

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	

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 percentage of the Maximum Monthly Benefit Amount

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 percentage 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

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

MUTUAL OF OMAHA - NAIC 71412

Policy Form: LTC09MM

MALE

Long Term Care Insurance Rates

LTC Individual - Comprehensive - Tax Qualified Male

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:

(800) 896 - 5988