

MUTUAL OF OMAHA - NAIC 71412

LTC Individual - Comprehensive - Tax Qualified Female

Policy Form: LTC09MF

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 percent 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 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

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.

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.

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: LTC09MF

Female

LTC Individual - Comprehensive - Tax Qualified Female

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	\$913	\$5,264			\$681	\$3,929		
45	\$977	\$5,516			\$729	\$4,116		
50	\$1,090	\$5,762			\$814	\$4,300		
55	\$1,296	\$5,948			\$967	\$4,439		
60	\$1,635	\$6,113			\$1,220	\$4,562		
65	\$2,331	\$6,738			\$1,739	\$5,028		
70	\$3,434	\$7,806			\$2,563	\$5,825		
75	\$5,475	\$10,194			\$4,086	\$7,608		
80								

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

Customer Service Telephone Number: (800) 896 - 5988