

**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 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	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: 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

**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