

MUTUAL OF OMAHA - NAIC 71412**LTC Individual - Comprehensive - Tax Qualified****Gender = 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	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	NO	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	NO	NO	NO	YES	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

Explain IP Methodology: None reported by the company.

5%
Compound

5% Simple

Guaranteed
Purchase
Option

Other

YES

YES

YES

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.

MUTUAL OF OMAHA - NAIC 71412**Long Term Care Insurance Rates**

Policy Form: LTC09MM

Gender = Male

LTC Individual - Comprehensive - Tax Qualified

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

ISSUE AGE

40
45
50
55
60
65
70
75
80

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
\$630	\$3,310			\$470	\$2,470		
\$682	\$3,385			\$509	\$2,526		
\$774	\$3,497			\$578	\$2,610		
\$898	\$3,628			\$670	\$2,708		
\$1,107	\$3,787			\$826	\$2,826		
\$1,608	\$4,231			\$1,200	\$3,157		
\$2,482	\$4,952			\$1,852	\$3,696		
\$3,646	\$5,965			\$2,721	\$4,452		

Customer Service Telephone Number:

1 (800) 775 - 6000