

MUTUAL OF OMAHA - NAIC 71412

LTC Individual - Comprehensive - Tax Qualified

Policy Form: LTC04ITQ

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	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
\$100	\$400	\$10	YES	NO	NO	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	NO	NO	

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

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	NO	NO	NO	YES	NO	NO

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

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	NO	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	NO	YES	YES

EP Company Notes: 180 days, 365 days

8. Inflation Protection (IP)

IP Methodology	5% Compound	5% Simple	Guaranteed Purchase Option	Other
Explain IP Methodology: None reported by the company.	YES	YES	YES	YES

IP Company Notes: No Inflation, 5% 20-Year Compound Inflation

9. Waiver of Premium (WAVP)

Confined Care Premiums after the Elimination Period. Home Health Care Premiums are waived after covered home services are received on a regular basis. (at least 8 days per month) beyond the Elimination Period.

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Long Term Care Insurance Rates

Policy Form: LTC04ITQ

LTC Individual - Comprehensive - Tax Qualified

ISSUE AGE	30 Day Elimination Period - Service				90 Day Elimination Period - Service			
	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
50	\$627	\$1,519			\$502	\$1,215		
55	\$729	\$1,665			\$583	\$1,332		
60	\$931	\$2,090			\$745	\$1,672		
65	\$1,376	\$2,874			\$1,101	\$2,299		
70	\$2,497	\$4,431			\$1,998	\$3,595		
75	\$4,132	\$6,441			\$3,306	\$5,153		
80								

Customer Service Telephone Number: 1 (800) 775 - 6000