

MUTUAL OF OMAHA - NAIC 71412

LTC Individual - Comprehensive - Tax Qualified

MALE

Policy Form: LTC09MM

1. Maximum Policy Benefit (MPB) = In year(s). Enter the number of days in Company Notes.

| 1Yr | 2Yrs | 3Yrs | 4Yrs | 5Yrs | 6Yrs | 7Yrs | Lifetime | Other |
|-----|------|------|------|------|------|------|----------|-------|
| NO | YES | YES | YES | YES | NO | NO | NO | |

MPB Company Notes: 365 (Number of Days) times the Nursing Facility Daily Benefit = 1825. Other Notes:

2. Nursing Home/Facility Daily Benefit Amounts (NHB) - There is a minimum and maximum amount offered in dollar increments.

| Minimum | Maximum | Increment | Day | Week | Month | None | Other |
|---------|----------|-----------|-----|------|-------|------|-------|
| \$3,000 | \$10,000 | \$1 | NO | NO | YES | NO | NO |

NHB Company Notes: Enter Notes: None reported by the company.

3. Residential Care Facility Daily Benefit (RCFE) - Represents the RCFE percentage of the Nursing Facility Limit.

| 100% | 90% | 80% | 75% | 70% | Other |
|------|-----|-----|-----|-----|-------|
| YES | NO | NO | YES | NO | |

RCFE Company Notes: Enter Notes: As a percent of the Maximum Monthly Benefit

4. Home Care Benefit Amounts (HCB) - Represents the percentage of Home Care Benefit Amount for Comprehensive Policies.

| 100% | 90% | 80% | 75% | 70% | 60% | 50% | None | Other |
|------|-----|-----|-----|-----|-----|-----|------|-------|
| YES | NO | NO | YES | NO | NO | NO | NO | |

HCB Company Notes: Enter Notes: As a percent of the Maximum Monthly Benefit Amount

5. Home Care Only Benefit Amounts (HCBO) - There is a minimum and maximum amount offered in dollar increments.

| Minimum | Maximum | Increment | Day | Week | Month | None | Other |
|---------|---------|-----------|-----|------|-------|------|-------|
| | | | | | | YES | |

HCBO Company Notes: Not Applicable: This LTC policy form is not a Home Care Only policy.

6. Qualification for Benefits (QB)

| QB_2_OF_6 | QB_2_OF_7 | QB_OTH1 | QB_MN | QB_CI | QB_90DR | QB_OTH2 |
|-----------|-----------|---------|-------|-------|---------|---------|
| YES | NO | NO | YES | YES | NO | NO |

QB Company Notes: The need for human assistance or continual supervision to perform at least 2 of 6 Activities of Daily Living.

7. Elimination Period (EP) = In days Select all that applies.

| | | | | | | | | |
|-----|----|-----|-----|-----|-----|----------|---------|-------|
| 0 | 20 | 30 | 60 | 90 | 100 | CALENDAR | SERVICE | Other |
| YES | NO | YES | YES | YES | NO | YES | NO | YES |

EP Company Notes: Enter Notes: Calendar day elim period. Also offer 180 and 365 day options.

8. Inflation Protection (IP)

| | | | | |
|---|-------------|-----------|----------------------------|-------|
| IP Methodology | 5% Compound | 5% Simple | Guaranteed Purchase Option | Other |
| Explain IP Methodology: None reported by the company. | YES | NO | NO | YES |

IP Company Notes: Enter Notes: Offer 1% to 5% compound in .25% increments with buy-up. Inflation durations of Lifetime, 20, 15 and 10 years also available.

9. Waiver of Premium (WAVP)

Enter Notes: We will waive the payment of premium for this policy if you are receiving NURSING FACILITY BENEFITS, RESIDENTIAL CARE FACILITY BENEFITS OR HOME CARE BENEFITS.

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Long Term Care Insurance Rates

Policy Form: LTC09MM

MALE

LTC Individual - Comprehensive - Tax Qualified

30 Day Elimination Period - Calendar 90 Day Elimination Period - Calendar

| ISSUE AGE | 3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION | 3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION | LIFETIME BENEFIT - NO INFLATION PROTECTION | LIFETIME BENEFIT - WITH INFLATION PROTECTION | 3 YEAR MAXIMUM POLICY BENEFIT - NO INFLATION PROTECTION | 3 YEAR MAXIMUM POLICY BENEFIT - WITH INFLATION PROTECTION | LIFETIME BENEFIT - NO INFLATION PROTECTION | LIFETIME BENEFIT - WITH INFLATION PROTECTION |
|-----------|---|---|--|--|---|---|--|--|
| 40 | \$612 | \$3,216 | | | \$457 | \$2,400 | | |
| 45 | \$662 | \$3,285 | | | \$494 | \$2,451 | | |
| 50 | \$751 | \$3,393 | | | \$560 | \$2,532 | | |
| 55 | \$872 | \$3,524 | | | \$651 | \$2,629 | | |
| 60 | \$1,076 | \$3,682 | | | \$803 | \$2,748 | | |
| 65 | \$1,570 | \$4,130 | | | \$1,172 | \$3,082 | | |
| 70 | \$2,439 | \$4,866 | | | \$1,820 | \$3,631 | | |
| 75 | \$3,609 | \$5,904 | | | \$2,693 | \$4,406 | | |
| 80 | | | | | | | | |

Note: Pool of Dollars \$100,000; Monthly Benefit \$3,000; 40% Built-in Cash Benefit.

Customer Service Telephone Number:

1 (800) 775 - 6000