future Claims:	68,847,229
2	Active Life Reserves at 12/31/2012:	41,344,841
3	Present Value of Future Premium:	27,085,580
Anticipated Loss Ratio = (1 - 2) / 3:		101.5%

Nationwide Experience
With 16.8% Increase

1	Present Value of Future Claims:	67,733,483
2	Active Life Reserves at 12/31/2012:	41,344,841
3	Present Value of Future Premium:	29,798,307
Anticipated Loss Ratio = (1 - 2) / 3:		88.6%

Virginia-Specific Experience
With No Increase

1	Present Value of Future Claims:	2,180,130
2	Active Life Reserves at 12/31/2012:	1,322,586
3	Present Value of Future Premium:	609,114
Anticipated Loss Ratio = (1 - 2) / 3:		140.8%

Virginia-Specific Experience
With 16.8% Increase

1	Present Value of Future Claims:	2,143,543
2	Active Life Reserves at 12/31/2012:	1,322,586
3	Present Value of Future Premium:	671,030
Anticipated Loss Ratio = (1 - 2) / 3:		122.3%

Future claims, active life reserves, and future premium are discounted at the original pricing interest rate assumption of 7.5%.

Attachment 12
MetLife Insurance Company USA
60/80 Test After Requested 16.8% Increase
Nationwide Experience for LTC3+ Nursing Facility Only Policy Forms

1	Accumulated value of earned premium	141,849,182 x 60% =	85,109,509
2	Present value of future projected earned premium without the requested rate increase	30,275,256 x 60% =	18,165,154
3a	Present value of future projected premium with the requested rate increase	34,111,675	
3b	Present value of future projected premium with increase in excess of the projected earned premiums without increase (3a - 2)	3,836,419 x 80% =	3,069,135
4	Lifetime Earned Premium Times Prescribed Factor: Sum of 1, 2, and 3b		106,343,798
5a	Accumulated value of incurred claims without the inclusion of active life reserves		102,759,913
5b	Present value of future projected incurred claims without the inclusion of active life reserves		80,656,677
6	Lifetime Incurred Claims with Rate Increase: Sum of 5a and 5b		183,416,590
7	Test: 6 is not less than 4		TRUE
	<i>All values are accumulated or discounted at the maximum valuation interest rate for contract reserves.</i>		

Attachment 15
MetLife Insurance Company USA
Anticipated Loss Ratios
LTC3+ Nursing Facility Only Policy Forms
Experience as of December 31, 2013

Nationwide Experience
With No Increase

1	Present Value of Future Claims:	65,541,895
2	Active Life Reserves at 12/31/2013:	40,818,514
3	Present Value of Future Premium:	24,045,784
Anticipated Loss Ratio = (1 - 2) / 3:		102.8%

Nationwide Experience
With 16.8% Increase

1	Present Value of Future Claims:	64,492,779
2	Active Life Reserves at 12/31/2013:	40,818,514
3	Present Value of Future Premium:	26,434,295
Anticipated Loss Ratio = (1 - 2) / 3:		89.6%

Virginia-Specific Experience
With No Increase

1	Present Value of Future Claims:	2,268,575
2	Active Life Reserves at 12/31/2013:	1,411,177
3	Present Value of Future Premium:	573,110
Anticipated Loss Ratio = (1 - 2) / 3:		149.6%

Virginia-Specific Experience
With 16.8% Increase

1	Present Value of Future Claims:	2,231,104
2	Active Life Reserves at 12/31/2013:	1,411,177
3	Present Value of Future Premium:	630,722
Anticipated Loss Ratio = (1 - 2) / 3:		130.0%

Future claims, active life reserves, and future premium are discounted at the original pricing interest rate assumption of 7.5%.

Attachment 18
MetLife Insurance Company USA
60/80 Test After Requested 16.8% Increase
Nationwide Experience for LTC3+ Nursing Facility Only Policy Forms

1	Accumulated value of earned premium	153,328,263 x 60% =	91,996,958
2	Present value of future projected earned premium without the requested rate increase	26,795,746 x 60% =	16,077,448
3a	Present value of future projected premium with the requested rate increase	30,163,083	
3b	Present value of future projected premium with increase in excess of the projected earned premiums without increase (3a - 2)	3,367,337 x 80% =	2,693,870
4	Lifetime Earned Premium Times Prescribed Factor: Sum of 1, 2, and 3b		110,768,275
5a	Accumulated value of incurred claims without the inclusion of active life reserves		117,093,665
5b	Present value of future projected incurred claims without the inclusion of active life reserves		76,439,441
6	Lifetime Incurred Claims with Rate Increase: Sum of 5a and 5b		193,533,106
7	Test: 6 is not less than 4		TRUE
	<i>All values are accumulated or discounted at the maximum valuation interest rate for contract reserves.</i>		

MetLife Insurance Company USA

Insured/Policyholder: [xxxxxxxxxx]

Policy Number: [xxxxxxxxxx]

OPTIONAL LIMITED BENEFIT ENDORSEMENT

This Endorsement adds the following Optional Limited Benefit to the Policy

The Benefit

As stated in the Policy, We will give You (the Policyholder) prior written notice of any change in the premium rates for the Policy.

- Subject to the Conditions and Payment Limitations below, this Benefit provides a continuation of the Policy if, after the date of the rate increase notification and within 120 days following the effective date of any premium rate increase, your policy lapses or is cancelled. This option may be elected at any time during this period. A lapse or cancellation of your Policy at any time during this period will be deemed to be the election of the Benefit.

Limited Benefit Allowance

As used below, the Limited Benefit Allowance is an amount equal to A minus B, where:

A= The sum of all premium paid for the Policy, excluding any waived premium.

B= The amount of all benefits paid or payable under the Policy for expenses incurred prior to the date the Policy is continued under the provisions of this Benefit.

Conditions

Continuation of the Policy under the provisions of this Benefit is subject to the following conditions:

- The Policy will be continued under a paid-up status (with no further premium becoming due); subject to all of the terms and conditions of the Policy and of this Benefit.
- Except as stated below, the Policy will have the same Benefits, Elimination Period requirement and other payment limits that were in effect on the date that this Benefit is implemented on the Policy.
- Any Benefit Increase provision that was in effect under the Policy will no longer apply.

Payment Limitations

Coverage under this Benefit ends and the Policy terminates when the first of the following occurs:

- the total amount of Policy benefits paid under this Benefit equals the Limited Benefit Allowance; or
- the maximum amount of benefits payable under the Policy is exhausted.

In all other respects the provisions and conditions of the Policy remain the same.

Signed for MetLife Insurance Company USA

[signature

NAME

Current Officer]

MetLife Insurance Company USA

Long Term Care Insurance Division

Policyholder Services

PO Box 40005

Lynchburg, VA 24506-4005

COVERAGE AMENDMENT RIDER

Contract Number

[LTCXXXXXXX]

Name of Insured

[NAME]

Certificate No. (If any)

Effective Date of Change

[xx/xx/xxxx]

Revised Premium and Payment Mode (If applicable)

[The premium on the Policy has changed to \$xxx.xx per xx month(s)]

It is understood and agreed that the Contract is changed as indicated below:

[Based on your current benefits, the Lifetime Payment Maximum is now [\$xxx,xxx.xx].

[The Daily Benefit Amount for the Nursing Home Benefit is changed from \$xxx to \$xxx.]

[The Nursing Home Benefit Limit is changed from [period] to [period].]

[The Nursing Home Benefit Elimination Period/Deductible Period is changed from xx days to xxx days.]

[The Benefit Increase Option is changed to [inflation protection] on the Policy.]

The premium on the coverage has changed to \$[\$xxx.xx.]

The premium payment mode is changed from [xxxxxx to xxxxx.]

This Rider is to be attached to and forms a part of the Contract cited above. Following acceptance by the Insured, this Rider takes effect on the date stated above.

Signed for MetLife Insurance Company USA

[Secretary]

[SIGNATURE]



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milliman.com

November 4, 2015

Ms. Janet Houser
Virginia Bureau of Insurance (Bureau)
1300 East Main Street
Richmond, VA 23219

RE: MetLife Insurance Company USA (MetLife USA)
Company NAIC # 87726
SERFF Tracking # MILL-129963541

Policy Forms: Nursing Facility Only
Nursing Facility Only
Annual 5% Benefit Inflation Rider
Cost of Living (CPI) Benefit Inflation Rider
Nonforfeiture Benefit Rider

H-LTC3JFO
H-LTC3JFO2
H-5AIFO
H-COLRFO
H-NF3

Dear Ms. Houser:

Thank you for reviewing our filing. This letter is in response to recent conversations between Milliman and the Bureau on the above referenced filing. Requests from these conversations have been summarized and restated below in italics for reference.

- 1. The Bureau is willing to approve a rate increase that would bring the Virginia rate level to the average nationwide approved rate level. Please provide the rate increase needed in Virginia to yield the nationwide average including documentation of its derivation.*

Attachment 1 to this letter provides an updated status listing for recent approvals since the prior status listing provided in the March 26, 2015 supplement to the actuarial memorandum. As demonstrated in the enclosed Excel workbook, a rate increase of 10.3% results in the Virginia rate level equaling the nationwide average for the above referenced policy forms. The enclosed Excel workbook has been provided with formulas retained for calculating the nationwide average and the rate increase needed in Virginia to yield the nationwide average.

I have spoken with the company regarding the Bureau's offer of bringing the Virginia rate level to the nationwide average which results in a reduced rate increase on the above-referenced policy forms. Even though the company does not believe in the methodology of using the nationwide average as a means of determining a rate increase and that a higher increase than 10.3% is needed to alleviate the poor performance on this block of business, it is willing to accept a 10.3% increase on these forms at this time.

Offices in Principal Cities Worldwide

- In addition, please provide updated actuarial memorandum, exhibits, rate tables, and Long Term Care Insurance Rate Request Summary for the revised rate increase.*

Enclosed with this letter is an updated actuarial memorandum and Long Term Care Insurance Rate Request Summary reflecting the revised rate increase of 10.3%.

Exhibit VI of the enclosed actuarial memorandum provides revised rate tables reflecting a 10.3% rate increase. Please note that the actual rates implemented may vary slightly from those in Exhibit VI of the actuarial memorandum due to rounding in the implementation algorithm.

Limitations and Qualifications

Milliman's work has been prepared for the use and benefit of GNA Corporation (Genworth) and MetLife USA. Milliman's work may not be provided to third parties without Milliman's prior written consent. Milliman does not intend to benefit any third party recipient of its work product, even if Milliman consents to the release of its work product to such third party.

Milliman's work is being delivered to the Bureau, in accordance with its statutory and regulatory requirements. Milliman recognizes that materials it delivers to the Bureau may be public records subject to disclosure to third parties, however, Milliman does not intend to benefit and assumes no duty or liability to any third parties, including the Bureau, who receive Milliman's work and may include disclaimer language on its work product so stating. To the extent that Milliman's work is not subject to disclosure under applicable public records laws, the Bureau agrees that it shall not disclose Milliman's work product to third parties without Milliman's prior written consent; provided, however, that the Bureau may distribute Milliman's work to (i) its professional service providers who are subject to a duty of confidentiality and who agree to not use Milliman's work product for any purpose other than to provide services to the Bureau, or (ii) any applicable regulatory or governmental agency, as required.

In performing this analysis, we relied on data and other information provided by Union Fidelity Life Insurance Company, the retrocessionaire on this business, and Genworth, a reinsurer of this business. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete. In that event, the results of our analysis may not be suitable for the intended purpose. We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.



Ms. Janet Houser
November 4, 2015

I, Amy Pahl, am a Principal and Consulting Actuary for Milliman, Inc. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render an actuarial opinion as described herein.



Janet, thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (952) 820-2419 or by e-mail at amy.pahl@milliman.com.

Respectfully,

A handwritten signature in blue ink that reads 'Amy Pahl'.

Amy Pahl, FSA, MAAA
Principal & Consulting Actuary

ABP/mse

Attachment 1: State Status Listing with Calculation for Virginia Rate Increase

Enclosures: Excel Workbook of State Status Listing with Formulas Retained
Updated Actuarial Memorandum
Updated Long Term Care Insurance Rate Request Summary

Attachment 1
MetLife Insurance Company USA
Status of Filings as of August 17, 2015
All Jurisdictions in which these Forms are Active
LTC3+ Nursing Facility Only Policy Form

Jurisdiction	First Round			Second Round			Third Round				Third Round Follow-Up**			Cumulative Approved Increase	
	Requested Increase	Date Approved or Filed	Amount Approved or Filed	Requested Increase	Date Approved or Filed	Amount Approved or Filed	Requested Increase	Date of Submission	Date Approved or Filed	Amount Approved or Filed	Requested Increase	Date of Submission	Date Approved or Filed		Amount Approved or Filed
Alaska*	39.0%	5/14/2004	39.0%	30.0%	N/A	30.0%	50.0%	N/A	N/A	50.0%	Not Filing				171.1%
Alabama	39.0%	6/15/2004	30.0%	30.0%	6/23/2010	30.0%	61.7%	12/16/2013	1/14/2014	20.0%	34.8%				102.8%
Arizona	39.0%	2/14/2005	15.0%	30.0%	7/12/2010	20.0%	66.6%	11/13/2013	4/8/2014	66.6%	Not Filing				129.9%
California	39.0%	6/2/2004	30.0%	30.0%	10/24/2012	18.0%	77.3%								53.4%
Colorado	39.0%	8/31/2004	39.0%	30.0%	11/22/2010	10.0%	77.8%	11/6/2014	1/12/2015	35.0%	31.7%				106.4%
Connecticut	39.0%	Disapproved	0.0%	39.0%	9/3/2010	30.0%	100.0%	9/27/2013	3/28/2014	20.0%	66.7%	2/9/2015	Disapproved	0.0%	56.0%
District of Columbia	39.0%	11/2/2005	10.0%	30.0%	Disapproved	0.0%	10.0%	3/6/2014	4/18/2014	10.0%	10.0%	4/21/2015	5/13/2015	10.0%	33.1%
Delaware	39.0%	9/8/2004	20.0%	30.8%	7/12/2010	25.0%	25.0%	12/13/2013	2/25/2014	25.0%	25.0%	4/30/2015			87.5%
Florida	39.0%	Disapproved	0.0%	39.0%	11/8/2012	12.7%	50.1%	11/13/2014	5/22/2015	4.4%	43.8%				17.7%
Hawaii	39.0%	12/21/2004	25.0%	30.0%	10/10/2011	30.0%	68.2%	10/18/2013							62.5%
Iowa	39.0%	6/23/2004	32.0%	30.0%	7/12/2010	16.5%	76.9%	12/3/2013	4/7/2014	17.0%	51.2%	4/15/2015			79.9%
Illinois	39.0%	7/28/2004	39.0%	30.0%	8/2/2010	30.0%	50.0%	10/8/2013	1/8/2015	50.0%	Not Filing				171.1%
Indiana	39.0%	8/24/2004	35.0%	30.0%	6/24/2010	25.0%	62.0%	10/30/2014	2/25/2015	11.4%	45.4%				88.0%
Kansas	39.0%	7/15/2004	25.0%	30.0%	8/5/2010	10.0%	93.2%	11/13/2013	5/21/2014	30.3%	Not Filing				79.2%
Kentucky	39.0%	9/20/2004	30.0%	30.0%	5/12/2010	7.0%	91.6%	12/4/2013	3/4/2014	19.8%	47.4%	8/14/2015			66.6%
Louisiana	39.0%	6/9/2004	39.0%	30.0%	Disapproved	0.0%	91.7%	8/1/2014	Disapproved	0.0%	91.7%				39.0%
Massachusetts	0.0%	Not Filed	0.0%	0.0%	Not Filed	0.0%	Not Filing				Not Filing				0.0%
Maine	39.0%	6/22/2004	39.0%	30.0%	10/19/2010	30.0%	5.7%	7/14/2014	Disapproved	0.0%	Not Filing				80.7%
Michigan	39.0%	9/1/2004	39.0%	30.0%	3/19/2010	30.0%	50.0%	11/7/2013	12/3/2013	50.0%	Not Filing				171.1%
Missouri	39.0%	7/15/2004	39.0%	30.0%	9/22/2010	30.0%	Not Filing				50.0%	3/4/2015	3/27/2015	25.0%	125.9%
Mississippi	39.0%	8/19/2004	25.0%	30.8%	5/6/2010	30.8%	25.0%	4/21/2014	5/20/2014	25.0%	25.0%	8/11/2015			104.4%
North Carolina	39.0%	6/9/2004	39.0%	30.0%	7/22/2010	32.7%	50.0%	12/2/2013	2/6/2014	33.0%	Not Filing				145.3%
North Dakota	39.0%	6/23/2004	20.0%	30.0%	7/21/2010	17.0%	90.3%	1/2/2014	1/21/2014	15.0%	65.5%	3/3/2015	3/20/2015	15.0%	85.7%
Nebraska	39.0%	7/21/2004	39.0%	30.0%	12/14/2010	14.0%	72.2%	12/12/2013	9/29/2014	15.0%	49.7%	6/10/2015			82.2%
New Hampshire	39.0%	7/9/2004	39.0%	30.0%	8/26/2010	14.0%	72.2%	12/17/2013	Disapproved	0.0%	72.2%				58.5%
Nevada	39.0%	6/7/2004	39.0%	30.0%	11/30/2010	10.0%	77.8%	2/4/2014	10/16/2014	35.0%	Not Filing				106.4%
Ohio	39.0%	6/10/2004	25.0%	34.7%	6/1/2010	34.7%	68.2%	3/11/2014	3/31/2015	15.0%	46.3%				93.6%
Oklahoma	39.0%	8/25/2004	25.0%	30.0%	11/15/2010	10.0%	93.2%	12/19/2013	3/17/2014	25.0%	54.6%	5/21/2015			71.9%
Pennsylvania	39.0%	8/10/2004	39.0%	30.0%	7/28/2010	14.9%	71.0%	11/6/2013	2/28/2014	15.0%	48.7%	4/14/2015	7/21/2015	15.0%	111.3%
South Carolina	39.0%	7/12/2004	39.0%	30.0%	Withdrawn	Withdrawn	91.7%	10/21/2013	2/4/2014	20.0%	59.8%	3/27/2015	5/4/2015	20.0%	100.2%
South Dakota	39.0%	6/7/2004	39.0%	30.0%	4/9/2010	30.0%	50.0%	2/7/2014	3/5/2014	50.0%	Not Filing				171.1%
Tennessee	39.0%	6/25/2004	39.0%	30.0%	6/24/2010	10.0%	77.8%	12/3/2013	4/14/2014	77.8%	Not Filing				171.9%
Texas	39.0%	9/15/2004	30.0%	30.0%	7/16/2010	13.0%	83.8%	3/13/2014	4/28/2014	16.0%	58.4%				70.4%
Utah	39.0%	10/28/2004	39.0%	30.0%	Disapproved	0.0%	91.7%	7/22/2014	11/5/2014	30.0%	47.5%				80.7%
Virginia	39.0%	5/6/2005	39.0%	30.0%	7/24/2011	27.9%	16.8%		6/3/2014						77.8%
Vermont	39.0%	7/19/2005	25.0%	30.0%	Disapproved	0.0%	100.0%	12/5/2013	Disapproved	0.0%	Not Filing				25.0%
Washington	39.0%	7/7/2004	39.0%	30.0%	3/22/2010	30.0%	14.3%	6/24/2014	8/14/2014	14.3%	Not Filing				106.5%
Wisconsin	39.0%	5/21/2004	39.0%	30.0%	6/25/2010	30.0%	50.0%	12/18/2013	2/27/2014	50.0%	Not Filing				171.1%
Wyoming	39.0%	5/6/2004	39.0%	30.0%	6/4/2010	30.0%	50.0%	2/6/2014	2/7/2014	50.0%	Not Filing				171.1%
											Nationwide Average (Excluding Virginia)			96.0%	
											Virginia Rate Increase to Achieve Nationwide Average			10.3%	

*Alaska does not require Long Term Care rates to be filed before use.

**The company is generally filing in jurisdictions where the requested third round rate increase was not achieved.

In some instances filings are not being pursued due to regulatory restrictions or because the third round rate increase was phased-in over multiple years.

State: Virginia

Filing Company:

MetLife Insurance Company USA

TOI/Sub-TOI: LTC04I Individual Long Term Care - Nursing Home/LTC04I.002 Non Qualified

Product Name: Long-Term Care

Project Name/Number: 2013 Rate Increase/145GEC01-30

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
01/12/2016	Withdrawn 01/14/2016	Supporting Document	Long Term Care Insurance Rate Request Summary	01/14/2016	Long Term Care Insurance Rate Request Summary Part 1_LTC3+ NQ FO_20151104.pdf (Superseded)
11/04/2015	Withdrawn 01/14/2016	Rate	Rate Tables	01/12/2016	Prem_Current_LTC3+_NQ_FO_VA_20150326.pdf (Superseded) Prem_LTC3+_NQ_FO_VA_10.3_20151104.pdf
11/04/2015	Withdrawn 01/14/2016	Rate	Rate Tables	01/12/2016	Prem_Current_LTC3+_NQ_FO_VA_20150326.pdf (Superseded) Prem_LTC3+_NQ_FO_VA_10.3_20151104.pdf (Superseded)
11/04/2015	Withdrawn 01/14/2016	Rate	Rate Tables	01/12/2016	Prem_Current_LTC3+_NQ_FO_VA_20150326.pdf (Superseded) Prem_LTC3+_NQ_FO_VA_10.3_20151104.pdf (Superseded)
11/04/2015	Withdrawn 01/14/2016	Rate	Rate Tables	01/12/2016	Prem_Current_LTC3+_NQ_FO_VA_20150326.pdf (Superseded) Prem_LTC3+_NQ_FO_VA_10.3_20151104.pdf (Superseded)
11/04/2015	Withdrawn 01/14/2016	Rate	Rate Tables	01/12/2016	Prem_Current_LTC3+_NQ_FO_VA_20150326.pdf (Superseded) Prem_LTC3+_NQ_FO_VA_10.3_20151104.pdf (Superseded)
11/04/2015	Withdrawn 01/14/2016	Supporting Document	L&H Actuarial Memorandum	01/13/2016	AM_LTC3+_NQ_FO_VA_20151104.pdf (Superseded)
11/04/2015	Withdrawn 01/14/2016	Supporting Document	Long Term Care Insurance Rate Request Summary	01/12/2016	Long Term Care Insurance Rate Request Summary Part 1_LTC3+ NQ FO_20151104.pdf
03/06/2015	Withdrawn 01/14/2016	Supporting Document	Long Term Care Insurance Rate Request Summary	11/04/2015	Long Term Care Insurance Rate Request Summary Part 1_LTC3+ NQ FO_20150326.pdf (Superseded)
03/06/2015	Withdrawn 01/14/2016	Rate	Rate Tables	11/04/2015	Prem_Current_LTC3+_NQ_FO_VA_20150326.pdf Prem_LTC3+_NQ_FO_VA_16.8_20150326.pdf (Superseded)

SERFF Tracking #:

MILL-129963541

State Tracking #:

MILL-129963541

Company Tracking #:

LTC3+ NQ FO

State:

Virginia

Filing Company:

MetLife Insurance Company USA

TOI/Sub-TOI:

LTC04I Individual Long Term Care - Nursing Home/LTC04I.002 Non Qualified

Product Name:

Long-Term Care

Project Name/Number:

2013 Rate Increase/145GEC01-30

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/06/2015	Withdrawn 01/14/2016	Rate	Rate Tables	11/04/2015	Prem_Current_LTC3+_NQ_FO_VA_20150326.pdf Prem_LTC3+_NQ_FO_VA_16.8_20150326.pdf (Superceded)
03/06/2015	Withdrawn 01/14/2016	Rate	Rate Tables	11/04/2015	Prem_Current_LTC3+_NQ_FO_VA_20150326.pdf Prem_LTC3+_NQ_FO_VA_16.8_20150326.pdf (Superceded)
03/06/2015	Withdrawn 01/14/2016	Rate	Rate Tables	11/04/2015	Prem_Current_LTC3+_NQ_FO_VA_20150326.pdf Prem_LTC3+_NQ_FO_VA_16.8_20150326.pdf (Superceded)
03/06/2015	Withdrawn 01/14/2016	Rate	Rate Tables	11/04/2015	Prem_Current_LTC3+_NQ_FO_VA_20150326.pdf Prem_LTC3+_NQ_FO_VA_16.8_20150326.pdf (Superceded)
03/06/2015	Withdrawn 01/14/2016	Supporting Document	L&H Actuarial Memorandum	11/04/2015	AM_LTC3+_NQ_FO_VA_20150326.pdf (Superceded)

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Reset Form

Company Name and NAIC Number: MetLife Insurance Company USA, NAIC # 87726

SERFF Tracking Number: MILL-129963541

Effective Date: On Approval

(Projected) Number of Insureds Affected: 49

New Rates
Average Annual Premium Per Member: 2,309

Revised Rates

Average Annual Premium Per Member: 2,547

Average Requested Percentage Rate Change Per Member: 10.3%

Minimum Requested Percentage Rate Change Per Member: 10.3%

Maximum Requested Percentage Rate Change Per Member: 10.3%

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
H-LTC3JFO H-LTC3JFO2 H-5AIFO H-COLRFO H-NF3	Nursing Facility Only Nursing Facility Only Annual 5% Benefit Inflation Rider Cost of Living (CPI) Benefit Inflation Rider Nonforfeiture Benefit Rider

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	170.67	158.23	144.00	18-44	11.56	11.56	10.67
45-49	195.56	183.11	167.11	45-49	14.22	13.33	12.44
50-54	220.45	208.00	193.78	50-54	16.00	15.11	14.22
55	304.01	282.67	259.56	55	20.44	19.56	18.67
56	325.34	302.23	277.34	56	22.22	21.33	20.44
57	348.45	323.56	296.89	57	24.00	22.22	21.33
58	373.34	346.67	316.45	58	25.78	24.00	22.22
59	400.01	369.78	339.56	59	26.67	25.78	24.00
60	426.67	394.67	360.90	60	28.44	26.67	24.89
61	456.90	423.12	385.78	61	31.11	29.33	26.67
62	488.90	451.56	412.45	62	32.89	31.11	28.44
63	522.68	481.79	439.12	63	35.56	32.89	30.22
64	560.01	515.56	469.34	64	38.22	35.56	32.00
65	597.34	549.34	499.56	65	40.00	37.33	33.78
66	654.23	600.90	545.79	66	44.45	40.89	37.33
67	716.46	656.01	595.57	67	48.89	45.33	40.89
68	785.79	716.46	648.90	68	53.33	48.89	43.56
69	860.46	784.01	707.57	69	57.78	53.33	48.00
70	940.46	855.13	769.79	70	63.11	57.78	51.56
71	1,038.24	940.46	840.90	71	70.22	64.00	56.89
72	1,146.69	1,032.91	919.13	72	77.33	70.22	62.22
73	1,265.80	1,134.24	1,002.68	73	85.33	77.33	67.56
74	1,395.58	1,246.24	1,095.13	74	94.22	84.45	73.78

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,539.58	1,367.14	1,194.69	75	104.00	92.45	80.00
76	1,733.36	1,539.58	1,345.80	76	117.34	104.00	90.67
77	1,952.04	1,733.36	1,512.92	77	131.56	117.34	101.34
78	2,197.37	1,950.26	1,703.14	78	148.45	131.56	114.67
79	2,472.93	2,195.60	1,916.48	79	166.23	147.56	128.89
80		2,469.38	2,154.71	80	186.67	165.34	144.00
81		2,778.72	2,424.93	81	210.67	186.67	162.67
82		3,127.17	2,727.16	82	236.45	209.78	183.11
83		3,520.06	3,068.50	83	265.78	235.56	205.34
84		3,960.96	3,452.51	84	298.67	264.89	231.12
				85	335.12	297.78	259.56
				86	377.78	335.12	292.45
				87	424.90	376.90	328.89
				88	477.34	424.01	369.78
				89	536.90	477.34	416.01
				90	604.46	536.90	468.45
				91	680.01	604.46	526.23
				92	764.46	680.01	592.01
				93	860.46	764.46	666.68
				94	968.02	859.57	749.35
				95	1,088.91	967.13	843.57
				96	1,224.91	1,088.02	948.46
				97	1,377.80	1,224.02	1,067.57
				98	1,550.25	1,376.91	1,200.91
				99	1,743.14	1,549.36	1,350.25

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	193.78	183.11	170.67	18-44	13.33	13.33	12.44
45-49	227.56	215.12	199.11	45-49	16.00	15.11	14.22
50-54	266.67	248.89	231.12	50-54	17.78	16.89	16.00
55	355.56	337.78	320.01	55	24.89	23.11	21.33
56	382.23	362.67	343.12	56	26.67	24.89	23.11
57	410.67	387.56	364.45	57	28.44	26.67	24.89
58	440.90	416.01	389.34	58	30.22	28.44	26.67
59	472.90	444.45	416.01	59	32.00	30.22	28.44
60	506.68	474.68	442.67	60	33.78	32.00	30.22
61	542.23	508.45	474.68	61	36.45	34.67	32.89
62	579.57	544.01	508.45	62	39.11	37.33	34.67
63	618.68	581.34	545.79	63	41.78	40.00	37.33
64	659.57	622.23	584.90	64	45.33	42.67	40.00
65	704.01	664.90	625.79	65	48.00	45.33	41.78
66	764.46	723.57	682.68	66	52.45	49.78	46.22
67	828.46	785.79	743.12	67	56.89	53.33	49.78
68	899.57	855.13	810.68	68	61.33	57.78	54.22
69	974.24	928.02	881.79	69	65.78	63.11	59.56
70	1,056.02	1,008.02	960.02	70	71.11	67.56	64.00
71	1,168.02	1,118.24	1,066.69	71	79.11	75.56	72.00
72	1,292.47	1,237.36	1,184.02	72	87.11	83.56	79.11
73	1,427.58	1,370.69	1,315.58	73	96.00	92.45	88.00
74	1,578.70	1,518.25	1,459.58	74	105.78	102.22	97.78

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,744.03	1,681.81	1,619.58	75	116.45	112.89	108.45
76	1,962.70	1,893.37	1,822.26	76	131.56	127.11	122.67
77	2,208.04	2,129.82	2,049.81	77	147.56	143.11	137.78
78	2,483.60	2,396.49	2,305.82	78	166.23	160.89	154.67
79	2,794.72	2,695.16	2,593.82	79	186.67	180.45	174.23
				80	209.78	202.67	195.56
				81	236.45	228.45	220.45
				82	265.78	256.89	248.00
				83	298.67	288.89	279.12
				84	336.01	325.34	313.78
				85	377.78	365.34	352.01
				86	425.79	411.56	396.45
				87	478.23	463.12	446.23
				88	538.68	520.90	501.34
				89	605.34	585.79	564.45
				90	680.90	658.68	634.68
				91	766.24	741.35	713.79
				92	862.24	833.79	803.57
				93	969.80	937.79	904.02
				94	1,090.69	1,055.13	1,016.91
				95	1,227.58	1,186.69	1,143.13
				96	1,380.47	1,335.14	1,286.25
				97	1,552.92	1,502.25	1,447.14
				98	1,747.59	1,689.81	1,627.59
				99	1,965.37	1,900.48	1,831.14

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	225.78	216.89	206.23	18-44	15.11	15.11	14.22
45-49	268.45	252.45	236.45	45-49	18.67	17.78	16.89
50-54	316.45	293.34	270.23	50-54	21.33	20.44	18.67
55	432.01	401.79	371.56	55	30.22	28.44	25.78
56	465.79	432.01	398.23	56	32.89	31.11	27.56
57	499.56	464.01	426.67	57	35.56	32.89	29.33
58	536.90	497.79	456.90	58	37.33	34.67	32.00
59	577.79	533.34	488.90	59	40.00	37.33	33.78
60	620.46	572.45	522.68	60	42.67	39.11	35.56
61	668.46	615.12	560.01	61	46.22	42.67	38.22
62	718.24	659.57	599.12	62	49.78	45.33	40.89
63	773.35	707.57	640.01	63	53.33	48.89	43.56
64	830.24	759.12	684.46	64	56.89	51.56	47.11
65	892.46	812.46	730.68	65	60.45	55.11	49.78
66	974.24	885.35	796.46	66	66.67	60.45	54.22
67	1,063.13	965.35	865.79	67	72.00	65.78	58.67
68	1,160.91	1,052.46	942.24	68	78.22	71.11	64.00
69	1,265.80	1,146.69	1,024.02	69	85.33	77.33	69.33
70	1,381.36	1,248.02	1,112.91	70	92.45	83.56	74.67
71	1,518.25	1,376.02	1,232.02	71	102.22	92.45	82.67
72	1,667.59	1,516.47	1,361.80	72	112.00	102.22	91.56
73	1,832.92	1,671.14	1,505.81	73	123.56	112.00	101.34
74	2,014.26	1,840.03	1,664.03	74	135.11	123.56	112.00

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,211.60	2,026.70	1,840.03	75	148.45	136.00	123.56
76	2,490.71	2,280.93	2,071.15	76	167.11	153.78	139.56
77	2,801.83	2,567.16	2,330.71	77	188.45	172.45	156.45
78	3,153.83	2,888.94	2,624.05	78	211.56	193.78	176.00
79	3,548.51	3,249.84	2,951.16	79	237.34	217.78	198.23
				80	266.67	244.45	222.23
				81	300.45	275.56	250.67
				82	337.78	309.34	281.78
				83	379.56	348.45	316.45
				84	427.56	392.01	356.45
				85	480.01	440.01	400.01
				86	540.45	495.12	450.67
				87	608.01	557.34	506.68
				88	683.57	626.68	569.79
				89	768.90	704.90	640.90
				90	865.79	793.79	720.90
				91	973.35	892.46	811.57
				92	1,095.13	1,003.57	912.91
				93	1,232.02	1,129.80	1,026.69
				94	1,385.80	1,270.25	1,154.69
				95	1,559.14	1,429.36	1,299.58
				96	1,753.81	1,608.03	1,461.36
				97	1,973.37	1,808.92	1,644.47
				98	2,219.60	2,034.70	1,849.81
				99	2,496.93	2,288.93	2,080.93

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	268.45	257.78	245.34	18-44	18.67	17.78	16.89
45-49	320.01	305.78	289.78	45-49	23.11	21.33	20.44
50-54	380.45	360.90	339.56	50-54	26.67	24.89	23.11
55	542.23	510.23	478.23	55	37.33	34.67	32.00
56	584.90	547.57	512.01	56	40.89	37.33	34.67
57	629.34	588.46	545.79	57	43.56	40.89	37.33
58	677.35	629.34	583.12	58	47.11	43.56	40.00
59	727.12	675.57	624.01	59	49.78	47.11	42.67
60	782.24	723.57	664.90	60	53.33	49.78	45.33
61	842.68	776.90	712.90	61	57.78	53.33	48.89
62	906.68	833.79	762.68	62	62.22	57.78	52.45
63	974.24	896.02	816.01	63	66.67	61.33	56.00
64	1,048.91	961.80	874.68	64	72.00	65.78	59.56
65	1,127.13	1,031.13	935.13	65	76.45	70.22	63.11
66	1,214.24	1,116.46	1,020.46	66	82.67	76.45	69.33
67	1,304.91	1,208.91	1,112.91	67	88.89	82.67	74.67
68	1,404.47	1,308.47	1,212.47	68	95.11	88.89	81.78
69	1,511.14	1,416.91	1,320.91	69	102.22	96.00	88.89
70	1,624.92	1,532.47	1,440.03	70	109.34	103.11	96.00
71	1,804.48	1,696.03	1,589.36	71	121.78	114.67	106.67
72	2,003.59	1,877.37	1,751.14	72	135.11	126.22	117.34
73	2,224.04	2,078.26	1,930.70	73	149.34	139.56	129.78
74	2,469.38	2,300.49	2,129.82	74	165.34	154.67	143.11

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,739.61	2,544.05	2,346.71	75	183.11	170.67	157.34
76	3,082.72	2,864.05	2,641.83	76	206.23	192.00	177.78
77	3,468.51	3,223.17	2,974.28	77	232.00	216.00	199.11
78	3,904.07	3,626.73	3,345.84	78	261.34	242.67	224.00
79	4,391.19	4,080.07	3,767.18	79	293.34	272.89	251.56
				80	329.78	306.67	282.67
				81	371.56	345.78	318.23
				82	417.79	388.45	358.23
				83	470.23	436.45	402.67
				84	528.90	491.56	453.34
				85	594.68	552.01	509.34
				86	669.35	621.34	573.34
				87	752.90	698.68	645.35
				88	847.13	786.68	725.35
				89	952.91	884.46	816.01
				90	1,072.02	995.57	918.24
				91	1,206.24	1,119.13	1,032.91
				92	1,356.47	1,259.58	1,161.80
				93	1,526.25	1,416.91	1,307.58
				94	1,717.36	1,593.81	1,470.25
				95	1,931.59	1,792.92	1,654.25
				96	2,173.37	2,016.93	1,861.37
				97	2,444.49	2,269.37	2,093.37
				98	2,750.27	2,552.94	2,355.60
				99	3,093.39	2,872.05	2,649.83

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	318.23	296.89	273.78	18-44	21.33	20.44	19.56
45-49	373.34	350.23	325.34	45-49	25.78	24.89	23.11
50-54	435.56	410.67	384.01	50-54	30.22	28.44	26.67
55	570.68	535.12	499.56	55	39.11	37.33	34.67
56	604.46	567.12	531.57	56	41.78	40.00	37.33
57	640.01	600.90	563.57	57	44.45	41.78	39.11
58	677.35	638.23	597.34	58	46.22	44.45	40.89
59	718.24	675.57	632.90	59	48.89	47.11	43.56
60	759.12	714.68	670.23	60	51.56	48.89	45.33
61	805.35	757.35	709.35	61	55.11	52.45	48.89
62	851.57	801.79	752.01	62	57.78	55.11	51.56
63	901.35	848.02	794.68	63	61.33	58.67	54.22
64	954.68	897.79	840.90	64	64.89	61.33	57.78
65	1,009.80	949.35	888.91	65	68.45	64.89	60.45
66	1,096.91	1,031.13	965.35	66	74.67	70.22	65.78
67	1,189.35	1,118.24	1,047.13	67	80.89	76.45	71.11
68	1,290.69	1,214.24	1,137.80	68	87.11	82.67	77.33
69	1,400.91	1,317.36	1,233.80	69	95.11	88.89	83.56
70	1,518.25	1,429.36	1,338.69	70	102.22	96.00	89.78
71	1,667.59	1,569.81	1,470.25	71	112.89	105.78	98.67
72	1,831.14	1,722.70	1,612.47	72	123.56	116.45	108.45
73	2,010.70	1,889.81	1,768.92	73	135.11	127.11	119.11
74	2,206.26	2,074.70	1,941.37	74	148.45	139.56	130.67

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,421.38	2,275.60	2,128.04	75	161.78	152.89	143.11
76	2,725.38	2,561.82	2,396.49	76	182.23	172.45	160.89
77	3,064.94	2,881.83	2,696.94	77	205.34	193.78	181.34
78	3,448.95	3,242.73	3,034.72	78	231.12	217.78	203.56
79	3,879.18	3,648.07	3,415.17	79	259.56	244.45	229.34
80		4,103.19	3,843.63	80		274.67	256.89
81		4,616.97	4,325.41	81		309.34	289.78
82		5,194.76	4,865.87	82		347.56	325.34
83		5,843.66	5,473.88	83		391.12	366.23
84		6,572.56	6,158.33	84		440.01	412.45

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	382.23	357.34	332.45	18-44	25.78	24.89	23.11
45-49	451.56	423.12	396.45	45-49	31.11	30.22	27.56
50-54	529.79	499.56	469.34	50-54	36.45	34.67	32.00
55	705.79	663.12	620.46	55	47.11	44.45	41.78
56	746.68	702.23	657.79	56	50.67	48.00	44.45
57	789.35	743.12	696.90	57	53.33	50.67	47.11
58	833.79	787.57	737.79	58	56.89	53.33	49.78
59	881.79	832.02	782.24	59	59.56	56.89	52.45
60	931.57	880.02	826.68	60	63.11	59.56	55.11
61	986.68	931.57	874.68	61	67.56	63.11	58.67
62	1,045.35	986.68	926.24	62	71.11	67.56	62.22
63	1,105.80	1,043.57	977.80	63	75.56	71.11	65.78
64	1,171.58	1,104.02	1,034.69	64	79.11	75.56	70.22
65	1,239.13	1,166.24	1,093.35	65	83.56	79.11	73.78
66	1,347.58	1,267.58	1,189.35	66	91.56	86.22	80.89
67	1,463.14	1,377.80	1,292.47	67	98.67	93.34	87.11
68	1,589.36	1,496.92	1,404.47	68	107.56	101.34	95.11
69	1,728.03	1,626.70	1,527.14	69	116.45	110.22	103.11
70	1,875.59	1,767.14	1,658.70	70	126.22	119.11	111.11
71	2,064.04	1,944.92	1,824.03	71	138.67	131.56	122.67
72	2,270.26	2,138.71	2,005.37	72	152.89	144.00	135.11
73	2,497.82	2,352.04	2,204.48	73	168.00	158.23	148.45
74	2,748.49	2,584.94	2,421.38	74	184.00	173.34	162.67
75	3,022.28	2,842.72	2,661.38	75	201.78	190.23	178.67
76	3,400.95	3,200.06	2,995.61	76	227.56	214.23	200.89
77	3,825.85	3,600.07	3,372.51	77	256.00	240.89	226.67
78	4,304.08	4,049.85	3,795.62	78	288.01	271.12	254.23
79	4,840.98	4,556.53	4,270.30	79	323.56	304.89	286.23

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	492.45	464.01	433.79	18-44	32.89	31.11	29.33
45-49	584.90	551.12	515.56	45-49	40.00	37.33	35.56
50-54	693.35	652.46	611.57	50-54	47.11	44.45	41.78
55	924.46	865.79	807.13	55	62.22	58.67	55.11
56	979.57	917.35	855.13	56	66.67	62.22	58.67
57	1,036.46	970.68	904.91	57	70.22	65.78	61.33
58	1,096.91	1,027.57	958.24	58	74.67	69.33	64.89
59	1,160.91	1,088.02	1,013.35	59	78.22	73.78	68.45
60	1,228.47	1,150.24	1,072.02	60	82.67	77.33	72.00
61	1,303.13	1,217.80	1,134.24	61	88.00	81.78	76.45
62	1,379.58	1,288.91	1,198.24	62	93.34	87.11	80.89
63	1,461.36	1,363.58	1,267.58	63	97.78	91.56	85.33
64	1,548.47	1,443.58	1,338.69	64	104.00	96.89	90.67
65	1,639.14	1,527.14	1,415.14	65	109.34	102.22	95.11
66	1,784.92	1,665.81	1,546.69	66	119.11	112.00	104.00
67	1,941.37	1,815.14	1,687.14	67	129.78	121.78	113.78
68	2,112.04	1,976.92	1,843.59	68	141.34	132.45	123.56
69	2,296.93	2,154.71	2,012.48	69	153.78	144.89	135.11
70	2,497.82	2,346.71	2,195.60	70	167.11	157.34	146.67
71	2,737.83	2,568.94	2,398.27	71	183.11	172.45	160.89
72	3,000.94	2,810.72	2,620.49	72	200.89	188.45	175.11
73	3,287.17	3,075.61	2,862.27	73	219.56	206.23	191.11
74	3,601.84	3,363.62	3,125.39	74	240.89	224.89	208.89
75	3,946.74	3,680.07	3,413.40	75	263.12	245.34	227.56
76	4,376.97	4,097.85	3,818.74	76	292.45	273.78	255.12
77	4,853.42	4,561.86	4,270.30	77	323.56	304.89	285.34
78	5,379.65	5,079.20	4,776.98	78	359.12	338.67	319.12
79	5,966.33	5,653.44	5,342.32	79	398.23	376.90	356.45

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	650.68	616.90	583.12	18-44	43.56	41.78	40.00
45-49	780.46	743.12	704.01	45-49	52.45	50.67	48.00
50-54	935.13	892.46	849.79	50-54	63.11	60.45	56.89
55	1,232.02	1,169.80	1,105.80	55	83.56	79.11	74.67
56	1,304.91	1,237.36	1,168.02	56	88.89	83.56	79.11
57	1,381.36	1,308.47	1,233.80	57	93.34	88.00	83.56
58	1,463.14	1,384.91	1,303.13	58	98.67	93.34	88.00
59	1,548.47	1,463.14	1,376.02	59	104.00	98.67	92.45
60	1,639.14	1,546.69	1,452.47	60	109.34	103.11	96.89
61	1,733.36	1,633.81	1,532.47	61	116.45	109.34	103.11
62	1,831.14	1,724.48	1,616.03	62	122.67	115.56	108.45
63	1,936.04	1,820.48	1,704.92	63	129.78	121.78	114.67
64	2,046.26	1,921.81	1,797.37	64	137.78	128.89	120.89
65	2,161.82	2,028.48	1,895.15	65	144.89	136.00	127.11
66	2,323.60	2,192.04	2,062.26	66	155.56	147.56	138.67
67	2,496.05	2,368.04	2,241.82	67	167.11	159.11	150.22
68	2,680.94	2,560.05	2,437.38	68	179.56	171.56	163.56
69	2,880.05	2,764.49	2,648.94	69	192.89	184.89	176.89
70	3,093.39	2,986.72	2,880.05	70	206.23	199.11	192.00
71	3,393.84	3,269.39	3,146.72	71	226.67	218.67	209.78
72	3,720.96	3,578.73	3,438.28	72	248.89	239.12	229.34
73	4,080.07	3,918.29	3,754.73	73	272.00	261.34	250.67
74	4,474.75	4,288.08	4,101.41	74	298.67	286.23	273.78
75	4,906.76	4,693.42	4,480.08	75	327.12	312.89	298.67
76	5,456.10	5,205.43	4,952.98	76	364.45	347.56	330.67
77	6,067.67	5,770.77	5,473.88	77	405.34	385.78	365.34
78	6,745.01	6,398.34	6,048.11	78	450.67	427.56	404.45
79	7,500.58	7,093.46	6,684.57	79	500.45	473.79	446.23

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	170.67	158.23	144.00	18-44	11.56	11.56	10.67
45-49	195.56	183.11	167.11	45-49	14.22	13.33	12.44
50-54	220.45	208.00	193.78	50-54	16.00	15.11	14.22
55	304.01	282.67	259.56	55	20.44	19.56	18.67
56	325.34	302.23	277.34	56	22.22	21.33	20.44
57	348.45	323.56	296.89	57	24.00	22.22	21.33
58	373.34	346.67	316.45	58	25.78	24.00	22.22
59	400.01	369.78	339.56	59	26.67	25.78	24.00
60	426.67	394.67	360.90	60	28.44	26.67	24.89
61	456.90	423.12	385.78	61	31.11	29.33	26.67
62	488.90	451.56	412.45	62	32.89	31.11	28.44
63	522.68	481.79	439.12	63	35.56	32.89	30.22
64	560.01	515.56	469.34	64	38.22	35.56	32.00
65	597.34	549.34	499.56	65	40.00	37.33	33.78
66	654.23	600.90	545.79	66	44.45	40.89	37.33
67	716.46	656.01	595.57	67	48.89	45.33	40.89
68	785.79	716.46	648.90	68	53.33	48.89	43.56
69	860.46	784.01	707.57	69	57.78	53.33	48.00
70	940.46	855.13	769.79	70	63.11	57.78	51.56
71	1,038.24	940.46	840.90	71	70.22	64.00	56.89
72	1,146.69	1,032.91	919.13	72	77.33	70.22	62.22
73	1,265.80	1,134.24	1,002.68	73	85.33	77.33	67.56
74	1,395.58	1,246.24	1,095.13	74	94.22	84.45	73.78

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,539.58	1,367.14	1,194.69	75	104.00	92.45	80.00
76	1,733.36	1,539.58	1,345.80	76	117.34	104.00	90.67
77	1,952.04	1,733.36	1,512.92	77	131.56	117.34	101.34
78	2,197.37	1,950.26	1,703.14	78	148.45	131.56	114.67
79	2,472.93	2,195.60	1,916.48	79	166.23	147.56	128.89
80		2,469.38	2,154.71	80	186.67	165.34	144.00
81		2,778.72	2,424.93	81	210.67	186.67	162.67
82		3,127.17	2,727.16	82	236.45	209.78	183.11
83		3,520.06	3,068.50	83	265.78	235.56	205.34
84		3,960.96	3,452.51	84	298.67	264.89	231.12
				85	335.12	297.78	259.56
				86	377.78	335.12	292.45
				87	424.90	376.90	328.89
				88	477.34	424.01	369.78
				89	536.90	477.34	416.01
				90	604.46	536.90	468.45
				91	680.01	604.46	526.23
				92	764.46	680.01	592.01
				93	860.46	764.46	666.68
				94	968.02	859.57	749.35
				95	1,088.91	967.13	843.57
				96	1,224.91	1,088.02	948.46
				97	1,377.80	1,224.02	1,067.57
				98	1,550.25	1,376.91	1,200.91
				99	1,743.14	1,549.36	1,350.25

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	193.78	183.11	170.67	18-44	13.33	13.33	12.44
45-49	227.56	215.12	199.11	45-49	16.00	15.11	14.22
50-54	266.67	248.89	231.12	50-54	17.78	16.89	16.00
55	355.56	337.78	320.01	55	24.89	23.11	21.33
56	382.23	362.67	343.12	56	26.67	24.89	23.11
57	410.67	387.56	364.45	57	28.44	26.67	24.89
58	440.90	416.01	389.34	58	30.22	28.44	26.67
59	472.90	444.45	416.01	59	32.00	30.22	28.44
60	506.68	474.68	442.67	60	33.78	32.00	30.22
61	542.23	508.45	474.68	61	36.45	34.67	32.89
62	579.57	544.01	508.45	62	39.11	37.33	34.67
63	618.68	581.34	545.79	63	41.78	40.00	37.33
64	659.57	622.23	584.90	64	45.33	42.67	40.00
65	704.01	664.90	625.79	65	48.00	45.33	41.78
66	764.46	723.57	682.68	66	52.45	49.78	46.22
67	828.46	785.79	743.12	67	56.89	53.33	49.78
68	899.57	855.13	810.68	68	61.33	57.78	54.22
69	974.24	928.02	881.79	69	65.78	63.11	59.56
70	1,056.02	1,008.02	960.02	70	71.11	67.56	64.00
71	1,168.02	1,118.24	1,066.69	71	79.11	75.56	72.00
72	1,292.47	1,237.36	1,184.02	72	87.11	83.56	79.11
73	1,427.58	1,370.69	1,315.58	73	96.00	92.45	88.00
74	1,578.70	1,518.25	1,459.58	74	105.78	102.22	97.78

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,744.03	1,681.81	1,619.58	75	116.45	112.89	108.45
76	1,962.70	1,893.37	1,822.26	76	131.56	127.11	122.67
77	2,208.04	2,129.82	2,049.81	77	147.56	143.11	137.78
78	2,483.60	2,396.49	2,305.82	78	166.23	160.89	154.67
79	2,794.72	2,695.16	2,593.82	79	186.67	180.45	174.23
				80	209.78	202.67	195.56
				81	236.45	228.45	220.45
				82	265.78	256.89	248.00
				83	298.67	288.89	279.12
				84	336.01	325.34	313.78
				85	377.78	365.34	352.01
				86	425.79	411.56	396.45
				87	478.23	463.12	446.23
				88	538.68	520.90	501.34
				89	605.34	585.79	564.45
				90	680.90	658.68	634.68
				91	766.24	741.35	713.79
				92	862.24	833.79	803.57
				93	969.80	937.79	904.02
				94	1,090.69	1,055.13	1,016.91
				95	1,227.58	1,186.69	1,143.13
				96	1,380.47	1,335.14	1,286.25
				97	1,552.92	1,502.25	1,447.14
				98	1,747.59	1,689.81	1,627.59
				99	1,965.37	1,900.48	1,831.14

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	225.78	216.89	206.23	18-44	15.11	15.11	14.22
45-49	268.45	252.45	236.45	45-49	18.67	17.78	16.89
50-54	316.45	293.34	270.23	50-54	21.33	20.44	18.67
55	432.01	401.79	371.56	55	30.22	28.44	25.78
56	465.79	432.01	398.23	56	32.89	31.11	27.56
57	499.56	464.01	426.67	57	35.56	32.89	29.33
58	536.90	497.79	456.90	58	37.33	34.67	32.00
59	577.79	533.34	488.90	59	40.00	37.33	33.78
60	620.46	572.45	522.68	60	42.67	39.11	35.56
61	668.46	615.12	560.01	61	46.22	42.67	38.22
62	718.24	659.57	599.12	62	49.78	45.33	40.89
63	773.35	707.57	640.01	63	53.33	48.89	43.56
64	830.24	759.12	684.46	64	56.89	51.56	47.11
65	892.46	812.46	730.68	65	60.45	55.11	49.78
66	974.24	885.35	796.46	66	66.67	60.45	54.22
67	1,063.13	965.35	865.79	67	72.00	65.78	58.67
68	1,160.91	1,052.46	942.24	68	78.22	71.11	64.00
69	1,265.80	1,146.69	1,024.02	69	85.33	77.33	69.33
70	1,381.36	1,248.02	1,112.91	70	92.45	83.56	74.67
71	1,518.25	1,376.02	1,232.02	71	102.22	92.45	82.67
72	1,667.59	1,516.47	1,361.80	72	112.00	102.22	91.56
73	1,832.92	1,671.14	1,505.81	73	123.56	112.00	101.34
74	2,014.26	1,840.03	1,664.03	74	135.11	123.56	112.00

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,211.60	2,026.70	1,840.03	75	148.45	136.00	123.56
76	2,490.71	2,280.93	2,071.15	76	167.11	153.78	139.56
77	2,801.83	2,567.16	2,330.71	77	188.45	172.45	156.45
78	3,153.83	2,888.94	2,624.05	78	211.56	193.78	176.00
79	3,548.51	3,249.84	2,951.16	79	237.34	217.78	198.23
				80	266.67	244.45	222.23
				81	300.45	275.56	250.67
				82	337.78	309.34	281.78
				83	379.56	348.45	316.45
				84	427.56	392.01	356.45
				85	480.01	440.01	400.01
				86	540.45	495.12	450.67
				87	608.01	557.34	506.68
				88	683.57	626.68	569.79
				89	768.90	704.90	640.90
				90	865.79	793.79	720.90
				91	973.35	892.46	811.57
				92	1,095.13	1,003.57	912.91
				93	1,232.02	1,129.80	1,026.69
				94	1,385.80	1,270.25	1,154.69
				95	1,559.14	1,429.36	1,299.58
				96	1,753.81	1,608.03	1,461.36
				97	1,973.37	1,808.92	1,644.47
				98	2,219.60	2,034.70	1,849.81
				99	2,496.93	2,288.93	2,080.93

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	268.45	257.78	245.34	18-44	18.67	17.78	16.89
45-49	320.01	305.78	289.78	45-49	23.11	21.33	20.44
50-54	380.45	360.90	339.56	50-54	26.67	24.89	23.11
55	542.23	510.23	478.23	55	37.33	34.67	32.00
56	584.90	547.57	512.01	56	40.89	37.33	34.67
57	629.34	588.46	545.79	57	43.56	40.89	37.33
58	677.35	629.34	583.12	58	47.11	43.56	40.00
59	727.12	675.57	624.01	59	49.78	47.11	42.67
60	782.24	723.57	664.90	60	53.33	49.78	45.33
61	842.68	776.90	712.90	61	57.78	53.33	48.89
62	906.68	833.79	762.68	62	62.22	57.78	52.45
63	974.24	896.02	816.01	63	66.67	61.33	56.00
64	1,048.91	961.80	874.68	64	72.00	65.78	59.56
65	1,127.13	1,031.13	935.13	65	76.45	70.22	63.11
66	1,214.24	1,116.46	1,020.46	66	82.67	76.45	69.33
67	1,304.91	1,208.91	1,112.91	67	88.89	82.67	74.67
68	1,404.47	1,308.47	1,212.47	68	95.11	88.89	81.78
69	1,511.14	1,416.91	1,320.91	69	102.22	96.00	88.89
70	1,624.92	1,532.47	1,440.03	70	109.34	103.11	96.00
71	1,804.48	1,696.03	1,589.36	71	121.78	114.67	106.67
72	2,003.59	1,877.37	1,751.14	72	135.11	126.22	117.34
73	2,224.04	2,078.26	1,930.70	73	149.34	139.56	129.78
74	2,469.38	2,300.49	2,129.82	74	165.34	154.67	143.11

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,739.61	2,544.05	2,346.71	75	183.11	170.67	157.34
76	3,082.72	2,864.05	2,641.83	76	206.23	192.00	177.78
77	3,468.51	3,223.17	2,974.28	77	232.00	216.00	199.11
78	3,904.07	3,626.73	3,345.84	78	261.34	242.67	224.00
79	4,391.19	4,080.07	3,767.18	79	293.34	272.89	251.56
				80	329.78	306.67	282.67
				81	371.56	345.78	318.23
				82	417.79	388.45	358.23
				83	470.23	436.45	402.67
				84	528.90	491.56	453.34
				85	594.68	552.01	509.34
				86	669.35	621.34	573.34
				87	752.90	698.68	645.35
				88	847.13	786.68	725.35
				89	952.91	884.46	816.01
				90	1,072.02	995.57	918.24
				91	1,206.24	1,119.13	1,032.91
				92	1,356.47	1,259.58	1,161.80
				93	1,526.25	1,416.91	1,307.58
				94	1,717.36	1,593.81	1,470.25
				95	1,931.59	1,792.92	1,654.25
				96	2,173.37	2,016.93	1,861.37
				97	2,444.49	2,269.37	2,093.37
				98	2,750.27	2,552.94	2,355.60
				99	3,093.39	2,872.05	2,649.83

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
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**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	318.23	296.89	273.78	18-44	21.33	20.44	19.56
45-49	373.34	350.23	325.34	45-49	25.78	24.89	23.11
50-54	435.56	410.67	384.01	50-54	30.22	28.44	26.67
55	570.68	535.12	499.56	55	39.11	37.33	34.67
56	604.46	567.12	531.57	56	41.78	40.00	37.33
57	640.01	600.90	563.57	57	44.45	41.78	39.11
58	677.35	638.23	597.34	58	46.22	44.45	40.89
59	718.24	675.57	632.90	59	48.89	47.11	43.56
60	759.12	714.68	670.23	60	51.56	48.89	45.33
61	805.35	757.35	709.35	61	55.11	52.45	48.89
62	851.57	801.79	752.01	62	57.78	55.11	51.56
63	901.35	848.02	794.68	63	61.33	58.67	54.22
64	954.68	897.79	840.90	64	64.89	61.33	57.78
65	1,009.80	949.35	888.91	65	68.45	64.89	60.45
66	1,096.91	1,031.13	965.35	66	74.67	70.22	65.78
67	1,189.35	1,118.24	1,047.13	67	80.89	76.45	71.11
68	1,290.69	1,214.24	1,137.80	68	87.11	82.67	77.33
69	1,400.91	1,317.36	1,233.80	69	95.11	88.89	83.56
70	1,518.25	1,429.36	1,338.69	70	102.22	96.00	89.78
71	1,667.59	1,569.81	1,470.25	71	112.89	105.78	98.67
72	1,831.14	1,722.70	1,612.47	72	123.56	116.45	108.45
73	2,010.70	1,889.81	1,768.92	73	135.11	127.11	119.11
74	2,206.26	2,074.70	1,941.37	74	148.45	139.56	130.67

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,421.38	2,275.60	2,128.04	75	161.78	152.89	143.11
76	2,725.38	2,561.82	2,396.49	76	182.23	172.45	160.89
77	3,064.94	2,881.83	2,696.94	77	205.34	193.78	181.34
78	3,448.95	3,242.73	3,034.72	78	231.12	217.78	203.56
79	3,879.18	3,648.07	3,415.17	79	259.56	244.45	229.34
80		4,103.19	3,843.63	80		274.67	256.89
81		4,616.97	4,325.41	81		309.34	289.78
82		5,194.76	4,865.87	82		347.56	325.34
83		5,843.66	5,473.88	83		391.12	366.23
84		6,572.56	6,158.33	84		440.01	412.45

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	382.23	357.34	332.45	18-44	25.78	24.89	23.11
45-49	451.56	423.12	396.45	45-49	31.11	30.22	27.56
50-54	529.79	499.56	469.34	50-54	36.45	34.67	32.00
55	705.79	663.12	620.46	55	47.11	44.45	41.78
56	746.68	702.23	657.79	56	50.67	48.00	44.45
57	789.35	743.12	696.90	57	53.33	50.67	47.11
58	833.79	787.57	737.79	58	56.89	53.33	49.78
59	881.79	832.02	782.24	59	59.56	56.89	52.45
60	931.57	880.02	826.68	60	63.11	59.56	55.11
61	986.68	931.57	874.68	61	67.56	63.11	58.67
62	1,045.35	986.68	926.24	62	71.11	67.56	62.22
63	1,105.80	1,043.57	977.80	63	75.56	71.11	65.78
64	1,171.58	1,104.02	1,034.69	64	79.11	75.56	70.22
65	1,239.13	1,166.24	1,093.35	65	83.56	79.11	73.78
66	1,347.58	1,267.58	1,189.35	66	91.56	86.22	80.89
67	1,463.14	1,377.80	1,292.47	67	98.67	93.34	87.11
68	1,589.36	1,496.92	1,404.47	68	107.56	101.34	95.11
69	1,728.03	1,626.70	1,527.14	69	116.45	110.22	103.11
70	1,875.59	1,767.14	1,658.70	70	126.22	119.11	111.11
71	2,064.04	1,944.92	1,824.03	71	138.67	131.56	122.67
72	2,270.26	2,138.71	2,005.37	72	152.89	144.00	135.11
73	2,497.82	2,352.04	2,204.48	73	168.00	158.23	148.45
74	2,748.49	2,584.94	2,421.38	74	184.00	173.34	162.67
75	3,022.28	2,842.72	2,661.38	75	201.78	190.23	178.67
76	3,400.95	3,200.06	2,995.61	76	227.56	214.23	200.89
77	3,825.85	3,600.07	3,372.51	77	256.00	240.89	226.67
78	4,304.08	4,049.85	3,795.62	78	288.01	271.12	254.23
79	4,840.98	4,556.53	4,270.30	79	323.56	304.89	286.23

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	492.45	464.01	433.79	18-44	32.89	31.11	29.33
45-49	584.90	551.12	515.56	45-49	40.00	37.33	35.56
50-54	693.35	652.46	611.57	50-54	47.11	44.45	41.78
55	924.46	865.79	807.13	55	62.22	58.67	55.11
56	979.57	917.35	855.13	56	66.67	62.22	58.67
57	1,036.46	970.68	904.91	57	70.22	65.78	61.33
58	1,096.91	1,027.57	958.24	58	74.67	69.33	64.89
59	1,160.91	1,088.02	1,013.35	59	78.22	73.78	68.45
60	1,228.47	1,150.24	1,072.02	60	82.67	77.33	72.00
61	1,303.13	1,217.80	1,134.24	61	88.00	81.78	76.45
62	1,379.58	1,288.91	1,198.24	62	93.34	87.11	80.89
63	1,461.36	1,363.58	1,267.58	63	97.78	91.56	85.33
64	1,548.47	1,443.58	1,338.69	64	104.00	96.89	90.67
65	1,639.14	1,527.14	1,415.14	65	109.34	102.22	95.11
66	1,784.92	1,665.81	1,546.69	66	119.11	112.00	104.00
67	1,941.37	1,815.14	1,687.14	67	129.78	121.78	113.78
68	2,112.04	1,976.92	1,843.59	68	141.34	132.45	123.56
69	2,296.93	2,154.71	2,012.48	69	153.78	144.89	135.11
70	2,497.82	2,346.71	2,195.60	70	167.11	157.34	146.67
71	2,737.83	2,568.94	2,398.27	71	183.11	172.45	160.89
72	3,000.94	2,810.72	2,620.49	72	200.89	188.45	175.11
73	3,287.17	3,075.61	2,862.27	73	219.56	206.23	191.11
74	3,601.84	3,363.62	3,125.39	74	240.89	224.89	208.89
75	3,946.74	3,680.07	3,413.40	75	263.12	245.34	227.56
76	4,376.97	4,097.85	3,818.74	76	292.45	273.78	255.12
77	4,853.42	4,561.86	4,270.30	77	323.56	304.89	285.34
78	5,379.65	5,079.20	4,776.98	78	359.12	338.67	319.12
79	5,966.33	5,653.44	5,342.32	79	398.23	376.90	356.45

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	650.68	616.90	583.12	18-44	43.56	41.78	40.00
45-49	780.46	743.12	704.01	45-49	52.45	50.67	48.00
50-54	935.13	892.46	849.79	50-54	63.11	60.45	56.89
55	1,232.02	1,169.80	1,105.80	55	83.56	79.11	74.67
56	1,304.91	1,237.36	1,168.02	56	88.89	83.56	79.11
57	1,381.36	1,308.47	1,233.80	57	93.34	88.00	83.56
58	1,463.14	1,384.91	1,303.13	58	98.67	93.34	88.00
59	1,548.47	1,463.14	1,376.02	59	104.00	98.67	92.45
60	1,639.14	1,546.69	1,452.47	60	109.34	103.11	96.89
61	1,733.36	1,633.81	1,532.47	61	116.45	109.34	103.11
62	1,831.14	1,724.48	1,616.03	62	122.67	115.56	108.45
63	1,936.04	1,820.48	1,704.92	63	129.78	121.78	114.67
64	2,046.26	1,921.81	1,797.37	64	137.78	128.89	120.89
65	2,161.82	2,028.48	1,895.15	65	144.89	136.00	127.11
66	2,323.60	2,192.04	2,062.26	66	155.56	147.56	138.67
67	2,496.05	2,368.04	2,241.82	67	167.11	159.11	150.22
68	2,680.94	2,560.05	2,437.38	68	179.56	171.56	163.56
69	2,880.05	2,764.49	2,648.94	69	192.89	184.89	176.89
70	3,093.39	2,986.72	2,880.05	70	206.23	199.11	192.00
71	3,393.84	3,269.39	3,146.72	71	226.67	218.67	209.78
72	3,720.96	3,578.73	3,438.28	72	248.89	239.12	229.34
73	4,080.07	3,918.29	3,754.73	73	272.00	261.34	250.67
74	4,474.75	4,288.08	4,101.41	74	298.67	286.23	273.78
75	4,906.76	4,693.42	4,480.08	75	327.12	312.89	298.67
76	5,456.10	5,205.43	4,952.98	76	364.45	347.56	330.67
77	6,067.67	5,770.77	5,473.88	77	405.34	385.78	365.34
78	6,745.01	6,398.34	6,048.11	78	450.67	427.56	404.45
79	7,500.58	7,093.46	6,684.57	79	500.45	473.79	446.23

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	188.25	174.52	158.83	18-44	12.75	12.75	11.77
45-49	215.70	201.98	184.33	45-49	15.69	14.71	13.73
50-54	243.15	229.43	213.74	50-54	17.65	16.67	15.69
55	335.32	311.79	286.29	55	22.55	21.57	20.59
56	358.85	333.36	305.90	56	24.51	23.53	22.55
57	384.34	356.89	327.47	57	26.47	24.51	23.53
58	411.79	382.38	349.04	58	28.43	26.47	24.51
59	441.21	407.87	374.54	59	29.41	28.43	26.47
60	470.62	435.33	398.07	60	31.37	29.41	27.45
61	503.96	466.70	425.52	61	34.32	32.36	29.41
62	539.25	498.07	454.93	62	36.28	34.32	31.37
63	576.51	531.41	484.35	63	39.22	36.28	33.34
64	617.69	568.67	517.68	64	42.16	39.22	35.30
65	658.87	605.93	551.02	65	44.12	41.18	37.26
66	721.62	662.79	602.00	66	49.02	45.10	41.18
67	790.25	723.58	656.91	67	53.93	50.00	45.10
68	866.73	790.25	715.74	68	58.83	53.93	48.04
69	949.09	864.77	780.45	69	63.73	58.83	52.94
70	1,037.33	943.20	849.08	70	69.61	63.73	56.87
71	1,145.18	1,037.33	927.52	71	77.46	70.59	62.75
72	1,264.80	1,139.30	1,013.80	72	85.30	77.46	68.63
73	1,396.18	1,251.07	1,105.96	73	94.12	85.30	74.52
74	1,539.33	1,374.61	1,207.93	74	103.93	93.14	81.38

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,698.16	1,507.95	1,317.74	75	114.71	101.97	88.24
76	1,911.90	1,698.16	1,484.42	76	129.42	114.71	100.01
77	2,153.10	1,911.90	1,668.75	77	145.11	129.42	111.77
78	2,423.70	2,151.13	1,878.57	78	163.74	145.11	126.48
79	2,727.65	2,421.74	2,113.88	79	183.35	162.76	142.17
80		2,723.72	2,376.64	80	205.90	182.37	158.83
81		3,064.92	2,674.70	81	232.37	205.90	179.42
82		3,449.27	3,008.06	82	260.80	231.39	201.98
83		3,882.63	3,384.56	83	293.16	259.82	226.49
84		4,368.94	3,808.12	84	329.44	292.18	254.92
				85	369.63	328.45	286.29
				86	416.70	369.63	322.57
				87	468.66	415.72	362.77
				88	526.51	467.68	407.87
				89	592.20	526.51	458.86
				90	666.71	592.20	516.70
				91	750.05	666.71	580.43
				92	843.20	750.05	652.99
				93	949.09	843.20	735.35
				94	1,067.72	948.11	826.53
				95	1,201.07	1,066.74	930.46
				96	1,351.08	1,200.09	1,046.15
				97	1,519.72	1,350.10	1,177.54
				98	1,709.93	1,518.74	1,324.60
				99	1,922.69	1,708.95	1,489.32

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	213.74	201.98	188.25	18-44	14.71	14.71	13.73
45-49	251.00	237.27	219.62	45-49	17.65	16.67	15.69
50-54	294.14	274.53	254.92	50-54	19.61	18.63	17.65
55	392.18	372.58	352.97	55	27.45	25.49	23.53
56	421.60	400.03	378.46	56	29.41	27.45	25.49
57	452.97	427.48	401.99	57	31.37	29.41	27.45
58	486.31	458.86	429.44	58	33.34	31.37	29.41
59	521.61	490.23	458.86	59	35.30	33.34	31.37
60	558.86	523.57	488.27	60	37.26	35.30	33.34
61	598.08	560.82	523.57	61	40.20	38.24	36.28
62	639.26	600.04	560.82	62	43.14	41.18	38.24
63	682.40	641.22	602.00	63	46.08	44.12	41.18
64	727.50	686.32	645.14	64	50.00	47.06	44.12
65	776.53	733.39	690.25	65	52.94	50.00	46.08
66	843.20	798.10	752.99	66	57.85	54.91	50.98
67	913.79	866.73	819.67	67	62.75	58.83	54.91
68	992.23	943.20	894.18	68	67.65	63.73	59.81
69	1,074.59	1,023.60	972.62	69	72.55	69.61	65.69
70	1,164.79	1,111.84	1,058.90	70	78.44	74.52	70.59
71	1,288.33	1,233.42	1,176.55	71	87.26	83.34	79.42
72	1,425.59	1,364.80	1,305.98	72	96.09	92.16	87.26
73	1,574.62	1,511.87	1,451.08	73	105.89	101.97	97.07
74	1,741.30	1,674.63	1,609.92	74	116.68	112.75	107.85

Fractional Premiums (expressed as a percent of annual premium)

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Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,923.67	1,855.03	1,786.40	75	128.44	124.52	119.62
76	2,164.86	2,088.38	2,009.95	76	145.11	140.21	135.30
77	2,435.47	2,349.19	2,260.95	77	162.76	157.85	151.97
78	2,739.41	2,643.33	2,543.32	78	183.35	177.46	170.60
79	3,082.57	2,972.76	2,860.99	79	205.90	199.03	192.17
				80	231.39	223.55	215.70
				81	260.80	251.98	243.15
				82	293.16	283.35	273.55
				83	329.44	318.65	307.87
				84	370.61	358.85	346.10
				85	416.70	402.97	388.26
				86	469.64	453.95	437.29
				87	527.49	510.82	492.19
				88	594.16	574.55	552.98
				89	667.69	646.12	622.59
				90	751.03	726.52	700.05
				91	845.16	817.71	787.31
				92	951.05	919.67	886.34
				93	1,069.68	1,034.39	997.13
				94	1,203.03	1,163.81	1,121.65
				95	1,354.02	1,308.92	1,260.87
				96	1,522.66	1,472.65	1,418.73
				97	1,712.87	1,656.98	1,596.19
				98	1,927.59	1,863.86	1,795.23
				99	2,167.80	2,096.23	2,019.75

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	249.04	239.23	227.47	18-44	16.67	16.67	15.69
45-49	296.10	278.45	260.80	45-49	20.59	19.61	18.63
50-54	349.04	323.55	298.06	50-54	23.53	22.55	20.59
55	476.50	443.17	409.83	55	33.34	31.37	28.43
56	513.76	476.50	439.25	56	36.28	34.32	30.39
57	551.02	511.80	470.62	57	39.22	36.28	32.36
58	592.20	549.06	503.96	58	41.18	38.24	35.30
59	637.30	588.28	539.25	59	44.12	41.18	37.26
60	684.36	631.42	576.51	60	47.06	43.14	39.22
61	737.31	678.48	617.69	61	50.98	47.06	42.16
62	792.21	727.50	660.83	62	54.91	50.00	45.10
63	853.00	780.45	705.93	63	58.83	53.93	48.04
64	915.75	837.31	754.96	64	62.75	56.87	51.96
65	984.38	896.14	805.94	65	66.67	60.79	54.91
66	1,074.59	976.54	878.49	66	73.53	66.67	59.81
67	1,172.63	1,064.78	954.97	67	79.42	72.55	64.71
68	1,280.48	1,160.87	1,039.29	68	86.28	78.44	70.59
69	1,396.18	1,264.80	1,129.49	69	94.12	85.30	76.48
70	1,523.64	1,376.57	1,227.54	70	101.97	92.16	82.36
71	1,674.63	1,517.76	1,358.92	71	112.75	101.97	91.18
72	1,839.35	1,672.67	1,502.07	72	123.54	112.75	100.99
73	2,021.71	1,843.27	1,660.90	73	136.28	123.54	111.77
74	2,221.73	2,029.56	1,835.43	74	149.03	136.28	123.54

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,439.39	2,235.45	2,029.56	75	163.74	150.01	136.28
76	2,747.26	2,515.87	2,284.48	76	184.33	169.62	153.93
77	3,090.42	2,831.57	2,570.77	77	207.86	190.21	172.56
78	3,478.68	3,186.50	2,894.32	78	233.35	213.74	194.13
79	3,914.01	3,584.57	3,255.13	79	261.78	240.21	218.64
				80	294.14	269.63	245.12
				81	331.40	303.94	276.49
				82	372.58	341.20	310.81
				83	418.66	384.34	349.04
				84	471.60	432.38	393.17
				85	529.45	485.33	441.21
				86	596.12	546.12	497.09
				87	670.64	614.75	558.86
				88	753.98	691.23	628.48
				89	848.10	777.51	706.91
				90	954.97	875.55	795.15
				91	1,073.61	984.38	895.16
				92	1,207.93	1,106.94	1,006.93
				93	1,358.92	1,246.17	1,132.43
				94	1,528.54	1,401.08	1,273.62
				95	1,719.73	1,576.58	1,433.44
				96	1,934.45	1,773.66	1,611.88
				97	2,176.63	1,995.24	1,813.86
				98	2,448.21	2,244.28	2,040.34
				99	2,754.12	2,524.69	2,295.26

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	296.10	284.33	270.61	18-44	20.59	19.61	18.63
45-49	352.97	337.28	319.63	45-49	25.49	23.53	22.55
50-54	419.64	398.07	374.54	50-54	29.41	27.45	25.49
55	598.08	562.79	527.49	55	41.18	38.24	35.30
56	645.14	603.96	564.75	56	45.10	41.18	38.24
57	694.17	649.07	602.00	57	48.04	45.10	41.18
58	747.11	694.17	643.18	58	51.96	48.04	44.12
59	802.02	745.15	688.28	59	54.91	51.96	47.06
60	862.81	798.10	733.39	60	58.83	54.91	50.00
61	929.48	856.92	786.33	61	63.73	58.83	53.93
62	1,000.07	919.67	841.24	62	68.63	63.73	57.85
63	1,074.59	988.31	900.06	63	73.53	67.65	61.77
64	1,156.95	1,060.86	964.77	64	79.42	72.55	65.69
65	1,243.23	1,137.34	1,031.45	65	84.32	77.46	69.61
66	1,339.31	1,231.46	1,125.57	66	91.18	84.32	76.48
67	1,439.32	1,333.43	1,227.54	67	98.05	91.18	82.36
68	1,549.13	1,443.24	1,337.35	68	104.91	98.05	90.20
69	1,666.79	1,562.86	1,456.97	69	112.75	105.89	98.05
70	1,792.28	1,690.32	1,588.35	70	120.60	113.73	105.89
71	1,990.34	1,870.72	1,753.07	71	134.32	126.48	117.66
72	2,209.96	2,070.74	1,931.51	72	149.03	139.23	129.42
73	2,453.12	2,292.32	2,129.56	73	164.72	153.93	143.15
74	2,723.72	2,537.44	2,349.19	74	182.37	170.60	157.85

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	3,021.78	2,806.08	2,588.42	75	201.98	188.25	173.54
76	3,400.24	3,159.05	2,913.93	76	227.47	211.78	196.09
77	3,825.76	3,555.16	3,280.63	77	255.90	238.25	219.62
78	4,306.19	4,000.29	3,690.46	78	288.26	267.67	247.08
79	4,843.48	4,500.32	4,155.20	79	323.55	301.00	277.47
				80	363.75	338.26	311.79
				81	409.83	381.40	351.01
				82	460.82	428.46	395.13
				83	518.66	481.41	444.15
				84	583.38	542.20	500.04
				85	655.93	608.87	561.80
				86	738.29	685.34	632.40
				87	830.45	770.64	711.82
				88	934.38	867.71	800.06
				89	1,051.06	975.56	900.06
				90	1,182.44	1,098.12	1,012.82
				91	1,330.49	1,234.40	1,139.30
				92	1,496.19	1,389.31	1,281.46
				93	1,683.45	1,562.86	1,442.26
				94	1,894.25	1,757.97	1,621.68
				95	2,130.54	1,977.59	1,824.64
				96	2,397.23	2,224.67	2,053.09
				97	2,696.27	2,503.12	2,308.99
				98	3,033.55	2,815.89	2,598.22
				99	3,412.01	3,167.87	2,922.76

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	351.01	327.47	301.98	18-44	23.53	22.55	21.57
45-49	411.79	386.30	358.85	45-49	28.43	27.45	25.49
50-54	480.43	452.97	423.56	50-54	33.34	31.37	29.41
55	629.46	590.24	551.02	55	43.14	41.18	38.24
56	666.71	625.53	586.32	56	46.08	44.12	41.18
57	705.93	662.79	621.61	57	49.02	46.08	43.14
58	747.11	703.97	658.87	58	50.98	49.02	45.10
59	792.21	745.15	698.09	59	53.93	51.96	48.04
60	837.31	788.29	739.27	60	56.87	53.93	50.00
61	888.30	835.35	782.41	61	60.79	57.85	53.93
62	939.28	884.38	829.47	62	63.73	60.79	56.87
63	994.19	935.36	876.53	63	67.65	64.71	59.81
64	1,053.02	990.27	927.52	64	71.57	67.65	63.73
65	1,113.81	1,047.13	980.46	65	75.50	71.57	66.67
66	1,209.89	1,137.34	1,064.78	66	82.36	77.46	72.55
67	1,311.86	1,233.42	1,154.98	67	89.22	84.32	78.44
68	1,423.63	1,339.31	1,254.99	68	96.09	91.18	85.30
69	1,545.21	1,453.05	1,360.88	69	104.91	98.05	92.16
70	1,674.63	1,576.58	1,476.58	70	112.75	105.89	99.03
71	1,839.35	1,731.50	1,621.68	71	124.52	116.68	108.83
72	2,019.75	1,900.14	1,778.56	72	136.28	128.44	119.62
73	2,217.81	2,084.46	1,951.12	73	149.03	140.21	131.38
74	2,433.51	2,288.40	2,141.33	74	163.74	153.93	144.13

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,670.78	2,509.98	2,347.23	75	178.44	168.64	157.85
76	3,006.10	2,825.69	2,643.33	76	200.99	190.21	177.46
77	3,380.63	3,178.66	2,974.72	77	226.49	213.74	200.01
78	3,804.19	3,576.73	3,347.30	78	254.92	240.21	224.53
79	4,278.74	4,023.82	3,766.94	79	286.29	269.63	252.96
80		4,525.81	4,239.52	80		302.96	283.35
81		5,092.52	4,770.93	81		341.20	319.63
82		5,729.82	5,367.05	82		383.36	358.85
83		6,445.56	6,037.69	83		431.40	403.95
84		7,249.54	6,792.64	84		485.33	454.93

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	421.60	394.15	366.69	18-44	28.43	27.45	25.49
45-49	498.07	466.70	437.29	45-49	34.32	33.34	30.39
50-54	584.36	551.02	517.68	50-54	40.20	38.24	35.30
55	778.49	731.42	684.36	55	51.96	49.02	46.08
56	823.59	774.57	725.54	56	55.89	52.94	49.02
57	870.65	819.67	768.68	57	58.83	55.89	51.96
58	919.67	868.69	813.78	58	62.75	58.83	54.91
59	972.62	917.71	862.81	59	65.69	62.75	57.85
60	1,027.52	970.66	911.83	60	69.61	65.69	60.79
61	1,088.31	1,027.52	964.77	61	74.52	69.61	64.71
62	1,153.02	1,088.31	1,021.64	62	78.44	74.52	68.63
63	1,219.69	1,151.06	1,078.51	63	83.34	78.44	72.55
64	1,292.25	1,217.73	1,141.26	64	87.26	83.34	77.46
65	1,366.76	1,286.37	1,205.97	65	92.16	87.26	81.38
66	1,486.38	1,398.14	1,311.86	66	100.99	95.10	89.22
67	1,613.84	1,519.72	1,425.59	67	108.83	102.95	96.09
68	1,753.07	1,651.10	1,549.13	68	118.64	111.77	104.91
69	1,906.02	1,794.25	1,684.43	69	128.44	121.58	113.73
70	2,068.78	1,949.16	1,829.54	70	139.23	131.38	122.56
71	2,276.63	2,145.25	2,011.91	71	152.95	145.11	135.30
72	2,504.10	2,358.99	2,211.92	72	168.64	158.83	149.03
73	2,755.10	2,594.30	2,431.55	73	185.31	174.52	163.74
74	3,031.59	2,851.18	2,670.78	74	202.96	191.19	179.42
75	3,333.57	3,135.52	2,935.50	75	222.56	209.82	197.07
76	3,751.25	3,529.66	3,304.16	76	251.00	236.29	221.58
77	4,219.91	3,970.87	3,719.87	77	282.37	265.71	250.02
78	4,747.40	4,466.99	4,186.57	78	317.67	299.04	280.41
79	5,339.60	5,025.85	4,710.14	79	356.89	336.30	315.71

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	543.18	511.80	478.47	18-44	36.28	34.32	32.36
45-49	645.14	607.89	568.67	45-49	44.12	41.18	39.22
50-54	764.76	719.66	674.56	50-54	51.96	49.02	46.08
55	1,019.68	954.97	890.26	55	68.63	64.71	60.79
56	1,080.47	1,011.84	943.20	56	73.53	68.63	64.71
57	1,143.22	1,070.66	998.11	57	77.46	72.55	67.65
58	1,209.89	1,133.41	1,056.94	58	82.36	76.48	71.57
59	1,280.48	1,200.09	1,117.73	59	86.28	81.38	75.50
60	1,355.00	1,268.72	1,182.44	60	91.18	85.30	79.42
61	1,437.36	1,343.23	1,251.07	61	97.07	90.20	84.32
62	1,521.68	1,421.67	1,321.66	62	102.95	96.09	89.22
63	1,611.88	1,504.03	1,398.14	63	107.85	100.99	94.12
64	1,707.97	1,592.27	1,476.58	64	114.71	106.87	100.01
65	1,807.97	1,684.43	1,560.90	65	120.60	112.75	104.91
66	1,968.77	1,837.39	1,706.00	66	131.38	123.54	114.71
67	2,141.33	2,002.10	1,860.92	67	143.15	134.32	125.50
68	2,329.58	2,180.55	2,033.48	68	155.89	146.09	136.28
69	2,533.51	2,376.64	2,219.77	69	169.62	159.82	149.03
70	2,755.10	2,588.42	2,421.74	70	184.33	173.54	161.78
71	3,019.82	2,833.54	2,645.29	71	201.98	190.21	177.46
72	3,310.04	3,100.22	2,890.40	72	221.58	207.86	193.15
73	3,625.75	3,392.40	3,157.09	73	242.17	227.47	210.80
74	3,972.83	3,710.07	3,447.31	74	265.71	248.06	230.41
75	4,353.25	4,059.11	3,764.97	75	290.22	270.61	251.00
76	4,827.80	4,519.93	4,212.07	76	322.57	301.98	281.39
77	5,353.32	5,031.73	4,710.14	77	356.89	336.30	314.73
78	5,933.76	5,602.36	5,269.00	78	396.11	373.56	351.99
79	6,580.86	6,235.74	5,892.58	79	439.25	415.72	393.17

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	717.70	680.44	643.18	18-44	48.04	46.08	44.12
45-49	860.85	819.67	776.53	45-49	57.85	55.89	52.94
50-54	1,031.45	984.38	937.32	50-54	69.61	66.67	62.75
55	1,358.92	1,290.29	1,219.69	55	92.16	87.26	82.36
56	1,439.32	1,364.80	1,288.33	56	98.05	92.16	87.26
57	1,523.64	1,443.24	1,360.88	57	102.95	97.07	92.16
58	1,613.84	1,527.56	1,437.36	58	108.83	102.95	97.07
59	1,707.97	1,613.84	1,517.76	59	114.71	108.83	101.97
60	1,807.97	1,706.00	1,602.08	60	120.60	113.73	106.87
61	1,911.90	1,802.09	1,690.32	61	128.44	120.60	113.73
62	2,019.75	1,902.10	1,782.48	62	135.30	127.46	119.62
63	2,135.45	2,007.99	1,880.53	63	143.15	134.32	126.48
64	2,257.02	2,119.76	1,982.49	64	151.97	142.17	133.34
65	2,384.48	2,237.41	2,090.35	65	159.82	150.01	140.21
66	2,562.93	2,417.82	2,274.67	66	171.58	162.76	152.95
67	2,753.14	2,611.95	2,472.73	67	184.33	175.50	165.70
68	2,957.07	2,823.73	2,688.43	68	198.05	189.23	180.41
69	3,176.70	3,049.24	2,921.78	69	212.76	203.94	195.11
70	3,412.01	3,294.35	3,176.70	70	227.47	219.62	211.78
71	3,743.40	3,606.14	3,470.84	71	250.02	241.19	231.39
72	4,104.21	3,947.34	3,792.43	72	274.53	263.74	252.96
73	4,500.32	4,321.88	4,141.47	73	300.02	288.26	276.49
74	4,935.65	4,729.75	4,523.85	74	329.44	315.71	301.98
75	5,412.15	5,176.84	4,941.53	75	360.81	345.12	329.44
76	6,018.08	5,741.59	5,463.14	76	401.99	383.36	364.73
77	6,692.64	6,365.16	6,037.69	77	447.09	425.52	402.97
78	7,439.75	7,057.37	6,671.06	78	497.09	471.60	446.11
79	8,273.14	7,824.09	7,373.08	79	552.00	522.59	492.19

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	170.67	158.23	144.00	18-44	11.56	11.56	10.67
45-49	195.56	183.11	167.11	45-49	14.22	13.33	12.44
50-54	220.45	208.00	193.78	50-54	16.00	15.11	14.22
55	304.01	282.67	259.56	55	20.44	19.56	18.67
56	325.34	302.23	277.34	56	22.22	21.33	20.44
57	348.45	323.56	296.89	57	24.00	22.22	21.33
58	373.34	346.67	316.45	58	25.78	24.00	22.22
59	400.01	369.78	339.56	59	26.67	25.78	24.00
60	426.67	394.67	360.90	60	28.44	26.67	24.89
61	456.90	423.12	385.78	61	31.11	29.33	26.67
62	488.90	451.56	412.45	62	32.89	31.11	28.44
63	522.68	481.79	439.12	63	35.56	32.89	30.22
64	560.01	515.56	469.34	64	38.22	35.56	32.00
65	597.34	549.34	499.56	65	40.00	37.33	33.78
66	654.23	600.90	545.79	66	44.45	40.89	37.33
67	716.46	656.01	595.57	67	48.89	45.33	40.89
68	785.79	716.46	648.90	68	53.33	48.89	43.56
69	860.46	784.01	707.57	69	57.78	53.33	48.00
70	940.46	855.13	769.79	70	63.11	57.78	51.56
71	1,038.24	940.46	840.90	71	70.22	64.00	56.89
72	1,146.69	1,032.91	919.13	72	77.33	70.22	62.22
73	1,265.80	1,134.24	1,002.68	73	85.33	77.33	67.56
74	1,395.58	1,246.24	1,095.13	74	94.22	84.45	73.78

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit Elimination Period</u>			Issue Age	<u>Additional \$5 Increments Elimination Period</u>		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,539.58	1,367.14	1,194.69	75	104.00	92.45	80.00
76	1,733.36	1,539.58	1,345.80	76	117.34	104.00	90.67
77	1,952.04	1,733.36	1,512.92	77	131.56	117.34	101.34
78	2,197.37	1,950.26	1,703.14	78	148.45	131.56	114.67
79	2,472.93	2,195.60	1,916.48	79	166.23	147.56	128.89
80		2,469.38	2,154.71	80	186.67	165.34	144.00
81		2,778.72	2,424.93	81	210.67	186.67	162.67
82		3,127.17	2,727.16	82	236.45	209.78	183.11
83		3,520.06	3,068.50	83	265.78	235.56	205.34
84		3,960.96	3,452.51	84	298.67	264.89	231.12
				85	335.12	297.78	259.56
				86	377.78	335.12	292.45
				87	424.90	376.90	328.89
				88	477.34	424.01	369.78
				89	536.90	477.34	416.01
				90	604.46	536.90	468.45
				91	680.01	604.46	526.23
				92	764.46	680.01	592.01
				93	860.46	764.46	666.68
				94	968.02	859.57	749.35
				95	1,088.91	967.13	843.57
				96	1,224.91	1,088.02	948.46
				97	1,377.80	1,224.02	1,067.57
				98	1,550.25	1,376.91	1,200.91
				99	1,743.14	1,549.36	1,350.25

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	193.78	183.11	170.67	18-44	13.33	13.33	12.44
45-49	227.56	215.12	199.11	45-49	16.00	15.11	14.22
50-54	266.67	248.89	231.12	50-54	17.78	16.89	16.00
55	355.56	337.78	320.01	55	24.89	23.11	21.33
56	382.23	362.67	343.12	56	26.67	24.89	23.11
57	410.67	387.56	364.45	57	28.44	26.67	24.89
58	440.90	416.01	389.34	58	30.22	28.44	26.67
59	472.90	444.45	416.01	59	32.00	30.22	28.44
60	506.68	474.68	442.67	60	33.78	32.00	30.22
61	542.23	508.45	474.68	61	36.45	34.67	32.89
62	579.57	544.01	508.45	62	39.11	37.33	34.67
63	618.68	581.34	545.79	63	41.78	40.00	37.33
64	659.57	622.23	584.90	64	45.33	42.67	40.00
65	704.01	664.90	625.79	65	48.00	45.33	41.78
66	764.46	723.57	682.68	66	52.45	49.78	46.22
67	828.46	785.79	743.12	67	56.89	53.33	49.78
68	899.57	855.13	810.68	68	61.33	57.78	54.22
69	974.24	928.02	881.79	69	65.78	63.11	59.56
70	1,056.02	1,008.02	960.02	70	71.11	67.56	64.00
71	1,168.02	1,118.24	1,066.69	71	79.11	75.56	72.00
72	1,292.47	1,237.36	1,184.02	72	87.11	83.56	79.11
73	1,427.58	1,370.69	1,315.58	73	96.00	92.45	88.00
74	1,578.70	1,518.25	1,459.58	74	105.78	102.22	97.78

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,744.03	1,681.81	1,619.58	75	116.45	112.89	108.45
76	1,962.70	1,893.37	1,822.26	76	131.56	127.11	122.67
77	2,208.04	2,129.82	2,049.81	77	147.56	143.11	137.78
78	2,483.60	2,396.49	2,305.82	78	166.23	160.89	154.67
79	2,794.72	2,695.16	2,593.82	79	186.67	180.45	174.23
				80	209.78	202.67	195.56
				81	236.45	228.45	220.45
				82	265.78	256.89	248.00
				83	298.67	288.89	279.12
				84	336.01	325.34	313.78
				85	377.78	365.34	352.01
				86	425.79	411.56	396.45
				87	478.23	463.12	446.23
				88	538.68	520.90	501.34
				89	605.34	585.79	564.45
				90	680.90	658.68	634.68
				91	766.24	741.35	713.79
				92	862.24	833.79	803.57
				93	969.80	937.79	904.02
				94	1,090.69	1,055.13	1,016.91
				95	1,227.58	1,186.69	1,143.13
				96	1,380.47	1,335.14	1,286.25
				97	1,552.92	1,502.25	1,447.14
				98	1,747.59	1,689.81	1,627.59
				99	1,965.37	1,900.48	1,831.14

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	225.78	216.89	206.23	18-44	15.11	15.11	14.22
45-49	268.45	252.45	236.45	45-49	18.67	17.78	16.89
50-54	316.45	293.34	270.23	50-54	21.33	20.44	18.67
55	432.01	401.79	371.56	55	30.22	28.44	25.78
56	465.79	432.01	398.23	56	32.89	31.11	27.56
57	499.56	464.01	426.67	57	35.56	32.89	29.33
58	536.90	497.79	456.90	58	37.33	34.67	32.00
59	577.79	533.34	488.90	59	40.00	37.33	33.78
60	620.46	572.45	522.68	60	42.67	39.11	35.56
61	668.46	615.12	560.01	61	46.22	42.67	38.22
62	718.24	659.57	599.12	62	49.78	45.33	40.89
63	773.35	707.57	640.01	63	53.33	48.89	43.56
64	830.24	759.12	684.46	64	56.89	51.56	47.11
65	892.46	812.46	730.68	65	60.45	55.11	49.78
66	974.24	885.35	796.46	66	66.67	60.45	54.22
67	1,063.13	965.35	865.79	67	72.00	65.78	58.67
68	1,160.91	1,052.46	942.24	68	78.22	71.11	64.00
69	1,265.80	1,146.69	1,024.02	69	85.33	77.33	69.33
70	1,381.36	1,248.02	1,112.91	70	92.45	83.56	74.67
71	1,518.25	1,376.02	1,232.02	71	102.22	92.45	82.67
72	1,667.59	1,516.47	1,361.80	72	112.00	102.22	91.56
73	1,832.92	1,671.14	1,505.81	73	123.56	112.00	101.34
74	2,014.26	1,840.03	1,664.03	74	135.11	123.56	112.00

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,211.60	2,026.70	1,840.03	75	148.45	136.00	123.56
76	2,490.71	2,280.93	2,071.15	76	167.11	153.78	139.56
77	2,801.83	2,567.16	2,330.71	77	188.45	172.45	156.45
78	3,153.83	2,888.94	2,624.05	78	211.56	193.78	176.00
79	3,548.51	3,249.84	2,951.16	79	237.34	217.78	198.23
				80	266.67	244.45	222.23
				81	300.45	275.56	250.67
				82	337.78	309.34	281.78
				83	379.56	348.45	316.45
				84	427.56	392.01	356.45
				85	480.01	440.01	400.01
				86	540.45	495.12	450.67
				87	608.01	557.34	506.68
				88	683.57	626.68	569.79
				89	768.90	704.90	640.90
				90	865.79	793.79	720.90
				91	973.35	892.46	811.57
				92	1,095.13	1,003.57	912.91
				93	1,232.02	1,129.80	1,026.69
				94	1,385.80	1,270.25	1,154.69
				95	1,559.14	1,429.36	1,299.58
				96	1,753.81	1,608.03	1,461.36
				97	1,973.37	1,808.92	1,644.47
				98	2,219.60	2,034.70	1,849.81
				99	2,496.93	2,288.93	2,080.93

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	268.45	257.78	245.34	18-44	18.67	17.78	16.89
45-49	320.01	305.78	289.78	45-49	23.11	21.33	20.44
50-54	380.45	360.90	339.56	50-54	26.67	24.89	23.11
55	542.23	510.23	478.23	55	37.33	34.67	32.00
56	584.90	547.57	512.01	56	40.89	37.33	34.67
57	629.34	588.46	545.79	57	43.56	40.89	37.33
58	677.35	629.34	583.12	58	47.11	43.56	40.00
59	727.12	675.57	624.01	59	49.78	47.11	42.67
60	782.24	723.57	664.90	60	53.33	49.78	45.33
61	842.68	776.90	712.90	61	57.78	53.33	48.89
62	906.68	833.79	762.68	62	62.22	57.78	52.45
63	974.24	896.02	816.01	63	66.67	61.33	56.00
64	1,048.91	961.80	874.68	64	72.00	65.78	59.56
65	1,127.13	1,031.13	935.13	65	76.45	70.22	63.11
66	1,214.24	1,116.46	1,020.46	66	82.67	76.45	69.33
67	1,304.91	1,208.91	1,112.91	67	88.89	82.67	74.67
68	1,404.47	1,308.47	1,212.47	68	95.11	88.89	81.78
69	1,511.14	1,416.91	1,320.91	69	102.22	96.00	88.89
70	1,624.92	1,532.47	1,440.03	70	109.34	103.11	96.00
71	1,804.48	1,696.03	1,589.36	71	121.78	114.67	106.67
72	2,003.59	1,877.37	1,751.14	72	135.11	126.22	117.34
73	2,224.04	2,078.26	1,930.70	73	149.34	139.56	129.78
74	2,469.38	2,300.49	2,129.82	74	165.34	154.67	143.11

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,739.61	2,544.05	2,346.71	75	183.11	170.67	157.34
76	3,082.72	2,864.05	2,641.83	76	206.23	192.00	177.78
77	3,468.51	3,223.17	2,974.28	77	232.00	216.00	199.11
78	3,904.07	3,626.73	3,345.84	78	261.34	242.67	224.00
79	4,391.19	4,080.07	3,767.18	79	293.34	272.89	251.56
				80	329.78	306.67	282.67
				81	371.56	345.78	318.23
				82	417.79	388.45	358.23
				83	470.23	436.45	402.67
				84	528.90	491.56	453.34
				85	594.68	552.01	509.34
				86	669.35	621.34	573.34
				87	752.90	698.68	645.35
				88	847.13	786.68	725.35
				89	952.91	884.46	816.01
				90	1,072.02	995.57	918.24
				91	1,206.24	1,119.13	1,032.91
				92	1,356.47	1,259.58	1,161.80
				93	1,526.25	1,416.91	1,307.58
				94	1,717.36	1,593.81	1,470.25
				95	1,931.59	1,792.92	1,654.25
				96	2,173.37	2,016.93	1,861.37
				97	2,444.49	2,269.37	2,093.37
				98	2,750.27	2,552.94	2,355.60
				99	3,093.39	2,872.05	2,649.83

Fractional Premiums (expressed as a percent of annual premium)

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**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	318.23	296.89	273.78	18-44	21.33	20.44	19.56
45-49	373.34	350.23	325.34	45-49	25.78	24.89	23.11
50-54	435.56	410.67	384.01	50-54	30.22	28.44	26.67
55	570.68	535.12	499.56	55	39.11	37.33	34.67
56	604.46	567.12	531.57	56	41.78	40.00	37.33
57	640.01	600.90	563.57	57	44.45	41.78	39.11
58	677.35	638.23	597.34	58	46.22	44.45	40.89
59	718.24	675.57	632.90	59	48.89	47.11	43.56
60	759.12	714.68	670.23	60	51.56	48.89	45.33
61	805.35	757.35	709.35	61	55.11	52.45	48.89
62	851.57	801.79	752.01	62	57.78	55.11	51.56
63	901.35	848.02	794.68	63	61.33	58.67	54.22
64	954.68	897.79	840.90	64	64.89	61.33	57.78
65	1,009.80	949.35	888.91	65	68.45	64.89	60.45
66	1,096.91	1,031.13	965.35	66	74.67	70.22	65.78
67	1,189.35	1,118.24	1,047.13	67	80.89	76.45	71.11
68	1,290.69	1,214.24	1,137.80	68	87.11	82.67	77.33
69	1,400.91	1,317.36	1,233.80	69	95.11	88.89	83.56
70	1,518.25	1,429.36	1,338.69	70	102.22	96.00	89.78
71	1,667.59	1,569.81	1,470.25	71	112.89	105.78	98.67
72	1,831.14	1,722.70	1,612.47	72	123.56	116.45	108.45
73	2,010.70	1,889.81	1,768.92	73	135.11	127.11	119.11
74	2,206.26	2,074.70	1,941.37	74	148.45	139.56	130.67

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,421.38	2,275.60	2,128.04	75	161.78	152.89	143.11
76	2,725.38	2,561.82	2,396.49	76	182.23	172.45	160.89
77	3,064.94	2,881.83	2,696.94	77	205.34	193.78	181.34
78	3,448.95	3,242.73	3,034.72	78	231.12	217.78	203.56
79	3,879.18	3,648.07	3,415.17	79	259.56	244.45	229.34
80		4,103.19	3,843.63	80		274.67	256.89
81		4,616.97	4,325.41	81		309.34	289.78
82		5,194.76	4,865.87	82		347.56	325.34
83		5,843.66	5,473.88	83		391.12	366.23
84		6,572.56	6,158.33	84		440.01	412.45

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	382.23	357.34	332.45	18-44	25.78	24.89	23.11
45-49	451.56	423.12	396.45	45-49	31.11	30.22	27.56
50-54	529.79	499.56	469.34	50-54	36.45	34.67	32.00
55	705.79	663.12	620.46	55	47.11	44.45	41.78
56	746.68	702.23	657.79	56	50.67	48.00	44.45
57	789.35	743.12	696.90	57	53.33	50.67	47.11
58	833.79	787.57	737.79	58	56.89	53.33	49.78
59	881.79	832.02	782.24	59	59.56	56.89	52.45
60	931.57	880.02	826.68	60	63.11	59.56	55.11
61	986.68	931.57	874.68	61	67.56	63.11	58.67
62	1,045.35	986.68	926.24	62	71.11	67.56	62.22
63	1,105.80	1,043.57	977.80	63	75.56	71.11	65.78
64	1,171.58	1,104.02	1,034.69	64	79.11	75.56	70.22
65	1,239.13	1,166.24	1,093.35	65	83.56	79.11	73.78
66	1,347.58	1,267.58	1,189.35	66	91.56	86.22	80.89
67	1,463.14	1,377.80	1,292.47	67	98.67	93.34	87.11
68	1,589.36	1,496.92	1,404.47	68	107.56	101.34	95.11
69	1,728.03	1,626.70	1,527.14	69	116.45	110.22	103.11
70	1,875.59	1,767.14	1,658.70	70	126.22	119.11	111.11
71	2,064.04	1,944.92	1,824.03	71	138.67	131.56	122.67
72	2,270.26	2,138.71	2,005.37	72	152.89	144.00	135.11
73	2,497.82	2,352.04	2,204.48	73	168.00	158.23	148.45
74	2,748.49	2,584.94	2,421.38	74	184.00	173.34	162.67
75	3,022.28	2,842.72	2,661.38	75	201.78	190.23	178.67
76	3,400.95	3,200.06	2,995.61	76	227.56	214.23	200.89
77	3,825.85	3,600.07	3,372.51	77	256.00	240.89	226.67
78	4,304.08	4,049.85	3,795.62	78	288.01	271.12	254.23
79	4,840.98	4,556.53	4,270.30	79	323.56	304.89	286.23

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	492.45	464.01	433.79	18-44	32.89	31.11	29.33
45-49	584.90	551.12	515.56	45-49	40.00	37.33	35.56
50-54	693.35	652.46	611.57	50-54	47.11	44.45	41.78
55	924.46	865.79	807.13	55	62.22	58.67	55.11
56	979.57	917.35	855.13	56	66.67	62.22	58.67
57	1,036.46	970.68	904.91	57	70.22	65.78	61.33
58	1,096.91	1,027.57	958.24	58	74.67	69.33	64.89
59	1,160.91	1,088.02	1,013.35	59	78.22	73.78	68.45
60	1,228.47	1,150.24	1,072.02	60	82.67	77.33	72.00
61	1,303.13	1,217.80	1,134.24	61	88.00	81.78	76.45
62	1,379.58	1,288.91	1,198.24	62	93.34	87.11	80.89
63	1,461.36	1,363.58	1,267.58	63	97.78	91.56	85.33
64	1,548.47	1,443.58	1,338.69	64	104.00	96.89	90.67
65	1,639.14	1,527.14	1,415.14	65	109.34	102.22	95.11
66	1,784.92	1,665.81	1,546.69	66	119.11	112.00	104.00
67	1,941.37	1,815.14	1,687.14	67	129.78	121.78	113.78
68	2,112.04	1,976.92	1,843.59	68	141.34	132.45	123.56
69	2,296.93	2,154.71	2,012.48	69	153.78	144.89	135.11
70	2,497.82	2,346.71	2,195.60	70	167.11	157.34	146.67
71	2,737.83	2,568.94	2,398.27	71	183.11	172.45	160.89
72	3,000.94	2,810.72	2,620.49	72	200.89	188.45	175.11
73	3,287.17	3,075.61	2,862.27	73	219.56	206.23	191.11
74	3,601.84	3,363.62	3,125.39	74	240.89	224.89	208.89
75	3,946.74	3,680.07	3,413.40	75	263.12	245.34	227.56
76	4,376.97	4,097.85	3,818.74	76	292.45	273.78	255.12
77	4,853.42	4,561.86	4,270.30	77	323.56	304.89	285.34
78	5,379.65	5,079.20	4,776.98	78	359.12	338.67	319.12
79	5,966.33	5,653.44	5,342.32	79	398.23	376.90	356.45

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS
FORM: H-LTC3JFO, H-LTC3JFO2
RIDER: H-5AIFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	650.68	616.90	583.12	18-44	43.56	41.78	40.00
45-49	780.46	743.12	704.01	45-49	52.45	50.67	48.00
50-54	935.13	892.46	849.79	50-54	63.11	60.45	56.89
55	1,232.02	1,169.80	1,105.80	55	83.56	79.11	74.67
56	1,304.91	1,237.36	1,168.02	56	88.89	83.56	79.11
57	1,381.36	1,308.47	1,233.80	57	93.34	88.00	83.56
58	1,463.14	1,384.91	1,303.13	58	98.67	93.34	88.00
59	1,548.47	1,463.14	1,376.02	59	104.00	98.67	92.45
60	1,639.14	1,546.69	1,452.47	60	109.34	103.11	96.89
61	1,733.36	1,633.81	1,532.47	61	116.45	109.34	103.11
62	1,831.14	1,724.48	1,616.03	62	122.67	115.56	108.45
63	1,936.04	1,820.48	1,704.92	63	129.78	121.78	114.67
64	2,046.26	1,921.81	1,797.37	64	137.78	128.89	120.89
65	2,161.82	2,028.48	1,895.15	65	144.89	136.00	127.11
66	2,323.60	2,192.04	2,062.26	66	155.56	147.56	138.67
67	2,496.05	2,368.04	2,241.82	67	167.11	159.11	150.22
68	2,680.94	2,560.05	2,437.38	68	179.56	171.56	163.56
69	2,880.05	2,764.49	2,648.94	69	192.89	184.89	176.89
70	3,093.39	2,986.72	2,880.05	70	206.23	199.11	192.00
71	3,393.84	3,269.39	3,146.72	71	226.67	218.67	209.78
72	3,720.96	3,578.73	3,438.28	72	248.89	239.12	229.34
73	4,080.07	3,918.29	3,754.73	73	272.00	261.34	250.67
74	4,474.75	4,288.08	4,101.41	74	298.67	286.23	273.78
75	4,906.76	4,693.42	4,480.08	75	327.12	312.89	298.67
76	5,456.10	5,205.43	4,952.98	76	364.45	347.56	330.67
77	6,067.67	5,770.77	5,473.88	77	405.34	385.78	365.34
78	6,745.01	6,398.34	6,048.11	78	450.67	427.56	404.45
79	7,500.58	7,093.46	6,684.57	79	500.45	473.79	446.23

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	188.25	174.52	158.83	18-44	12.75	12.75	11.77
45-49	215.70	201.98	184.33	45-49	15.69	14.71	13.73
50-54	243.15	229.43	213.74	50-54	17.65	16.67	15.69
55	335.32	311.79	286.29	55	22.55	21.57	20.59
56	358.85	333.36	305.90	56	24.51	23.53	22.55
57	384.34	356.89	327.47	57	26.47	24.51	23.53
58	411.79	382.38	349.04	58	28.43	26.47	24.51
59	441.21	407.87	374.54	59	29.41	28.43	26.47
60	470.62	435.33	398.07	60	31.37	29.41	27.45
61	503.96	466.70	425.52	61	34.32	32.36	29.41
62	539.25	498.07	454.93	62	36.28	34.32	31.37
63	576.51	531.41	484.35	63	39.22	36.28	33.34
64	617.69	568.67	517.68	64	42.16	39.22	35.30
65	658.87	605.93	551.02	65	44.12	41.18	37.26
66	721.62	662.79	602.00	66	49.02	45.10	41.18
67	790.25	723.58	656.91	67	53.93	50.00	45.10
68	866.73	790.25	715.74	68	58.83	53.93	48.04
69	949.09	864.77	780.45	69	63.73	58.83	52.94
70	1,037.33	943.20	849.08	70	69.61	63.73	56.87
71	1,145.18	1,037.33	927.52	71	77.46	70.59	62.75
72	1,264.80	1,139.30	1,013.80	72	85.30	77.46	68.63
73	1,396.18	1,251.07	1,105.96	73	94.12	85.30	74.52
74	1,539.33	1,374.61	1,207.93	74	103.93	93.14	81.38

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,698.16	1,507.95	1,317.74	75	114.71	101.97	88.24
76	1,911.90	1,698.16	1,484.42	76	129.42	114.71	100.01
77	2,153.10	1,911.90	1,668.75	77	145.11	129.42	111.77
78	2,423.70	2,151.13	1,878.57	78	163.74	145.11	126.48
79	2,727.65	2,421.74	2,113.88	79	183.35	162.76	142.17
80		2,723.72	2,376.64	80	205.90	182.37	158.83
81		3,064.92	2,674.70	81	232.37	205.90	179.42
82		3,449.27	3,008.06	82	260.80	231.39	201.98
83		3,882.63	3,384.56	83	293.16	259.82	226.49
84		4,368.94	3,808.12	84	329.44	292.18	254.92
				85	369.63	328.45	286.29
				86	416.70	369.63	322.57
				87	468.66	415.72	362.77
				88	526.51	467.68	407.87
				89	592.20	526.51	458.86
				90	666.71	592.20	516.70
				91	750.05	666.71	580.43
				92	843.20	750.05	652.99
				93	949.09	843.20	735.35
				94	1,067.72	948.11	826.53
				95	1,201.07	1,066.74	930.46
				96	1,351.08	1,200.09	1,046.15
				97	1,519.72	1,350.10	1,177.54
				98	1,709.93	1,518.74	1,324.60
				99	1,922.69	1,708.95	1,489.32

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	213.74	201.98	188.25	18-44	14.71	14.71	13.73
45-49	251.00	237.27	219.62	45-49	17.65	16.67	15.69
50-54	294.14	274.53	254.92	50-54	19.61	18.63	17.65
55	392.18	372.58	352.97	55	27.45	25.49	23.53
56	421.60	400.03	378.46	56	29.41	27.45	25.49
57	452.97	427.48	401.99	57	31.37	29.41	27.45
58	486.31	458.86	429.44	58	33.34	31.37	29.41
59	521.61	490.23	458.86	59	35.30	33.34	31.37
60	558.86	523.57	488.27	60	37.26	35.30	33.34
61	598.08	560.82	523.57	61	40.20	38.24	36.28
62	639.26	600.04	560.82	62	43.14	41.18	38.24
63	682.40	641.22	602.00	63	46.08	44.12	41.18
64	727.50	686.32	645.14	64	50.00	47.06	44.12
65	776.53	733.39	690.25	65	52.94	50.00	46.08
66	843.20	798.10	752.99	66	57.85	54.91	50.98
67	913.79	866.73	819.67	67	62.75	58.83	54.91
68	992.23	943.20	894.18	68	67.65	63.73	59.81
69	1,074.59	1,023.60	972.62	69	72.55	69.61	65.69
70	1,164.79	1,111.84	1,058.90	70	78.44	74.52	70.59
71	1,288.33	1,233.42	1,176.55	71	87.26	83.34	79.42
72	1,425.59	1,364.80	1,305.98	72	96.09	92.16	87.26
73	1,574.62	1,511.87	1,451.08	73	105.89	101.97	97.07
74	1,741.30	1,674.63	1,609.92	74	116.68	112.75	107.85

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,923.67	1,855.03	1,786.40	75	128.44	124.52	119.62
76	2,164.86	2,088.38	2,009.95	76	145.11	140.21	135.30
77	2,435.47	2,349.19	2,260.95	77	162.76	157.85	151.97
78	2,739.41	2,643.33	2,543.32	78	183.35	177.46	170.60
79	3,082.57	2,972.76	2,860.99	79	205.90	199.03	192.17
				80	231.39	223.55	215.70
				81	260.80	251.98	243.15
				82	293.16	283.35	273.55
				83	329.44	318.65	307.87
				84	370.61	358.85	346.10
				85	416.70	402.97	388.26
				86	469.64	453.95	437.29
				87	527.49	510.82	492.19
				88	594.16	574.55	552.98
				89	667.69	646.12	622.59
				90	751.03	726.52	700.05
				91	845.16	817.71	787.31
				92	951.05	919.67	886.34
				93	1,069.68	1,034.39	997.13
				94	1,203.03	1,163.81	1,121.65
				95	1,354.02	1,308.92	1,260.87
				96	1,522.66	1,472.65	1,418.73
				97	1,712.87	1,656.98	1,596.19
				98	1,927.59	1,863.86	1,795.23
				99	2,167.80	2,096.23	2,019.75

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	249.04	239.23	227.47	18-44	16.67	16.67	15.69
45-49	296.10	278.45	260.80	45-49	20.59	19.61	18.63
50-54	349.04	323.55	298.06	50-54	23.53	22.55	20.59
55	476.50	443.17	409.83	55	33.34	31.37	28.43
56	513.76	476.50	439.25	56	36.28	34.32	30.39
57	551.02	511.80	470.62	57	39.22	36.28	32.36
58	592.20	549.06	503.96	58	41.18	38.24	35.30
59	637.30	588.28	539.25	59	44.12	41.18	37.26
60	684.36	631.42	576.51	60	47.06	43.14	39.22
61	737.31	678.48	617.69	61	50.98	47.06	42.16
62	792.21	727.50	660.83	62	54.91	50.00	45.10
63	853.00	780.45	705.93	63	58.83	53.93	48.04
64	915.75	837.31	754.96	64	62.75	56.87	51.96
65	984.38	896.14	805.94	65	66.67	60.79	54.91
66	1,074.59	976.54	878.49	66	73.53	66.67	59.81
67	1,172.63	1,064.78	954.97	67	79.42	72.55	64.71
68	1,280.48	1,160.87	1,039.29	68	86.28	78.44	70.59
69	1,396.18	1,264.80	1,129.49	69	94.12	85.30	76.48
70	1,523.64	1,376.57	1,227.54	70	101.97	92.16	82.36
71	1,674.63	1,517.76	1,358.92	71	112.75	101.97	91.18
72	1,839.35	1,672.67	1,502.07	72	123.54	112.75	100.99
73	2,021.71	1,843.27	1,660.90	73	136.28	123.54	111.77
74	2,221.73	2,029.56	1,835.43	74	149.03	136.28	123.54

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,439.39	2,235.45	2,029.56	75	163.74	150.01	136.28
76	2,747.26	2,515.87	2,284.48	76	184.33	169.62	153.93
77	3,090.42	2,831.57	2,570.77	77	207.86	190.21	172.56
78	3,478.68	3,186.50	2,894.32	78	233.35	213.74	194.13
79	3,914.01	3,584.57	3,255.13	79	261.78	240.21	218.64
				80	294.14	269.63	245.12
				81	331.40	303.94	276.49
				82	372.58	341.20	310.81
				83	418.66	384.34	349.04
				84	471.60	432.38	393.17
				85	529.45	485.33	441.21
				86	596.12	546.12	497.09
				87	670.64	614.75	558.86
				88	753.98	691.23	628.48
				89	848.10	777.51	706.91
				90	954.97	875.55	795.15
				91	1,073.61	984.38	895.16
				92	1,207.93	1,106.94	1,006.93
				93	1,358.92	1,246.17	1,132.43
				94	1,528.54	1,401.08	1,273.62
				95	1,719.73	1,576.58	1,433.44
				96	1,934.45	1,773.66	1,611.88
				97	2,176.63	1,995.24	1,813.86
				98	2,448.21	2,244.28	2,040.34
				99	2,754.12	2,524.69	2,295.26

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	296.10	284.33	270.61	18-44	20.59	19.61	18.63
45-49	352.97	337.28	319.63	45-49	25.49	23.53	22.55
50-54	419.64	398.07	374.54	50-54	29.41	27.45	25.49
55	598.08	562.79	527.49	55	41.18	38.24	35.30
56	645.14	603.96	564.75	56	45.10	41.18	38.24
57	694.17	649.07	602.00	57	48.04	45.10	41.18
58	747.11	694.17	643.18	58	51.96	48.04	44.12
59	802.02	745.15	688.28	59	54.91	51.96	47.06
60	862.81	798.10	733.39	60	58.83	54.91	50.00
61	929.48	856.92	786.33	61	63.73	58.83	53.93
62	1,000.07	919.67	841.24	62	68.63	63.73	57.85
63	1,074.59	988.31	900.06	63	73.53	67.65	61.77
64	1,156.95	1,060.86	964.77	64	79.42	72.55	65.69
65	1,243.23	1,137.34	1,031.45	65	84.32	77.46	69.61
66	1,339.31	1,231.46	1,125.57	66	91.18	84.32	76.48
67	1,439.32	1,333.43	1,227.54	67	98.05	91.18	82.36
68	1,549.13	1,443.24	1,337.35	68	104.91	98.05	90.20
69	1,666.79	1,562.86	1,456.97	69	112.75	105.89	98.05
70	1,792.28	1,690.32	1,588.35	70	120.60	113.73	105.89
71	1,990.34	1,870.72	1,753.07	71	134.32	126.48	117.66
72	2,209.96	2,070.74	1,931.51	72	149.03	139.23	129.42
73	2,453.12	2,292.32	2,129.56	73	164.72	153.93	143.15
74	2,723.72	2,537.44	2,349.19	74	182.37	170.60	157.85

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	3,021.78	2,806.08	2,588.42	75	201.98	188.25	173.54
76	3,400.24	3,159.05	2,913.93	76	227.47	211.78	196.09
77	3,825.76	3,555.16	3,280.63	77	255.90	238.25	219.62
78	4,306.19	4,000.29	3,690.46	78	288.26	267.67	247.08
79	4,843.48	4,500.32	4,155.20	79	323.55	301.00	277.47
				80	363.75	338.26	311.79
				81	409.83	381.40	351.01
				82	460.82	428.46	395.13
				83	518.66	481.41	444.15
				84	583.38	542.20	500.04
				85	655.93	608.87	561.80
				86	738.29	685.34	632.40
				87	830.45	770.64	711.82
				88	934.38	867.71	800.06
				89	1,051.06	975.56	900.06
				90	1,182.44	1,098.12	1,012.82
				91	1,330.49	1,234.40	1,139.30
				92	1,496.19	1,389.31	1,281.46
				93	1,683.45	1,562.86	1,442.26
				94	1,894.25	1,757.97	1,621.68
				95	2,130.54	1,977.59	1,824.64
				96	2,397.23	2,224.67	2,053.09
				97	2,696.27	2,503.12	2,308.99
				98	3,033.55	2,815.89	2,598.22
				99	3,412.01	3,167.87	2,922.76

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	351.01	327.47	301.98	18-44	23.53	22.55	21.57
45-49	411.79	386.30	358.85	45-49	28.43	27.45	25.49
50-54	480.43	452.97	423.56	50-54	33.34	31.37	29.41
55	629.46	590.24	551.02	55	43.14	41.18	38.24
56	666.71	625.53	586.32	56	46.08	44.12	41.18
57	705.93	662.79	621.61	57	49.02	46.08	43.14
58	747.11	703.97	658.87	58	50.98	49.02	45.10
59	792.21	745.15	698.09	59	53.93	51.96	48.04
60	837.31	788.29	739.27	60	56.87	53.93	50.00
61	888.30	835.35	782.41	61	60.79	57.85	53.93
62	939.28	884.38	829.47	62	63.73	60.79	56.87
63	994.19	935.36	876.53	63	67.65	64.71	59.81
64	1,053.02	990.27	927.52	64	71.57	67.65	63.73
65	1,113.81	1,047.13	980.46	65	75.50	71.57	66.67
66	1,209.89	1,137.34	1,064.78	66	82.36	77.46	72.55
67	1,311.86	1,233.42	1,154.98	67	89.22	84.32	78.44
68	1,423.63	1,339.31	1,254.99	68	96.09	91.18	85.30
69	1,545.21	1,453.05	1,360.88	69	104.91	98.05	92.16
70	1,674.63	1,576.58	1,476.58	70	112.75	105.89	99.03
71	1,839.35	1,731.50	1,621.68	71	124.52	116.68	108.83
72	2,019.75	1,900.14	1,778.56	72	136.28	128.44	119.62
73	2,217.81	2,084.46	1,951.12	73	149.03	140.21	131.38
74	2,433.51	2,288.40	2,141.33	74	163.74	153.93	144.13

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,670.78	2,509.98	2,347.23	75	178.44	168.64	157.85
76	3,006.10	2,825.69	2,643.33	76	200.99	190.21	177.46
77	3,380.63	3,178.66	2,974.72	77	226.49	213.74	200.01
78	3,804.19	3,576.73	3,347.30	78	254.92	240.21	224.53
79	4,278.74	4,023.82	3,766.94	79	286.29	269.63	252.96
80		4,525.81	4,239.52	80		302.96	283.35
81		5,092.52	4,770.93	81		341.20	319.63
82		5,729.82	5,367.05	82		383.36	358.85
83		6,445.56	6,037.69	83		431.40	403.95
84		7,249.54	6,792.64	84		485.33	454.93

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	421.60	394.15	366.69	18-44	28.43	27.45	25.49
45-49	498.07	466.70	437.29	45-49	34.32	33.34	30.39
50-54	584.36	551.02	517.68	50-54	40.20	38.24	35.30
55	778.49	731.42	684.36	55	51.96	49.02	46.08
56	823.59	774.57	725.54	56	55.89	52.94	49.02
57	870.65	819.67	768.68	57	58.83	55.89	51.96
58	919.67	868.69	813.78	58	62.75	58.83	54.91
59	972.62	917.71	862.81	59	65.69	62.75	57.85
60	1,027.52	970.66	911.83	60	69.61	65.69	60.79
61	1,088.31	1,027.52	964.77	61	74.52	69.61	64.71
62	1,153.02	1,088.31	1,021.64	62	78.44	74.52	68.63
63	1,219.69	1,151.06	1,078.51	63	83.34	78.44	72.55
64	1,292.25	1,217.73	1,141.26	64	87.26	83.34	77.46
65	1,366.76	1,286.37	1,205.97	65	92.16	87.26	81.38
66	1,486.38	1,398.14	1,311.86	66	100.99	95.10	89.22
67	1,613.84	1,519.72	1,425.59	67	108.83	102.95	96.09
68	1,753.07	1,651.10	1,549.13	68	118.64	111.77	104.91
69	1,906.02	1,794.25	1,684.43	69	128.44	121.58	113.73
70	2,068.78	1,949.16	1,829.54	70	139.23	131.38	122.56
71	2,276.63	2,145.25	2,011.91	71	152.95	145.11	135.30
72	2,504.10	2,358.99	2,211.92	72	168.64	158.83	149.03
73	2,755.10	2,594.30	2,431.55	73	185.31	174.52	163.74
74	3,031.59	2,851.18	2,670.78	74	202.96	191.19	179.42
75	3,333.57	3,135.52	2,935.50	75	222.56	209.82	197.07
76	3,751.25	3,529.66	3,304.16	76	251.00	236.29	221.58
77	4,219.91	3,970.87	3,719.87	77	282.37	265.71	250.02
78	4,747.40	4,466.99	4,186.57	78	317.67	299.04	280.41
79	5,339.60	5,025.85	4,710.14	79	356.89	336.30	315.71

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	543.18	511.80	478.47	18-44	36.28	34.32	32.36
45-49	645.14	607.89	568.67	45-49	44.12	41.18	39.22
50-54	764.76	719.66	674.56	50-54	51.96	49.02	46.08
55	1,019.68	954.97	890.26	55	68.63	64.71	60.79
56	1,080.47	1,011.84	943.20	56	73.53	68.63	64.71
57	1,143.22	1,070.66	998.11	57	77.46	72.55	67.65
58	1,209.89	1,133.41	1,056.94	58	82.36	76.48	71.57
59	1,280.48	1,200.09	1,117.73	59	86.28	81.38	75.50
60	1,355.00	1,268.72	1,182.44	60	91.18	85.30	79.42
61	1,437.36	1,343.23	1,251.07	61	97.07	90.20	84.32
62	1,521.68	1,421.67	1,321.66	62	102.95	96.09	89.22
63	1,611.88	1,504.03	1,398.14	63	107.85	100.99	94.12
64	1,707.97	1,592.27	1,476.58	64	114.71	106.87	100.01
65	1,807.97	1,684.43	1,560.90	65	120.60	112.75	104.91
66	1,968.77	1,837.39	1,706.00	66	131.38	123.54	114.71
67	2,141.33	2,002.10	1,860.92	67	143.15	134.32	125.50
68	2,329.58	2,180.55	2,033.48	68	155.89	146.09	136.28
69	2,533.51	2,376.64	2,219.77	69	169.62	159.82	149.03
70	2,755.10	2,588.42	2,421.74	70	184.33	173.54	161.78
71	3,019.82	2,833.54	2,645.29	71	201.98	190.21	177.46
72	3,310.04	3,100.22	2,890.40	72	221.58	207.86	193.15
73	3,625.75	3,392.40	3,157.09	73	242.17	227.47	210.80
74	3,972.83	3,710.07	3,447.31	74	265.71	248.06	230.41
75	4,353.25	4,059.11	3,764.97	75	290.22	270.61	251.00
76	4,827.80	4,519.93	4,212.07	76	322.57	301.98	281.39
77	5,353.32	5,031.73	4,710.14	77	356.89	336.30	314.73
78	5,933.76	5,602.36	5,269.00	78	396.11	373.56	351.99
79	6,580.86	6,235.74	5,892.58	79	439.25	415.72	393.17

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	717.70	680.44	643.18	18-44	48.04	46.08	44.12
45-49	860.85	819.67	776.53	45-49	57.85	55.89	52.94
50-54	1,031.45	984.38	937.32	50-54	69.61	66.67	62.75
55	1,358.92	1,290.29	1,219.69	55	92.16	87.26	82.36
56	1,439.32	1,364.80	1,288.33	56	98.05	92.16	87.26
57	1,523.64	1,443.24	1,360.88	57	102.95	97.07	92.16
58	1,613.84	1,527.56	1,437.36	58	108.83	102.95	97.07
59	1,707.97	1,613.84	1,517.76	59	114.71	108.83	101.97
60	1,807.97	1,706.00	1,602.08	60	120.60	113.73	106.87
61	1,911.90	1,802.09	1,690.32	61	128.44	120.60	113.73
62	2,019.75	1,902.10	1,782.48	62	135.30	127.46	119.62
63	2,135.45	2,007.99	1,880.53	63	143.15	134.32	126.48
64	2,257.02	2,119.76	1,982.49	64	151.97	142.17	133.34
65	2,384.48	2,237.41	2,090.35	65	159.82	150.01	140.21
66	2,562.93	2,417.82	2,274.67	66	171.58	162.76	152.95
67	2,753.14	2,611.95	2,472.73	67	184.33	175.50	165.70
68	2,957.07	2,823.73	2,688.43	68	198.05	189.23	180.41
69	3,176.70	3,049.24	2,921.78	69	212.76	203.94	195.11
70	3,412.01	3,294.35	3,176.70	70	227.47	219.62	211.78
71	3,743.40	3,606.14	3,470.84	71	250.02	241.19	231.39
72	4,104.21	3,947.34	3,792.43	72	274.53	263.74	252.96
73	4,500.32	4,321.88	4,141.47	73	300.02	288.26	276.49
74	4,935.65	4,729.75	4,523.85	74	329.44	315.71	301.98
75	5,412.15	5,176.84	4,941.53	75	360.81	345.12	329.44
76	6,018.08	5,741.59	5,463.14	76	401.99	383.36	364.73
77	6,692.64	6,365.16	6,037.69	77	447.09	425.52	402.97
78	7,439.75	7,057.37	6,671.06	78	497.09	471.60	446.11
79	8,273.14	7,824.09	7,373.08	79	552.00	522.59	492.19

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	170.67	158.23	144.00	18-44	11.56	11.56	10.67
45-49	195.56	183.11	167.11	45-49	14.22	13.33	12.44
50-54	220.45	208.00	193.78	50-54	16.00	15.11	14.22
55	304.01	282.67	259.56	55	20.44	19.56	18.67
56	325.34	302.23	277.34	56	22.22	21.33	20.44
57	348.45	323.56	296.89	57	24.00	22.22	21.33
58	373.34	346.67	316.45	58	25.78	24.00	22.22
59	400.01	369.78	339.56	59	26.67	25.78	24.00
60	426.67	394.67	360.90	60	28.44	26.67	24.89
61	456.90	423.12	385.78	61	31.11	29.33	26.67
62	488.90	451.56	412.45	62	32.89	31.11	28.44
63	522.68	481.79	439.12	63	35.56	32.89	30.22
64	560.01	515.56	469.34	64	38.22	35.56	32.00
65	597.34	549.34	499.56	65	40.00	37.33	33.78
66	654.23	600.90	545.79	66	44.45	40.89	37.33
67	716.46	656.01	595.57	67	48.89	45.33	40.89
68	785.79	716.46	648.90	68	53.33	48.89	43.56
69	860.46	784.01	707.57	69	57.78	53.33	48.00
70	940.46	855.13	769.79	70	63.11	57.78	51.56
71	1,038.24	940.46	840.90	71	70.22	64.00	56.89
72	1,146.69	1,032.91	919.13	72	77.33	70.22	62.22
73	1,265.80	1,134.24	1,002.68	73	85.33	77.33	67.56
74	1,395.58	1,246.24	1,095.13	74	94.22	84.45	73.78

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,539.58	1,367.14	1,194.69	75	104.00	92.45	80.00
76	1,733.36	1,539.58	1,345.80	76	117.34	104.00	90.67
77	1,952.04	1,733.36	1,512.92	77	131.56	117.34	101.34
78	2,197.37	1,950.26	1,703.14	78	148.45	131.56	114.67
79	2,472.93	2,195.60	1,916.48	79	166.23	147.56	128.89
80		2,469.38	2,154.71	80	186.67	165.34	144.00
81		2,778.72	2,424.93	81	210.67	186.67	162.67
82		3,127.17	2,727.16	82	236.45	209.78	183.11
83		3,520.06	3,068.50	83	265.78	235.56	205.34
84		3,960.96	3,452.51	84	298.67	264.89	231.12
				85	335.12	297.78	259.56
				86	377.78	335.12	292.45
				87	424.90	376.90	328.89
				88	477.34	424.01	369.78
				89	536.90	477.34	416.01
				90	604.46	536.90	468.45
				91	680.01	604.46	526.23
				92	764.46	680.01	592.01
				93	860.46	764.46	666.68
				94	968.02	859.57	749.35
				95	1,088.91	967.13	843.57
				96	1,224.91	1,088.02	948.46
				97	1,377.80	1,224.02	1,067.57
				98	1,550.25	1,376.91	1,200.91
				99	1,743.14	1,549.36	1,350.25

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	193.78	183.11	170.67	18-44	13.33	13.33	12.44
45-49	227.56	215.12	199.11	45-49	16.00	15.11	14.22
50-54	266.67	248.89	231.12	50-54	17.78	16.89	16.00
55	355.56	337.78	320.01	55	24.89	23.11	21.33
56	382.23	362.67	343.12	56	26.67	24.89	23.11
57	410.67	387.56	364.45	57	28.44	26.67	24.89
58	440.90	416.01	389.34	58	30.22	28.44	26.67
59	472.90	444.45	416.01	59	32.00	30.22	28.44
60	506.68	474.68	442.67	60	33.78	32.00	30.22
61	542.23	508.45	474.68	61	36.45	34.67	32.89
62	579.57	544.01	508.45	62	39.11	37.33	34.67
63	618.68	581.34	545.79	63	41.78	40.00	37.33
64	659.57	622.23	584.90	64	45.33	42.67	40.00
65	704.01	664.90	625.79	65	48.00	45.33	41.78
66	764.46	723.57	682.68	66	52.45	49.78	46.22
67	828.46	785.79	743.12	67	56.89	53.33	49.78
68	899.57	855.13	810.68	68	61.33	57.78	54.22
69	974.24	928.02	881.79	69	65.78	63.11	59.56
70	1,056.02	1,008.02	960.02	70	71.11	67.56	64.00
71	1,168.02	1,118.24	1,066.69	71	79.11	75.56	72.00
72	1,292.47	1,237.36	1,184.02	72	87.11	83.56	79.11
73	1,427.58	1,370.69	1,315.58	73	96.00	92.45	88.00
74	1,578.70	1,518.25	1,459.58	74	105.78	102.22	97.78

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,744.03	1,681.81	1,619.58	75	116.45	112.89	108.45
76	1,962.70	1,893.37	1,822.26	76	131.56	127.11	122.67
77	2,208.04	2,129.82	2,049.81	77	147.56	143.11	137.78
78	2,483.60	2,396.49	2,305.82	78	166.23	160.89	154.67
79	2,794.72	2,695.16	2,593.82	79	186.67	180.45	174.23
				80	209.78	202.67	195.56
				81	236.45	228.45	220.45
				82	265.78	256.89	248.00
				83	298.67	288.89	279.12
				84	336.01	325.34	313.78
				85	377.78	365.34	352.01
				86	425.79	411.56	396.45
				87	478.23	463.12	446.23
				88	538.68	520.90	501.34
				89	605.34	585.79	564.45
				90	680.90	658.68	634.68
				91	766.24	741.35	713.79
				92	862.24	833.79	803.57
				93	969.80	937.79	904.02
				94	1,090.69	1,055.13	1,016.91
				95	1,227.58	1,186.69	1,143.13
				96	1,380.47	1,335.14	1,286.25
				97	1,552.92	1,502.25	1,447.14
				98	1,747.59	1,689.81	1,627.59
				99	1,965.37	1,900.48	1,831.14

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	225.78	216.89	206.23	18-44	15.11	15.11	14.22
45-49	268.45	252.45	236.45	45-49	18.67	17.78	16.89
50-54	316.45	293.34	270.23	50-54	21.33	20.44	18.67
55	432.01	401.79	371.56	55	30.22	28.44	25.78
56	465.79	432.01	398.23	56	32.89	31.11	27.56
57	499.56	464.01	426.67	57	35.56	32.89	29.33
58	536.90	497.79	456.90	58	37.33	34.67	32.00
59	577.79	533.34	488.90	59	40.00	37.33	33.78
60	620.46	572.45	522.68	60	42.67	39.11	35.56
61	668.46	615.12	560.01	61	46.22	42.67	38.22
62	718.24	659.57	599.12	62	49.78	45.33	40.89
63	773.35	707.57	640.01	63	53.33	48.89	43.56
64	830.24	759.12	684.46	64	56.89	51.56	47.11
65	892.46	812.46	730.68	65	60.45	55.11	49.78
66	974.24	885.35	796.46	66	66.67	60.45	54.22
67	1,063.13	965.35	865.79	67	72.00	65.78	58.67
68	1,160.91	1,052.46	942.24	68	78.22	71.11	64.00
69	1,265.80	1,146.69	1,024.02	69	85.33	77.33	69.33
70	1,381.36	1,248.02	1,112.91	70	92.45	83.56	74.67
71	1,518.25	1,376.02	1,232.02	71	102.22	92.45	82.67
72	1,667.59	1,516.47	1,361.80	72	112.00	102.22	91.56
73	1,832.92	1,671.14	1,505.81	73	123.56	112.00	101.34
74	2,014.26	1,840.03	1,664.03	74	135.11	123.56	112.00

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,211.60	2,026.70	1,840.03	75	148.45	136.00	123.56
76	2,490.71	2,280.93	2,071.15	76	167.11	153.78	139.56
77	2,801.83	2,567.16	2,330.71	77	188.45	172.45	156.45
78	3,153.83	2,888.94	2,624.05	78	211.56	193.78	176.00
79	3,548.51	3,249.84	2,951.16	79	237.34	217.78	198.23
				80	266.67	244.45	222.23
				81	300.45	275.56	250.67
				82	337.78	309.34	281.78
				83	379.56	348.45	316.45
				84	427.56	392.01	356.45
				85	480.01	440.01	400.01
				86	540.45	495.12	450.67
				87	608.01	557.34	506.68
				88	683.57	626.68	569.79
				89	768.90	704.90	640.90
				90	865.79	793.79	720.90
				91	973.35	892.46	811.57
				92	1,095.13	1,003.57	912.91
				93	1,232.02	1,129.80	1,026.69
				94	1,385.80	1,270.25	1,154.69
				95	1,559.14	1,429.36	1,299.58
				96	1,753.81	1,608.03	1,461.36
				97	1,973.37	1,808.92	1,644.47
				98	2,219.60	2,034.70	1,849.81
				99	2,496.93	2,288.93	2,080.93

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	268.45	257.78	245.34	18-44	18.67	17.78	16.89
45-49	320.01	305.78	289.78	45-49	23.11	21.33	20.44
50-54	380.45	360.90	339.56	50-54	26.67	24.89	23.11
55	542.23	510.23	478.23	55	37.33	34.67	32.00
56	584.90	547.57	512.01	56	40.89	37.33	34.67
57	629.34	588.46	545.79	57	43.56	40.89	37.33
58	677.35	629.34	583.12	58	47.11	43.56	40.00
59	727.12	675.57	624.01	59	49.78	47.11	42.67
60	782.24	723.57	664.90	60	53.33	49.78	45.33
61	842.68	776.90	712.90	61	57.78	53.33	48.89
62	906.68	833.79	762.68	62	62.22	57.78	52.45
63	974.24	896.02	816.01	63	66.67	61.33	56.00
64	1,048.91	961.80	874.68	64	72.00	65.78	59.56
65	1,127.13	1,031.13	935.13	65	76.45	70.22	63.11
66	1,214.24	1,116.46	1,020.46	66	82.67	76.45	69.33
67	1,304.91	1,208.91	1,112.91	67	88.89	82.67	74.67
68	1,404.47	1,308.47	1,212.47	68	95.11	88.89	81.78
69	1,511.14	1,416.91	1,320.91	69	102.22	96.00	88.89
70	1,624.92	1,532.47	1,440.03	70	109.34	103.11	96.00
71	1,804.48	1,696.03	1,589.36	71	121.78	114.67	106.67
72	2,003.59	1,877.37	1,751.14	72	135.11	126.22	117.34
73	2,224.04	2,078.26	1,930.70	73	149.34	139.56	129.78
74	2,469.38	2,300.49	2,129.82	74	165.34	154.67	143.11

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,739.61	2,544.05	2,346.71	75	183.11	170.67	157.34
76	3,082.72	2,864.05	2,641.83	76	206.23	192.00	177.78
77	3,468.51	3,223.17	2,974.28	77	232.00	216.00	199.11
78	3,904.07	3,626.73	3,345.84	78	261.34	242.67	224.00
79	4,391.19	4,080.07	3,767.18	79	293.34	272.89	251.56
				80	329.78	306.67	282.67
				81	371.56	345.78	318.23
				82	417.79	388.45	358.23
				83	470.23	436.45	402.67
				84	528.90	491.56	453.34
				85	594.68	552.01	509.34
				86	669.35	621.34	573.34
				87	752.90	698.68	645.35
				88	847.13	786.68	725.35
				89	952.91	884.46	816.01
				90	1,072.02	995.57	918.24
				91	1,206.24	1,119.13	1,032.91
				92	1,356.47	1,259.58	1,161.80
				93	1,526.25	1,416.91	1,307.58
				94	1,717.36	1,593.81	1,470.25
				95	1,931.59	1,792.92	1,654.25
				96	2,173.37	2,016.93	1,861.37
				97	2,444.49	2,269.37	2,093.37
				98	2,750.27	2,552.94	2,355.60
				99	3,093.39	2,872.05	2,649.83

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
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**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	318.23	296.89	273.78	18-44	21.33	20.44	19.56
45-49	373.34	350.23	325.34	45-49	25.78	24.89	23.11
50-54	435.56	410.67	384.01	50-54	30.22	28.44	26.67
55	570.68	535.12	499.56	55	39.11	37.33	34.67
56	604.46	567.12	531.57	56	41.78	40.00	37.33
57	640.01	600.90	563.57	57	44.45	41.78	39.11
58	677.35	638.23	597.34	58	46.22	44.45	40.89
59	718.24	675.57	632.90	59	48.89	47.11	43.56
60	759.12	714.68	670.23	60	51.56	48.89	45.33
61	805.35	757.35	709.35	61	55.11	52.45	48.89
62	851.57	801.79	752.01	62	57.78	55.11	51.56
63	901.35	848.02	794.68	63	61.33	58.67	54.22
64	954.68	897.79	840.90	64	64.89	61.33	57.78
65	1,009.80	949.35	888.91	65	68.45	64.89	60.45
66	1,096.91	1,031.13	965.35	66	74.67	70.22	65.78
67	1,189.35	1,118.24	1,047.13	67	80.89	76.45	71.11
68	1,290.69	1,214.24	1,137.80	68	87.11	82.67	77.33
69	1,400.91	1,317.36	1,233.80	69	95.11	88.89	83.56
70	1,518.25	1,429.36	1,338.69	70	102.22	96.00	89.78
71	1,667.59	1,569.81	1,470.25	71	112.89	105.78	98.67
72	1,831.14	1,722.70	1,612.47	72	123.56	116.45	108.45
73	2,010.70	1,889.81	1,768.92	73	135.11	127.11	119.11
74	2,206.26	2,074.70	1,941.37	74	148.45	139.56	130.67

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,421.38	2,275.60	2,128.04	75	161.78	152.89	143.11
76	2,725.38	2,561.82	2,396.49	76	182.23	172.45	160.89
77	3,064.94	2,881.83	2,696.94	77	205.34	193.78	181.34
78	3,448.95	3,242.73	3,034.72	78	231.12	217.78	203.56
79	3,879.18	3,648.07	3,415.17	79	259.56	244.45	229.34
80		4,103.19	3,843.63	80		274.67	256.89
81		4,616.97	4,325.41	81		309.34	289.78
82		5,194.76	4,865.87	82		347.56	325.34
83		5,843.66	5,473.88	83		391.12	366.23
84		6,572.56	6,158.33	84		440.01	412.45

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	382.23	357.34	332.45	18-44	25.78	24.89	23.11
45-49	451.56	423.12	396.45	45-49	31.11	30.22	27.56
50-54	529.79	499.56	469.34	50-54	36.45	34.67	32.00
55	705.79	663.12	620.46	55	47.11	44.45	41.78
56	746.68	702.23	657.79	56	50.67	48.00	44.45
57	789.35	743.12	696.90	57	53.33	50.67	47.11
58	833.79	787.57	737.79	58	56.89	53.33	49.78
59	881.79	832.02	782.24	59	59.56	56.89	52.45
60	931.57	880.02	826.68	60	63.11	59.56	55.11
61	986.68	931.57	874.68	61	67.56	63.11	58.67
62	1,045.35	986.68	926.24	62	71.11	67.56	62.22
63	1,105.80	1,043.57	977.80	63	75.56	71.11	65.78
64	1,171.58	1,104.02	1,034.69	64	79.11	75.56	70.22
65	1,239.13	1,166.24	1,093.35	65	83.56	79.11	73.78
66	1,347.58	1,267.58	1,189.35	66	91.56	86.22	80.89
67	1,463.14	1,377.80	1,292.47	67	98.67	93.34	87.11
68	1,589.36	1,496.92	1,404.47	68	107.56	101.34	95.11
69	1,728.03	1,626.70	1,527.14	69	116.45	110.22	103.11
70	1,875.59	1,767.14	1,658.70	70	126.22	119.11	111.11
71	2,064.04	1,944.92	1,824.03	71	138.67	131.56	122.67
72	2,270.26	2,138.71	2,005.37	72	152.89	144.00	135.11
73	2,497.82	2,352.04	2,204.48	73	168.00	158.23	148.45
74	2,748.49	2,584.94	2,421.38	74	184.00	173.34	162.67
75	3,022.28	2,842.72	2,661.38	75	201.78	190.23	178.67
76	3,400.95	3,200.06	2,995.61	76	227.56	214.23	200.89
77	3,825.85	3,600.07	3,372.51	77	256.00	240.89	226.67
78	4,304.08	4,049.85	3,795.62	78	288.01	271.12	254.23
79	4,840.98	4,556.53	4,270.30	79	323.56	304.89	286.23

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	492.45	464.01	433.79	18-44	32.89	31.11	29.33
45-49	584.90	551.12	515.56	45-49	40.00	37.33	35.56
50-54	693.35	652.46	611.57	50-54	47.11	44.45	41.78
55	924.46	865.79	807.13	55	62.22	58.67	55.11
56	979.57	917.35	855.13	56	66.67	62.22	58.67
57	1,036.46	970.68	904.91	57	70.22	65.78	61.33
58	1,096.91	1,027.57	958.24	58	74.67	69.33	64.89
59	1,160.91	1,088.02	1,013.35	59	78.22	73.78	68.45
60	1,228.47	1,150.24	1,072.02	60	82.67	77.33	72.00
61	1,303.13	1,217.80	1,134.24	61	88.00	81.78	76.45
62	1,379.58	1,288.91	1,198.24	62	93.34	87.11	80.89
63	1,461.36	1,363.58	1,267.58	63	97.78	91.56	85.33
64	1,548.47	1,443.58	1,338.69	64	104.00	96.89	90.67
65	1,639.14	1,527.14	1,415.14	65	109.34	102.22	95.11
66	1,784.92	1,665.81	1,546.69	66	119.11	112.00	104.00
67	1,941.37	1,815.14	1,687.14	67	129.78	121.78	113.78
68	2,112.04	1,976.92	1,843.59	68	141.34	132.45	123.56
69	2,296.93	2,154.71	2,012.48	69	153.78	144.89	135.11
70	2,497.82	2,346.71	2,195.60	70	167.11	157.34	146.67
71	2,737.83	2,568.94	2,398.27	71	183.11	172.45	160.89
72	3,000.94	2,810.72	2,620.49	72	200.89	188.45	175.11
73	3,287.17	3,075.61	2,862.27	73	219.56	206.23	191.11
74	3,601.84	3,363.62	3,125.39	74	240.89	224.89	208.89
75	3,946.74	3,680.07	3,413.40	75	263.12	245.34	227.56
76	4,376.97	4,097.85	3,818.74	76	292.45	273.78	255.12
77	4,853.42	4,561.86	4,270.30	77	323.56	304.89	285.34
78	5,379.65	5,079.20	4,776.98	78	359.12	338.67	319.12
79	5,966.33	5,653.44	5,342.32	79	398.23	376.90	356.45

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	650.68	616.90	583.12	18-44	43.56	41.78	40.00
45-49	780.46	743.12	704.01	45-49	52.45	50.67	48.00
50-54	935.13	892.46	849.79	50-54	63.11	60.45	56.89
55	1,232.02	1,169.80	1,105.80	55	83.56	79.11	74.67
56	1,304.91	1,237.36	1,168.02	56	88.89	83.56	79.11
57	1,381.36	1,308.47	1,233.80	57	93.34	88.00	83.56
58	1,463.14	1,384.91	1,303.13	58	98.67	93.34	88.00
59	1,548.47	1,463.14	1,376.02	59	104.00	98.67	92.45
60	1,639.14	1,546.69	1,452.47	60	109.34	103.11	96.89
61	1,733.36	1,633.81	1,532.47	61	116.45	109.34	103.11
62	1,831.14	1,724.48	1,616.03	62	122.67	115.56	108.45
63	1,936.04	1,820.48	1,704.92	63	129.78	121.78	114.67
64	2,046.26	1,921.81	1,797.37	64	137.78	128.89	120.89
65	2,161.82	2,028.48	1,895.15	65	144.89	136.00	127.11
66	2,323.60	2,192.04	2,062.26	66	155.56	147.56	138.67
67	2,496.05	2,368.04	2,241.82	67	167.11	159.11	150.22
68	2,680.94	2,560.05	2,437.38	68	179.56	171.56	163.56
69	2,880.05	2,764.49	2,648.94	69	192.89	184.89	176.89
70	3,093.39	2,986.72	2,880.05	70	206.23	199.11	192.00
71	3,393.84	3,269.39	3,146.72	71	226.67	218.67	209.78
72	3,720.96	3,578.73	3,438.28	72	248.89	239.12	229.34
73	4,080.07	3,918.29	3,754.73	73	272.00	261.34	250.67
74	4,474.75	4,288.08	4,101.41	74	298.67	286.23	273.78
75	4,906.76	4,693.42	4,480.08	75	327.12	312.89	298.67
76	5,456.10	5,205.43	4,952.98	76	364.45	347.56	330.67
77	6,067.67	5,770.77	5,473.88	77	405.34	385.78	365.34
78	6,745.01	6,398.34	6,048.11	78	450.67	427.56	404.45
79	7,500.58	7,093.46	6,684.57	79	500.45	473.79	446.23

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	188.25	174.52	158.83	18-44	12.75	12.75	11.77
45-49	215.70	201.98	184.33	45-49	15.69	14.71	13.73
50-54	243.15	229.43	213.74	50-54	17.65	16.67	15.69
55	335.32	311.79	286.29	55	22.55	21.57	20.59
56	358.85	333.36	305.90	56	24.51	23.53	22.55
57	384.34	356.89	327.47	57	26.47	24.51	23.53
58	411.79	382.38	349.04	58	28.43	26.47	24.51
59	441.21	407.87	374.54	59	29.41	28.43	26.47
60	470.62	435.33	398.07	60	31.37	29.41	27.45
61	503.96	466.70	425.52	61	34.32	32.36	29.41
62	539.25	498.07	454.93	62	36.28	34.32	31.37
63	576.51	531.41	484.35	63	39.22	36.28	33.34
64	617.69	568.67	517.68	64	42.16	39.22	35.30
65	658.87	605.93	551.02	65	44.12	41.18	37.26
66	721.62	662.79	602.00	66	49.02	45.10	41.18
67	790.25	723.58	656.91	67	53.93	50.00	45.10
68	866.73	790.25	715.74	68	58.83	53.93	48.04
69	949.09	864.77	780.45	69	63.73	58.83	52.94
70	1,037.33	943.20	849.08	70	69.61	63.73	56.87
71	1,145.18	1,037.33	927.52	71	77.46	70.59	62.75
72	1,264.80	1,139.30	1,013.80	72	85.30	77.46	68.63
73	1,396.18	1,251.07	1,105.96	73	94.12	85.30	74.52
74	1,539.33	1,374.61	1,207.93	74	103.93	93.14	81.38

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,698.16	1,507.95	1,317.74	75	114.71	101.97	88.24
76	1,911.90	1,698.16	1,484.42	76	129.42	114.71	100.01
77	2,153.10	1,911.90	1,668.75	77	145.11	129.42	111.77
78	2,423.70	2,151.13	1,878.57	78	163.74	145.11	126.48
79	2,727.65	2,421.74	2,113.88	79	183.35	162.76	142.17
80		2,723.72	2,376.64	80	205.90	182.37	158.83
81		3,064.92	2,674.70	81	232.37	205.90	179.42
82		3,449.27	3,008.06	82	260.80	231.39	201.98
83		3,882.63	3,384.56	83	293.16	259.82	226.49
84		4,368.94	3,808.12	84	329.44	292.18	254.92
				85	369.63	328.45	286.29
				86	416.70	369.63	322.57
				87	468.66	415.72	362.77
				88	526.51	467.68	407.87
				89	592.20	526.51	458.86
				90	666.71	592.20	516.70
				91	750.05	666.71	580.43
				92	843.20	750.05	652.99
				93	949.09	843.20	735.35
				94	1,067.72	948.11	826.53
				95	1,201.07	1,066.74	930.46
				96	1,351.08	1,200.09	1,046.15
				97	1,519.72	1,350.10	1,177.54
				98	1,709.93	1,518.74	1,324.60
				99	1,922.69	1,708.95	1,489.32

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	213.74	201.98	188.25	18-44	14.71	14.71	13.73
45-49	251.00	237.27	219.62	45-49	17.65	16.67	15.69
50-54	294.14	274.53	254.92	50-54	19.61	18.63	17.65
55	392.18	372.58	352.97	55	27.45	25.49	23.53
56	421.60	400.03	378.46	56	29.41	27.45	25.49
57	452.97	427.48	401.99	57	31.37	29.41	27.45
58	486.31	458.86	429.44	58	33.34	31.37	29.41
59	521.61	490.23	458.86	59	35.30	33.34	31.37
60	558.86	523.57	488.27	60	37.26	35.30	33.34
61	598.08	560.82	523.57	61	40.20	38.24	36.28
62	639.26	600.04	560.82	62	43.14	41.18	38.24
63	682.40	641.22	602.00	63	46.08	44.12	41.18
64	727.50	686.32	645.14	64	50.00	47.06	44.12
65	776.53	733.39	690.25	65	52.94	50.00	46.08
66	843.20	798.10	752.99	66	57.85	54.91	50.98
67	913.79	866.73	819.67	67	62.75	58.83	54.91
68	992.23	943.20	894.18	68	67.65	63.73	59.81
69	1,074.59	1,023.60	972.62	69	72.55	69.61	65.69
70	1,164.79	1,111.84	1,058.90	70	78.44	74.52	70.59
71	1,288.33	1,233.42	1,176.55	71	87.26	83.34	79.42
72	1,425.59	1,364.80	1,305.98	72	96.09	92.16	87.26
73	1,574.62	1,511.87	1,451.08	73	105.89	101.97	97.07
74	1,741.30	1,674.63	1,609.92	74	116.68	112.75	107.85

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,923.67	1,855.03	1,786.40	75	128.44	124.52	119.62
76	2,164.86	2,088.38	2,009.95	76	145.11	140.21	135.30
77	2,435.47	2,349.19	2,260.95	77	162.76	157.85	151.97
78	2,739.41	2,643.33	2,543.32	78	183.35	177.46	170.60
79	3,082.57	2,972.76	2,860.99	79	205.90	199.03	192.17
				80	231.39	223.55	215.70
				81	260.80	251.98	243.15
				82	293.16	283.35	273.55
				83	329.44	318.65	307.87
				84	370.61	358.85	346.10
				85	416.70	402.97	388.26
				86	469.64	453.95	437.29
				87	527.49	510.82	492.19
				88	594.16	574.55	552.98
				89	667.69	646.12	622.59
				90	751.03	726.52	700.05
				91	845.16	817.71	787.31
				92	951.05	919.67	886.34
				93	1,069.68	1,034.39	997.13
				94	1,203.03	1,163.81	1,121.65
				95	1,354.02	1,308.92	1,260.87
				96	1,522.66	1,472.65	1,418.73
				97	1,712.87	1,656.98	1,596.19
				98	1,927.59	1,863.86	1,795.23
				99	2,167.80	2,096.23	2,019.75

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	249.04	239.23	227.47	18-44	16.67	16.67	15.69
45-49	296.10	278.45	260.80	45-49	20.59	19.61	18.63
50-54	349.04	323.55	298.06	50-54	23.53	22.55	20.59
55	476.50	443.17	409.83	55	33.34	31.37	28.43
56	513.76	476.50	439.25	56	36.28	34.32	30.39
57	551.02	511.80	470.62	57	39.22	36.28	32.36
58	592.20	549.06	503.96	58	41.18	38.24	35.30
59	637.30	588.28	539.25	59	44.12	41.18	37.26
60	684.36	631.42	576.51	60	47.06	43.14	39.22
61	737.31	678.48	617.69	61	50.98	47.06	42.16
62	792.21	727.50	660.83	62	54.91	50.00	45.10
63	853.00	780.45	705.93	63	58.83	53.93	48.04
64	915.75	837.31	754.96	64	62.75	56.87	51.96
65	984.38	896.14	805.94	65	66.67	60.79	54.91
66	1,074.59	976.54	878.49	66	73.53	66.67	59.81
67	1,172.63	1,064.78	954.97	67	79.42	72.55	64.71
68	1,280.48	1,160.87	1,039.29	68	86.28	78.44	70.59
69	1,396.18	1,264.80	1,129.49	69	94.12	85.30	76.48
70	1,523.64	1,376.57	1,227.54	70	101.97	92.16	82.36
71	1,674.63	1,517.76	1,358.92	71	112.75	101.97	91.18
72	1,839.35	1,672.67	1,502.07	72	123.54	112.75	100.99
73	2,021.71	1,843.27	1,660.90	73	136.28	123.54	111.77
74	2,221.73	2,029.56	1,835.43	74	149.03	136.28	123.54

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,439.39	2,235.45	2,029.56	75	163.74	150.01	136.28
76	2,747.26	2,515.87	2,284.48	76	184.33	169.62	153.93
77	3,090.42	2,831.57	2,570.77	77	207.86	190.21	172.56
78	3,478.68	3,186.50	2,894.32	78	233.35	213.74	194.13
79	3,914.01	3,584.57	3,255.13	79	261.78	240.21	218.64
				80	294.14	269.63	245.12
				81	331.40	303.94	276.49
				82	372.58	341.20	310.81
				83	418.66	384.34	349.04
				84	471.60	432.38	393.17
				85	529.45	485.33	441.21
				86	596.12	546.12	497.09
				87	670.64	614.75	558.86
				88	753.98	691.23	628.48
				89	848.10	777.51	706.91
				90	954.97	875.55	795.15
				91	1,073.61	984.38	895.16
				92	1,207.93	1,106.94	1,006.93
				93	1,358.92	1,246.17	1,132.43
				94	1,528.54	1,401.08	1,273.62
				95	1,719.73	1,576.58	1,433.44
				96	1,934.45	1,773.66	1,611.88
				97	2,176.63	1,995.24	1,813.86
				98	2,448.21	2,244.28	2,040.34
				99	2,754.12	2,524.69	2,295.26

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	296.10	284.33	270.61	18-44	20.59	19.61	18.63
45-49	352.97	337.28	319.63	45-49	25.49	23.53	22.55
50-54	419.64	398.07	374.54	50-54	29.41	27.45	25.49
55	598.08	562.79	527.49	55	41.18	38.24	35.30
56	645.14	603.96	564.75	56	45.10	41.18	38.24
57	694.17	649.07	602.00	57	48.04	45.10	41.18
58	747.11	694.17	643.18	58	51.96	48.04	44.12
59	802.02	745.15	688.28	59	54.91	51.96	47.06
60	862.81	798.10	733.39	60	58.83	54.91	50.00
61	929.48	856.92	786.33	61	63.73	58.83	53.93
62	1,000.07	919.67	841.24	62	68.63	63.73	57.85
63	1,074.59	988.31	900.06	63	73.53	67.65	61.77
64	1,156.95	1,060.86	964.77	64	79.42	72.55	65.69
65	1,243.23	1,137.34	1,031.45	65	84.32	77.46	69.61
66	1,339.31	1,231.46	1,125.57	66	91.18	84.32	76.48
67	1,439.32	1,333.43	1,227.54	67	98.05	91.18	82.36
68	1,549.13	1,443.24	1,337.35	68	104.91	98.05	90.20
69	1,666.79	1,562.86	1,456.97	69	112.75	105.89	98.05
70	1,792.28	1,690.32	1,588.35	70	120.60	113.73	105.89
71	1,990.34	1,870.72	1,753.07	71	134.32	126.48	117.66
72	2,209.96	2,070.74	1,931.51	72	149.03	139.23	129.42
73	2,453.12	2,292.32	2,129.56	73	164.72	153.93	143.15
74	2,723.72	2,537.44	2,349.19	74	182.37	170.60	157.85

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	3,021.78	2,806.08	2,588.42	75	201.98	188.25	173.54
76	3,400.24	3,159.05	2,913.93	76	227.47	211.78	196.09
77	3,825.76	3,555.16	3,280.63	77	255.90	238.25	219.62
78	4,306.19	4,000.29	3,690.46	78	288.26	267.67	247.08
79	4,843.48	4,500.32	4,155.20	79	323.55	301.00	277.47
				80	363.75	338.26	311.79
				81	409.83	381.40	351.01
				82	460.82	428.46	395.13
				83	518.66	481.41	444.15
				84	583.38	542.20	500.04
				85	655.93	608.87	561.80
				86	738.29	685.34	632.40
				87	830.45	770.64	711.82
				88	934.38	867.71	800.06
				89	1,051.06	975.56	900.06
				90	1,182.44	1,098.12	1,012.82
				91	1,330.49	1,234.40	1,139.30
				92	1,496.19	1,389.31	1,281.46
				93	1,683.45	1,562.86	1,442.26
				94	1,894.25	1,757.97	1,621.68
				95	2,130.54	1,977.59	1,824.64
				96	2,397.23	2,224.67	2,053.09
				97	2,696.27	2,503.12	2,308.99
				98	3,033.55	2,815.89	2,598.22
				99	3,412.01	3,167.87	2,922.76

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	351.01	327.47	301.98	18-44	23.53	22.55	21.57
45-49	411.79	386.30	358.85	45-49	28.43	27.45	25.49
50-54	480.43	452.97	423.56	50-54	33.34	31.37	29.41
55	629.46	590.24	551.02	55	43.14	41.18	38.24
56	666.71	625.53	586.32	56	46.08	44.12	41.18
57	705.93	662.79	621.61	57	49.02	46.08	43.14
58	747.11	703.97	658.87	58	50.98	49.02	45.10
59	792.21	745.15	698.09	59	53.93	51.96	48.04
60	837.31	788.29	739.27	60	56.87	53.93	50.00
61	888.30	835.35	782.41	61	60.79	57.85	53.93
62	939.28	884.38	829.47	62	63.73	60.79	56.87
63	994.19	935.36	876.53	63	67.65	64.71	59.81
64	1,053.02	990.27	927.52	64	71.57	67.65	63.73
65	1,113.81	1,047.13	980.46	65	75.50	71.57	66.67
66	1,209.89	1,137.34	1,064.78	66	82.36	77.46	72.55
67	1,311.86	1,233.42	1,154.98	67	89.22	84.32	78.44
68	1,423.63	1,339.31	1,254.99	68	96.09	91.18	85.30
69	1,545.21	1,453.05	1,360.88	69	104.91	98.05	92.16
70	1,674.63	1,576.58	1,476.58	70	112.75	105.89	99.03
71	1,839.35	1,731.50	1,621.68	71	124.52	116.68	108.83
72	2,019.75	1,900.14	1,778.56	72	136.28	128.44	119.62
73	2,217.81	2,084.46	1,951.12	73	149.03	140.21	131.38
74	2,433.51	2,288.40	2,141.33	74	163.74	153.93	144.13

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,670.78	2,509.98	2,347.23	75	178.44	168.64	157.85
76	3,006.10	2,825.69	2,643.33	76	200.99	190.21	177.46
77	3,380.63	3,178.66	2,974.72	77	226.49	213.74	200.01
78	3,804.19	3,576.73	3,347.30	78	254.92	240.21	224.53
79	4,278.74	4,023.82	3,766.94	79	286.29	269.63	252.96
80		4,525.81	4,239.52	80		302.96	283.35
81		5,092.52	4,770.93	81		341.20	319.63
82		5,729.82	5,367.05	82		383.36	358.85
83		6,445.56	6,037.69	83		431.40	403.95
84		7,249.54	6,792.64	84		485.33	454.93

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	421.60	394.15	366.69	18-44	28.43	27.45	25.49
45-49	498.07	466.70	437.29	45-49	34.32	33.34	30.39
50-54	584.36	551.02	517.68	50-54	40.20	38.24	35.30
55	778.49	731.42	684.36	55	51.96	49.02	46.08
56	823.59	774.57	725.54	56	55.89	52.94	49.02
57	870.65	819.67	768.68	57	58.83	55.89	51.96
58	919.67	868.69	813.78	58	62.75	58.83	54.91
59	972.62	917.71	862.81	59	65.69	62.75	57.85
60	1,027.52	970.66	911.83	60	69.61	65.69	60.79
61	1,088.31	1,027.52	964.77	61	74.52	69.61	64.71
62	1,153.02	1,088.31	1,021.64	62	78.44	74.52	68.63
63	1,219.69	1,151.06	1,078.51	63	83.34	78.44	72.55
64	1,292.25	1,217.73	1,141.26	64	87.26	83.34	77.46
65	1,366.76	1,286.37	1,205.97	65	92.16	87.26	81.38
66	1,486.38	1,398.14	1,311.86	66	100.99	95.10	89.22
67	1,613.84	1,519.72	1,425.59	67	108.83	102.95	96.09
68	1,753.07	1,651.10	1,549.13	68	118.64	111.77	104.91
69	1,906.02	1,794.25	1,684.43	69	128.44	121.58	113.73
70	2,068.78	1,949.16	1,829.54	70	139.23	131.38	122.56
71	2,276.63	2,145.25	2,011.91	71	152.95	145.11	135.30
72	2,504.10	2,358.99	2,211.92	72	168.64	158.83	149.03
73	2,755.10	2,594.30	2,431.55	73	185.31	174.52	163.74
74	3,031.59	2,851.18	2,670.78	74	202.96	191.19	179.42
75	3,333.57	3,135.52	2,935.50	75	222.56	209.82	197.07
76	3,751.25	3,529.66	3,304.16	76	251.00	236.29	221.58
77	4,219.91	3,970.87	3,719.87	77	282.37	265.71	250.02
78	4,747.40	4,466.99	4,186.57	78	317.67	299.04	280.41
79	5,339.60	5,025.85	4,710.14	79	356.89	336.30	315.71

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	543.18	511.80	478.47	18-44	36.28	34.32	32.36
45-49	645.14	607.89	568.67	45-49	44.12	41.18	39.22
50-54	764.76	719.66	674.56	50-54	51.96	49.02	46.08
55	1,019.68	954.97	890.26	55	68.63	64.71	60.79
56	1,080.47	1,011.84	943.20	56	73.53	68.63	64.71
57	1,143.22	1,070.66	998.11	57	77.46	72.55	67.65
58	1,209.89	1,133.41	1,056.94	58	82.36	76.48	71.57
59	1,280.48	1,200.09	1,117.73	59	86.28	81.38	75.50
60	1,355.00	1,268.72	1,182.44	60	91.18	85.30	79.42
61	1,437.36	1,343.23	1,251.07	61	97.07	90.20	84.32
62	1,521.68	1,421.67	1,321.66	62	102.95	96.09	89.22
63	1,611.88	1,504.03	1,398.14	63	107.85	100.99	94.12
64	1,707.97	1,592.27	1,476.58	64	114.71	106.87	100.01
65	1,807.97	1,684.43	1,560.90	65	120.60	112.75	104.91
66	1,968.77	1,837.39	1,706.00	66	131.38	123.54	114.71
67	2,141.33	2,002.10	1,860.92	67	143.15	134.32	125.50
68	2,329.58	2,180.55	2,033.48	68	155.89	146.09	136.28
69	2,533.51	2,376.64	2,219.77	69	169.62	159.82	149.03
70	2,755.10	2,588.42	2,421.74	70	184.33	173.54	161.78
71	3,019.82	2,833.54	2,645.29	71	201.98	190.21	177.46
72	3,310.04	3,100.22	2,890.40	72	221.58	207.86	193.15
73	3,625.75	3,392.40	3,157.09	73	242.17	227.47	210.80
74	3,972.83	3,710.07	3,447.31	74	265.71	248.06	230.41
75	4,353.25	4,059.11	3,764.97	75	290.22	270.61	251.00
76	4,827.80	4,519.93	4,212.07	76	322.57	301.98	281.39
77	5,353.32	5,031.73	4,710.14	77	356.89	336.30	314.73
78	5,933.76	5,602.36	5,269.00	78	396.11	373.56	351.99
79	6,580.86	6,235.74	5,892.58	79	439.25	415.72	393.17

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	717.70	680.44	643.18	18-44	48.04	46.08	44.12
45-49	860.85	819.67	776.53	45-49	57.85	55.89	52.94
50-54	1,031.45	984.38	937.32	50-54	69.61	66.67	62.75
55	1,358.92	1,290.29	1,219.69	55	92.16	87.26	82.36
56	1,439.32	1,364.80	1,288.33	56	98.05	92.16	87.26
57	1,523.64	1,443.24	1,360.88	57	102.95	97.07	92.16
58	1,613.84	1,527.56	1,437.36	58	108.83	102.95	97.07
59	1,707.97	1,613.84	1,517.76	59	114.71	108.83	101.97
60	1,807.97	1,706.00	1,602.08	60	120.60	113.73	106.87
61	1,911.90	1,802.09	1,690.32	61	128.44	120.60	113.73
62	2,019.75	1,902.10	1,782.48	62	135.30	127.46	119.62
63	2,135.45	2,007.99	1,880.53	63	143.15	134.32	126.48
64	2,257.02	2,119.76	1,982.49	64	151.97	142.17	133.34
65	2,384.48	2,237.41	2,090.35	65	159.82	150.01	140.21
66	2,562.93	2,417.82	2,274.67	66	171.58	162.76	152.95
67	2,753.14	2,611.95	2,472.73	67	184.33	175.50	165.70
68	2,957.07	2,823.73	2,688.43	68	198.05	189.23	180.41
69	3,176.70	3,049.24	2,921.78	69	212.76	203.94	195.11
70	3,412.01	3,294.35	3,176.70	70	227.47	219.62	211.78
71	3,743.40	3,606.14	3,470.84	71	250.02	241.19	231.39
72	4,104.21	3,947.34	3,792.43	72	274.53	263.74	252.96
73	4,500.32	4,321.88	4,141.47	73	300.02	288.26	276.49
74	4,935.65	4,729.75	4,523.85	74	329.44	315.71	301.98
75	5,412.15	5,176.84	4,941.53	75	360.81	345.12	329.44
76	6,018.08	5,741.59	5,463.14	76	401.99	383.36	364.73
77	6,692.64	6,365.16	6,037.69	77	447.09	425.52	402.97
78	7,439.75	7,057.37	6,671.06	78	497.09	471.60	446.11
79	8,273.14	7,824.09	7,373.08	79	552.00	522.59	492.19

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	170.67	158.23	144.00	18-44	11.56	11.56	10.67
45-49	195.56	183.11	167.11	45-49	14.22	13.33	12.44
50-54	220.45	208.00	193.78	50-54	16.00	15.11	14.22
55	304.01	282.67	259.56	55	20.44	19.56	18.67
56	325.34	302.23	277.34	56	22.22	21.33	20.44
57	348.45	323.56	296.89	57	24.00	22.22	21.33
58	373.34	346.67	316.45	58	25.78	24.00	22.22
59	400.01	369.78	339.56	59	26.67	25.78	24.00
60	426.67	394.67	360.90	60	28.44	26.67	24.89
61	456.90	423.12	385.78	61	31.11	29.33	26.67
62	488.90	451.56	412.45	62	32.89	31.11	28.44
63	522.68	481.79	439.12	63	35.56	32.89	30.22
64	560.01	515.56	469.34	64	38.22	35.56	32.00
65	597.34	549.34	499.56	65	40.00	37.33	33.78
66	654.23	600.90	545.79	66	44.45	40.89	37.33
67	716.46	656.01	595.57	67	48.89	45.33	40.89
68	785.79	716.46	648.90	68	53.33	48.89	43.56
69	860.46	784.01	707.57	69	57.78	53.33	48.00
70	940.46	855.13	769.79	70	63.11	57.78	51.56
71	1,038.24	940.46	840.90	71	70.22	64.00	56.89
72	1,146.69	1,032.91	919.13	72	77.33	70.22	62.22
73	1,265.80	1,134.24	1,002.68	73	85.33	77.33	67.56
74	1,395.58	1,246.24	1,095.13	74	94.22	84.45	73.78

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,539.58	1,367.14	1,194.69	75	104.00	92.45	80.00
76	1,733.36	1,539.58	1,345.80	76	117.34	104.00	90.67
77	1,952.04	1,733.36	1,512.92	77	131.56	117.34	101.34
78	2,197.37	1,950.26	1,703.14	78	148.45	131.56	114.67
79	2,472.93	2,195.60	1,916.48	79	166.23	147.56	128.89
80		2,469.38	2,154.71	80	186.67	165.34	144.00
81		2,778.72	2,424.93	81	210.67	186.67	162.67
82		3,127.17	2,727.16	82	236.45	209.78	183.11
83		3,520.06	3,068.50	83	265.78	235.56	205.34
84		3,960.96	3,452.51	84	298.67	264.89	231.12
				85	335.12	297.78	259.56
				86	377.78	335.12	292.45
				87	424.90	376.90	328.89
				88	477.34	424.01	369.78
				89	536.90	477.34	416.01
				90	604.46	536.90	468.45
				91	680.01	604.46	526.23
				92	764.46	680.01	592.01
				93	860.46	764.46	666.68
				94	968.02	859.57	749.35
				95	1,088.91	967.13	843.57
				96	1,224.91	1,088.02	948.46
				97	1,377.80	1,224.02	1,067.57
				98	1,550.25	1,376.91	1,200.91
				99	1,743.14	1,549.36	1,350.25

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	193.78	183.11	170.67	18-44	13.33	13.33	12.44
45-49	227.56	215.12	199.11	45-49	16.00	15.11	14.22
50-54	266.67	248.89	231.12	50-54	17.78	16.89	16.00
55	355.56	337.78	320.01	55	24.89	23.11	21.33
56	382.23	362.67	343.12	56	26.67	24.89	23.11
57	410.67	387.56	364.45	57	28.44	26.67	24.89
58	440.90	416.01	389.34	58	30.22	28.44	26.67
59	472.90	444.45	416.01	59	32.00	30.22	28.44
60	506.68	474.68	442.67	60	33.78	32.00	30.22
61	542.23	508.45	474.68	61	36.45	34.67	32.89
62	579.57	544.01	508.45	62	39.11	37.33	34.67
63	618.68	581.34	545.79	63	41.78	40.00	37.33
64	659.57	622.23	584.90	64	45.33	42.67	40.00
65	704.01	664.90	625.79	65	48.00	45.33	41.78
66	764.46	723.57	682.68	66	52.45	49.78	46.22
67	828.46	785.79	743.12	67	56.89	53.33	49.78
68	899.57	855.13	810.68	68	61.33	57.78	54.22
69	974.24	928.02	881.79	69	65.78	63.11	59.56
70	1,056.02	1,008.02	960.02	70	71.11	67.56	64.00
71	1,168.02	1,118.24	1,066.69	71	79.11	75.56	72.00
72	1,292.47	1,237.36	1,184.02	72	87.11	83.56	79.11
73	1,427.58	1,370.69	1,315.58	73	96.00	92.45	88.00
74	1,578.70	1,518.25	1,459.58	74	105.78	102.22	97.78

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,744.03	1,681.81	1,619.58	75	116.45	112.89	108.45
76	1,962.70	1,893.37	1,822.26	76	131.56	127.11	122.67
77	2,208.04	2,129.82	2,049.81	77	147.56	143.11	137.78
78	2,483.60	2,396.49	2,305.82	78	166.23	160.89	154.67
79	2,794.72	2,695.16	2,593.82	79	186.67	180.45	174.23
				80	209.78	202.67	195.56
				81	236.45	228.45	220.45
				82	265.78	256.89	248.00
				83	298.67	288.89	279.12
				84	336.01	325.34	313.78
				85	377.78	365.34	352.01
				86	425.79	411.56	396.45
				87	478.23	463.12	446.23
				88	538.68	520.90	501.34
				89	605.34	585.79	564.45
				90	680.90	658.68	634.68
				91	766.24	741.35	713.79
				92	862.24	833.79	803.57
				93	969.80	937.79	904.02
				94	1,090.69	1,055.13	1,016.91
				95	1,227.58	1,186.69	1,143.13
				96	1,380.47	1,335.14	1,286.25
				97	1,552.92	1,502.25	1,447.14
				98	1,747.59	1,689.81	1,627.59
				99	1,965.37	1,900.48	1,831.14

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	225.78	216.89	206.23	18-44	15.11	15.11	14.22
45-49	268.45	252.45	236.45	45-49	18.67	17.78	16.89
50-54	316.45	293.34	270.23	50-54	21.33	20.44	18.67
55	432.01	401.79	371.56	55	30.22	28.44	25.78
56	465.79	432.01	398.23	56	32.89	31.11	27.56
57	499.56	464.01	426.67	57	35.56	32.89	29.33
58	536.90	497.79	456.90	58	37.33	34.67	32.00
59	577.79	533.34	488.90	59	40.00	37.33	33.78
60	620.46	572.45	522.68	60	42.67	39.11	35.56
61	668.46	615.12	560.01	61	46.22	42.67	38.22
62	718.24	659.57	599.12	62	49.78	45.33	40.89
63	773.35	707.57	640.01	63	53.33	48.89	43.56
64	830.24	759.12	684.46	64	56.89	51.56	47.11
65	892.46	812.46	730.68	65	60.45	55.11	49.78
66	974.24	885.35	796.46	66	66.67	60.45	54.22
67	1,063.13	965.35	865.79	67	72.00	65.78	58.67
68	1,160.91	1,052.46	942.24	68	78.22	71.11	64.00
69	1,265.80	1,146.69	1,024.02	69	85.33	77.33	69.33
70	1,381.36	1,248.02	1,112.91	70	92.45	83.56	74.67
71	1,518.25	1,376.02	1,232.02	71	102.22	92.45	82.67
72	1,667.59	1,516.47	1,361.80	72	112.00	102.22	91.56
73	1,832.92	1,671.14	1,505.81	73	123.56	112.00	101.34
74	2,014.26	1,840.03	1,664.03	74	135.11	123.56	112.00

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,211.60	2,026.70	1,840.03	75	148.45	136.00	123.56
76	2,490.71	2,280.93	2,071.15	76	167.11	153.78	139.56
77	2,801.83	2,567.16	2,330.71	77	188.45	172.45	156.45
78	3,153.83	2,888.94	2,624.05	78	211.56	193.78	176.00
79	3,548.51	3,249.84	2,951.16	79	237.34	217.78	198.23
				80	266.67	244.45	222.23
				81	300.45	275.56	250.67
				82	337.78	309.34	281.78
				83	379.56	348.45	316.45
				84	427.56	392.01	356.45
				85	480.01	440.01	400.01
				86	540.45	495.12	450.67
				87	608.01	557.34	506.68
				88	683.57	626.68	569.79
				89	768.90	704.90	640.90
				90	865.79	793.79	720.90
				91	973.35	892.46	811.57
				92	1,095.13	1,003.57	912.91
				93	1,232.02	1,129.80	1,026.69
				94	1,385.80	1,270.25	1,154.69
				95	1,559.14	1,429.36	1,299.58
				96	1,753.81	1,608.03	1,461.36
				97	1,973.37	1,808.92	1,644.47
				98	2,219.60	2,034.70	1,849.81
				99	2,496.93	2,288.93	2,080.93

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	268.45	257.78	245.34	18-44	18.67	17.78	16.89
45-49	320.01	305.78	289.78	45-49	23.11	21.33	20.44
50-54	380.45	360.90	339.56	50-54	26.67	24.89	23.11
55	542.23	510.23	478.23	55	37.33	34.67	32.00
56	584.90	547.57	512.01	56	40.89	37.33	34.67
57	629.34	588.46	545.79	57	43.56	40.89	37.33
58	677.35	629.34	583.12	58	47.11	43.56	40.00
59	727.12	675.57	624.01	59	49.78	47.11	42.67
60	782.24	723.57	664.90	60	53.33	49.78	45.33
61	842.68	776.90	712.90	61	57.78	53.33	48.89
62	906.68	833.79	762.68	62	62.22	57.78	52.45
63	974.24	896.02	816.01	63	66.67	61.33	56.00
64	1,048.91	961.80	874.68	64	72.00	65.78	59.56
65	1,127.13	1,031.13	935.13	65	76.45	70.22	63.11
66	1,214.24	1,116.46	1,020.46	66	82.67	76.45	69.33
67	1,304.91	1,208.91	1,112.91	67	88.89	82.67	74.67
68	1,404.47	1,308.47	1,212.47	68	95.11	88.89	81.78
69	1,511.14	1,416.91	1,320.91	69	102.22	96.00	88.89
70	1,624.92	1,532.47	1,440.03	70	109.34	103.11	96.00
71	1,804.48	1,696.03	1,589.36	71	121.78	114.67	106.67
72	2,003.59	1,877.37	1,751.14	72	135.11	126.22	117.34
73	2,224.04	2,078.26	1,930.70	73	149.34	139.56	129.78
74	2,469.38	2,300.49	2,129.82	74	165.34	154.67	143.11

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,739.61	2,544.05	2,346.71	75	183.11	170.67	157.34
76	3,082.72	2,864.05	2,641.83	76	206.23	192.00	177.78
77	3,468.51	3,223.17	2,974.28	77	232.00	216.00	199.11
78	3,904.07	3,626.73	3,345.84	78	261.34	242.67	224.00
79	4,391.19	4,080.07	3,767.18	79	293.34	272.89	251.56
				80	329.78	306.67	282.67
				81	371.56	345.78	318.23
				82	417.79	388.45	358.23
				83	470.23	436.45	402.67
				84	528.90	491.56	453.34
				85	594.68	552.01	509.34
				86	669.35	621.34	573.34
				87	752.90	698.68	645.35
				88	847.13	786.68	725.35
				89	952.91	884.46	816.01
				90	1,072.02	995.57	918.24
				91	1,206.24	1,119.13	1,032.91
				92	1,356.47	1,259.58	1,161.80
				93	1,526.25	1,416.91	1,307.58
				94	1,717.36	1,593.81	1,470.25
				95	1,931.59	1,792.92	1,654.25
				96	2,173.37	2,016.93	1,861.37
				97	2,444.49	2,269.37	2,093.37
				98	2,750.27	2,552.94	2,355.60
				99	3,093.39	2,872.05	2,649.83

Fractional Premiums (expressed as a percent of annual premium)

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**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	318.23	296.89	273.78	18-44	21.33	20.44	19.56
45-49	373.34	350.23	325.34	45-49	25.78	24.89	23.11
50-54	435.56	410.67	384.01	50-54	30.22	28.44	26.67
55	570.68	535.12	499.56	55	39.11	37.33	34.67
56	604.46	567.12	531.57	56	41.78	40.00	37.33
57	640.01	600.90	563.57	57	44.45	41.78	39.11
58	677.35	638.23	597.34	58	46.22	44.45	40.89
59	718.24	675.57	632.90	59	48.89	47.11	43.56
60	759.12	714.68	670.23	60	51.56	48.89	45.33
61	805.35	757.35	709.35	61	55.11	52.45	48.89
62	851.57	801.79	752.01	62	57.78	55.11	51.56
63	901.35	848.02	794.68	63	61.33	58.67	54.22
64	954.68	897.79	840.90	64	64.89	61.33	57.78
65	1,009.80	949.35	888.91	65	68.45	64.89	60.45
66	1,096.91	1,031.13	965.35	66	74.67	70.22	65.78
67	1,189.35	1,118.24	1,047.13	67	80.89	76.45	71.11
68	1,290.69	1,214.24	1,137.80	68	87.11	82.67	77.33
69	1,400.91	1,317.36	1,233.80	69	95.11	88.89	83.56
70	1,518.25	1,429.36	1,338.69	70	102.22	96.00	89.78
71	1,667.59	1,569.81	1,470.25	71	112.89	105.78	98.67
72	1,831.14	1,722.70	1,612.47	72	123.56	116.45	108.45
73	2,010.70	1,889.81	1,768.92	73	135.11	127.11	119.11
74	2,206.26	2,074.70	1,941.37	74	148.45	139.56	130.67

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,421.38	2,275.60	2,128.04	75	161.78	152.89	143.11
76	2,725.38	2,561.82	2,396.49	76	182.23	172.45	160.89
77	3,064.94	2,881.83	2,696.94	77	205.34	193.78	181.34
78	3,448.95	3,242.73	3,034.72	78	231.12	217.78	203.56
79	3,879.18	3,648.07	3,415.17	79	259.56	244.45	229.34
80		4,103.19	3,843.63	80		274.67	256.89
81		4,616.97	4,325.41	81		309.34	289.78
82		5,194.76	4,865.87	82		347.56	325.34
83		5,843.66	5,473.88	83		391.12	366.23
84		6,572.56	6,158.33	84		440.01	412.45

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	382.23	357.34	332.45	18-44	25.78	24.89	23.11
45-49	451.56	423.12	396.45	45-49	31.11	30.22	27.56
50-54	529.79	499.56	469.34	50-54	36.45	34.67	32.00
55	705.79	663.12	620.46	55	47.11	44.45	41.78
56	746.68	702.23	657.79	56	50.67	48.00	44.45
57	789.35	743.12	696.90	57	53.33	50.67	47.11
58	833.79	787.57	737.79	58	56.89	53.33	49.78
59	881.79	832.02	782.24	59	59.56	56.89	52.45
60	931.57	880.02	826.68	60	63.11	59.56	55.11
61	986.68	931.57	874.68	61	67.56	63.11	58.67
62	1,045.35	986.68	926.24	62	71.11	67.56	62.22
63	1,105.80	1,043.57	977.80	63	75.56	71.11	65.78
64	1,171.58	1,104.02	1,034.69	64	79.11	75.56	70.22
65	1,239.13	1,166.24	1,093.35	65	83.56	79.11	73.78
66	1,347.58	1,267.58	1,189.35	66	91.56	86.22	80.89
67	1,463.14	1,377.80	1,292.47	67	98.67	93.34	87.11
68	1,589.36	1,496.92	1,404.47	68	107.56	101.34	95.11
69	1,728.03	1,626.70	1,527.14	69	116.45	110.22	103.11
70	1,875.59	1,767.14	1,658.70	70	126.22	119.11	111.11
71	2,064.04	1,944.92	1,824.03	71	138.67	131.56	122.67
72	2,270.26	2,138.71	2,005.37	72	152.89	144.00	135.11
73	2,497.82	2,352.04	2,204.48	73	168.00	158.23	148.45
74	2,748.49	2,584.94	2,421.38	74	184.00	173.34	162.67
75	3,022.28	2,842.72	2,661.38	75	201.78	190.23	178.67
76	3,400.95	3,200.06	2,995.61	76	227.56	214.23	200.89
77	3,825.85	3,600.07	3,372.51	77	256.00	240.89	226.67
78	4,304.08	4,049.85	3,795.62	78	288.01	271.12	254.23
79	4,840.98	4,556.53	4,270.30	79	323.56	304.89	286.23

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	492.45	464.01	433.79	18-44	32.89	31.11	29.33
45-49	584.90	551.12	515.56	45-49	40.00	37.33	35.56
50-54	693.35	652.46	611.57	50-54	47.11	44.45	41.78
55	924.46	865.79	807.13	55	62.22	58.67	55.11
56	979.57	917.35	855.13	56	66.67	62.22	58.67
57	1,036.46	970.68	904.91	57	70.22	65.78	61.33
58	1,096.91	1,027.57	958.24	58	74.67	69.33	64.89
59	1,160.91	1,088.02	1,013.35	59	78.22	73.78	68.45
60	1,228.47	1,150.24	1,072.02	60	82.67	77.33	72.00
61	1,303.13	1,217.80	1,134.24	61	88.00	81.78	76.45
62	1,379.58	1,288.91	1,198.24	62	93.34	87.11	80.89
63	1,461.36	1,363.58	1,267.58	63	97.78	91.56	85.33
64	1,548.47	1,443.58	1,338.69	64	104.00	96.89	90.67
65	1,639.14	1,527.14	1,415.14	65	109.34	102.22	95.11
66	1,784.92	1,665.81	1,546.69	66	119.11	112.00	104.00
67	1,941.37	1,815.14	1,687.14	67	129.78	121.78	113.78
68	2,112.04	1,976.92	1,843.59	68	141.34	132.45	123.56
69	2,296.93	2,154.71	2,012.48	69	153.78	144.89	135.11
70	2,497.82	2,346.71	2,195.60	70	167.11	157.34	146.67
71	2,737.83	2,568.94	2,398.27	71	183.11	172.45	160.89
72	3,000.94	2,810.72	2,620.49	72	200.89	188.45	175.11
73	3,287.17	3,075.61	2,862.27	73	219.56	206.23	191.11
74	3,601.84	3,363.62	3,125.39	74	240.89	224.89	208.89
75	3,946.74	3,680.07	3,413.40	75	263.12	245.34	227.56
76	4,376.97	4,097.85	3,818.74	76	292.45	273.78	255.12
77	4,853.42	4,561.86	4,270.30	77	323.56	304.89	285.34
78	5,379.65	5,079.20	4,776.98	78	359.12	338.67	319.12
79	5,966.33	5,653.44	5,342.32	79	398.23	376.90	356.45

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	650.68	616.90	583.12	18-44	43.56	41.78	40.00
45-49	780.46	743.12	704.01	45-49	52.45	50.67	48.00
50-54	935.13	892.46	849.79	50-54	63.11	60.45	56.89
55	1,232.02	1,169.80	1,105.80	55	83.56	79.11	74.67
56	1,304.91	1,237.36	1,168.02	56	88.89	83.56	79.11
57	1,381.36	1,308.47	1,233.80	57	93.34	88.00	83.56
58	1,463.14	1,384.91	1,303.13	58	98.67	93.34	88.00
59	1,548.47	1,463.14	1,376.02	59	104.00	98.67	92.45
60	1,639.14	1,546.69	1,452.47	60	109.34	103.11	96.89
61	1,733.36	1,633.81	1,532.47	61	116.45	109.34	103.11
62	1,831.14	1,724.48	1,616.03	62	122.67	115.56	108.45
63	1,936.04	1,820.48	1,704.92	63	129.78	121.78	114.67
64	2,046.26	1,921.81	1,797.37	64	137.78	128.89	120.89
65	2,161.82	2,028.48	1,895.15	65	144.89	136.00	127.11
66	2,323.60	2,192.04	2,062.26	66	155.56	147.56	138.67
67	2,496.05	2,368.04	2,241.82	67	167.11	159.11	150.22
68	2,680.94	2,560.05	2,437.38	68	179.56	171.56	163.56
69	2,880.05	2,764.49	2,648.94	69	192.89	184.89	176.89
70	3,093.39	2,986.72	2,880.05	70	206.23	199.11	192.00
71	3,393.84	3,269.39	3,146.72	71	226.67	218.67	209.78
72	3,720.96	3,578.73	3,438.28	72	248.89	239.12	229.34
73	4,080.07	3,918.29	3,754.73	73	272.00	261.34	250.67
74	4,474.75	4,288.08	4,101.41	74	298.67	286.23	273.78
75	4,906.76	4,693.42	4,480.08	75	327.12	312.89	298.67
76	5,456.10	5,205.43	4,952.98	76	364.45	347.56	330.67
77	6,067.67	5,770.77	5,473.88	77	405.34	385.78	365.34
78	6,745.01	6,398.34	6,048.11	78	450.67	427.56	404.45
79	7,500.58	7,093.46	6,684.57	79	500.45	473.79	446.23

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	188.25	174.52	158.83	18-44	12.75	12.75	11.77
45-49	215.70	201.98	184.33	45-49	15.69	14.71	13.73
50-54	243.15	229.43	213.74	50-54	17.65	16.67	15.69
55	335.32	311.79	286.29	55	22.55	21.57	20.59
56	358.85	333.36	305.90	56	24.51	23.53	22.55
57	384.34	356.89	327.47	57	26.47	24.51	23.53
58	411.79	382.38	349.04	58	28.43	26.47	24.51
59	441.21	407.87	374.54	59	29.41	28.43	26.47
60	470.62	435.33	398.07	60	31.37	29.41	27.45
61	503.96	466.70	425.52	61	34.32	32.36	29.41
62	539.25	498.07	454.93	62	36.28	34.32	31.37
63	576.51	531.41	484.35	63	39.22	36.28	33.34
64	617.69	568.67	517.68	64	42.16	39.22	35.30
65	658.87	605.93	551.02	65	44.12	41.18	37.26
66	721.62	662.79	602.00	66	49.02	45.10	41.18
67	790.25	723.58	656.91	67	53.93	50.00	45.10
68	866.73	790.25	715.74	68	58.83	53.93	48.04
69	949.09	864.77	780.45	69	63.73	58.83	52.94
70	1,037.33	943.20	849.08	70	69.61	63.73	56.87
71	1,145.18	1,037.33	927.52	71	77.46	70.59	62.75
72	1,264.80	1,139.30	1,013.80	72	85.30	77.46	68.63
73	1,396.18	1,251.07	1,105.96	73	94.12	85.30	74.52
74	1,539.33	1,374.61	1,207.93	74	103.93	93.14	81.38

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,698.16	1,507.95	1,317.74	75	114.71	101.97	88.24
76	1,911.90	1,698.16	1,484.42	76	129.42	114.71	100.01
77	2,153.10	1,911.90	1,668.75	77	145.11	129.42	111.77
78	2,423.70	2,151.13	1,878.57	78	163.74	145.11	126.48
79	2,727.65	2,421.74	2,113.88	79	183.35	162.76	142.17
80		2,723.72	2,376.64	80	205.90	182.37	158.83
81		3,064.92	2,674.70	81	232.37	205.90	179.42
82		3,449.27	3,008.06	82	260.80	231.39	201.98
83		3,882.63	3,384.56	83	293.16	259.82	226.49
84		4,368.94	3,808.12	84	329.44	292.18	254.92
				85	369.63	328.45	286.29
				86	416.70	369.63	322.57
				87	468.66	415.72	362.77
				88	526.51	467.68	407.87
				89	592.20	526.51	458.86
				90	666.71	592.20	516.70
				91	750.05	666.71	580.43
				92	843.20	750.05	652.99
				93	949.09	843.20	735.35
				94	1,067.72	948.11	826.53
				95	1,201.07	1,066.74	930.46
				96	1,351.08	1,200.09	1,046.15
				97	1,519.72	1,350.10	1,177.54
				98	1,709.93	1,518.74	1,324.60
				99	1,922.69	1,708.95	1,489.32

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	213.74	201.98	188.25	18-44	14.71	14.71	13.73
45-49	251.00	237.27	219.62	45-49	17.65	16.67	15.69
50-54	294.14	274.53	254.92	50-54	19.61	18.63	17.65
55	392.18	372.58	352.97	55	27.45	25.49	23.53
56	421.60	400.03	378.46	56	29.41	27.45	25.49
57	452.97	427.48	401.99	57	31.37	29.41	27.45
58	486.31	458.86	429.44	58	33.34	31.37	29.41
59	521.61	490.23	458.86	59	35.30	33.34	31.37
60	558.86	523.57	488.27	60	37.26	35.30	33.34
61	598.08	560.82	523.57	61	40.20	38.24	36.28
62	639.26	600.04	560.82	62	43.14	41.18	38.24
63	682.40	641.22	602.00	63	46.08	44.12	41.18
64	727.50	686.32	645.14	64	50.00	47.06	44.12
65	776.53	733.39	690.25	65	52.94	50.00	46.08
66	843.20	798.10	752.99	66	57.85	54.91	50.98
67	913.79	866.73	819.67	67	62.75	58.83	54.91
68	992.23	943.20	894.18	68	67.65	63.73	59.81
69	1,074.59	1,023.60	972.62	69	72.55	69.61	65.69
70	1,164.79	1,111.84	1,058.90	70	78.44	74.52	70.59
71	1,288.33	1,233.42	1,176.55	71	87.26	83.34	79.42
72	1,425.59	1,364.80	1,305.98	72	96.09	92.16	87.26
73	1,574.62	1,511.87	1,451.08	73	105.89	101.97	97.07
74	1,741.30	1,674.63	1,609.92	74	116.68	112.75	107.85

Fractional Premiums (expressed as a percent of annual premium)

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Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,923.67	1,855.03	1,786.40	75	128.44	124.52	119.62
76	2,164.86	2,088.38	2,009.95	76	145.11	140.21	135.30
77	2,435.47	2,349.19	2,260.95	77	162.76	157.85	151.97
78	2,739.41	2,643.33	2,543.32	78	183.35	177.46	170.60
79	3,082.57	2,972.76	2,860.99	79	205.90	199.03	192.17
				80	231.39	223.55	215.70
				81	260.80	251.98	243.15
				82	293.16	283.35	273.55
				83	329.44	318.65	307.87
				84	370.61	358.85	346.10
				85	416.70	402.97	388.26
				86	469.64	453.95	437.29
				87	527.49	510.82	492.19
				88	594.16	574.55	552.98
				89	667.69	646.12	622.59
				90	751.03	726.52	700.05
				91	845.16	817.71	787.31
				92	951.05	919.67	886.34
				93	1,069.68	1,034.39	997.13
				94	1,203.03	1,163.81	1,121.65
				95	1,354.02	1,308.92	1,260.87
				96	1,522.66	1,472.65	1,418.73
				97	1,712.87	1,656.98	1,596.19
				98	1,927.59	1,863.86	1,795.23
				99	2,167.80	2,096.23	2,019.75

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	249.04	239.23	227.47	18-44	16.67	16.67	15.69
45-49	296.10	278.45	260.80	45-49	20.59	19.61	18.63
50-54	349.04	323.55	298.06	50-54	23.53	22.55	20.59
55	476.50	443.17	409.83	55	33.34	31.37	28.43
56	513.76	476.50	439.25	56	36.28	34.32	30.39
57	551.02	511.80	470.62	57	39.22	36.28	32.36
58	592.20	549.06	503.96	58	41.18	38.24	35.30
59	637.30	588.28	539.25	59	44.12	41.18	37.26
60	684.36	631.42	576.51	60	47.06	43.14	39.22
61	737.31	678.48	617.69	61	50.98	47.06	42.16
62	792.21	727.50	660.83	62	54.91	50.00	45.10
63	853.00	780.45	705.93	63	58.83	53.93	48.04
64	915.75	837.31	754.96	64	62.75	56.87	51.96
65	984.38	896.14	805.94	65	66.67	60.79	54.91
66	1,074.59	976.54	878.49	66	73.53	66.67	59.81
67	1,172.63	1,064.78	954.97	67	79.42	72.55	64.71
68	1,280.48	1,160.87	1,039.29	68	86.28	78.44	70.59
69	1,396.18	1,264.80	1,129.49	69	94.12	85.30	76.48
70	1,523.64	1,376.57	1,227.54	70	101.97	92.16	82.36
71	1,674.63	1,517.76	1,358.92	71	112.75	101.97	91.18
72	1,839.35	1,672.67	1,502.07	72	123.54	112.75	100.99
73	2,021.71	1,843.27	1,660.90	73	136.28	123.54	111.77
74	2,221.73	2,029.56	1,835.43	74	149.03	136.28	123.54

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,439.39	2,235.45	2,029.56	75	163.74	150.01	136.28
76	2,747.26	2,515.87	2,284.48	76	184.33	169.62	153.93
77	3,090.42	2,831.57	2,570.77	77	207.86	190.21	172.56
78	3,478.68	3,186.50	2,894.32	78	233.35	213.74	194.13
79	3,914.01	3,584.57	3,255.13	79	261.78	240.21	218.64
				80	294.14	269.63	245.12
				81	331.40	303.94	276.49
				82	372.58	341.20	310.81
				83	418.66	384.34	349.04
				84	471.60	432.38	393.17
				85	529.45	485.33	441.21
				86	596.12	546.12	497.09
				87	670.64	614.75	558.86
				88	753.98	691.23	628.48
				89	848.10	777.51	706.91
				90	954.97	875.55	795.15
				91	1,073.61	984.38	895.16
				92	1,207.93	1,106.94	1,006.93
				93	1,358.92	1,246.17	1,132.43
				94	1,528.54	1,401.08	1,273.62
				95	1,719.73	1,576.58	1,433.44
				96	1,934.45	1,773.66	1,611.88
				97	2,176.63	1,995.24	1,813.86
				98	2,448.21	2,244.28	2,040.34
				99	2,754.12	2,524.69	2,295.26

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	296.10	284.33	270.61	18-44	20.59	19.61	18.63
45-49	352.97	337.28	319.63	45-49	25.49	23.53	22.55
50-54	419.64	398.07	374.54	50-54	29.41	27.45	25.49
55	598.08	562.79	527.49	55	41.18	38.24	35.30
56	645.14	603.96	564.75	56	45.10	41.18	38.24
57	694.17	649.07	602.00	57	48.04	45.10	41.18
58	747.11	694.17	643.18	58	51.96	48.04	44.12
59	802.02	745.15	688.28	59	54.91	51.96	47.06
60	862.81	798.10	733.39	60	58.83	54.91	50.00
61	929.48	856.92	786.33	61	63.73	58.83	53.93
62	1,000.07	919.67	841.24	62	68.63	63.73	57.85
63	1,074.59	988.31	900.06	63	73.53	67.65	61.77
64	1,156.95	1,060.86	964.77	64	79.42	72.55	65.69
65	1,243.23	1,137.34	1,031.45	65	84.32	77.46	69.61
66	1,339.31	1,231.46	1,125.57	66	91.18	84.32	76.48
67	1,439.32	1,333.43	1,227.54	67	98.05	91.18	82.36
68	1,549.13	1,443.24	1,337.35	68	104.91	98.05	90.20
69	1,666.79	1,562.86	1,456.97	69	112.75	105.89	98.05
70	1,792.28	1,690.32	1,588.35	70	120.60	113.73	105.89
71	1,990.34	1,870.72	1,753.07	71	134.32	126.48	117.66
72	2,209.96	2,070.74	1,931.51	72	149.03	139.23	129.42
73	2,453.12	2,292.32	2,129.56	73	164.72	153.93	143.15
74	2,723.72	2,537.44	2,349.19	74	182.37	170.60	157.85

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	3,021.78	2,806.08	2,588.42	75	201.98	188.25	173.54
76	3,400.24	3,159.05	2,913.93	76	227.47	211.78	196.09
77	3,825.76	3,555.16	3,280.63	77	255.90	238.25	219.62
78	4,306.19	4,000.29	3,690.46	78	288.26	267.67	247.08
79	4,843.48	4,500.32	4,155.20	79	323.55	301.00	277.47
				80	363.75	338.26	311.79
				81	409.83	381.40	351.01
				82	460.82	428.46	395.13
				83	518.66	481.41	444.15
				84	583.38	542.20	500.04
				85	655.93	608.87	561.80
				86	738.29	685.34	632.40
				87	830.45	770.64	711.82
				88	934.38	867.71	800.06
				89	1,051.06	975.56	900.06
				90	1,182.44	1,098.12	1,012.82
				91	1,330.49	1,234.40	1,139.30
				92	1,496.19	1,389.31	1,281.46
				93	1,683.45	1,562.86	1,442.26
				94	1,894.25	1,757.97	1,621.68
				95	2,130.54	1,977.59	1,824.64
				96	2,397.23	2,224.67	2,053.09
				97	2,696.27	2,503.12	2,308.99
				98	3,033.55	2,815.89	2,598.22
				99	3,412.01	3,167.87	2,922.76

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	351.01	327.47	301.98	18-44	23.53	22.55	21.57
45-49	411.79	386.30	358.85	45-49	28.43	27.45	25.49
50-54	480.43	452.97	423.56	50-54	33.34	31.37	29.41
55	629.46	590.24	551.02	55	43.14	41.18	38.24
56	666.71	625.53	586.32	56	46.08	44.12	41.18
57	705.93	662.79	621.61	57	49.02	46.08	43.14
58	747.11	703.97	658.87	58	50.98	49.02	45.10
59	792.21	745.15	698.09	59	53.93	51.96	48.04
60	837.31	788.29	739.27	60	56.87	53.93	50.00
61	888.30	835.35	782.41	61	60.79	57.85	53.93
62	939.28	884.38	829.47	62	63.73	60.79	56.87
63	994.19	935.36	876.53	63	67.65	64.71	59.81
64	1,053.02	990.27	927.52	64	71.57	67.65	63.73
65	1,113.81	1,047.13	980.46	65	75.50	71.57	66.67
66	1,209.89	1,137.34	1,064.78	66	82.36	77.46	72.55
67	1,311.86	1,233.42	1,154.98	67	89.22	84.32	78.44
68	1,423.63	1,339.31	1,254.99	68	96.09	91.18	85.30
69	1,545.21	1,453.05	1,360.88	69	104.91	98.05	92.16
70	1,674.63	1,576.58	1,476.58	70	112.75	105.89	99.03
71	1,839.35	1,731.50	1,621.68	71	124.52	116.68	108.83
72	2,019.75	1,900.14	1,778.56	72	136.28	128.44	119.62
73	2,217.81	2,084.46	1,951.12	73	149.03	140.21	131.38
74	2,433.51	2,288.40	2,141.33	74	163.74	153.93	144.13

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,670.78	2,509.98	2,347.23	75	178.44	168.64	157.85
76	3,006.10	2,825.69	2,643.33	76	200.99	190.21	177.46
77	3,380.63	3,178.66	2,974.72	77	226.49	213.74	200.01
78	3,804.19	3,576.73	3,347.30	78	254.92	240.21	224.53
79	4,278.74	4,023.82	3,766.94	79	286.29	269.63	252.96
80		4,525.81	4,239.52	80		302.96	283.35
81		5,092.52	4,770.93	81		341.20	319.63
82		5,729.82	5,367.05	82		383.36	358.85
83		6,445.56	6,037.69	83		431.40	403.95
84		7,249.54	6,792.64	84		485.33	454.93

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	421.60	394.15	366.69	18-44	28.43	27.45	25.49
45-49	498.07	466.70	437.29	45-49	34.32	33.34	30.39
50-54	584.36	551.02	517.68	50-54	40.20	38.24	35.30
55	778.49	731.42	684.36	55	51.96	49.02	46.08
56	823.59	774.57	725.54	56	55.89	52.94	49.02
57	870.65	819.67	768.68	57	58.83	55.89	51.96
58	919.67	868.69	813.78	58	62.75	58.83	54.91
59	972.62	917.71	862.81	59	65.69	62.75	57.85
60	1,027.52	970.66	911.83	60	69.61	65.69	60.79
61	1,088.31	1,027.52	964.77	61	74.52	69.61	64.71
62	1,153.02	1,088.31	1,021.64	62	78.44	74.52	68.63
63	1,219.69	1,151.06	1,078.51	63	83.34	78.44	72.55
64	1,292.25	1,217.73	1,141.26	64	87.26	83.34	77.46
65	1,366.76	1,286.37	1,205.97	65	92.16	87.26	81.38
66	1,486.38	1,398.14	1,311.86	66	100.99	95.10	89.22
67	1,613.84	1,519.72	1,425.59	67	108.83	102.95	96.09
68	1,753.07	1,651.10	1,549.13	68	118.64	111.77	104.91
69	1,906.02	1,794.25	1,684.43	69	128.44	121.58	113.73
70	2,068.78	1,949.16	1,829.54	70	139.23	131.38	122.56
71	2,276.63	2,145.25	2,011.91	71	152.95	145.11	135.30
72	2,504.10	2,358.99	2,211.92	72	168.64	158.83	149.03
73	2,755.10	2,594.30	2,431.55	73	185.31	174.52	163.74
74	3,031.59	2,851.18	2,670.78	74	202.96	191.19	179.42
75	3,333.57	3,135.52	2,935.50	75	222.56	209.82	197.07
76	3,751.25	3,529.66	3,304.16	76	251.00	236.29	221.58
77	4,219.91	3,970.87	3,719.87	77	282.37	265.71	250.02
78	4,747.40	4,466.99	4,186.57	78	317.67	299.04	280.41
79	5,339.60	5,025.85	4,710.14	79	356.89	336.30	315.71

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	543.18	511.80	478.47	18-44	36.28	34.32	32.36
45-49	645.14	607.89	568.67	45-49	44.12	41.18	39.22
50-54	764.76	719.66	674.56	50-54	51.96	49.02	46.08
55	1,019.68	954.97	890.26	55	68.63	64.71	60.79
56	1,080.47	1,011.84	943.20	56	73.53	68.63	64.71
57	1,143.22	1,070.66	998.11	57	77.46	72.55	67.65
58	1,209.89	1,133.41	1,056.94	58	82.36	76.48	71.57
59	1,280.48	1,200.09	1,117.73	59	86.28	81.38	75.50
60	1,355.00	1,268.72	1,182.44	60	91.18	85.30	79.42
61	1,437.36	1,343.23	1,251.07	61	97.07	90.20	84.32
62	1,521.68	1,421.67	1,321.66	62	102.95	96.09	89.22
63	1,611.88	1,504.03	1,398.14	63	107.85	100.99	94.12
64	1,707.97	1,592.27	1,476.58	64	114.71	106.87	100.01
65	1,807.97	1,684.43	1,560.90	65	120.60	112.75	104.91
66	1,968.77	1,837.39	1,706.00	66	131.38	123.54	114.71
67	2,141.33	2,002.10	1,860.92	67	143.15	134.32	125.50
68	2,329.58	2,180.55	2,033.48	68	155.89	146.09	136.28
69	2,533.51	2,376.64	2,219.77	69	169.62	159.82	149.03
70	2,755.10	2,588.42	2,421.74	70	184.33	173.54	161.78
71	3,019.82	2,833.54	2,645.29	71	201.98	190.21	177.46
72	3,310.04	3,100.22	2,890.40	72	221.58	207.86	193.15
73	3,625.75	3,392.40	3,157.09	73	242.17	227.47	210.80
74	3,972.83	3,710.07	3,447.31	74	265.71	248.06	230.41
75	4,353.25	4,059.11	3,764.97	75	290.22	270.61	251.00
76	4,827.80	4,519.93	4,212.07	76	322.57	301.98	281.39
77	5,353.32	5,031.73	4,710.14	77	356.89	336.30	314.73
78	5,933.76	5,602.36	5,269.00	78	396.11	373.56	351.99
79	6,580.86	6,235.74	5,892.58	79	439.25	415.72	393.17

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	717.70	680.44	643.18	18-44	48.04	46.08	44.12
45-49	860.85	819.67	776.53	45-49	57.85	55.89	52.94
50-54	1,031.45	984.38	937.32	50-54	69.61	66.67	62.75
55	1,358.92	1,290.29	1,219.69	55	92.16	87.26	82.36
56	1,439.32	1,364.80	1,288.33	56	98.05	92.16	87.26
57	1,523.64	1,443.24	1,360.88	57	102.95	97.07	92.16
58	1,613.84	1,527.56	1,437.36	58	108.83	102.95	97.07
59	1,707.97	1,613.84	1,517.76	59	114.71	108.83	101.97
60	1,807.97	1,706.00	1,602.08	60	120.60	113.73	106.87
61	1,911.90	1,802.09	1,690.32	61	128.44	120.60	113.73
62	2,019.75	1,902.10	1,782.48	62	135.30	127.46	119.62
63	2,135.45	2,007.99	1,880.53	63	143.15	134.32	126.48
64	2,257.02	2,119.76	1,982.49	64	151.97	142.17	133.34
65	2,384.48	2,237.41	2,090.35	65	159.82	150.01	140.21
66	2,562.93	2,417.82	2,274.67	66	171.58	162.76	152.95
67	2,753.14	2,611.95	2,472.73	67	184.33	175.50	165.70
68	2,957.07	2,823.73	2,688.43	68	198.05	189.23	180.41
69	3,176.70	3,049.24	2,921.78	69	212.76	203.94	195.11
70	3,412.01	3,294.35	3,176.70	70	227.47	219.62	211.78
71	3,743.40	3,606.14	3,470.84	71	250.02	241.19	231.39
72	4,104.21	3,947.34	3,792.43	72	274.53	263.74	252.96
73	4,500.32	4,321.88	4,141.47	73	300.02	288.26	276.49
74	4,935.65	4,729.75	4,523.85	74	329.44	315.71	301.98
75	5,412.15	5,176.84	4,941.53	75	360.81	345.12	329.44
76	6,018.08	5,741.59	5,463.14	76	401.99	383.36	364.73
77	6,692.64	6,365.16	6,037.69	77	447.09	425.52	402.97
78	7,439.75	7,057.37	6,671.06	78	497.09	471.60	446.11
79	8,273.14	7,824.09	7,373.08	79	552.00	522.59	492.19

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

METLIFE INSURANCE COMPANY USA

Address: 1209 Orange Street, Wilmington, DE 19801

Actuarial Memorandum for LTC3+ Nursing Facility Only Product

November 2015

<u>Product or Rider</u>	<u>Form Number</u>
Nursing Facility Only	H-LTC3JFO
Nursing Facility Only	H-LTC3JFO2
Annual 5% Benefit Inflation Rider	H-5AIFO
Cost of Living (CPI) Benefit Inflation Rider	H-COLRFO
Nonforfeiture Benefit Rider	H-NF3

These policy forms are individual policy forms providing facility only long term care coverage. These forms were issued in Virginia from May 1994 through April 1997.

1. Purpose of Filing

This actuarial memorandum has been prepared for the purpose of documenting the rates and demonstrating that the anticipated loss ratio of this product with those rates meets the minimum requirements in the statutes of Virginia. It may not be suitable for other purposes.

2. Description of Benefits

These are individually underwritten policies which pay a daily benefit for Nursing Facility Care, Assisted Living Facility Care, Alzheimer's Facility Care, Hospice Facility Care, Bed Reservation, and Respite Care provided in a Facility setting.

Elimination periods are 20, 60, and 100 days. The elimination period applies to all benefits except the Respite Care Benefit and Alternative Plan of Care Benefit. The elimination period must be satisfied in full only once during the life of the contract.

Benefit periods are 2 years, 3 years, 5 years, and unlimited. Benefit eligibility is defined as not being able to perform at least two of five Activities of Daily Living (ADLs) (dressing, eating, toileting, transferring, and bathing) or cognitive impairment.

The most the company will pay for all services received on one day will be the daily benefit amount for Nursing Facility Care, except for Alternate Plan of Care benefits, which will be paid in a lump sum.

Premiums will be waived if benefits, other than Respite Care or Alternate Plan of Care, are being paid.

A 5% compound and a cost of living (CPI) inflation rider as well as a non-forfeiture rider are available options.

3. Renewability

These policy forms are guaranteed renewable for life.

METLIFE INSURANCE COMPANY USA

Address: 1209 Orange Street, Wilmington, DE 19801

Actuarial Memorandum for LTC3+ Nursing Facility Only Product

November 2015

4. Applicability

This filing is applicable to in-force policies only as these policy forms are no longer being sold in the market. The premium changes will apply to the base form and all riders associated with the base form.

5. Actuarial Assumptions

- a. Expected Claim Costs are the product of the reinsurer's (General Electric Capital Assurance Company; GECA) expected claim costs used at the time of the reinsurance transaction executed in 2000 between Travelers and GECA and actual-to-expected factors that reflect actual emerging experience on these policy forms.

At the time the expected claim costs were developed, the reinsurer had been marketing nursing home and home health care benefit riders and policies on a direct basis for over 20 and 10 years, respectively. Using the experience on this business, both the expected incidence and severity of claims were developed for nursing home benefits. Selection factors were applied to the incidence rates in order to reflect the effects of underwriting.

The expected incidence rates, lengths of stay, and amount of benefit payments were separately identified for all combinations of plan options.

Actual-to-expected adjustment factors were developed from actual emerging experience through June 30, 2012 and are shown in the following table:

METLIFE INSURANCE COMPANY USA

Address: 1209 Orange Street, Wilmington, DE 19801

Actuarial Memorandum for LTC3+ Nursing Facility Only Product

November 2015

Actual-to-Expected Adjustment Factors

Policy Duration	Policy Issue Year	
	1994 through 1997	1998 and Later
1 - 4	151.8%	132.5%
5	171.1%	158.2%
6 - 7	171.1%	163.4%
8	176.6%	185.3%
9	182.4%	185.3%
10 - 11	187.2%	194.8%
12	194.8%	204.3%
13	194.8%	206.4%
14	213.8%	218.3%
15	213.8%	220.5%
16	211.2%	215.6%
17	213.4%	215.6%
18 - 19	210.7%	210.7%
20	205.8%	205.8%
21	200.7%	200.7%
22	195.6%	195.6%
23	190.7%	190.7%
24	186.0%	186.0%
25	181.3%	181.3%
26	176.8%	176.8%
27	172.4%	172.4%
28	168.1%	168.1%
29	163.9%	163.9%
30	159.8%	159.8%
31	155.8%	155.8%
32	151.9%	151.9%
33	148.1%	148.1%
34	144.4%	144.4%
35	140.8%	140.8%
36	137.3%	137.3%
37	133.8%	133.8%
38	130.5%	130.5%
39	127.2%	127.2%
40	124.0%	124.0%
41	120.9%	120.9%
42	117.9%	117.9%
43	115.0%	115.0%
44	113.4%	112.1%
45	113.4%	109.3%
46	113.4%	106.6%
47+	113.4%	105.1%

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- b. Termination Rates. Historical termination rates are based on actual experience of this policy form.

Future voluntary lapse rates vary by duration as developed from actual experience through March 31, 2012 and are shown in the following table:

Voluntary Lapse Rates

Policy Duration	Lapse Rate
1	6.00%
2	4.00%
3	2.50%
4	1.50%
5	1.30%
6	1.10%
7 - 13	1.00%
14 - 19	1.40%
20 +	1.75%

Future mortality is based on 1983 IAM with selection factors consistent with experience and shown in the following table:

Mortality Selection Factors

Policy Duration	Factor
1	30.0%
2	40.0%
3	45.0%
4	50.0%
5	55.0%
6	60.0%
7	65.0%
8	67.0%
9	70.0%
10	72.0%
11	75.0%
12	77.0%
13	80.0%
14	82.0%
15	85.0%
16	87.0%
17	90.0%
18	92.0%
19	94.0%
20+	95.0%

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- c. Expenses. Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate.

The above assumptions are based on actual experience of the policies in-force under these policy forms and general experience of the reinsurer and are deemed reasonable for these particular policies.

6. Marketing Method

These policy forms were marketed by agents as well as through various subsidiaries of Citigroup.

7. Underwriting Description

These policy forms were fully underwritten with the use of various underwriting tools in addition to the application, which may have included medical records, an attending physician's statement, telephone interview and/or face-to-face assessment.

8. Premiums

Premiums are unisex, level and payable for life. The premiums vary by issue age, elimination period, benefit period, initial daily benefit, and inflation protection option.

9. Issue Age Range

Elimination periods of 20, 60, and 100 days are available for issue ages 18 to 79. Only the 60 and 100 day elimination periods of the 2-year benefit period are available for issue ages 80 through 84.

10. Area Factors

Area factors are not used for this product.

11. Premium Modalization Rules

The following modal factors and nationwide percent distributions (based on in-force count as of 12/31/2012) are applied to the annual premium (AP):

Premium Mode	Modal Factors	Percent Distribution
Annual	1.00*AP	49.9%
Semi-Annual	0.51*AP	16.9%
Quarterly	0.26*AP	8.0%
Monthly	0.09*AP	25.2%

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12. Reserves

Active life reserves have not been used in this rate increase analysis, except in the loss ratio calculation in Exhibits III and IV and as described in the Supplement to the Actuarial Memorandum. Claim reserves as of December 31, 2012 have been discounted to the incurred date of each respective claim and included in historical incurred claims. Incurred but not reported balances as of December 31, 2012 have been allocated to a calendar year of incurred and included in historic incurred claims.

13. Trend Assumptions

As this is not medical insurance, we have not included any explicit medical cost trends in the projections.

14. Past and Future Policy Experience

Nationwide experience for these policy forms is shown in Exhibit I and includes earned premiums, paid claims, incurred claims, and loss ratios. The experience and projections in Exhibit I have been restated to reflect a rate level similar to that approved in Virginia on a nationwide basis.

Virginia-specific experience for these policy forms is shown in Exhibit II, including any previously implemented rate increases as described in Section 16 of this memorandum.

The company has chosen a credibility standard of 1,082 claims. Based on this parameter, Virginia-specific experience for the above-referenced forms is not considered fully credible, but is being provided as required.

Historical experience is shown by claim incurral year with the loss ratio for each loss year calculated by the following formula:

$$LR_j = \frac{\sum_{t=j}^{2012} Pmt_t^j * v^{t-j} + {}_jCR_{2012} * v^{2012-j+1/2} + {}_jIBNR_{2012} * v^{2012-j+1/2}}{EP_j}$$

LR_j = loss ratio for year j

Pmt_t^j = claim payments in year t on claims incurred in year j , assumed to occur mid-year

${}_jCR_{2012}$ = open claim reserve held on December 31, 2012 for claims incurred in year j

${}_jIBNR_{2012}$ = incurred but not reported reserve as of December 31, 2012 attributable to claims incurred in year j

EP_j = earned premium in year j , assumed mid-year

j = year of incurral

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$$v = 1 / 1.0585 = 0.944714$$

A future annual loss ratio is calculated, with and without interest, as anticipated incurred claims divided by earned premiums.

A lifetime loss ratio as of 12/31/2012 is calculated as the sum of accumulated past and discounted future claims divided by the sum of accumulated past and discounted future earned premium.

Pursuant to 14VAC5-130-75, the loss ratios are calculated using an interest rate that is on a consistent basis, but not identical in value, to the interest rate assumed in the determination of premiums. The original pricing interest rate of 7.5% used in the determination of premiums is assumed to be reflective of a pre-tax net investment earnings rate. That is, the company's actual and future expected pre-tax investment earnings rate net of investment expenses and default risk.

The company's actual earned rates were only available beginning in 2004, so the weighted-average interest rate of 5.85% (using earned premium on all of MetLife Insurance Company USA's individual long-term care policy forms as weights) was assumed for the entire historical period (1988 through 2012). The historical earned rates are net of investment expenses and default risk, but are on a pre-tax basis.

The prospective interest rate assumption was derived from the 2012 cash flow testing results. The rates represent the runoff of the assets currently backing the company's long-term care liabilities and a reinvestment strategy consistent with the 2012 cash flow testing. Again, the prospective interest rates are net of investment expenses and default risk, but are on a pre-tax basis.

Exhibit III shows nationwide past experience including earned premiums, incurred claims, increase in active life reserves, and incurred loss ratios by calendar year. Exhibit IV provides similar information on a Virginia-specific basis. The company does not consider Virginia-specific experience as fully credible, but is providing it as required by the rate revisions checklist. The incurred loss ratio is defined as the sum of incurred claims and increase in active life reserves divided by earned premium. The values in these exhibits are shown without interest accumulation.

15. Projected Earned Premiums and Incurred Claims

Exhibits I and II contain lifetime projections of earned premium and incurred claims based on the current premiums and the filed premium rate schedule increase. Earned premiums and incurred claims for projection years 2013 through 2052 are developed from an asset share model representing actual contracts in-force as of December 31, 2012. The assumptions described above for morbidity, voluntary lapse and mortality are used to project life years, earned premiums and incurred claims. The projections reflecting the rate increase assume that the increase is effective on each policy's first anniversary on or after January 1, 2014.

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16. History of Previous Rate Revisions

Two prior rate increases have been approved and implemented on these policy forms and associated riders. A 39.0% increase was approved on May 6, 2005 and implemented on each contract's next billing anniversary beginning August 27, 2005. A 27.9% increase was approved on July 24, 2011 and implemented on each contract's next billing anniversary beginning November 1, 2011.

The experience and projections in Exhibit I have been restated to reflect a rate level similar to that approved in Virginia on a nationwide basis.

17. Requested Rate Increase and Demonstration of Satisfaction of Loss Ratio Requirements

The company originally requested an increase of 16.8%. After extensive review and analysis of the data presented, the Virginia State Corporation Commission determined that a rate increase of 10.3% was the maximum percentage increase that was allowable at this time. The company has revised its request to 10.3% at this time. Projected experience assuming this increase is implemented is shown in Exhibits I and II. As shown in Exhibits I and II, the expected lifetime loss ratio with and without the requested rate increase exceeds the minimum loss ratio of 60%.

Current rate tables are included with this memorandum in Exhibit V. Rate tables reflecting the 10.3% increase are included with this memorandum in Exhibit VI. The proposed rates are uniformly 10.3% higher than the current rates. The actual rates implemented may vary slightly from those in Exhibit VI due to rounding in the implementation algorithm.

18. Virginia Average Annual Premium (Annual Premium Based on 2012 In-force)

Before increase: \$2,309
After increase: \$2,547

19. Proposed Effective Date

The rate increase will apply to policies on their billing anniversary date following at least a 60-day policyholder notification period following approval.

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20. Nationwide Distribution of Business as of 12/31/2012 (based on in-force count)

By Issue Age:

Issue Ages	Percent Distribution
< 48	0.3%
48 - 52	1.5%
53 - 57	4.7%
58 - 62	16.4%
63 - 67	34.5%
68 - 72	28.4%
73 +	14.2%

By Elimination Period:

Elimination Period	Percent Distribution
20-day	43.9%
60-day	19.1%
100-day	37.0%

By Benefit Period:

Benefit Period	Percent Distribution
2-Year	9.3%
3-Year	35.8%
5-Year	30.4%
Unlimited	24.5%

By Inflation Protection Option:

Inflation Option	Percent Distribution
None	24.6%
Compound	26.9%
CPI	48.5%

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21. Number of Policyholders

As of 12/31/2012, the number of policies in-force and annualized premium in the state and nationwide is:

	Number of Insured	Annual Premium based on 2012 In-force
Virginia	49	\$113,132
Nationwide	2,173	\$4,407,766

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22. Actuarial Certification

I am a Principal and Consulting Actuary for Milliman, Inc. and have been retained by GNA Corporation (Genworth), a reinsurer of this business, to prepare this memorandum on behalf of MetLife Insurance Company USA. I am a Fellow of the Society of Actuaries and a member of the American Academy of Actuaries. I meet the Academy's qualification standards to render this actuarial opinion and am familiar with the requirements for filing long-term care insurance premium and rate increases. This memorandum has been prepared for the sole purpose stated, and it may not be appropriate for other purposes.

I believe this rate filing is in compliance with the applicable laws of the State of Virginia and with the rules of the Bureau. This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8 and 18.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of the state where it is filed. Furthermore, the actuarial assumptions are appropriate and the rates are not excessive or unfairly discriminatory. The premiums are reasonable in relation to the benefits, as provided in 14VAC5-130-75.

In preparing this actuarial memorandum, I relied on data provided to me by Union Fidelity Life Insurance Company, the retrocessionaire on this business, and Genworth. I did not audit this data but did review it for reasonableness. To the extent that this data is incomplete or inaccurate the contents of this memorandum may be materially affected.



Amy Pahl, FSA, MAAA
Principal and Consulting Actuary, Milliman, Inc.

Date: November 4, 2015

Exhibit I
MetLife Insurance Company USA
Nationwide Experience Projections with No Increase
LTC3+ Nursing Facility Only Policy Forms

Calendar Year	Loss Ratio Demonstration										Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors	
	Without Interest					With Interest					Premium Rate Increase Factor	Morbidity Factors		Persistency Factors			Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Claim Factor		Adverse Selection	Policy Lapse & Mortality	Shock Lapse	Policy Persistency	Premium Persistency		
1994	142,277	0	0	0.0%	413	407,453	0	0	0.0%			0.0143		0.9857		5.85%	2.8638	
1995	1,426,945	2,346	82,519	5.8%	2,064	3,860,572	6,348	223,254	5.8%			0.0310		0.9690		5.85%	2.7055	
1996	3,730,743	52,218	11,147	0.3%	4,227	9,535,427	133,464	28,492	0.3%			0.0244		0.9576		5.85%	2.5559	
1997	5,422,839	150,923	436,323	8.0%	4,452	13,093,985	364,418	1,053,545	8.0%			0.0544		0.9456		5.85%	2.4146	
1998	5,640,501	284,738	1,034,035	18.3%	4,556	12,866,578	649,517	2,358,742	18.3%			0.0479		0.9521		5.85%	2.2811	
1999	5,656,636	554,945	1,291,172	22.8%	4,385	12,190,007	1,195,902	2,782,465	22.8%			0.0428		0.9572		5.85%	2.1550	
2000	5,491,309	897,304	2,027,535	36.9%	4,253	11,179,489	1,826,778	4,127,759	36.9%			0.0301		0.9699		5.85%	2.0359	
2001	5,384,424	1,769,130	2,627,944	48.8%	4,118	10,355,848	3,402,562	5,054,318	48.8%			0.0317		0.9683		5.85%	1.9233	
2002	5,268,652	2,110,897	3,531,946	67.0%	3,982	9,572,960	3,835,426	6,417,424	67.0%			0.0330		0.9670		5.85%	1.8170	
2003	5,097,934	2,844,935	4,978,514	97.7%	3,837	8,750,667	4,883,367	8,545,682	97.7%			0.0364		0.9636		5.85%	1.7165	
2004	5,753,976	3,000,636	5,050,112	87.8%	3,652	9,330,725	4,865,871	8,189,329	87.8%			0.0482		0.9518		5.85%	1.6216	
2005	6,390,917	3,156,842	5,702,692	89.2%	3,441	9,790,634	4,836,158	8,736,300	89.2%			0.0578		0.9422		5.85%	1.5320	
2006	6,111,956	3,185,438	6,594,725	107.9%	3,291	8,845,618	4,610,172	9,544,313	107.9%			0.0436		0.9564		5.85%	1.4473	
2007	5,895,284	2,075,948	6,841,053	116.0%	3,133	8,060,333	2,838,341	9,353,437	116.0%			0.0480		0.9520		5.85%	1.3673	
2008	5,584,928	9,139,871	8,083,388	144.7%	2,936	7,213,835	11,805,615	10,440,998	144.7%			0.0629		0.9371		5.85%	1.2917	
2009	5,269,582	12,866,746	8,127,224	154.2%	2,758	6,430,208	15,700,650	9,917,246	154.2%			0.0606		0.9394		5.85%	1.2203	
2010	5,600,905	11,353,248	6,577,388	117.4%	2,549	6,456,653	13,087,881	7,582,330	117.4%			0.0758		0.9242		5.85%	1.1528	
2011	5,858,856	8,451,916	10,395,235	177.4%	2,339	6,380,612	9,204,595	11,320,975	177.4%			0.0824		0.9176		5.85%	1.0891	
2012	5,430,517	8,843,118	9,022,466	166.1%	2,173	5,587,159	9,098,195	9,282,716	166.1%			0.0710		0.9290		5.85%	1.0288	
2013	5,089,420	8,845,167	9,197,439	180.7%	2,006	4,954,989	8,611,533	8,954,500	180.7%	1.0000	1.0877	1.0000	0.0768	0.0000	0.9232	0.9372	5.50%	0.9736
2014	4,621,477	10,812,491	9,156,109	198.1%	1,839	4,266,813	9,982,713	8,453,445	198.1%	1.0000	1.0963	1.0000	0.0834	0.0000	0.9166	0.9081	5.47%	0.9233
2015	4,161,169	10,967,361	8,940,937	214.9%	1,673	3,645,968	9,609,474	7,833,945	214.9%	1.0000	1.0845	1.0000	0.0904	0.0000	0.9096	0.9004	5.43%	0.8762
2016	3,714,512	10,329,686	8,557,869	230.4%	1,510	3,090,871	8,595,402	7,121,061	230.4%	1.0000	1.0723	1.0000	0.0974	0.0000	0.9026	0.8927	5.39%	0.8321
2017	3,289,303	9,644,414	8,091,611	246.0%	1,354	2,600,734	7,625,493	6,037,747	246.0%	1.0000	1.0677	1.0000	0.1097	0.0000	0.8968	0.8855	5.36%	0.7907
2018	2,891,631	8,962,628	7,578,136	262.1%	1,206	2,172,538	6,733,796	5,693,600	262.1%	1.0000	1.0653	1.0000	0.1090	0.0000	0.8910	0.8791	5.34%	0.7513
2019	2,523,618	8,381,329	7,051,556	279.4%	1,068	1,801,075	5,981,650	5,032,608	279.4%	1.0000	1.0662	1.0000	0.1148	0.0000	0.8852	0.8727	5.33%	0.7137
2020	2,186,492	7,822,482	6,526,445	298.5%	939	1,481,657	5,300,834	4,422,586	298.5%	1.0000	1.0682	1.0000	0.1207	0.0000	0.8793	0.8664	5.33%	0.6776
2021	1,880,366	7,270,477	5,998,625	319.0%	820	1,209,344	4,675,954	3,857,972	319.0%	1.0000	1.0688	1.0000	0.1267	0.0000	0.8733	0.8600	5.33%	0.6431
2022	1,604,849	6,719,192	5,474,691	341.1%	711	979,125	4,099,408	3,340,132	341.1%	1.0000	1.0693	1.0000	0.1329	0.0000	0.8671	0.8535	5.34%	0.6101
2023	1,359,106	6,171,061	4,960,497	365.0%	612	786,678	3,571,933	2,871,234	365.0%	1.0000	1.0699	1.0000	0.1392	0.0000	0.8608	0.8469	5.35%	0.5788
2024	1,141,912	5,630,813	4,460,934	390.7%	523	627,267	3,093,081	2,450,450	390.7%	1.0000	1.0703	1.0000	0.1455	0.0000	0.8545	0.8402	5.35%	0.5493
2025	951,720	5,105,142	3,985,077	418.7%	444	496,130	2,661,304	2,077,416	418.7%	1.0000	1.0719	1.0000	0.1520	0.0000	0.8480	0.8334	5.35%	0.5213
2026	786,733	4,599,199	3,535,799	449.4%	373	389,257	2,275,573	1,749,429	449.4%	1.0000	1.0733	1.0000	0.1585	0.0000	0.8415	0.8266	5.35%	0.4948
2027	644,968	4,117,348	3,114,277	482.9%	312	302,983	1,934,181	1,462,974	482.9%	1.0000	1.0744	1.0000	0.1651	0.0000	0.8349	0.8198	5.35%	0.4698
2028	524,327	3,662,043	2,720,961	518.9%	258	233,960	1,634,039	1,214,119	518.9%	1.0000	1.0747	1.0000	0.1717	0.0000	0.8283	0.8130	5.34%	0.4462
2029	422,657	3,235,663	2,360,771	558.6%	212	179,227	1,372,079	1,001,082	558.6%	1.0000	1.0763	1.0000	0.1783	0.0000	0.8217	0.8061	5.34%	0.4240
2030	337,810	2,840,668	2,036,426	602.8%	173	136,197	1,145,286	821,036	602.8%	1.0000	1.0793	1.0000	0.1849	0.0000	0.8151	0.7993	5.33%	0.4032
2031	267,697	2,478,310	1,744,922	651.8%	140	102,667	950,479	699,211	651.8%	1.0000	1.0813	1.0000	0.1915	0.0000	0.8085	0.7924	5.32%	0.3835
2032	210,328	2,148,730	1,484,339	705.7%	112	76,777	784,366	541,838	705.7%	1.0000	1.0827	1.0000	0.1981	0.0000	0.8019	0.7857	5.30%	0.3650
2033	163,846	1,851,615	1,256,046	766.6%	89	56,957	643,671	436,635	766.6%	1.0000	1.0863	1.0000	0.2046	0.0000	0.7954	0.7790	5.29%	0.3476
2034	126,554	1,586,113	1,055,736	834.2%	70	41,912	525,287	349,637	834.2%	1.0000	1.0882	1.0000	0.2112	0.0000	0.7888	0.7724	5.27%	0.3312
2035	96,928	1,350,611	880,601	908.5%	55	30,595	426,315	277,958	908.5%	1.0000	1.0891	1.0000	0.2178	0.0000	0.7822	0.7659	5.26%	0.3156
2036	73,620	1,143,014	729,622	991.1%	43	22,170	344,210	219,720	991.1%	1.0000	1.0909	1.0000	0.2242	0.0000	0.7758	0.7595	5.24%	0.3011
2037	55,460	961,524	600,618	1083.0%	33	15,959	276,691	172,835	1083.0%	1.0000	1.0928	1.0000	0.2306	0.0000	0.7694	0.7533	5.22%	0.2878
2038	41,444	804,149	491,757	1186.6%	25	11,413	221,445	135,419	1186.6%	1.0000	1.0956	1.0000	0.2368	0.0000	0.7632	0.7473	5.19%	0.2754
2039	30,730	669,329	402,959	1311.3%	19	8,105	176,544	106,285	1311.3%	1.0000	1.1051	1.0000	0.2429	0.0000	0.7571	0.7415	5.16%	0.2638
2040	22,615	555,084	329,187	1455.6%	14	5,716	140,307	83,208	1455.6%	1.0000	1.1101	1.0000	0.2488	0.0000	0.7512	0.7359	5.13%	0.2528
2041	16,524	458,763	267,665	1619.9%	11	4,004	111,168	64,861	1619.9%	1.0000	1.1129	1.0000	0.2545	0.0000	0.7455	0.7307	5.10%	0.2423
2042	11,990	377,696	215,519	1797.4%	8	2,786	87,761	50,078	1797.4%	1.0000	1.1096	1.0000	0.2602	0.0000	0.7398	0.7257	5.07%	0.2324
2043	8,644	309,487	172,297	1993.3%	6	1,926	68,962	38,392	1993.3%	1.0000	1.1090	1.0000	0.2658	0.0000	0.7342	0.7209	5.05%	0.2228
2044	6,192	252,153	135,924	2195.3%	4	1,323	53,873	29,040	2195.3%	1.0000	1.1013	1.0000	0.2716	0.0000	0.7284	0.7163	5.02%	0.2137
2045	4,407	204,092	106,319	2412.5%	3	903	41,800	21,775	2412.5%	1.0000	1.0989	1.0000	0.2777	0.0000	0.7223	0.7118	5.00%	0.2048
2046	3,117	163,958	82,130	2635.0%	2	612	32,185	16,122	2635.0%	1.0000	1.0923	1.0000	0.2842	0.0000	0.7158	0.7072	4.98%	0.1963
2047	2,190	130,708	62,997	2877.0%	2	4												

Exhibit I
MetLife Insurance Company USA
Nationwide Experience Projections with 10.3% Increase
LTC3+ Nursing Facility Only Policy Forms

	Calendar Year	Loss Ratio Demonstration										Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors	
		Without Interest					With Interest					Premium Rate Increase Factor	Morbidity Factors		Persistence Factors			Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
		Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Claim Factor		Adverse Selection	Policy Lapse & Mortality	Shock Lapse	Policy Persistence	Premium Persistence		
Historical Experience	1994	142,277	0	0	0.0%	413	407,453	0	0	0.0%				0.0143	0.9857		0.9690	5.85%	2.8638
	1995	1,426,945	2,346	82,519	5.8%	2,064	3,860,572	6,348	223,254	5.8%				0.0310	0.9690		0.9690	5.85%	2.7055
	1996	3,730,743	52,218	11,147	0.3%	4,227	9,535,427	133,464	28,492	0.3%				0.0244	0.9576		0.9576	5.85%	2.5559
	1997	5,422,839	150,923	436,323	8.0%	4,452	13,093,985	364,418	1,053,545	8.0%				0.0544	0.9456		0.9456	5.85%	2.4146
	1998	5,640,501	284,738	1,034,035	18.3%	4,556	12,866,578	649,517	2,358,742	18.3%				0.0479	0.9521		0.9521	5.85%	2.2811
	1999	5,656,636	554,945	1,291,172	22.8%	4,385	12,190,007	1,195,902	2,782,465	22.8%				0.0428	0.9572		0.9572	5.85%	2.1550
	2000	5,491,309	897,304	2,027,535	36.9%	4,253	11,179,489	1,826,778	4,127,759	36.9%				0.0301	0.9699		0.9699	5.85%	2.0359
	2001	5,384,424	1,769,130	2,627,944	48.8%	4,118	10,355,848	3,402,562	5,054,318	48.8%				0.0317	0.9683		0.9683	5.85%	1.9233
	2002	5,268,652	2,110,897	3,531,946	67.0%	3,982	9,572,960	3,835,426	6,417,424	67.0%				0.0330	0.9670		0.9670	5.85%	1.8170
	2003	5,097,934	2,844,935	4,978,514	97.7%	3,837	8,750,667	4,883,367	8,545,682	97.7%				0.0364	0.9636		0.9636	5.85%	1.7165
	2004	5,753,976	3,000,636	5,050,112	87.8%	3,652	9,330,725	4,865,871	8,189,329	87.8%				0.0482	0.9518		0.9518	5.85%	1.6216
	2005	6,390,917	3,156,842	5,702,692	89.2%	3,441	9,790,634	4,836,158	8,736,300	89.2%				0.0578	0.9422		0.9422	5.85%	1.5320
	2006	6,111,956	3,185,438	6,594,725	107.9%	3,291	8,845,618	4,610,172	9,544,313	107.9%				0.0436	0.9564		0.9564	5.85%	1.4473
	2007	5,895,284	2,075,948	6,841,053	116.0%	3,133	8,060,333	2,838,341	9,353,437	116.0%				0.0480	0.9520		0.9520	5.85%	1.3673
	2008	5,584,928	9,139,871	8,083,388	144.7%	2,936	7,213,835	11,805,615	10,440,998	144.7%				0.0629	0.9371		0.9371	5.85%	1.2917
	2009	5,269,582	12,866,746	8,127,224	154.2%	2,758	6,430,208	15,700,650	9,917,246	154.2%				0.0606	0.9394		0.9394	5.85%	1.2203
	2010	5,600,905	11,353,248	6,577,388	117.4%	2,549	6,456,653	13,087,881	7,582,330	117.4%				0.0758	0.9242		0.9242	5.85%	1.1528
	2011	5,858,856	8,451,916	10,395,235	177.4%	2,339	6,380,612	9,204,595	11,320,975	177.4%				0.0824	0.9176		0.9176	5.85%	1.0891
	2012	5,430,517	8,843,118	9,022,466	166.1%	2,173	5,587,159	9,098,195	9,282,716	166.1%				0.0710	0.9290		0.9290	5.85%	1.0288
Projected Future Experience	2013	5,089,420	8,845,167	9,197,439	180.7%	2,006	4,954,989	8,611,533	8,954,500	180.7%	1.0000	1.0877	1.0000	0.0768	0.0000	0.9232	0.9372	5.50%	0.9736
	2014	4,826,485	10,812,491	9,156,109	189.7%	1,839	4,456,088	9,982,713	8,453,445	189.7%	1.0462	1.0963	1.0000	0.0834	0.0000	0.9166	0.9081	5.47%	0.9233
	2015	4,589,769	10,967,361	8,940,937	194.8%	1,673	4,021,503	9,609,474	7,833,945	194.8%	1.0543	1.0845	1.0000	0.0904	0.0000	0.9096	0.9004	5.43%	0.8762
	2016	4,097,107	10,329,686	8,557,869	208.9%	1,510	3,409,230	8,595,402	7,121,061	208.9%	1.0000	1.0723	1.0000	0.0974	0.0000	0.9026	0.8927	5.39%	0.8321
	2017	3,628,102	9,644,414	8,091,611	223.0%	1,354	2,868,610	7,625,493	6,397,747	223.0%	1.0000	1.0677	1.0000	0.1037	0.0000	0.8968	0.8855	5.36%	0.7907
	2018	3,189,469	8,962,628	7,578,136	237.6%	1,206	2,396,310	6,733,796	5,693,600	237.6%	1.0000	1.0653	1.0000	0.1090	0.0000	0.8910	0.8791	5.34%	0.7513
	2019	2,783,551	8,381,329	7,051,556	253.3%	1,068	1,986,586	5,981,650	5,032,608	253.3%	1.0000	1.0662	1.0000	0.1148	0.0000	0.8852	0.8727	5.33%	0.7137
	2020	2,411,701	7,822,482	6,526,445	270.6%	939	1,634,267	5,300,834	4,422,586	270.6%	1.0000	1.0682	1.0000	0.1207	0.0000	0.8793	0.8664	5.33%	0.6776
	2021	2,074,043	7,270,477	5,998,625	289.2%	820	1,333,906	4,675,954	3,857,972	289.2%	1.0000	1.0688	1.0000	0.1267	0.0000	0.8733	0.8600	5.33%	0.6431
	2022	1,770,149	6,719,192	5,474,691	309.3%	711	1,079,975	4,099,408	3,340,132	309.3%	1.0000	1.0693	1.0000	0.1329	0.0000	0.8671	0.8535	5.34%	0.6101
	2023	1,499,094	6,171,061	4,960,497	330.9%	612	867,705	3,571,933	2,871,234	330.9%	1.0000	1.0699	1.0000	0.1392	0.0000	0.8608	0.8469	5.35%	0.5788
	2024	1,259,529	5,630,813	4,460,934	354.2%	523	691,876	3,093,081	2,450,450	354.2%	1.0000	1.0703	1.0000	0.1455	0.0000	0.8545	0.8402	5.35%	0.5493
	2025	1,049,747	5,105,142	3,985,077	379.6%	444	547,232	2,661,304	2,077,416	379.6%	1.0000	1.0719	1.0000	0.1520	0.0000	0.8480	0.8334	5.35%	0.5213
	2026	867,766	4,599,199	3,535,799	407.5%	373	429,350	2,275,573	1,749,429	407.5%	1.0000	1.0733	1.0000	0.1585	0.0000	0.8415	0.8266	5.35%	0.4948
	2027	711,400	4,117,348	3,114,277	437.8%	312	334,190	1,934,181	1,462,974	437.8%	1.0000	1.0744	1.0000	0.1651	0.0000	0.8349	0.8198	5.35%	0.4698
	2028	578,333	3,662,043	2,720,961	470.5%	258	258,058	1,634,039	1,214,119	470.5%	1.0000	1.0747	1.0000	0.1717	0.0000	0.8283	0.8130	5.34%	0.4462
	2029	466,191	3,235,663	2,360,771	506.4%	212	197,688	1,372,079	1,001,082	506.4%	1.0000	1.0763	1.0000	0.1783	0.0000	0.8217	0.8061	5.34%	0.4240
	2030	372,605	2,840,668	2,036,426	546.5%	173	150,225	1,145,286	821,036	546.5%	1.0000	1.0793	1.0000	0.1849	0.0000	0.8151	0.7993	5.33%	0.4032
	2031	295,270	2,478,310	1,744,922	591.0%	140	113,242	950,479	669,211	591.0%	1.0000	1.0813	1.0000	0.1915	0.0000	0.8085	0.7924	5.32%	0.3835
	2032	231,991	2,148,730	1,484,339	639.8%	112	84,685	784,366	541,838	639.8%	1.0000	1.0827	1.0000	0.1981	0.0000	0.8019	0.7857	5.30%	0.3650
	2033	180,722	1,851,615	1,256,046	695.0%	89	62,824	643,671	436,635	695.0%	1.0000	1.0863	1.0000	0.2046	0.0000	0.7954	0.7790	5.29%	0.3476
	2034	139,589	1,586,113	1,055,736	756.3%	70	46,229	525,287	349,637	756.3%	1.0000	1.0882	1.0000	0.2112	0.0000	0.7888	0.7724	5.27%	0.3312
	2035	106,912	1,350,611	880,601	823.7%	55	33,746	426,315	277,958	823.7%	1.0000	1.0891	1.0000	0.2178	0.0000	0.7822	0.7659	5.26%	0.3156
	2036	81,203	1,143,014	729,622	898.5%	43	24,454	344,210	219,720	898.5%	1.0000	1.0909	1.0000	0.2242	0.0000	0.7758	0.7595	5.24%	0.3011
	2037	61,172	961,524	600,618	981.9%	33	17,603	276,691	172,835	981.9%	1.0000	1.0928	1.0000	0.2306	0.0000	0.7694	0.7533	5.22%	0.2878
	2038	45,713	804,149	491,757	1075.8%	25	12,588	221,445	135,419	1075.8%	1.0000	1.0956	1.0000	0.2368	0.0000	0.7632	0.7473	5.19%	0.2754
	2039	33,895	669,329	402,959	1188.8%	19	8,940	176,544	106,285	1188.8%	1.0000	1.1051	1.0000	0.2429	0.0000	0.7571	0.7415	5.16%	0.2638
	2040	24,944	555,084	329,187	1319.7%	14	6,305	140,307	83,208	1319.7%	1.0000	1.1101	1.0000	0.2488	0.0000	0.7512	0.7359	5.13%	0.2528
	2041	18,226	458,763	267,665	1468.6%	11	4,416	111,168	64,861	1468.6%	1.0000	1.1129	1.0000	0.2545	0.0000	0.7455	0.7307	5.10%	0.2423
	2042	13,226	377,696	215,519	1629.6%	8	3,073	87,761	50,078	1629.6%	1.0000	1.1096	1.0000	0.2602	0.0000	0.7398	0.7257	5.07%	0.2324
	2043	9,534	309,487	172,297	1807.2%	6	2,124	68,962	38,392	1807.2%	1.0000	1.1090	1.0000	0.2658	0.0000	0.7342	0.7209	5.05%	0.2228
	2044	6,829	252,153	135,924	1990.3%	4	1,459	53,873	29,040	1990.3%	1.0000	1.1013	1.0000	0.2716	0.0000	0.7284	0.7163	5.02%	0.2137
	2045	4,861	204,092	106,319	2187.2%	3	996	41,800	21,775	2187.2%	1.0000	1.0989	1.0000	0.2777	0.0000	0.7223	0.7118	5.00%	0.2048
	2046	3,438	163,958	82,130	2389.0%	2	675	32,185	16,122	2389.0%	1.0000	1.0923	1.0000	0.2842	0.0000	0.7158	0.7072	4.98%	0.1963
	2047	2,415	130,708	62,997	2608.4%	2	454	24,586	11,850	2608.4%	1.0000	1.0918	1.0000	0.2912	0.0000	0.7088	0.7025	4.96%	0.1881
	2048	1,685	103,418	47,641	2828.1%	1	304	18,638	8,586	2828.1%	1.0000	1.0842	1.0000	0.2988	0.0000	0.7012	0.6975	4.95%	0.1802
	2049	1,166	81,237	35,846	3075.1%	1	201	14,029	6,190	3075.1%	1.0000	1.0873	1.0000	0.3071	0.0000	0.6929	0.6920	4.93%	0.1727
	2050	800	63,382	26,629	3330.4%	1	132	10,488	4,406	3330.4%	1.0								

Exhibit II
 MetLife Insurance Company USA
 Virginia-Specific Experience Projections with No Increase
 LTC3+ Nursing Facility Only Policy Forms

Calendar Year	Loss Ratio Demonstration										Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors		
	Without Interest					With Interest					Premium Rate Increase Factor	Morbidity Factors		Persistence Factors			Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor	
	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Claim Factor		Adverse Selection	Policy Lapse & Mortality	Policy Shock Lapse	Policy Persistence	Premium Persistence			
1994	10,269	0	0	0.0%	21	29,409	0	0	0.0%			0.000		1.000			5.85%	2.8638	
1995	44,165	0	0	0.0%	44	119,488	0	0	0.0%			0.022		0.9778			5.85%	2.7055	
1996	80,545	0	0	0.0%	85	205,866	0	0	0.0%			0.034		0.9659			5.85%	2.5559	
1997	119,159	0	0	0.0%	85	287,721	0	0	0.0%			0.023		0.9770			5.85%	2.4146	
1998	117,532	0	0	0.0%	84	268,104	0	0	0.0%			0.0118		0.9882			5.85%	2.2811	
1999	117,179	1,870	1,865	1.6%	83	252,519	4,030	4,019	1.6%			0.0119		0.9881			5.85%	2.1550	
2000	117,243	4,441	42,606	36.3%	82	238,889	9,041	86,740	36.3%			0.0120		0.9880			5.85%	2.0359	
2001	117,028	45,441	46,462	39.7%	82	225,080	87,396	89,360	39.7%			0.0000		1.0000			5.85%	1.9233	
2002	113,057	59,904	151,099	133.6%	78	205,421	108,844	274,542	133.6%			0.0488		0.9512			5.85%	1.8170	
2003	105,504	7,007	29,369	27.8%	75	181,099	12,028	50,412	27.8%			0.0385		0.9615			5.85%	1.7165	
2004	105,384	23,150	0	0.0%	75	170,892	37,540	0	0.0%			0.0000		1.0000			5.85%	1.6216	
2005	108,565	0	118,259	108.9%	71	166,317	0	181,168	108.9%			0.0533		0.9467			5.85%	1.5320	
2006	132,244	164,749	208,707	157.8%	67	191,392	238,435	302,054	157.8%			0.0563		0.9437			5.85%	1.4473	
2007	129,711	39,282	49,435	38.1%	64	177,348	53,708	67,590	38.1%			0.0448		0.9552			5.85%	1.3673	
2008	119,444	135,034	0	0.0%	59	154,281	174,418	0	0.0%			0.0781		0.9219			5.85%	1.2917	
2009	111,675	197,719	41,841	37.5%	57	136,272	241,267	51,056	37.5%			0.0339		0.9661			5.85%	1.2203	
2010	105,771	117,781	6,931	6.6%	52	121,931	135,776	7,990	6.6%			0.0877		0.9123			5.85%	1.1528	
2011	99,004	34,976	503,090	508.2%	52	107,820	38,090	547,892	508.2%			0.0000		1.0000			5.85%	1.0891	
2012	106,143	144,534	212,039	199.8%	49	109,205	148,703	218,155	199.8%			0.0577		0.9423			5.85%	1.0288	
2013	108,665	221,194	241,288	222.0%	45	105,795	215,352	234,915	222.0%	1.0000	1.1115	1.0000	0.0741	0.0000	0.9259	1.0238	5.50%	0.9736	
2014	99,693	264,879	248,206	249.0%	42	92,043	244,551	229,158	249.0%	1.0000	1.1212	1.0000	0.0807	0.0000	0.9193	0.9174	5.47%	0.9233	
2015	90,749	274,397	249,647	275.1%	38	79,513	240,424	218,738	275.1%	1.0000	1.1049	1.0000	0.0873	0.0000	0.9127	0.9103	5.43%	0.8762	
2016	81,996	275,779	247,672	302.1%	34	68,229	229,478	206,090	302.1%	1.0000	1.0980	1.0000	0.0938	0.0000	0.9062	0.9035	5.39%	0.8321	
2017	73,556	267,524	242,513	329.7%	31	58,158	211,522	191,746	329.7%	1.0000	1.0915	1.0000	0.0991	0.0000	0.9009	0.8971	5.36%	0.7907	
2018	65,564	259,791	234,877	358.2%	28	49,259	195,186	176,468	358.2%	1.0000	1.0866	1.0000	0.1045	0.0000	0.8955	0.8913	5.34%	0.7513	
2019	58,062	251,740	224,868	387.3%	25	41,438	179,664	160,485	387.3%	1.0000	1.0811	1.0000	0.1100	0.0000	0.8900	0.8856	5.33%	0.7137	
2020	51,080	242,942	214,413	419.8%	22	34,614	164,628	145,295	419.8%	1.0000	1.0838	1.0000	0.1157	0.0000	0.8843	0.8797	5.33%	0.6776	
2021	44,634	233,461	204,266	457.7%	19	28,706	150,149	131,372	457.7%	1.0000	1.0903	1.0000	0.1215	0.0000	0.8785	0.8738	5.33%	0.6431	
2022	38,727	223,751	195,276	504.2%	17	23,628	136,511	119,138	504.2%	1.0000	1.1018	1.0000	0.1276	0.0000	0.8724	0.8677	5.34%	0.6101	
2023	33,356	214,061	186,483	559.1%	15	19,307	123,903	107,940	559.1%	1.0000	1.1088	1.0000	0.1339	0.0000	0.8661	0.8613	5.35%	0.5788	
2024	28,507	204,333	177,205	621.6%	12	15,659	112,243	97,341	621.6%	1.0000	1.1119	1.0000	0.1406	0.0000	0.8594	0.8546	5.35%	0.5493	
2025	24,164	194,458	166,955	690.9%	11	12,597	101,371	87,033	690.9%	1.0000	1.1115	1.0000	0.1476	0.0000	0.8524	0.8476	5.35%	0.5213	
2026	20,305	183,998	154,747	762.1%	9	10,046	91,038	76,565	762.1%	1.0000	1.1030	1.0000	0.1549	0.0000	0.8451	0.8403	5.35%	0.4948	
2027	16,906	172,438	139,951	827.8%	8	7,942	81,005	65,744	827.8%	1.0000	1.0862	1.0000	0.1626	0.0000	0.8374	0.8326	5.35%	0.4698	
2028	13,941	159,534	123,981	889.3%	6	6,221	71,186	55,321	889.3%	1.0000	1.0743	1.0000	0.1706	0.0000	0.8294	0.8246	5.34%	0.4462	
2029	11,381	145,479	107,781	947.1%	5	4,826	61,690	45,704	947.1%	1.0000	1.0649	1.0000	0.1788	0.0000	0.8212	0.8163	5.34%	0.4240	
2030	9,193	130,655	92,021	1001.0%	4	3,707	52,677	37,101	1001.0%	1.0000	1.0569	1.0000	0.1873	0.0000	0.8127	0.8078	5.33%	0.4032	
2031	7,346	115,487	77,155	1050.2%	3	2,818	44,292	29,590	1050.2%	1.0000	1.0492	1.0000	0.1950	0.0000	0.8040	0.7991	5.32%	0.3835	
2032	5,806	100,462	63,606	1095.6%	3	2,119	36,672	23,218	1095.6%	1.0000	1.0432	1.0000	0.2049	0.0000	0.7951	0.7903	5.30%	0.3650	
2033	4,536	86,079	51,765	1141.3%	2	1,577	29,923	17,995	1141.3%	1.0000	1.0417	1.0000	0.2100	0.0000	0.7860	0.7812	5.29%	0.3476	
2034	3,501	72,745	41,589	1187.9%	2	1,159	24,092	13,773	1187.9%	1.0000	1.0408	1.0000	0.2236	0.0000	0.7764	0.7719	5.27%	0.3312	
2035	2,669	60,764	33,203	1244.2%	1	842	19,180	10,480	1244.2%	1.0000	1.0474	1.0000	0.2336	0.0000	0.7664	0.7622	5.26%	0.3156	
2036	2,006	50,271	26,375	1314.6%	1	604	15,139	7,943	1314.6%	1.0000	1.0566	1.0000	0.2442	0.0000	0.7558	0.7518	5.24%	0.3011	
2037	1,486	41,215	20,647	1389.6%	1	428	11,860	5,941	1389.6%	1.0000	1.0570	1.0000	0.2557	0.0000	0.7443	0.7406	5.22%	0.2878	
2038	1,082	33,438	15,801	1460.5%	1	298	9,208	4,351	1460.5%	1.0000	1.0510	1.0000	0.2681	0.0000	0.7319	0.7282	5.19%	0.2754	
2039	773	26,861	12,042	1558.1%	1	204	7,085	3,176	1558.1%	1.0000	1.0669	1.0000	0.2815	0.0000	0.7185	0.7143	5.16%	0.2638	
2040	540	21,398	9,041	1674.0%	1	137	5,409	2,285	1674.0%	1.0000	1.0744	1.0000	0.2962	0.0000	0.7038	0.6988	5.13%	0.2528	
2041	368	16,889	6,603	1794.1%	1	89	4,093	1,600	1794.1%	1.0000	1.0718	1.0000	0.3121	0.0000	0.6879	0.6814	5.10%	0.2423	
2042	244	13,162	4,638	1903.4%	1	57	3,058	1,078	1903.4%	1.0000	1.0609	1.0000	0.3295	0.0000	0.6705	0.6620	5.07%	0.2324	
2043	156	10,098	3,149	2018.0%	1	35	2,250	702	2018.0%	1.0000	1.0602	1.0000	0.3482	0.0000	0.6518	0.6405	5.05%	0.2228	
2044	96	7,614	2,047	2126.3%	1	21	1,627	437	2126.3%	1.0000	1.0536	1.0000	0.3683	0.0000	0.6317	0.6169	5.02%	0.2137	
2045	57	5,641	1,268	2228.1%	1	12	1,155	260	2228.1%	1.0000	1.0479	1.0000	0.3900	0.0000	0.6100	0.5913	5.00%	0.2048	
2046	32	4,104	745	2319.5%	1	6	806	146	2319.5%	1.0000	1.0410	1.0000	0.4134	0.0000	0.5866	0.5640	4.98%	0.1963	
2047	17	2,935	411	2391.0%	1	3	552	77	2391.0%	1.0000	1.0308	1.0000	0.4390	0.0000	0.5610	0.5352	4.96%	0.1881	
2048	9	2,067	211	2429.9%	1	2	373	38	2429.9%	1.0000	1.0163	1.0000	0.4673	0.0000	0.5327	0.5052	4.95%	0.1802	
2049	4	1,439	100	2418.2%	1	1	249	17	2418.2%	1.0000	0.9952	1.0000	0.4989	0.0000	0.5011	0.4742	4.93%	0.1727	
2050	2	994	42	2333.3%	1	0	164	7	2333.3%	1.0000	0.9649	1.0000	0.5345	0.0000	0.4655	0.4423	4.91%	0.1655	
2051	1	684	16	2153.4%	1	0	108	3	2153.4%	1.0000	0.9229	1.0000	0.5748	0.0000	0.4252	0.4096	4.90%	0.1586	
2052	0	471	5	1871.2%	1	0	72	1	1871.2%	1.0000	0.8690	1.0000	0.6208	0.0000	0.3792	0.3754	4.89%	0.1520	
Past		1,959,623	975,887	1,411,702	72.0%	1,265	3,348,855	1,289,277	1,880,978	56.2%									
Future		901,209	4,595,233	3,822,607	424.2%	399	672,098	2,879,941	2,509,274	373.3%									
Lifetime		2,860,832	5,571,120	5,234,309	183.0%	1,664	4,020,953	4,169,218	4,390,253	109.2%									

Exhibit II
MetLife Insurance Company USA
Virginia-Specific Experience Projections with 10.3% Increase
LTC3+ Nursing Facility Only Policy Forms

Calendar Year	Loss Ratio Demonstration										Factors Derived from Projected Values for Illustrative Purposes Only					Interest Rate Factors			
	Without Interest					With Interest					Premium Rate Increase Factor	Morbidity Factors		Persistence Factors			Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor	
	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Claim Factor		Adverse Selection	Policy Lapse & Mortality	Shock Lapse	Policy Persistence	Premium Persistence			
1994	10,269	0	0	0.0%	21	29,409	0	0	0.0%			0.0000		1.0000			5.85%	2.8638	
1995	44,165	0	0	0.0%	44	119,488	0	0	0.0%			0.0222		0.9778			5.85%	2.7055	
1996	80,545	0	0	0.0%	85	205,866	0	0	0.0%			0.0341		0.9659			5.85%	2.5559	
1997	119,159	0	0	0.0%	85	287,721	0	0	0.0%			0.0230		0.9770			5.85%	2.4146	
1998	117,532	0	0	0.0%	84	268,104	0	0	0.0%			0.0118		0.9882			5.85%	2.2811	
1999	117,179	1,870	1,865	1.6%	83	252,519	4,030	4,019	1.6%			0.0119		0.9881			5.85%	2.1550	
2000	117,243	4,441	42,606	36.3%	82	238,889	9,041	86,740	36.3%			0.0120		0.9880			5.85%	2.0359	
2001	117,028	45,441	46,462	39.7%	82	225,080	87,396	89,360	39.7%			0.0000		1.0000			5.85%	1.9233	
2002	113,057	59,904	151,099	133.6%	78	205,421	108,844	274,542	133.6%			0.0488		0.9512			5.85%	1.8170	
2003	105,504	7,007	29,369	27.8%	75	181,099	12,028	50,412	27.8%			0.0385		0.9615			5.85%	1.7165	
2004	105,384	23,150	0	0.0%	75	170,892	37,540	0	0.0%			0.0000		1.0000			5.85%	1.6216	
2005	108,565	0	118,259	108.9%	71	166,317	0	181,168	108.9%			0.0533		0.9467			5.85%	1.5320	
2006	132,244	164,749	208,707	157.8%	67	191,392	238,435	302,054	157.8%			0.0563		0.9437			5.85%	1.4473	
2007	129,711	39,282	49,435	38.1%	64	177,348	53,708	67,590	38.1%			0.0448		0.9552			5.85%	1.3673	
2008	119,444	135,034	0	0.0%	59	154,281	174,418	0	0.0%			0.0781		0.9219			5.85%	1.2917	
2009	111,675	197,719	41,841	37.5%	57	136,272	241,267	51,056	37.5%			0.0339		0.9661			5.85%	1.2203	
2010	105,771	117,781	6,931	6.6%	52	121,931	135,776	7,990	6.6%			0.0877		0.9123			5.85%	1.1528	
2011	99,004	34,976	503,090	508.2%	52	107,820	38,090	547,892	508.2%			0.0000		1.0000			5.85%	1.0891	
2012	106,143	144,534	212,039	199.8%	49	109,205	148,703	218,155	199.8%			0.0577		0.9423			5.85%	1.0288	
2013	108,665	221,194	241,288	222.0%	45	105,795	215,352	234,915	222.0%	1.0000	1.1115	1.0000	0.0741	0.0000	0.9259	1.0238	5.50%	0.9736	
2014	103,990	264,879	248,206	238.7%	42	96,010	244,551	229,158	238.7%	1.0450	1.1212	1.0000	0.0807	0.0000	0.9193	0.9174	5.47%	0.9233	
2015	100,096	274,397	249,647	249.4%	38	87,703	240,424	218,738	249.4%	1.0555	1.1049	1.0000	0.0873	0.0000	0.9127	0.9103	5.43%	0.8762	
2016	90,441	275,779	247,672	273.8%	34	75,257	229,478	206,090	273.8%	1.0000	1.0980	1.0000	0.0938	0.0000	0.9062	0.9035	5.39%	0.8321	
2017	81,132	267,524	242,513	298.9%	31	64,148	211,522	191,746	298.9%	1.0000	1.0915	1.0000	0.0911	0.0000	0.9009	0.8971	5.36%	0.7907	
2018	72,317	259,791	234,877	324.8%	28	54,333	195,186	176,468	324.8%	1.0000	1.0866	1.0000	0.1045	0.0000	0.8955	0.8913	5.34%	0.7513	
2019	64,042	251,740	224,868	351.1%	25	45,706	179,664	160,485	351.1%	1.0000	1.0811	1.0000	0.1100	0.0000	0.8900	0.8856	5.33%	0.7137	
2020	56,341	242,942	214,413	380.6%	22	38,179	164,628	145,295	380.6%	1.0000	1.0838	1.0000	0.1157	0.0000	0.8843	0.8797	5.33%	0.6776	
2021	49,231	233,461	204,266	414.9%	19	31,662	150,149	131,372	414.9%	1.0000	1.0903	1.0000	0.1215	0.0000	0.8785	0.8738	5.33%	0.6431	
2022	42,716	223,751	195,276	457.1%	17	26,061	136,511	119,138	457.1%	1.0000	1.1018	1.0000	0.1276	0.0000	0.8724	0.8677	5.34%	0.6101	
2023	36,792	214,061	186,483	506.9%	15	21,296	123,903	107,940	506.9%	1.0000	1.1088	1.0000	0.1339	0.0000	0.8661	0.8613	5.35%	0.5788	
2024	31,444	204,333	177,205	563.6%	12	17,272	112,243	97,341	563.6%	1.0000	1.1119	1.0000	0.1406	0.0000	0.8594	0.8546	5.35%	0.5493	
2025	26,653	194,458	166,955	626.4%	11	13,894	101,371	87,033	626.4%	1.0000	1.1115	1.0000	0.1476	0.0000	0.8524	0.8476	5.35%	0.5213	
2026	22,397	183,998	154,747	690.9%	9	11,081	91,038	76,565	690.9%	1.0000	1.1030	1.0000	0.1549	0.0000	0.8451	0.8403	5.35%	0.4948	
2027	18,648	172,438	139,951	750.5%	8	8,760	81,005	65,744	750.5%	1.0000	1.0862	1.0000	0.1626	0.0000	0.8374	0.8326	5.35%	0.4698	
2028	15,377	159,534	123,981	806.3%	6	6,861	71,186	55,321	806.3%	1.0000	1.0743	1.0000	0.1706	0.0000	0.8294	0.8246	5.34%	0.4462	
2029	12,553	145,479	107,781	858.6%	5	5,323	61,690	45,704	858.6%	1.0000	1.0649	1.0000	0.1788	0.0000	0.8212	0.8163	5.34%	0.4240	
2030	10,140	130,655	92,021	907.5%	4	4,088	52,677	37,101	907.5%	1.0000	1.0569	1.0000	0.1873	0.0000	0.8127	0.8078	5.33%	0.4032	
2031	8,103	115,487	77,155	952.2%	3	3,108	44,292	29,590	952.2%	1.0000	1.0492	1.0000	0.1950	0.0000	0.8040	0.7991	5.32%	0.3835	
2032	6,404	100,462	63,606	993.3%	3	2,338	36,672	23,218	993.3%	1.0000	1.0432	1.0000	0.2049	0.0000	0.7951	0.7903	5.30%	0.3650	
2033	5,003	86,079	51,765	1034.7%	2	1,739	29,923	17,995	1034.7%	1.0000	1.0417	1.0000	0.2100	0.0000	0.7860	0.7812	5.29%	0.3476	
2034	3,862	72,745	41,589	1077.0%	2	1,279	24,092	13,773	1077.0%	1.0000	1.0408	1.0000	0.2236	0.0000	0.7764	0.7719	5.27%	0.3312	
2035	2,943	60,764	33,203	1128.0%	1	929	19,180	10,480	1128.0%	1.0000	1.0474	1.0000	0.2336	0.0000	0.7664	0.7622	5.26%	0.3156	
2036	2,213	50,271	26,375	1191.9%	1	666	15,139	7,943	1191.9%	1.0000	1.0566	1.0000	0.2442	0.0000	0.7558	0.7518	5.24%	0.3011	
2037	1,639	41,215	20,647	1259.8%	1	472	11,860	5,941	1259.8%	1.0000	1.0570	1.0000	0.2557	0.0000	0.7443	0.7406	5.22%	0.2878	
2038	1,193	33,438	15,801	1324.1%	1	329	9,208	4,351	1324.1%	1.0000	1.0510	1.0000	0.2681	0.0000	0.7319	0.7282	5.19%	0.2754	
2039	852	26,861	12,042	1412.6%	1	225	7,085	3,176	1412.6%	1.0000	1.0669	1.0000	0.2815	0.0000	0.7185	0.7143	5.16%	0.2638	
2040	596	21,398	9,041	1517.7%	1	151	5,409	2,285	1517.7%	1.0000	1.0744	1.0000	0.2962	0.0000	0.7038	0.6988	5.13%	0.2528	
2041	406	16,889	6,603	1626.6%	1	98	4,093	1,600	1626.6%	1.0000	1.0718	1.0000	0.3121	0.0000	0.6879	0.6814	5.10%	0.2423	
2042	269	13,162	4,638	1725.7%	1	62	3,058	1,078	1725.7%	1.0000	1.0609	1.0000	0.3295	0.0000	0.6705	0.6620	5.07%	0.2324	
2043	172	10,098	3,149	1829.6%	1	38	2,250	702	1829.6%	1.0000	1.0602	1.0000	0.3482	0.0000	0.6518	0.6405	5.05%	0.2228	
2044	106	7,614	2,047	1927.7%	1	23	1,627	437	1927.7%	1.0000	1.0536	1.0000	0.3683	0.0000	0.6317	0.6169	5.02%	0.2137	
2045	63	5,641	1,268	2020.1%	1	13	1,155	260	2020.1%	1.0000	1.0479	1.0000	0.3900	0.0000	0.6100	0.5913	5.00%	0.2048	
2046	35	4,104	745	2102.9%	1	7	806	146	2102.9%	1.0000	1.0410	1.0000	0.4134	0.0000	0.5866	0.5640	4.98%	0.1963	
2047	19	2,935	411	2167.8%	1	4	552	77	2167.8%	1.0000	1.0308	1.0000	0.4390	0.0000	0.5610	0.5352	4.96%	0.1881	
2048	10	2,067	211	2203.0%	1	2	373	38	2203.0%	1.0000	1.0163	1.0000	0.4673	0.0000	0.5327	0.5052	4.95%	0.1802	
2049	5	1,439	100	2192.4%	1	1	249	17	2192.4%	1.0000	0.9952	1.0000	0.4989	0.0000	0.5011	0.4742	4.93%	0.1727	
2050	2	994	42	2115.4%	1	0	164	7	2115.4%	1.0000	0.9649	1.0000	0.5345	0.0000	0.4655	0.4423	4.91%	0.1655	
2051	1	684	16	1952.3%	1	0	108	3	1952.3%	1.0000	0.9229	1.0000	0.5748	0.0000	0.4252	0.4096	4.90%	0.1586	
2052	0	471	5	1696.5%	1	0	72	1	1696.5%	1.0000	0.8690	1.0000	0.6208	0.0000	0.3792	0.3754	4.89%	0.1520	
Past	1,959,623	975,887	1,411,702	72.0%	1,265	3,348,855	1,289,277	1,880,978	56.2%										
Future	1,001,767	4,521,364	3,753,518	374.7%	396	724,913	2,879,941	2,509,274	346.1%										
Lifetime	2,961,390	5,497,251	5,165,220	174.4%	1,661	4,073,769	4,169,218	4,390,253	107.8%										

Exhibit III
MetLife Insurance Company USA
Incurred Loss Ratio Including the Change in Active Life Reserves
Nationwide Experience, without Interest
LTC3+ Nursing Facility Only Policy Forms

Calendar Year	(a) Earned Premium	(b) Incurred Claims	(c) Change in Active Life Reserves	(d) = (b+c)/(a) Incurred Loss Ratio
1994	142,277	0	40,047	28.1%
1995	1,426,945	82,519	359,126	31.0%
1996	3,730,743	11,147	1,651,987	44.6%
1997	5,422,839	436,323	3,494,282	72.5%
1998	5,640,501	1,034,035	4,118,482	91.3%
1999	5,656,636	1,291,172	4,195,936	97.0%
2000	5,491,309	2,027,535	4,349,860	116.1%
2001	5,384,424	2,627,944	4,084,980	124.7%
2002	5,268,652	3,531,946	3,976,037	142.5%
2003	5,097,934	4,978,514	3,692,397	170.1%
2004	5,753,976	5,050,112	3,075,822	141.2%
2005	6,390,917	5,702,692	2,638,587	130.5%
2006	6,111,956	6,594,725	2,832,089	154.2%
2007	5,895,284	6,841,053	2,526,786	158.9%
2008	5,584,928	8,083,388	1,781,940	176.6%
2009	5,269,582	8,127,224	1,565,468	183.9%
2010	5,600,905	6,577,388	915,351	133.8%
2011	5,858,856	10,395,235	314,901	182.8%
2012	5,430,517	9,022,466	474,065	174.9%
Total	95,159,183	82,415,418	46,088,143	135.0%

Exhibit IV
MetLife Insurance Company USA
Incurred Loss Ratio Including the Change in Active Life Reserves
Virginia-Specific Experience, without Interest
LTC3+ Nursing Facility Only Policy Forms

Calendar Year	(a) Earned Premium	(b) Incurred Claims	(c) Change in Active Life Reserves	(d) = (b+c)/(a) Incurred Loss Ratio
1994	10,269	0	2,797	27.2%
1995	44,165	0	19,331	43.8%
1996	80,545	0	45,578	56.6%
1997	119,159	0	83,727	70.3%
1998	117,532	0	103,384	88.0%
1999	117,179	1,865	106,120	92.2%
2000	117,243	42,606	104,639	125.6%
2001	117,028	46,462	116,506	139.3%
2002	113,057	151,099	89,969	213.2%
2003	105,504	29,369	85,878	109.2%
2004	105,384	0	123,565	117.3%
2005	108,565	118,259	110,371	210.6%
2006	132,244	208,707	104,129	236.6%
2007	129,711	49,435	64,543	87.9%
2008	119,444	0	78,764	65.9%
2009	111,675	41,841	80,928	109.9%
2010	105,771	6,931	20,134	25.6%
2011	99,004	503,090	123,793	633.2%
2012	106,143	212,039	29,639	227.7%
Total	1,959,623	1,411,702	1,493,797	148.3%

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	170.67	158.23	144.00	18-44	11.56	11.56	10.67
45-49	195.56	183.11	167.11	45-49	14.22	13.33	12.44
50-54	220.45	208.00	193.78	50-54	16.00	15.11	14.22
55	304.01	282.67	259.56	55	20.44	19.56	18.67
56	325.34	302.23	277.34	56	22.22	21.33	20.44
57	348.45	323.56	296.89	57	24.00	22.22	21.33
58	373.34	346.67	316.45	58	25.78	24.00	22.22
59	400.01	369.78	339.56	59	26.67	25.78	24.00
60	426.67	394.67	360.90	60	28.44	26.67	24.89
61	456.90	423.12	385.78	61	31.11	29.33	26.67
62	488.90	451.56	412.45	62	32.89	31.11	28.44
63	522.68	481.79	439.12	63	35.56	32.89	30.22
64	560.01	515.56	469.34	64	38.22	35.56	32.00
65	597.34	549.34	499.56	65	40.00	37.33	33.78
66	654.23	600.90	545.79	66	44.45	40.89	37.33
67	716.46	656.01	595.57	67	48.89	45.33	40.89
68	785.79	716.46	648.90	68	53.33	48.89	43.56
69	860.46	784.01	707.57	69	57.78	53.33	48.00
70	940.46	855.13	769.79	70	63.11	57.78	51.56
71	1,038.24	940.46	840.90	71	70.22	64.00	56.89
72	1,146.69	1,032.91	919.13	72	77.33	70.22	62.22
73	1,265.80	1,134.24	1,002.68	73	85.33	77.33	67.56
74	1,395.58	1,246.24	1,095.13	74	94.22	84.45	73.78

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,539.58	1,367.14	1,194.69	75	104.00	92.45	80.00
76	1,733.36	1,539.58	1,345.80	76	117.34	104.00	90.67
77	1,952.04	1,733.36	1,512.92	77	131.56	117.34	101.34
78	2,197.37	1,950.26	1,703.14	78	148.45	131.56	114.67
79	2,472.93	2,195.60	1,916.48	79	166.23	147.56	128.89
80		2,469.38	2,154.71	80	186.67	165.34	144.00
81		2,778.72	2,424.93	81	210.67	186.67	162.67
82		3,127.17	2,727.16	82	236.45	209.78	183.11
83		3,520.06	3,068.50	83	265.78	235.56	205.34
84		3,960.96	3,452.51	84	298.67	264.89	231.12
				85	335.12	297.78	259.56
				86	377.78	335.12	292.45
				87	424.90	376.90	328.89
				88	477.34	424.01	369.78
				89	536.90	477.34	416.01
				90	604.46	536.90	468.45
				91	680.01	604.46	526.23
				92	764.46	680.01	592.01
				93	860.46	764.46	666.68
				94	968.02	859.57	749.35
				95	1,088.91	967.13	843.57
				96	1,224.91	1,088.02	948.46
				97	1,377.80	1,224.02	1,067.57
				98	1,550.25	1,376.91	1,200.91
				99	1,743.14	1,549.36	1,350.25

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	193.78	183.11	170.67	18-44	13.33	13.33	12.44
45-49	227.56	215.12	199.11	45-49	16.00	15.11	14.22
50-54	266.67	248.89	231.12	50-54	17.78	16.89	16.00
55	355.56	337.78	320.01	55	24.89	23.11	21.33
56	382.23	362.67	343.12	56	26.67	24.89	23.11
57	410.67	387.56	364.45	57	28.44	26.67	24.89
58	440.90	416.01	389.34	58	30.22	28.44	26.67
59	472.90	444.45	416.01	59	32.00	30.22	28.44
60	506.68	474.68	442.67	60	33.78	32.00	30.22
61	542.23	508.45	474.68	61	36.45	34.67	32.89
62	579.57	544.01	508.45	62	39.11	37.33	34.67
63	618.68	581.34	545.79	63	41.78	40.00	37.33
64	659.57	622.23	584.90	64	45.33	42.67	40.00
65	704.01	664.90	625.79	65	48.00	45.33	41.78
66	764.46	723.57	682.68	66	52.45	49.78	46.22
67	828.46	785.79	743.12	67	56.89	53.33	49.78
68	899.57	855.13	810.68	68	61.33	57.78	54.22
69	974.24	928.02	881.79	69	65.78	63.11	59.56
70	1,056.02	1,008.02	960.02	70	71.11	67.56	64.00
71	1,168.02	1,118.24	1,066.69	71	79.11	75.56	72.00
72	1,292.47	1,237.36	1,184.02	72	87.11	83.56	79.11
73	1,427.58	1,370.69	1,315.58	73	96.00	92.45	88.00
74	1,578.70	1,518.25	1,459.58	74	105.78	102.22	97.78

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,744.03	1,681.81	1,619.58	75	116.45	112.89	108.45
76	1,962.70	1,893.37	1,822.26	76	131.56	127.11	122.67
77	2,208.04	2,129.82	2,049.81	77	147.56	143.11	137.78
78	2,483.60	2,396.49	2,305.82	78	166.23	160.89	154.67
79	2,794.72	2,695.16	2,593.82	79	186.67	180.45	174.23
				80	209.78	202.67	195.56
				81	236.45	228.45	220.45
				82	265.78	256.89	248.00
				83	298.67	288.89	279.12
				84	336.01	325.34	313.78
				85	377.78	365.34	352.01
				86	425.79	411.56	396.45
				87	478.23	463.12	446.23
				88	538.68	520.90	501.34
				89	605.34	585.79	564.45
				90	680.90	658.68	634.68
				91	766.24	741.35	713.79
				92	862.24	833.79	803.57
				93	969.80	937.79	904.02
				94	1,090.69	1,055.13	1,016.91
				95	1,227.58	1,186.69	1,143.13
				96	1,380.47	1,335.14	1,286.25
				97	1,552.92	1,502.25	1,447.14
				98	1,747.59	1,689.81	1,627.59
				99	1,965.37	1,900.48	1,831.14

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	225.78	216.89	206.23	18-44	15.11	15.11	14.22
45-49	268.45	252.45	236.45	45-49	18.67	17.78	16.89
50-54	316.45	293.34	270.23	50-54	21.33	20.44	18.67
55	432.01	401.79	371.56	55	30.22	28.44	25.78
56	465.79	432.01	398.23	56	32.89	31.11	27.56
57	499.56	464.01	426.67	57	35.56	32.89	29.33
58	536.90	497.79	456.90	58	37.33	34.67	32.00
59	577.79	533.34	488.90	59	40.00	37.33	33.78
60	620.46	572.45	522.68	60	42.67	39.11	35.56
61	668.46	615.12	560.01	61	46.22	42.67	38.22
62	718.24	659.57	599.12	62	49.78	45.33	40.89
63	773.35	707.57	640.01	63	53.33	48.89	43.56
64	830.24	759.12	684.46	64	56.89	51.56	47.11
65	892.46	812.46	730.68	65	60.45	55.11	49.78
66	974.24	885.35	796.46	66	66.67	60.45	54.22
67	1,063.13	965.35	865.79	67	72.00	65.78	58.67
68	1,160.91	1,052.46	942.24	68	78.22	71.11	64.00
69	1,265.80	1,146.69	1,024.02	69	85.33	77.33	69.33
70	1,381.36	1,248.02	1,112.91	70	92.45	83.56	74.67
71	1,518.25	1,376.02	1,232.02	71	102.22	92.45	82.67
72	1,667.59	1,516.47	1,361.80	72	112.00	102.22	91.56
73	1,832.92	1,671.14	1,505.81	73	123.56	112.00	101.34
74	2,014.26	1,840.03	1,664.03	74	135.11	123.56	112.00

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,211.60	2,026.70	1,840.03	75	148.45	136.00	123.56
76	2,490.71	2,280.93	2,071.15	76	167.11	153.78	139.56
77	2,801.83	2,567.16	2,330.71	77	188.45	172.45	156.45
78	3,153.83	2,888.94	2,624.05	78	211.56	193.78	176.00
79	3,548.51	3,249.84	2,951.16	79	237.34	217.78	198.23
				80	266.67	244.45	222.23
				81	300.45	275.56	250.67
				82	337.78	309.34	281.78
				83	379.56	348.45	316.45
				84	427.56	392.01	356.45
				85	480.01	440.01	400.01
				86	540.45	495.12	450.67
				87	608.01	557.34	506.68
				88	683.57	626.68	569.79
				89	768.90	704.90	640.90
				90	865.79	793.79	720.90
				91	973.35	892.46	811.57
				92	1,095.13	1,003.57	912.91
				93	1,232.02	1,129.80	1,026.69
				94	1,385.80	1,270.25	1,154.69
				95	1,559.14	1,429.36	1,299.58
				96	1,753.81	1,608.03	1,461.36
				97	1,973.37	1,808.92	1,644.47
				98	2,219.60	2,034.70	1,849.81
				99	2,496.93	2,288.93	2,080.93

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	268.45	257.78	245.34	18-44	18.67	17.78	16.89
45-49	320.01	305.78	289.78	45-49	23.11	21.33	20.44
50-54	380.45	360.90	339.56	50-54	26.67	24.89	23.11
55	542.23	510.23	478.23	55	37.33	34.67	32.00
56	584.90	547.57	512.01	56	40.89	37.33	34.67
57	629.34	588.46	545.79	57	43.56	40.89	37.33
58	677.35	629.34	583.12	58	47.11	43.56	40.00
59	727.12	675.57	624.01	59	49.78	47.11	42.67
60	782.24	723.57	664.90	60	53.33	49.78	45.33
61	842.68	776.90	712.90	61	57.78	53.33	48.89
62	906.68	833.79	762.68	62	62.22	57.78	52.45
63	974.24	896.02	816.01	63	66.67	61.33	56.00
64	1,048.91	961.80	874.68	64	72.00	65.78	59.56
65	1,127.13	1,031.13	935.13	65	76.45	70.22	63.11
66	1,214.24	1,116.46	1,020.46	66	82.67	76.45	69.33
67	1,304.91	1,208.91	1,112.91	67	88.89	82.67	74.67
68	1,404.47	1,308.47	1,212.47	68	95.11	88.89	81.78
69	1,511.14	1,416.91	1,320.91	69	102.22	96.00	88.89
70	1,624.92	1,532.47	1,440.03	70	109.34	103.11	96.00
71	1,804.48	1,696.03	1,589.36	71	121.78	114.67	106.67
72	2,003.59	1,877.37	1,751.14	72	135.11	126.22	117.34
73	2,224.04	2,078.26	1,930.70	73	149.34	139.56	129.78
74	2,469.38	2,300.49	2,129.82	74	165.34	154.67	143.11

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,739.61	2,544.05	2,346.71	75	183.11	170.67	157.34
76	3,082.72	2,864.05	2,641.83	76	206.23	192.00	177.78
77	3,468.51	3,223.17	2,974.28	77	232.00	216.00	199.11
78	3,904.07	3,626.73	3,345.84	78	261.34	242.67	224.00
79	4,391.19	4,080.07	3,767.18	79	293.34	272.89	251.56
				80	329.78	306.67	282.67
				81	371.56	345.78	318.23
				82	417.79	388.45	358.23
				83	470.23	436.45	402.67
				84	528.90	491.56	453.34
				85	594.68	552.01	509.34
				86	669.35	621.34	573.34
				87	752.90	698.68	645.35
				88	847.13	786.68	725.35
				89	952.91	884.46	816.01
				90	1,072.02	995.57	918.24
				91	1,206.24	1,119.13	1,032.91
				92	1,356.47	1,259.58	1,161.80
				93	1,526.25	1,416.91	1,307.58
				94	1,717.36	1,593.81	1,470.25
				95	1,931.59	1,792.92	1,654.25
				96	2,173.37	2,016.93	1,861.37
				97	2,444.49	2,269.37	2,093.37
				98	2,750.27	2,552.94	2,355.60
				99	3,093.39	2,872.05	2,649.83

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
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**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	318.23	296.89	273.78	18-44	21.33	20.44	19.56
45-49	373.34	350.23	325.34	45-49	25.78	24.89	23.11
50-54	435.56	410.67	384.01	50-54	30.22	28.44	26.67
55	570.68	535.12	499.56	55	39.11	37.33	34.67
56	604.46	567.12	531.57	56	41.78	40.00	37.33
57	640.01	600.90	563.57	57	44.45	41.78	39.11
58	677.35	638.23	597.34	58	46.22	44.45	40.89
59	718.24	675.57	632.90	59	48.89	47.11	43.56
60	759.12	714.68	670.23	60	51.56	48.89	45.33
61	805.35	757.35	709.35	61	55.11	52.45	48.89
62	851.57	801.79	752.01	62	57.78	55.11	51.56
63	901.35	848.02	794.68	63	61.33	58.67	54.22
64	954.68	897.79	840.90	64	64.89	61.33	57.78
65	1,009.80	949.35	888.91	65	68.45	64.89	60.45
66	1,096.91	1,031.13	965.35	66	74.67	70.22	65.78
67	1,189.35	1,118.24	1,047.13	67	80.89	76.45	71.11
68	1,290.69	1,214.24	1,137.80	68	87.11	82.67	77.33
69	1,400.91	1,317.36	1,233.80	69	95.11	88.89	83.56
70	1,518.25	1,429.36	1,338.69	70	102.22	96.00	89.78
71	1,667.59	1,569.81	1,470.25	71	112.89	105.78	98.67
72	1,831.14	1,722.70	1,612.47	72	123.56	116.45	108.45
73	2,010.70	1,889.81	1,768.92	73	135.11	127.11	119.11
74	2,206.26	2,074.70	1,941.37	74	148.45	139.56	130.67

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,421.38	2,275.60	2,128.04	75	161.78	152.89	143.11
76	2,725.38	2,561.82	2,396.49	76	182.23	172.45	160.89
77	3,064.94	2,881.83	2,696.94	77	205.34	193.78	181.34
78	3,448.95	3,242.73	3,034.72	78	231.12	217.78	203.56
79	3,879.18	3,648.07	3,415.17	79	259.56	244.45	229.34
80		4,103.19	3,843.63	80		274.67	256.89
81		4,616.97	4,325.41	81		309.34	289.78
82		5,194.76	4,865.87	82		347.56	325.34
83		5,843.66	5,473.88	83		391.12	366.23
84		6,572.56	6,158.33	84		440.01	412.45

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	382.23	357.34	332.45	18-44	25.78	24.89	23.11
45-49	451.56	423.12	396.45	45-49	31.11	30.22	27.56
50-54	529.79	499.56	469.34	50-54	36.45	34.67	32.00
55	705.79	663.12	620.46	55	47.11	44.45	41.78
56	746.68	702.23	657.79	56	50.67	48.00	44.45
57	789.35	743.12	696.90	57	53.33	50.67	47.11
58	833.79	787.57	737.79	58	56.89	53.33	49.78
59	881.79	832.02	782.24	59	59.56	56.89	52.45
60	931.57	880.02	826.68	60	63.11	59.56	55.11
61	986.68	931.57	874.68	61	67.56	63.11	58.67
62	1,045.35	986.68	926.24	62	71.11	67.56	62.22
63	1,105.80	1,043.57	977.80	63	75.56	71.11	65.78
64	1,171.58	1,104.02	1,034.69	64	79.11	75.56	70.22
65	1,239.13	1,166.24	1,093.35	65	83.56	79.11	73.78
66	1,347.58	1,267.58	1,189.35	66	91.56	86.22	80.89
67	1,463.14	1,377.80	1,292.47	67	98.67	93.34	87.11
68	1,589.36	1,496.92	1,404.47	68	107.56	101.34	95.11
69	1,728.03	1,626.70	1,527.14	69	116.45	110.22	103.11
70	1,875.59	1,767.14	1,658.70	70	126.22	119.11	111.11
71	2,064.04	1,944.92	1,824.03	71	138.67	131.56	122.67
72	2,270.26	2,138.71	2,005.37	72	152.89	144.00	135.11
73	2,497.82	2,352.04	2,204.48	73	168.00	158.23	148.45
74	2,748.49	2,584.94	2,421.38	74	184.00	173.34	162.67
75	3,022.28	2,842.72	2,661.38	75	201.78	190.23	178.67
76	3,400.95	3,200.06	2,995.61	76	227.56	214.23	200.89
77	3,825.85	3,600.07	3,372.51	77	256.00	240.89	226.67
78	4,304.08	4,049.85	3,795.62	78	288.01	271.12	254.23
79	4,840.98	4,556.53	4,270.30	79	323.56	304.89	286.23

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	492.45	464.01	433.79	18-44	32.89	31.11	29.33
45-49	584.90	551.12	515.56	45-49	40.00	37.33	35.56
50-54	693.35	652.46	611.57	50-54	47.11	44.45	41.78
55	924.46	865.79	807.13	55	62.22	58.67	55.11
56	979.57	917.35	855.13	56	66.67	62.22	58.67
57	1,036.46	970.68	904.91	57	70.22	65.78	61.33
58	1,096.91	1,027.57	958.24	58	74.67	69.33	64.89
59	1,160.91	1,088.02	1,013.35	59	78.22	73.78	68.45
60	1,228.47	1,150.24	1,072.02	60	82.67	77.33	72.00
61	1,303.13	1,217.80	1,134.24	61	88.00	81.78	76.45
62	1,379.58	1,288.91	1,198.24	62	93.34	87.11	80.89
63	1,461.36	1,363.58	1,267.58	63	97.78	91.56	85.33
64	1,548.47	1,443.58	1,338.69	64	104.00	96.89	90.67
65	1,639.14	1,527.14	1,415.14	65	109.34	102.22	95.11
66	1,784.92	1,665.81	1,546.69	66	119.11	112.00	104.00
67	1,941.37	1,815.14	1,687.14	67	129.78	121.78	113.78
68	2,112.04	1,976.92	1,843.59	68	141.34	132.45	123.56
69	2,296.93	2,154.71	2,012.48	69	153.78	144.89	135.11
70	2,497.82	2,346.71	2,195.60	70	167.11	157.34	146.67
71	2,737.83	2,568.94	2,398.27	71	183.11	172.45	160.89
72	3,000.94	2,810.72	2,620.49	72	200.89	188.45	175.11
73	3,287.17	3,075.61	2,862.27	73	219.56	206.23	191.11
74	3,601.84	3,363.62	3,125.39	74	240.89	224.89	208.89
75	3,946.74	3,680.07	3,413.40	75	263.12	245.34	227.56
76	4,376.97	4,097.85	3,818.74	76	292.45	273.78	255.12
77	4,853.42	4,561.86	4,270.30	77	323.56	304.89	285.34
78	5,379.65	5,079.20	4,776.98	78	359.12	338.67	319.12
79	5,966.33	5,653.44	5,342.32	79	398.23	376.90	356.45

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS
FORM: H-LTC3JFO, H-LTC3JFO2
RIDER: H-5AIFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	650.68	616.90	583.12	18-44	43.56	41.78	40.00
45-49	780.46	743.12	704.01	45-49	52.45	50.67	48.00
50-54	935.13	892.46	849.79	50-54	63.11	60.45	56.89
55	1,232.02	1,169.80	1,105.80	55	83.56	79.11	74.67
56	1,304.91	1,237.36	1,168.02	56	88.89	83.56	79.11
57	1,381.36	1,308.47	1,233.80	57	93.34	88.00	83.56
58	1,463.14	1,384.91	1,303.13	58	98.67	93.34	88.00
59	1,548.47	1,463.14	1,376.02	59	104.00	98.67	92.45
60	1,639.14	1,546.69	1,452.47	60	109.34	103.11	96.89
61	1,733.36	1,633.81	1,532.47	61	116.45	109.34	103.11
62	1,831.14	1,724.48	1,616.03	62	122.67	115.56	108.45
63	1,936.04	1,820.48	1,704.92	63	129.78	121.78	114.67
64	2,046.26	1,921.81	1,797.37	64	137.78	128.89	120.89
65	2,161.82	2,028.48	1,895.15	65	144.89	136.00	127.11
66	2,323.60	2,192.04	2,062.26	66	155.56	147.56	138.67
67	2,496.05	2,368.04	2,241.82	67	167.11	159.11	150.22
68	2,680.94	2,560.05	2,437.38	68	179.56	171.56	163.56
69	2,880.05	2,764.49	2,648.94	69	192.89	184.89	176.89
70	3,093.39	2,986.72	2,880.05	70	206.23	199.11	192.00
71	3,393.84	3,269.39	3,146.72	71	226.67	218.67	209.78
72	3,720.96	3,578.73	3,438.28	72	248.89	239.12	229.34
73	4,080.07	3,918.29	3,754.73	73	272.00	261.34	250.67
74	4,474.75	4,288.08	4,101.41	74	298.67	286.23	273.78
75	4,906.76	4,693.42	4,480.08	75	327.12	312.89	298.67
76	5,456.10	5,205.43	4,952.98	76	364.45	347.56	330.67
77	6,067.67	5,770.77	5,473.88	77	405.34	385.78	365.34
78	6,745.01	6,398.34	6,048.11	78	450.67	427.56	404.45
79	7,500.58	7,093.46	6,684.57	79	500.45	473.79	446.23

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	188.25	174.52	158.83	18-44	12.75	12.75	11.77
45-49	215.70	201.98	184.33	45-49	15.69	14.71	13.73
50-54	243.15	229.43	213.74	50-54	17.65	16.67	15.69
55	335.32	311.79	286.29	55	22.55	21.57	20.59
56	358.85	333.36	305.90	56	24.51	23.53	22.55
57	384.34	356.89	327.47	57	26.47	24.51	23.53
58	411.79	382.38	349.04	58	28.43	26.47	24.51
59	441.21	407.87	374.54	59	29.41	28.43	26.47
60	470.62	435.33	398.07	60	31.37	29.41	27.45
61	503.96	466.70	425.52	61	34.32	32.36	29.41
62	539.25	498.07	454.93	62	36.28	34.32	31.37
63	576.51	531.41	484.35	63	39.22	36.28	33.34
64	617.69	568.67	517.68	64	42.16	39.22	35.30
65	658.87	605.93	551.02	65	44.12	41.18	37.26
66	721.62	662.79	602.00	66	49.02	45.10	41.18
67	790.25	723.58	656.91	67	53.93	50.00	45.10
68	866.73	790.25	715.74	68	58.83	53.93	48.04
69	949.09	864.77	780.45	69	63.73	58.83	52.94
70	1,037.33	943.20	849.08	70	69.61	63.73	56.87
71	1,145.18	1,037.33	927.52	71	77.46	70.59	62.75
72	1,264.80	1,139.30	1,013.80	72	85.30	77.46	68.63
73	1,396.18	1,251.07	1,105.96	73	94.12	85.30	74.52
74	1,539.33	1,374.61	1,207.93	74	103.93	93.14	81.38

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,698.16	1,507.95	1,317.74	75	114.71	101.97	88.24
76	1,911.90	1,698.16	1,484.42	76	129.42	114.71	100.01
77	2,153.10	1,911.90	1,668.75	77	145.11	129.42	111.77
78	2,423.70	2,151.13	1,878.57	78	163.74	145.11	126.48
79	2,727.65	2,421.74	2,113.88	79	183.35	162.76	142.17
80		2,723.72	2,376.64	80	205.90	182.37	158.83
81		3,064.92	2,674.70	81	232.37	205.90	179.42
82		3,449.27	3,008.06	82	260.80	231.39	201.98
83		3,882.63	3,384.56	83	293.16	259.82	226.49
84		4,368.94	3,808.12	84	329.44	292.18	254.92
				85	369.63	328.45	286.29
				86	416.70	369.63	322.57
				87	468.66	415.72	362.77
				88	526.51	467.68	407.87
				89	592.20	526.51	458.86
				90	666.71	592.20	516.70
				91	750.05	666.71	580.43
				92	843.20	750.05	652.99
				93	949.09	843.20	735.35
				94	1,067.72	948.11	826.53
				95	1,201.07	1,066.74	930.46
				96	1,351.08	1,200.09	1,046.15
				97	1,519.72	1,350.10	1,177.54
				98	1,709.93	1,518.74	1,324.60
				99	1,922.69	1,708.95	1,489.32

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	213.74	201.98	188.25	18-44	14.71	14.71	13.73
45-49	251.00	237.27	219.62	45-49	17.65	16.67	15.69
50-54	294.14	274.53	254.92	50-54	19.61	18.63	17.65
55	392.18	372.58	352.97	55	27.45	25.49	23.53
56	421.60	400.03	378.46	56	29.41	27.45	25.49
57	452.97	427.48	401.99	57	31.37	29.41	27.45
58	486.31	458.86	429.44	58	33.34	31.37	29.41
59	521.61	490.23	458.86	59	35.30	33.34	31.37
60	558.86	523.57	488.27	60	37.26	35.30	33.34
61	598.08	560.82	523.57	61	40.20	38.24	36.28
62	639.26	600.04	560.82	62	43.14	41.18	38.24
63	682.40	641.22	602.00	63	46.08	44.12	41.18
64	727.50	686.32	645.14	64	50.00	47.06	44.12
65	776.53	733.39	690.25	65	52.94	50.00	46.08
66	843.20	798.10	752.99	66	57.85	54.91	50.98
67	913.79	866.73	819.67	67	62.75	58.83	54.91
68	992.23	943.20	894.18	68	67.65	63.73	59.81
69	1,074.59	1,023.60	972.62	69	72.55	69.61	65.69
70	1,164.79	1,111.84	1,058.90	70	78.44	74.52	70.59
71	1,288.33	1,233.42	1,176.55	71	87.26	83.34	79.42
72	1,425.59	1,364.80	1,305.98	72	96.09	92.16	87.26
73	1,574.62	1,511.87	1,451.08	73	105.89	101.97	97.07
74	1,741.30	1,674.63	1,609.92	74	116.68	112.75	107.85

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,923.67	1,855.03	1,786.40	75	128.44	124.52	119.62
76	2,164.86	2,088.38	2,009.95	76	145.11	140.21	135.30
77	2,435.47	2,349.19	2,260.95	77	162.76	157.85	151.97
78	2,739.41	2,643.33	2,543.32	78	183.35	177.46	170.60
79	3,082.57	2,972.76	2,860.99	79	205.90	199.03	192.17
				80	231.39	223.55	215.70
				81	260.80	251.98	243.15
				82	293.16	283.35	273.55
				83	329.44	318.65	307.87
				84	370.61	358.85	346.10
				85	416.70	402.97	388.26
				86	469.64	453.95	437.29
				87	527.49	510.82	492.19
				88	594.16	574.55	552.98
				89	667.69	646.12	622.59
				90	751.03	726.52	700.05
				91	845.16	817.71	787.31
				92	951.05	919.67	886.34
				93	1,069.68	1,034.39	997.13
				94	1,203.03	1,163.81	1,121.65
				95	1,354.02	1,308.92	1,260.87
				96	1,522.66	1,472.65	1,418.73
				97	1,712.87	1,656.98	1,596.19
				98	1,927.59	1,863.86	1,795.23
				99	2,167.80	2,096.23	2,019.75

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	249.04	239.23	227.47	18-44	16.67	16.67	15.69
45-49	296.10	278.45	260.80	45-49	20.59	19.61	18.63
50-54	349.04	323.55	298.06	50-54	23.53	22.55	20.59
55	476.50	443.17	409.83	55	33.34	31.37	28.43
56	513.76	476.50	439.25	56	36.28	34.32	30.39
57	551.02	511.80	470.62	57	39.22	36.28	32.36
58	592.20	549.06	503.96	58	41.18	38.24	35.30
59	637.30	588.28	539.25	59	44.12	41.18	37.26
60	684.36	631.42	576.51	60	47.06	43.14	39.22
61	737.31	678.48	617.69	61	50.98	47.06	42.16
62	792.21	727.50	660.83	62	54.91	50.00	45.10
63	853.00	780.45	705.93	63	58.83	53.93	48.04
64	915.75	837.31	754.96	64	62.75	56.87	51.96
65	984.38	896.14	805.94	65	66.67	60.79	54.91
66	1,074.59	976.54	878.49	66	73.53	66.67	59.81
67	1,172.63	1,064.78	954.97	67	79.42	72.55	64.71
68	1,280.48	1,160.87	1,039.29	68	86.28	78.44	70.59
69	1,396.18	1,264.80	1,129.49	69	94.12	85.30	76.48
70	1,523.64	1,376.57	1,227.54	70	101.97	92.16	82.36
71	1,674.63	1,517.76	1,358.92	71	112.75	101.97	91.18
72	1,839.35	1,672.67	1,502.07	72	123.54	112.75	100.99
73	2,021.71	1,843.27	1,660.90	73	136.28	123.54	111.77
74	2,221.73	2,029.56	1,835.43	74	149.03	136.28	123.54

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,439.39	2,235.45	2,029.56	75	163.74	150.01	136.28
76	2,747.26	2,515.87	2,284.48	76	184.33	169.62	153.93
77	3,090.42	2,831.57	2,570.77	77	207.86	190.21	172.56
78	3,478.68	3,186.50	2,894.32	78	233.35	213.74	194.13
79	3,914.01	3,584.57	3,255.13	79	261.78	240.21	218.64
				80	294.14	269.63	245.12
				81	331.40	303.94	276.49
				82	372.58	341.20	310.81
				83	418.66	384.34	349.04
				84	471.60	432.38	393.17
				85	529.45	485.33	441.21
				86	596.12	546.12	497.09
				87	670.64	614.75	558.86
				88	753.98	691.23	628.48
				89	848.10	777.51	706.91
				90	954.97	875.55	795.15
				91	1,073.61	984.38	895.16
				92	1,207.93	1,106.94	1,006.93
				93	1,358.92	1,246.17	1,132.43
				94	1,528.54	1,401.08	1,273.62
				95	1,719.73	1,576.58	1,433.44
				96	1,934.45	1,773.66	1,611.88
				97	2,176.63	1,995.24	1,813.86
				98	2,448.21	2,244.28	2,040.34
				99	2,754.12	2,524.69	2,295.26

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	296.10	284.33	270.61	18-44	20.59	19.61	18.63
45-49	352.97	337.28	319.63	45-49	25.49	23.53	22.55
50-54	419.64	398.07	374.54	50-54	29.41	27.45	25.49
55	598.08	562.79	527.49	55	41.18	38.24	35.30
56	645.14	603.96	564.75	56	45.10	41.18	38.24
57	694.17	649.07	602.00	57	48.04	45.10	41.18
58	747.11	694.17	643.18	58	51.96	48.04	44.12
59	802.02	745.15	688.28	59	54.91	51.96	47.06
60	862.81	798.10	733.39	60	58.83	54.91	50.00
61	929.48	856.92	786.33	61	63.73	58.83	53.93
62	1,000.07	919.67	841.24	62	68.63	63.73	57.85
63	1,074.59	988.31	900.06	63	73.53	67.65	61.77
64	1,156.95	1,060.86	964.77	64	79.42	72.55	65.69
65	1,243.23	1,137.34	1,031.45	65	84.32	77.46	69.61
66	1,339.31	1,231.46	1,125.57	66	91.18	84.32	76.48
67	1,439.32	1,333.43	1,227.54	67	98.05	91.18	82.36
68	1,549.13	1,443.24	1,337.35	68	104.91	98.05	90.20
69	1,666.79	1,562.86	1,456.97	69	112.75	105.89	98.05
70	1,792.28	1,690.32	1,588.35	70	120.60	113.73	105.89
71	1,990.34	1,870.72	1,753.07	71	134.32	126.48	117.66
72	2,209.96	2,070.74	1,931.51	72	149.03	139.23	129.42
73	2,453.12	2,292.32	2,129.56	73	164.72	153.93	143.15
74	2,723.72	2,537.44	2,349.19	74	182.37	170.60	157.85

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	3,021.78	2,806.08	2,588.42	75	201.98	188.25	173.54
76	3,400.24	3,159.05	2,913.93	76	227.47	211.78	196.09
77	3,825.76	3,555.16	3,280.63	77	255.90	238.25	219.62
78	4,306.19	4,000.29	3,690.46	78	288.26	267.67	247.08
79	4,843.48	4,500.32	4,155.20	79	323.55	301.00	277.47
				80	363.75	338.26	311.79
				81	409.83	381.40	351.01
				82	460.82	428.46	395.13
				83	518.66	481.41	444.15
				84	583.38	542.20	500.04
				85	655.93	608.87	561.80
				86	738.29	685.34	632.40
				87	830.45	770.64	711.82
				88	934.38	867.71	800.06
				89	1,051.06	975.56	900.06
				90	1,182.44	1,098.12	1,012.82
				91	1,330.49	1,234.40	1,139.30
				92	1,496.19	1,389.31	1,281.46
				93	1,683.45	1,562.86	1,442.26
				94	1,894.25	1,757.97	1,621.68
				95	2,130.54	1,977.59	1,824.64
				96	2,397.23	2,224.67	2,053.09
				97	2,696.27	2,503.12	2,308.99
				98	3,033.55	2,815.89	2,598.22
				99	3,412.01	3,167.87	2,922.76

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	351.01	327.47	301.98	18-44	23.53	22.55	21.57
45-49	411.79	386.30	358.85	45-49	28.43	27.45	25.49
50-54	480.43	452.97	423.56	50-54	33.34	31.37	29.41
55	629.46	590.24	551.02	55	43.14	41.18	38.24
56	666.71	625.53	586.32	56	46.08	44.12	41.18
57	705.93	662.79	621.61	57	49.02	46.08	43.14
58	747.11	703.97	658.87	58	50.98	49.02	45.10
59	792.21	745.15	698.09	59	53.93	51.96	48.04
60	837.31	788.29	739.27	60	56.87	53.93	50.00
61	888.30	835.35	782.41	61	60.79	57.85	53.93
62	939.28	884.38	829.47	62	63.73	60.79	56.87
63	994.19	935.36	876.53	63	67.65	64.71	59.81
64	1,053.02	990.27	927.52	64	71.57	67.65	63.73
65	1,113.81	1,047.13	980.46	65	75.50	71.57	66.67
66	1,209.89	1,137.34	1,064.78	66	82.36	77.46	72.55
67	1,311.86	1,233.42	1,154.98	67	89.22	84.32	78.44
68	1,423.63	1,339.31	1,254.99	68	96.09	91.18	85.30
69	1,545.21	1,453.05	1,360.88	69	104.91	98.05	92.16
70	1,674.63	1,576.58	1,476.58	70	112.75	105.89	99.03
71	1,839.35	1,731.50	1,621.68	71	124.52	116.68	108.83
72	2,019.75	1,900.14	1,778.56	72	136.28	128.44	119.62
73	2,217.81	2,084.46	1,951.12	73	149.03	140.21	131.38
74	2,433.51	2,288.40	2,141.33	74	163.74	153.93	144.13

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,670.78	2,509.98	2,347.23	75	178.44	168.64	157.85
76	3,006.10	2,825.69	2,643.33	76	200.99	190.21	177.46
77	3,380.63	3,178.66	2,974.72	77	226.49	213.74	200.01
78	3,804.19	3,576.73	3,347.30	78	254.92	240.21	224.53
79	4,278.74	4,023.82	3,766.94	79	286.29	269.63	252.96
80		4,525.81	4,239.52	80		302.96	283.35
81		5,092.52	4,770.93	81		341.20	319.63
82		5,729.82	5,367.05	82		383.36	358.85
83		6,445.56	6,037.69	83		431.40	403.95
84		7,249.54	6,792.64	84		485.33	454.93

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	421.60	394.15	366.69	18-44	28.43	27.45	25.49
45-49	498.07	466.70	437.29	45-49	34.32	33.34	30.39
50-54	584.36	551.02	517.68	50-54	40.20	38.24	35.30
55	778.49	731.42	684.36	55	51.96	49.02	46.08
56	823.59	774.57	725.54	56	55.89	52.94	49.02
57	870.65	819.67	768.68	57	58.83	55.89	51.96
58	919.67	868.69	813.78	58	62.75	58.83	54.91
59	972.62	917.71	862.81	59	65.69	62.75	57.85
60	1,027.52	970.66	911.83	60	69.61	65.69	60.79
61	1,088.31	1,027.52	964.77	61	74.52	69.61	64.71
62	1,153.02	1,088.31	1,021.64	62	78.44	74.52	68.63
63	1,219.69	1,151.06	1,078.51	63	83.34	78.44	72.55
64	1,292.25	1,217.73	1,141.26	64	87.26	83.34	77.46
65	1,366.76	1,286.37	1,205.97	65	92.16	87.26	81.38
66	1,486.38	1,398.14	1,311.86	66	100.99	95.10	89.22
67	1,613.84	1,519.72	1,425.59	67	108.83	102.95	96.09
68	1,753.07	1,651.10	1,549.13	68	118.64	111.77	104.91
69	1,906.02	1,794.25	1,684.43	69	128.44	121.58	113.73
70	2,068.78	1,949.16	1,829.54	70	139.23	131.38	122.56
71	2,276.63	2,145.25	2,011.91	71	152.95	145.11	135.30
72	2,504.10	2,358.99	2,211.92	72	168.64	158.83	149.03
73	2,755.10	2,594.30	2,431.55	73	185.31	174.52	163.74
74	3,031.59	2,851.18	2,670.78	74	202.96	191.19	179.42
75	3,333.57	3,135.52	2,935.50	75	222.56	209.82	197.07
76	3,751.25	3,529.66	3,304.16	76	251.00	236.29	221.58
77	4,219.91	3,970.87	3,719.87	77	282.37	265.71	250.02
78	4,747.40	4,466.99	4,186.57	78	317.67	299.04	280.41
79	5,339.60	5,025.85	4,710.14	79	356.89	336.30	315.71

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	543.18	511.80	478.47	18-44	36.28	34.32	32.36
45-49	645.14	607.89	568.67	45-49	44.12	41.18	39.22
50-54	764.76	719.66	674.56	50-54	51.96	49.02	46.08
55	1,019.68	954.97	890.26	55	68.63	64.71	60.79
56	1,080.47	1,011.84	943.20	56	73.53	68.63	64.71
57	1,143.22	1,070.66	998.11	57	77.46	72.55	67.65
58	1,209.89	1,133.41	1,056.94	58	82.36	76.48	71.57
59	1,280.48	1,200.09	1,117.73	59	86.28	81.38	75.50
60	1,355.00	1,268.72	1,182.44	60	91.18	85.30	79.42
61	1,437.36	1,343.23	1,251.07	61	97.07	90.20	84.32
62	1,521.68	1,421.67	1,321.66	62	102.95	96.09	89.22
63	1,611.88	1,504.03	1,398.14	63	107.85	100.99	94.12
64	1,707.97	1,592.27	1,476.58	64	114.71	106.87	100.01
65	1,807.97	1,684.43	1,560.90	65	120.60	112.75	104.91
66	1,968.77	1,837.39	1,706.00	66	131.38	123.54	114.71
67	2,141.33	2,002.10	1,860.92	67	143.15	134.32	125.50
68	2,329.58	2,180.55	2,033.48	68	155.89	146.09	136.28
69	2,533.51	2,376.64	2,219.77	69	169.62	159.82	149.03
70	2,755.10	2,588.42	2,421.74	70	184.33	173.54	161.78
71	3,019.82	2,833.54	2,645.29	71	201.98	190.21	177.46
72	3,310.04	3,100.22	2,890.40	72	221.58	207.86	193.15
73	3,625.75	3,392.40	3,157.09	73	242.17	227.47	210.80
74	3,972.83	3,710.07	3,447.31	74	265.71	248.06	230.41
75	4,353.25	4,059.11	3,764.97	75	290.22	270.61	251.00
76	4,827.80	4,519.93	4,212.07	76	322.57	301.98	281.39
77	5,353.32	5,031.73	4,710.14	77	356.89	336.30	314.73
78	5,933.76	5,602.36	5,269.00	78	396.11	373.56	351.99
79	6,580.86	6,235.74	5,892.58	79	439.25	415.72	393.17

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 10.3% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	717.70	680.44	643.18	18-44	48.04	46.08	44.12
45-49	860.85	819.67	776.53	45-49	57.85	55.89	52.94
50-54	1,031.45	984.38	937.32	50-54	69.61	66.67	62.75
55	1,358.92	1,290.29	1,219.69	55	92.16	87.26	82.36
56	1,439.32	1,364.80	1,288.33	56	98.05	92.16	87.26
57	1,523.64	1,443.24	1,360.88	57	102.95	97.07	92.16
58	1,613.84	1,527.56	1,437.36	58	108.83	102.95	97.07
59	1,707.97	1,613.84	1,517.76	59	114.71	108.83	101.97
60	1,807.97	1,706.00	1,602.08	60	120.60	113.73	106.87
61	1,911.90	1,802.09	1,690.32	61	128.44	120.60	113.73
62	2,019.75	1,902.10	1,782.48	62	135.30	127.46	119.62
63	2,135.45	2,007.99	1,880.53	63	143.15	134.32	126.48
64	2,257.02	2,119.76	1,982.49	64	151.97	142.17	133.34
65	2,384.48	2,237.41	2,090.35	65	159.82	150.01	140.21
66	2,562.93	2,417.82	2,274.67	66	171.58	162.76	152.95
67	2,753.14	2,611.95	2,472.73	67	184.33	175.50	165.70
68	2,957.07	2,823.73	2,688.43	68	198.05	189.23	180.41
69	3,176.70	3,049.24	2,921.78	69	212.76	203.94	195.11
70	3,412.01	3,294.35	3,176.70	70	227.47	219.62	211.78
71	3,743.40	3,606.14	3,470.84	71	250.02	241.19	231.39
72	4,104.21	3,947.34	3,792.43	72	274.53	263.74	252.96
73	4,500.32	4,321.88	4,141.47	73	300.02	288.26	276.49
74	4,935.65	4,729.75	4,523.85	74	329.44	315.71	301.98
75	5,412.15	5,176.84	4,941.53	75	360.81	345.12	329.44
76	6,018.08	5,741.59	5,463.14	76	401.99	383.36	364.73
77	6,692.64	6,365.16	6,037.69	77	447.09	425.52	402.97
78	7,439.75	7,057.37	6,671.06	78	497.09	471.60	446.11
79	8,273.14	7,824.09	7,373.08	79	552.00	522.59	492.19

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Reset Form

Company Name and NAIC Number: MetLife Insurance Company USA, NAIC # 87726

SERFF Tracking Number: MILL-129963541

Effective Date: On Approval

(Projected) Number of Insureds Affected: 49

New Rates
Average Annual Premium Per Member: 2,309

Revised Rates

Average Annual Premium Per Member: 2,697

Average Requested Percentage Rate Change Per Member: 16.8%

Minimum Requested Percentage Rate Change Per Member: 16.8%

Maximum Requested Percentage Rate Change Per Member: 16.8%

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
H-LTC3JFO H-LTC3JFO2 H-5AIFO H-COLRFO H-NF3	Nursing Facility Only Nursing Facility Only Annual 5% Benefit Inflation Rider Cost of Living (CPI) Benefit Inflation Rider Nonforfeiture Benefit Rider

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	199.34	184.81	168.20	18-44	13.50	13.50	12.46
45-49	228.41	213.88	195.19	45-49	16.61	15.57	14.54
50-54	257.48	242.95	226.34	50-54	18.69	17.65	16.61
55	355.08	330.16	303.17	55	23.88	22.84	21.80
56	380.00	353.00	323.93	56	25.96	24.92	23.88
57	406.99	377.92	346.77	57	28.03	25.96	24.92
58	436.06	404.91	369.61	58	30.11	28.03	25.96
59	467.21	431.91	396.61	59	31.15	30.11	28.03
60	498.36	460.98	421.53	60	33.22	31.15	29.07
61	533.66	494.20	450.60	61	36.34	34.26	31.15
62	571.03	527.43	481.74	62	38.41	36.34	33.22
63	610.49	562.73	512.89	63	41.53	38.41	35.30
64	654.09	602.18	548.19	64	44.64	41.53	37.38
65	697.70	641.63	583.49	65	46.72	43.61	39.45
66	764.15	701.85	637.48	66	51.91	47.76	43.61
67	836.82	766.22	695.62	67	57.10	52.95	47.76
68	917.81	836.82	757.92	68	62.29	57.10	50.87
69	1,005.02	915.73	826.44	69	67.49	62.29	56.07
70	1,098.46	998.79	899.12	70	73.72	67.49	60.22
71	1,212.67	1,098.46	982.18	71	82.02	74.75	66.45
72	1,339.33	1,206.44	1,073.54	72	90.33	82.02	72.68
73	1,478.46	1,324.80	1,171.14	73	99.67	90.33	78.91
74	1,630.04	1,455.61	1,279.11	74	110.05	98.63	86.17

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,798.23	1,596.81	1,395.40	75	121.47	107.98	93.44
76	2,024.57	1,798.23	1,571.90	76	137.05	121.47	105.90
77	2,279.98	2,024.57	1,767.09	77	153.66	137.05	118.36
78	2,566.53	2,277.90	1,989.27	78	173.39	153.66	133.93
79	2,888.39	2,564.46	2,238.45	79	194.15	172.35	150.54
80		2,884.23	2,516.70	80	218.03	193.11	168.20
81		3,245.54	2,832.32	81	246.06	218.03	190.00
82		3,652.53	3,185.32	82	276.17	245.02	213.88
83		4,111.43	3,584.01	83	310.43	275.13	239.83
84		4,626.40	4,032.53	84	348.85	309.40	269.94
				85	391.42	347.81	303.17
				86	441.25	391.42	341.58
				87	496.28	440.21	384.15
				88	557.54	495.24	431.91
				89	627.10	557.54	485.90
				90	706.00	627.10	547.15
				91	794.25	706.00	614.64
				92	892.89	794.25	691.47
				93	1,005.02	892.89	778.68
				94	1,130.64	1,003.98	875.24
				95	1,271.85	1,129.61	985.29
				96	1,430.70	1,270.81	1,107.80
				97	1,609.27	1,429.66	1,246.93
				98	1,810.69	1,608.24	1,402.66
				99	2,035.99	1,809.65	1,577.09

Fractional Premiums (expressed as a percent of annual premium)

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Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	226.34	213.88	199.34	18-44	15.57	15.57	14.54
45-49	265.79	251.25	232.57	45-49	18.69	17.65	16.61
50-54	311.47	290.71	269.94	50-54	20.76	19.73	18.69
55	415.30	394.53	373.77	55	29.07	26.99	24.92
56	446.44	423.60	400.76	56	31.15	29.07	26.99
57	479.67	452.67	425.68	57	33.22	31.15	29.07
58	514.97	485.90	454.75	58	35.30	33.22	31.15
59	552.34	519.12	485.90	59	37.38	35.30	33.22
60	591.80	554.42	517.04	60	39.45	37.38	35.30
61	633.33	593.87	554.42	61	42.57	40.49	38.41
62	676.93	635.40	593.87	62	45.68	43.61	40.49
63	722.62	679.01	637.48	63	48.80	46.72	43.61
64	770.37	726.77	683.16	64	52.95	49.84	46.72
65	822.29	776.60	730.92	65	56.07	52.95	48.80
66	892.89	845.13	797.37	66	61.26	58.14	53.99
67	967.64	917.81	867.97	67	66.45	62.29	58.14
68	1,050.70	998.79	946.88	68	71.64	67.49	63.33
69	1,137.91	1,083.92	1,029.94	69	76.83	73.72	69.56
70	1,233.43	1,177.37	1,121.30	70	83.06	78.91	74.75
71	1,364.25	1,306.11	1,245.89	71	92.40	88.25	84.10
72	1,509.60	1,445.23	1,382.94	72	101.75	97.59	92.40
73	1,667.42	1,600.97	1,536.60	73	112.13	107.98	102.79
74	1,843.92	1,773.32	1,704.79	74	123.55	119.40	114.21

Fractional Premiums (expressed as a percent of annual premium)

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Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,037.03	1,964.35	1,891.68	75	136.01	131.86	126.67
76	2,292.44	2,211.45	2,128.39	76	153.66	148.47	143.28
77	2,578.99	2,487.63	2,394.18	77	172.35	167.16	160.93
78	2,900.85	2,799.10	2,693.20	78	194.15	187.92	180.65
79	3,264.23	3,147.95	3,029.59	79	218.03	210.76	203.50
				80	245.02	236.72	228.41
				81	276.17	266.83	257.48
				82	310.43	300.05	289.67
				83	348.85	337.43	326.01
				84	392.46	380.00	366.50
				85	441.25	426.72	411.14
				86	497.32	480.71	463.06
				87	558.57	540.92	521.20
				88	629.17	608.41	585.57
				89	707.04	684.20	659.28
				90	795.29	769.34	741.30
				91	894.96	865.89	833.71
				92	1,007.09	973.87	938.57
				93	1,132.72	1,095.34	1,055.89
				94	1,273.92	1,232.39	1,187.75
				95	1,433.81	1,386.05	1,335.18
				96	1,612.39	1,559.44	1,502.33
				97	1,813.81	1,754.63	1,690.26
				98	2,041.18	1,973.70	1,901.02
				99	2,295.55	2,219.76	2,138.78

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
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Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	263.71	253.33	240.87	18-44	17.65	17.65	16.61
45-49	313.55	294.86	276.17	45-49	21.80	20.76	19.73
50-54	369.61	342.62	315.63	50-54	24.92	23.88	21.80
55	504.59	469.28	433.98	55	35.30	33.22	30.11
56	544.04	504.59	465.13	56	38.41	36.34	32.19
57	583.49	541.96	498.36	57	41.53	38.41	34.26
58	627.10	581.41	533.66	58	43.61	40.49	37.38
59	674.86	622.94	571.03	59	46.72	43.61	39.45
60	724.69	668.63	610.49	60	49.84	45.68	41.53
61	780.76	718.46	654.09	61	53.99	49.84	44.64
62	838.90	770.37	699.77	62	58.14	52.95	47.76
63	903.27	826.44	747.53	63	62.29	57.10	50.87
64	969.72	886.66	799.45	64	66.45	60.22	55.03
65	1,042.39	948.95	853.43	65	70.60	64.37	58.14
66	1,137.91	1,034.09	930.26	66	77.87	70.60	63.33
67	1,241.74	1,127.53	1,011.25	67	84.10	76.83	68.52
68	1,355.94	1,229.28	1,100.54	68	91.37	83.06	74.75
69	1,478.46	1,339.33	1,196.05	69	99.67	90.33	80.98
70	1,613.43	1,457.69	1,299.88	70	107.98	97.59	87.21
71	1,773.32	1,607.20	1,439.00	71	119.40	107.98	96.56
72	1,947.74	1,771.24	1,590.59	72	130.82	119.40	106.94
73	2,140.85	1,951.89	1,758.78	73	144.32	130.82	118.36
74	2,352.65	2,149.16	1,943.59	74	157.81	144.32	130.82

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,583.14	2,367.19	2,149.16	75	173.39	158.85	144.32
76	2,909.15	2,664.13	2,419.10	76	195.19	179.62	163.00
77	3,272.54	2,998.44	2,722.27	77	220.11	201.42	182.73
78	3,683.68	3,374.28	3,064.89	78	247.10	226.34	205.57
79	4,144.66	3,795.81	3,446.96	79	277.21	254.37	231.53
				80	311.47	285.52	259.56
				81	350.93	321.85	292.78
				82	394.53	361.31	329.12
				83	443.33	406.99	369.61
				84	499.39	457.86	416.33
				85	560.65	513.93	467.21
				86	631.25	578.30	526.39
				87	710.16	650.98	591.80
				88	798.41	731.96	665.51
				89	898.08	823.33	748.57
				90	1,011.25	927.15	842.01
				91	1,136.87	1,042.39	947.91
				92	1,279.11	1,172.17	1,066.27
				93	1,439.00	1,319.60	1,199.17
				94	1,618.62	1,483.65	1,348.68
				95	1,821.07	1,669.49	1,517.91
				96	2,048.45	1,878.18	1,706.87
				97	2,304.90	2,112.82	1,920.75
				98	2,592.49	2,376.53	2,160.58
				99	2,916.42	2,673.47	2,430.52

Fractional Premiums (expressed as a percent of annual premium)

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Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	313.55	301.09	286.55	18-44	21.80	20.76	19.73
45-49	373.77	357.15	338.47	45-49	26.99	24.92	23.88
50-54	444.37	421.53	396.61	50-54	31.15	29.07	26.99
55	633.33	595.95	558.57	55	43.61	40.49	37.38
56	683.16	639.56	598.03	56	47.76	43.61	40.49
57	735.07	687.32	637.48	57	50.87	47.76	43.61
58	791.14	735.07	681.09	58	55.03	50.87	46.72
59	849.28	789.06	728.85	59	58.14	55.03	49.84
60	913.65	845.13	776.60	60	62.29	58.14	52.95
61	984.25	907.42	832.67	61	67.49	62.29	57.10
62	1,059.01	973.87	890.81	62	72.68	67.49	61.26
63	1,137.91	1,046.55	953.11	63	77.87	71.64	65.41
64	1,225.12	1,123.38	1,021.63	64	84.10	76.83	69.56
65	1,316.49	1,204.36	1,092.23	65	89.29	82.02	73.72
66	1,418.24	1,304.03	1,191.90	66	96.56	89.29	80.98
67	1,524.14	1,412.01	1,299.88	67	103.82	96.56	87.21
68	1,640.42	1,528.29	1,416.16	68	111.09	103.82	95.52
69	1,765.01	1,654.96	1,542.83	69	119.40	112.13	103.82
70	1,897.90	1,789.93	1,681.95	70	127.70	120.44	112.13
71	2,107.63	1,980.96	1,856.37	71	142.24	133.93	124.59
72	2,340.20	2,192.77	2,045.33	72	157.81	147.43	137.05
73	2,597.68	2,427.41	2,255.06	73	174.42	163.00	151.58
74	2,884.23	2,686.97	2,487.63	74	193.11	180.65	167.16

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
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Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	3,199.86	2,971.45	2,740.96	75	213.88	199.34	183.77
76	3,600.62	3,345.21	3,085.65	76	240.87	224.26	207.65
77	4,051.22	3,764.66	3,473.95	77	270.98	252.29	232.57
78	4,559.95	4,236.02	3,907.94	78	305.24	283.44	261.64
79	5,128.91	4,765.53	4,400.07	79	342.62	318.74	293.82
				80	385.19	358.19	330.16
				81	433.98	403.88	371.69
				82	487.97	453.71	418.41
				83	549.23	509.78	470.32
				84	617.75	574.15	529.50
				85	694.58	644.75	594.91
				86	781.80	725.73	669.67
				87	879.39	816.06	753.76
				88	989.44	918.84	847.20
				89	1,112.99	1,033.05	953.11
				90	1,252.12	1,162.83	1,072.50
				91	1,408.89	1,307.15	1,206.44
				92	1,584.36	1,471.19	1,356.98
				93	1,782.66	1,654.96	1,527.25
				94	2,005.88	1,861.57	1,717.25
				95	2,256.10	2,094.13	1,932.17
				96	2,538.50	2,355.77	2,174.08
				97	2,855.16	2,650.63	2,445.06
				98	3,212.32	2,981.83	2,751.34
				99	3,613.08	3,354.56	3,095.00

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FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	371.69	346.77	319.78	18-44	24.92	23.88	22.84
45-49	436.06	409.07	380.00	45-49	30.11	29.07	26.99
50-54	508.74	479.67	448.52	50-54	35.30	33.22	31.15
55	666.55	625.02	583.49	55	45.68	43.61	40.49
56	706.00	662.40	620.87	56	48.80	46.72	43.61
57	747.53	701.85	658.24	57	51.91	48.80	45.68
58	791.14	745.46	697.70	58	53.99	51.91	47.76
59	838.90	789.06	739.23	59	57.10	55.03	50.87
60	886.66	834.75	782.83	60	60.22	57.10	52.95
61	940.65	884.58	828.52	61	64.37	61.26	57.10
62	994.63	936.49	878.35	62	67.49	64.37	60.22
63	1,052.78	990.48	928.19	63	71.64	68.52	63.33
64	1,115.07	1,048.62	982.18	64	75.79	71.64	67.49
65	1,179.44	1,108.84	1,038.24	65	79.94	75.79	70.60
66	1,281.19	1,204.36	1,127.53	66	87.21	82.02	76.83
67	1,389.17	1,306.11	1,223.05	67	94.48	89.29	83.06
68	1,507.53	1,418.24	1,328.95	68	101.75	96.56	90.33
69	1,636.27	1,538.67	1,441.08	69	111.09	103.82	97.59
70	1,773.32	1,669.49	1,563.59	70	119.40	112.13	104.86
71	1,947.74	1,833.53	1,717.25	71	131.86	123.55	115.24
72	2,138.78	2,012.11	1,883.37	72	144.32	136.01	126.67
73	2,348.50	2,207.30	2,066.10	73	157.81	148.47	139.12
74	2,576.91	2,423.25	2,267.52	74	173.39	163.00	152.62

Fractional Premiums (expressed as a percent of annual premium)

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Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,828.17	2,657.90	2,485.55	75	188.96	178.58	167.16
76	3,183.25	2,992.21	2,799.10	76	212.84	201.42	187.92
77	3,579.86	3,365.98	3,150.02	77	239.83	226.34	211.80
78	4,028.38	3,787.50	3,544.55	78	269.94	254.37	237.76
79	4,530.88	4,260.94	3,988.92	79	303.17	285.52	267.87
80		4,792.52	4,489.35	80		320.82	300.05
81		5,392.62	5,052.08	81		361.31	338.47
82		6,067.48	5,683.33	82		405.95	380.00
83		6,825.40	6,393.49	83		456.83	427.76
84		7,676.75	7,192.93	84		513.93	481.74

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY INFLATION BENEFITS
FORM: H-LTC3JFO, H-LTC3JFO2
RIDER: H-5AIFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	446.44	417.37	388.30	18-44	30.11	29.07	26.99
45-49	527.43	494.20	463.06	45-49	36.34	35.30	32.19
50-54	618.79	583.49	548.19	50-54	42.57	40.49	37.38
55	824.36	774.53	724.69	55	55.03	51.91	48.80
56	872.12	820.21	768.30	56	59.18	56.07	51.91
57	921.96	867.97	813.98	57	62.29	59.18	55.03
58	973.87	919.88	861.74	58	66.45	62.29	58.14
59	1,029.94	971.79	913.65	59	69.56	66.45	61.26
60	1,088.08	1,027.86	965.56	60	73.72	69.56	64.37
61	1,152.45	1,088.08	1,021.63	61	78.91	73.72	68.52
62	1,220.97	1,152.45	1,081.85	62	83.06	78.91	72.68
63	1,291.57	1,218.89	1,142.07	63	88.25	83.06	76.83
64	1,368.40	1,289.50	1,208.51	64	92.40	88.25	82.02
65	1,447.31	1,362.17	1,277.04	65	97.59	92.40	86.17
66	1,573.97	1,480.53	1,389.17	66	106.94	100.71	94.48
67	1,708.94	1,609.27	1,509.60	67	115.24	109.02	101.75
68	1,856.37	1,748.40	1,640.42	68	125.63	118.36	111.09
69	2,018.34	1,899.98	1,783.70	69	136.01	128.74	120.44
70	2,190.69	2,064.02	1,937.36	70	147.43	139.12	129.78
71	2,410.80	2,271.67	2,130.47	71	161.97	153.66	143.28
72	2,651.67	2,498.01	2,342.27	72	178.58	168.20	157.81
73	2,917.46	2,747.19	2,574.84	73	196.23	184.81	173.39
74	3,210.24	3,019.20	2,828.17	74	214.92	202.46	190.00
75	3,530.02	3,320.29	3,108.49	75	235.68	222.18	208.69
76	3,972.31	3,737.67	3,498.87	76	265.79	250.22	234.64
77	4,468.59	4,204.88	3,939.09	77	299.01	281.36	264.75
78	5,027.16	4,730.23	4,433.29	78	336.39	316.66	296.94
79	5,654.26	5,322.02	4,987.71	79	377.92	356.12	334.31

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	575.19	541.96	506.66	18-44	38.41	36.34	34.26
45-49	683.16	643.71	602.18	45-49	46.72	43.61	41.53
50-54	809.83	762.07	714.31	50-54	55.03	51.91	48.80
55	1,079.77	1,011.25	942.72	55	72.68	68.52	64.37
56	1,144.14	1,071.46	998.79	56	77.87	72.68	68.52
57	1,210.59	1,133.76	1,056.93	57	82.02	76.83	71.64
58	1,281.19	1,200.21	1,119.22	58	87.21	80.98	75.79
59	1,355.94	1,270.81	1,183.59	59	91.37	86.17	79.94
60	1,434.85	1,343.48	1,252.12	60	96.56	90.33	84.10
61	1,522.06	1,422.39	1,324.80	61	102.79	95.52	89.29
62	1,611.35	1,505.45	1,399.55	62	109.02	101.75	94.48
63	1,706.87	1,592.66	1,480.53	63	114.21	106.94	99.67
64	1,808.62	1,686.10	1,563.59	64	121.47	113.17	105.90
65	1,914.52	1,783.70	1,652.88	65	127.70	119.40	111.09
66	2,084.79	1,945.66	1,806.54	66	139.12	130.82	121.47
67	2,267.52	2,120.09	1,970.58	67	151.58	142.24	132.89
68	2,466.86	2,309.05	2,153.31	68	165.08	154.70	144.32
69	2,682.81	2,516.70	2,350.58	69	179.62	169.23	157.81
70	2,917.46	2,740.96	2,564.46	70	195.19	183.77	171.31
71	3,197.78	3,000.52	2,801.17	71	213.88	201.42	187.92
72	3,505.10	3,282.92	3,060.73	72	234.64	220.11	204.53
73	3,839.42	3,592.31	3,343.14	73	256.45	240.87	223.22
74	4,206.95	3,928.70	3,650.46	74	281.36	262.67	243.99
75	4,609.79	4,298.32	3,986.85	75	307.32	286.55	265.79
76	5,112.30	4,786.29	4,460.28	76	341.58	319.78	297.98
77	5,668.80	5,328.25	4,987.71	77	377.92	356.12	333.28
78	6,283.43	5,932.51	5,579.51	78	419.45	395.57	372.73
79	6,968.67	6,603.21	6,239.83	79	465.13	440.21	416.33

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY INFLATION BENEFITS
FORM: H-LTC3JFO, H-LTC3JFO2
RIDER: H-5AIFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	759.99	720.54	681.09	18-44	50.87	48.80	46.72
45-49	911.58	867.97	822.29	45-49	61.26	59.18	56.07
50-54	1,092.23	1,042.39	992.56	50-54	73.72	70.60	66.45
55	1,439.00	1,366.33	1,291.57	55	97.59	92.40	87.21
56	1,524.14	1,445.23	1,364.25	56	103.82	97.59	92.40
57	1,613.43	1,528.29	1,441.08	57	109.02	102.79	97.59
58	1,708.94	1,617.58	1,522.06	58	115.24	109.02	102.79
59	1,808.62	1,708.94	1,607.20	59	121.47	115.24	107.98
60	1,914.52	1,806.54	1,696.49	60	127.70	120.44	113.17
61	2,024.57	1,908.29	1,789.93	61	136.01	127.70	120.44
62	2,138.78	2,014.19	1,887.52	62	143.28	134.97	126.67
63	2,261.29	2,126.32	1,991.35	63	151.58	142.24	133.93
64	2,390.03	2,244.68	2,099.32	64	160.93	150.54	141.20
65	2,525.00	2,369.27	2,213.53	65	169.23	158.85	148.47
66	2,713.96	2,560.30	2,408.72	66	181.69	172.35	161.97
67	2,915.38	2,765.87	2,618.44	67	195.19	185.85	175.46
68	3,131.33	2,990.13	2,846.86	68	209.72	200.38	191.04
69	3,363.90	3,228.93	3,093.96	69	225.30	215.95	206.61
70	3,613.08	3,488.49	3,363.90	70	240.87	232.57	224.26
71	3,964.00	3,818.65	3,675.37	71	264.75	255.41	245.02
72	4,346.08	4,179.96	4,015.92	72	290.71	279.29	267.87
73	4,765.53	4,576.57	4,385.53	73	317.70	305.24	292.78
74	5,226.51	5,008.47	4,790.44	74	348.85	334.31	319.78
75	5,731.09	5,481.91	5,232.73	75	382.07	365.46	348.85
76	6,372.72	6,079.94	5,785.08	76	425.68	405.95	386.23
77	7,087.03	6,740.26	6,393.49	77	473.44	450.60	426.72
78	7,878.17	7,473.26	7,064.19	78	526.39	499.39	472.40
79	8,760.68	8,285.16	7,807.57	79	584.53	553.38	521.20

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	199.34	184.81	168.20	18-44	13.50	13.50	12.46
45-49	228.41	213.88	195.19	45-49	16.61	15.57	14.54
50-54	257.48	242.95	226.34	50-54	18.69	17.65	16.61
55	355.08	330.16	303.17	55	23.88	22.84	21.80
56	380.00	353.00	323.93	56	25.96	24.92	23.88
57	406.99	377.92	346.77	57	28.03	25.96	24.92
58	436.06	404.91	369.61	58	30.11	28.03	25.96
59	467.21	431.91	396.61	59	31.15	30.11	28.03
60	498.36	460.98	421.53	60	33.22	31.15	29.07
61	533.66	494.20	450.60	61	36.34	34.26	31.15
62	571.03	527.43	481.74	62	38.41	36.34	33.22
63	610.49	562.73	512.89	63	41.53	38.41	35.30
64	654.09	602.18	548.19	64	44.64	41.53	37.38
65	697.70	641.63	583.49	65	46.72	43.61	39.45
66	764.15	701.85	637.48	66	51.91	47.76	43.61
67	836.82	766.22	695.62	67	57.10	52.95	47.76
68	917.81	836.82	757.92	68	62.29	57.10	50.87
69	1,005.02	915.73	826.44	69	67.49	62.29	56.07
70	1,098.46	998.79	899.12	70	73.72	67.49	60.22
71	1,212.67	1,098.46	982.18	71	82.02	74.75	66.45
72	1,339.33	1,206.44	1,073.54	72	90.33	82.02	72.68
73	1,478.46	1,324.80	1,171.14	73	99.67	90.33	78.91
74	1,630.04	1,455.61	1,279.11	74	110.05	98.63	86.17

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,798.23	1,596.81	1,395.40	75	121.47	107.98	93.44
76	2,024.57	1,798.23	1,571.90	76	137.05	121.47	105.90
77	2,279.98	2,024.57	1,767.09	77	153.66	137.05	118.36
78	2,566.53	2,277.90	1,989.27	78	173.39	153.66	133.93
79	2,888.39	2,564.46	2,238.45	79	194.15	172.35	150.54
80		2,884.23	2,516.70	80	218.03	193.11	168.20
81		3,245.54	2,832.32	81	246.06	218.03	190.00
82		3,652.53	3,185.32	82	276.17	245.02	213.88
83		4,111.43	3,584.01	83	310.43	275.13	239.83
84		4,626.40	4,032.53	84	348.85	309.40	269.94
				85	391.42	347.81	303.17
				86	441.25	391.42	341.58
				87	496.28	440.21	384.15
				88	557.54	495.24	431.91
				89	627.10	557.54	485.90
				90	706.00	627.10	547.15
				91	794.25	706.00	614.64
				92	892.89	794.25	691.47
				93	1,005.02	892.89	778.68
				94	1,130.64	1,003.98	875.24
				95	1,271.85	1,129.61	985.29
				96	1,430.70	1,270.81	1,107.80
				97	1,609.27	1,429.66	1,246.93
				98	1,810.69	1,608.24	1,402.66
				99	2,035.99	1,809.65	1,577.09

Fractional Premiums (expressed as a percent of annual premium)

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FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	226.34	213.88	199.34	18-44	15.57	15.57	14.54
45-49	265.79	251.25	232.57	45-49	18.69	17.65	16.61
50-54	311.47	290.71	269.94	50-54	20.76	19.73	18.69
55	415.30	394.53	373.77	55	29.07	26.99	24.92
56	446.44	423.60	400.76	56	31.15	29.07	26.99
57	479.67	452.67	425.68	57	33.22	31.15	29.07
58	514.97	485.90	454.75	58	35.30	33.22	31.15
59	552.34	519.12	485.90	59	37.38	35.30	33.22
60	591.80	554.42	517.04	60	39.45	37.38	35.30
61	633.33	593.87	554.42	61	42.57	40.49	38.41
62	676.93	635.40	593.87	62	45.68	43.61	40.49
63	722.62	679.01	637.48	63	48.80	46.72	43.61
64	770.37	726.77	683.16	64	52.95	49.84	46.72
65	822.29	776.60	730.92	65	56.07	52.95	48.80
66	892.89	845.13	797.37	66	61.26	58.14	53.99
67	967.64	917.81	867.97	67	66.45	62.29	58.14
68	1,050.70	998.79	946.88	68	71.64	67.49	63.33
69	1,137.91	1,083.92	1,029.94	69	76.83	73.72	69.56
70	1,233.43	1,177.37	1,121.30	70	83.06	78.91	74.75
71	1,364.25	1,306.11	1,245.89	71	92.40	88.25	84.10
72	1,509.60	1,445.23	1,382.94	72	101.75	97.59	92.40
73	1,667.42	1,600.97	1,536.60	73	112.13	107.98	102.79
74	1,843.92	1,773.32	1,704.79	74	123.55	119.40	114.21

Fractional Premiums (expressed as a percent of annual premium)

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**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,037.03	1,964.35	1,891.68	75	136.01	131.86	126.67
76	2,292.44	2,211.45	2,128.39	76	153.66	148.47	143.28
77	2,578.99	2,487.63	2,394.18	77	172.35	167.16	160.93
78	2,900.85	2,799.10	2,693.20	78	194.15	187.92	180.65
79	3,264.23	3,147.95	3,029.59	79	218.03	210.76	203.50
				80	245.02	236.72	228.41
				81	276.17	266.83	257.48
				82	310.43	300.05	289.67
				83	348.85	337.43	326.01
				84	392.46	380.00	366.50
				85	441.25	426.72	411.14
				86	497.32	480.71	463.06
				87	558.57	540.92	521.20
				88	629.17	608.41	585.57
				89	707.04	684.20	659.28
				90	795.29	769.34	741.30
				91	894.96	865.89	833.71
				92	1,007.09	973.87	938.57
				93	1,132.72	1,095.34	1,055.89
				94	1,273.92	1,232.39	1,187.75
				95	1,433.81	1,386.05	1,335.18
				96	1,612.39	1,559.44	1,502.33
				97	1,813.81	1,754.63	1,690.26
				98	2,041.18	1,973.70	1,901.02
				99	2,295.55	2,219.76	2,138.78

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	263.71	253.33	240.87	18-44	17.65	17.65	16.61
45-49	313.55	294.86	276.17	45-49	21.80	20.76	19.73
50-54	369.61	342.62	315.63	50-54	24.92	23.88	21.80
55	504.59	469.28	433.98	55	35.30	33.22	30.11
56	544.04	504.59	465.13	56	38.41	36.34	32.19
57	583.49	541.96	498.36	57	41.53	38.41	34.26
58	627.10	581.41	533.66	58	43.61	40.49	37.38
59	674.86	622.94	571.03	59	46.72	43.61	39.45
60	724.69	668.63	610.49	60	49.84	45.68	41.53
61	780.76	718.46	654.09	61	53.99	49.84	44.64
62	838.90	770.37	699.77	62	58.14	52.95	47.76
63	903.27	826.44	747.53	63	62.29	57.10	50.87
64	969.72	886.66	799.45	64	66.45	60.22	55.03
65	1,042.39	948.95	853.43	65	70.60	64.37	58.14
66	1,137.91	1,034.09	930.26	66	77.87	70.60	63.33
67	1,241.74	1,127.53	1,011.25	67	84.10	76.83	68.52
68	1,355.94	1,229.28	1,100.54	68	91.37	83.06	74.75
69	1,478.46	1,339.33	1,196.05	69	99.67	90.33	80.98
70	1,613.43	1,457.69	1,299.88	70	107.98	97.59	87.21
71	1,773.32	1,607.20	1,439.00	71	119.40	107.98	96.56
72	1,947.74	1,771.24	1,590.59	72	130.82	119.40	106.94
73	2,140.85	1,951.89	1,758.78	73	144.32	130.82	118.36
74	2,352.65	2,149.16	1,943.59	74	157.81	144.32	130.82

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,583.14	2,367.19	2,149.16	75	173.39	158.85	144.32
76	2,909.15	2,664.13	2,419.10	76	195.19	179.62	163.00
77	3,272.54	2,998.44	2,722.27	77	220.11	201.42	182.73
78	3,683.68	3,374.28	3,064.89	78	247.10	226.34	205.57
79	4,144.66	3,795.81	3,446.96	79	277.21	254.37	231.53
				80	311.47	285.52	259.56
				81	350.93	321.85	292.78
				82	394.53	361.31	329.12
				83	443.33	406.99	369.61
				84	499.39	457.86	416.33
				85	560.65	513.93	467.21
				86	631.25	578.30	526.39
				87	710.16	650.98	591.80
				88	798.41	731.96	665.51
				89	898.08	823.33	748.57
				90	1,011.25	927.15	842.01
				91	1,136.87	1,042.39	947.91
				92	1,279.11	1,172.17	1,066.27
				93	1,439.00	1,319.60	1,199.17
				94	1,618.62	1,483.65	1,348.68
				95	1,821.07	1,669.49	1,517.91
				96	2,048.45	1,878.18	1,706.87
				97	2,304.90	2,112.82	1,920.75
				98	2,592.49	2,376.53	2,160.58
				99	2,916.42	2,673.47	2,430.52

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	313.55	301.09	286.55	18-44	21.80	20.76	19.73
45-49	373.77	357.15	338.47	45-49	26.99	24.92	23.88
50-54	444.37	421.53	396.61	50-54	31.15	29.07	26.99
55	633.33	595.95	558.57	55	43.61	40.49	37.38
56	683.16	639.56	598.03	56	47.76	43.61	40.49
57	735.07	687.32	637.48	57	50.87	47.76	43.61
58	791.14	735.07	681.09	58	55.03	50.87	46.72
59	849.28	789.06	728.85	59	58.14	55.03	49.84
60	913.65	845.13	776.60	60	62.29	58.14	52.95
61	984.25	907.42	832.67	61	67.49	62.29	57.10
62	1,059.01	973.87	890.81	62	72.68	67.49	61.26
63	1,137.91	1,046.55	953.11	63	77.87	71.64	65.41
64	1,225.12	1,123.38	1,021.63	64	84.10	76.83	69.56
65	1,316.49	1,204.36	1,092.23	65	89.29	82.02	73.72
66	1,418.24	1,304.03	1,191.90	66	96.56	89.29	80.98
67	1,524.14	1,412.01	1,299.88	67	103.82	96.56	87.21
68	1,640.42	1,528.29	1,416.16	68	111.09	103.82	95.52
69	1,765.01	1,654.96	1,542.83	69	119.40	112.13	103.82
70	1,897.90	1,789.93	1,681.95	70	127.70	120.44	112.13
71	2,107.63	1,980.96	1,856.37	71	142.24	133.93	124.59
72	2,340.20	2,192.77	2,045.33	72	157.81	147.43	137.05
73	2,597.68	2,427.41	2,255.06	73	174.42	163.00	151.58
74	2,884.23	2,686.97	2,487.63	74	193.11	180.65	167.16

Fractional Premiums (expressed as a percent of annual premium)

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Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	3,199.86	2,971.45	2,740.96	75	213.88	199.34	183.77
76	3,600.62	3,345.21	3,085.65	76	240.87	224.26	207.65
77	4,051.22	3,764.66	3,473.95	77	270.98	252.29	232.57
78	4,559.95	4,236.02	3,907.94	78	305.24	283.44	261.64
79	5,128.91	4,765.53	4,400.07	79	342.62	318.74	293.82
				80	385.19	358.19	330.16
				81	433.98	403.88	371.69
				82	487.97	453.71	418.41
				83	549.23	509.78	470.32
				84	617.75	574.15	529.50
				85	694.58	644.75	594.91
				86	781.80	725.73	669.67
				87	879.39	816.06	753.76
				88	989.44	918.84	847.20
				89	1,112.99	1,033.05	953.11
				90	1,252.12	1,162.83	1,072.50
				91	1,408.89	1,307.15	1,206.44
				92	1,584.36	1,471.19	1,356.98
				93	1,782.66	1,654.96	1,527.25
				94	2,005.88	1,861.57	1,717.25
				95	2,256.10	2,094.13	1,932.17
				96	2,538.50	2,355.77	2,174.08
				97	2,855.16	2,650.63	2,445.06
				98	3,212.32	2,981.83	2,751.34
				99	3,613.08	3,354.56	3,095.00

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	371.69	346.77	319.78	18-44	24.92	23.88	22.84
45-49	436.06	409.07	380.00	45-49	30.11	29.07	26.99
50-54	508.74	479.67	448.52	50-54	35.30	33.22	31.15
55	666.55	625.02	583.49	55	45.68	43.61	40.49
56	706.00	662.40	620.87	56	48.80	46.72	43.61
57	747.53	701.85	658.24	57	51.91	48.80	45.68
58	791.14	745.46	697.70	58	53.99	51.91	47.76
59	838.90	789.06	739.23	59	57.10	55.03	50.87
60	886.66	834.75	782.83	60	60.22	57.10	52.95
61	940.65	884.58	828.52	61	64.37	61.26	57.10
62	994.63	936.49	878.35	62	67.49	64.37	60.22
63	1,052.78	990.48	928.19	63	71.64	68.52	63.33
64	1,115.07	1,048.62	982.18	64	75.79	71.64	67.49
65	1,179.44	1,108.84	1,038.24	65	79.94	75.79	70.60
66	1,281.19	1,204.36	1,127.53	66	87.21	82.02	76.83
67	1,389.17	1,306.11	1,223.05	67	94.48	89.29	83.06
68	1,507.53	1,418.24	1,328.95	68	101.75	96.56	90.33
69	1,636.27	1,538.67	1,441.08	69	111.09	103.82	97.59
70	1,773.32	1,669.49	1,563.59	70	119.40	112.13	104.86
71	1,947.74	1,833.53	1,717.25	71	131.86	123.55	115.24
72	2,138.78	2,012.11	1,883.37	72	144.32	136.01	126.67
73	2,348.50	2,207.30	2,066.10	73	157.81	148.47	139.12
74	2,576.91	2,423.25	2,267.52	74	173.39	163.00	152.62

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,828.17	2,657.90	2,485.55	75	188.96	178.58	167.16
76	3,183.25	2,992.21	2,799.10	76	212.84	201.42	187.92
77	3,579.86	3,365.98	3,150.02	77	239.83	226.34	211.80
78	4,028.38	3,787.50	3,544.55	78	269.94	254.37	237.76
79	4,530.88	4,260.94	3,988.92	79	303.17	285.52	267.87
80		4,792.52	4,489.35	80		320.82	300.05
81		5,392.62	5,052.08	81		361.31	338.47
82		6,067.48	5,683.33	82		405.95	380.00
83		6,825.40	6,393.49	83		456.83	427.76
84		7,676.75	7,192.93	84		513.93	481.74

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
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FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	446.44	417.37	388.30	18-44	30.11	29.07	26.99
45-49	527.43	494.20	463.06	45-49	36.34	35.30	32.19
50-54	618.79	583.49	548.19	50-54	42.57	40.49	37.38
55	824.36	774.53	724.69	55	55.03	51.91	48.80
56	872.12	820.21	768.30	56	59.18	56.07	51.91
57	921.96	867.97	813.98	57	62.29	59.18	55.03
58	973.87	919.88	861.74	58	66.45	62.29	58.14
59	1,029.94	971.79	913.65	59	69.56	66.45	61.26
60	1,088.08	1,027.86	965.56	60	73.72	69.56	64.37
61	1,152.45	1,088.08	1,021.63	61	78.91	73.72	68.52
62	1,220.97	1,152.45	1,081.85	62	83.06	78.91	72.68
63	1,291.57	1,218.89	1,142.07	63	88.25	83.06	76.83
64	1,368.40	1,289.50	1,208.51	64	92.40	88.25	82.02
65	1,447.31	1,362.17	1,277.04	65	97.59	92.40	86.17
66	1,573.97	1,480.53	1,389.17	66	106.94	100.71	94.48
67	1,708.94	1,609.27	1,509.60	67	115.24	109.02	101.75
68	1,856.37	1,748.40	1,640.42	68	125.63	118.36	111.09
69	2,018.34	1,899.98	1,783.70	69	136.01	128.74	120.44
70	2,190.69	2,064.02	1,937.36	70	147.43	139.12	129.78
71	2,410.80	2,271.67	2,130.47	71	161.97	153.66	143.28
72	2,651.67	2,498.01	2,342.27	72	178.58	168.20	157.81
73	2,917.46	2,747.19	2,574.84	73	196.23	184.81	173.39
74	3,210.24	3,019.20	2,828.17	74	214.92	202.46	190.00
75	3,530.02	3,320.29	3,108.49	75	235.68	222.18	208.69
76	3,972.31	3,737.67	3,498.87	76	265.79	250.22	234.64
77	4,468.59	4,204.88	3,939.09	77	299.01	281.36	264.75
78	5,027.16	4,730.23	4,433.29	78	336.39	316.66	296.94
79	5,654.26	5,322.02	4,987.71	79	377.92	356.12	334.31

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
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FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	575.19	541.96	506.66	18-44	38.41	36.34	34.26
45-49	683.16	643.71	602.18	45-49	46.72	43.61	41.53
50-54	809.83	762.07	714.31	50-54	55.03	51.91	48.80
55	1,079.77	1,011.25	942.72	55	72.68	68.52	64.37
56	1,144.14	1,071.46	998.79	56	77.87	72.68	68.52
57	1,210.59	1,133.76	1,056.93	57	82.02	76.83	71.64
58	1,281.19	1,200.21	1,119.22	58	87.21	80.98	75.79
59	1,355.94	1,270.81	1,183.59	59	91.37	86.17	79.94
60	1,434.85	1,343.48	1,252.12	60	96.56	90.33	84.10
61	1,522.06	1,422.39	1,324.80	61	102.79	95.52	89.29
62	1,611.35	1,505.45	1,399.55	62	109.02	101.75	94.48
63	1,706.87	1,592.66	1,480.53	63	114.21	106.94	99.67
64	1,808.62	1,686.10	1,563.59	64	121.47	113.17	105.90
65	1,914.52	1,783.70	1,652.88	65	127.70	119.40	111.09
66	2,084.79	1,945.66	1,806.54	66	139.12	130.82	121.47
67	2,267.52	2,120.09	1,970.58	67	151.58	142.24	132.89
68	2,466.86	2,309.05	2,153.31	68	165.08	154.70	144.32
69	2,682.81	2,516.70	2,350.58	69	179.62	169.23	157.81
70	2,917.46	2,740.96	2,564.46	70	195.19	183.77	171.31
71	3,197.78	3,000.52	2,801.17	71	213.88	201.42	187.92
72	3,505.10	3,282.92	3,060.73	72	234.64	220.11	204.53
73	3,839.42	3,592.31	3,343.14	73	256.45	240.87	223.22
74	4,206.95	3,928.70	3,650.46	74	281.36	262.67	243.99
75	4,609.79	4,298.32	3,986.85	75	307.32	286.55	265.79
76	5,112.30	4,786.29	4,460.28	76	341.58	319.78	297.98
77	5,668.80	5,328.25	4,987.71	77	377.92	356.12	333.28
78	6,283.43	5,932.51	5,579.51	78	419.45	395.57	372.73
79	6,968.67	6,603.21	6,239.83	79	465.13	440.21	416.33

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
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FACILITY ONLY INFLATION BENEFITS
FORM: H-LTC3JFO, H-LTC3JFO2
RIDER: H-5AIFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	759.99	720.54	681.09	18-44	50.87	48.80	46.72
45-49	911.58	867.97	822.29	45-49	61.26	59.18	56.07
50-54	1,092.23	1,042.39	992.56	50-54	73.72	70.60	66.45
55	1,439.00	1,366.33	1,291.57	55	97.59	92.40	87.21
56	1,524.14	1,445.23	1,364.25	56	103.82	97.59	92.40
57	1,613.43	1,528.29	1,441.08	57	109.02	102.79	97.59
58	1,708.94	1,617.58	1,522.06	58	115.24	109.02	102.79
59	1,808.62	1,708.94	1,607.20	59	121.47	115.24	107.98
60	1,914.52	1,806.54	1,696.49	60	127.70	120.44	113.17
61	2,024.57	1,908.29	1,789.93	61	136.01	127.70	120.44
62	2,138.78	2,014.19	1,887.52	62	143.28	134.97	126.67
63	2,261.29	2,126.32	1,991.35	63	151.58	142.24	133.93
64	2,390.03	2,244.68	2,099.32	64	160.93	150.54	141.20
65	2,525.00	2,369.27	2,213.53	65	169.23	158.85	148.47
66	2,713.96	2,560.30	2,408.72	66	181.69	172.35	161.97
67	2,915.38	2,765.87	2,618.44	67	195.19	185.85	175.46
68	3,131.33	2,990.13	2,846.86	68	209.72	200.38	191.04
69	3,363.90	3,228.93	3,093.96	69	225.30	215.95	206.61
70	3,613.08	3,488.49	3,363.90	70	240.87	232.57	224.26
71	3,964.00	3,818.65	3,675.37	71	264.75	255.41	245.02
72	4,346.08	4,179.96	4,015.92	72	290.71	279.29	267.87
73	4,765.53	4,576.57	4,385.53	73	317.70	305.24	292.78
74	5,226.51	5,008.47	4,790.44	74	348.85	334.31	319.78
75	5,731.09	5,481.91	5,232.73	75	382.07	365.46	348.85
76	6,372.72	6,079.94	5,785.08	76	425.68	405.95	386.23
77	7,087.03	6,740.26	6,393.49	77	473.44	450.60	426.72
78	7,878.17	7,473.26	7,064.19	78	526.39	499.39	472.40
79	8,760.68	8,285.16	7,807.57	79	584.53	553.38	521.20

Fractional Premiums (expressed as a percent of annual premium)

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Quarterly	26.0%
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FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	199.34	184.81	168.20	18-44	13.50	13.50	12.46
45-49	228.41	213.88	195.19	45-49	16.61	15.57	14.54
50-54	257.48	242.95	226.34	50-54	18.69	17.65	16.61
55	355.08	330.16	303.17	55	23.88	22.84	21.80
56	380.00	353.00	323.93	56	25.96	24.92	23.88
57	406.99	377.92	346.77	57	28.03	25.96	24.92
58	436.06	404.91	369.61	58	30.11	28.03	25.96
59	467.21	431.91	396.61	59	31.15	30.11	28.03
60	498.36	460.98	421.53	60	33.22	31.15	29.07
61	533.66	494.20	450.60	61	36.34	34.26	31.15
62	571.03	527.43	481.74	62	38.41	36.34	33.22
63	610.49	562.73	512.89	63	41.53	38.41	35.30
64	654.09	602.18	548.19	64	44.64	41.53	37.38
65	697.70	641.63	583.49	65	46.72	43.61	39.45
66	764.15	701.85	637.48	66	51.91	47.76	43.61
67	836.82	766.22	695.62	67	57.10	52.95	47.76
68	917.81	836.82	757.92	68	62.29	57.10	50.87
69	1,005.02	915.73	826.44	69	67.49	62.29	56.07
70	1,098.46	998.79	899.12	70	73.72	67.49	60.22
71	1,212.67	1,098.46	982.18	71	82.02	74.75	66.45
72	1,339.33	1,206.44	1,073.54	72	90.33	82.02	72.68
73	1,478.46	1,324.80	1,171.14	73	99.67	90.33	78.91
74	1,630.04	1,455.61	1,279.11	74	110.05	98.63	86.17

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,798.23	1,596.81	1,395.40	75	121.47	107.98	93.44
76	2,024.57	1,798.23	1,571.90	76	137.05	121.47	105.90
77	2,279.98	2,024.57	1,767.09	77	153.66	137.05	118.36
78	2,566.53	2,277.90	1,989.27	78	173.39	153.66	133.93
79	2,888.39	2,564.46	2,238.45	79	194.15	172.35	150.54
80		2,884.23	2,516.70	80	218.03	193.11	168.20
81		3,245.54	2,832.32	81	246.06	218.03	190.00
82		3,652.53	3,185.32	82	276.17	245.02	213.88
83		4,111.43	3,584.01	83	310.43	275.13	239.83
84		4,626.40	4,032.53	84	348.85	309.40	269.94
				85	391.42	347.81	303.17
				86	441.25	391.42	341.58
				87	496.28	440.21	384.15
				88	557.54	495.24	431.91
				89	627.10	557.54	485.90
				90	706.00	627.10	547.15
				91	794.25	706.00	614.64
				92	892.89	794.25	691.47
				93	1,005.02	892.89	778.68
				94	1,130.64	1,003.98	875.24
				95	1,271.85	1,129.61	985.29
				96	1,430.70	1,270.81	1,107.80
				97	1,609.27	1,429.66	1,246.93
				98	1,810.69	1,608.24	1,402.66
				99	2,035.99	1,809.65	1,577.09

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
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**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	226.34	213.88	199.34	18-44	15.57	15.57	14.54
45-49	265.79	251.25	232.57	45-49	18.69	17.65	16.61
50-54	311.47	290.71	269.94	50-54	20.76	19.73	18.69
55	415.30	394.53	373.77	55	29.07	26.99	24.92
56	446.44	423.60	400.76	56	31.15	29.07	26.99
57	479.67	452.67	425.68	57	33.22	31.15	29.07
58	514.97	485.90	454.75	58	35.30	33.22	31.15
59	552.34	519.12	485.90	59	37.38	35.30	33.22
60	591.80	554.42	517.04	60	39.45	37.38	35.30
61	633.33	593.87	554.42	61	42.57	40.49	38.41
62	676.93	635.40	593.87	62	45.68	43.61	40.49
63	722.62	679.01	637.48	63	48.80	46.72	43.61
64	770.37	726.77	683.16	64	52.95	49.84	46.72
65	822.29	776.60	730.92	65	56.07	52.95	48.80
66	892.89	845.13	797.37	66	61.26	58.14	53.99
67	967.64	917.81	867.97	67	66.45	62.29	58.14
68	1,050.70	998.79	946.88	68	71.64	67.49	63.33
69	1,137.91	1,083.92	1,029.94	69	76.83	73.72	69.56
70	1,233.43	1,177.37	1,121.30	70	83.06	78.91	74.75
71	1,364.25	1,306.11	1,245.89	71	92.40	88.25	84.10
72	1,509.60	1,445.23	1,382.94	72	101.75	97.59	92.40
73	1,667.42	1,600.97	1,536.60	73	112.13	107.98	102.79
74	1,843.92	1,773.32	1,704.79	74	123.55	119.40	114.21

Fractional Premiums (expressed as a percent of annual premium)

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**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,037.03	1,964.35	1,891.68	75	136.01	131.86	126.67
76	2,292.44	2,211.45	2,128.39	76	153.66	148.47	143.28
77	2,578.99	2,487.63	2,394.18	77	172.35	167.16	160.93
78	2,900.85	2,799.10	2,693.20	78	194.15	187.92	180.65
79	3,264.23	3,147.95	3,029.59	79	218.03	210.76	203.50
				80	245.02	236.72	228.41
				81	276.17	266.83	257.48
				82	310.43	300.05	289.67
				83	348.85	337.43	326.01
				84	392.46	380.00	366.50
				85	441.25	426.72	411.14
				86	497.32	480.71	463.06
				87	558.57	540.92	521.20
				88	629.17	608.41	585.57
				89	707.04	684.20	659.28
				90	795.29	769.34	741.30
				91	894.96	865.89	833.71
				92	1,007.09	973.87	938.57
				93	1,132.72	1,095.34	1,055.89
				94	1,273.92	1,232.39	1,187.75
				95	1,433.81	1,386.05	1,335.18
				96	1,612.39	1,559.44	1,502.33
				97	1,813.81	1,754.63	1,690.26
				98	2,041.18	1,973.70	1,901.02
				99	2,295.55	2,219.76	2,138.78

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	263.71	253.33	240.87	18-44	17.65	17.65	16.61
45-49	313.55	294.86	276.17	45-49	21.80	20.76	19.73
50-54	369.61	342.62	315.63	50-54	24.92	23.88	21.80
55	504.59	469.28	433.98	55	35.30	33.22	30.11
56	544.04	504.59	465.13	56	38.41	36.34	32.19
57	583.49	541.96	498.36	57	41.53	38.41	34.26
58	627.10	581.41	533.66	58	43.61	40.49	37.38
59	674.86	622.94	571.03	59	46.72	43.61	39.45
60	724.69	668.63	610.49	60	49.84	45.68	41.53
61	780.76	718.46	654.09	61	53.99	49.84	44.64
62	838.90	770.37	699.77	62	58.14	52.95	47.76
63	903.27	826.44	747.53	63	62.29	57.10	50.87
64	969.72	886.66	799.45	64	66.45	60.22	55.03
65	1,042.39	948.95	853.43	65	70.60	64.37	58.14
66	1,137.91	1,034.09	930.26	66	77.87	70.60	63.33
67	1,241.74	1,127.53	1,011.25	67	84.10	76.83	68.52
68	1,355.94	1,229.28	1,100.54	68	91.37	83.06	74.75
69	1,478.46	1,339.33	1,196.05	69	99.67	90.33	80.98
70	1,613.43	1,457.69	1,299.88	70	107.98	97.59	87.21
71	1,773.32	1,607.20	1,439.00	71	119.40	107.98	96.56
72	1,947.74	1,771.24	1,590.59	72	130.82	119.40	106.94
73	2,140.85	1,951.89	1,758.78	73	144.32	130.82	118.36
74	2,352.65	2,149.16	1,943.59	74	157.81	144.32	130.82

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,583.14	2,367.19	2,149.16	75	173.39	158.85	144.32
76	2,909.15	2,664.13	2,419.10	76	195.19	179.62	163.00
77	3,272.54	2,998.44	2,722.27	77	220.11	201.42	182.73
78	3,683.68	3,374.28	3,064.89	78	247.10	226.34	205.57
79	4,144.66	3,795.81	3,446.96	79	277.21	254.37	231.53
				80	311.47	285.52	259.56
				81	350.93	321.85	292.78
				82	394.53	361.31	329.12
				83	443.33	406.99	369.61
				84	499.39	457.86	416.33
				85	560.65	513.93	467.21
				86	631.25	578.30	526.39
				87	710.16	650.98	591.80
				88	798.41	731.96	665.51
				89	898.08	823.33	748.57
				90	1,011.25	927.15	842.01
				91	1,136.87	1,042.39	947.91
				92	1,279.11	1,172.17	1,066.27
				93	1,439.00	1,319.60	1,199.17
				94	1,618.62	1,483.65	1,348.68
				95	1,821.07	1,669.49	1,517.91
				96	2,048.45	1,878.18	1,706.87
				97	2,304.90	2,112.82	1,920.75
				98	2,592.49	2,376.53	2,160.58
				99	2,916.42	2,673.47	2,430.52

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	313.55	301.09	286.55	18-44	21.80	20.76	19.73
45-49	373.77	357.15	338.47	45-49	26.99	24.92	23.88
50-54	444.37	421.53	396.61	50-54	31.15	29.07	26.99
55	633.33	595.95	558.57	55	43.61	40.49	37.38
56	683.16	639.56	598.03	56	47.76	43.61	40.49
57	735.07	687.32	637.48	57	50.87	47.76	43.61
58	791.14	735.07	681.09	58	55.03	50.87	46.72
59	849.28	789.06	728.85	59	58.14	55.03	49.84
60	913.65	845.13	776.60	60	62.29	58.14	52.95
61	984.25	907.42	832.67	61	67.49	62.29	57.10
62	1,059.01	973.87	890.81	62	72.68	67.49	61.26
63	1,137.91	1,046.55	953.11	63	77.87	71.64	65.41
64	1,225.12	1,123.38	1,021.63	64	84.10	76.83	69.56
65	1,316.49	1,204.36	1,092.23	65	89.29	82.02	73.72
66	1,418.24	1,304.03	1,191.90	66	96.56	89.29	80.98
67	1,524.14	1,412.01	1,299.88	67	103.82	96.56	87.21
68	1,640.42	1,528.29	1,416.16	68	111.09	103.82	95.52
69	1,765.01	1,654.96	1,542.83	69	119.40	112.13	103.82
70	1,897.90	1,789.93	1,681.95	70	127.70	120.44	112.13
71	2,107.63	1,980.96	1,856.37	71	142.24	133.93	124.59
72	2,340.20	2,192.77	2,045.33	72	157.81	147.43	137.05
73	2,597.68	2,427.41	2,255.06	73	174.42	163.00	151.58
74	2,884.23	2,686.97	2,487.63	74	193.11	180.65	167.16

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
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**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	3,199.86	2,971.45	2,740.96	75	213.88	199.34	183.77
76	3,600.62	3,345.21	3,085.65	76	240.87	224.26	207.65
77	4,051.22	3,764.66	3,473.95	77	270.98	252.29	232.57
78	4,559.95	4,236.02	3,907.94	78	305.24	283.44	261.64
79	5,128.91	4,765.53	4,400.07	79	342.62	318.74	293.82
				80	385.19	358.19	330.16
				81	433.98	403.88	371.69
				82	487.97	453.71	418.41
				83	549.23	509.78	470.32
				84	617.75	574.15	529.50
				85	694.58	644.75	594.91
				86	781.80	725.73	669.67
				87	879.39	816.06	753.76
				88	989.44	918.84	847.20
				89	1,112.99	1,033.05	953.11
				90	1,252.12	1,162.83	1,072.50
				91	1,408.89	1,307.15	1,206.44
				92	1,584.36	1,471.19	1,356.98
				93	1,782.66	1,654.96	1,527.25
				94	2,005.88	1,861.57	1,717.25
				95	2,256.10	2,094.13	1,932.17
				96	2,538.50	2,355.77	2,174.08
				97	2,855.16	2,650.63	2,445.06
				98	3,212.32	2,981.83	2,751.34
				99	3,613.08	3,354.56	3,095.00

Fractional Premiums (expressed as a percent of annual premium)

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**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	371.69	346.77	319.78	18-44	24.92	23.88	22.84
45-49	436.06	409.07	380.00	45-49	30.11	29.07	26.99
50-54	508.74	479.67	448.52	50-54	35.30	33.22	31.15
55	666.55	625.02	583.49	55	45.68	43.61	40.49
56	706.00	662.40	620.87	56	48.80	46.72	43.61
57	747.53	701.85	658.24	57	51.91	48.80	45.68
58	791.14	745.46	697.70	58	53.99	51.91	47.76
59	838.90	789.06	739.23	59	57.10	55.03	50.87
60	886.66	834.75	782.83	60	60.22	57.10	52.95
61	940.65	884.58	828.52	61	64.37	61.26	57.10
62	994.63	936.49	878.35	62	67.49	64.37	60.22
63	1,052.78	990.48	928.19	63	71.64	68.52	63.33
64	1,115.07	1,048.62	982.18	64	75.79	71.64	67.49
65	1,179.44	1,108.84	1,038.24	65	79.94	75.79	70.60
66	1,281.19	1,204.36	1,127.53	66	87.21	82.02	76.83
67	1,389.17	1,306.11	1,223.05	67	94.48	89.29	83.06
68	1,507.53	1,418.24	1,328.95	68	101.75	96.56	90.33
69	1,636.27	1,538.67	1,441.08	69	111.09	103.82	97.59
70	1,773.32	1,669.49	1,563.59	70	119.40	112.13	104.86
71	1,947.74	1,833.53	1,717.25	71	131.86	123.55	115.24
72	2,138.78	2,012.11	1,883.37	72	144.32	136.01	126.67
73	2,348.50	2,207.30	2,066.10	73	157.81	148.47	139.12
74	2,576.91	2,423.25	2,267.52	74	173.39	163.00	152.62

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
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Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,828.17	2,657.90	2,485.55	75	188.96	178.58	167.16
76	3,183.25	2,992.21	2,799.10	76	212.84	201.42	187.92
77	3,579.86	3,365.98	3,150.02	77	239.83	226.34	211.80
78	4,028.38	3,787.50	3,544.55	78	269.94	254.37	237.76
79	4,530.88	4,260.94	3,988.92	79	303.17	285.52	267.87
80		4,792.52	4,489.35	80		320.82	300.05
81		5,392.62	5,052.08	81		361.31	338.47
82		6,067.48	5,683.33	82		405.95	380.00
83		6,825.40	6,393.49	83		456.83	427.76
84		7,676.75	7,192.93	84		513.93	481.74

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY INFLATION BENEFITS
FORM: H-LTC3JFO, H-LTC3JFO2
RIDER: H-5AIFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	446.44	417.37	388.30	18-44	30.11	29.07	26.99
45-49	527.43	494.20	463.06	45-49	36.34	35.30	32.19
50-54	618.79	583.49	548.19	50-54	42.57	40.49	37.38
55	824.36	774.53	724.69	55	55.03	51.91	48.80
56	872.12	820.21	768.30	56	59.18	56.07	51.91
57	921.96	867.97	813.98	57	62.29	59.18	55.03
58	973.87	919.88	861.74	58	66.45	62.29	58.14
59	1,029.94	971.79	913.65	59	69.56	66.45	61.26
60	1,088.08	1,027.86	965.56	60	73.72	69.56	64.37
61	1,152.45	1,088.08	1,021.63	61	78.91	73.72	68.52
62	1,220.97	1,152.45	1,081.85	62	83.06	78.91	72.68
63	1,291.57	1,218.89	1,142.07	63	88.25	83.06	76.83
64	1,368.40	1,289.50	1,208.51	64	92.40	88.25	82.02
65	1,447.31	1,362.17	1,277.04	65	97.59	92.40	86.17
66	1,573.97	1,480.53	1,389.17	66	106.94	100.71	94.48
67	1,708.94	1,609.27	1,509.60	67	115.24	109.02	101.75
68	1,856.37	1,748.40	1,640.42	68	125.63	118.36	111.09
69	2,018.34	1,899.98	1,783.70	69	136.01	128.74	120.44
70	2,190.69	2,064.02	1,937.36	70	147.43	139.12	129.78
71	2,410.80	2,271.67	2,130.47	71	161.97	153.66	143.28
72	2,651.67	2,498.01	2,342.27	72	178.58	168.20	157.81
73	2,917.46	2,747.19	2,574.84	73	196.23	184.81	173.39
74	3,210.24	3,019.20	2,828.17	74	214.92	202.46	190.00
75	3,530.02	3,320.29	3,108.49	75	235.68	222.18	208.69
76	3,972.31	3,737.67	3,498.87	76	265.79	250.22	234.64
77	4,468.59	4,204.88	3,939.09	77	299.01	281.36	264.75
78	5,027.16	4,730.23	4,433.29	78	336.39	316.66	296.94
79	5,654.26	5,322.02	4,987.71	79	377.92	356.12	334.31

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	575.19	541.96	506.66	18-44	38.41	36.34	34.26
45-49	683.16	643.71	602.18	45-49	46.72	43.61	41.53
50-54	809.83	762.07	714.31	50-54	55.03	51.91	48.80
55	1,079.77	1,011.25	942.72	55	72.68	68.52	64.37
56	1,144.14	1,071.46	998.79	56	77.87	72.68	68.52
57	1,210.59	1,133.76	1,056.93	57	82.02	76.83	71.64
58	1,281.19	1,200.21	1,119.22	58	87.21	80.98	75.79
59	1,355.94	1,270.81	1,183.59	59	91.37	86.17	79.94
60	1,434.85	1,343.48	1,252.12	60	96.56	90.33	84.10
61	1,522.06	1,422.39	1,324.80	61	102.79	95.52	89.29
62	1,611.35	1,505.45	1,399.55	62	109.02	101.75	94.48
63	1,706.87	1,592.66	1,480.53	63	114.21	106.94	99.67
64	1,808.62	1,686.10	1,563.59	64	121.47	113.17	105.90
65	1,914.52	1,783.70	1,652.88	65	127.70	119.40	111.09
66	2,084.79	1,945.66	1,806.54	66	139.12	130.82	121.47
67	2,267.52	2,120.09	1,970.58	67	151.58	142.24	132.89
68	2,466.86	2,309.05	2,153.31	68	165.08	154.70	144.32
69	2,682.81	2,516.70	2,350.58	69	179.62	169.23	157.81
70	2,917.46	2,740.96	2,564.46	70	195.19	183.77	171.31
71	3,197.78	3,000.52	2,801.17	71	213.88	201.42	187.92
72	3,505.10	3,282.92	3,060.73	72	234.64	220.11	204.53
73	3,839.42	3,592.31	3,343.14	73	256.45	240.87	223.22
74	4,206.95	3,928.70	3,650.46	74	281.36	262.67	243.99
75	4,609.79	4,298.32	3,986.85	75	307.32	286.55	265.79
76	5,112.30	4,786.29	4,460.28	76	341.58	319.78	297.98
77	5,668.80	5,328.25	4,987.71	77	377.92	356.12	333.28
78	6,283.43	5,932.51	5,579.51	78	419.45	395.57	372.73
79	6,968.67	6,603.21	6,239.83	79	465.13	440.21	416.33

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY INFLATION BENEFITS
FORM: H-LTC3JFO, H-LTC3JFO2
RIDER: H-5AIFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	759.99	720.54	681.09	18-44	50.87	48.80	46.72
45-49	911.58	867.97	822.29	45-49	61.26	59.18	56.07
50-54	1,092.23	1,042.39	992.56	50-54	73.72	70.60	66.45
55	1,439.00	1,366.33	1,291.57	55	97.59	92.40	87.21
56	1,524.14	1,445.23	1,364.25	56	103.82	97.59	92.40
57	1,613.43	1,528.29	1,441.08	57	109.02	102.79	97.59
58	1,708.94	1,617.58	1,522.06	58	115.24	109.02	102.79
59	1,808.62	1,708.94	1,607.20	59	121.47	115.24	107.98
60	1,914.52	1,806.54	1,696.49	60	127.70	120.44	113.17
61	2,024.57	1,908.29	1,789.93	61	136.01	127.70	120.44
62	2,138.78	2,014.19	1,887.52	62	143.28	134.97	126.67
63	2,261.29	2,126.32	1,991.35	63	151.58	142.24	133.93
64	2,390.03	2,244.68	2,099.32	64	160.93	150.54	141.20
65	2,525.00	2,369.27	2,213.53	65	169.23	158.85	148.47
66	2,713.96	2,560.30	2,408.72	66	181.69	172.35	161.97
67	2,915.38	2,765.87	2,618.44	67	195.19	185.85	175.46
68	3,131.33	2,990.13	2,846.86	68	209.72	200.38	191.04
69	3,363.90	3,228.93	3,093.96	69	225.30	215.95	206.61
70	3,613.08	3,488.49	3,363.90	70	240.87	232.57	224.26
71	3,964.00	3,818.65	3,675.37	71	264.75	255.41	245.02
72	4,346.08	4,179.96	4,015.92	72	290.71	279.29	267.87
73	4,765.53	4,576.57	4,385.53	73	317.70	305.24	292.78
74	5,226.51	5,008.47	4,790.44	74	348.85	334.31	319.78
75	5,731.09	5,481.91	5,232.73	75	382.07	365.46	348.85
76	6,372.72	6,079.94	5,785.08	76	425.68	405.95	386.23
77	7,087.03	6,740.26	6,393.49	77	473.44	450.60	426.72
78	7,878.17	7,473.26	7,064.19	78	526.39	499.39	472.40
79	8,760.68	8,285.16	7,807.57	79	584.53	553.38	521.20

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	199.34	184.81	168.20	18-44	13.50	13.50	12.46
45-49	228.41	213.88	195.19	45-49	16.61	15.57	14.54
50-54	257.48	242.95	226.34	50-54	18.69	17.65	16.61
55	355.08	330.16	303.17	55	23.88	22.84	21.80
56	380.00	353.00	323.93	56	25.96	24.92	23.88
57	406.99	377.92	346.77	57	28.03	25.96	24.92
58	436.06	404.91	369.61	58	30.11	28.03	25.96
59	467.21	431.91	396.61	59	31.15	30.11	28.03
60	498.36	460.98	421.53	60	33.22	31.15	29.07
61	533.66	494.20	450.60	61	36.34	34.26	31.15
62	571.03	527.43	481.74	62	38.41	36.34	33.22
63	610.49	562.73	512.89	63	41.53	38.41	35.30
64	654.09	602.18	548.19	64	44.64	41.53	37.38
65	697.70	641.63	583.49	65	46.72	43.61	39.45
66	764.15	701.85	637.48	66	51.91	47.76	43.61
67	836.82	766.22	695.62	67	57.10	52.95	47.76
68	917.81	836.82	757.92	68	62.29	57.10	50.87
69	1,005.02	915.73	826.44	69	67.49	62.29	56.07
70	1,098.46	998.79	899.12	70	73.72	67.49	60.22
71	1,212.67	1,098.46	982.18	71	82.02	74.75	66.45
72	1,339.33	1,206.44	1,073.54	72	90.33	82.02	72.68
73	1,478.46	1,324.80	1,171.14	73	99.67	90.33	78.91
74	1,630.04	1,455.61	1,279.11	74	110.05	98.63	86.17

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,798.23	1,596.81	1,395.40	75	121.47	107.98	93.44
76	2,024.57	1,798.23	1,571.90	76	137.05	121.47	105.90
77	2,279.98	2,024.57	1,767.09	77	153.66	137.05	118.36
78	2,566.53	2,277.90	1,989.27	78	173.39	153.66	133.93
79	2,888.39	2,564.46	2,238.45	79	194.15	172.35	150.54
80		2,884.23	2,516.70	80	218.03	193.11	168.20
81		3,245.54	2,832.32	81	246.06	218.03	190.00
82		3,652.53	3,185.32	82	276.17	245.02	213.88
83		4,111.43	3,584.01	83	310.43	275.13	239.83
84		4,626.40	4,032.53	84	348.85	309.40	269.94
				85	391.42	347.81	303.17
				86	441.25	391.42	341.58
				87	496.28	440.21	384.15
				88	557.54	495.24	431.91
				89	627.10	557.54	485.90
				90	706.00	627.10	547.15
				91	794.25	706.00	614.64
				92	892.89	794.25	691.47
				93	1,005.02	892.89	778.68
				94	1,130.64	1,003.98	875.24
				95	1,271.85	1,129.61	985.29
				96	1,430.70	1,270.81	1,107.80
				97	1,609.27	1,429.66	1,246.93
				98	1,810.69	1,608.24	1,402.66
				99	2,035.99	1,809.65	1,577.09

Fractional Premiums (expressed as a percent of annual premium)

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FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	226.34	213.88	199.34	18-44	15.57	15.57	14.54
45-49	265.79	251.25	232.57	45-49	18.69	17.65	16.61
50-54	311.47	290.71	269.94	50-54	20.76	19.73	18.69
55	415.30	394.53	373.77	55	29.07	26.99	24.92
56	446.44	423.60	400.76	56	31.15	29.07	26.99
57	479.67	452.67	425.68	57	33.22	31.15	29.07
58	514.97	485.90	454.75	58	35.30	33.22	31.15
59	552.34	519.12	485.90	59	37.38	35.30	33.22
60	591.80	554.42	517.04	60	39.45	37.38	35.30
61	633.33	593.87	554.42	61	42.57	40.49	38.41
62	676.93	635.40	593.87	62	45.68	43.61	40.49
63	722.62	679.01	637.48	63	48.80	46.72	43.61
64	770.37	726.77	683.16	64	52.95	49.84	46.72
65	822.29	776.60	730.92	65	56.07	52.95	48.80
66	892.89	845.13	797.37	66	61.26	58.14	53.99
67	967.64	917.81	867.97	67	66.45	62.29	58.14
68	1,050.70	998.79	946.88	68	71.64	67.49	63.33
69	1,137.91	1,083.92	1,029.94	69	76.83	73.72	69.56
70	1,233.43	1,177.37	1,121.30	70	83.06	78.91	74.75
71	1,364.25	1,306.11	1,245.89	71	92.40	88.25	84.10
72	1,509.60	1,445.23	1,382.94	72	101.75	97.59	92.40
73	1,667.42	1,600.97	1,536.60	73	112.13	107.98	102.79
74	1,843.92	1,773.32	1,704.79	74	123.55	119.40	114.21

Fractional Premiums (expressed as a percent of annual premium)

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Quarterly	26.0%
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**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,037.03	1,964.35	1,891.68	75	136.01	131.86	126.67
76	2,292.44	2,211.45	2,128.39	76	153.66	148.47	143.28
77	2,578.99	2,487.63	2,394.18	77	172.35	167.16	160.93
78	2,900.85	2,799.10	2,693.20	78	194.15	187.92	180.65
79	3,264.23	3,147.95	3,029.59	79	218.03	210.76	203.50
				80	245.02	236.72	228.41
				81	276.17	266.83	257.48
				82	310.43	300.05	289.67
				83	348.85	337.43	326.01
				84	392.46	380.00	366.50
				85	441.25	426.72	411.14
				86	497.32	480.71	463.06
				87	558.57	540.92	521.20
				88	629.17	608.41	585.57
				89	707.04	684.20	659.28
				90	795.29	769.34	741.30
				91	894.96	865.89	833.71
				92	1,007.09	973.87	938.57
				93	1,132.72	1,095.34	1,055.89
				94	1,273.92	1,232.39	1,187.75
				95	1,433.81	1,386.05	1,335.18
				96	1,612.39	1,559.44	1,502.33
				97	1,813.81	1,754.63	1,690.26
				98	2,041.18	1,973.70	1,901.02
				99	2,295.55	2,219.76	2,138.78

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	263.71	253.33	240.87	18-44	17.65	17.65	16.61
45-49	313.55	294.86	276.17	45-49	21.80	20.76	19.73
50-54	369.61	342.62	315.63	50-54	24.92	23.88	21.80
55	504.59	469.28	433.98	55	35.30	33.22	30.11
56	544.04	504.59	465.13	56	38.41	36.34	32.19
57	583.49	541.96	498.36	57	41.53	38.41	34.26
58	627.10	581.41	533.66	58	43.61	40.49	37.38
59	674.86	622.94	571.03	59	46.72	43.61	39.45
60	724.69	668.63	610.49	60	49.84	45.68	41.53
61	780.76	718.46	654.09	61	53.99	49.84	44.64
62	838.90	770.37	699.77	62	58.14	52.95	47.76
63	903.27	826.44	747.53	63	62.29	57.10	50.87
64	969.72	886.66	799.45	64	66.45	60.22	55.03
65	1,042.39	948.95	853.43	65	70.60	64.37	58.14
66	1,137.91	1,034.09	930.26	66	77.87	70.60	63.33
67	1,241.74	1,127.53	1,011.25	67	84.10	76.83	68.52
68	1,355.94	1,229.28	1,100.54	68	91.37	83.06	74.75
69	1,478.46	1,339.33	1,196.05	69	99.67	90.33	80.98
70	1,613.43	1,457.69	1,299.88	70	107.98	97.59	87.21
71	1,773.32	1,607.20	1,439.00	71	119.40	107.98	96.56
72	1,947.74	1,771.24	1,590.59	72	130.82	119.40	106.94
73	2,140.85	1,951.89	1,758.78	73	144.32	130.82	118.36
74	2,352.65	2,149.16	1,943.59	74	157.81	144.32	130.82

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,583.14	2,367.19	2,149.16	75	173.39	158.85	144.32
76	2,909.15	2,664.13	2,419.10	76	195.19	179.62	163.00
77	3,272.54	2,998.44	2,722.27	77	220.11	201.42	182.73
78	3,683.68	3,374.28	3,064.89	78	247.10	226.34	205.57
79	4,144.66	3,795.81	3,446.96	79	277.21	254.37	231.53
				80	311.47	285.52	259.56
				81	350.93	321.85	292.78
				82	394.53	361.31	329.12
				83	443.33	406.99	369.61
				84	499.39	457.86	416.33
				85	560.65	513.93	467.21
				86	631.25	578.30	526.39
				87	710.16	650.98	591.80
				88	798.41	731.96	665.51
				89	898.08	823.33	748.57
				90	1,011.25	927.15	842.01
				91	1,136.87	1,042.39	947.91
				92	1,279.11	1,172.17	1,066.27
				93	1,439.00	1,319.60	1,199.17
				94	1,618.62	1,483.65	1,348.68
				95	1,821.07	1,669.49	1,517.91
				96	2,048.45	1,878.18	1,706.87
				97	2,304.90	2,112.82	1,920.75
				98	2,592.49	2,376.53	2,160.58
				99	2,916.42	2,673.47	2,430.52

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	313.55	301.09	286.55	18-44	21.80	20.76	19.73
45-49	373.77	357.15	338.47	45-49	26.99	24.92	23.88
50-54	444.37	421.53	396.61	50-54	31.15	29.07	26.99
55	633.33	595.95	558.57	55	43.61	40.49	37.38
56	683.16	639.56	598.03	56	47.76	43.61	40.49
57	735.07	687.32	637.48	57	50.87	47.76	43.61
58	791.14	735.07	681.09	58	55.03	50.87	46.72
59	849.28	789.06	728.85	59	58.14	55.03	49.84
60	913.65	845.13	776.60	60	62.29	58.14	52.95
61	984.25	907.42	832.67	61	67.49	62.29	57.10
62	1,059.01	973.87	890.81	62	72.68	67.49	61.26
63	1,137.91	1,046.55	953.11	63	77.87	71.64	65.41
64	1,225.12	1,123.38	1,021.63	64	84.10	76.83	69.56
65	1,316.49	1,204.36	1,092.23	65	89.29	82.02	73.72
66	1,418.24	1,304.03	1,191.90	66	96.56	89.29	80.98
67	1,524.14	1,412.01	1,299.88	67	103.82	96.56	87.21
68	1,640.42	1,528.29	1,416.16	68	111.09	103.82	95.52
69	1,765.01	1,654.96	1,542.83	69	119.40	112.13	103.82
70	1,897.90	1,789.93	1,681.95	70	127.70	120.44	112.13
71	2,107.63	1,980.96	1,856.37	71	142.24	133.93	124.59
72	2,340.20	2,192.77	2,045.33	72	157.81	147.43	137.05
73	2,597.68	2,427.41	2,255.06	73	174.42	163.00	151.58
74	2,884.23	2,686.97	2,487.63	74	193.11	180.65	167.16

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	3,199.86	2,971.45	2,740.96	75	213.88	199.34	183.77
76	3,600.62	3,345.21	3,085.65	76	240.87	224.26	207.65
77	4,051.22	3,764.66	3,473.95	77	270.98	252.29	232.57
78	4,559.95	4,236.02	3,907.94	78	305.24	283.44	261.64
79	5,128.91	4,765.53	4,400.07	79	342.62	318.74	293.82
				80	385.19	358.19	330.16
				81	433.98	403.88	371.69
				82	487.97	453.71	418.41
				83	549.23	509.78	470.32
				84	617.75	574.15	529.50
				85	694.58	644.75	594.91
				86	781.80	725.73	669.67
				87	879.39	816.06	753.76
				88	989.44	918.84	847.20
				89	1,112.99	1,033.05	953.11
				90	1,252.12	1,162.83	1,072.50
				91	1,408.89	1,307.15	1,206.44
				92	1,584.36	1,471.19	1,356.98
				93	1,782.66	1,654.96	1,527.25
				94	2,005.88	1,861.57	1,717.25
				95	2,256.10	2,094.13	1,932.17
				96	2,538.50	2,355.77	2,174.08
				97	2,855.16	2,650.63	2,445.06
				98	3,212.32	2,981.83	2,751.34
				99	3,613.08	3,354.56	3,095.00

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
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Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	371.69	346.77	319.78	18-44	24.92	23.88	22.84
45-49	436.06	409.07	380.00	45-49	30.11	29.07	26.99
50-54	508.74	479.67	448.52	50-54	35.30	33.22	31.15
55	666.55	625.02	583.49	55	45.68	43.61	40.49
56	706.00	662.40	620.87	56	48.80	46.72	43.61
57	747.53	701.85	658.24	57	51.91	48.80	45.68
58	791.14	745.46	697.70	58	53.99	51.91	47.76
59	838.90	789.06	739.23	59	57.10	55.03	50.87
60	886.66	834.75	782.83	60	60.22	57.10	52.95
61	940.65	884.58	828.52	61	64.37	61.26	57.10
62	994.63	936.49	878.35	62	67.49	64.37	60.22
63	1,052.78	990.48	928.19	63	71.64	68.52	63.33
64	1,115.07	1,048.62	982.18	64	75.79	71.64	67.49
65	1,179.44	1,108.84	1,038.24	65	79.94	75.79	70.60
66	1,281.19	1,204.36	1,127.53	66	87.21	82.02	76.83
67	1,389.17	1,306.11	1,223.05	67	94.48	89.29	83.06
68	1,507.53	1,418.24	1,328.95	68	101.75	96.56	90.33
69	1,636.27	1,538.67	1,441.08	69	111.09	103.82	97.59
70	1,773.32	1,669.49	1,563.59	70	119.40	112.13	104.86
71	1,947.74	1,833.53	1,717.25	71	131.86	123.55	115.24
72	2,138.78	2,012.11	1,883.37	72	144.32	136.01	126.67
73	2,348.50	2,207.30	2,066.10	73	157.81	148.47	139.12
74	2,576.91	2,423.25	2,267.52	74	173.39	163.00	152.62

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,828.17	2,657.90	2,485.55	75	188.96	178.58	167.16
76	3,183.25	2,992.21	2,799.10	76	212.84	201.42	187.92
77	3,579.86	3,365.98	3,150.02	77	239.83	226.34	211.80
78	4,028.38	3,787.50	3,544.55	78	269.94	254.37	237.76
79	4,530.88	4,260.94	3,988.92	79	303.17	285.52	267.87
80		4,792.52	4,489.35	80		320.82	300.05
81		5,392.62	5,052.08	81		361.31	338.47
82		6,067.48	5,683.33	82		405.95	380.00
83		6,825.40	6,393.49	83		456.83	427.76
84		7,676.75	7,192.93	84		513.93	481.74

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
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FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	446.44	417.37	388.30	18-44	30.11	29.07	26.99
45-49	527.43	494.20	463.06	45-49	36.34	35.30	32.19
50-54	618.79	583.49	548.19	50-54	42.57	40.49	37.38
55	824.36	774.53	724.69	55	55.03	51.91	48.80
56	872.12	820.21	768.30	56	59.18	56.07	51.91
57	921.96	867.97	813.98	57	62.29	59.18	55.03
58	973.87	919.88	861.74	58	66.45	62.29	58.14
59	1,029.94	971.79	913.65	59	69.56	66.45	61.26
60	1,088.08	1,027.86	965.56	60	73.72	69.56	64.37
61	1,152.45	1,088.08	1,021.63	61	78.91	73.72	68.52
62	1,220.97	1,152.45	1,081.85	62	83.06	78.91	72.68
63	1,291.57	1,218.89	1,142.07	63	88.25	83.06	76.83
64	1,368.40	1,289.50	1,208.51	64	92.40	88.25	82.02
65	1,447.31	1,362.17	1,277.04	65	97.59	92.40	86.17
66	1,573.97	1,480.53	1,389.17	66	106.94	100.71	94.48
67	1,708.94	1,609.27	1,509.60	67	115.24	109.02	101.75
68	1,856.37	1,748.40	1,640.42	68	125.63	118.36	111.09
69	2,018.34	1,899.98	1,783.70	69	136.01	128.74	120.44
70	2,190.69	2,064.02	1,937.36	70	147.43	139.12	129.78
71	2,410.80	2,271.67	2,130.47	71	161.97	153.66	143.28
72	2,651.67	2,498.01	2,342.27	72	178.58	168.20	157.81
73	2,917.46	2,747.19	2,574.84	73	196.23	184.81	173.39
74	3,210.24	3,019.20	2,828.17	74	214.92	202.46	190.00
75	3,530.02	3,320.29	3,108.49	75	235.68	222.18	208.69
76	3,972.31	3,737.67	3,498.87	76	265.79	250.22	234.64
77	4,468.59	4,204.88	3,939.09	77	299.01	281.36	264.75
78	5,027.16	4,730.23	4,433.29	78	336.39	316.66	296.94
79	5,654.26	5,322.02	4,987.71	79	377.92	356.12	334.31

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
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FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	575.19	541.96	506.66	18-44	38.41	36.34	34.26
45-49	683.16	643.71	602.18	45-49	46.72	43.61	41.53
50-54	809.83	762.07	714.31	50-54	55.03	51.91	48.80
55	1,079.77	1,011.25	942.72	55	72.68	68.52	64.37
56	1,144.14	1,071.46	998.79	56	77.87	72.68	68.52
57	1,210.59	1,133.76	1,056.93	57	82.02	76.83	71.64
58	1,281.19	1,200.21	1,119.22	58	87.21	80.98	75.79
59	1,355.94	1,270.81	1,183.59	59	91.37	86.17	79.94
60	1,434.85	1,343.48	1,252.12	60	96.56	90.33	84.10
61	1,522.06	1,422.39	1,324.80	61	102.79	95.52	89.29
62	1,611.35	1,505.45	1,399.55	62	109.02	101.75	94.48
63	1,706.87	1,592.66	1,480.53	63	114.21	106.94	99.67
64	1,808.62	1,686.10	1,563.59	64	121.47	113.17	105.90
65	1,914.52	1,783.70	1,652.88	65	127.70	119.40	111.09
66	2,084.79	1,945.66	1,806.54	66	139.12	130.82	121.47
67	2,267.52	2,120.09	1,970.58	67	151.58	142.24	132.89
68	2,466.86	2,309.05	2,153.31	68	165.08	154.70	144.32
69	2,682.81	2,516.70	2,350.58	69	179.62	169.23	157.81
70	2,917.46	2,740.96	2,564.46	70	195.19	183.77	171.31
71	3,197.78	3,000.52	2,801.17	71	213.88	201.42	187.92
72	3,505.10	3,282.92	3,060.73	72	234.64	220.11	204.53
73	3,839.42	3,592.31	3,343.14	73	256.45	240.87	223.22
74	4,206.95	3,928.70	3,650.46	74	281.36	262.67	243.99
75	4,609.79	4,298.32	3,986.85	75	307.32	286.55	265.79
76	5,112.30	4,786.29	4,460.28	76	341.58	319.78	297.98
77	5,668.80	5,328.25	4,987.71	77	377.92	356.12	333.28
78	6,283.43	5,932.51	5,579.51	78	419.45	395.57	372.73
79	6,968.67	6,603.21	6,239.83	79	465.13	440.21	416.33

Fractional Premiums (expressed as a percent of annual premium)

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FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	759.99	720.54	681.09	18-44	50.87	48.80	46.72
45-49	911.58	867.97	822.29	45-49	61.26	59.18	56.07
50-54	1,092.23	1,042.39	992.56	50-54	73.72	70.60	66.45
55	1,439.00	1,366.33	1,291.57	55	97.59	92.40	87.21
56	1,524.14	1,445.23	1,364.25	56	103.82	97.59	92.40
57	1,613.43	1,528.29	1,441.08	57	109.02	102.79	97.59
58	1,708.94	1,617.58	1,522.06	58	115.24	109.02	102.79
59	1,808.62	1,708.94	1,607.20	59	121.47	115.24	107.98
60	1,914.52	1,806.54	1,696.49	60	127.70	120.44	113.17
61	2,024.57	1,908.29	1,789.93	61	136.01	127.70	120.44
62	2,138.78	2,014.19	1,887.52	62	143.28	134.97	126.67
63	2,261.29	2,126.32	1,991.35	63	151.58	142.24	133.93
64	2,390.03	2,244.68	2,099.32	64	160.93	150.54	141.20
65	2,525.00	2,369.27	2,213.53	65	169.23	158.85	148.47
66	2,713.96	2,560.30	2,408.72	66	181.69	172.35	161.97
67	2,915.38	2,765.87	2,618.44	67	195.19	185.85	175.46
68	3,131.33	2,990.13	2,846.86	68	209.72	200.38	191.04
69	3,363.90	3,228.93	3,093.96	69	225.30	215.95	206.61
70	3,613.08	3,488.49	3,363.90	70	240.87	232.57	224.26
71	3,964.00	3,818.65	3,675.37	71	264.75	255.41	245.02
72	4,346.08	4,179.96	4,015.92	72	290.71	279.29	267.87
73	4,765.53	4,576.57	4,385.53	73	317.70	305.24	292.78
74	5,226.51	5,008.47	4,790.44	74	348.85	334.31	319.78
75	5,731.09	5,481.91	5,232.73	75	382.07	365.46	348.85
76	6,372.72	6,079.94	5,785.08	76	425.68	405.95	386.23
77	7,087.03	6,740.26	6,393.49	77	473.44	450.60	426.72
78	7,878.17	7,473.26	7,064.19	78	526.39	499.39	472.40
79	8,760.68	8,285.16	7,807.57	79	584.53	553.38	521.20

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	199.34	184.81	168.20	18-44	13.50	13.50	12.46
45-49	228.41	213.88	195.19	45-49	16.61	15.57	14.54
50-54	257.48	242.95	226.34	50-54	18.69	17.65	16.61
55	355.08	330.16	303.17	55	23.88	22.84	21.80
56	380.00	353.00	323.93	56	25.96	24.92	23.88
57	406.99	377.92	346.77	57	28.03	25.96	24.92
58	436.06	404.91	369.61	58	30.11	28.03	25.96
59	467.21	431.91	396.61	59	31.15	30.11	28.03
60	498.36	460.98	421.53	60	33.22	31.15	29.07
61	533.66	494.20	450.60	61	36.34	34.26	31.15
62	571.03	527.43	481.74	62	38.41	36.34	33.22
63	610.49	562.73	512.89	63	41.53	38.41	35.30
64	654.09	602.18	548.19	64	44.64	41.53	37.38
65	697.70	641.63	583.49	65	46.72	43.61	39.45
66	764.15	701.85	637.48	66	51.91	47.76	43.61
67	836.82	766.22	695.62	67	57.10	52.95	47.76
68	917.81	836.82	757.92	68	62.29	57.10	50.87
69	1,005.02	915.73	826.44	69	67.49	62.29	56.07
70	1,098.46	998.79	899.12	70	73.72	67.49	60.22
71	1,212.67	1,098.46	982.18	71	82.02	74.75	66.45
72	1,339.33	1,206.44	1,073.54	72	90.33	82.02	72.68
73	1,478.46	1,324.80	1,171.14	73	99.67	90.33	78.91
74	1,630.04	1,455.61	1,279.11	74	110.05	98.63	86.17

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,798.23	1,596.81	1,395.40	75	121.47	107.98	93.44
76	2,024.57	1,798.23	1,571.90	76	137.05	121.47	105.90
77	2,279.98	2,024.57	1,767.09	77	153.66	137.05	118.36
78	2,566.53	2,277.90	1,989.27	78	173.39	153.66	133.93
79	2,888.39	2,564.46	2,238.45	79	194.15	172.35	150.54
80		2,884.23	2,516.70	80	218.03	193.11	168.20
81		3,245.54	2,832.32	81	246.06	218.03	190.00
82		3,652.53	3,185.32	82	276.17	245.02	213.88
83		4,111.43	3,584.01	83	310.43	275.13	239.83
84		4,626.40	4,032.53	84	348.85	309.40	269.94
				85	391.42	347.81	303.17
				86	441.25	391.42	341.58
				87	496.28	440.21	384.15
				88	557.54	495.24	431.91
				89	627.10	557.54	485.90
				90	706.00	627.10	547.15
				91	794.25	706.00	614.64
				92	892.89	794.25	691.47
				93	1,005.02	892.89	778.68
				94	1,130.64	1,003.98	875.24
				95	1,271.85	1,129.61	985.29
				96	1,430.70	1,270.81	1,107.80
				97	1,609.27	1,429.66	1,246.93
				98	1,810.69	1,608.24	1,402.66
				99	2,035.99	1,809.65	1,577.09

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	226.34	213.88	199.34	18-44	15.57	15.57	14.54
45-49	265.79	251.25	232.57	45-49	18.69	17.65	16.61
50-54	311.47	290.71	269.94	50-54	20.76	19.73	18.69
55	415.30	394.53	373.77	55	29.07	26.99	24.92
56	446.44	423.60	400.76	56	31.15	29.07	26.99
57	479.67	452.67	425.68	57	33.22	31.15	29.07
58	514.97	485.90	454.75	58	35.30	33.22	31.15
59	552.34	519.12	485.90	59	37.38	35.30	33.22
60	591.80	554.42	517.04	60	39.45	37.38	35.30
61	633.33	593.87	554.42	61	42.57	40.49	38.41
62	676.93	635.40	593.87	62	45.68	43.61	40.49
63	722.62	679.01	637.48	63	48.80	46.72	43.61
64	770.37	726.77	683.16	64	52.95	49.84	46.72
65	822.29	776.60	730.92	65	56.07	52.95	48.80
66	892.89	845.13	797.37	66	61.26	58.14	53.99
67	967.64	917.81	867.97	67	66.45	62.29	58.14
68	1,050.70	998.79	946.88	68	71.64	67.49	63.33
69	1,137.91	1,083.92	1,029.94	69	76.83	73.72	69.56
70	1,233.43	1,177.37	1,121.30	70	83.06	78.91	74.75
71	1,364.25	1,306.11	1,245.89	71	92.40	88.25	84.10
72	1,509.60	1,445.23	1,382.94	72	101.75	97.59	92.40
73	1,667.42	1,600.97	1,536.60	73	112.13	107.98	102.79
74	1,843.92	1,773.32	1,704.79	74	123.55	119.40	114.21

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,037.03	1,964.35	1,891.68	75	136.01	131.86	126.67
76	2,292.44	2,211.45	2,128.39	76	153.66	148.47	143.28
77	2,578.99	2,487.63	2,394.18	77	172.35	167.16	160.93
78	2,900.85	2,799.10	2,693.20	78	194.15	187.92	180.65
79	3,264.23	3,147.95	3,029.59	79	218.03	210.76	203.50
				80	245.02	236.72	228.41
				81	276.17	266.83	257.48
				82	310.43	300.05	289.67
				83	348.85	337.43	326.01
				84	392.46	380.00	366.50
				85	441.25	426.72	411.14
				86	497.32	480.71	463.06
				87	558.57	540.92	521.20
				88	629.17	608.41	585.57
				89	707.04	684.20	659.28
				90	795.29	769.34	741.30
				91	894.96	865.89	833.71
				92	1,007.09	973.87	938.57
				93	1,132.72	1,095.34	1,055.89
				94	1,273.92	1,232.39	1,187.75
				95	1,433.81	1,386.05	1,335.18
				96	1,612.39	1,559.44	1,502.33
				97	1,813.81	1,754.63	1,690.26
				98	2,041.18	1,973.70	1,901.02
				99	2,295.55	2,219.76	2,138.78

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	263.71	253.33	240.87	18-44	17.65	17.65	16.61
45-49	313.55	294.86	276.17	45-49	21.80	20.76	19.73
50-54	369.61	342.62	315.63	50-54	24.92	23.88	21.80
55	504.59	469.28	433.98	55	35.30	33.22	30.11
56	544.04	504.59	465.13	56	38.41	36.34	32.19
57	583.49	541.96	498.36	57	41.53	38.41	34.26
58	627.10	581.41	533.66	58	43.61	40.49	37.38
59	674.86	622.94	571.03	59	46.72	43.61	39.45
60	724.69	668.63	610.49	60	49.84	45.68	41.53
61	780.76	718.46	654.09	61	53.99	49.84	44.64
62	838.90	770.37	699.77	62	58.14	52.95	47.76
63	903.27	826.44	747.53	63	62.29	57.10	50.87
64	969.72	886.66	799.45	64	66.45	60.22	55.03
65	1,042.39	948.95	853.43	65	70.60	64.37	58.14
66	1,137.91	1,034.09	930.26	66	77.87	70.60	63.33
67	1,241.74	1,127.53	1,011.25	67	84.10	76.83	68.52
68	1,355.94	1,229.28	1,100.54	68	91.37	83.06	74.75
69	1,478.46	1,339.33	1,196.05	69	99.67	90.33	80.98
70	1,613.43	1,457.69	1,299.88	70	107.98	97.59	87.21
71	1,773.32	1,607.20	1,439.00	71	119.40	107.98	96.56
72	1,947.74	1,771.24	1,590.59	72	130.82	119.40	106.94
73	2,140.85	1,951.89	1,758.78	73	144.32	130.82	118.36
74	2,352.65	2,149.16	1,943.59	74	157.81	144.32	130.82

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,583.14	2,367.19	2,149.16	75	173.39	158.85	144.32
76	2,909.15	2,664.13	2,419.10	76	195.19	179.62	163.00
77	3,272.54	2,998.44	2,722.27	77	220.11	201.42	182.73
78	3,683.68	3,374.28	3,064.89	78	247.10	226.34	205.57
79	4,144.66	3,795.81	3,446.96	79	277.21	254.37	231.53
				80	311.47	285.52	259.56
				81	350.93	321.85	292.78
				82	394.53	361.31	329.12
				83	443.33	406.99	369.61
				84	499.39	457.86	416.33
				85	560.65	513.93	467.21
				86	631.25	578.30	526.39
				87	710.16	650.98	591.80
				88	798.41	731.96	665.51
				89	898.08	823.33	748.57
				90	1,011.25	927.15	842.01
				91	1,136.87	1,042.39	947.91
				92	1,279.11	1,172.17	1,066.27
				93	1,439.00	1,319.60	1,199.17
				94	1,618.62	1,483.65	1,348.68
				95	1,821.07	1,669.49	1,517.91
				96	2,048.45	1,878.18	1,706.87
				97	2,304.90	2,112.82	1,920.75
				98	2,592.49	2,376.53	2,160.58
				99	2,916.42	2,673.47	2,430.52

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	313.55	301.09	286.55	18-44	21.80	20.76	19.73
45-49	373.77	357.15	338.47	45-49	26.99	24.92	23.88
50-54	444.37	421.53	396.61	50-54	31.15	29.07	26.99
55	633.33	595.95	558.57	55	43.61	40.49	37.38
56	683.16	639.56	598.03	56	47.76	43.61	40.49
57	735.07	687.32	637.48	57	50.87	47.76	43.61
58	791.14	735.07	681.09	58	55.03	50.87	46.72
59	849.28	789.06	728.85	59	58.14	55.03	49.84
60	913.65	845.13	776.60	60	62.29	58.14	52.95
61	984.25	907.42	832.67	61	67.49	62.29	57.10
62	1,059.01	973.87	890.81	62	72.68	67.49	61.26
63	1,137.91	1,046.55	953.11	63	77.87	71.64	65.41
64	1,225.12	1,123.38	1,021.63	64	84.10	76.83	69.56
65	1,316.49	1,204.36	1,092.23	65	89.29	82.02	73.72
66	1,418.24	1,304.03	1,191.90	66	96.56	89.29	80.98
67	1,524.14	1,412.01	1,299.88	67	103.82	96.56	87.21
68	1,640.42	1,528.29	1,416.16	68	111.09	103.82	95.52
69	1,765.01	1,654.96	1,542.83	69	119.40	112.13	103.82
70	1,897.90	1,789.93	1,681.95	70	127.70	120.44	112.13
71	2,107.63	1,980.96	1,856.37	71	142.24	133.93	124.59
72	2,340.20	2,192.77	2,045.33	72	157.81	147.43	137.05
73	2,597.68	2,427.41	2,255.06	73	174.42	163.00	151.58
74	2,884.23	2,686.97	2,487.63	74	193.11	180.65	167.16

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	3,199.86	2,971.45	2,740.96	75	213.88	199.34	183.77
76	3,600.62	3,345.21	3,085.65	76	240.87	224.26	207.65
77	4,051.22	3,764.66	3,473.95	77	270.98	252.29	232.57
78	4,559.95	4,236.02	3,907.94	78	305.24	283.44	261.64
79	5,128.91	4,765.53	4,400.07	79	342.62	318.74	293.82
				80	385.19	358.19	330.16
				81	433.98	403.88	371.69
				82	487.97	453.71	418.41
				83	549.23	509.78	470.32
				84	617.75	574.15	529.50
				85	694.58	644.75	594.91
				86	781.80	725.73	669.67
				87	879.39	816.06	753.76
				88	989.44	918.84	847.20
				89	1,112.99	1,033.05	953.11
				90	1,252.12	1,162.83	1,072.50
				91	1,408.89	1,307.15	1,206.44
				92	1,584.36	1,471.19	1,356.98
				93	1,782.66	1,654.96	1,527.25
				94	2,005.88	1,861.57	1,717.25
				95	2,256.10	2,094.13	1,932.17
				96	2,538.50	2,355.77	2,174.08
				97	2,855.16	2,650.63	2,445.06
				98	3,212.32	2,981.83	2,751.34
				99	3,613.08	3,354.56	3,095.00

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	371.69	346.77	319.78	18-44	24.92	23.88	22.84
45-49	436.06	409.07	380.00	45-49	30.11	29.07	26.99
50-54	508.74	479.67	448.52	50-54	35.30	33.22	31.15
55	666.55	625.02	583.49	55	45.68	43.61	40.49
56	706.00	662.40	620.87	56	48.80	46.72	43.61
57	747.53	701.85	658.24	57	51.91	48.80	45.68
58	791.14	745.46	697.70	58	53.99	51.91	47.76
59	838.90	789.06	739.23	59	57.10	55.03	50.87
60	886.66	834.75	782.83	60	60.22	57.10	52.95
61	940.65	884.58	828.52	61	64.37	61.26	57.10
62	994.63	936.49	878.35	62	67.49	64.37	60.22
63	1,052.78	990.48	928.19	63	71.64	68.52	63.33
64	1,115.07	1,048.62	982.18	64	75.79	71.64	67.49
65	1,179.44	1,108.84	1,038.24	65	79.94	75.79	70.60
66	1,281.19	1,204.36	1,127.53	66	87.21	82.02	76.83
67	1,389.17	1,306.11	1,223.05	67	94.48	89.29	83.06
68	1,507.53	1,418.24	1,328.95	68	101.75	96.56	90.33
69	1,636.27	1,538.67	1,441.08	69	111.09	103.82	97.59
70	1,773.32	1,669.49	1,563.59	70	119.40	112.13	104.86
71	1,947.74	1,833.53	1,717.25	71	131.86	123.55	115.24
72	2,138.78	2,012.11	1,883.37	72	144.32	136.01	126.67
73	2,348.50	2,207.30	2,066.10	73	157.81	148.47	139.12
74	2,576.91	2,423.25	2,267.52	74	173.39	163.00	152.62

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY INFLATION BENEFITS
FORM: H-LTC3JFO, H-LTC3JFO2
RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,828.17	2,657.90	2,485.55	75	188.96	178.58	167.16
76	3,183.25	2,992.21	2,799.10	76	212.84	201.42	187.92
77	3,579.86	3,365.98	3,150.02	77	239.83	226.34	211.80
78	4,028.38	3,787.50	3,544.55	78	269.94	254.37	237.76
79	4,530.88	4,260.94	3,988.92	79	303.17	285.52	267.87
80		4,792.52	4,489.35	80		320.82	300.05
81		5,392.62	5,052.08	81		361.31	338.47
82		6,067.48	5,683.33	82		405.95	380.00
83		6,825.40	6,393.49	83		456.83	427.76
84		7,676.75	7,192.93	84		513.93	481.74

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	446.44	417.37	388.30	18-44	30.11	29.07	26.99
45-49	527.43	494.20	463.06	45-49	36.34	35.30	32.19
50-54	618.79	583.49	548.19	50-54	42.57	40.49	37.38
55	824.36	774.53	724.69	55	55.03	51.91	48.80
56	872.12	820.21	768.30	56	59.18	56.07	51.91
57	921.96	867.97	813.98	57	62.29	59.18	55.03
58	973.87	919.88	861.74	58	66.45	62.29	58.14
59	1,029.94	971.79	913.65	59	69.56	66.45	61.26
60	1,088.08	1,027.86	965.56	60	73.72	69.56	64.37
61	1,152.45	1,088.08	1,021.63	61	78.91	73.72	68.52
62	1,220.97	1,152.45	1,081.85	62	83.06	78.91	72.68
63	1,291.57	1,218.89	1,142.07	63	88.25	83.06	76.83
64	1,368.40	1,289.50	1,208.51	64	92.40	88.25	82.02
65	1,447.31	1,362.17	1,277.04	65	97.59	92.40	86.17
66	1,573.97	1,480.53	1,389.17	66	106.94	100.71	94.48
67	1,708.94	1,609.27	1,509.60	67	115.24	109.02	101.75
68	1,856.37	1,748.40	1,640.42	68	125.63	118.36	111.09
69	2,018.34	1,899.98	1,783.70	69	136.01	128.74	120.44
70	2,190.69	2,064.02	1,937.36	70	147.43	139.12	129.78
71	2,410.80	2,271.67	2,130.47	71	161.97	153.66	143.28
72	2,651.67	2,498.01	2,342.27	72	178.58	168.20	157.81
73	2,917.46	2,747.19	2,574.84	73	196.23	184.81	173.39
74	3,210.24	3,019.20	2,828.17	74	214.92	202.46	190.00
75	3,530.02	3,320.29	3,108.49	75	235.68	222.18	208.69
76	3,972.31	3,737.67	3,498.87	76	265.79	250.22	234.64
77	4,468.59	4,204.88	3,939.09	77	299.01	281.36	264.75
78	5,027.16	4,730.23	4,433.29	78	336.39	316.66	296.94
79	5,654.26	5,322.02	4,987.71	79	377.92	356.12	334.31

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	575.19	541.96	506.66	18-44	38.41	36.34	34.26
45-49	683.16	643.71	602.18	45-49	46.72	43.61	41.53
50-54	809.83	762.07	714.31	50-54	55.03	51.91	48.80
55	1,079.77	1,011.25	942.72	55	72.68	68.52	64.37
56	1,144.14	1,071.46	998.79	56	77.87	72.68	68.52
57	1,210.59	1,133.76	1,056.93	57	82.02	76.83	71.64
58	1,281.19	1,200.21	1,119.22	58	87.21	80.98	75.79
59	1,355.94	1,270.81	1,183.59	59	91.37	86.17	79.94
60	1,434.85	1,343.48	1,252.12	60	96.56	90.33	84.10
61	1,522.06	1,422.39	1,324.80	61	102.79	95.52	89.29
62	1,611.35	1,505.45	1,399.55	62	109.02	101.75	94.48
63	1,706.87	1,592.66	1,480.53	63	114.21	106.94	99.67
64	1,808.62	1,686.10	1,563.59	64	121.47	113.17	105.90
65	1,914.52	1,783.70	1,652.88	65	127.70	119.40	111.09
66	2,084.79	1,945.66	1,806.54	66	139.12	130.82	121.47
67	2,267.52	2,120.09	1,970.58	67	151.58	142.24	132.89
68	2,466.86	2,309.05	2,153.31	68	165.08	154.70	144.32
69	2,682.81	2,516.70	2,350.58	69	179.62	169.23	157.81
70	2,917.46	2,740.96	2,564.46	70	195.19	183.77	171.31
71	3,197.78	3,000.52	2,801.17	71	213.88	201.42	187.92
72	3,505.10	3,282.92	3,060.73	72	234.64	220.11	204.53
73	3,839.42	3,592.31	3,343.14	73	256.45	240.87	223.22
74	4,206.95	3,928.70	3,650.46	74	281.36	262.67	243.99
75	4,609.79	4,298.32	3,986.85	75	307.32	286.55	265.79
76	5,112.30	4,786.29	4,460.28	76	341.58	319.78	297.98
77	5,668.80	5,328.25	4,987.71	77	377.92	356.12	333.28
78	6,283.43	5,932.51	5,579.51	78	419.45	395.57	372.73
79	6,968.67	6,603.21	6,239.83	79	465.13	440.21	416.33

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	759.99	720.54	681.09	18-44	50.87	48.80	46.72
45-49	911.58	867.97	822.29	45-49	61.26	59.18	56.07
50-54	1,092.23	1,042.39	992.56	50-54	73.72	70.60	66.45
55	1,439.00	1,366.33	1,291.57	55	97.59	92.40	87.21
56	1,524.14	1,445.23	1,364.25	56	103.82	97.59	92.40
57	1,613.43	1,528.29	1,441.08	57	109.02	102.79	97.59
58	1,708.94	1,617.58	1,522.06	58	115.24	109.02	102.79
59	1,808.62	1,708.94	1,607.20	59	121.47	115.24	107.98
60	1,914.52	1,806.54	1,696.49	60	127.70	120.44	113.17
61	2,024.57	1,908.29	1,789.93	61	136.01	127.70	120.44
62	2,138.78	2,014.19	1,887.52	62	143.28	134.97	126.67
63	2,261.29	2,126.32	1,991.35	63	151.58	142.24	133.93
64	2,390.03	2,244.68	2,099.32	64	160.93	150.54	141.20
65	2,525.00	2,369.27	2,213.53	65	169.23	158.85	148.47
66	2,713.96	2,560.30	2,408.72	66	181.69	172.35	161.97
67	2,915.38	2,765.87	2,618.44	67	195.19	185.85	175.46
68	3,131.33	2,990.13	2,846.86	68	209.72	200.38	191.04
69	3,363.90	3,228.93	3,093.96	69	225.30	215.95	206.61
70	3,613.08	3,488.49	3,363.90	70	240.87	232.57	224.26
71	3,964.00	3,818.65	3,675.37	71	264.75	255.41	245.02
72	4,346.08	4,179.96	4,015.92	72	290.71	279.29	267.87
73	4,765.53	4,576.57	4,385.53	73	317.70	305.24	292.78
74	5,226.51	5,008.47	4,790.44	74	348.85	334.31	319.78
75	5,731.09	5,481.91	5,232.73	75	382.07	365.46	348.85
76	6,372.72	6,079.94	5,785.08	76	425.68	405.95	386.23
77	7,087.03	6,740.26	6,393.49	77	473.44	450.60	426.72
78	7,878.17	7,473.26	7,064.19	78	526.39	499.39	472.40
79	8,760.68	8,285.16	7,807.57	79	584.53	553.38	521.20

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

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<u>Product or Rider</u>	<u>Form Number</u>
Nursing Facility Only	H-LTC3JFO
Nursing Facility Only	H-LTC3JFO2
Annual 5% Benefit Inflation Rider	H-5AIFO
Cost of Living (CPI) Benefit Inflation Rider	H-COLRFO
Nonforfeiture Benefit Rider	H-NF3

These policy forms are individual policy forms providing facility only long term care coverage. These forms were issued in Virginia from May 1994 through April 1997.

1. Purpose of Filing

This actuarial memorandum has been prepared for the purpose of documenting the rates and demonstrating that the anticipated loss ratio of this product with those rates meets the minimum requirements in the statutes of Virginia. It may not be suitable for other purposes.

2. Description of Benefits

These are individually underwritten policies which pay a daily benefit for Nursing Facility Care, Assisted Living Facility Care, Alzheimer's Facility Care, Hospice Facility Care, Bed Reservation, and Respite Care provided in a Facility setting.

Elimination periods are 20, 60, and 100 days. The elimination period applies to all benefits except the Respite Care Benefit and Alternative Plan of Care Benefit. The elimination period must be satisfied in full only once during the life of the contract.

Benefit periods are 2 years, 3 years, 5 years, and unlimited. Benefit eligibility is defined as not being able to perform at least two of five Activities of Daily Living (ADLs) (dressing, eating, toileting, transferring, and bathing) or cognitive impairment.

The most the company will pay for all services received on one day will be the daily benefit amount for Nursing Facility Care, except for Alternate Plan of Care benefits, which will be paid in a lump sum.

Premiums will be waived if benefits, other than Respite Care or Alternate Plan of Care, are being paid.

A 5% compound and a cost of living (CPI) inflation rider as well as a non-forfeiture rider are available options.

3. Renewability

These policy forms are guaranteed renewable for life.

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4. Applicability

This filing is applicable to in-force policies only as these policy forms are no longer being sold in the market. The premium changes will apply to the base form and all riders associated with the base form.

5. Actuarial Assumptions

- a. Expected Claim Costs are the product of the reinsurer's (General Electric Capital Assurance Company; GECA) expected claim costs used at the time of the reinsurance transaction executed in 2000 between Travelers and GECA and actual-to-expected factors that reflect actual emerging experience on these policy forms.

At the time the expected claim costs were developed, the reinsurer had been marketing nursing home and home health care benefit riders and policies on a direct basis for over 20 and 10 years, respectively. Using the experience on this business, both the expected incidence and severity of claims were developed for nursing home benefits. Selection factors were applied to the incidence rates in order to reflect the effects of underwriting.

The expected incidence rates, lengths of stay, and amount of benefit payments were separately identified for all combinations of plan options.

Actual-to-expected adjustment factors were developed from actual emerging experience through June 30, 2012 and are shown in the following table:

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Actual-to-Expected Adjustment Factors

Policy Duration	Policy Issue Year	
	1994 through 1997	1998 and Later
1 - 4	151.8%	132.5%
5	171.1%	158.2%
6 - 7	171.1%	163.4%
8	176.6%	185.3%
9	182.4%	185.3%
10 - 11	187.2%	194.8%
12	194.8%	204.3%
13	194.8%	206.4%
14	213.8%	218.3%
15	213.8%	220.5%
16	211.2%	215.6%
17	213.4%	215.6%
18 - 19	210.7%	210.7%
20	205.8%	205.8%
21	200.7%	200.7%
22	195.6%	195.6%
23	190.7%	190.7%
24	186.0%	186.0%
25	181.3%	181.3%
26	176.8%	176.8%
27	172.4%	172.4%
28	168.1%	168.1%
29	163.9%	163.9%
30	159.8%	159.8%
31	155.8%	155.8%
32	151.9%	151.9%
33	148.1%	148.1%
34	144.4%	144.4%
35	140.8%	140.8%
36	137.3%	137.3%
37	133.8%	133.8%
38	130.5%	130.5%
39	127.2%	127.2%
40	124.0%	124.0%
41	120.9%	120.9%
42	117.9%	117.9%
43	115.0%	115.0%
44	113.4%	112.1%
45	113.4%	109.3%
46	113.4%	106.6%
47+	113.4%	105.1%

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A cumulative 0.7% increase in morbidity is assumed due to adverse selection from the rate increase.

- b. Termination Rates. Historical termination rates are based on actual experience of this policy form.

Future voluntary lapse rates vary by duration as developed from actual experience through March 31, 2012 and are shown in the following table:

Policy Duration	Lapse Rate
1	6.00%
2	4.00%
3	2.50%
4	1.50%
5	1.30%
6	1.10%
7 - 13	1.00%
14 - 19	1.40%
20 +	1.75%

In the year of rate increase implementation, an additional 1.0% of in-force policyholders are assumed to lapse, and a 1.7% reduction in premium and claims is expected due to the election of reduced benefits.

Future mortality is based on 1983 IAM with selection factors consistent with experience and shown in the following table:

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Mortality Selection Factors

Policy Duration	Factor
1	30.0%
2	40.0%
3	45.0%
4	50.0%
5	55.0%
6	60.0%
7	65.0%
8	67.0%
9	70.0%
10	72.0%
11	75.0%
12	77.0%
13	80.0%
14	82.0%
15	85.0%
16	87.0%
17	90.0%
18	92.0%
19	94.0%
20+	95.0%

- c. Expenses. Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate.

The above assumptions are based on actual experience of the policies in-force under these policy forms and general experience of the reinsurer and are deemed reasonable for these particular policies.

6. Marketing Method

These policy forms were marketed by agents as well as through various subsidiaries of Citigroup.

7. Underwriting Description

These policy forms were fully underwritten with the use of various underwriting tools in addition to the application, which may have included medical records, an attending physician's statement, telephone interview and/or face-to-face assessment.

8. Premiums

Premiums are unisex, level and payable for life. The premiums vary by issue age, elimination period, benefit period, initial daily benefit, and inflation protection option.

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9. Issue Age Range

Elimination periods of 20, 60, and 100 days are available for issue ages 18 to 79. Only the 60 and 100 day elimination periods of the 2-year benefit period are available for issue ages 80 through 84.

10. Area Factors

Area factors are not used for this product.

11. Premium Modalization Rules

The following modal factors and nationwide percent distributions (based on in-force count as of 12/31/2012) are applied to the annual premium (AP):

Premium Mode	Modal Factors	Percent Distribution
Annual	1.00*AP	49.9%
Semi-Annual	0.51*AP	16.9%
Quarterly	0.26*AP	8.0%
Monthly	0.09*AP	25.2%

12. Reserves

Active life reserves have not been used in this rate increase analysis, except in the loss ratio calculation in Exhibits III and IV and as described in the Supplement to the Actuarial Memorandum. Claim reserves as of December 31, 2012 have been discounted to the incurred date of each respective claim and included in historical incurred claims. Incurred but not reported balances as of December 31, 2012 have been allocated to a calendar year of incurred and included in historic incurred claims.

13. Trend Assumptions

As this is not medical insurance, we have not included any explicit medical cost trends in the projections.

14. Past and Future Policy Experience

Nationwide experience for these policy forms is shown in Exhibit I and includes earned premiums, paid claims, incurred claims, and loss ratios. The experience and projections in Exhibit I have been restated to reflect a rate level similar to that approved in Virginia on a nationwide basis.

Virginia-specific experience for these policy forms is shown in Exhibit II, including any previously implemented rate increases as described in Section 16 of this memorandum.

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The company has chosen a credibility standard of 1,082 claims. Based on this parameter, Virginia-specific experience for the above-referenced forms is not considered fully credible, but is being provided as required.

Historical experience is shown by claim incurral year with the loss ratio for each loss year calculated by the following formula:

$$LR_j = \frac{\sum_{t=j}^{2012} Pmt_t^j * v^{t-j} + {}_jCR_{2012} * v^{2012-j+1/2} + {}_jIBNR_{2012} * v^{2012-j+1/2}}{EP_j}$$

LR_j = loss ratio for year j

Pmt_t^j = claim payments in year t on claims incurred in year j , assumed to occur mid-year

${}_jCR_{2012}$ = open claim reserve held on December 31, 2012 for claims incurred in year j

${}_jIBNR_{2012}$ = incurred but not reported reserve as of December 31, 2012 attributable to claims incurred in year j

EP_j = earned premium in year j , assumed mid-year

j = year of incurral

$v = 1 / 1.0585 = 0.944714$

A future annual loss ratio is calculated, with and without interest, as anticipated incurred claims divided by earned premiums.

A lifetime loss ratio as of 12/31/2012 is calculated as the sum of accumulated past and discounted future claims divided by the sum of accumulated past and discounted future earned premium.

Pursuant to 14VAC5-130-75, the loss ratios are calculated using an interest rate that is on a consistent basis, but not identical in value, to the interest rate assumed in the determination of premiums. The original pricing interest rate of 7.5% used in the determination of premiums is assumed to be reflective of a pre-tax net investment earnings rate. That is, the company's actual and future expected pre-tax investment earnings rate net of investment expenses and default risk.

The company's actual earned rates were only available beginning in 2004, so the weighted-average interest rate of 5.85% (using earned premium on all of MetLife Insurance Company USA's individual long-term care policy forms as weights) was assumed for the entire historical period (1988 through 2012). The historical earned rates are net of investment expenses and default risk, but are on a pre-tax basis.

The prospective interest rate assumption was derived from the 2012 cash flow testing results. The rates represent the runoff of the assets currently backing the

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company's long-term care liabilities and a reinvestment strategy consistent with the 2012 cash flow testing. Again, the prospective interest rates are net of investment expenses and default risk, but are on a pre-tax basis.

Exhibit III shows nationwide past experience including earned premiums, incurred claims, increase in active life reserves, and incurred loss ratios by calendar year. Exhibit IV provides similar information on a Virginia-specific basis. The company does not consider Virginia-specific experience as fully credible, but is providing it as required by the rate revisions checklist. The incurred loss ratio is defined as the sum of incurred claims and increase in active life reserves divided by earned premium. The values in these exhibits are shown without interest accumulation.

15. Projected Earned Premiums and Incurred Claims

Exhibits I and II contain lifetime projections of earned premium and incurred claims based on the current premiums and the filed premium rate schedule increase. Earned premiums and incurred claims for projection years 2013 through 2052 are developed from an asset share model representing actual contracts in-force as of December 31, 2012. The assumptions described above for morbidity, voluntary lapse and mortality are used to project life years, earned premiums and incurred claims. The projections reflecting the rate increase assume that the increase is effective on each policy's first anniversary on or after January 1, 2014.

16. History of Previous Rate Revisions

Two prior rate increases have been approved and implemented on these policy forms and associated riders. A 39.0% increase was approved on May 6, 2005 and implemented on each contract's next billing anniversary beginning August 27, 2005. A 27.9% increase was approved on July 24, 2011 and implemented on each contract's next billing anniversary beginning November 1, 2011.

The experience and projections in Exhibit I have been restated to reflect a rate level similar to that approved in Virginia on a nationwide basis.

17. Requested Rate Increase and Demonstration of Satisfaction of Loss Ratio Requirements

The company is requesting an increase of 16.8%. Projected experience assuming this increase is implemented is shown in Exhibits I and II. As shown in Exhibits I and II, the expected lifetime loss ratio with and without the requested rate increase exceeds the minimum loss ratio of 60%.

Current rate tables are included with this memorandum in Exhibit V. Rate tables reflecting the 16.8% increase are included with this memorandum in Exhibit VI. The proposed rates are uniformly 16.8% higher than the current rates. The actual rates implemented may vary slightly from those in Exhibit VI due to rounding in the implementation algorithm.

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18. Virginia Average Annual Premium (Annual Premium Based on 2012 In-force)

Before increase: \$2,309

After increase: \$2,697

19. Proposed Effective Date

The rate increase will apply to policies on their billing anniversary date following at least a 60-day policyholder notification period following approval.

20. Nationwide Distribution of Business as of 12/31/2012 (based on in-force count)

By Issue Age:

Issue Ages	Percent Distribution
< 48	0.3%
48 - 52	1.5%
53 - 57	4.7%
58 - 62	16.4%
63 - 67	34.5%
68 - 72	28.4%
73 +	14.2%

By Elimination Period:

Elimination Period	Percent Distribution
20-day	43.9%
60-day	19.1%
100-day	37.0%

By Benefit Period:

Benefit Period	Percent Distribution
2-Year	9.3%
3-Year	35.8%
5-Year	30.4%
Unlimited	24.5%

METLIFE INSURANCE COMPANY USA

Address: 1209 Orange Street, Wilmington, DE 19801

Actuarial Memorandum for LTC3+ Nursing Facility Only Product

March 2015

By Inflation Protection Option:

Inflation Option	Percent Distribution
None	24.6%
Compound	26.9%
CPI	48.5%

21. Number of Policyholders

As of 12/31/2012, the number of policies in-force and annualized premium in the state and nationwide is:

	Number of Insured	Annual Premium based on 2012 In-force
Virginia	49	\$113,132
Nationwide	2,173	\$4,407,766

METLIFE INSURANCE COMPANY USA

Address: 1209 Orange Street, Wilmington, DE 19801

Actuarial Memorandum for LTC3+ Nursing Facility Only Product

March 2015

22. Actuarial Certification

I am a Principal and Consulting Actuary for Milliman, Inc. and have been retained by GNA Corporation (Genworth), a reinsurer of this business, to prepare this memorandum on behalf of MetLife Insurance Company USA. I am a Fellow of the Society of Actuaries and a member of the American Academy of Actuaries. I meet the Academy's qualification standards to render this actuarial opinion and am familiar with the requirements for filing long-term care insurance premium and rate increases. This memorandum has been prepared for the sole purpose stated, and it may not be appropriate for other purposes.

I believe this rate filing is in compliance with the applicable laws of the State of Virginia and with the rules of the Bureau. This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8 and 18.

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of the state where it is filed. Furthermore, the actuarial assumptions are appropriate and the rates are not excessive or unfairly discriminatory. The premiums are reasonable in relation to the benefits, as provided in 14VAC5-130-75.

In preparing this actuarial memorandum, I relied on data provided to me by Union Fidelity Life Insurance Company, the retrocessionaire on this business, and Genworth. I did not audit this data but did review it for reasonableness. To the extent that this data is incomplete or inaccurate the contents of this memorandum may be materially affected.



Amy Pahl, FSA, MAAA
Principal and Consulting Actuary, Milliman, Inc.

Date: March 26, 2015

Exhibit I
MetLife Insurance Company USA
Nationwide Experience Projections with No Increase
LTC3+ Nursing Facility Only Policy Forms

	Loss Ratio Demonstration										Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors		
	Calendar Year	Without Interest					With Interest					Premium Rate Increase Factor	Morbidity Factors		Persistence Factors			Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
		Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Claim Factor		Adverse Selection	Policy Lapse & Mortality	Shock Lapse	Policy Persistence	Premium Persistence		
Historical Experience	1994	142,277	0	0	0.0%	413	407,453	0	0	0.0%				0.0143	0.9857		5.85%	2.8638	
	1995	1,426,945	2,346	82,519	5.8%	2,064	3,860,572	6,348	223,254	5.8%				0.0310	0.9690		5.85%	2.7055	
	1996	3,730,743	52,218	11,147	0.3%	4,227	9,535,427	133,464	28,492	0.3%				0.0424	0.9576		5.85%	2.5559	
	1997	5,422,839	150,923	436,323	8.0%	4,452	13,093,985	364,418	1,053,545	8.0%				0.0544	0.9456		5.85%	2.4146	
	1998	5,640,501	284,738	1,034,035	18.3%	4,556	12,866,578	649,517	2,358,742	18.3%				0.0479	0.9521		5.85%	2.2811	
	1999	5,656,636	554,945	1,291,172	22.8%	4,385	12,190,007	1,195,902	2,782,465	22.8%				0.0428	0.9572		5.85%	2.1550	
	2000	5,491,309	897,304	2,027,535	36.9%	4,253	11,179,489	1,826,778	4,127,759	36.9%				0.0301	0.9699		5.85%	2.0359	
	2001	5,384,424	1,769,130	2,627,944	48.8%	4,118	10,355,848	3,402,562	5,054,318	48.8%				0.0317	0.9683		5.85%	1.9233	
	2002	5,268,652	2,110,897	3,531,946	67.0%	3,982	9,572,960	3,835,426	6,417,424	67.0%				0.0330	0.9670		5.85%	1.8170	
	2003	5,097,934	2,844,935	4,978,514	97.7%	3,837	8,750,667	4,883,367	8,545,682	97.7%				0.0364	0.9636		5.85%	1.7165	
	2004	5,753,976	3,000,636	5,050,112	87.8%	3,652	9,330,725	4,865,871	8,189,329	87.8%				0.0482	0.9518		5.85%	1.6216	
	2005	6,390,917	3,156,842	5,702,692	89.2%	3,441	9,790,634	4,836,158	8,736,300	89.2%				0.0578	0.9422		5.85%	1.5320	
	2006	6,111,956	3,185,438	6,594,725	107.9%	3,291	8,845,618	4,610,172	9,544,313	107.9%				0.0436	0.9564		5.85%	1.4473	
2007	5,895,284	2,075,948	6,841,053	116.0%	3,133	8,060,333	2,838,341	9,353,437	116.0%				0.0480	0.9520		5.85%	1.3673		
2008	5,584,928	9,139,871	8,083,388	144.7%	2,936	7,213,835	11,805,615	10,440,998	144.7%				0.0629	0.9371		5.85%	1.2917		
2009	5,269,582	12,866,746	8,127,224	154.2%	2,758	6,430,208	15,700,650	9,917,246	154.2%				0.0606	0.9394		5.85%	1.2203		
2010	5,600,905	11,353,248	6,577,388	117.4%	2,549	6,456,653	13,087,881	7,582,330	117.4%				0.0758	0.9242		5.85%	1.1528		
2011	5,858,856	8,451,916	10,395,235	177.4%	2,339	6,380,612	9,204,595	11,320,975	177.4%				0.0824	0.9176		5.85%	1.0891		
2012	5,430,517	8,843,118	9,022,466	166.1%	2,173	5,587,159	9,098,195	9,282,716	166.1%				0.0710	0.9290		5.85%	1.0288		
Projected Future Experience	2013	5,089,420	8,845,167	9,197,439	180.7%	2,006	4,954,989	8,611,533	8,954,500	180.7%	1.0000	1.0877	1.0000	0.0768	0.0000	0.9232	0.9372	5.50%	0.9736
	2014	4,621,477	10,812,491	9,156,109	198.1%	1,839	4,266,813	9,982,713	8,453,445	198.1%	1.0000	1.0963	1.0000	0.0834	0.0000	0.9166	0.9081	5.47%	0.9233
	2015	4,161,169	10,967,361	8,940,937	214.9%	1,673	3,645,968	9,609,474	7,833,945	214.9%	1.0000	1.0845	1.0000	0.0904	0.0000	0.9096	0.9004	5.43%	0.8762
	2016	3,714,512	10,329,686	8,557,869	230.4%	1,510	3,090,871	8,595,402	7,121,061	230.4%	1.0000	1.0723	1.0000	0.0974	0.0000	0.9026	0.8927	5.39%	0.8321
	2017	3,289,303	9,644,414	8,091,611	246.0%	1,354	2,600,734	7,625,493	6,397,747	246.0%	1.0000	1.0677	1.0000	0.1032	0.0000	0.8968	0.8855	5.36%	0.7907
	2018	2,891,631	8,962,628	7,578,136	262.1%	1,206	2,172,538	6,733,796	5,693,600	262.1%	1.0000	1.0653	1.0000	0.1090	0.0000	0.8910	0.8791	5.34%	0.7513
	2019	2,523,618	8,381,329	7,051,556	279.4%	1,068	1,801,075	5,981,650	5,032,608	279.4%	1.0000	1.0662	1.0000	0.1148	0.0000	0.8852	0.8727	5.33%	0.7137
	2020	2,186,492	7,822,482	6,526,445	298.5%	939	1,481,657	5,300,834	4,422,586	298.5%	1.0000	1.0682	1.0000	0.1207	0.0000	0.8793	0.8664	5.33%	0.6776
	2021	1,880,366	7,270,477	5,998,625	319.0%	820	1,209,344	4,675,954	3,857,972	319.0%	1.0000	1.0688	1.0000	0.1267	0.0000	0.8733	0.8600	5.33%	0.6431
	2022	1,604,849	6,719,192	5,474,691	341.1%	711	979,125	4,099,408	3,340,132	341.1%	1.0000	1.0693	1.0000	0.1329	0.0000	0.8671	0.8535	5.34%	0.6101
	2023	1,359,106	6,171,061	4,960,497	365.0%	612	786,678	3,571,933	2,871,234	365.0%	1.0000	1.0699	1.0000	0.1392	0.0000	0.8608	0.8469	5.35%	0.5788
	2024	1,141,912	5,630,813	4,460,934	390.7%	523	627,267	3,093,081	2,450,450	390.7%	1.0000	1.0703	1.0000	0.1455	0.0000	0.8545	0.8402	5.35%	0.5493
	2025	951,720	5,105,142	3,985,077	418.7%	444	496,130	2,661,304	2,077,416	418.7%	1.0000	1.0719	1.0000	0.1520	0.0000	0.8480	0.8334	5.35%	0.5213
	2026	786,733	4,599,199	3,535,799	449.4%	373	389,257	2,275,573	1,749,429	449.4%	1.0000	1.0733	1.0000	0.1585	0.0000	0.8415	0.8266	5.35%	0.4948
	2027	644,968	4,117,348	3,114,277	482.9%	312	302,983	1,934,181	1,462,974	482.9%	1.0000	1.0744	1.0000	0.1651	0.0000	0.8349	0.8198	5.35%	0.4698
	2028	524,327	3,662,043	2,720,961	518.9%	258	233,960	1,634,039	1,214,119	518.9%	1.0000	1.0747	1.0000	0.1717	0.0000	0.8283	0.8130	5.34%	0.4462
	2029	422,657	3,235,663	2,360,771	558.6%	212	179,227	1,372,079	1,001,082	558.6%	1.0000	1.0763	1.0000	0.1783	0.0000	0.8217	0.8061	5.34%	0.4240
	2030	337,810	2,840,668	2,036,426	602.8%	173	136,197	1,145,286	821,036	602.8%	1.0000	1.0793	1.0000	0.1849	0.0000	0.8151	0.7993	5.33%	0.4032
	2031	267,697	2,478,310	1,744,922	651.8%	140	102,667	950,479	669,211	651.8%	1.0000	1.0813	1.0000	0.1915	0.0000	0.8085	0.7924	5.32%	0.3835
	2032	210,328	2,148,730	1,484,339	705.7%	112	76,777	784,366	541,838	705.7%	1.0000	1.0827	1.0000	0.1981	0.0000	0.8019	0.7857	5.30%	0.3650
2033	163,846	1,851,615	1,256,046	766.6%	89	56,957	643,671	436,635	766.6%	1.0000	1.0863	1.0000	0.2046	0.0000	0.7954	0.7790	5.29%	0.3476	
2034	126,554	1,586,113	1,055,736	834.2%	70	41,912	525,287	349,637	834.2%	1.0000	1.0882	1.0000	0.2112	0.0000	0.7888	0.7724	5.27%	0.3312	
2035	96,928	1,350,611	880,601	908.5%	55	30,595	426,315	277,958	908.5%	1.0000	1.0891	1.0000	0.2178	0.0000	0.7822	0.7659	5.26%	0.3156	
2036	73,620	1,143,014	729,622	991.1%	43	22,170	344,210	219,720	991.1%	1.0000	1.0909	1.0000	0.2242	0.0000	0.7758	0.7595	5.24%	0.3011	
2037	55,460	961,524	600,618	1083.0%	33	15,959	276,691	172,835	1083.0%	1.0000	1.0928	1.0000	0.2306	0.0000	0.7694	0.7533	5.22%	0.2878	
2038	41,444	804,149	491,757	1186.6%	25	11,413	221,445	135,419	1186.6%	1.0000	1.0956	1.0000	0.2368	0.0000	0.7632	0.7473	5.19%	0.2754	
2039	30,730	669,329	402,959	1311.3%	19	8,105	176,544	106,285	1311.3%	1.0000	1.1051	1.0000	0.2429	0.0000	0.7571	0.7415	5.16%	0.2638	
2040	22,615	555,084	329,187	1455.6%	14	5,716	140,307	83,208	1455.6%	1.0000	1.1101	1.0000	0.2488	0.0000	0.7512	0.7359	5.13%	0.2528	
2041	16,524	458,763	267,665	1619.9%	11	4,004	111,168	64,861	1619.9%	1.0000	1.1129	1.0000	0.2545	0.0000	0.7455	0.7307	5.10%	0.2423	
2042	11,990	377,696	215,519	1797.4%	8	2,786	87,761	50,078	1797.4%	1.0000	1.1096	1.0000	0.2602	0.0000	0.7398	0.7257	5.07%	0.2324	
2043	8,644	309,487	172,297	1993.3%	6	1,926	68,962	38,392	1993.3%	1.0000	1.1090	1.0000	0.2658	0.0000	0.7342	0.7209	5.05%	0.2228	
2044	6,192	252,153	135,924	2195.3%	4	1,323	53,873	29,040	2195.3%	1.0000	1.1013	1.0000	0.2716	0.0000	0.7284	0.7163	5.02%	0.2137	
2045	4,407	204,092	106,319	2412.5%	3	903	41,800	21,775	2412.5%	1.0000	1.0989	1.0000	0.2777	0.0000	0.7223	0.7118	5.00%	0.2048	
2046	3,117	163,958	82,130	2635.0%	2	612	32,185	16,122	2635.0%	1.0000	1.0923	1.0000	0.2842	0.0000	0.7158	0.7072	4.98%	0.1963	
2047	2,190	130,708	62,997	2877.0%	2	412	24,586	11,850	2877.0%	1.0000	1.0918	1.0000	0.2912	0.0000	0.7088	0.7025	4.96%	0.1881	
2048	1,527	103,418	47,641	3119.4%	1	275	18,638	8,586	3119.4%	1.0000	1.0842	1.0000	0.2988	0.0000	0.7012	0.6975	4.95%	0.1802	
2049	1,057	81,237	35,846	3391.8%	1	183	14,029	6,190	3391.8%	1.0000	1.0873	1.0000	0.3071	0.0000	0.6929	0.6920	4.93%	0.1727	
2050	725	63,382	26,629	3673.5%	1	120	10,488	4,406	3673.5%	1.0000	1.0830	1.0000	0.3159	0.0000	0.6841	0.6859	4.91%	0.1655	
2051	492	49,063	19,346	3929.9%	1	78	7,779	3,067	3929.9%	1.0000	1.0698	1.0000	0.3254	0.0000	0.6746</				

Exhibit I
MetLife Insurance Company USA
Nationwide Experience Projections with 16.8% Increase
LTC3+ Nursing Facility Only Policy Forms

	Loss Ratio Demonstration										Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors		
	Calendar Year	Without Interest					With Interest					Premium Rate Increase Factor	Morbidity Factors		Persistence Factors			Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
		Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Claim Factor		Adverse Selection	Policy Lapse & Mortality	Shock	Lapse	Policy Persistence		
Historical Experience	1994	142,277	0	0	0.0%	413	407,453	0	0	0.0%				0.0143		0.9857		5.85%	2.8638
	1995	1,426,945	2,346	82,519	5.8%	2,064	3,860,572	6,348	223,254	5.8%				0.0310		0.9690		5.85%	2.7055
	1996	3,730,743	52,218	11,147	0.3%	4,227	9,535,427	133,464	28,492	0.3%				0.0424		0.9576		5.85%	2.5559
	1997	5,422,839	150,923	436,323	8.0%	4,452	13,093,985	364,418	1,053,545	8.0%				0.0544		0.9456		5.85%	2.4146
	1998	5,640,501	284,738	1,034,035	18.3%	4,556	12,866,578	649,517	2,358,742	18.3%				0.0479		0.9521		5.85%	2.2811
	1999	5,656,636	554,945	1,291,172	22.8%	4,385	12,190,007	1,195,902	2,782,465	22.8%				0.0428		0.9572		5.85%	2.1550
	2000	5,491,309	897,304	2,027,535	36.9%	4,253	11,179,489	1,826,778	4,127,759	36.9%				0.0301		0.9699		5.85%	2.0359
	2001	5,384,424	1,769,130	2,627,944	48.8%	4,118	10,355,848	3,402,562	5,054,318	48.8%				0.0317		0.9683		5.85%	1.9233
	2002	5,268,652	2,110,897	3,531,946	67.0%	3,982	9,572,960	3,835,426	6,417,424	67.0%				0.0330		0.9670		5.85%	1.8170
	2003	5,097,934	2,844,935	4,978,514	97.7%	3,837	8,750,667	4,883,367	8,545,682	97.7%				0.0364		0.9636		5.85%	1.7165
	2004	5,753,976	3,000,636	5,050,112	87.8%	3,652	9,330,725	4,865,871	8,189,329	87.8%				0.0482		0.9518		5.85%	1.6216
	2005	6,390,917	3,156,842	5,702,692	89.2%	3,441	9,790,634	4,836,158	8,736,300	89.2%				0.0578		0.9422		5.85%	1.5320
	2006	6,111,956	3,185,438	6,594,725	107.9%	3,291	8,845,618	4,610,172	9,544,313	107.9%				0.0436		0.9564		5.85%	1.4473
	2007	5,895,284	2,075,948	6,841,053	116.0%	3,133	8,060,333	2,838,341	9,353,437	116.0%				0.0480		0.9520		5.85%	1.3673
	2008	5,584,928	9,139,871	8,083,388	144.7%	2,936	7,213,835	11,805,615	10,440,998	144.7%				0.0629		0.9371		5.85%	1.2917
	2009	5,269,582	12,866,746	8,127,224	154.2%	2,758	6,430,208	15,700,650	9,917,246	154.2%				0.0606		0.9394		5.85%	1.2203
	2010	5,600,905	11,353,248	6,577,388	117.4%	2,549	6,456,653	13,087,881	7,582,330	117.4%				0.0758		0.9242		5.85%	1.1528
	2011	5,858,856	8,451,916	10,395,235	177.4%	2,339	6,380,612	9,204,595	11,320,975	177.4%				0.0824		0.9176		5.85%	1.0891
	2012	5,430,517	8,843,118	9,022,466	166.1%	2,173	5,587,159	9,098,195	9,282,716	166.1%				0.0710		0.9290		5.85%	1.0288
Projected Future Experience	2013	5,089,420	8,845,167	9,197,439	180.7%	2,006	4,954,989	8,611,533	8,954,500	180.7%	1.0000	1.0877	1.0000	0.0768	0.0000	0.9232	0.9372	5.50%	0.9736
	2014	4,893,946	10,794,757	9,072,432	185.4%	1,820	4,518,372	9,966,340	8,376,190	185.4%	1.0753	1.0955	1.0031	0.0834	0.0100	0.9075	0.8976	5.47%	0.9233
	2015	4,730,807	10,898,324	8,761,524	185.2%	1,656	4,145,078	9,548,985	7,676,745	185.2%	1.0862	1.0820	1.0067	0.0904	0.0000	0.9096	0.8866	5.43%	0.8762
	2016	4,223,006	10,207,055	8,386,143	198.6%	1,495	3,513,992	8,493,360	6,978,167	198.6%	1.0000	1.0651	1.0067	0.0974	0.0000	0.9026	0.8927	5.39%	0.8321
	2017	3,739,589	9,493,259	7,929,241	212.0%	1,340	2,956,759	7,505,980	6,269,367	212.0%	1.0000	1.0606	1.0067	0.1032	0.0000	0.8968	0.8855	5.36%	0.7907
	2018	3,287,478	8,802,653	7,426,070	225.9%	1,194	2,469,946	6,613,604	5,579,350	225.9%	1.0000	1.0582	1.0067	0.1090	0.0000	0.8910	0.8791	5.34%	0.7513
	2019	2,869,086	8,223,230	6,910,057	240.8%	1,057	2,047,631	5,868,817	4,931,622	240.8%	1.0000	1.0591	1.0067	0.1148	0.0000	0.8852	0.8727	5.33%	0.7137
	2020	2,485,809	7,671,139	6,395,482	257.3%	930	1,684,486	5,198,278	4,333,841	257.3%	1.0000	1.0611	1.0067	0.1207	0.0000	0.8793	0.8664	5.33%	0.6776
	2021	2,137,776	7,128,262	5,878,254	275.0%	812	1,374,895	4,584,490	3,780,556	275.0%	1.0000	1.0616	1.0067	0.1267	0.0000	0.8733	0.8600	5.33%	0.6431
	2022	1,824,543	6,586,794	5,364,833	294.0%	704	1,113,162	4,018,631	3,273,108	294.0%	1.0000	1.0622	1.0067	0.1329	0.0000	0.8671	0.8535	5.34%	0.6101
	2023	1,545,159	6,048,856	4,860,957	314.6%	606	894,369	3,501,198	2,813,619	314.6%	1.0000	1.0627	1.0067	0.1392	0.0000	0.8608	0.8469	5.35%	0.5788
	2024	1,298,232	5,518,922	4,371,419	336.7%	518	713,136	3,031,617	2,401,279	336.7%	1.0000	1.0632	1.0067	0.1455	0.0000	0.8545	0.8402	5.35%	0.5493
	2025	1,082,005	5,003,458	3,905,111	360.9%	439	564,048	2,608,297	2,035,730	360.9%	1.0000	1.0647	1.0067	0.1520	0.0000	0.8480	0.8347	5.35%	0.5213
	2026	894,432	4,507,442	3,464,848	387.4%	369	442,543	2,230,174	1,714,324	387.4%	1.0000	1.0661	1.0067	0.1585	0.0000	0.8415	0.8266	5.35%	0.4948
	2027	733,261	4,035,107	3,051,784	416.2%	308	344,459	1,895,547	1,433,618	416.2%	1.0000	1.0672	1.0067	0.1651	0.0000	0.8349	0.8198	5.35%	0.4698
	2028	596,105	3,588,826	2,666,361	447.3%	256	265,988	1,601,369	1,189,756	447.3%	1.0000	1.0675	1.0067	0.1717	0.0000	0.8283	0.8130	5.34%	0.4462
	2029	480,516	3,170,921	2,313,399	481.4%	210	203,762	1,344,626	980,994	481.4%	1.0000	1.0691	1.0067	0.1783	0.0000	0.8217	0.8061	5.34%	0.4240
	2030	384,054	2,783,795	1,995,562	519.6%	171	154,841	1,122,356	804,560	519.6%	1.0000	1.0720	1.0067	0.1849	0.0000	0.8151	0.7993	5.33%	0.4032
	2031	304,343	2,428,667	1,709,908	561.8%	138	116,721	931,440	655,782	561.8%	1.0000	1.0740	1.0067	0.1915	0.0000	0.8085	0.7924	5.32%	0.3835
	2032	239,120	2,105,671	1,454,554	608.3%	111	87,288	768,647	530,966	608.3%	1.0000	1.0754	1.0067	0.1981	0.0000	0.8019	0.7857	5.30%	0.3650
	2033	186,275	1,814,498	1,230,842	660.8%	88	64,754	630,768	427,873	660.8%	1.0000	1.0790	1.0067	0.2046	0.0000	0.7954	0.7790	5.29%	0.3476
	2034	143,879	1,554,310	1,034,552	719.0%	70	47,650	514,754	342,621	719.0%	1.0000	1.0809	1.0067	0.2112	0.0000	0.7888	0.7724	5.27%	0.3312
	2035	110,197	1,323,525	862,931	783.1%	54	34,783	417,765	272,380	783.1%	1.0000	1.0818	1.0067	0.2178	0.0000	0.7822	0.7659	5.26%	0.3156
	2036	83,698	1,120,088	714,981	854.2%	42	25,205	337,306	215,311	854.2%	1.0000	1.0836	1.0067	0.2242	0.0000	0.7758	0.7595	5.24%	0.3011
	2037	63,052	942,235	588,566	933.5%	33	18,144	271,140	169,367	933.5%	1.0000	1.0854	1.0067	0.2306	0.0000	0.7694	0.7533	5.22%	0.2878
	2038	47,118	788,016	481,890	1022.7%	25	12,975	217,003	132,702	1022.7%	1.0000	1.0883	1.0067	0.2368	0.0000	0.7632	0.7473	5.19%	0.2754
	2039	34,937	655,900	394,873	1130.3%	19	9,215	173,002	104,153	1130.3%	1.0000	1.0977	1.0067	0.2429	0.0000	0.7571	0.7415	5.16%	0.2638
	2040	25,711	543,946	322,582	1254.7%	14	6,499	137,492	81,538	1254.7%	1.0000	1.1026	1.0067	0.2488	0.0000	0.7512	0.7359	5.13%	0.2528
	2041	18,786	449,557	262,294	1396.2%	11	4,552	108,937	63,559	1396.2%	1.0000	1.1054	1.0067	0.2545	0.0000	0.7455	0.7307	5.10%	0.2423
	2042	13,632	370,117	211,194	1549.3%	8	3,168	86,000	49,073	1549.3%	1.0000	1.1022	1.0067	0.2602	0.0000	0.7398	0.7257	5.07%	0.2324
	2043	9,827	303,276	168,839	1718.1%	6	2,190	67,578	37,622	1718.1%	1.0000	1.1015	1.0067	0.2658	0.0000	0.7342	0.7209	5.05%	0.2228
	2044	7,039	247,093	133,197	1892.2%	4	1,504	52,792	28,458	1892.2%	1.0000	1.0940	1.0067	0.2716	0.0000	0.7284	0.7163	5.02%	0.2137
	2045	5,010	199,996	104,186	2079.4%	3	1,026	40,962	21,339	2079.4%	1.0000	1.0916	1.0067	0.2777	0.0000	0.7223	0.7118	5.00%	0.2048
	2046	3,544	160,668	80,482	2271.2%	2	696	31,539	15,799	2271.2%	1.0000	1.0849	1.0067	0.2842	0.0000	0.7158	0.7072	4.98%	0.1963
	2047	2,489	128,085	61,733	2479.8%	2	468	24,093	11,612	2479.8%	1.0000	1.0845	1.0067	0.2912	0.0000	0.7088	0.7025	4.96%	0.1881
	2048	1,736	101,342	46,685	2688.7%	1	313	18,264	8,414	2688.7%	1.0000	1.0770	1.0067	0.2988	0.0000	0.7012	0.6975	4.95%	0.1802
	2049	1,202	79,606	35,127	2923.5%	1	207	13,747	6,066	2923.5%	1.0000	1.0800	1.0067	0.3071	0.0000	0.6929	0.6920	4.93%	0.1727
	2050	824	62,111	28,095	3166.3%	1	136	10,278	4,318	3166.3%	1.0000	1.0758	1.0067	0.3159	0.0000	0.6841	0.6859	4.91%	0.1655
	2051	560	48,078																

Exhibit II
MetLife Insurance Company USA
Virginia-Specific Experience Projections with No Increase
LTC3+ Nursing Facility Only Policy Forms

	Calendar Year	Loss Ratio Demonstration										Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors		
		Without Interest					With Interest					Premium Rate Increase Factor	Morbidity Factors		Persistence Factors		Policy Persistence	Premium Persistence	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
		Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Claim Factor		Adverse Selection	Policy Lapse & Mortality	Shock Lapse					
Historical Experience	1994	10,269	0	0	0.0%	21	29,409	0	0	0.0%				0.0000	1.0000	0.0000	1.0000	5.85%	2.8638	
	1995	44,165	0	0	0.0%	44	119,488	0	0	0.0%				0.0222	0.9778			5.85%	2.7055	
	1996	80,545	0	0	0.0%	85	205,866	0	0	0.0%				0.0341	0.9659			5.85%	2.5559	
	1997	119,159	0	0	0.0%	85	287,721	0	0	0.0%				0.0230	0.9770			5.85%	2.4146	
	1998	117,532	0	0	0.0%	84	268,104	0	0	0.0%				0.0118	0.9882			5.85%	2.2811	
	1999	117,179	1,870	1,865	1.6%	83	252,519	4,030	4,019	1.6%				0.0119	0.9881			5.85%	2.1550	
	2000	117,243	4,441	42,606	36.3%	82	238,689	9,041	86,740	36.3%				0.0120	0.9880			5.85%	2.0359	
	2001	117,028	45,441	46,462	39.7%	82	225,080	87,396	89,360	39.7%				0.0000	1.0000			5.85%	1.9233	
	2002	113,057	59,904	151,099	133.6%	78	205,421	108,844	274,542	133.6%				0.0488	0.9512			5.85%	1.8170	
	2003	105,504	7,007	29,369	27.8%	75	181,099	12,028	50,412	27.8%				0.0385	0.9615			5.85%	1.7165	
	2004	105,384	23,150	0	0.0%	75	170,892	37,540	0	0.0%				0.0000	1.0000			5.85%	1.6216	
	2005	108,565	0	118,259	108.9%	71	166,317	0	181,168	108.9%				0.0533	0.9467			5.85%	1.5320	
	2006	132,244	164,749	208,707	157.8%	67	191,392	238,435	302,054	157.8%				0.0563	0.9437			5.85%	1.4473	
2007	129,711	39,282	49,435	38.1%	64	177,348	53,708	67,590	38.1%				0.0448	0.9552			5.85%	1.3673		
2008	119,444	135,034	0	0.0%	59	154,281	174,418	0	0.0%				0.0781	0.9219			5.85%	1.2917		
2009	111,675	197,719	41,841	37.5%	57	136,272	241,267	51,056	37.5%				0.0339	0.9661			5.85%	1.2203		
2010	105,771	117,781	6,931	6.6%	52	121,931	135,776	7,990	6.6%				0.0877	0.9123			5.85%	1.1528		
2011	99,004	34,976	503,090	508.2%	52	107,820	38,090	547,892	508.2%				0.0000	1.0000			5.85%	1.0891		
2012	106,143	144,534	212,039	199.8%	49	109,205	148,703	218,155	199.8%				0.0577	0.9423			5.85%	1.0288		
Projected Future Experience	2013	108,665	221,194	241,288	222.0%	45	106,795	215,352	234,915	222.0%	1.0000	1.1115	1.0000	0.0741	0.0000	0.9259	1.0238	5.50%	0.9736	
	2014	99,693	264,879	248,206	249.0%	42	92,043	244,551	229,158	249.0%	1.0000	1.1212	1.0000	0.0807	0.0000	0.9193	0.9174	5.47%	0.9233	
	2015	90,749	274,397	249,647	275.1%	38	79,513	240,424	218,738	275.1%	1.0000	1.1049	1.0000	0.0873	0.0000	0.9127	0.9103	5.43%	0.8762	
	2016	81,996	275,779	247,672	302.1%	34	68,229	229,478	206,090	302.1%	1.0000	1.0980	1.0000	0.0938	0.0000	0.9062	0.9035	5.39%	0.8321	
	2017	73,556	267,524	242,513	329.7%	31	58,158	211,522	191,746	329.7%	1.0000	1.0915	1.0000	0.0991	0.0000	0.9009	0.8971	5.36%	0.7907	
	2018	65,564	259,791	234,877	358.2%	28	49,259	195,186	176,468	358.2%	1.0000	1.0866	1.0000	0.1045	0.0000	0.8955	0.8913	5.34%	0.7513	
	2019	58,062	251,740	224,868	387.3%	25	41,438	179,664	160,485	387.3%	1.0000	1.1100	1.0000	0.1100	0.0000	0.8900	0.8856	5.33%	0.7137	
	2020	51,080	242,942	214,413	419.8%	22	34,614	164,628	145,295	419.8%	1.0000	1.0838	1.0000	0.1157	0.0000	0.8843	0.8797	5.33%	0.6776	
	2021	44,634	233,461	204,266	457.7%	19	28,706	150,149	131,372	457.7%	1.0000	1.0903	1.0000	0.1215	0.0000	0.8785	0.8738	5.33%	0.6431	
	2022	38,727	223,751	195,276	504.2%	17	23,628	136,511	119,138	504.2%	1.0000	1.1018	1.0000	0.1276	0.0000	0.8724	0.8677	5.34%	0.6101	
	2023	33,356	214,061	186,483	559.1%	15	19,307	123,903	107,940	559.1%	1.0000	1.1088	1.0000	0.1339	0.0000	0.8661	0.8613	5.35%	0.5788	
	2024	28,507	204,333	177,205	621.6%	12	15,659	112,243	97,341	621.6%	1.0000	1.1119	1.0000	0.1406	0.0000	0.8594	0.8546	5.35%	0.5493	
	2025	24,164	194,458	166,955	690.9%	11	12,597	101,371	87,033	690.9%	1.0000	1.1115	1.0000	0.1476	0.0000	0.8524	0.8476	5.35%	0.5213	
	2026	20,305	183,998	154,747	762.1%	9	10,046	91,038	76,565	762.1%	1.0000	1.1030	1.0000	0.1549	0.0000	0.8451	0.8403	5.35%	0.4948	
	2027	16,906	172,438	139,951	827.8%	8	7,942	81,005	65,744	827.8%	1.0000	1.0862	1.0000	0.1626	0.0000	0.8374	0.8326	5.35%	0.4698	
	2028	13,941	159,534	123,981	889.3%	6	6,221	71,186	55,321	889.3%	1.0000	1.0743	1.0000	0.1706	0.0000	0.8294	0.8246	5.34%	0.4462	
	2029	11,381	145,479	107,781	947.1%	5	4,826	61,690	45,704	947.1%	1.0000	1.0649	1.0000	0.1788	0.0000	0.8212	0.8163	5.34%	0.4240	
	2030	9,193	130,655	92,021	1001.0%	4	3,707	52,677	37,101	1001.0%	1.0000	1.0569	1.0000	0.1873	0.0000	0.8127	0.8078	5.33%	0.4032	
	2031	7,346	115,487	77,155	1050.2%	3	2,818	44,292	29,590	1050.2%	1.0000	1.0492	1.0000	0.1960	0.0000	0.8040	0.7991	5.32%	0.3835	
	2032	5,806	100,462	63,606	1095.6%	3	2,119	36,672	23,218	1095.6%	1.0000	1.0432	1.0000	0.2049	0.0000	0.7951	0.7903	5.30%	0.3650	
	2033	4,536	86,079	51,765	1141.3%	2	1,577	29,923	17,995	1141.3%	1.0000	1.0417	1.0000	0.2140	0.0000	0.7860	0.7812	5.29%	0.3476	
	2034	3,501	72,745	41,589	1187.9%	2	1,159	24,092	13,773	1187.9%	1.0000	1.0408	1.0000	0.2236	0.0000	0.7764	0.7719	5.27%	0.3312	
	2035	2,669	60,764	33,203	1244.2%	1	842	19,180	10,480	1244.2%	1.0000	1.0474	1.0000	0.2336	0.0000	0.7664	0.7622	5.26%	0.3156	
	2036	2,006	50,271	26,375	1314.6%	1	604	15,139	7,943	1314.6%	1.0000	1.0566	1.0000	0.2442	0.0000	0.7558	0.7518	5.24%	0.3011	
	2037	1,486	41,215	20,647	1389.6%	1	428	11,860	5,941	1389.6%	1.0000	1.0570	1.0000	0.2557	0.0000	0.7443	0.7406	5.22%	0.2878	
	2038	1,082	33,438	15,801	1460.5%	1	298	9,208	4,351	1460.5%	1.0000	1.0510	1.0000	0.2681	0.0000	0.7319	0.7282	5.19%	0.2754	
	2039	773	26,861	12,042	1558.1%	1	204	7,085	3,176	1558.1%	1.0000	1.0669	1.0000	0.2815	0.0000	0.7185	0.7143	5.16%	0.2638	
	2040	540	21,398	9,041	1674.0%	1	137	5,409	2,285	1674.0%	1.0000	1.0744	1.0000	0.2962	0.0000	0.7038	0.6988	5.13%	0.2528	
2041	368	16,889	6,603	1794.1%	1	89	4,093	1,600	1794.1%	1.0000	1.0718	1.0000	0.3121	0.0000	0.6879	0.6814	5.10%	0.2423		
2042	244	13,162	4,638	1903.4%	1	57	3,058	1,078	1903.4%	1.0000	1.0609	1.0000	0.3295	0.0000	0.6705	0.6620	5.07%	0.2324		
2043	156	10,098	3,149	2018.0%	1	35	2,250	702	2018.0%	1.0000	1.0602	1.0000	0.3482	0.0000	0.6518	0.6405	5.05%	0.2228		
2044	96	7,614	2,047	2126.3%	1	21	1,627	437	2126.3%	1.0000	1.0536	1.0000	0.3683	0.0000	0.6317	0.6169	5.02%	0.2137		
2045	57	5,641	1,268	2228.1%	1	12	1,155	260	2228.1%	1.0000	1.0479	1.0000	0.3900	0.0000	0.6100	0.5913	5.00%	0.2048		
2046	32	4,104	745	2319.5%	1	6	806	146	2319.5%	1.0000	1.0410	1.0000	0.4134	0.0000	0.5866	0.5640	4.98%	0.1963		
2047	17	2,935	411	2391.0%	1	3	552	77	2391.0%	1.0000	1.0308	1.0000	0.4390	0.0000	0.5610	0.5352	4.96%	0.1881		
2048	9	2,067	211	2429.9%	1	2	373	38	2429.9%	1.0000	1.0163	1.0000	0.4673	0.0000	0.5327	0.5052	4.95%	0.1802		
2049	4	1,439	100	2418.2%	1	1	249	17	2418.2%	1.0000	0.9952	1.0000	0.4989	0.0000	0.5011	0.4742	4.93%	0.1727		
2050	2	994	42	2333.3%	1	0	164	7	2333.3%	1.0000	0.9649	1.0000	0.5345	0.0000	0.4655	0.4423	4.91%	0.1655		
2051	1	684	16	2153.4%	1	0	108	3	2153.4%	1.0000	0.9229	1.0000	0.5748	0.0000	0.4252	0.4096	4.90%	0.1586		
2052	0	471	5	1871.2%	1	0	72	1	1871.2%	1.0000	0.8690	1.0000	0.6208	0.0000	0.3792	0.3754	4.89%	0.1520		
Past		1,959,623	975,887	1,411,702	72.0%	1,265	3,348,855	1,289,277	1,880,978	56.2%										
Future		901,209	4,595,233	3,822,607	424.2%	399	672,098	2,879,941	2,509,274	373.3%										
Lifetime		2,860,832	5,571,120	5,234,309	183.0%	1,664	4,020,953	4,169,218	4,390,253	109.2%										

Exhibit II
MetLife Insurance Company USA
Virginia-Specific Experience Projections with 16.8% Increase
LTC3+ Nursing Facility Only Policy Forms

	Calendar Year	Loss Ratio Demonstration										Factors Derived from Projected Values for Illustrative Purposes Only						Interest Rate Factors		
		Without Interest					With Interest					Premium Rate Increase Factor	Morbidity Factors		Persistence Factors		Policy Lapse & Mortality	Premium Persistence	Calendar Year Effective Int Rate	Mid-Year Disc / Accum Factor
		Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Life Years	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio	Claim Factor		Adverse Selection	Policy Shock Lapse	Policy Persistence					
Historical Experience	1994	10,269	0	0	0.0%	21	29,409	0	0	0.0%				0.0000	1.0000	0.0000	1.0000	5.85%	2.8638	
	1995	44,165	0	0	0.0%	44	119,488	0	0	0.0%				0.0222	0.9778	0.0000	0.9778	5.85%	2.7055	
	1996	80,545	0	0	0.0%	85	205,866	0	0	0.0%				0.0341	0.9659	0.0000	0.9659	5.85%	2.5559	
	1997	119,159	0	0	0.0%	85	287,721	0	0	0.0%				0.0230	0.9770	0.0000	0.9770	5.85%	2.4146	
	1998	117,532	0	0	0.0%	84	268,104	0	0	0.0%				0.0118	0.9882	0.0000	0.9882	5.85%	2.2811	
	1999	117,179	1,870	1,865	1.6%	83	252,519	4,030	4,019	1.6%				0.0119	0.9881	0.0000	0.9881	5.85%	2.1550	
	2000	117,243	4,441	42,606	36.3%	82	238,689	9,041	86,740	36.3%				0.0120	0.9880	0.0000	0.9880	5.85%	2.0359	
	2001	117,028	45,441	46,462	39.7%	82	225,080	87,396	89,360	39.7%				0.0000	1.0000	0.0000	1.0000	5.85%	1.9233	
	2002	113,057	59,904	151,099	133.6%	78	205,421	108,844	274,542	133.6%				0.0488	0.9512	0.0000	0.9512	5.85%	1.8170	
	2003	105,504	7,007	29,369	27.8%	75	181,099	12,028	50,412	27.8%				0.0385	0.9615	0.0000	0.9615	5.85%	1.7165	
	2004	105,384	23,150	0	0.0%	75	170,892	37,540	0	0.0%				0.0000	1.0000	0.0000	1.0000	5.85%	1.6216	
	2005	108,565	0	118,259	108.9%	71	166,317	0	181,168	108.9%				0.0533	0.9467	0.0000	0.9467	5.85%	1.5320	
	2006	132,244	164,749	208,707	157.8%	67	191,392	238,435	302,054	157.8%				0.0563	0.9437	0.0000	0.9437	5.85%	1.4473	
	2007	129,711	39,282	49,435	38.1%	64	177,348	53,708	67,590	38.1%				0.0448	0.9552	0.0000	0.9552	5.85%	1.3673	
2008	119,444	135,034	0	0.0%	59	154,281	174,418	0	0.0%				0.0781	0.9219	0.0000	0.9219	5.85%	1.2917		
2009	111,675	197,719	41,841	37.5%	57	136,272	241,267	51,056	37.5%				0.0339	0.9661	0.0000	0.9661	5.85%	1.2203		
2010	105,771	117,781	6,931	6.6%	52	121,931	135,776	7,990	6.6%				0.0877	0.9123	0.0000	0.9123	5.85%	1.1528		
2011	99,004	34,976	503,090	508.2%	52	107,820	38,090	547,892	508.2%				0.0000	1.0000	0.0000	1.0000	5.85%	1.0891		
2012	106,143	144,534	212,039	199.8%	49	109,205	148,703	218,155	199.8%				0.0577	0.9423	0.0000	0.9423	5.85%	1.0288		
Projected Future Experience	2013	108,665	221,194	241,288	222.0%	45	106,795	215,352	234,915	222.0%	1.0000	1.1115	1.0000	0.0741	0.0000	0.9259	1.0238	5.50%	0.9736	
	2014	105,404	264,429	246,001	233.4%	41	97,315	244,136	227,123	233.4%	1.0733	1.1205	1.0030	0.0807	0.0100	0.9101	0.9072	5.47%	0.9233	
	2015	103,172	272,564	244,638	237.1%	38	90,398	238,817	214,349	237.1%	1.0882	1.1024	1.0067	0.0873	0.0000	0.9127	0.8960	5.43%	0.8762	
	2016	93,220	272,493	242,702	260.4%	34	77,569	226,743	201,954	260.4%	1.0000	1.0906	1.0067	0.0938	0.0000	0.9062	0.9035	5.39%	0.8321	
	2017	83,625	263,380	237,646	284.2%	31	66,119	208,245	187,899	284.2%	1.0000	1.0842	1.0067	0.0991	0.0000	0.9009	0.8971	5.36%	0.7907	
	2018	74,539	255,255	230,164	308.8%	28	56,003	191,778	172,926	308.8%	1.0000	1.0793	1.0067	0.1045	0.0000	0.8955	0.8913	5.34%	0.7513	
	2019	66,010	247,083	220,356	333.8%	25	47,111	176,340	157,265	333.8%	1.0000	1.0738	1.0067	0.1100	0.0000	0.8900	0.8856	5.33%	0.7137	
	2020	58,072	238,319	210,110	361.8%	22	39,352	161,494	142,379	361.8%	1.0000	1.0766	1.0067	0.1157	0.0000	0.8843	0.8797	5.33%	0.6776	
	2021	50,744	228,946	200,167	394.5%	19	32,635	147,245	128,736	394.5%	1.0000	1.0830	1.0067	0.1215	0.0000	0.8785	0.8738	5.33%	0.6431	
	2022	44,029	219,377	191,357	434.6%	17	26,862	133,843	116,748	434.6%	1.0000	1.0944	1.0067	0.1276	0.0000	0.8724	0.8677	5.34%	0.6101	
	2023	37,922	209,846	182,741	481.9%	14	21,950	105,774	121,463	481.9%	1.0000	1.1033	1.0067	0.1339	0.0000	0.8661	0.8613	5.35%	0.5788	
	2024	32,410	200,289	173,649	535.8%	12	17,803	110,022	95,388	535.8%	1.0000	1.1044	1.0067	0.1406	0.0000	0.8594	0.8546	5.35%	0.5493	
	2025	27,472	190,597	163,605	595.5%	11	14,321	99,358	85,287	595.5%	1.0000	1.1041	1.0067	0.1475	0.0000	0.8524	0.8476	5.35%	0.5213	
	2026	23,085	180,336	151,642	656.9%	9	11,422	89,226	75,029	656.9%	1.0000	1.0956	1.0067	0.1549	0.0000	0.8451	0.8403	5.35%	0.4948	
	2027	19,221	169,000	137,143	713.5%	7	9,029	79,390	64,425	713.5%	1.0000	1.0789	1.0067	0.1626	0.0000	0.8374	0.8326	5.35%	0.4698	
	2028	15,850	156,349	121,493	766.5%	6	7,072	69,764	54,211	766.5%	1.0000	1.0671	1.0067	0.1706	0.0000	0.8294	0.8246	5.34%	0.4462	
	2029	12,939	142,571	105,618	816.3%	5	5,487	60,457	44,787	816.3%	1.0000	1.0578	1.0067	0.1788	0.0000	0.8212	0.8163	5.34%	0.4240	
	2030	10,452	128,042	90,174	862.8%	4	4,214	51,623	36,356	862.8%	1.0000	1.0498	1.0067	0.1873	0.0000	0.8127	0.8078	5.33%	0.4032	
	2031	8,352	113,176	75,607	905.2%	3	3,203	43,405	28,997	905.2%	1.0000	1.0422	1.0067	0.1960	0.0000	0.8040	0.7991	5.32%	0.3835	
	2032	6,600	98,450	62,329	944.3%	3	2,409	35,938	22,752	944.3%	1.0000	1.0362	1.0067	0.2049	0.0000	0.7951	0.7903	5.30%	0.3650	
	2033	5,156	84,355	50,726	983.7%	2	1,792	29,324	17,634	983.7%	1.0000	1.0348	1.0067	0.2140	0.0000	0.7860	0.7812	5.29%	0.3476	
	2034	3,980	71,287	40,755	1023.9%	2	1,318	23,609	13,497	1023.9%	1.0000	1.0338	1.0067	0.2236	0.0000	0.7764	0.7719	5.27%	0.3312	
	2035	3,034	59,545	32,536	1072.4%	1	958	18,795	10,270	1072.4%	1.0000	1.0404	1.0067	0.2336	0.0000	0.7664	0.7622	5.26%	0.3156	
	2036	2,281	49,263	25,846	1133.1%	1	687	14,835	7,783	1133.1%	1.0000	1.0495	1.0067	0.2442	0.0000	0.7558	0.7518	5.24%	0.3011	
	2037	1,689	40,389	20,232	1197.7%	1	486	11,622	5,822	1197.7%	1.0000	1.0499	1.0067	0.2557	0.0000	0.7443	0.7406	5.22%	0.2878	
	2038	1,230	32,767	15,484	1258.8%	1	339	9,023	4,264	1258.8%	1.0000	1.0440	1.0067	0.2681	0.0000	0.7319	0.7282	5.19%	0.2754	
	2039	879	26,322	11,800	1343.0%	1	232	6,943	3,112	1343.0%	1.0000	1.0597	1.0067	0.2815	0.0000	0.7185	0.7143	5.16%	0.2638	
	2040	614	20,969	8,859	1442.9%	1	155	5,300	2,239	1442.9%	1.0000	1.0672	1.0067	0.2962	0.0000	0.7038	0.6988	5.13%	0.2528	
	2041	418	16,550	6,470	1546.4%	1	101	4,010	1,568	1546.4%	1.0000	1.0646	1.0067	0.3121	0.0000	0.6879	0.6814	5.10%	0.2423	
	2042	277	12,898	4,545	1640.6%	1	64	2,997	1,056	1640.6%	1.0000	1.0538	1.0067	0.3295	0.0000	0.6705	0.6620	5.07%	0.2324	
	2043	177	9,895	3,086	1739.4%	1	40	2,205	688	1739.4%	1.0000	1.0531	1.0067	0.3482	0.0000	0.6518	0.6405	5.05%	0.2228	
	2044	109	7,461	2,006	1832.7%	1	23	1,594	429	1832.7%	1.0000	1.0466	1.0067	0.3683	0.0000	0.6317	0.6169	5.02%	0.2137	
	2045	65	5,528	1,243	1920.5%	1	13	1,132	255	1920.5%	1.0000	1.0409	1.0067	0.3900	0.0000	0.6100	0.5913	5.00%	0.2048	
	2046	37	4,021	730	1999.3%	1	7	789	143	1999.3%	1.0000	1.0340	1.0067	0.4134	0.0000	0.5866	0.5640	4.98%	0.1963	
2047	20	2,876	403	2060.9%	1	4	541	76	2060.9%	1.0000	1.0239	1.0067	0.4390	0.0000	0.5610	0.5352	4.96%	0.1881		
2048	10	2,026	207	2094.5%	1	2	365	37	2094.5%	1.0000	1.0095	1.0067	0.4673	0.0000	0.5327	0.5052	4.95%	0.1802		
2049	5	1,410	98	2084.4%	1	1	244	17	2084.4%	1.0000	0.9885	1.0067	0.4989	0.0000	0.5011	0.4742	4.93%	0.1727		
2050	2	974	42	2011.1%	1	0	161	7	2011.1%	1.0000	0.9584	1.0067	0.5345	0.0000	0.4655	0.4423	4.91%	0.1655		
2051	1	670	16	1856.1%	1	0	106	2	1856.1%	1.0000	0.9167	1.0067	0.5748	0.0000	0.4252	0.4096	4.90%	0.1586		
2052	0	462	5	1612.9%	1	0	70	1	1612.9%	1.0000	0.8631	1.0067	0.6208	0.0000	0.3792	0.3754	4.89%	0.1520		
Past		1,959,623	975,887	1,411,702	72.0%	1,265	3,348,855	1,289,277	1,880,978	56.2%										
Future		1,001,767	4,521,364	3,753,518	374.7%	396	742,294	2,838,307	2,466,199	332.2%										
Lifetime		2,961,390	5,497,251	5,165,220	174.4%	1,661	4,0													

Exhibit III
MetLife Insurance Company USA
Incurred Loss Ratio Including the Change in Active Life Reserves
Nationwide Experience, without Interest
LTC3+ Nursing Facility Only Policy Forms

Calendar Year	(a) Earned Premium	(b) Incurred Claims	(c) Change in Active Life Reserves	(d) = (b+c)/(a) Incurred Loss Ratio
1994	142,277	0	40,047	28.1%
1995	1,426,945	82,519	359,126	31.0%
1996	3,730,743	11,147	1,651,987	44.6%
1997	5,422,839	436,323	3,494,282	72.5%
1998	5,640,501	1,034,035	4,118,482	91.3%
1999	5,656,636	1,291,172	4,195,936	97.0%
2000	5,491,309	2,027,535	4,349,860	116.1%
2001	5,384,424	2,627,944	4,084,980	124.7%
2002	5,268,652	3,531,946	3,976,037	142.5%
2003	5,097,934	4,978,514	3,692,397	170.1%
2004	5,753,976	5,050,112	3,075,822	141.2%
2005	6,390,917	5,702,692	2,638,587	130.5%
2006	6,111,956	6,594,725	2,832,089	154.2%
2007	5,895,284	6,841,053	2,526,786	158.9%
2008	5,584,928	8,083,388	1,781,940	176.6%
2009	5,269,582	8,127,224	1,565,468	183.9%
2010	5,600,905	6,577,388	915,351	133.8%
2011	5,858,856	10,395,235	314,901	182.8%
2012	5,430,517	9,022,466	474,065	174.9%
Total	95,159,183	82,415,418	46,088,143	135.0%

Exhibit IV
MetLife Insurance Company USA
Incurred Loss Ratio Including the Change in Active Life Reserves
Virginia-Specific Experience, without Interest
LTC3+ Nursing Facility Only Policy Forms

Calendar Year	(a) Earned Premium	(b) Incurred Claims	(c) Change in Active Life Reserves	(d) = (b+c)/(a) Incurred Loss Ratio
1994	10,269	0	2,797	27.2%
1995	44,165	0	19,331	43.8%
1996	80,545	0	45,578	56.6%
1997	119,159	0	83,727	70.3%
1998	117,532	0	103,384	88.0%
1999	117,179	1,865	106,120	92.2%
2000	117,243	42,606	104,639	125.6%
2001	117,028	46,462	116,506	139.3%
2002	113,057	151,099	89,969	213.2%
2003	105,504	29,369	85,878	109.2%
2004	105,384	0	123,565	117.3%
2005	108,565	118,259	110,371	210.6%
2006	132,244	208,707	104,129	236.6%
2007	129,711	49,435	64,543	87.9%
2008	119,444	0	78,764	65.9%
2009	111,675	41,841	80,928	109.9%
2010	105,771	6,931	20,134	25.6%
2011	99,004	503,090	123,793	633.2%
2012	106,143	212,039	29,639	227.7%
Total	1,959,623	1,411,702	1,493,797	148.3%

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	170.67	158.23	144.00	18-44	11.56	11.56	10.67
45-49	195.56	183.11	167.11	45-49	14.22	13.33	12.44
50-54	220.45	208.00	193.78	50-54	16.00	15.11	14.22
55	304.01	282.67	259.56	55	20.44	19.56	18.67
56	325.34	302.23	277.34	56	22.22	21.33	20.44
57	348.45	323.56	296.89	57	24.00	22.22	21.33
58	373.34	346.67	316.45	58	25.78	24.00	22.22
59	400.01	369.78	339.56	59	26.67	25.78	24.00
60	426.67	394.67	360.90	60	28.44	26.67	24.89
61	456.90	423.12	385.78	61	31.11	29.33	26.67
62	488.90	451.56	412.45	62	32.89	31.11	28.44
63	522.68	481.79	439.12	63	35.56	32.89	30.22
64	560.01	515.56	469.34	64	38.22	35.56	32.00
65	597.34	549.34	499.56	65	40.00	37.33	33.78
66	654.23	600.90	545.79	66	44.45	40.89	37.33
67	716.46	656.01	595.57	67	48.89	45.33	40.89
68	785.79	716.46	648.90	68	53.33	48.89	43.56
69	860.46	784.01	707.57	69	57.78	53.33	48.00
70	940.46	855.13	769.79	70	63.11	57.78	51.56
71	1,038.24	940.46	840.90	71	70.22	64.00	56.89
72	1,146.69	1,032.91	919.13	72	77.33	70.22	62.22
73	1,265.80	1,134.24	1,002.68	73	85.33	77.33	67.56
74	1,395.58	1,246.24	1,095.13	74	94.22	84.45	73.78

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,539.58	1,367.14	1,194.69	75	104.00	92.45	80.00
76	1,733.36	1,539.58	1,345.80	76	117.34	104.00	90.67
77	1,952.04	1,733.36	1,512.92	77	131.56	117.34	101.34
78	2,197.37	1,950.26	1,703.14	78	148.45	131.56	114.67
79	2,472.93	2,195.60	1,916.48	79	166.23	147.56	128.89
80		2,469.38	2,154.71	80	186.67	165.34	144.00
81		2,778.72	2,424.93	81	210.67	186.67	162.67
82		3,127.17	2,727.16	82	236.45	209.78	183.11
83		3,520.06	3,068.50	83	265.78	235.56	205.34
84		3,960.96	3,452.51	84	298.67	264.89	231.12
				85	335.12	297.78	259.56
				86	377.78	335.12	292.45
				87	424.90	376.90	328.89
				88	477.34	424.01	369.78
				89	536.90	477.34	416.01
				90	604.46	536.90	468.45
				91	680.01	604.46	526.23
				92	764.46	680.01	592.01
				93	860.46	764.46	666.68
				94	968.02	859.57	749.35
				95	1,088.91	967.13	843.57
				96	1,224.91	1,088.02	948.46
				97	1,377.80	1,224.02	1,067.57
				98	1,550.25	1,376.91	1,200.91
				99	1,743.14	1,549.36	1,350.25

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	193.78	183.11	170.67	18-44	13.33	13.33	12.44
45-49	227.56	215.12	199.11	45-49	16.00	15.11	14.22
50-54	266.67	248.89	231.12	50-54	17.78	16.89	16.00
55	355.56	337.78	320.01	55	24.89	23.11	21.33
56	382.23	362.67	343.12	56	26.67	24.89	23.11
57	410.67	387.56	364.45	57	28.44	26.67	24.89
58	440.90	416.01	389.34	58	30.22	28.44	26.67
59	472.90	444.45	416.01	59	32.00	30.22	28.44
60	506.68	474.68	442.67	60	33.78	32.00	30.22
61	542.23	508.45	474.68	61	36.45	34.67	32.89
62	579.57	544.01	508.45	62	39.11	37.33	34.67
63	618.68	581.34	545.79	63	41.78	40.00	37.33
64	659.57	622.23	584.90	64	45.33	42.67	40.00
65	704.01	664.90	625.79	65	48.00	45.33	41.78
66	764.46	723.57	682.68	66	52.45	49.78	46.22
67	828.46	785.79	743.12	67	56.89	53.33	49.78
68	899.57	855.13	810.68	68	61.33	57.78	54.22
69	974.24	928.02	881.79	69	65.78	63.11	59.56
70	1,056.02	1,008.02	960.02	70	71.11	67.56	64.00
71	1,168.02	1,118.24	1,066.69	71	79.11	75.56	72.00
72	1,292.47	1,237.36	1,184.02	72	87.11	83.56	79.11
73	1,427.58	1,370.69	1,315.58	73	96.00	92.45	88.00
74	1,578.70	1,518.25	1,459.58	74	105.78	102.22	97.78

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,744.03	1,681.81	1,619.58	75	116.45	112.89	108.45
76	1,962.70	1,893.37	1,822.26	76	131.56	127.11	122.67
77	2,208.04	2,129.82	2,049.81	77	147.56	143.11	137.78
78	2,483.60	2,396.49	2,305.82	78	166.23	160.89	154.67
79	2,794.72	2,695.16	2,593.82	79	186.67	180.45	174.23
				80	209.78	202.67	195.56
				81	236.45	228.45	220.45
				82	265.78	256.89	248.00
				83	298.67	288.89	279.12
				84	336.01	325.34	313.78
				85	377.78	365.34	352.01
				86	425.79	411.56	396.45
				87	478.23	463.12	446.23
				88	538.68	520.90	501.34
				89	605.34	585.79	564.45
				90	680.90	658.68	634.68
				91	766.24	741.35	713.79
				92	862.24	833.79	803.57
				93	969.80	937.79	904.02
				94	1,090.69	1,055.13	1,016.91
				95	1,227.58	1,186.69	1,143.13
				96	1,380.47	1,335.14	1,286.25
				97	1,552.92	1,502.25	1,447.14
				98	1,747.59	1,689.81	1,627.59
				99	1,965.37	1,900.48	1,831.14

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	225.78	216.89	206.23	18-44	15.11	15.11	14.22
45-49	268.45	252.45	236.45	45-49	18.67	17.78	16.89
50-54	316.45	293.34	270.23	50-54	21.33	20.44	18.67
55	432.01	401.79	371.56	55	30.22	28.44	25.78
56	465.79	432.01	398.23	56	32.89	31.11	27.56
57	499.56	464.01	426.67	57	35.56	32.89	29.33
58	536.90	497.79	456.90	58	37.33	34.67	32.00
59	577.79	533.34	488.90	59	40.00	37.33	33.78
60	620.46	572.45	522.68	60	42.67	39.11	35.56
61	668.46	615.12	560.01	61	46.22	42.67	38.22
62	718.24	659.57	599.12	62	49.78	45.33	40.89
63	773.35	707.57	640.01	63	53.33	48.89	43.56
64	830.24	759.12	684.46	64	56.89	51.56	47.11
65	892.46	812.46	730.68	65	60.45	55.11	49.78
66	974.24	885.35	796.46	66	66.67	60.45	54.22
67	1,063.13	965.35	865.79	67	72.00	65.78	58.67
68	1,160.91	1,052.46	942.24	68	78.22	71.11	64.00
69	1,265.80	1,146.69	1,024.02	69	85.33	77.33	69.33
70	1,381.36	1,248.02	1,112.91	70	92.45	83.56	74.67
71	1,518.25	1,376.02	1,232.02	71	102.22	92.45	82.67
72	1,667.59	1,516.47	1,361.80	72	112.00	102.22	91.56
73	1,832.92	1,671.14	1,505.81	73	123.56	112.00	101.34
74	2,014.26	1,840.03	1,664.03	74	135.11	123.56	112.00

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,211.60	2,026.70	1,840.03	75	148.45	136.00	123.56
76	2,490.71	2,280.93	2,071.15	76	167.11	153.78	139.56
77	2,801.83	2,567.16	2,330.71	77	188.45	172.45	156.45
78	3,153.83	2,888.94	2,624.05	78	211.56	193.78	176.00
79	3,548.51	3,249.84	2,951.16	79	237.34	217.78	198.23
				80	266.67	244.45	222.23
				81	300.45	275.56	250.67
				82	337.78	309.34	281.78
				83	379.56	348.45	316.45
				84	427.56	392.01	356.45
				85	480.01	440.01	400.01
				86	540.45	495.12	450.67
				87	608.01	557.34	506.68
				88	683.57	626.68	569.79
				89	768.90	704.90	640.90
				90	865.79	793.79	720.90
				91	973.35	892.46	811.57
				92	1,095.13	1,003.57	912.91
				93	1,232.02	1,129.80	1,026.69
				94	1,385.80	1,270.25	1,154.69
				95	1,559.14	1,429.36	1,299.58
				96	1,753.81	1,608.03	1,461.36
				97	1,973.37	1,808.92	1,644.47
				98	2,219.60	2,034.70	1,849.81
				99	2,496.93	2,288.93	2,080.93

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	268.45	257.78	245.34	18-44	18.67	17.78	16.89
45-49	320.01	305.78	289.78	45-49	23.11	21.33	20.44
50-54	380.45	360.90	339.56	50-54	26.67	24.89	23.11
55	542.23	510.23	478.23	55	37.33	34.67	32.00
56	584.90	547.57	512.01	56	40.89	37.33	34.67
57	629.34	588.46	545.79	57	43.56	40.89	37.33
58	677.35	629.34	583.12	58	47.11	43.56	40.00
59	727.12	675.57	624.01	59	49.78	47.11	42.67
60	782.24	723.57	664.90	60	53.33	49.78	45.33
61	842.68	776.90	712.90	61	57.78	53.33	48.89
62	906.68	833.79	762.68	62	62.22	57.78	52.45
63	974.24	896.02	816.01	63	66.67	61.33	56.00
64	1,048.91	961.80	874.68	64	72.00	65.78	59.56
65	1,127.13	1,031.13	935.13	65	76.45	70.22	63.11
66	1,214.24	1,116.46	1,020.46	66	82.67	76.45	69.33
67	1,304.91	1,208.91	1,112.91	67	88.89	82.67	74.67
68	1,404.47	1,308.47	1,212.47	68	95.11	88.89	81.78
69	1,511.14	1,416.91	1,320.91	69	102.22	96.00	88.89
70	1,624.92	1,532.47	1,440.03	70	109.34	103.11	96.00
71	1,804.48	1,696.03	1,589.36	71	121.78	114.67	106.67
72	2,003.59	1,877.37	1,751.14	72	135.11	126.22	117.34
73	2,224.04	2,078.26	1,930.70	73	149.34	139.56	129.78
74	2,469.38	2,300.49	2,129.82	74	165.34	154.67	143.11

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,739.61	2,544.05	2,346.71	75	183.11	170.67	157.34
76	3,082.72	2,864.05	2,641.83	76	206.23	192.00	177.78
77	3,468.51	3,223.17	2,974.28	77	232.00	216.00	199.11
78	3,904.07	3,626.73	3,345.84	78	261.34	242.67	224.00
79	4,391.19	4,080.07	3,767.18	79	293.34	272.89	251.56
				80	329.78	306.67	282.67
				81	371.56	345.78	318.23
				82	417.79	388.45	358.23
				83	470.23	436.45	402.67
				84	528.90	491.56	453.34
				85	594.68	552.01	509.34
				86	669.35	621.34	573.34
				87	752.90	698.68	645.35
				88	847.13	786.68	725.35
				89	952.91	884.46	816.01
				90	1,072.02	995.57	918.24
				91	1,206.24	1,119.13	1,032.91
				92	1,356.47	1,259.58	1,161.80
				93	1,526.25	1,416.91	1,307.58
				94	1,717.36	1,593.81	1,470.25
				95	1,931.59	1,792.92	1,654.25
				96	2,173.37	2,016.93	1,861.37
				97	2,444.49	2,269.37	2,093.37
				98	2,750.27	2,552.94	2,355.60
				99	3,093.39	2,872.05	2,649.83

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
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Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	318.23	296.89	273.78	18-44	21.33	20.44	19.56
45-49	373.34	350.23	325.34	45-49	25.78	24.89	23.11
50-54	435.56	410.67	384.01	50-54	30.22	28.44	26.67
55	570.68	535.12	499.56	55	39.11	37.33	34.67
56	604.46	567.12	531.57	56	41.78	40.00	37.33
57	640.01	600.90	563.57	57	44.45	41.78	39.11
58	677.35	638.23	597.34	58	46.22	44.45	40.89
59	718.24	675.57	632.90	59	48.89	47.11	43.56
60	759.12	714.68	670.23	60	51.56	48.89	45.33
61	805.35	757.35	709.35	61	55.11	52.45	48.89
62	851.57	801.79	752.01	62	57.78	55.11	51.56
63	901.35	848.02	794.68	63	61.33	58.67	54.22
64	954.68	897.79	840.90	64	64.89	61.33	57.78
65	1,009.80	949.35	888.91	65	68.45	64.89	60.45
66	1,096.91	1,031.13	965.35	66	74.67	70.22	65.78
67	1,189.35	1,118.24	1,047.13	67	80.89	76.45	71.11
68	1,290.69	1,214.24	1,137.80	68	87.11	82.67	77.33
69	1,400.91	1,317.36	1,233.80	69	95.11	88.89	83.56
70	1,518.25	1,429.36	1,338.69	70	102.22	96.00	89.78
71	1,667.59	1,569.81	1,470.25	71	112.89	105.78	98.67
72	1,831.14	1,722.70	1,612.47	72	123.56	116.45	108.45
73	2,010.70	1,889.81	1,768.92	73	135.11	127.11	119.11
74	2,206.26	2,074.70	1,941.37	74	148.45	139.56	130.67

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,421.38	2,275.60	2,128.04	75	161.78	152.89	143.11
76	2,725.38	2,561.82	2,396.49	76	182.23	172.45	160.89
77	3,064.94	2,881.83	2,696.94	77	205.34	193.78	181.34
78	3,448.95	3,242.73	3,034.72	78	231.12	217.78	203.56
79	3,879.18	3,648.07	3,415.17	79	259.56	244.45	229.34
80		4,103.19	3,843.63	80		274.67	256.89
81		4,616.97	4,325.41	81		309.34	289.78
82		5,194.76	4,865.87	82		347.56	325.34
83		5,843.66	5,473.88	83		391.12	366.23
84		6,572.56	6,158.33	84		440.01	412.45

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit Elimination Period</u>			Issue Age	<u>Additional \$5 Increments Elimination Period</u>		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	382.23	357.34	332.45	18-44	25.78	24.89	23.11
45-49	451.56	423.12	396.45	45-49	31.11	30.22	27.56
50-54	529.79	499.56	469.34	50-54	36.45	34.67	32.00
55	705.79	663.12	620.46	55	47.11	44.45	41.78
56	746.68	702.23	657.79	56	50.67	48.00	44.45
57	789.35	743.12	696.90	57	53.33	50.67	47.11
58	833.79	787.57	737.79	58	56.89	53.33	49.78
59	881.79	832.02	782.24	59	59.56	56.89	52.45
60	931.57	880.02	826.68	60	63.11	59.56	55.11
61	986.68	931.57	874.68	61	67.56	63.11	58.67
62	1,045.35	986.68	926.24	62	71.11	67.56	62.22
63	1,105.80	1,043.57	977.80	63	75.56	71.11	65.78
64	1,171.58	1,104.02	1,034.69	64	79.11	75.56	70.22
65	1,239.13	1,166.24	1,093.35	65	83.56	79.11	73.78
66	1,347.58	1,267.58	1,189.35	66	91.56	86.22	80.89
67	1,463.14	1,377.80	1,292.47	67	98.67	93.34	87.11
68	1,589.36	1,496.92	1,404.47	68	107.56	101.34	95.11
69	1,728.03	1,626.70	1,527.14	69	116.45	110.22	103.11
70	1,875.59	1,767.14	1,658.70	70	126.22	119.11	111.11
71	2,064.04	1,944.92	1,824.03	71	138.67	131.56	122.67
72	2,270.26	2,138.71	2,005.37	72	152.89	144.00	135.11
73	2,497.82	2,352.04	2,204.48	73	168.00	158.23	148.45
74	2,748.49	2,584.94	2,421.38	74	184.00	173.34	162.67
75	3,022.28	2,842.72	2,661.38	75	201.78	190.23	178.67
76	3,400.95	3,200.06	2,995.61	76	227.56	214.23	200.89
77	3,825.85	3,600.07	3,372.51	77	256.00	240.89	226.67
78	4,304.08	4,049.85	3,795.62	78	288.01	271.12	254.23
79	4,840.98	4,556.53	4,270.30	79	323.56	304.89	286.23

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	492.45	464.01	433.79	18-44	32.89	31.11	29.33
45-49	584.90	551.12	515.56	45-49	40.00	37.33	35.56
50-54	693.35	652.46	611.57	50-54	47.11	44.45	41.78
55	924.46	865.79	807.13	55	62.22	58.67	55.11
56	979.57	917.35	855.13	56	66.67	62.22	58.67
57	1,036.46	970.68	904.91	57	70.22	65.78	61.33
58	1,096.91	1,027.57	958.24	58	74.67	69.33	64.89
59	1,160.91	1,088.02	1,013.35	59	78.22	73.78	68.45
60	1,228.47	1,150.24	1,072.02	60	82.67	77.33	72.00
61	1,303.13	1,217.80	1,134.24	61	88.00	81.78	76.45
62	1,379.58	1,288.91	1,198.24	62	93.34	87.11	80.89
63	1,461.36	1,363.58	1,267.58	63	97.78	91.56	85.33
64	1,548.47	1,443.58	1,338.69	64	104.00	96.89	90.67
65	1,639.14	1,527.14	1,415.14	65	109.34	102.22	95.11
66	1,784.92	1,665.81	1,546.69	66	119.11	112.00	104.00
67	1,941.37	1,815.14	1,687.14	67	129.78	121.78	113.78
68	2,112.04	1,976.92	1,843.59	68	141.34	132.45	123.56
69	2,296.93	2,154.71	2,012.48	69	153.78	144.89	135.11
70	2,497.82	2,346.71	2,195.60	70	167.11	157.34	146.67
71	2,737.83	2,568.94	2,398.27	71	183.11	172.45	160.89
72	3,000.94	2,810.72	2,620.49	72	200.89	188.45	175.11
73	3,287.17	3,075.61	2,862.27	73	219.56	206.23	191.11
74	3,601.84	3,363.62	3,125.39	74	240.89	224.89	208.89
75	3,946.74	3,680.07	3,413.40	75	263.12	245.34	227.56
76	4,376.97	4,097.85	3,818.74	76	292.45	273.78	255.12
77	4,853.42	4,561.86	4,270.30	77	323.56	304.89	285.34
78	5,379.65	5,079.20	4,776.98	78	359.12	338.67	319.12
79	5,966.33	5,653.44	5,342.32	79	398.23	376.90	356.45

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit V

**METLIFE INSURANCE COMPANY USA
Current Annual Premiums**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	650.68	616.90	583.12	18-44	43.56	41.78	40.00
45-49	780.46	743.12	704.01	45-49	52.45	50.67	48.00
50-54	935.13	892.46	849.79	50-54	63.11	60.45	56.89
55	1,232.02	1,169.80	1,105.80	55	83.56	79.11	74.67
56	1,304.91	1,237.36	1,168.02	56	88.89	83.56	79.11
57	1,381.36	1,308.47	1,233.80	57	93.34	88.00	83.56
58	1,463.14	1,384.91	1,303.13	58	98.67	93.34	88.00
59	1,548.47	1,463.14	1,376.02	59	104.00	98.67	92.45
60	1,639.14	1,546.69	1,452.47	60	109.34	103.11	96.89
61	1,733.36	1,633.81	1,532.47	61	116.45	109.34	103.11
62	1,831.14	1,724.48	1,616.03	62	122.67	115.56	108.45
63	1,936.04	1,820.48	1,704.92	63	129.78	121.78	114.67
64	2,046.26	1,921.81	1,797.37	64	137.78	128.89	120.89
65	2,161.82	2,028.48	1,895.15	65	144.89	136.00	127.11
66	2,323.60	2,192.04	2,062.26	66	155.56	147.56	138.67
67	2,496.05	2,368.04	2,241.82	67	167.11	159.11	150.22
68	2,680.94	2,560.05	2,437.38	68	179.56	171.56	163.56
69	2,880.05	2,764.49	2,648.94	69	192.89	184.89	176.89
70	3,093.39	2,986.72	2,880.05	70	206.23	199.11	192.00
71	3,393.84	3,269.39	3,146.72	71	226.67	218.67	209.78
72	3,720.96	3,578.73	3,438.28	72	248.89	239.12	229.34
73	4,080.07	3,918.29	3,754.73	73	272.00	261.34	250.67
74	4,474.75	4,288.08	4,101.41	74	298.67	286.23	273.78
75	4,906.76	4,693.42	4,480.08	75	327.12	312.89	298.67
76	5,456.10	5,205.43	4,952.98	76	364.45	347.56	330.67
77	6,067.67	5,770.77	5,473.88	77	405.34	385.78	365.34
78	6,745.01	6,398.34	6,048.11	78	450.67	427.56	404.45
79	7,500.58	7,093.46	6,684.57	79	500.45	473.79	446.23

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	199.34	184.81	168.20	18-44	13.50	13.50	12.46
45-49	228.41	213.88	195.19	45-49	16.61	15.57	14.54
50-54	257.48	242.95	226.34	50-54	18.69	17.65	16.61
55	355.08	330.16	303.17	55	23.88	22.84	21.80
56	380.00	353.00	323.93	56	25.96	24.92	23.88
57	406.99	377.92	346.77	57	28.03	25.96	24.92
58	436.06	404.91	369.61	58	30.11	28.03	25.96
59	467.21	431.91	396.61	59	31.15	30.11	28.03
60	498.36	460.98	421.53	60	33.22	31.15	29.07
61	533.66	494.20	450.60	61	36.34	34.26	31.15
62	571.03	527.43	481.74	62	38.41	36.34	33.22
63	610.49	562.73	512.89	63	41.53	38.41	35.30
64	654.09	602.18	548.19	64	44.64	41.53	37.38
65	697.70	641.63	583.49	65	46.72	43.61	39.45
66	764.15	701.85	637.48	66	51.91	47.76	43.61
67	836.82	766.22	695.62	67	57.10	52.95	47.76
68	917.81	836.82	757.92	68	62.29	57.10	50.87
69	1,005.02	915.73	826.44	69	67.49	62.29	56.07
70	1,098.46	998.79	899.12	70	73.72	67.49	60.22
71	1,212.67	1,098.46	982.18	71	82.02	74.75	66.45
72	1,339.33	1,206.44	1,073.54	72	90.33	82.02	72.68
73	1,478.46	1,324.80	1,171.14	73	99.67	90.33	78.91
74	1,630.04	1,455.61	1,279.11	74	110.05	98.63	86.17

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	1,798.23	1,596.81	1,395.40	75	121.47	107.98	93.44
76	2,024.57	1,798.23	1,571.90	76	137.05	121.47	105.90
77	2,279.98	2,024.57	1,767.09	77	153.66	137.05	118.36
78	2,566.53	2,277.90	1,989.27	78	173.39	153.66	133.93
79	2,888.39	2,564.46	2,238.45	79	194.15	172.35	150.54
80		2,884.23	2,516.70	80	218.03	193.11	168.20
81		3,245.54	2,832.32	81	246.06	218.03	190.00
82		3,652.53	3,185.32	82	276.17	245.02	213.88
83		4,111.43	3,584.01	83	310.43	275.13	239.83
84		4,626.40	4,032.53	84	348.85	309.40	269.94
				85	391.42	347.81	303.17
				86	441.25	391.42	341.58
				87	496.28	440.21	384.15
				88	557.54	495.24	431.91
				89	627.10	557.54	485.90
				90	706.00	627.10	547.15
				91	794.25	706.00	614.64
				92	892.89	794.25	691.47
				93	1,005.02	892.89	778.68
				94	1,130.64	1,003.98	875.24
				95	1,271.85	1,129.61	985.29
				96	1,430.70	1,270.81	1,107.80
				97	1,609.27	1,429.66	1,246.93
				98	1,810.69	1,608.24	1,402.66
				99	2,035.99	1,809.65	1,577.09

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	226.34	213.88	199.34	18-44	15.57	15.57	14.54
45-49	265.79	251.25	232.57	45-49	18.69	17.65	16.61
50-54	311.47	290.71	269.94	50-54	20.76	19.73	18.69
55	415.30	394.53	373.77	55	29.07	26.99	24.92
56	446.44	423.60	400.76	56	31.15	29.07	26.99
57	479.67	452.67	425.68	57	33.22	31.15	29.07
58	514.97	485.90	454.75	58	35.30	33.22	31.15
59	552.34	519.12	485.90	59	37.38	35.30	33.22
60	591.80	554.42	517.04	60	39.45	37.38	35.30
61	633.33	593.87	554.42	61	42.57	40.49	38.41
62	676.93	635.40	593.87	62	45.68	43.61	40.49
63	722.62	679.01	637.48	63	48.80	46.72	43.61
64	770.37	726.77	683.16	64	52.95	49.84	46.72
65	822.29	776.60	730.92	65	56.07	52.95	48.80
66	892.89	845.13	797.37	66	61.26	58.14	53.99
67	967.64	917.81	867.97	67	66.45	62.29	58.14
68	1,050.70	998.79	946.88	68	71.64	67.49	63.33
69	1,137.91	1,083.92	1,029.94	69	76.83	73.72	69.56
70	1,233.43	1,177.37	1,121.30	70	83.06	78.91	74.75
71	1,364.25	1,306.11	1,245.89	71	92.40	88.25	84.10
72	1,509.60	1,445.23	1,382.94	72	101.75	97.59	92.40
73	1,667.42	1,600.97	1,536.60	73	112.13	107.98	102.79
74	1,843.92	1,773.32	1,704.79	74	123.55	119.40	114.21

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,037.03	1,964.35	1,891.68	75	136.01	131.86	126.67
76	2,292.44	2,211.45	2,128.39	76	153.66	148.47	143.28
77	2,578.99	2,487.63	2,394.18	77	172.35	167.16	160.93
78	2,900.85	2,799.10	2,693.20	78	194.15	187.92	180.65
79	3,264.23	3,147.95	3,029.59	79	218.03	210.76	203.50
				80	245.02	236.72	228.41
				81	276.17	266.83	257.48
				82	310.43	300.05	289.67
				83	348.85	337.43	326.01
				84	392.46	380.00	366.50
				85	441.25	426.72	411.14
				86	497.32	480.71	463.06
				87	558.57	540.92	521.20
				88	629.17	608.41	585.57
				89	707.04	684.20	659.28
				90	795.29	769.34	741.30
				91	894.96	865.89	833.71
				92	1,007.09	973.87	938.57
				93	1,132.72	1,095.34	1,055.89
				94	1,273.92	1,232.39	1,187.75
				95	1,433.81	1,386.05	1,335.18
				96	1,612.39	1,559.44	1,502.33
				97	1,813.81	1,754.63	1,690.26
				98	2,041.18	1,973.70	1,901.02
				99	2,295.55	2,219.76	2,138.78

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	263.71	253.33	240.87	18-44	17.65	17.65	16.61
45-49	313.55	294.86	276.17	45-49	21.80	20.76	19.73
50-54	369.61	342.62	315.63	50-54	24.92	23.88	21.80
55	504.59	469.28	433.98	55	35.30	33.22	30.11
56	544.04	504.59	465.13	56	38.41	36.34	32.19
57	583.49	541.96	498.36	57	41.53	38.41	34.26
58	627.10	581.41	533.66	58	43.61	40.49	37.38
59	674.86	622.94	571.03	59	46.72	43.61	39.45
60	724.69	668.63	610.49	60	49.84	45.68	41.53
61	780.76	718.46	654.09	61	53.99	49.84	44.64
62	838.90	770.37	699.77	62	58.14	52.95	47.76
63	903.27	826.44	747.53	63	62.29	57.10	50.87
64	969.72	886.66	799.45	64	66.45	60.22	55.03
65	1,042.39	948.95	853.43	65	70.60	64.37	58.14
66	1,137.91	1,034.09	930.26	66	77.87	70.60	63.33
67	1,241.74	1,127.53	1,011.25	67	84.10	76.83	68.52
68	1,355.94	1,229.28	1,100.54	68	91.37	83.06	74.75
69	1,478.46	1,339.33	1,196.05	69	99.67	90.33	80.98
70	1,613.43	1,457.69	1,299.88	70	107.98	97.59	87.21
71	1,773.32	1,607.20	1,439.00	71	119.40	107.98	96.56
72	1,947.74	1,771.24	1,590.59	72	130.82	119.40	106.94
73	2,140.85	1,951.89	1,758.78	73	144.32	130.82	118.36
74	2,352.65	2,149.16	1,943.59	74	157.81	144.32	130.82

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,583.14	2,367.19	2,149.16	75	173.39	158.85	144.32
76	2,909.15	2,664.13	2,419.10	76	195.19	179.62	163.00
77	3,272.54	2,998.44	2,722.27	77	220.11	201.42	182.73
78	3,683.68	3,374.28	3,064.89	78	247.10	226.34	205.57
79	4,144.66	3,795.81	3,446.96	79	277.21	254.37	231.53
				80	311.47	285.52	259.56
				81	350.93	321.85	292.78
				82	394.53	361.31	329.12
				83	443.33	406.99	369.61
				84	499.39	457.86	416.33
				85	560.65	513.93	467.21
				86	631.25	578.30	526.39
				87	710.16	650.98	591.80
				88	798.41	731.96	665.51
				89	898.08	823.33	748.57
				90	1,011.25	927.15	842.01
				91	1,136.87	1,042.39	947.91
				92	1,279.11	1,172.17	1,066.27
				93	1,439.00	1,319.60	1,199.17
				94	1,618.62	1,483.65	1,348.68
				95	1,821.07	1,669.49	1,517.91
				96	2,048.45	1,878.18	1,706.87
				97	2,304.90	2,112.82	1,920.75
				98	2,592.49	2,376.53	2,160.58
				99	2,916.42	2,673.47	2,430.52

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	313.55	301.09	286.55	18-44	21.80	20.76	19.73
45-49	373.77	357.15	338.47	45-49	26.99	24.92	23.88
50-54	444.37	421.53	396.61	50-54	31.15	29.07	26.99
55	633.33	595.95	558.57	55	43.61	40.49	37.38
56	683.16	639.56	598.03	56	47.76	43.61	40.49
57	735.07	687.32	637.48	57	50.87	47.76	43.61
58	791.14	735.07	681.09	58	55.03	50.87	46.72
59	849.28	789.06	728.85	59	58.14	55.03	49.84
60	913.65	845.13	776.60	60	62.29	58.14	52.95
61	984.25	907.42	832.67	61	67.49	62.29	57.10
62	1,059.01	973.87	890.81	62	72.68	67.49	61.26
63	1,137.91	1,046.55	953.11	63	77.87	71.64	65.41
64	1,225.12	1,123.38	1,021.63	64	84.10	76.83	69.56
65	1,316.49	1,204.36	1,092.23	65	89.29	82.02	73.72
66	1,418.24	1,304.03	1,191.90	66	96.56	89.29	80.98
67	1,524.14	1,412.01	1,299.88	67	103.82	96.56	87.21
68	1,640.42	1,528.29	1,416.16	68	111.09	103.82	95.52
69	1,765.01	1,654.96	1,542.83	69	119.40	112.13	103.82
70	1,897.90	1,789.93	1,681.95	70	127.70	120.44	112.13
71	2,107.63	1,980.96	1,856.37	71	142.24	133.93	124.59
72	2,340.20	2,192.77	2,045.33	72	157.81	147.43	137.05
73	2,597.68	2,427.41	2,255.06	73	174.42	163.00	151.58
74	2,884.23	2,686.97	2,487.63	74	193.11	180.65	167.16

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-COLRFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	3,199.86	2,971.45	2,740.96	75	213.88	199.34	183.77
76	3,600.62	3,345.21	3,085.65	76	240.87	224.26	207.65
77	4,051.22	3,764.66	3,473.95	77	270.98	252.29	232.57
78	4,559.95	4,236.02	3,907.94	78	305.24	283.44	261.64
79	5,128.91	4,765.53	4,400.07	79	342.62	318.74	293.82
				80	385.19	358.19	330.16
				81	433.98	403.88	371.69
				82	487.97	453.71	418.41
				83	549.23	509.78	470.32
				84	617.75	574.15	529.50
				85	694.58	644.75	594.91
				86	781.80	725.73	669.67
				87	879.39	816.06	753.76
				88	989.44	918.84	847.20
				89	1,112.99	1,033.05	953.11
				90	1,252.12	1,162.83	1,072.50
				91	1,408.89	1,307.15	1,206.44
				92	1,584.36	1,471.19	1,356.98
				93	1,782.66	1,654.96	1,527.25
				94	2,005.88	1,861.57	1,717.25
				95	2,256.10	2,094.13	1,932.17
				96	2,538.50	2,355.77	2,174.08
				97	2,855.16	2,650.63	2,445.06
				98	3,212.32	2,981.83	2,751.34
				99	3,613.08	3,354.56	3,095.00

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

Nonforfeiture Benefit Rider is an additional 35% of total premium (Rider H-NF3)

Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	371.69	346.77	319.78	18-44	24.92	23.88	22.84
45-49	436.06	409.07	380.00	45-49	30.11	29.07	26.99
50-54	508.74	479.67	448.52	50-54	35.30	33.22	31.15
55	666.55	625.02	583.49	55	45.68	43.61	40.49
56	706.00	662.40	620.87	56	48.80	46.72	43.61
57	747.53	701.85	658.24	57	51.91	48.80	45.68
58	791.14	745.46	697.70	58	53.99	51.91	47.76
59	838.90	789.06	739.23	59	57.10	55.03	50.87
60	886.66	834.75	782.83	60	60.22	57.10	52.95
61	940.65	884.58	828.52	61	64.37	61.26	57.10
62	994.63	936.49	878.35	62	67.49	64.37	60.22
63	1,052.78	990.48	928.19	63	71.64	68.52	63.33
64	1,115.07	1,048.62	982.18	64	75.79	71.64	67.49
65	1,179.44	1,108.84	1,038.24	65	79.94	75.79	70.60
66	1,281.19	1,204.36	1,127.53	66	87.21	82.02	76.83
67	1,389.17	1,306.11	1,223.05	67	94.48	89.29	83.06
68	1,507.53	1,418.24	1,328.95	68	101.75	96.56	90.33
69	1,636.27	1,538.67	1,441.08	69	111.09	103.82	97.59
70	1,773.32	1,669.49	1,563.59	70	119.40	112.13	104.86
71	1,947.74	1,833.53	1,717.25	71	131.86	123.55	115.24
72	2,138.78	2,012.11	1,883.37	72	144.32	136.01	126.67
73	2,348.50	2,207.30	2,066.10	73	157.81	148.47	139.12
74	2,576.91	2,423.25	2,267.52	74	173.39	163.00	152.62

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY INFLATION BENEFITS
FORM: H-LTC3JFO, H-LTC3JFO2
RIDER: H-5AIFO

2-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
75	2,828.17	2,657.90	2,485.55	75	188.96	178.58	167.16
76	3,183.25	2,992.21	2,799.10	76	212.84	201.42	187.92
77	3,579.86	3,365.98	3,150.02	77	239.83	226.34	211.80
78	4,028.38	3,787.50	3,544.55	78	269.94	254.37	237.76
79	4,530.88	4,260.94	3,988.92	79	303.17	285.52	267.87
80		4,792.52	4,489.35	80		320.82	300.05
81		5,392.62	5,052.08	81		361.31	338.47
82		6,067.48	5,683.33	82		405.95	380.00
83		6,825.40	6,393.49	83		456.83	427.76
84		7,676.75	7,192.93	84		513.93	481.74

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
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**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

3-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	446.44	417.37	388.30	18-44	30.11	29.07	26.99
45-49	527.43	494.20	463.06	45-49	36.34	35.30	32.19
50-54	618.79	583.49	548.19	50-54	42.57	40.49	37.38
55	824.36	774.53	724.69	55	55.03	51.91	48.80
56	872.12	820.21	768.30	56	59.18	56.07	51.91
57	921.96	867.97	813.98	57	62.29	59.18	55.03
58	973.87	919.88	861.74	58	66.45	62.29	58.14
59	1,029.94	971.79	913.65	59	69.56	66.45	61.26
60	1,088.08	1,027.86	965.56	60	73.72	69.56	64.37
61	1,152.45	1,088.08	1,021.63	61	78.91	73.72	68.52
62	1,220.97	1,152.45	1,081.85	62	83.06	78.91	72.68
63	1,291.57	1,218.89	1,142.07	63	88.25	83.06	76.83
64	1,368.40	1,289.50	1,208.51	64	92.40	88.25	82.02
65	1,447.31	1,362.17	1,277.04	65	97.59	92.40	86.17
66	1,573.97	1,480.53	1,389.17	66	106.94	100.71	94.48
67	1,708.94	1,609.27	1,509.60	67	115.24	109.02	101.75
68	1,856.37	1,748.40	1,640.42	68	125.63	118.36	111.09
69	2,018.34	1,899.98	1,783.70	69	136.01	128.74	120.44
70	2,190.69	2,064.02	1,937.36	70	147.43	139.12	129.78
71	2,410.80	2,271.67	2,130.47	71	161.97	153.66	143.28
72	2,651.67	2,498.01	2,342.27	72	178.58	168.20	157.81
73	2,917.46	2,747.19	2,574.84	73	196.23	184.81	173.39
74	3,210.24	3,019.20	2,828.17	74	214.92	202.46	190.00
75	3,530.02	3,320.29	3,108.49	75	235.68	222.18	208.69
76	3,972.31	3,737.67	3,498.87	76	265.79	250.22	234.64
77	4,468.59	4,204.88	3,939.09	77	299.01	281.36	264.75
78	5,027.16	4,730.23	4,433.29	78	336.39	316.66	296.94
79	5,654.26	5,322.02	4,987.71	79	377.92	356.12	334.31

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

5-YEAR BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	575.19	541.96	506.66	18-44	38.41	36.34	34.26
45-49	683.16	643.71	602.18	45-49	46.72	43.61	41.53
50-54	809.83	762.07	714.31	50-54	55.03	51.91	48.80
55	1,079.77	1,011.25	942.72	55	72.68	68.52	64.37
56	1,144.14	1,071.46	998.79	56	77.87	72.68	68.52
57	1,210.59	1,133.76	1,056.93	57	82.02	76.83	71.64
58	1,281.19	1,200.21	1,119.22	58	87.21	80.98	75.79
59	1,355.94	1,270.81	1,183.59	59	91.37	86.17	79.94
60	1,434.85	1,343.48	1,252.12	60	96.56	90.33	84.10
61	1,522.06	1,422.39	1,324.80	61	102.79	95.52	89.29
62	1,611.35	1,505.45	1,399.55	62	109.02	101.75	94.48
63	1,706.87	1,592.66	1,480.53	63	114.21	106.94	99.67
64	1,808.62	1,686.10	1,563.59	64	121.47	113.17	105.90
65	1,914.52	1,783.70	1,652.88	65	127.70	119.40	111.09
66	2,084.79	1,945.66	1,806.54	66	139.12	130.82	121.47
67	2,267.52	2,120.09	1,970.58	67	151.58	142.24	132.89
68	2,466.86	2,309.05	2,153.31	68	165.08	154.70	144.32
69	2,682.81	2,516.70	2,350.58	69	179.62	169.23	157.81
70	2,917.46	2,740.96	2,564.46	70	195.19	183.77	171.31
71	3,197.78	3,000.52	2,801.17	71	213.88	201.42	187.92
72	3,505.10	3,282.92	3,060.73	72	234.64	220.11	204.53
73	3,839.42	3,592.31	3,343.14	73	256.45	240.87	223.22
74	4,206.95	3,928.70	3,650.46	74	281.36	262.67	243.99
75	4,609.79	4,298.32	3,986.85	75	307.32	286.55	265.79
76	5,112.30	4,786.29	4,460.28	76	341.58	319.78	297.98
77	5,668.80	5,328.25	4,987.71	77	377.92	356.12	333.28
78	6,283.43	5,932.51	5,579.51	78	419.45	395.57	372.73
79	6,968.67	6,603.21	6,239.83	79	465.13	440.21	416.33

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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Exhibit VI

**METLIFE INSURANCE COMPANY USA
Annual Premiums with 16.8% Rate Increase**

FACILITY ONLY INFLATION BENEFITS

FORM: H-LTC3JFO, H-LTC3JFO2

RIDER: H-5AIFO

UNLIMITED BENEFIT PERIOD

Issue Age	<u>\$50 Base Benefit</u> Elimination Period			Issue Age	<u>Additional \$5 Increments</u> Elimination Period		
	20 Days	60 Days	100 Days		20 Days	60 Days	100 Days
18-44	759.99	720.54	681.09	18-44	50.87	48.80	46.72
45-49	911.58	867.97	822.29	45-49	61.26	59.18	56.07
50-54	1,092.23	1,042.39	992.56	50-54	73.72	70.60	66.45
55	1,439.00	1,366.33	1,291.57	55	97.59	92.40	87.21
56	1,524.14	1,445.23	1,364.25	56	103.82	97.59	92.40
57	1,613.43	1,528.29	1,441.08	57	109.02	102.79	97.59
58	1,708.94	1,617.58	1,522.06	58	115.24	109.02	102.79
59	1,808.62	1,708.94	1,607.20	59	121.47	115.24	107.98
60	1,914.52	1,806.54	1,696.49	60	127.70	120.44	113.17
61	2,024.57	1,908.29	1,789.93	61	136.01	127.70	120.44
62	2,138.78	2,014.19	1,887.52	62	143.28	134.97	126.67
63	2,261.29	2,126.32	1,991.35	63	151.58	142.24	133.93
64	2,390.03	2,244.68	2,099.32	64	160.93	150.54	141.20
65	2,525.00	2,369.27	2,213.53	65	169.23	158.85	148.47
66	2,713.96	2,560.30	2,408.72	66	181.69	172.35	161.97
67	2,915.38	2,765.87	2,618.44	67	195.19	185.85	175.46
68	3,131.33	2,990.13	2,846.86	68	209.72	200.38	191.04
69	3,363.90	3,228.93	3,093.96	69	225.30	215.95	206.61
70	3,613.08	3,488.49	3,363.90	70	240.87	232.57	224.26
71	3,964.00	3,818.65	3,675.37	71	264.75	255.41	245.02
72	4,346.08	4,179.96	4,015.92	72	290.71	279.29	267.87
73	4,765.53	4,576.57	4,385.53	73	317.70	305.24	292.78
74	5,226.51	5,008.47	4,790.44	74	348.85	334.31	319.78
75	5,731.09	5,481.91	5,232.73	75	382.07	365.46	348.85
76	6,372.72	6,079.94	5,785.08	76	425.68	405.95	386.23
77	7,087.03	6,740.26	6,393.49	77	473.44	450.60	426.72
78	7,878.17	7,473.26	7,064.19	78	526.39	499.39	472.40
79	8,760.68	8,285.16	7,807.57	79	584.53	553.38	521.20

Fractional Premiums (expressed as a percent of annual premium)

Semi-annual	51.0%
Quarterly	26.0%
Monthly Statement Billed & Automatic Premium Deposit	9.0%

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