
State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Filing at a Glance

Company:	Mutual of Omaha Insurance Company
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)
State:	Virginia
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.003 Other
Filing Type:	Rate
Date Submitted:	08/01/2012
SERFF Tr Num:	MUTA-128319004
SERFF Status:	Closed-Approved and Filed
State Tr Num:	MUTA-128319004
State Status:	Approved & Filed
Co Tr Num:	LAFOND
Implementation	10/01/2015
Date Requested:	
Author(s):	Jeff LaFond
Reviewer(s):	Janet Houser (primary), Elsie Andy
Disposition Date:	06/08/2015
Disposition Status:	Approved and Filed
Implementation Date:	

State: Virginia **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Mutual of Omaha - 2013 Rate Increase (LTC04I)
Project Name/Number: 2013 - LTC04I/

General Information

Project Name: 2013 - LTC04I Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: This rate increase has been filed with our state of domicile, Nebraska, and is currently pending approval.
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: 18.7% Filing Status Changed: 06/08/2015
State Status Changed: 06/08/2015
Deemer Date: 08/31/2012 Created By: Jeff LaFond
Submitted By: Jeff LaFond Corresponding Filing Tracking Number:
State TOI: LTC03I Individual Long Term Care

Filing Description:

This is the 2013 rate increase filing for LTCi policy series LTC04I. The overall impact of the increase, as proposed, is 18.7%. The proposed rate increase will range from 0% to 38%, which will vary by the insured's issue age, benefit period and inflation option. The target implementation date of this rate increase is January 1, 2013, subject to your state's approval.

Company and Contact

Filing Contact Information

Jeff LaFond, Lead Actuarial Analyst Jeff.LaFond@mutualofomaha.com
6-Rerating 402-351-3799 [Phone]
Mutual of Omaha
Mutual of Omaha Plaza
Omaha, NE 68175

Filing Company Information

Mutual of Omaha Insurance Company	CoCode: 71412	State of Domicile: Nebraska
Mutual of Omaha Plaza	Group Code: 261	Company Type: Health Insurance
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-2304 ext. [Phone]	FEIN Number: 47-0246511	

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State: Virginia Filing Company: Mutual of Omaha Insurance Company
 TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
 Product Name: Mutual of Omaha - 2013 Rate Increase (LTC04I)
 Project Name/Number: 2013 - LTC04I/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved and Filed	Janet Houser	06/08/2015	06/08/2015

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Janet Houser	06/01/2015	06/02/2015
Info has been requested from company	Janet Houser	04/21/2015	04/24/2015
Info has been requested from company	Janet Houser	04/07/2015	04/07/2015
Info has been requested from company	Janet Houser	03/24/2015	03/24/2015
Disapproved	Janet Houser	12/31/2014	12/31/2014
Info has been requested from company	Janet Houser	01/23/2014	01/23/2014
Disapproved	Janet Houser	01/13/2014	01/13/2014
Info has been requested from Actuary	Janet Houser	01/02/2014	01/02/2014
Disapproved	Ed Whyte	02/28/2013	02/28/2013
Disapproved	Ed Whyte	11/29/2012	11/29/2012

Response Letters

Responded By	Created On	Date Submitted
Jeff LaFond	06/03/2015	06/03/2015
Jeff LaFond	05/05/2015	05/05/2015
Jeff LaFond	04/14/2015	04/14/2015
Jeff LaFond	03/30/2015	03/30/2015
Jeff LaFond	01/05/2015	01/05/2015
Jeff LaFond	01/30/2014	01/30/2014
Jeff LaFond	01/22/2014	01/22/2014
Jeff LaFond	01/06/2014	01/06/2014
Jeff LaFond	08/28/2013	08/28/2013
Jeff LaFond	01/15/2013	01/15/2013

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Premium Notification Letter	Jeff LaFond	06/08/2015	06/08/2015
Supporting Document	Certification of Compliance	Jeff LaFond	06/08/2015	06/08/2015

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	rate schedule	Jeff LaFond	06/08/2015	06/08/2015
Rate	rate schedule	Jeff LaFond	06/08/2015	06/08/2015
Rate	rate schedule	Jeff LaFond	06/08/2015	06/08/2015
Rate	rate schedule	Jeff LaFond	06/08/2015	06/08/2015
Rate	rate schedule	Jeff LaFond	06/08/2015	06/08/2015
Supporting Document	Statement of Variability	Jeff LaFond	06/05/2015	06/05/2015
Supporting Document	Sample Notification Letter - Revised 06/05/2015	Jeff LaFond	06/05/2015	06/05/2015
Form	Long-Term Care Endorsement	Jeff LaFond	03/20/2015	03/20/2015
Supporting Document	Sample Notification Letter (revised 03-19-2015)	Jeff LaFond	03/20/2015	03/20/2015
Supporting Document	Sample Policy Schedule	Jeff LaFond	03/20/2015	03/20/2015
Supporting Document	Certification of Compliance	Jeff LaFond	03/20/2015	03/20/2015
Supporting Document	Proposed Rate Increase Amounts by Cell	Jeff LaFond	01/13/2015	01/13/2015
Supporting Document	Policy Adjustment Offer	Jeff LaFond	02/06/2014	02/06/2014
Rate	rate schedule	Jeff LaFond	01/24/2014	01/30/2014
Rate	rate schedule	Jeff LaFond	01/24/2014	01/30/2014
Rate	rate schedule	Jeff LaFond	01/24/2014	01/30/2014
Rate	rate schedule	Jeff LaFond	01/24/2014	01/30/2014
Rate	rate schedule	Jeff LaFond	01/06/2014	01/06/2014

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
corrections	Note To Filer	Janet Houser	06/08/2015	06/08/2015
6/8/15 phone conversation	Note To Filer	Janet Houser	06/08/2015	06/08/2015
Response to Note to Filer Dated 06/04/2015	Note To Reviewer	Jeff LaFond	06/05/2015	06/05/2015
06.04.15 phone message	Note To Filer	Janet Houser	06/04/2015	06/04/2015
Endorsement Changes	Note To Filer	Janet Houser	03/10/2015	03/10/2015
2.13.15 phone conversation	Note To Filer	Janet Houser	02/13/2015	02/13/2015

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
01/13/2015 Confidentiality Request	Note To Reviewer	Jeff LaFond	01/19/2015	01/19/2015
1.13.15 Confidentiality Request	Note To Filer	Janet Houser	01/14/2015	01/14/2015
Response to 04/18/2014 Note to Filer	Note To Reviewer	Jeff LaFond	04/23/2014	04/23/2014
Contingent Benefit Upon Lapse	Note To Filer	Janet Houser	04/18/2014	04/18/2014
RE: Model Bulletin	Note To Reviewer	Jeff LaFond	04/16/2014	04/16/2014
NAIC Bulletin	Note To Filer	Janet Houser	04/07/2014	04/07/2014
Confidentiality	Note To Filer	Janet Houser	02/06/2014	02/06/2014
Status Request	Note To Filer	Ed Whyte	02/27/2013	02/27/2013
Status Request	Note To Reviewer	Jeff LaFond	02/25/2013	02/25/2013
RRS	Reviewer Note	Janet Houser	06/08/2015	
Place filing on hold per company 9.24.14	Reviewer Note	Janet Houser	09/24/2014	
Policyholder letter	Reviewer Note	Janet Houser	06/27/2014	
Actuarial Report	Reviewer Note	Ed Whyte	02/28/2013	

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Disposition

Disposition Date: 06/08/2015

Implementation Date:

Status: Approved and Filed

Comment: This rate filing has been approved and the policyholder notification filed.

Pursuant to 14VAC5-200-153 D, the insurer is required to file for approval by the commission updated projections as defined in subdivision B 3 a of this section, annually for the next three years and include a comparison of actual results to projected values. The first filing will be expected no later than April 1, 2017, and should include experience through December 31, 2016. If you have any questions regarding this requirement, please do not hesitate to contact us.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Mutual of Omaha Insurance Company	18.700%	18.700%	\$262,728	716	\$1,404,961	38.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document	Current Rates	Received & Acknowledged	Yes
Supporting Document	Premium Notification Letter	Received & Acknowledged	Yes
Supporting Document	Response and Exhibits	Received & Acknowledged	Yes
Supporting Document	Attachments 1 and 2 (confidential)	Received & Acknowledged	No
Supporting Document	Attachment 1 (08/28/2013 Response)	Received & Acknowledged	Yes
Supporting Document	Attachment 2 (08/28/2013 Response)	Received & Acknowledged	Yes
Supporting Document	Attachment 3 (08/28/2013 Response)	Received & Acknowledged	Yes
Supporting Document	Exhibit 7 - revised (08/28/2013 Response)	Received & Acknowledged	Yes
Supporting Document (revised)	LTC Rate Summary Form	Received & Acknowledged	Yes
Supporting Document	Cover Letter (includes statement of variability)	Received & Acknowledged	Yes
Supporting Document	Schedule of Benefits	Received & Acknowledged	Yes
Supporting Document	Legal Review and Analysis	Received & Acknowledged	Yes
Supporting Document	Revised Sample Notification Letter	Received & Acknowledged	Yes

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Policy Adjustment Offer	Received & Acknowledged	Yes
Supporting Document	Sample Notification Letter (2nd Revision)	Received & Acknowledged	Yes
Supporting Document	Sample Notification Letter (3rd Revision)	Received & Acknowledged	Yes
Supporting Document	Proposed Rate Increase Amounts by Cell	Received & Acknowledged	Yes
Supporting Document	Sample Notification Letter (revised 03-19-2015)	Received & Acknowledged	Yes
Supporting Document	Sample Policy Schedule	Received & Acknowledged	Yes
Supporting Document	03/30/2015 Response - Additional Exhibits	Received & Acknowledged	Yes
Supporting Document	04/14/2015 Response - Additional Exhibits	Received & Acknowledged	Yes
Supporting Document	Sample Notification Letter - Revised 05/05/2015	Received & Acknowledged	Yes
Supporting Document	Sample Notification Letter - Revised 06/03/2015	Received & Acknowledged	Yes
Supporting Document	Statement of Variability	Received & Acknowledged	Yes
Supporting Document	Sample Notification Letter - Revised 06/05/2015	Received & Acknowledged	Yes
Supporting Document	Certification of Compliance	Withdrawn	Yes
Supporting Document	Certification of Compliance	Withdrawn	Yes
Supporting Document	Certification of Compliance	Withdrawn	Yes
Supporting Document	LTC Rate Summary Form	Withdrawn	Yes
Form	Long-Term Care Endorsement	Approved	Yes
Form	Premium Notification Letter	Filed	Yes
Rate (revised)	rate schedule	Withdrawn	Yes
Rate (revised)	rate schedule	Withdrawn	Yes
Rate (revised)	rate schedule	Withdrawn	Yes
Rate (revised)	rate schedule	Withdrawn	Yes
Rate	rate schedule	Approved	Yes
Rate	rate schedule	Withdrawn	Yes
Rate	rate schedule	Withdrawn	Yes
Rate	rate schedule	Withdrawn	Yes
Rate	rate schedule	Withdrawn	Yes
Rate	rate schedule	Withdrawn	Yes
Rate	rate schedule	Withdrawn	Yes
Rate	rate schedule	Withdrawn	Yes
Rate	rate schedule	Withdrawn	Yes

SERFF Tracking #:	MUTA-128319004	State Tracking #:	MUTA-128319004	Company Tracking #:	LAFOND
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State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate	rate schedule	Withdrawn	Yes

State: Virginia **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Mutual of Omaha - 2013 Rate Increase (LTC04I)
Project Name/Number: 2013 - LTC04I/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	06/01/2015
Submitted Date	06/02/2015
Respond By Date	

Dear Jeff LaFond,

Introduction:

The submission is *DISAPPROVED* and may not be used in the Commonwealth of Virginia.

Thank you for the revisions made in the policyholder letter for compliance with the new regulations effective September 1, 2015. The letter has been reviewed and the following concerns need to be addressed:

1) Please amend the sentence in the first paragraph that states "premiums are required to be increased" to simply state "premiums will be increased" to avoid any potential confusion that there is a "requirement" that premiums must be raised. There may be a need to raise premiums, but implying there is a requirement to do so may be somewhat misleading. In line with that, please replace the words "adjusted" with "increased" and "adjustment" with "increase" for consistency within that section of the letter.

2) We continue to have a concern with Paragraph F of the policyholder letter which includes the variance for the Contingent Nonforfeiture Benefit. Please add to the variance language the word "contingent" before nonforfeiture benefit for clarification purposes. Also, please provide a statement of variability that clearly states paragraph F will only refer to non-forfeiture shortened benefit period or contingent nonforfeiture benefit with the appropriate language but both will not be referenced in the same paragraph and letter and will be determined based on if the policy contains the nonforfeiture shortened benefit or not. The statement of variability should also indicate under what circumstances certain paragraphs will or will not be included in a policyholder letter.

3) For consistency, the company should review the narrative provided with the LTC Rate Summary for consistency with the policyholder letter. As previously indicated, the narrative should summarize key information used to develop the rates including the main drivers for the revised rates.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/22/2015
Submitted Date	04/24/2015
Respond By Date	

Dear Jeff LaFond,

Introduction:

The submission is *DISAPPROVED* and may not be used in the Commonwealth of Virginia.

Thank you for your quick response to our questions regarding the endorsement forms. We continue to have a concern with Paragraph F of the policyholder letter which includes the variance for the Contingent Nonforfeiture Benefit. The variance is acceptable but the paragraph really only lends itself to the non-forfeiture benefit as we noted in our previous Objection Letter. The policy may include a provision regarding the non-forfeiture benefit. The contingent benefit upon lapse (CBL) is a separate issue, however, and may not be a provision included in the policy. Although the company has indicated no Virginia policyholders will receive a rate increase amount that triggers this benefit, that may not be the case in the future. The letter should clarify that in the absence of the nonforfeiture benefit, the insured is eligible for the CBL if the triggers are met. The CBL language may be bracketed as variable information.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,

Janet Houser

State: Virginia **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Mutual of Omaha - 2013 Rate Increase (LTC04I)
Project Name/Number: 2013 - LTC04I/

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/07/2015
Submitted Date	04/07/2015
Respond By Date	

Dear Jeff LaFond,

Introduction:

The submission is *DISAPPROVED* and may not be used in the Commonwealth of Virginia.

Thank you for the additional exhibits. Please clarify the following information:

1) There are two options that provide for a paid up policy: a nonforfeiture benefit contained in the policy and the contingent benefit upon lapse as required by the NAIC Bulletin. The Sample VA Nonforfeiture Notification letter addresses the nonforfeiture option within the policy. How does the company address the issue of the contingent benefit upon lapse benefit? The company may wish to include language in this letter that states, in the absence of the nonforfeiture option in the policy, the insured is eligible for the contingent benefit upon lapse (and what that provides) or words of similar import. How does the letter work in conjunction with the notification letter, form ML12047, submitted on 3/20/15?

2) If a person selects a paid up policy either as a result of the nonforfeiture option or the contingent benefit upon lapse, please confirm what will appear in the schedule of benefits in regards to the premium section at the end of the schedule. Please provide a Joe Doe version of the Schedule of Benefits if a paid up option is selected.

3) The confirmation letter which includes the Schedule of Benefits does not mention the endorsement form nor advises the insured these items are part of the contract and to place them with the policy. The endorsement form does provide this information but should the letter not also include this?

4) Has the LT04I form been previously approved? If so, please provide the SERFF tracking number and effective date. If it has not been approved, please attach it to the Form Schedule for review and approval. Please confirm this form consists of 3 pages.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State: Virginia **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Mutual of Omaha - 2013 Rate Increase (LTC04I)
Project Name/Number: 2013 - LTC04I/

Objection Letter

Objection Letter Status Info has been requested from company
Objection Letter Date 03/24/2015
Submitted Date 03/24/2015
Respond By Date

Dear Jeff LaFond,

Introduction:

The submission is *DISAPPROVED* and may not be used in the Commonwealth of Virginia.

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Certification of Compliance (Supporting Document)

Comments: Your readability certification does not contain the number of words, syllables, and sentences as required by 14VAC5-110-60. Please review the regulation for the required certification language and include this information when submitting a revised certification.

Objection 2

- Long-Term Care Endorsement, ONX1M (Form)

Comments: In regards to the endorsement, please provide the following information:

1.What will be used in the case where nonforfeiture benefits or contingent benefits upon lapse are elected? As previously indicated, the policy would require endorsement to reflect such a change.

2.Please provide a John Doe sample of the schedule demonstrating how it would appear when reduction in benefits is selected.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State: Virginia **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Mutual of Omaha - 2013 Rate Increase (LTC04I)
Project Name/Number: 2013 - LTC04I/

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	12/31/2014
Submitted Date	12/31/2014
Respond By Date	

Dear Jeff LaFond,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

Per our conversation in September, this filing was placed on hold pending updated information and potentially a request for a higher increase. Until such time that information is provided, the filing has been placed in a disapproved status.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,

Janet Houser

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/23/2014
Submitted Date	01/23/2014
Respond By Date	

Dear Jeff LaFond,

Introduction:

This is to confirm our conversation of today regarding outstanding issues that need to be resolved before recommending this filing for approval:

Your request regarding confidentiality has been reviewed by management at the Bureau. Although in the past information may have been kept confidential, that process has been changed; and, as previously stated, there is nothing in the Code that supports long term rate filings could be confidential or proprietary. The Bureau, however, will be glad to reconsider this issue upon receipt of a detailed analysis from your legal department citing Virginia's statutes and regulations that support the Company's position. In addition, we suggest the company review Case # INS-2013-00069, which can be found by searching on that case number at <http://docket.scc.virginia.gov/vaproduct/main.asp>.

Based on your recent comments, further review has been given to the policyholder letter; however, the Bureau continues to have concerns the letter is too vague in regards to why there has been an increase and what options are available to the insured to reduce its impact. The Actuarial Memorandum states higher loss ratios are the result of a combination of lower lapse rates and longer claim continuance affecting higher inflation and longer benefit periods. We suggest the company may wish to use the following wording or words of similar import:

"Because insureds are keeping their policies in force than originally assumed, benefit periods are now longer; and with the cost of care continuing to increase, premiums must be adjusted to support future claims costs."

It is our understanding that Paragraph D would only apply to those small number of individuals who already have the lowest benefit period and/or highest elimination period. As a result, their options to reduce cost be may only be to reduce their current benefits or eliminate any riders the policy may have. We suggest the language in this paragraph be expanded to simply state " To keep your premiums similar to what you current pay, you may be able to reduce your current benefits or riders that may be attached to the policy" or words of similar import.

The Schedule of Benefits information with the cover letter explaining the variability of the forms satisfies our objection regarding how the policy is amended when such changes are made. The cover letter, however, indicates these forms included "VA" at the end of the form number. As a result, the affected form numbers on the Rate/Rule Schedule should be amended to reflect the exact form numbers as approved in Virginia.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	01/13/2014
Submitted Date	01/13/2014
Respond By Date	

Dear Jeff LaFond,

Introduction:

Thank you for your prompt to our previous request.

Objection 1

- Attachments 1 and 2 (confidential) (Supporting Document)

Comments: We have given further consideration to your request to keep Attachments 1 and 2 confidential. Looking to the Code, there is no provision in Title 38.2, or anywhere else in the Code, under which long term care form and rate filings and Actuarial Memoranda could be considered confidential or proprietary. Section 38.2-221.1 of the Code applies to information requested or discovered during the review only and does not apply to information submitted by a company in its filing. Additionally, it is the Commissions policy to regulate long-term care insurance in a way that promotes the publics understanding and comparison of long-term care insurance and that protects the public interest. See 14 VAC 5-200-10. This policy would be severely undermined if transparency were compromised and if rate filings and Actuarial Memoranda such as those submitted by your company were deemed to be confidential by the Bureau.

Objection 2

- Premium Notification Letter (Supporting Document)

Comments: Thank you for providing additional information regarding the policyholder notification letter. According to your response, the company tends to use a general description of why there is a rate increase in an effort to avoid confusing the insureds. Our concern is that such information should be more specific; and in consumer friendly terms, explain as to what has changed that has caused rates to increase. The letter indicates the reason is due to the ever increasing cost of services and the low interest rate environment not supporting expected claims costs. As an indemnity policy, regardless of how costs increase, the benefit does not change so it is unclear as to why the explanation provided would affect the rates. It is not our intent to confuse the insured but it is important the insured understands what has happened to caused rates to increase.

According to your response a revised Schedule of Benefits is sent to the insured when the insured has requested a change in the elimination period or benefit multiplier. Please provide a copy of the form filing for each policy form that confirms the Schedule of Benefits was approved with variability as well as a copy of the corresponding statement of variability.

We agree suggesting the individual contact his agent or the company to explore other options will allow the insured to make an informed decision. The Bureau, however, feels such the options should be clearly and specifically stated in the communication to the insured. For any other option change the insured may request, please provide the form numbers, SERFF tracking numbers and approval dates used to process such requests.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

State: Virginia **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Mutual of Omaha - 2013 Rate Increase (LTC04I)
Project Name/Number: 2013 - LTC04I/

Sincerely,
Janet Houser

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Objection Letter

Objection Letter Status	Info has been requested from Actuary
Objection Letter Date	01/02/2014
Submitted Date	01/02/2014
Respond By Date	

Dear Jeff LaFond,

Introduction:

So that the rate submission may be approved, please resolve the following concerns:

Objection 1

- rate schedule, [LTC04I-TQ] (Rate)
- rate schedule, [LTC04I-NTQ] (Rate)
- rate schedule, [LTC04I-AG-TQ] (Rate)
- rate schedule, [LTC04I-AG-NTQ] (Rate)

Comments: Please correct the Rate Action Information under the Rate/Rule Schedule tab for affected policy form number LTC04I-TQ. The previous state filing number should be blank since there has been no previous rate revision. Please verify the proposed rate increase for this form is correct. It appears to be 0% at this time.

Objection 2

- Attachments 1 and 2 (confidential) (Supporting Document)

Comments: We have reviewed your request for certain information to be held confidential and not subject to disclosure. There is not a provision in Title 38.2 of the Code of Virginia that provides for such request; therefore, this request is denied.

Objection 3

Comments: Before rates may be approved, please have the company complete the attached Rate Summary. This form is now required for Long Term Care rate filings. Our expectation is that the form would put into consumer friendly language a clear explanation of the justification for the rate increase. This should be fairly high level and not drill down deep into the details but at least provide the assumptions and changes that are driving the need for an increase.

Objection 4

- Premium Notification Letter (Supporting Document)

Comments: In reviewing the policy notification letter, we have the following concerns:

The reason for the increase as stated in the letter is due to the ever increasing cost of services and the low interest rate environment not supporting expected claims. The Actuarial Memorandum states it is a combination of lower lapse rates and longer claim continuance affecting higher inflation and longer benefits periods. The letter should use the explanation in the memo and expand it in terms that are more easily understood by the consumer as to how and why such reasons affect the rates.

The letter references a "Policy Adjustment Offer" in paragraph C. Forms used to amend existing coverage will need to be filed for review and approval. If the form has not already been approved, this can either be done as a separate filing or the company can amend this filing to include it. Any submitted form will need to comply with the filing requirements of Chapter 100 of the Virginia Administrative Code. If the form has already approved, please provide the form number as approved in Virginia, the SERFF tracking number and date of its approval.

Please expand paragraph D to state what options are available so that current benefits can be adjusted to keep the premium similar to what is currently being paid.

State: Virginia **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Mutual of Omaha - 2013 Rate Increase (LTC04I)
Project Name/Number: 2013 - LTC04I/

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

Health Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Reset Form

Company Name and NAIC Number:

SERFF Tracking Number:

Effective Date:

(Projected) Number of Insureds
Affected:

New Rates

Average Annual Premium Per Member:

Revised Rates

Average Annual Premium Per Member:

Average Requested Percentage Rate Change Per Member:

Minimum Requested Percentage Rate Change Per Member:

Maximum Requested Percentage Rate Change Per Member:

Plans Affected

(The Form Number and "Product Name")

Form#

"Product Name"(if applicable)

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

State: Virginia **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Mutual of Omaha - 2013 Rate Increase (LTC04I)
Project Name/Number: 2013 - LTC04I/

Objection Letter

Objection Letter Status Disapproved
Objection Letter Date 02/28/2013
Submitted Date 02/28/2013
Respond By Date

Dear Jeff LaFond,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

Prior to additional consideration of this filing, please provide or respond to the following.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: The actuarial justification indicates that the previous policy series issued from 1997 to 2004 was used for the A/E mortality study. Please provide similar analysis for the block of policies covered by this filing.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please add to Exhibit 7 a column showing the historical and projected number of lives in force each year.

Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide examples of the calculation process for determining the rate increase (as described in Section 9 of the actuarial justification) for several individual cells across the range of rate increases from 0% to 38%. Please ensure that the examples include at least one cell with no increase and one with the maximum increase.

Objection 4

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please indicate whether step 2 of the calculation process for determining the rate increase (Calculate the currently sold premium (LTC09M product), for the same base benefits, adjusting for any benefit differences) produced any cells where the rate for the LTC09M product was lower than the existing rate. If so, please reconcile this with the last statement in the actuarial certification.

Objection 5

- L&H Actuarial Memorandum (Supporting Document)

Comments: The actuarial certification states that The contract reserve basis was filed in the initial product filing and there are no anticipated changes. Please indicate if the Company has adjusted or plans to adjust the assumptions underlying the policy reserves on this block of business to reflect the adverse experience that necessitated the rate increase.

Objection 6

- L&H Actuarial Memorandum (Supporting Document)

Comments: For the four experience assumptions that were revised as shown in Exhibit 3C, please provide the relative weight of the impact of changing each of those factors (e.g., Lapses (45%), Morbidity (20%), Mortality (40%), Demographics (-5%))

Objection 7

- L&H Actuarial Memorandum (Supporting Document)

Comments: Based on the revised Exhibit 8, the expected lifetime loss ratio reflecting moderately adverse conditions after the proposed rate increase is 87.8% vs. the originally projected 69.9%. Please explain in detail the process which the Company intends

State: Virginia **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Mutual of Omaha - 2013 Rate Increase (LTC04I)
Project Name/Number: 2013 - LTC04I/

to use in the future to determine whether any additional rate increase would be required.

Conclusion:

Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Ed Whyte

State: Virginia **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Mutual of Omaha - 2013 Rate Increase (LTC04I)
Project Name/Number: 2013 - LTC04I/

Objection Letter

Objection Letter Status Disapproved
Objection Letter Date 11/29/2012
Submitted Date 11/29/2012
Respond By Date

Dear Jeff LaFond,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

Prior to additional consideration of this filing, please provide or respond to the following.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: A review of the submitted filing indicates the following concerns and questions. Review of the filing will be continued upon receipt of the following information.

1. Please ensure that the supporting documentation has provided detailed justification for all assumptions used to support the proposed rate increase.
2. Please provide an actual to expected analysis based on the assumptions and projections used in the original pricing of the policy.
3. Please provide the anticipated loss ratio where the numerator is equal to the anticipated incurred claims less the policy reserves, and the denominator is equal to the anticipated earned premium.
4. Please state the lifetime loss ratio anticipated in the original filing and, if applicable, an explanation why the current projected loss ratio is different than that originally filed as anticipated.
5. Exhibits 6, 7 and 8 represent nationwide experience through 03/31/2012. Please provide similar exhibits based on Virginia only experience.
6. Please restate the nationwide experience using the Virginia approved rates.
7. Please update the experience exhibits to completely include experience data through the most recent available date.
8. Please provide a comparison of the differences in the assumptions used in the original filing with those actually experienced and with those included in this filing.
9. Please provide a separate calculation of the lifetime loss ratio so that the historical premium component is restated to what it would have been if the proposed premium had been charged (collected) since the forms introduction.
10. Please advise in what states the company has requested rate increases on this policy, how the rate change requested in Virginia compares with those requested in other states, and the current status of the reviews in other states.
11. Please explain what, if any, margins are included in the proposed rates to ensure that future rate increases will not be needed presuming the experience develops as projected.

State: Virginia **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Mutual of Omaha - 2013 Rate Increase (LTC04I)
Project Name/Number: 2013 - LTC04I/

12. Please ensure that the filing includes sufficient detail or documentation so any projections can be recreated.

13. Is the intent of the company to not request any further rate increases if the proposed rate increase is approved and the experience develops as projected? If not, please explain.

14. What steps has the company taken to minimize future rate increases on this policy?

15. Upon approval, does the company intend to provide a 30-day or 60-day notice of increase to insureds? We note the requested rate increases vary from 0% to 38%. § 38.2-3407.14 of the Code of Virginia requires that the company provide such notification in writing at least 60 days in advance of a rate increase of more than 35%.

16. For each form to which this rate filing applies, please list separately the form number in the Rate/Rule Schedule section of the filing, stating the amount of the proposed rate increase and attaching its proposed rate. Also, please revise the Rate Action to Revised, rather than New, and include the Previous SERFF Number.

Conclusion:

Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Ed Whyte

SERFF Tracking #:	MUTA-128319004	State Tracking #:	MUTA-128319004	Company Tracking #:	LAFOND
State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)				
Project Name/Number:	2013 - LTC04I/				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/03/2015
Submitted Date	06/03/2015

Dear Janet Houser,

Introduction:

This is in response to your objection letter dated June 1, 2015, regarding the above captioned filing.

Response 1

Comments:

Item 1

We have made the changes to the first paragraph as requested. We have changed premiums are required to be increased to premiums will be increased. We have also replaced the words adjusted with increased and adjustment with increase.

Item 2

To avoid any further confusion about Paragraph F, we have revised Paragraph F to apply only to policyholders with the Nonforfeiture Shortened Benefit Period benefit. We have created Paragraph G for the Contingent Nonforfeiture Benefit. Please note that Paragraph G will only print if the policyholder qualifies for the contingent nonforfeiture benefit, i.e., if the increase amount they receive triggers this benefit.

Item 3

The LTC Rate Summary previously provided has been revised to be consistent with the policyholder letter.

The revised premium notification letter and the revised LTC Rate Summary have been placed in the Supporting Documentation tab in SERFF.

Changed Items:

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	LTC Rate Summary Form
Comments:	
Attachment(s):	Rate Summary Form (Part 1 - VA).pdf VA Increase Summary (revised 06-03-2015).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>LTC Rate Summary Form</i>
Comments:	
Attachment(s):	<i>Rate Summary Form (Part 1 - VA).pdf VA Increase Summary.pdf</i>

Supporting Document Schedule Item Changes	
Satisfied - Item:	LTC Rate Summary Form
Comments:	
Attachment(s):	Rate Summary Form (Part 1 - VA).pdf VA Increase Summary (revised 06-03-2015).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>LTC Rate Summary Form</i>
Comments:	
Attachment(s):	<i>Rate Summary Form (Part 1 - VA).pdf VA Increase Summary.pdf</i>

Satisfied - Item:	Sample Notification Letter - Revised 06/03/2015
Comments:	
Attachment(s):	Sample Notification Letter (rev 06-03-2015).pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

We hope that this additional information will allow you to continue your review of our submission and we look forward to a favorable response.

Sincerely,

Jeff LaFond

SERFF Tracking #:	MUTA-128319004	State Tracking #:	MUTA-128319004	Company Tracking #:	LAFOND
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State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Sincerely,
Jeff LaFond

SERFF Tracking #:	MUTA-128319004	State Tracking #:	MUTA-128319004	Company Tracking #:	LAFOND
State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)				
Project Name/Number:	2013 - LTC04I/				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/05/2015
Submitted Date	05/05/2015

Dear Janet Houser,

Introduction:

This is in response to your objection letter dated April 24, 2015, regarding the above captioned filing.

Response 1

Comments:

As previously mentioned, a third party administrator administers this block of business. In light of this, the proposed rate increase will not be implemented prior to 09/01/2015. Therefore, we have made revisions to the premium notification letter so that it will comply with the regulation that becomes effective on 09/01/2015. These additions are highlighted in the revised Sample Notification Letter. In addition, we have revised Paragraph F which addresses the Contingent Nonforfeiture Benefit.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Sample Notification Letter - Revised 05/05/2015
Comments:	
Attachment(s):	Sample Notification Letter (rev 05-05-2015).pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

We hope that this additional information will allow you to continue your review of our submission and we look forward to a favorable response.

Sincerely,

Jeff LaFond

Sincerely,

Jeff LaFond

SERFF Tracking #:	MUTA-128319004	State Tracking #:	MUTA-128319004	Company Tracking #:	LAFOND
<hr/>					
State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)				
Project Name/Number:	2013 - LTC04I/				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/14/2015
Submitted Date	04/14/2015

Dear Janet Houser,

Introduction:

This is in response to your objection letter dated April 7, 2015, regarding the above captioned filing.

Response 1

Comments:

Item 1

The Premium Notification Letter (Form ML12047) addresses both the Nonforfeiture Shortened Benefit Period and the Contingent Benefit upon Lapse. The paragraph on page 2 labeled Insert Paragraph F is included in the notification letter if the policy either has the Nonforfeiture Shortened Benefit Period Rider or if the NAIC triggers are met. Enclosed for your review is the letter that will be sent to policyholders that qualify for the Contingent Benefit upon Lapse. Please note that no policyholder in Virginia will receive a rate increase amount that triggers this benefit.

Item 2

Enclosed for your review is a mock-up of what will be included in the Schedule of Benefits if a person exercises the nonforfeiture option. Please note that the premiums shown on page 5 are \$0.00, and the lifetime benefit amount shown on page 4 is \$6,600.

Item 3

The confirmation letter included with the Schedule of Benefits does include:

Please replace the current schedule with the enclosed so that your records are current.

We feel that the statement above, combined with the endorsement advising the insured that these items are part of the contract and to place them with the policy, is sufficient direction for the policyholder to place this information with their policy.

Item 4

Form LTC04I has been approved by the Virginia Bureau of Insurance. This was included in Submission Number 007 0000022296, which was approved by the Bureau on June 2, 2004. Please note that this filing was not made in SERFF.

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	04/14/2015 Response - Additional Exhibits
Comments:	
Attachment(s):	CNF Letter.pdf Sample Confirmation Letter with SBP and Endorsement.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

We hope that this additional information will allow you to continue your review of our submission and we look forward to a favorable response.

Sincerely,

Jeff LaFond

Sincerely,

Jeff LaFond

SERFF Tracking #:	MUTA-128319004	State Tracking #:	MUTA-128319004	Company Tracking #:	LAFOND
State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)				
Project Name/Number:	2013 - LTC04I/				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/30/2015
Submitted Date	03/30/2015

Dear Janet Houser,

Introduction:

This is in response to your objection letter dated March 24, 2015, regarding the above captioned filing.

Response 1

Comments:

Objection 1

The special Virginia Readability Certificate showing the number of words, syllables and sentences, in accordance with 14VAC5-110-60, is enclosed for your review.

Related Objection 1

Applies To:

- Certification of Compliance (Supporting Document)

Comments: Your readability certification does not contain the number of words, syllables, and sentences as required by 14VAC5-110-60. Please review the regulation for the required certification language and include this information when submitting a revised certification.

Changed Items:

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	Certificate of Compliance.pdf Readability Certificate (revised).pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	
Attachment(s):	<i>Certificate of Compliance.pdf Readability Certification - LTC Endorsement VA.pdf</i>
<i>Previous Version</i>	
Bypassed - Item:	<i>Certification of Compliance</i>
Bypass Reason:	<i>not applicable - not a form filing</i>
Attachment(s):	

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Objection 2

Also enclosed for your review are:

- 1.A sample VA Non-Forfeiture Notification Letter; and
- 2.A mock up of the Sample Confirmation Letter with Schedule of Benefits Page (SBP) and Endorsement

Related Objection 2

Applies To:

- Long-Term Care Endorsement, 0NX1M (Form)

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Comments: In regards to the endorsement, please provide the following information:

1.What will be used in the case where nonforfeiture benefits or contingent benefits upon lapse are elected? As previously indicated, the policy would require endorsement to reflect such a change.

2.Please provide a John Doe sample of the schedule demonstrating how it would appear when reduction in benefits is selected.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	03/30/2015 Response - Additional Exhibits
Comments:	
Attachment(s):	Sample VA Nonforfeiture Notification Letter.pdf Sample Confirmation Letter with SBP and Endorsement.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

We hope that this additional information will allow you to continue your review of our submission and we look forward to a favorable response.

Sincerely,

Jeff LaFond

Sincerely,

Jeff LaFond

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/05/2015
Submitted Date	01/05/2015

Dear Janet Houser,

Introduction:

This is in response to your objection letter dated December 31, 2014, regarding the above captioned filing.

Response 1

Comments:

We have updated the experience and have reviewed the revised lifetime experience projections for this form. We have determined that the originally requested rate increase amount is adequate. In light of this, we ask that you approve the rate increase that was originally requested.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Sample Notification Letter (2nd Revision)
Comments:	
Attachment(s):	Sample Notification Letter (rev 04-16-2014).pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Sample Notification Letter (2nd Revision)
Comments:	
Attachment(s):	Sample Notification Letter (rev 04-16-2014).pdf

Satisfied - Item:	Sample Notification Letter (3rd Revision)
Comments:	
Attachment(s):	Sample Notification Letter (3rd revision - 04-18-2014).pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

SERFF Tracking #:	MUTA-128319004	State Tracking #:	MUTA-128319004	Company Tracking #:	LAFOND
State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)				
Project Name/Number:	2013 - LTC04I/				

Please do not hesitate to contact me if you have any questions.

Sincerely,

Jeff LaFond

Sincerely,

Jeff LaFond

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/30/2014
Submitted Date	01/30/2014

Dear Janet Houser,

Introduction:

This is in response to your objection letter dated January 23, 2014, regarding the above captioned filing.

Response 1

Comments:

Enclosed for your review is a detailed analysis from our legal department regarding our request for Attachments 1 and 2, which were included with our January 15, 2013, response, to be held confidential. We ask that you reconsider your position on this matter.

Also enclosed for your review is a revised Premium Notification Letter that includes the following changes:

1. The first paragraph has been revised to provide more specific reasons, in consumer friendly terms, for the requested rate increase; and
- 2.Paragraph D has been revised as requested.

Finally, the Rate/Rule Schedule tab has been revised to show the policy form numbers as approved in Virginia.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Legal Review and Analysis
Comments:	
Attachment(s):	Legal Review and Analysis.pdf

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Legal Review and Analysis
Comments:	
Attachment(s):	Legal Review and Analysis.pdf
Satisfied - Item:	Revised Sample Notification Letter
Comments:	
Attachment(s):	Sample Notification Letter (rev).pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

We hope that this additional information will allow you to continue your review of our submission, and we look forward to a favorable response.

Sincerely,

Jeff LaFond

Sincerely,

Jeff LaFond

SERFF Tracking #:	MUTA-128319004	State Tracking #:	MUTA-128319004	Company Tracking #:	LAFOND
State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)				
Project Name/Number:	2013 - LTC04I/				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/22/2014
Submitted Date	01/22/2014

Dear Janet Houser,

Introduction:

This is in response to your objection letter dated January 13, 2014, regarding the above captioned filing. This is also a follow-up to our conversation yesterday morning.

Response 1

Comments:

As I mentioned in our conversation, your department approved a long-term care rate increase filing where you granted our request for keeping certain exhibits confidential as they included proprietary information. The SERFF tracking number of this filing is MUTA-127148717 and was approved by your department on May 1, 2013. If your department is not willing to grant our request for confidentiality, could we remove the two exhibits, prior to your departments approval of the increase, that we are requesting to be kept confidential? These two exhibits were not part of the initial filing, and they include pricing information that was requested by your consulting actuary. The information included in these exhibits would be meaningless to the majority of the policyholders.

Related Objection 1

Applies To:

- Attachments 1 and 2 (confidential) (Supporting Document)

Comments: We have given further consideration to your request to keep Attachments 1 and 2 confidential. Looking to the Code, there is no provision in Title 38.2, or anywhere else in the Code, under which long term care form and rate filings and Actuarial Memoranda could be considered confidential or proprietary. Section 38.2-221.1 of the Code applies to information requested or discovered during the review only and does not apply to information submitted by a company in its filing. Additionally, it is the Commissions policy to regulate long-term care insurance in a way that promotes the publics understanding and comparison of long-term care insurance and that protects the public interest. See 14 VAC 5-200-10. This policy would be severely undermined if transparency were compromised and if rate filings and Actuarial Memoranda such as those submitted by your company were deemed to be confidential by the Bureau.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

SERFF Tracking #:	MUTA-128319004	State Tracking #:	MUTA-128319004	Company Tracking #:	LAFOND
<hr/>					
State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)				
Project Name/Number:	2013 - LTC04I/				

Although the reason for the requested rate increase that is included in the Premium Notification Letter is rather vague, we feel that if we provide a more detailed explanation, even in laymans terms, this could confuse the policyholders, which could lead to more calls with questions to both your department and also our customer service department. In addition, many of the states that have approved the increase have also requested to review the Premium Notification Letter. To date, no states that have approved the increase as requested have requested changes to this letter.

Enclosed for your review is a copy of the Schedule of Benefits with variability that was approved by your department. Also enclosed for your review is a copy of the original cover letter, which includes the statement of variability. This is located in the second paragraph of the second page of the cover letter. These items have been added to the Supporting Documentation tab. The original filing was not made electronically as SERFF filings were not required at the time this filing was made. The Virginia Submission Number was 007 0000022296, and was approved by your department on June 2, 2004.

Finally, regarding Paragraph D of the Premium Notification Letter, we continue to request that this paragraph remain unchanged. There are so many options that are available to the insured, such as removing optional riders, reducing their maximum daily benefit, etc., we feel that it is in the policyholders best interest to discuss these changes with either their agent or our customer service department. If we list additional benefits that could be changed, this may lead to the confusion of the policyholder as they may not have the benefits that are mentioned.

Related Objection 2

Applies To:

- Premium Notification Letter (Supporting Document)

Comments: Thank you for providing additional information regarding the policyholder notification letter. According to your response, the company tends to use a general description of why there is a rate increase in an effort to avoid confusing the insureds. Our concern is that such information should be more specific; and in consumer friendly terms, explain as to what has changed that has caused rates to increase. The letter indicates the reason is due to the ever increasing cost of services and the low interest rate environment not supporting expected claims costs. As an indemnity policy, regardless of how costs increase, the benefit does not change so it is unclear as to why the explanation provided would affect the rates. It is not our intent to confuse the insured but it is important the insured understands what has happened to caused rates to increase.

According to your response a revised Schedule of Benefits is sent to the insured when the insured has requested a change in the elimination period or benefit multiplier. Please provide a copy of the form filing for each policy form that confirms the Schedule of Benefits was approved with variability as well as a copy of the corresponding statement of variability.

We agree suggesting the individual contact his agent or the company to explore other options will allow the insured to make an informed decision. The Bureau, however, feels such the options should be clearly and specifically stated in the communication to the insured. For any other option change the insured may request, please provide the form numbers, SERFF tracking numbers and approval dates used to process such requests.

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Cover Letter (includes statement of variability)
Comments:	
Attachment(s):	Cover Letter (LTC04I).pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Cover Letter (includes statement of variability)
Comments:	
Attachment(s):	Cover Letter (LTC04I).pdf

Satisfied - Item:	Schedule of Benefits
Comments:	
Attachment(s):	Schedule of Benefits (LTC04I).pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

We hope that this additional information will allow you to continue your review of our submission and we look forward to a favorable response.

Sincerely,

Jeff LaFond

Sincerely,

Jeff LaFond

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/06/2014
Submitted Date	01/06/2014

Dear Janet Houser,

Introduction:

This is in response to your objection letter dated January 2, 2014, regarding the above captioned filing.

Response 1

Comments:

I have corrected the Rate Action Information under the Rate/Rule Schedule tab for form LTC04I-TQ via an amendment. I apologize for this error.

Related Objection 1

Applies To:

- rate schedule, [LTC04I-TQ] (Rate)
- rate schedule, [LTC04I-NTQ] (Rate)
- rate schedule, [LTC04I-AG-TQ] (Rate)
- rate schedule, [LTC04I-AG-NTQ] (Rate)

Comments: Please correct the Rate Action Information under the Rate/Rule Schedule tab for affected policy form number LTC041-TQ. The previous state filing number should be blank since there has been no previous rate revision. Please verify the proposed rate increase for this form is correct. It appears to be 0% at this time.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

SERFF Tracking #:	MUTA-128319004	State Tracking #:	MUTA-128319004	Company Tracking #:	LAFOND
<hr/>					
State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)				
Project Name/Number:	2013 - LTC04I/				

The Public Access section of the general instructions section in SERFF states that filings become public at submission. In addition, the general instructions state that confidentiality requests are allowed, as stated in the footnote below:

Footnote:

Pursuant to § 38.2-221.1 of the Code of Virginia, if the Commission requests an insurer to furnish information which the insurer considers confidential proprietary information, such confidential proprietary information shall be submitted to the Commission but shall be excluded from, and the Commission shall not be subject to, subpoena or public inspection with respect to such information if the insurer (i) invokes such exclusion, in writing, upon submission of the data or other materials for which protection from disclosure is sought; (ii) identifies the data or other materials for which protection is sought; and (iii) states the reason why protection is necessary. The information requested to be confidential and proprietary will not be disclosed unless the Commission has found, after the insurer has been provided notice and opportunity to be heard, that such information is not confidential proprietary information.

In light of this, we ask that Attachments 1 and 2, which were included with our January 15, 2013, response, be kept confidential as they include proprietary information.

Related Objection 2

Applies To:

- Attachments 1 and 2 (confidential) (Supporting Document)

Comments: We have reviewed your request for certain information to be held confidential and not subject to disclosure. There is not a provision in Title 38.2 of the Code of Virginia that provides for such request; therefore, this request is denied.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

The Rate Summary exhibit has been completed and is attached for your review.

Related Objection 3

Comments: Before rates may be approved, please have the company complete the attached Rate Summary. This form is now required for Long Term Care rate filings. Our expectation is that the form would put into consumer friendly language a clear explanation of the justification for the rate increase. This should be fairly high level and not drill down deep into the details but at least provide the assumptions and changes that are driving the need for an increase.

Changed Items:

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	LTC Rate Summary Form
Comments:	
Attachment(s):	Rate Summary Form (Part 1 - VA).pdf VA Increase Summary.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

The reason for the requested rate increase that was included in the premium notification letter is a general description of what was included in the Actuarial Memorandum. We used this general description in an effort to avoid confusing the insureds.

The Policy Adjustment Offer is used for insureds that wish to change their benefit multiplier or elimination period in an effort to mitigate the impact of the rate increase. After this is returned to the Company, we then send out a revised schedule of benefits that reflects their revised benefits. Please note that the insured has the option to either return the Policy Adjustment Offer to change their benefit multiplier or their elimination period, or they can call their agent or our customer service department to make the same changes. If they choose to make these changes via a phone call, they do not return the Policy Adjustment Offer. Either way they decide to change their benefits (by returning the Policy Adjustment Offer or making a phone call), a revised schedule of benefits is sent to the policyholder that reflects their revised benefits. In light of this, we are asking if a form filing is needed for the Policy Adjustment Offer.

Paragraph D will be included only for those policies when the insured cannot change their benefit multiplier or their elimination period to reduce the impact of the rate increase. In the paragraph following Paragraph E, we encourage the policyholder to contact their agent or our customer service department if they would like to explore additional options to help reduce their premium. We would prefer the insured to either call their agent or our customer service department to explore other options so they can make an informed decision regarding their coverage.

Related Objection 4

Applies To:

- Premium Notification Letter (Supporting Document)

SERFF Tracking #:	MUTA-128319004	State Tracking #:	MUTA-128319004	Company Tracking #:	LAFOND
State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)				
Project Name/Number:	2013 - LTC04I/				

Comments: In reviewing the policy notification letter, we have the following concerns:

The reason for the increase as stated in the letter is due to the ever increasing cost of services and the low interest rate environment not supporting expected claims. The Actuarial Memorandum states it is a combination of lower lapse rates and longer claim continuance affecting higher inflation and longer benefits periods. The letter should use the explanation in the memo and expand it in terms that are more easily understood by the consumer as to how and why such reasons affect the rates.

The letter references a " Policy Adjustment Offer" in paragraph C. Forms used to amend existing coverage will need to be filed for review and approval. If the form has not already been approved, this can either be done as a separate filing or the company can amend this filing to include it. Any submitted form will need to comply with the filing requirements of Chapter 100 of the Virginia Administrative Code. If the form has already approved, please provide the form number as approved in Virginia, the SERFF tracking number and date of its approval.

Please expand paragraph D to state what options are available so that current benefits can be adjusted to keep the premium similar to what is currently being paid.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

We hope that this additional information will allow you to continue your review of our submission and we look forward to a favorable response.

Sincerely,

Jeff LaFond

Sincerely,

Jeff LaFond

SERFF Tracking #:	MUTA-128319004	State Tracking #:	MUTA-128319004	Company Tracking #:	LAFOND
State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)				
Project Name/Number:	2013 - LTC04I/				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/28/2013
Submitted Date	08/28/2013

Dear Janet Houser,

Introduction:

This is in response to your objection letter dated February 28, 2013, regarding the above captioned filing. I apologize for the delay in responding to your letter.

Response 1

Comments:

There have only been 306 deaths associated with this policy form since inception. Attachment 1 displays the number of deaths by duration and also includes the actual mortality experienced by this policy form. We feel that the mortality experience based solely on this form will not produce a meaningful mortality study due to the low number of deaths by duration. In light of this, we used the experience of similar forms that provide similar coverage to develop a meaningful mortality study, as shown in Exhibit 5 of the original submission.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: The actuarial justification indicates that the previous policy series issued from 1997 to 2004 was used for the A/E mortality study. Please provide similar analysis for the block of policies covered by this filing.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Attachment 1 (08/28/2013 Response)
Comments:	
Attachment(s):	Attachment 1 - Mortality (LTC04I).pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Exhibit 7 has been revised to include a column showing the historical and projected number of lives in force each year.

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please add to Exhibit 7 a column showing the historical and projected number of lives in force each year.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Exhibit 7 - revised (08/28/2013 Response)
Comments:	
Attachment(s):	Exhibit 7 (LTC04I - National-rev).pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Attachment 2 includes examples of the calculation process for determining the rate increase.

Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide examples of the calculation process for determining the rate increase (as described in Section 9 of the actuarial justification) for several individual cells across the range of rate increases from 0% to 38%. Please ensure that the examples include at least one cell with no increase and one with the maximum increase.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Attachment 2 (08/28/2013 Response)
Comments:	
Attachment(s):	Attachment 2 - Sample Rate Increases by Cell.pdf

No Form Schedule items changed.

SERFF Tracking #:	MUTA-128319004	State Tracking #:	MUTA-128319004	Company Tracking #:	LAFOND
State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)				
Project Name/Number:	2013 - LTC04I/				

No Rate/Rule Schedule items changed.

Response 4

Comments:

Given the proposed rate increase, the appropriate percentage (based on issue age, inflation option, and benefit period) would be applied to the policyholders current premium to determine the amount of increased premium. As stated in section 9 of the Actuarial Memorandum, the amount of the increase is determined by the difference between the current revised and original pricing loss ratios. That percentage is then capped so that the resulting premium is not greater than what is currently being offered on new business or 38%, whichever is lower. Therefore, the last statement in the actuarial certification is correct.

Related Objection 4

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please indicate whether step 2 of the calculation process for determining the rate increase (Calculate the currently sold premium (LTC09M product), for the same base benefits, adjusting for any benefit differences) produced any cells where the rate for the LTC09M product was lower than the existing rate. If so, please reconcile this with the last statement in the actuarial certification.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

Because our Gross Premium Valuation testing has not identified a deficiency for our entire long-term care block, we will not be updating our statutory reserve assumptions at this time.

Related Objection 5

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: The actuarial certification states that The contract reserve basis was filed in the initial product filing and there are no anticipated changes. Please indicate if the Company has adjusted or plans to adjust the assumptions underlying the policy reserves on this block of business to reflect the adverse experience that necessitated the rate increase.

Changed Items:

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

The relative weight of the impact of changing the lapse, morbidity and mortality assumptions is displayed in Attachment 3. The demographic shifts are included in the lapse, morbidity and mortality. Further, the rate increases are proposed on a cellular level, which takes into account the demographic shifts when comparing the actual distribution of business to the expected (pricing) distribution.

Related Objection 6

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: For the four experience assumptions that were revised as shown in Exhibit 3C, please provide the relative weight of the impact of changing each of those factors (e.g., Lapses (45%), Morbidity (20%), Mortality (40%), Demographics (-5%))

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Attachment 3 (08/28/2013 Response)
Comments:	
Attachment(s):	Attachment 3 - Assumption Comparison.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7

Comments:

As mentioned in previous correspondence, it is the intent of the company not to request any further rate increases if the proposed rate increase is approved and the experience develops as projected. We will continue to monitor the future experience to determine if the experience develops as projected. This will include actual to expected analysis of the lapse rates, mortality rates and morbidity.

Related Objection 7

Applies To:

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

- L&H Actuarial Memorandum (Supporting Document)

Comments: Based on the revised Exhibit 8, the expected lifetime loss ratio reflecting moderately adverse conditions after the proposed rate increase is 87.8% vs. the originally projected 69.9%. Please explain in detail the process which the Company intends to use in the future to determine whether any additional rate increase would be required.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

We hope that this additional information will allow you to continue your review of our submission and we look forward to a favorable response.

Sincerely,

Jeff LaFond

Sincerely,

Jeff LaFond

SERFF Tracking #:	MUTA-128319004	State Tracking #:	MUTA-128319004	Company Tracking #:	LAFOND
State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)				
Project Name/Number:	2013 - LTC04I/				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/15/2013
Submitted Date	01/15/2013

Dear Janet Houser,

Introduction:

This is in response to your objection letter dated November 29, 2012, regarding the above captioned filing. I apologize for the delay in responding to your letter.

Response 1

Comments:

The response and additional exhibits are located in the Supporting Documentation tab. Please note that we are requesting that Attachments 1 and 2 be kept confidential as these exhibits include proprietary information. These exhibits have been marked as being confidential.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

SERFF Tracking #:	MUTA-128319004	State Tracking #:	MUTA-128319004	Company Tracking #:	LAFOND
<hr/>					
State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)				
Project Name/Number:	2013 - LTC04I/				

Comments: A review of the submitted filing indicates the following concerns and questions. Review of the filing will be continued upon receipt of the following information.

- 1.Please ensure that the supporting documentation has provided detailed justification for all assumptions used to support the proposed rate increase.*
- 2.Please provide an actual to expected analysis based on the assumptions and projections used in the original pricing of the policy.*
- 3.Please provide the anticipated loss ratio where the numerator is equal to the anticipated incurred claims less the policy reserves, and the denominator is equal to the anticipated earned premium.*
- 4.Please state the lifetime loss ratio anticipated in the original filing and, if applicable, an explanation why the current projected loss ratio is different than that originally files as anticipated.*
- 5.Exhibits 6, 7 and 8 represent nationwide experience through 03/31/2012. Please provide similar exhibits based on Virginia only experience.*
- 6.Please restate the nationwide experience using the Virginia approved rates.*
- 7.Please update the experience exhibits to completely include experience data through the most recent available date.*
- 8.Please provide a comparison of the differences in the assumptions used in the original filing with those actually experienced and with those included in this filing.*
- 9.Please provide a separate calculation of the lifetime loss ratio so that the historical premium component is restated to what it would have been if the proposed premium had been charged (collected) since the forms introduction.*
- 10.Please advise in what states the company has requested rate increases on this policy, how the rate change requested in Virginia compares with those requested in other states, and the current status of the reviews in other states.*
- 11.Please explain what, if any, margins are included in the proposed rates to ensure that future rate increases will not be needed presuming the experience develops as projected.*
- 12.Please ensure that the filing includes sufficient detail or documentation so any projections can be recreated.*
- 13.Is the intent of the company to not request any further rate increases if the proposed rate increase is approved and the experience develops as projected? If not, please explain.*
- 14.What steps has the company taken to minimize future rate increases on this policy?*

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

15. Upon approval, does the company intend to provide a 30-day or 60-day notice of increase to insureds? We note the requested rate increases vary from 0% to 38%. § 38.2-3407.14 of the Code of Virginia requires that the company provide such notification in writing at least 60 days in advance of a rate increase of more than 35%.

16. For each form to which this rate filing applies, please list separately the form number in the Rate/Rule Schedule section of the filing, stating the amount of the proposed rate increase and attaching its proposed rate. Also, please revise the Rate Action to Revised, rather than New, and include the Previous SERFF Number.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response and Exhibits
Comments:	
Attachment(s):	Exhibit 8 (nat'l - rev).pdf Exhibit 8 (VA).pdf Exhibit 10 (Nat'l).pdf Exhibit 11 (LTC04I).pdf VA Response (LTC04I) - 01-15-2013.pdf Exhibit 6 (nat'l - rev).pdf Exhibit 6 (VA).pdf Exhibit 7 (nat'l - rev).pdf Exhibit 7 (VA).pdf

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response and Exhibits
Comments:	
Attachment(s):	Exhibit 8 (nat'l - rev).pdf Exhibit 8 (VA).pdf Exhibit 10 (Nat'l).pdf Exhibit 11 (LTC04I).pdf VA Response (LTC04I) - 01-15-2013.pdf Exhibit 6 (nat'l - rev).pdf Exhibit 6 (VA).pdf Exhibit 7 (nat'l - rev).pdf Exhibit 7 (VA).pdf
Satisfied - Item:	Attachments 1 and 2 (confidential)
Comments:	
Attachment(s):	Attachment 1 - Claim Cost Comparison (Confidential).pdf Attachment 2 - Sample Claim Cost Calculation (Confidential).pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

We hope that this additional information will allow you to continue your review of our submission and we look forward to a favorable response.

Sincerely,

Jeff LaFond

Sincerely,

Jeff LaFond

SERFF Tracking #:	MUTA-128319004	State Tracking #:	MUTA-128319004	Company Tracking #:	LAFOND
State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)				
Project Name/Number:	2013 - LTC04I/				

Amendment Letter

Submitted Date: 06/08/2015

Comments:

Dear Ms. Houser:

The Virginia Statement of Compliance and Virginia Readability Certification have been revised to include Form ML12047, which is the Premium Notification Letter. These have replaced the previous versions of these documents, which are located in the Supporting Documentation tab. In addition, the Premium Notification Letter, Form ML12047, has been added to the Form Schedule tab in SERFF.

Please let me know if you need any additional information to complete your review.

Sincerely,

Jeff LaFond

Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Premium Notification Letter	ML12047	OTH	Initial		49.100	Sample Notification Letter (rev 06-05-2015).pdf	Date Submitted: 06/08/2015 By:

No Rate Schedule Items Changed.

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA Certification of Compliance - revised 06-08-2015.pdf VA Readability Certification - revised 06-08-2015.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	
Attachment(s):	<i>Certificate of Compliance.pdf</i> <i>Readability Certificate (revised).pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	
Attachment(s):	<i>Certificate of Compliance.pdf</i> <i>Readability Certification - LTC Endorsement VA.pdf</i>
<i>Previous Version</i>	
Bypassed - Item:	<i>Certification of Compliance</i>
Bypass Reason:	<i>not applicable - not a form filing</i>
Attachment(s):	

SERFF Tracking #:	MUTA-128319004	State Tracking #:	MUTA-128319004	Company Tracking #:	LAFOND
State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)				
Project Name/Number:	2013 - LTC04I/				

Amendment Letter

Submitted Date: 06/08/2015

Comments:

SERFF Tracking #:	MUTA-128319004	State Tracking #:	MUTA-128319004	Company Tracking #:	LAFOND
State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)				
Project Name/Number:	2013 - LTC04I/				

Dear Ms. Houser:

This is in response to your Note to Filer dated June 8, 2015, regarding the above captioned filing.

The following forms have been added as one Item under the Rate/Rule Schedule tab in SERFF:

LTC04I-TQ-VA
 LTC04I-NTQ-VA
 LTC04I-AG-TQ-VA
 LTC04I-AG-NTQ-VA
 LTC04I ALF
 LTC04I NH
 LTC04I HHC-VA
 LTC04I NFO1PL-VA
 LTC04I NFO2PL-VA
 LTC04I NFO3PL-VA
 LTC04I AGE65PPP-VA
 LTC04I 20YRPPP NHAVA
 LTC04I 10YRPPP-VA
 LTCD04I RPODC
 LTC04I ROPD
 LTC04I ROB3PL-VA
 LTC04I ROB2PL-VA
 LTC04I ROB1PL-VA
 LTC04I MHHC-VA
 LTC04I SB3PL-TQ
 LTC04I SB2PL-TQ
 LTC04I SB1PL-TQ
 LTC04I NHIND-TQ
 LTC04I HHCIND-TQ-VA
 LTC04I ALFIND-TQ
 LTC04I SBWP-VA

In addition, revised rate schedules have been included for these forms. Please note that the forms listed below were removed from Page 32 of the rate schedule file as

SERFF Tracking #:	MUTA-128319004	State Tracking #:	MUTA-128319004	Company Tracking #:	LAFOND
State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)				
Project Name/Number:	2013 - LTC04I/				

these forms were not approved by the Virginia Bureau of Insurance:

LTC04I SBDOMPART1PL-TQ, LTC04I SBDOMPART2PL-TQ, LTC04I SBDOMPART3PL-TQ

While making this change to the rate schedule, I noticed that Page 33 was not included in the rate schedule file. This page show various factors, such as the Non-Tax Qualified factor, spouse discount factors, elimination period factors, underwriting class factors, and mode facto4rs. I apologize for this oversight. In addition, the corrected rate schedule file has been added to all forms included in the Rate/Rule Schedule tab.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Jeff LaFond

Changed Items:

No Form Schedule Items Changed.

SERFF Tracking #:

MUTA-128319004

State Tracking #:

MUTA-128319004

Company Tracking #:

LAFOND

State: Virginia

Filing Company:

Mutual of Omaha Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name: Mutual of Omaha - 2013 Rate Increase (LTC04I)

Project Name/Number: 2013 - LTC04I/

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	rate schedule	LTC04I-TQ-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 18.7	LTC04I Proposed Premium Rates (rev).pdf,	06/08/2015 By:
Previous Version						
1	rate schedule	LTC04I-TQ-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 18.7	LTC04I Proposed Premium Rates.pdf,	01/30/2014 By:
Previous Version						
1	rate schedule	LTC04I-TQ	Revised	Previous State Filing Number: Percent Rate Change Request: 18.7	LTC04I Proposed Premium Rates.pdf,	01/06/2014 By:
Previous Version						
1	rate schedule	LTC04I-TQ	Revised	Previous State Filing Number: 18.7 Percent Rate Change Request:	LTC04I Proposed Premium Rates.pdf,	08/01/2012 By: Jeff LaFond
2	rate schedule	LTC04I-NTQ-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 18.7	LTC04I Proposed Premium Rates (rev).pdf,	06/08/2015 By:
Previous Version						
2	rate schedule	LTC04I-NTQ-VA	Revised	Previous State Filing Number:	LTC04I Proposed Premium Rates.pdf,	01/30/2014 By:

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Rate/Rule Schedule Item Changes						
				Percent Rate Change Request: 18.7		
Previous Version						
2	rate schedule	LTC04I-NTQ	Revised	Previous State Filing Number: Percent Rate Change Request: 18.7	LTC04I Proposed Premium Rates.pdf,	08/01/2012 By: Jeff LaFond
3	rate schedule	LTC04I-AG-TQ-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 18.7	LTC04I Proposed Premium Rates (rev).pdf,	06/08/2015 By:
Previous Version						
3	rate schedule	LTC04I-AG-TQ-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 18.7	LTC04I Proposed Premium Rates.pdf,	01/30/2014 By:
Previous Version						
3	rate schedule	LTC04I-AG-TQ	Revised	Previous State Filing Number: Percent Rate Change Request: 18.7	LTC04I Proposed Premium Rates.pdf,	08/01/2012 By: Jeff LaFond
4	rate schedule	LTC04I-AG-NTQ-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 18.7	LTC04I Proposed Premium Rates (rev).pdf,	06/08/2015 By:
Previous Version						
4	rate schedule	LTC04I-AG-NTQ-VA	Revised	Previous State Filing Number: Percent Rate Change Request:	LTC04I Proposed Premium Rates.pdf,	01/30/2014 By:

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Rate/Rule Schedule Item Changes						
				18.7		
<i>Previous Version</i>						
4	rate schedule	LTC04I-AG-NTQ	Revised	Previous State Filing Number: Percent Rate Change Request: 18.7	LTC04I Proposed Premium Rates.pdf,	08/01/2012 By: Jeff LaFond
5	rate schedule	LTC04I-TQ-VA, LTC04I-NTQ-VA, LTC04I-AG-TQ-VA, LTC04I-AG-NTQ-VA, LTC04I ALF, LTC04I NH, LTC04I HHC-VA, LTC04I NFO1PL-VA, LTC04I NFO2PL-VA, LTC04I NFO3PL-VA, LTC04I AGE65PPP- VA, LTC04I 20YRPPP NHA-VA, LTC04I 10YRPPP-VA, LTCD04I ROPDC, LTC04I ROPD, LTC04I ROB3PL-VA, LTC04I ROB2PL-VA, LTC04I ROB1PL-VA, LTC04I MHHC-VA, LTC04I SB3PL-TQ, LTC04I SB2PL-TQ, LTC04I SB1PL-TQ, LTC04I NHIND-TQ, LTC04I HHCIND-TQ-VA, LTC04I ALFIND-TQ, LTC04I SBWP-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 18.7	LTC04I Proposed Premium Rates (rev).pdf,	06/08/2015 By:

No Supporting Documents Changed.

SERFF Tracking #:	MUTA-128319004	State Tracking #:	MUTA-128319004	Company Tracking #:	LAFOND
State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)				
Project Name/Number:	2013 - LTC04I/				

Amendment Letter

Submitted Date: 06/05/2015

Comments:

This is in response to your Note to Filer dated June 3, 2015, regarding the above captioned filing.

Item 1

Enclosed for your review is a Statement of Variability that is applicable only to the Premium Notification Letter. This has been added to the Supporting Documentation tab as a separate item.

Item 2

The first paragraph of the Premium Notification Letter has been revised. The sentence "Therefore, the premium for this coverage is being increased" has been removed. The revised Premium Notification Letter has also been added to the Supporting Documentation tab.

We hope that this additional information will allow you to continue your review of our submission and we look forward to a favorable response.

Sincerely,

Jeff LaFond

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability.pdf
Satisfied - Item:	Sample Notification Letter - Revised 06/05/2015
Comments:	
Attachment(s):	Sample Notification Letter (rev 06-05-2015).pdf

SERFF Tracking #:	MUTA-128319004	State Tracking #:	MUTA-128319004	Company Tracking #:	LAFOND
<hr/>					
State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)				
Project Name/Number:	2013 - LTC04I/				

Amendment Letter

Submitted Date: 03/20/2015

Comments:

RE: Endorsement Filing

Dear Ms. Houser:

The endorsement required by the Virginia BOI has been added to the Form Schedule Tab. The Certificate of Compliance and the Readability Certification have been added to the Supporting Documentation tab.

In addition, we have made a minor change to the Sample Notification Letter, which has been added to the Supporting Documentation tab. The second to last paragraph has been added to include the guaranteed renewable nature of the policy, which is one of the requirements of the LTC NAIC Model Bulletin.

Finally, I am also including a sample Policy Schedule (under the Supporting Documentation tab) which will be included with the endorsement.

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Jeff LaFond

Changed Items:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Long-Term Care Endorsement	0NX1M	CERA	Initial		45.600	0NX1M Long-Term Care Endorsement - VA Version 1.pdf	Date Submitted: 03/20/2015 By:

No Rate Schedule Items Changed.

SERFF Tracking #:	MUTA-128319004	State Tracking #:	MUTA-128319004	Company Tracking #:	LAFOND
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State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Sample Notification Letter (revised 03-19-2015)
Comments:	
Attachment(s):	Sample Notification Letter (rev 03-19-2015).pdf
Satisfied - Item:	Sample Policy Schedule
Comments:	
Attachment(s):	Policy Schedule LTC04I (sample).pdf
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	Certificate of Compliance.pdf Readability Certification - LTC Endorsement VA.pdf
Previous Version	
Bypassed - Item:	Certification of Compliance
Bypass Reason:	not applicable - not a form filing
Attachment(s):	

SERFF Tracking #:	MUTA-128319004	State Tracking #:	MUTA-128319004	Company Tracking #:	LAFOND
State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)				
Project Name/Number:	2013 - LTC04I/				

Amendment Letter

Submitted Date: 01/13/2015

Comments:

Dear Ms. Houser:

We have added a file that shows the proposed rate increase amounts by cell. This will help you verify that the proposed rates were calculated correctly.

Please note that this file contains proprietary information and we request that it be kept confidential. You have allowed a confidentiality request for a few exhibits that we previously provided.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Jeff LaFond

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Proposed Rate Increase Amounts by Cell
Comments:	
Attachment(s):	LTC04I - Rate Increase Amounts by Cell.pdf

SERFF Tracking #:	MUTA-128319004	State Tracking #:	MUTA-128319004	Company Tracking #:	LAFOND
State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)				
Project Name/Number:	2013 - LTC04I/				

Amendment Letter

Submitted Date: 02/06/2014

Comments:

Dear Ms. Houser:

The Policy Adjustment Offer has been added under the Supporting Documentation tab.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Jeff LaFond

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Policy Adjustment Offer
Comments:	
Attachment(s):	Policy Adjustment Offer.pdf

SERFF Tracking #:	MUTA-128319004	State Tracking #:	MUTA-128319004	Company Tracking #:	LAFOND
State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)				
Project Name/Number:	2013 - LTC04I/				

Amendment Letter

Submitted Date: 01/30/2014

Comments:

Rate/Rule Schedule Tab

The Rate/Rule Schedule tab has been revised to show the policy form numbers as approved in Virginia.

Changed Items:

No Form Schedule Items Changed.

SERFF Tracking #:

MUTA-128319004

State Tracking #:

MUTA-128319004

Company Tracking #:

LAFOND

State: Virginia

Filing Company:

Mutual of Omaha Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name: Mutual of Omaha - 2013 Rate Increase (LTC04I)

Project Name/Number: 2013 - LTC04I/

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	rate schedule	LTC04I-TQ-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 18.7	LTC04I Proposed Premium Rates.pdf,	01/30/2014 By:
<i>Previous Version</i>						
1	rate schedule	LTC04I-TQ	Revised	Previous State Filing Number: Percent Rate Change Request: 18.7	LTC04I Proposed Premium Rates.pdf,	01/06/2014 By:
<i>Previous Version</i>						
1	rate schedule	LTC04I-TQ	Revised	Previous State Filing Number: 18.7 Percent Rate Change Request:	LTC04I Proposed Premium Rates.pdf,	08/01/2012 By: Jeff LaFond
2	rate schedule	LTC04I-NTQ-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 18.7	LTC04I Proposed Premium Rates.pdf,	01/30/2014 By:
<i>Previous Version</i>						
2	rate schedule	LTC04I-NTQ	Revised	Previous State Filing Number: Percent Rate Change Request: 18.7	LTC04I Proposed Premium Rates.pdf,	08/01/2012 By: Jeff LaFond
3	rate schedule	LTC04I-AG-TQ-VA	Revised	Previous State Filing Number: Percent Rate Change Request:	LTC04I Proposed Premium Rates.pdf,	01/30/2014 By:

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Rate/Rule Schedule Item Changes						
				18.7		
<i>Previous Version</i>						
3	rate schedule	LTC04I-AG-TQ	Revised	Previous State Filing Number: Percent Rate Change Request: 18.7	LTC04I Proposed Premium Rates.pdf,	08/01/2012 By: Jeff LaFond
4	rate schedule	LTC04I-AG-NTQ-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 18.7	LTC04I Proposed Premium Rates.pdf,	01/30/2014 By:
<i>Previous Version</i>						
4	rate schedule	LTC04I-AG-NTQ	Revised	Previous State Filing Number: Percent Rate Change Request: 18.7	LTC04I Proposed Premium Rates.pdf,	08/01/2012 By: Jeff LaFond

No Supporting Documents Changed.

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Amendment Letter

Submitted Date: 01/06/2014

Comments:

The Rate Action Information under the Rate/Rule Schedule tab for form LTC04I-TQ.

Changed Items:

No Form Schedule Items Changed.

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	rate schedule	LTC04I-TQ	Revised	Previous State Filing Number: Percent Rate Change Request: 18.7	LTC04I Proposed Premium Rates.pdf,	01/06/2014 By:
<i>Previous Version</i>						
1	rate schedule	LTC04I-TQ	Revised	Previous State Filing Number: 18.7 Percent Rate Change Request:	LTC04I Proposed Premium Rates.pdf,	08/01/2012 By: Jeff LaFond

No Supporting Documents Changed.

State: Virginia **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Mutual of Omaha - 2013 Rate Increase (LTC04I)
Project Name/Number: 2013 - LTC04I/

Note To Filer

Created By:

Janet Houser on 06/08/2015 10:01 AM

Last Edited By:

Janet Houser

Submitted On:

06/08/2015 10:02 AM

Subject:

corrections

Comments:

I see two errors:

LTC04I ROPDC

and LTC041 ROB1PL-VA

Again, check my form numbers!

State: Virginia **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Mutual of Omaha - 2013 Rate Increase (LTC04I)
Project Name/Number: 2013 - LTC04I/

Note To Filer

Created By:

Janet Houser on 06/08/2015 09:36 AM

Last Edited By:

Janet Houser

Submitted On:

06/08/2015 09:58 AM

Subject:

6/8/15 phone conversation

Comments:

This is to confirm our phone conversation. So that the rates may be approved, please amend the Rate/Rule Schedule to include all of the following affected form numbers separated with commas and attache the LTC04I proposed premium rates without reference to the domestic partner form numbers under Spouse Benefit:

LTC041-TC-VA, LTC041-NTQ-VA, LTC-AG-TQ-VA, LTC04I-AG-NTQ-VA, LTC04I AFL, LTC04I NH, LTC04I HHC-VA, LTC04I NFO1PL-VA, LTC04I NFO2PL-VA, LTC04I NFO3PL-VA, LTC04I AGE65PPP-VA, LTC04I 20YRPPP NHAVA, LTC04I 10YRPPP-VA, LTCD04I RPODC, LTC04I ROPD, LTC04I ROB3PL-VA, LTC04I ROB2PL-VA, LTC04I ROB1PL-VA, LTC04I MHHC-VA, LTC04I SBC3PL-TQ, LTC04I SB2PL-TQ, LTC04I SB1PL-TQ, LTC041 NHIND-TQ, LTC04I HHCIND-TQ-VA, LTC04I ALFIND-TQ, LTC04I SBWP-VA

Please double check my form numbers and that none are missing.

Thanks.

Janet

State: Virginia **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Mutual of Omaha - 2013 Rate Increase (LTC04I)
Project Name/Number: 2013 - LTC04I/

Note To Reviewer

Created By:

Jeff LaFond on 06/05/2015 01:20 PM

Last Edited By:

Jeff LaFond

Submitted On:

06/05/2015 01:20 PM

Subject:

Response to Note to Filer Dated 06/04/2015

Comments:

Dear Ms. Houser:

An Amendment has been created that responds to your Note to Filer dated June 4, 2015, regarding the above captioned filing. Included is a Statement of Variability and revised Premium Notification Letter. These items have been added to the Supporting Documentation tab in SERFF.

If you have any additional questions or concerns, please do not hesitate to contact me.

Sincerely,

Jeff LaFond

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Note To Filer

Created By:

Janet Houser on 06/04/2015 01:20 PM

Last Edited By:

Janet Houser

Submitted On:

06/04/2015 02:20 PM

Subject:

06.04.15 phone message

Comments:

This is to confirm the message left today.

Please provide a statement of variability in regards to the policyholder letter stating when the various paragraphs will or will not appear in the letter. The original statement of variability is included with the cover letter submitted 1/22/2014. When attaching the revised Statement of Variability, please attach it as a separate document under Supporting Documentation.

Although I indicated in my message there was a concern regarding the driving factors for the rate increase, this concern has since been resolved. Just as an observation, after changing the wording in the letter and re-reading it, the company may want to take out the sentence that states "Therefore, the premium for this coverage is being increased" since that information is stated in the previous sentence.

I apologize for any confusion my message may have caused. Please feel free to call me to discuss at 804-371-9390.

State: Virginia **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Mutual of Omaha - 2013 Rate Increase (LTC04I)
Project Name/Number: 2013 - LTC04I/

Note To Filer

Created By:

Janet Houser on 03/10/2015 01:35 PM

Last Edited By:

Janet Houser

Submitted On:

03/10/2015 01:35 PM

Subject:

Endorsement Changes

Comments:

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

As we previously discussed, the senior Management of the Bureau of Insurance has recently directed long term care policies must be updated via an endorsement for any changes the policyholder has requested. In an effort to provide you with additional assistance in creating such endorsements, we hope the following information will be helpful.

A revised Schedule of Benefits may be sent to the insured; however, the policy must be endorsed to reflect those changes. The following are at a minimum the information the endorsement should include:

- 1) the full corporate name of the company
- 2) appropriate signatures of the officers
- 3) the endorsement form number in the lower left hand corner
- 4) form titled as an endorsement and that it is be attached to the policy
- 5) the effective date of endorsement
- 6) the policyholder name, the insured's policy number, and affected policy form number
- 7) language that clearly states the policy is being endorsed for changes made to policy
- 8) a statement that this change does not alter any other existing conditions, limitations of the coverage by the policy to which it is attached.

A simple approach could be wording to the effect that "as a result of your election to [insert option] the current coverage/benefit under this policy has been reduced/changed to []. This would be directed at changes in the Schedule of Benefits and actually eliminate the need to generate a revised schedule.

If the optional nonforfeiture rider or contingent benefit upon lapse comes into play the wording could be: "Due to a [non-election of an option, by default,] or [election of the nonforfeiture option] the coverage/benefit continues under a paid-up status with a shortened benefit period for a period of []."

A statement of variability should list all potential changes including riders that may be deleted, reductions in the inflation rider, reductions in maximum daily benefits, changes to the benefit period or waiting period and the appropriate ranges for such.

Should the company wish include a revised schedule, the endorsement should clearly state the revised schedule of benefits replaces the existing schedule in the policy which should be attached to the policy along with the endorsement.

We would be glad to review a prototype of the proposed endorsement if that would help.

Please provide a Certification of Compliance in accordance with 14VAC5-100-40 3 and a readability certification in accordance with 14 VAC-110-60.

If you have any questions, please feel free to contact me at 804-371-9390.

Janet

State: Virginia **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Mutual of Omaha - 2013 Rate Increase (LTC04I)
Project Name/Number: 2013 - LTC04I/

Note To Filer

Created By:

Janet Houser on 02/13/2015 02:22 PM

Last Edited By:

Janet Houser

Submitted On:

02/13/2015 02:23 PM

Subject:

2.13.15 phone conversation

Comments:

This is to confirm our phone conversation of today. As discussed, the management at the Bureau of Insurance has determined that a policy must be updated via an endorsement or amendment that effects any change the policyholder has requested. Because it would be a part of the entire contract, this would have to be an approved form; the company cannot not simply send a revised policy schedule page.

If the company already has such forms previously approved, please attach a copy of the form and provide the SERFF tracking number and date of approval. If a new form(s) is needed, please attach the form to this filing for review and approval. Please keep in mind, there are several options provided in the policyholder letter to reduce the effect of the rate increase. Please be sure all options are covered in the new form.

If you have any questions or concerns, please feel free to contact me at 804-371-9390.

Thank you.

Janet Houser

State: Virginia **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Mutual of Omaha - 2013 Rate Increase (LTC04I)
Project Name/Number: 2013 - LTC04I/

Note To Reviewer

Created By:

Jeff LaFond on 01/19/2015 06:50 AM

Last Edited By:

Jeff LaFond

Submitted On:

01/19/2015 06:50 AM

Subject:

01/13/2015 Confidentiality Request

Comments:

Dear Ms. Houser:

We are no longer requesting the exhibit that was included with my 01/13/2015 correspondence to be kept confidential.

Sincerely,

Jeff LaFond

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Note To Filer

Created By:

Janet Houser on 01/14/2015 09:21 AM

Last Edited By:

Janet Houser

Submitted On:

01/14/2015 09:22 AM

Subject:

1.13.15 Confidentiality Request

Comments:

We have carefully reviewed your request that the exhibit demonstrating the rate increase per cell submitted to the Bureau of Insurance as part of the company's filing be given confidential treatment. It is the Bureau's opinion that all Virginia policyholders should know how rate changes affect them.

As noted in previous correspondence, the Commission's policy is to make its records publicly available to the extent such records are not granted confidential status pursuant to a particular statute, legal privilege, protective order, or on the basis of well-established public policy grounds. It is also the Commission's policy to regulate long-term care insurance in a way that promotes the public's understanding and comparison of long-term care insurance and protects the public interest. See 14 VAC 5-200-10. This policy would be severely undermined if transparency were compromised and such information submitted by your company were deemed to be confidential by the Bureau.

Unless the company can provide a legal analysis within the next five (5) business days that supports its request under Virginia law, the Bureau intends to make publicly available this information.

State: Virginia **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Mutual of Omaha - 2013 Rate Increase (LTC04I)
Project Name/Number: 2013 - LTC04I/

Note To Reviewer

Created By:

Jeff LaFond on 04/23/2014 01:25 PM

Last Edited By:

Jeff LaFond

Submitted On:

04/23/2014 01:25 PM

Subject:

Response to 04/18/2014 Note to Filer

Comments:

Dear Ms. Houser:

This is in response to your Note to Filer date April 18, 2014, regarding the above captioned filing.

The contingent benefit upon lapse will be administered in regards to the NAIC Bulletin as summarized below:

The Nonforfeiture Benefit – Shortened Benefit Period rider is an optional rider that is available at time of issue. If this rider isn't purchased, the policyholder will receive the contingent nonforfeiture benefit if the increase amount, by issue age, is triggered. The policy included in this filing was first issued in Virginia in 2004, therefore, no policyholders have reached their twentieth duration. Also, as the requested rate increase ranges from 0% to 38%, depending on issue age, benefit multiplier (benefit period) and inflation option, no increases will exceed 100%. In light of this, the following paragraph from the NAIC Bulletin is not applicable:

For policies or certificates which have reached their twentieth duration, the [Department] may require the insurer to provide the contingent benefit upon lapse without reference to the table of trigger percentages. For policies which have not reached their twentieth duration, any percentage value in excess of 100% will be reduced to 100%.

We are confirming that the Premium Increase Notification letter will be sent at least 60 days prior to the implementation of the premium increase.

Finally, the Premium Increase Notification letter has been revised to include the percentage of the rate increase. This revised notification letter is enclosed for your review, and has been placed in the Supporting Documentation tab.

If you have any additional questions or concerns, please do not hesitate to contact me.

Sincerely,

Jeff LaFond

MUTUAL of OMAHA INSURANCE COMPANY
UNITED of OMAHA LIFE INSURANCE COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175
402 342 7600
mutualofomaha.com



<Month, Year>

**Univita Rate Review will display two separate letter heads,
Mutual and United with the MN Address**

Policyholder Name

Address

City, State, ZIP

Thank you for choosing [Mutual of Omaha Insurance Company] [United of Omaha Life Insurance Company] as your long-term care insurance provider. Your long-term care insurance policy from [Mutual of Omaha Insurance Company] [United of Omaha Life Insurance Company] continues to provide valuable coverage that may help you pay for long-term care services. Please keep in mind that your policy is guaranteed renewable for life. Your policy will be kept in force as long as you pay the required premiums. **Due to insureds both keeping their policies longer and staying on claim longer than originally assumed, combined with the cost of services continuing to increase, premiums are required to be increased in order to support future claim costs.** Therefore, the premium for this coverage is being adjusted. An adjustment is being applied to every person in your state with the same policy form, issue age and benefit options. Please note that premium rates may increase again in the future. The following represents the premium change for your coverage.

POLICY/CERTIFICATE NUMBER	CURRENT [MODE] PREMIUM	NEW [MODE] PREMIUM	INCREASE AMOUNT	PERCENT INCREASE	EFFECTIVE DATE
XXXXXX-XX	\$0,000.00	\$0,000.00	\$000.00	0%	00/00/00

Please keep this notification of the change in premium for your Policy/Certificate with your other important insurance documents. Send no money now as a new premium notice will be sent to you prior to the effective date shown above. If you pay premium through electronic funds transfer or payroll deduction, the organization that processes your payment will be notified of the new premium amount. If you have paid premium beyond the effective date listed above you will be billed for any additional premium due.

Insert Paragraph A – Waiver of Premium

Since your premium currently is being waived, you will not be immediately impacted by the rate adjustment. However, when the waiver is removed, your new premium will be the amount shown above.

Insert Paragraph B – Rate Guarantee

Since the policy you purchased contains a rate guarantee benefit, you will not be immediately impacted by the rate adjustment. The effective date for your rate adjustment is shown above.

Insert Paragraph C – Benefit Multiplier/Elimination Period Change Offer

We know an increase in premium is never welcomed news. Adjusting the current benefits of your policy can help keep your premium similar to what you currently pay. The enclosed Policy Adjustment Offer provides the details. To accept this offer, simply sign the form and return it to us in the enclosed envelope.

Insert Paragraph D – No Offer

We know an increase in premium is never welcomed news. To keep your premiums similar to what you currently pay, you may be able to reduce your current benefits or remove riders that may be attached to your policy.

Insert Paragraph E – Shared Care

Please note that your current policy includes a Shared Care Benefit. If you wish to retain the Shared Care Benefit, any changes you may elect to make to your policy benefits must also be made to your spouse's policy.

If you wish to keep your policy as it is now at the new premium shown above, you do not need to do anything. If you wish to explore additional options to help reduce your premium, contact:

Customer Care Center <Agent of record/DO>
1-XXX-XXX-XXXX

Insert Paragraph F – Non-forfeiture Shortened Benefit Period [Contingent Nonforfeiture Benefit]

Of course, you always have the option to forgo your policy altogether. If you elect to do so, the non-forfeiture benefit will provide you with a paid-up policy with reduced benefits. See your policy or contact the Customer Care Center at the phone number above for additional details.

We hope you'll take a moment to consider the reason you purchased a long-term care insurance policy from [Mutual of Omaha Insurance Company] [United of Omaha Life Insurance Company] and why it's more important than ever to have this valuable protection. With our history of financial strength and our commitment to serving our customers, you can be confident we'll be there when you need us, just as we have for over a century.

Sincerely,

Signature Block

QUESTIONS?

Call toll free 1-800-921-9334

We'll be glad to help you Monday – Friday, 7:00 a.m. to 5:00 p.m. Central Time.

Please keep this notification with your other important insurance documents.

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Note To Filer

Created By:

Janet Houser on 04/18/2014 07:59 AM

Last Edited By:

Janet Houser

Submitted On:

04/18/2014 08:16 AM

Subject:

Contingent Benefit Upon Lapse

Comments:

As I mentioned in my phone message of today, I need to verify how the contingent benefit upon lapse will be administered in regards to the NAIC Bulletin:

Please confirm for policies which have reached their twentieth duration, the company will provide the contingent benefit upon lapse without reference to the table of trigger percentages. For policies which have not reached their twentieth duration, any percentage value in excess of 100% will be reduced to 100%.

Please confirm this letter will be sent at least 60 days prior to the implementation of the premium rate schedule increase.

Jeff, I just noticed the letter doesn't actually state the percentage of the rate increase. Can that be added?

State: Virginia **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Mutual of Omaha - 2013 Rate Increase (LTC04I)
Project Name/Number: 2013 - LTC04I/

Note To Reviewer

Created By:

Jeff LaFond on 04/16/2014 09:43 AM

Last Edited By:

Jeff LaFond

Submitted On:

04/16/2014 09:43 AM

Subject:

RE: Model Bulletin

Comments:

Dear Ms. Houser:

This is in response to your Note to Filer dated April 7, 2014, regarding the above captioned filing.

Our rate increase filing is consistent with the Model Bulletin with the following exceptions:

1. Clarification of the interest rate used to develop the requested rate increase amount is displayed below:

All present and accumulated values used to determine rate increases use the 4.5% valuation rate to be used for contract reserves that was originally filed for this form.

2. The following statement is not included in our filing:

We agree not to implement future rate increases on the form included in this filing for three years from the date of the implementation of the proposed rate increase.

3. Policyholder Notification of Premium Increase:

The following statements were not included in the Policyholder Notification of Premium Increase letter:

1. The policy is guaranteed renewable; and
2. Premium rates may increase again in the future.

A revised Policyholder Notification of Premium Increase letter that includes the additional information above is enclosed for your review.

We hope that this additional information will allow you to continue your review of our submission and we look forward to a favorable response.

Sincerely,

Jeff LaFond

MUTUAL of OMAHA INSURANCE COMPANY
UNITED of OMAHA LIFE INSURANCE COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175
402 342 7600
mutualofomaha.com



<Month, Year>

**Univita Rate Review will display two separate letter heads,
Mutual and United with the MN Address**

Policyholder Name

Address

City, State, ZIP

Thank you for choosing [Mutual of Omaha Insurance Company] [United of Omaha Life Insurance Company] as your long-term care insurance provider. Your long-term care insurance policy from [Mutual of Omaha Insurance Company] [United of Omaha Life Insurance Company] continues to provide valuable coverage that may help you pay for long-term care services. Please keep in mind that your policy is guaranteed renewable for life. Your policy will be kept in force as long as you pay the required premiums. **Due to insureds both keeping their policies longer and staying on claim longer than originally assumed, combined with the cost of services continuing to increase, premiums are required to be increased in order to support future claim costs.** Therefore, the premium for this coverage is being adjusted. An adjustment is being applied to every person in your state with the same policy form, issue age and benefit options. Please note that premium rates may increase again in the future. The following represents the premium change for your coverage.

POLICY/CERTIFICATE NUMBER	CURRENT [MODE] PREMIUM	NEW [MODE] PREMIUM	INCREASE AMOUNT	EFFECTIVE DATE
XXXXXX-XX	\$0,000.00	\$0,000.00	\$000.00	00/00/00

Please keep this notification of the change in premium for your Policy/Certificate with your other important insurance documents. Send no money now as a new premium notice will be sent to you prior to the effective date shown above. If you pay premium through electronic funds transfer or payroll deduction, the organization that processes your payment will be notified of the new premium amount. If you have paid premium beyond the effective date listed above you will be billed for any additional premium due.

Insert Paragraph A – Waiver of Premium

Since your premium currently is being waived, you will not be immediately impacted by the rate adjustment. However, when the waiver is removed, your new premium will be the amount shown above.

Insert Paragraph B – Rate Guarantee

Since the policy you purchased contains a rate guarantee benefit, you will not be immediately impacted by the rate adjustment. The effective date for your rate adjustment is shown above.

Insert Paragraph C – Benefit Multiplier/Elimination Period Change Offer

We know an increase in premium is never welcomed news. Adjusting the current benefits of your policy can help keep your premium similar to what you currently pay. The enclosed Policy Adjustment Offer provides the details. To accept this offer, simply sign the form and return it to us in the enclosed envelope.

Insert Paragraph D – No Offer

We know an increase in premium is never welcomed news. To keep your premiums similar to what you currently pay, you may be able to reduce your current benefits or remove riders that may be attached to your policy.

Insert Paragraph E – Shared Care

Please note that your current policy includes a Shared Care Benefit. If you wish to retain the Shared Care Benefit, any changes you may elect to make to your policy benefits must also be made to your spouse's policy.

If you wish to keep your policy as it is now at the new premium shown above, you do not need to do anything. If you wish to explore additional options to help reduce your premium, contact:

Customer Care Center <Agent of record/DO>
1-XXX-XXX-XXXX

Insert Paragraph F – Non-forfeiture Shortened Benefit Period [Contingent Nonforfeiture Benefit]

Of course, you always have the option to forgo your policy altogether. If you elect to do so, the non-forfeiture benefit will provide you with a paid-up policy with reduced benefits. See your policy or contact the Customer Care Center at the phone number above for additional details.

We hope you'll take a moment to consider the reason you purchased a long-term care insurance policy from [Mutual of Omaha Insurance Company] [United of Omaha Life Insurance Company] and why it's more important than ever to have this valuable protection. With our history of financial strength and our commitment to serving our customers, you can be confident we'll be there when you need us, just as we have for over a century.

Sincerely,

Signature Block

QUESTIONS?

Call toll free 1-800-921-9334

We'll be glad to help you Monday – Friday, 7:00 a.m. to 5:00 p.m. Central Time.

Please keep this notification with your other important insurance documents.

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Note To Filer

Created By:

Janet Houser on 04/07/2014 02:25 PM

Last Edited By:

Janet Houser

Submitted On:

04/07/2014 02:28 PM

Subject:

NAIC Bulletin

Comments:

This is to confirm our phone conversation of today. Attached is a NAIC's Executive/Plenary bulletin. We have now added this to our review process and ask that the company advise how this filing is consistent or not consistent with all the recommendations. Please provide details that support your response.

As I mentioned in our conversation, one of the requirements is that the policyholder notification indicate the insured should understand that premium rates may increase again in the future and the letter must offer a contingent benefit upon lapse. At this time, we are asking the letter be revised accordingly. In addition, please provide a statement of variability that explains under what circumstances the various paragraphs would or would not be inserted in the letter.

If you have any questions or concerns, please feel free to contact me.

MODEL BULLETIN

DATE: [Insert Date]

TO: All Licensed Insurers Writing Long-Term Care Insurance

FROM: [Insert Name & Title]

RE: Announcement of Alternative Filing Requirements for Long-Term Care Premium Rate Increases

Effective *[insert date three (3) months after issuance of this bulletin]*, the following guidelines will be used in the review of pre-rate-stability and post-rate-stability premium rate adjustment filings for long-term care insurance policies. The intent of this bulletin is to address rate increases for long-term care insurance policies currently in force, in particular pre-rate-stability policies.

For purposes of this bulletin, “rate stability” is defined as provisions contained in the 2000 NAIC Long-Term Care Insurance Model Regulation (Model 641) as adopted by *[insert state name]* on *[insert date of adoption of Section 20 et al]*. Policies with effective dates prior to *[insert rate stability adoption date]* are referred to as “pre-rate-stability” policies, and policies with effective dates on or after *[insert rate stability adoption date]* are referred to as “post-rate-stability” policies.

Drafting Note: States may need to consider whether their state rules allow these provisions to be issued as a bulletin, or whether some or all of these provisions may require adoption through other state regulatory procedures.

Actuarial Assumptions for Establishing Rate Increase Requests:

When rate adjustments are filed with the [Department] for both pre-rate-stability and post-rate-stability policy forms, it is the intent of the [Department] to work with the insurer, to the extent appropriate, to review the reasonableness of the set of assumptions by which to determine the rate increase(s) necessary to reach adequate ultimate premiums and that can be used to monitor developing experience. When disclosing assumptions to the [Department], the insurer will provide the resulting rate revision request at the same time so that the [Department] may include this in their review.

In assessing these assumptions as proposed by the insurer, the [Department] may use the services of an independent actuary and, if appropriate under state law, may charge the insurer for the costs of these services. The [Department] may also accept a review done by or for another state or states for the same or substantially the same policy form where any differences in benefits and premiums are not material and such review was completed within eighteen months of the date of the rate adjustment filing and such review substantially complies with the [Department]’s rate review standards.

The assumptions will be consistent with the following:

1. All present and accumulated values used to determine rate increases shall use the maximum valuation interest rate for contract reserves. The actuary shall disclose as part of the actuarial memorandum the use of any averages.
2. All accumulated values used to determine rate increases shall use the actual experience of the product in as close a manner to that used in the original development of rates as possible. This is not intended to preclude the inclusion of multiple policy forms into one rate increase determination if such pooling increases the credibility of the combined accumulated experience.
3. All present values calculated to determine rate increases shall use reasonable estimates of future premium payments and claims payments. Such estimates are to be part of the assumptions as anticipated above and, for post-rate-stability policies this would include a margin for moderately adverse experience, while for pre-rate-stability policies, this would be based on best estimate assumptions for the future lifetime of the policies, including potential margins.

Drafting Note: While not limiting each state's authority with respect to the approval of rate increases, the intention of the development of a set of assumptions is to increase the uniformity and fairness of premium rate schedule changes for all policyholders regardless of the state of issue of each policy or the current state of residence.

Approval of Rate Increases:

In approving rate increase requests for both pre-rate-stability policies and post-rate-stability policies consistent with the assumptions described in the section above, the [Department], with the concurrence of the insurer where such concurrence is appropriate, will determine ways in which the following may be included to benefit policyholders:

1. The [Department] may approve a single increase of the requested amount and the insurer agrees to not implement future rate increases on each subject policy for three years from the date of implementation of the rate increase for each policy form; or
2. In lieu of a single increase, the [Department] may approve a series of scheduled rate increases that are actuarially equivalent to the single amount requested by the insurer over the lifetime of the policy. The entire series would be approved at one time as part of the current rate increase filing. For pre-rate-stability policy forms, the approval includes a three-year monitoring provision similar to that currently applicable to post-rate-stability rate increases to allow modification of later increases that were not appropriate based on the experience following the initial rate increase. When determining the rate comparison for new business, forms subject to a series of increases shall not be included.

Requirement to Administer Contingent Benefit Upon Lapse:

For pre-rate-stability policies, the [Department] will require the implementation of the contingent benefit upon lapse¹ as outlined below, as a condition of approval of a rate increase for a block of business for which the contingent benefit upon lapse is not otherwise required. The contingent benefit upon lapse is already required for post-rate-stability policies.

For both pre-rate-stability and post-rate-stability policies, if the rate increase is approved in a series of scheduled rate increases and the sum of all scheduled rate increases would ultimately trigger the offering of the contingent benefit upon lapse, the insurer will be required² to include contingent benefit upon lapse at the time of each scheduled increase.

For policies or certificates which have reached their twentieth duration, the [Department] may require the insurer to provide the contingent benefit upon lapse³ without reference to the table of trigger percentages. For policies which have not reached their twentieth duration, any percentage value in excess of 100% will be reduced to 100%.

The insurer shall notify policyholders and certificate holders of the contingent benefit upon lapse when required by the [Department] in conjunction with the implementation of a rate increase.

Policyholder Notification of Premium Increase:

The insurer shall file with the [Department] the premium increase notification letter to policyholders at the time of the premium rate increase for informational purposes. The insurer shall clearly disclose to policyholders the following elements:

1. the amount of the premium rate increase requested and implementation schedule (e.g., single premium increase applied or phased in a series of premium increases);
2. available benefit reduction/rate increase mitigation actions;
3. clear disclosure addressing the guaranteed renewable nature of the policy/coverage and that the insured should understand that premium rates may increase again in the future; and
4. offer of contingent benefit upon lapse, if applicable.

Application of New Loss Ratio Standards:

The [Department] will require the insurer to limit the increase based on the use of a dual loss-ratio approach for pre-rate-stability policy forms. The recommended loss-ratio would be:

¹ A company may provide alternative nonforfeiture benefits in lieu of the benefit required by the contingent benefit upon lapse, if approved by the [Commissioner].

² Any such additional requirements, with respect to contingent benefit upon lapse, shall not change the determination of whether or not a majority of policies or certificates are eligible for contingent benefit upon lapse.

³ A company may provide alternative nonforfeiture benefits in lieu of the benefit required by the contingent benefit upon lapse, if approved by the [Commissioner].

- the greater of 60% or the lifetime loss ratio used in the original pricing, applied to the current rate schedule on the effective date of these new requirements; plus
- 80% applied to any premium increase that is filed after that date on an individual policy form; or
- 75% applied to any premium increase that is filed on a group policy form.

For post-rate-stability policy forms, the current loss-ratio standards are unchanged.

Consideration of New Approaches:

At the request of the insurer, the [Department] may also consider other options which may be made available to insureds which may mitigate the impact of the rate increases on the insured population or alternative actuarial methodologies relating to the rate increase. The insurer shall provide an explanation and demonstration on how such methodology is actuarially justified and/or how such new mitigation option may reasonably benefit insureds. No alternative method/approach may be used until it has been accepted by the [Department].

(INSERT COMMISSIONER NAME)
 (INSERT COMMISSIONER TITLE)
 (INSERT STATE NAME)

State: Virginia **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Mutual of Omaha - 2013 Rate Increase (LTC04I)
Project Name/Number: 2013 - LTC04I/

Note To Filer

Created By:

Janet Houser on 02/06/2014 12:40 PM

Last Edited By:

Janet Houser

Submitted On:

02/06/2014 02:42 PM

Subject:

Confidentiality

Comments:

This is to confirm our conversation of today. Our Legal Department has determined the legal analysis presented by Mutual of Omaha Insurance Company is correct and satisfied all requirements as set forth in Section 38.2-221.1 of the Code of Virginia. As a result, the request for confidential treatment has been accepted and the referenced attachments so marked.

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Note To Filer

Created By:

Ed Whyte on 02/27/2013 09:52 AM

Last Edited By:

Ed Whyte

Submitted On:

02/27/2013 09:52 AM

Subject:

Status Request

Comments:

Thank you for your inquiry note. At the present time the filing is receiving actuarial review. We expect a response from our actuarial consultant on or before 03/13/2013. We're sorry there has been a delay in responding to your resubmission of 01/15/2013.

Please let us know if there are any additional concerns.

State: Virginia **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Mutual of Omaha - 2013 Rate Increase (LTC04I)
Project Name/Number: 2013 - LTC04I/

Note To Reviewer

Created By:

Jeff LaFond on 02/25/2013 03:07 PM

Last Edited By:

Jeff LaFond

Submitted On:

02/25/2013 03:07 PM

Subject:

Status Request

Comments:

Please provide the status of the above captioned rate increase filing, which was originally submitted on 08/01/2012 via SERFF.

Thank you,

Jeff LaFond

State: Virginia **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Mutual of Omaha - 2013 Rate Increase (LTC04I)
Project Name/Number: 2013 - LTC04I/

Reviewer Note

Created By:

Janet Houser on 06/08/2015 07:39 AM

Last Edited By:

Janet Houser

Submitted On:

06/09/2015 01:44 PM

Subject:

RRS

Comments:

Rate Summaries

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Reset Form

Company Name and NAIC Number:	Mutual of Omaha Insurance Company (71412)
SERFF Tracking Number:	MUTA-128319004
Effective Date:	On Approval

Revised Rates

Average Annual Premium Per Member:	\$2329
Average Requested Percentage Rate Change Per Member:	18.7%
Minimum Requested Percentage Rate Change Per Member:	0%
Maximum Requested Percentage Rate Change Per Member:	38.0%
Number of Policy Holders Affected :	716

Plans Affected

(The Form Number and “Product Name”)

Form#	“Product Name”(if applicable)
LTC04I-TQ LTC04I-NTQ LTC04I-AG-TQ LTC04I-AG-NTQ	LTCI and LTCII LTCI and LTCII LTCI and LTCII LTCI and LTCII

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company’s request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

Due to insureds both keeping their policies longer and staying on claim longer than originally assumed, combined with the cost of services continuing to increase, premiums will be increased in order to support future claim costs.

**Long Term Care Insurance Rate Request Summary
Part 2 –To Be Completed By Bureau of Insurance**

Company Name and NAIC Number: Mutual of Omaha Insurance Company - 71412

SERFF Tracking Number: MUTA-128319004

Disposition: Approved

Approval Date: June 8, 2015

Revised Rates

Average Annual Premium Per Member:	\$2,329
Average Requested Percentage Rate Change Per Member:	18.7%
Minimum Requested Percentage Rate Change Per Member:	0.0%
Maximum Requested Percentage Rate Change Per Member:	38.0%
Number of Policy Holders Affected:	716

+

Summary of the Bureau of Insurance's review of the rate request:

The Company has requested this rate increase request due to higher anticipated future and lifetime loss ratios. The lapse rates are lower than expected resulting in more individuals keeping their policies in force than initially anticipated or included in the pricing. As a result of the higher risk for future claim payments coupled with average claims being higher than priced, a rate increase was requested. All of the information required by Virginia law (most specifically 14VAC5-200-153) has been provided and the information sufficiently demonstrates that premiums are reasonable in relation to the benefits provided. The Company has demonstrated compliance with the 58/85 Loss Ratio Test as required and the assumptions underlying the projections are considered reasonable based on the historic and projected future experience of this type of insurance. The Company has also certified that, "If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated." All questions related to the underlying experience and rate increase methodology have been adequately addressed. All submitted data has been reviewed for consistency and reasonableness and where data was found inconsistent or unreasonable, clarification was requested.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

State: Virginia **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Mutual of Omaha - 2013 Rate Increase (LTC04I)
Project Name/Number: 2013 - LTC04I/

Reviewer Note

Created By:

Janet Houser on 09/24/2014 01:57 PM

Last Edited By:

Janet Houser

Submitted On:

02/20/2015 09:52 AM

Subject:

Place filing on hold per company 9.24.14

Comments:

Updated info will be sent asap and may result in a revised rate request per phone call with Jeff LaFond

State: Virginia **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Mutual of Omaha - 2013 Rate Increase (LTC04I)
Project Name/Number: 2013 - LTC04I/

Reviewer Note

Created By:

Janet Houser on 06/27/2014 02:36 PM

Last Edited By:

Janet Houser

Submitted On:

03/24/2015 10:27 AM

Subject:

Policyholder letter

Comments:

Consumer Services approved 6.27.14

Consumer Services approved revised letter 3.23.15

State: Virginia **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Mutual of Omaha - 2013 Rate Increase (LTC04I)
Project Name/Number: 2013 - LTC04I/

Reviewer Note

Created By:

Ed Whyte on 02/28/2013 12:24 PM

Last Edited By:

Janet Houser

Submitted On:

06/09/2015 01:44 PM

Subject:

Actuarial Report

Comments:

Actuarial Resources Corp. has recommended disapproval of request for revision of rates, and that additional information should be requested from the company prior to further review. See actuarial report for details.

1.15.15 - final recommendation for approval



**ACTUARIAL RESOURCES
CORPORATION**
CONSULTANTS • ACTUARIES

SHAWN D. PARKS, FSA, MAAA
1114 CATAWBA RIVER RD • GREAT FALLS, SC 29055
(803) 994 - 9895 • SHAWN.PARKS@ARCGA.COM

February 28, 2013

Mr. Edward Whyte
Senior Insurance Market Examiner
Forms and Rates Section
Life and Health Division
State Corporation Commission, Bureau of Insurance
P. O. Box 1157
Richmond, VA 23218

Subject: **Mutual of Omaha Insurance Company**
SERFF Tracking # MUTA-128319004
LTC Form Series LTC04I

Dear Edward:

At your request, we have reviewed the filing for the above captioned submission from Mutual of Omaha Insurance Company (the "Company"). This is a rate increase filing pursuant to the requirements of 14VAC5-200-153 for these Individual Long Term Care Insurance plans subject to rate stabilization. These policy forms were issued from 2004 to 2009 and are no longer available for sale in Virginia.

Recommendation

After review of the Company's submission, we suggest the Virginia SCC Bureau of Insurance (the "Bureau") request additional information as follows:

1. The actuarial justification indicates that the previous policy series issued from 1997 to 2004 was used for the A/E mortality study. Please provide similar analysis for the block of policies covered by this filing.
2. Please add to Exhibit 7 a column showing the historical and projected number of lives in force each year.
3. Please provide examples of the calculation process for determining the rate increase (as described in Section 9 of the actuarial justification) for several individual cells across the range of rate increases from 0% to 38%. Please ensure that the examples include at least one cell with no increase and one with the maximum increase.
4. Please indicate whether step 2 of the calculation process for determining the rate increase (Calculate the currently sold premium (LTC09M product), for the same base benefits, adjusting for any benefit differences) produced any cells where the rate for the LTC09M product was lower than the existing rate. If so, please reconcile this with the last statement in the actuarial certification.

5. The actuarial certification states that “The contract reserve basis was filed in the initial product filing and there are no anticipated changes.” Please indicate if the Company has adjusted or plans to adjust the assumptions underlying the policy reserves on this block of business to reflect the adverse experience that necessitated the rate increase.
6. For the four experience assumptions that were revised as shown in Exhibit 3C, please provide the relative weight of the impact of changing each of those factors (e.g., Lapses (45%), Morbidity (20%), Mortality (40%), Demographics (-5%))
7. Based on the revised Exhibit 8, the expected lifetime loss ratio reflecting moderately adverse conditions after the proposed rate increase is 87.8% vs. the originally projected 69.9%. Please explain in detail the process which the Company intends to use in the future to determine whether any additional rate increase would be required.

Once this information is received, we can continue our review.

Analysis

The Company has submitted a rate increase request ranging from 0% to 38% with an average increase of 18.7%. The Company has provided all of the information and certifications required by 14VAC5-200-153 in support of their request for a rate increase. However, in reviewing the submission, we have several areas where we feel that more detail is required.

The historical information submitted as support for the change in mortality assumption is actually from a different block of policies than those affected by this filing. We have therefore requested that the Company provide similar information for this block of policies.

In reviewing the process that the Company details for calculating the percentage rate increase for each cell, we would like to see some examples to make sure that we fully understand how each of the three factors was derived. We would also like verification that the premium produced in step 2 (comparison to the currently issued policy form) is never less than the premium that is currently being charged for this form.

It is unclear whether the Company has changed the assumptions underlying the policy reserves, so we have asked for clarification.

While the Company has provided qualitative information regarding the change in assumptions, we would like to have more information on which experience factors had the largest effect on the need for the rate increase.

The Company should provide additional information on how they will analyze the continued experience on this block in terms of determining whether any additional rate increases will be required.

Reliance and Qualifications

We are providing this letter to you to communicate our findings regarding the filing under consideration. Distribution of this letter to parties other than the Bureau by us or any other party does not constitute advice by us to those parties. The reliance of parties other than the Bureau on any aspect of our work is not authorized by us and is done at their own risk.

In arriving at our opinion, we used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, our findings and conclusions may need to be revised. While we have relied on the data provided without independent investigation or verification, we have reviewed the data for consistency and reasonableness. Where we found the data inconsistent or unreasonable, we have requested clarification.

We have utilized generally accepted actuarial methodologies in arriving at our opinion. I am a member of the American Academy of Actuaries and meet that body's Qualification Standards to render this opinion.

If you have any questions regarding this filing, please call me at 803-994-9895.

Sincerely,

Shawn D. Parks, FSA, MAAA

cc: John MacBain
Matt McAllister



SHAWN D. PARKS, FSA, MAAA
1114 CATAWBA RIVER RD • GREAT FALLS, SC 29055
(803) 994 - 9895 • SHAWN.PARKS@ARCGA.COM

December 3, 2013

Mr. Edward Whyte
Senior Insurance Market Examiner
Forms and Rates Section
Life and Health Division
State Corporation Commission, Bureau of Insurance
P. O. Box 1157
Richmond, VA 23218

Subject: **Mutual of Omaha Insurance Company**
SERFF Tracking # MUTA-128319004
LTC Form Series LTC04I

Dear Edward:

At your request, we have continued our review of the filing for the above captioned submission from Mutual of Omaha Insurance Company (the "Company"). This is a rate increase filing pursuant to the requirements of 14VAC5-200-153 for these Individual Long Term Care Insurance plans subject to rate stabilization. These policy forms were issued from 2004 to 2009 and are no longer available for sale in Virginia.

Recommendation

After review of the Company's submission, we believe that the Company has provided all of the information required by 14VAC5-200-153 and that the information provided sufficiently demonstrates that premiums are reasonable in relation to the benefits provided. We therefore recommend that the Virginia SCC Bureau of Insurance (the "Bureau") approve the proposed rates.

Analysis

The Company has submitted a rate increase request ranging from 0% to 38% with an average increase of 18.7%. The Company has provided all of the information and certifications required by 14VAC5-200-153 in support of their request for a rate increase.

The demonstration of compliance with the 58/85 test shows that the requested increase is well within the limits of the test. In fact, based on the data in the projection, an average increase of 68% is justifiable for this block. However, the Company has certified that *"If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated."* Upon further questioning, the

Company reiterated that *“it is the intent of the company not to request any further rate increases if the proposed rate increase is approved and the experience develops as projected. We will continue to monitor the future experience to determine if the experience develops as projected. This will include actual to expected analysis of the lapse rates, mortality rates and morbidity.”*

The historical information submitted as support for the change in mortality assumption is actually from a different block of policies than those affected by this filing. The Company provided similar information for this block of policies, which is much smaller than the exposure of the previous block, with only 306 deaths vs. 5,311 for the previous generation. We agree with the Company that, due to credibility concerns for this block, it is appropriate to use the experience from the previous generation of LTCI policies as the basis for the revised mortality assumptions.

The Company provided sample calculations of the percentage rate increase for each cell and we understand how the adjustments were derived. By varying the rate increase by issue age, inflation type and benefit period characteristics, the action places the burden of the increase on the policyholders with benefit options that are expected to generate claims in excess of the original pricing rather than spreading the increase uniformly over all policyholders. This change in rates by issue age, inflation type and benefit period characteristics is allowed by the language of the policy form which states: *“Premium class means a population segment classified by Our actuaries as having similar characteristics, such as issue age, issue year, form number, rate classification, and selected benefit options or other criteria.”*

Reliance and Qualifications

We are providing this letter to you to communicate our findings regarding the filing under consideration. Distribution of this letter to parties other than the Bureau by us or any other party does not constitute advice by us to those parties. The reliance of parties other than the Bureau on any aspect of our work is not authorized by us and is done at their own risk.

In arriving at our opinion, we used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, our findings and conclusions may need to be revised. While we have relied on the data provided without independent investigation or verification, we have reviewed the data for consistency and reasonableness. Where we found the data inconsistent or unreasonable, we have requested clarification.

We have utilized generally accepted actuarial methodologies in arriving at our opinion. I am a member of the American Academy of Actuaries and meet that body's Qualification Standards to render this opinion.

If you have any questions regarding this filing, please call me at 803-994-9895.

Sincerely,

A handwritten signature in black ink, appearing to read "Shawn D. Parks", with a large, stylized loop at the end.

Shawn D. Parks, FSA, MAAA

cc: Bob Grissom

January 15, 2015

Janet Houser
Forms and Rates Section
Life and Health Division
State Corporation Commission, Bureau of Insurance
P. O. Box 1157
Richmond, VA 23218

Subject: **Mutual of Omaha Insurance Company**
SERFF Tracking # MUTA-128319004
LTC Form Series LTC04I

Dear Edward:

At your request, we have continued our review of the filing for the above captioned submission from Mutual of Omaha Insurance Company (the "Company"). This is a rate increase filing pursuant to the requirements of 14VAC5-200-153 for these Individual Long Term Care Insurance plans subject to rate stabilization. These policy forms were issued from 2004 to 2009 and are no longer available for sale in Virginia.

Recommendation

Since after review of the Company's submission, we believe that the Company has demonstrated that the request is in compliance with all applicable regulations and standards, we therefore recommend that the Virginia SCC Bureau of Insurance (the "Bureau") **approve** the proposed rates. Our review of this filing was performed according to the provisions of 14VAC5-200 et seq. Applicable Actuarial Standards of Practice were considered, including Actuarial Standard of Practice No. 18, "Long-Term Care Insurance" and Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans".

Analysis

The Company has submitted a rate increase request ranging from 0% to 38% with an average increase of 18.7%. The Company has provided all of the information and certifications required by 14VAC5-200-153 in support of their request for a rate increase.

58/85 Test

The demonstration of compliance with the 58/85 test shows that the requested increase is well within the limits of the test. In fact, based on the data in the projection, an average increase of 68% would be justifiable for this block.

58/85 Minimum Claims	Projected Incurred Claims	Pass/Fail	Allowable Increase
288,025	396,537	PASS	68%

While a rate increase greater than 18.7% is indicated by the test, the Company has certified that *“If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated.”* Upon further questioning, the Company reiterated that *“it is the intent of the company not to request any further rate increases if the proposed rate increase is approved and the experience develops as projected. We will continue to monitor the future experience to determine if the experience develops as projected. This will include actual to expected analysis of the lapse rates, mortality rates and morbidity.”*

To increase credibility, the Company submitted historical information as support for the change in mortality assumption from a different block of policies than those affected by this filing. The Company provided similar information for this block of policies, which is much smaller than the exposure of the previous block, with only 306 deaths vs. 5,311 for the previous generation. We agree with the Company that, due to credibility concerns for this block, it is appropriate to use the experience from the previous generation of LTCI policies with similar benefits as the basis for the revised mortality assumptions.

The Company provided sample calculations of the percentage rate increase for each cell and we understand how the adjustments were derived. By varying the rate increase by issue age, inflation type and benefit period characteristics, the action places the burden of the increase on the policyholders with benefit options that are expected to generate claims in excess of the original pricing rather than spreading the increase uniformly over all policyholders. This change in rates by issue age, inflation type and benefit period characteristics is allowed by the language of the policy form which states: *“Premium class means a population segment classified by Our actuaries as having similar characteristics, such as issue age, issue year, form number, rate classification, and selected benefit options or other criteria.”*

Analysis of Model Bulletin Issues

As requested, we have also analyzed this filing in light of the requirements of the Model Bulletin adopted by the NAIC Exec/Plenary on December 18, 2013 (the “Bulletin”). This analysis focuses on the six major aspects of the Bulletin as follows:

- Actuarial Assumptions for Establishing Rate Increase Requests
- Approval of Rate Increases
- Requirement to Administer Contingent Benefit Upon Lapse
- Policyholder Notification of Premium Increase
- Application of New Loss Ratio Standards
- Consideration of New Approaches

Actuarial Assumptions for Establishing Rate Increase Requests

As discussed above, the methods described by the Company to develop the assumptions used in support of this rate increase appear to be reasonable. The present and accumulated values are also consistent with the three requirements spelled out in the Bulletin.

Approval of Rate Increases

Two scenarios are laid out in the Bulletin: 1) a single rate increase with a three year moratorium on future rate increases, or 2) an actuarially equivalent series of increases. Given that the maximum increase in this filing is 38%, the Company has not agreed to implement a series of increases. The Company agreed is its 4/16/2014 response “not to implement future rate increases on the form included in this filing for three years from the date of the implementation of the proposed rate increase.”

Requirement to Administer Contingent Benefit Upon Lapse

The Company stated in its 4/18/2014 response that it will administer a contingent benefit upon lapse as required by the Bulletin.

Policyholder Notification of Premium Increase

The four elements of this section of the Bulletin are addressed in the sample policyholder notification letters submitted with the filing.

Application of New Loss Ratio Standards

Since these are post-rate stability policies, the loss ratio requirements are unchanged in the Bulletin.

Consideration of New Approaches

No new approaches are being requested at this time.

Reliance and Qualifications

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If you have any questions regarding this filing, please call me at 803-994-9895.

Sincerely,

A handwritten signature in black ink, appearing to read "Shawn D. Parks", with a large, stylized loop at the end.

Shawn D. Parks, FSA, MAAA

State: Virginia **Filing Company:** Mutual of Omaha Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other
Product Name: Mutual of Omaha - 2013 Rate Increase (LTC04I)
Project Name/Number: 2013 - LTC04I/

Post Submission Update Request Processed On 06/08/2015

Status: Allowed
Created By: Jeff LaFond
Processed By: Janet Houser
Comments:

General Information:

Field Name	Requested Change	Prior Value
Implementation Date Requested	10/01/2015	01/01/2013

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Form Schedule

Lead Form Number: LTC04I

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved 06/08/2015	Long-Term Care Endorsement	0NX1M	CERA	Initial		45.600	0NX1M Long-Term Care Endorsement - VA Version 1.pdf
2	Filed 06/08/2015	Premium Notification Letter	ML12047	OTH	Initial		49.100	Sample Notification Letter (rev 06-05-2015).pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

MUTUAL OF OMAHA INSURANCE COMPANY

MUTUAL OF OMAHA PLAZA, OMAHA, NE 68175

LONG-TERM CARE ENDORSEMENT

This endorsement is made a part of the policy to which it is attached. It is subject to all parts of your policy not in conflict with this endorsement. In the event of a conflict between this endorsement and any other provision of your policy, this endorsement will control. This endorsement takes effect on the Endorsement Date.

Endorsement Date (the effective date for this endorsement is the Schedule Effective Date shown on the policy schedule)

LONG-TERM CARE ENDORSEMENT

You have elected to make a change to your long-term care policy's benefits. This change is documented in an updated policy schedule which accompanies this endorsement. The updated policy schedule replaces the existing policy schedule. Please attach this endorsement and the updated policy schedule to your policy.

The change you requested does not alter any other existing terms, conditions or limitations of your policy.

TERMINATION

This endorsement ends on the earlier of:

- (a) the date a later Long-Term Care Endorsement and policy schedule are added to your policy in response to a request made by you to further modify a policy feature that this existing endorsement addressed; or
- (b) the date your policy ends.

Mutual of Omaha Insurance Company


(Corporate Secretary)

MUTUAL of OMAHA INSURANCE COMPANY
UNITED of OMAHA LIFE INSURANCE COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175
402 342 7600
mutualofomaha.com



<Month, Year>

**Univita Rate Review will display two separate letter heads,
Mutual and United with the MN Address**

Policyholder Name

Address

City, State, ZIP

Thank you for choosing [Mutual of Omaha Insurance Company] [United of Omaha Life Insurance Company] as your long-term care insurance provider. Your long-term care insurance policy from [Mutual of Omaha Insurance Company] [United of Omaha Life Insurance Company] continues to provide valuable coverage that may help you pay for long-term care services. Please keep in mind that your policy is guaranteed renewable for life. Your policy will be kept in force as long as you pay the required premiums. **Due to insureds both keeping their policies longer and staying on claim longer than originally assumed, combined with the cost of services continuing to increase, premiums will be increased in order to support future claim costs.** An increase is being applied to every person in your state with the same policy form, issue age and benefit options. Please note that premium rates may increase again in the future. The following represents the premium change for your coverage.

POLICY/CERTIFICATE NUMBER	CURRENT [MODE] PREMIUM	NEW [MODE] PREMIUM	INCREASE AMOUNT	PERCENT INCREASE	EFFECTIVE DATE
XXXXXX-XX	\$0,000.00	\$0,000.00	\$000.00	0%	00/00/00

Please keep this notification of the change in premium for your Policy/Certificate with your other important insurance documents. Send no money now as a new premium notice will be sent to you prior to the effective date shown above. If you pay premium through electronic funds transfer or payroll deduction, the organization that processes your payment will be notified of the new premium amount. If you have paid premium beyond the effective date listed above you will be billed for any additional premium due.

Insert Paragraph A – Waiver of Premium

Since your premium currently is being waived, you will not be immediately impacted by the rate adjustment. However, when the waiver is removed, your new premium will be the amount shown above.

Insert Paragraph B – Rate Guarantee

Since the policy you purchased contains a rate guarantee benefit, you will not be immediately impacted by the rate adjustment. The effective date for your rate adjustment is shown above.

Insert Paragraph C – Benefit Multiplier/Elimination Period Change Offer

We know an increase in premium is never welcomed news. Adjusting the current benefits of your policy can help keep your premium similar to what you currently pay. The enclosed Policy Adjustment Offer provides the details. To accept this offer, simply sign the form and return it to us in the enclosed envelope.

Insert Paragraph D – No Offer

We know an increase in premium is never welcomed news. To keep your premiums similar to what you currently pay, you may be able to reduce your current benefits or remove riders that may be attached to your policy.

Insert Paragraph E – Shared Care

Please note that your current policy includes a Shared Care Benefit. If you wish to retain the Shared Care Benefit, any changes you may elect to make to your policy benefits must also be made to your spouse's policy.

If you wish to keep your policy as it is now at the new premium shown above, you do not need to do anything. If you wish to explore additional options to help reduce your premium, contact:

Customer Care Center <Agent of record/DO>
1-XXX-XXX-XXXX

Please note that not all options available to reduce your premium are of equal value.

If you have a Partnership policy, some benefit reduction options may result in a loss in Partnership status that may reduce protection of your assets.

Insert Paragraph F – Non-forfeiture Shortened Benefit Period

Of course, you always have the option to forgo your policy altogether. If you elect to do so, the non-forfeiture benefit will provide you with a paid-up policy with reduced benefits. See your policy or contact the Customer Care Center at the phone number above for additional details.

Insert Paragraph G – Contingent Nonforfeiture Benefit

Of course, you always have the option to forgo your policy altogether. If you elect to do so, the contingent nonforfeiture benefit will provide you with a paid-up policy with reduced benefits. Please contact the Customer Care Center at the phone number above for additional details.

As a reminder, your policy is guaranteed renewable for life. This means you can continue your policy for as long as you live or until you have exhausted your policy benefits. Subject to the terms of your policy, we cannot cancel your policy as long as you pay the required premium when it is due. However, the premium for your policy can change again in the future. We will not increase premium due to a change in your age or health or your use of the long-term coverage. However, we can change premiums if we make the same change for all persons of the same class, but never more than once per year.

This rate increase request was reviewed by the commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI.

We hope you'll take a moment to consider the reason you purchased a long-term care insurance policy from [Mutual of Omaha Insurance Company] [United of Omaha Life Insurance Company] and why it's more important than ever to have this valuable protection. With our history of financial strength and our commitment to serving our customers, you can be confident we'll be there when you need us, just as we have for over a century.

Sincerely,

Signature Block

QUESTIONS?

Call toll free 1-800-921-9334

We'll be glad to help you Monday – Friday, 7:00 a.m. to 5:00 p.m. Central Time.

Please keep this notification with your other important insurance documents.

SERFF Tracking #:	MUTA-128319004	State Tracking #:	MUTA-128319004	Company Tracking #:	LAFOND
State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other				
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)				
Project Name/Number:	2013 - LTC04I/				

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Mutual of Omaha Insurance Company	18.700%	18.700%	\$262,728	716	\$1,404,961	38.000%	0.000%

SERFF Tracking #:

MUTA-128319004

State Tracking #:

MUTA-128319004

Company Tracking #:

LAFOND

State:

Virginia

Filing Company:

Mutual of Omaha Insurance Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name:

Mutual of Omaha - 2013 Rate Increase (LTC04I)

Project Name/Number:

2013 - LTC04I/

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		rate schedule	LTC04I-TQ-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 18.7	LTC04I Proposed Premium Rates (rev).pdf,
2		rate schedule	LTC04I-NTQ-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 18.7	LTC04I Proposed Premium Rates (rev).pdf,
3		rate schedule	LTC04I-AG-TQ-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 18.7	LTC04I Proposed Premium Rates (rev).pdf,
4		rate schedule	LTC04I-AG-NTQ-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 18.7	LTC04I Proposed Premium Rates (rev).pdf,
5		rate schedule	LTC04I-TQ-VA, LTC04I-NTQ-VA, LTC04I-AG-TQ-VA, LTC04I-AG-NTQ-VA, LTC04I ALF, LTC04I NH, LTC04I HHC-VA, LTC04I NFO1PL-VA, LTC04I NFO2PL-VA, LTC04I NFO3PL-VA, LTC04I AGE65PPP-VA, LTC04I 20YRPPP NHA-VA, LTC04I 10YRPPP-VA, LTCD04I ROPDC, LTC04I ROPD, LTC04I ROB3PL-VA, LTC04I ROB2PL-VA, LTC04I ROB1PL-VA, LTC04I MHHC-VA, LTC04I SB3PL-TQ, LTC04I SB2PL-TQ, LTC04I SB1PL-TQ, LTC04I NHIND-TQ, LTC04I HHCIND-TQ-VA, LTC04I ALFIND-TQ, LTC04I SBWP-VA	Revised	Previous State Filing Number: Percent Rate Change Request: 18.7	LTC04I Proposed Premium Rates (rev).pdf,

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

No Inflation

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	34.95	39.53	44.95	50.37	55.73	80.08	31.45	35.57	40.46	45.34	50.16	72.08
36	35.32	40.01	45.58	51.08	56.53	80.86	31.79	36.02	41.01	45.97	50.87	72.78
37	35.70	40.52	46.21	51.80	57.32	81.64	32.13	36.46	41.58	46.63	51.58	73.48
38	36.08	41.03	46.87	52.53	58.07	82.02	32.47	36.93	42.18	47.28	52.26	73.83
39	36.43	41.52	47.49	53.26	58.83	82.59	32.79	37.38	42.75	47.94	52.95	74.33
40	36.78	41.79	47.59	53.95	59.60	83.36	33.10	37.60	42.83	48.56	53.64	75.03
41	37.16	40.97	46.91	54.68	60.43	84.35	33.45	36.87	42.22	49.22	54.38	75.92
42	37.57	40.29	46.41	54.71	61.23	85.54	33.81	36.26	41.76	49.24	55.12	77.00
43	38.04	40.70	46.72	54.43	60.87	86.95	34.23	36.63	42.04	48.99	54.78	78.26
44	38.59	41.60	47.54	54.34	60.72	87.89	34.73	37.43	42.79	48.90	54.65	79.10
45	39.23	42.61	48.48	54.43	60.81	88.42	35.30	38.34	43.64	48.98	54.73	79.58
46	39.98	43.73	49.56	54.72	61.16	89.24	35.99	39.35	44.60	49.25	55.04	80.31
47	40.89	44.95	50.82	55.21	61.80	90.33	36.80	40.45	45.74	49.68	55.62	81.29
48	42.24	46.46	52.59	56.72	63.79	92.81	38.02	41.82	47.33	51.04	57.42	83.55
49	43.59	47.92	54.43	58.24	65.81	95.25	39.24	43.13	48.98	52.41	59.23	85.73
50	45.00	49.35	56.33	59.81	67.91	97.70	40.50	44.41	50.70	53.82	61.12	87.93
51	46.50	50.80	58.38	61.48	70.17	100.21	41.85	45.72	52.55	55.33	63.15	90.20
52	48.12	52.30	60.61	63.47	72.82	102.88	43.31	47.06	54.55	57.13	65.54	92.59
53	49.57	53.77	62.64	65.44	75.25	104.87	44.61	48.40	56.38	58.89	67.72	94.39
54	51.14	55.45	64.85	67.62	77.87	107.19	46.03	49.90	58.36	60.85	70.08	96.47
55	52.91	57.36	67.29	70.08	80.78	109.95	47.61	51.63	60.56	63.08	72.71	98.97
56	54.92	59.61	70.03	72.93	84.07	113.29	49.43	53.65	63.03	65.64	75.66	101.97
57	57.23	62.26	73.13	76.22	87.82	117.34	51.51	56.04	65.82	68.61	79.04	105.60
58	59.57	65.37	75.95	79.50	91.48	121.90	53.61	58.83	68.35	71.55	82.33	109.70
59	62.44	68.98	79.58	83.65	96.09	127.75	56.20	62.09	71.62	75.29	86.49	114.99
60	65.97	73.24	84.12	88.77	101.77	135.09	59.37	65.91	75.70	79.90	91.59	121.59
61	70.25	78.26	89.64	94.94	108.62	144.00	63.22	70.44	80.67	85.45	97.76	129.60
62	75.35	84.19	96.21	102.27	116.76	154.65	67.81	75.78	86.59	92.03	105.08	139.18
63	82.06	91.49	105.01	111.70	127.39	169.91	73.86	82.34	94.51	100.53	114.65	152.92
64	89.19	99.20	114.26	121.56	138.56	186.06	80.27	89.28	102.84	109.41	124.71	167.45
65	97.59	108.29	124.94	132.91	151.49	204.81	87.83	97.46	112.44	119.62	136.34	184.32
66	111.74	123.82	142.76	151.80	173.13	235.63	100.57	111.44	128.48	136.62	155.83	212.07
67	123.42	136.66	157.04	166.93	190.59	261.12	111.08	122.99	141.33	150.24	171.53	235.01
68	140.59	155.95	175.40	186.44	213.41	289.69	126.53	140.35	157.86	167.79	192.08	260.73
69	158.14	175.72	195.09	207.34	237.84	317.92	142.33	158.14	175.57	186.60	214.06	286.12
70	176.51	196.50	216.52	230.11	264.44	346.61	158.87	176.86	194.86	207.10	238.00	311.96
71	196.10	218.83	240.10	255.20	293.72	376.59	176.49	196.95	216.09	229.68	264.34	338.93
72	217.31	243.23	266.26	283.04	326.26	408.52	195.59	218.90	239.64	254.73	293.63	367.67
73	238.18	267.31	295.96	314.63	362.88	439.15	214.36	240.58	266.36	283.16	326.58	395.23
74	261.40	294.33	330.04	350.85	404.90	473.70	235.25	264.89	297.03	315.76	364.41	426.33
75	287.65	325.16	369.23	392.51	453.29	513.20	258.89	292.64	332.31	353.26	407.96	461.88
76	317.65	360.63	414.26	440.39	509.00	570.65	285.89	324.56	372.84	396.35	458.10	513.58
77	352.09	401.64	465.92	495.29	573.01	640.42	316.88	361.47	419.32	445.76	515.70	576.37
78	391.70	449.02	524.90	558.00	646.24	721.75	352.53	404.12	472.41	502.20	581.61	649.58
79	437.16	503.66	592.00	629.32	729.70	816.14	393.44	453.29	532.80	566.39	656.73	734.53
80	489.18	566.41	667.93	710.04	824.31	925.05	440.26	509.77	601.14	639.04	741.89	832.54
81	548.47	638.11	753.45	800.96	931.06	1,049.94	493.63	574.30	678.11	720.86	837.95	944.95

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

No Inflation

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL) Benefit Period						Non Integrated - Home Health Care (HHC) (2PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	33.08	36.24	43.10	48.31	50.14	64.22	7.36	9.42	10.88	12.19	12.64	15.87
36	33.29	36.79	43.63	48.89	50.76	64.67	7.56	9.66	11.09	12.42	12.90	16.19
37	33.51	37.36	44.14	49.50	51.37	65.15	7.75	9.92	11.31	12.68	13.16	16.49
38	33.60	37.95	44.62	50.03	51.86	65.18	8.05	10.27	11.59	12.99	13.46	16.84
39	33.74	38.53	45.11	50.59	52.39	65.42	8.29	10.57	11.84	13.27	13.74	17.16
40	33.95	38.88	45.12	51.16	52.99	65.90	8.47	10.76	11.91	13.51	14.00	17.46
41	34.23	38.21	44.43	51.81	53.70	66.59	8.61	10.63	11.78	13.73	14.22	17.76
42	34.60	37.67	43.96	51.83	54.42	67.50	8.71	10.50	11.65	13.73	14.41	18.04
43	35.05	38.20	44.30	51.60	54.14	68.63	8.80	10.55	11.70	13.64	14.32	18.32
44	35.60	39.19	45.14	51.59	54.09	69.44	8.89	10.68	11.86	13.56	14.22	18.45
45	36.26	40.29	46.11	51.78	54.28	69.96	8.99	10.81	12.03	13.50	14.16	18.46
46	37.04	41.49	47.26	52.19	54.72	70.75	9.10	10.97	12.20	13.47	14.14	18.49
47	37.93	42.78	48.59	52.79	55.42	71.79	9.25	11.14	12.40	13.47	14.14	18.54
48	39.25	44.36	50.54	54.50	57.58	74.09	9.50	11.37	12.65	13.63	14.40	18.73
49	40.53	45.85	52.50	56.18	59.63	76.30	9.78	11.65	12.92	13.83	14.64	18.95
50	41.83	47.28	54.53	57.89	61.66	78.49	10.12	11.95	13.23	14.05	14.90	19.21
51	43.17	48.66	56.66	59.68	63.75	80.73	10.50	12.30	13.59	14.32	15.19	19.49
52	44.58	50.07	58.96	61.74	66.13	83.07	10.94	12.71	14.00	14.67	15.54	19.82
53	45.83	51.42	60.96	63.68	68.09	84.70	11.34	13.13	14.45	15.10	15.92	20.18
54	47.21	52.94	63.11	65.80	70.19	86.54	11.77	13.59	14.96	15.60	16.36	20.65
55	48.77	54.71	65.46	68.18	72.55	88.69	12.23	14.11	15.53	16.19	16.90	21.27
56	50.60	56.82	68.10	70.91	75.31	91.29	12.71	14.69	16.20	16.86	17.55	22.01
57	52.75	59.36	71.09	74.09	78.57	94.42	13.23	15.33	16.93	17.65	18.34	22.92
58	54.98	62.13	73.75	77.20	82.19	97.92	13.71	16.03	17.65	18.48	19.32	23.98
59	57.82	65.66	77.28	81.23	86.69	102.48	14.23	16.80	18.51	19.46	20.45	25.28
60	61.36	70.01	81.74	86.26	92.20	108.23	14.83	17.66	19.53	20.61	21.80	26.85
61	65.67	75.30	87.22	92.38	98.84	115.28	15.52	18.66	20.76	21.98	23.39	28.73
62	70.82	81.57	93.76	99.67	106.75	123.73	16.36	19.83	22.19	23.59	25.27	30.92
63	77.45	89.29	102.55	109.09	116.49	135.91	17.62	21.40	24.13	25.66	27.52	34.00
64	84.43	97.27	111.78	118.93	126.65	148.82	19.02	23.14	26.19	27.87	29.88	37.23
65	92.52	106.35	122.41	130.21	138.34	163.82	20.80	25.30	28.65	30.47	32.67	40.99
66	105.98	121.36	140.00	148.87	157.93	188.48	23.95	29.07	32.80	34.87	37.37	47.14
67	116.90	133.22	154.06	163.77	173.64	208.90	26.72	32.37	36.23	38.52	41.26	52.22
68	132.84	148.32	171.92	182.73	196.30	231.76	30.74	37.17	40.65	43.56	47.02	57.93
69	148.93	164.45	191.05	203.04	219.17	254.35	35.16	42.41	45.57	48.94	52.93	63.58
70	165.57	181.94	211.82	225.13	242.94	277.31	40.08	48.22	51.09	54.76	59.14	69.30
71	183.11	201.09	234.67	249.43	268.32	301.29	45.59	54.70	57.29	61.18	65.83	75.30
72	201.93	222.25	260.00	276.39	296.01	326.81	51.81	62.00	64.27	68.33	73.17	81.71
73	220.26	246.18	289.02	307.24	324.79	351.32	58.36	69.67	72.24	76.09	80.63	87.82
74	240.56	273.49	322.39	342.72	357.95	378.96	65.77	78.31	81.31	85.00	89.13	94.74
75	263.51	304.78	360.86	383.60	396.74	410.56	74.15	88.09	91.65	95.26	98.95	102.64
76	289.75	340.59	405.15	430.70	442.44	456.52	83.66	99.18	103.38	107.11	110.40	114.13
77	319.96	381.52	456.03	484.79	496.30	512.34	94.42	111.75	116.65	120.78	123.77	128.08
78	354.80	428.13	514.23	546.66	559.58	577.40	106.58	125.96	131.59	136.49	139.35	144.35
79	394.90	481.01	580.50	617.11	633.55	652.92	120.28	141.97	148.36	154.46	157.43	163.22
80	440.97	540.73	655.58	696.93	719.48	740.04	135.64	159.98	167.09	174.94	178.31	185.01
81	493.62	607.86	740.22	786.90	818.61	839.95	152.83	180.11	187.91	198.14	202.27	209.99

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

No Inflation

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	39.90	48.31	60.99	1.41	1.76	2.10	7.36	
36	40.52	48.89	61.45	1.43	1.78	2.12	7.56	
37	41.15	49.50	61.88	1.45	1.81	2.14	7.75	
38	41.38	50.03	61.91	1.46	1.83	2.15	8.05	
39	41.83	50.58	62.15	1.47	1.85	2.16	8.29	
40	42.23	51.15	62.60	1.49	1.86	2.15	8.47	
41	41.72	51.80	63.26	1.52	1.85	2.12	8.61	
42	41.50	51.83	64.13	1.55	1.84	2.10	8.71	
43	42.09	51.60	65.20	1.59	1.86	2.12	8.80	
44	43.17	51.59	65.97	1.64	1.91	2.17	8.89	
45	44.37	51.78	66.47	1.70	1.97	2.23	8.99	
46	45.69	52.18	67.21	1.77	2.04	2.31	9.10	
47	47.08	52.79	68.20	1.85	2.11	2.38	9.25	
48	48.81	54.49	70.38	1.95	2.21	2.48	9.50	
49	50.42	56.17	72.49	2.05	2.32	2.58	9.78	
50	51.95	57.89	74.57	2.14	2.42	2.68	10.12	
51	53.45	59.67	76.69	2.24	2.52	2.78	10.50	
52	54.96	61.74	78.91	2.35	2.62	2.90	10.94	
53	56.42	63.68	80.46	2.44	2.71	2.99	11.34	
54	58.06	65.80	82.21	2.54	2.82	3.10	11.77	
55	59.99	68.18	84.26	2.65	2.93	3.21	12.23	
56	62.28	70.91	86.72	2.79	3.07	3.35	12.71	
57	65.05	74.09	89.69	2.95	3.22	3.51	13.23	
58	68.05	77.20	93.02	3.11	3.39	3.67	13.71	
59	71.91	81.23	97.35	3.32	3.59	3.88	14.23	
60	76.66	86.26	102.82	3.57	3.86	4.14	14.83	
61	82.42	92.38	109.51	3.88	4.17	4.46	15.52	
62	89.25	99.67	117.54	4.25	4.55	4.83	16.36	
63	97.64	109.09	129.11	4.73	5.04	5.32	17.62	
64	106.30	118.93	141.37	5.25	5.56	5.84	19.02	
65	116.16	130.20	155.63	5.83	6.15	6.45	20.80	
66	132.46	148.87	179.05	6.78	7.10	7.42	23.95	
67	145.31	163.77	198.44	7.57	7.89	8.22	26.72	
68	161.58	183.82	220.17	8.66	9.00	9.33	30.74	
69	179.01	204.56	241.61	9.77	10.11	10.47	35.16	
70	197.94	226.53	263.45	10.93	11.29	11.66	40.08	
71	218.70	250.29	286.21	12.19	12.56	12.93	45.59	
72	241.64	276.39	310.48	13.57	13.94	14.33	51.81	
73	267.68	305.14	333.74	15.03	15.42	15.82	58.36	
74	297.40	338.37	360.01	16.72	17.12	17.54	65.77	
75	331.39	377.08	390.04	18.68	19.09	19.54	74.15	
76	370.26	422.32	433.69	20.97	21.41	21.88	83.66	
77	414.62	475.09	486.71	23.65	24.12	24.61	94.42	
78	465.07	536.42	548.54	26.79	27.29	27.81	106.58	
79	522.21	607.33	620.27	30.42	30.95	31.51	120.28	
80	586.65	688.85	703.04	34.60	35.18	35.77	135.64	
81	659.01	782.00	797.95	39.40	40.04	40.68	152.83	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Compound

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Issue Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	60.02	69.64	79.20	88.72	98.19	139.76	54.01	62.67	71.29	79.86	88.37	125.79
36	60.59	70.50	80.31	90.00	99.59	141.19	54.53	63.47	72.26	80.99	89.63	127.09
37	61.20	71.39	81.43	91.28	100.99	142.66	55.08	64.24	73.28	82.16	90.88	128.40
38	62.44	73.08	83.47	93.58	103.43	143.49	56.19	65.77	75.12	84.22	93.09	129.16
39	64.01	75.14	85.94	96.37	106.46	144.61	57.61	67.65	77.36	86.73	95.81	130.15
40	65.23	76.79	87.93	98.65	108.99	146.05	58.70	69.10	79.13	88.80	98.10	131.45
41	66.89	78.90	90.46	101.57	112.21	147.83	60.21	71.00	81.42	91.42	100.98	133.05
42	68.19	80.64	92.60	104.04	115.01	149.95	61.37	72.58	83.34	93.63	103.53	134.96
43	69.94	82.75	95.05	106.82	118.08	151.48	62.94	74.48	85.53	96.15	106.27	136.35
44	71.50	84.65	97.26	109.33	120.87	153.35	64.34	76.17	87.54	98.40	108.79	138.02
45	73.61	87.20	100.22	112.68	124.58	155.58	66.24	78.46	90.21	101.41	112.13	140.01
46	73.03	87.90	99.62	115.70	128.04	158.14	65.74	79.10	89.65	104.14	115.23	142.32
47	72.35	87.27	98.66	116.26	130.14	161.07	65.11	78.53	88.80	104.62	117.12	144.95
48	73.99	89.20	100.96	118.57	133.35	165.16	66.60	80.29	90.87	106.71	120.03	148.67
49	75.10	90.40	102.69	120.06	135.67	168.02	67.61	81.37	92.40	108.05	122.10	151.23
50	76.76	92.08	105.11	122.35	138.92	171.89	69.08	82.87	94.60	110.10	125.02	154.69
51	78.53	93.76	107.76	124.77	142.40	175.80	70.68	84.39	96.99	112.29	128.17	158.23
52	80.47	95.50	110.67	127.46	146.24	179.91	72.42	85.93	99.61	114.73	131.62	161.91
53	81.34	96.67	112.62	129.50	148.91	183.71	73.20	87.02	101.37	116.54	134.01	165.35
54	82.34	98.16	114.80	131.85	151.84	188.02	74.11	88.34	103.31	118.65	136.65	169.22
55	83.59	99.98	117.29	134.64	155.19	193.06	75.22	89.99	105.56	121.19	139.69	173.77
56	85.13	102.30	120.18	138.04	159.13	199.05	76.62	92.07	108.17	124.25	143.21	179.16
57	87.04	105.20	123.57	142.14	163.77	206.23	78.34	94.69	111.22	127.94	147.39	185.60
58	89.05	108.66	126.24	145.75	167.72	213.47	80.14	97.79	113.61	131.18	150.94	192.11
59	92.35	113.52	130.97	151.75	174.32	224.45	83.12	102.18	117.87	136.59	156.91	202.02
60	96.50	119.30	137.02	159.30	182.63	238.09	86.85	107.36	123.31	143.38	164.36	214.29
61	101.86	125.26	143.47	167.30	191.41	252.87	91.67	112.74	129.12	150.58	172.27	227.57
62	109.26	133.27	152.29	178.12	203.36	272.42	98.32	119.95	137.06	160.28	183.01	245.16
63	118.99	144.24	165.56	193.69	220.90	297.49	107.10	129.81	149.00	174.32	198.80	267.73
64	128.43	154.65	178.13	208.34	237.48	321.45	115.59	139.19	160.33	187.52	213.74	289.30
65	140.53	168.05	193.88	226.64	258.32	351.50	126.48	151.24	174.49	203.98	232.49	316.34
66	159.79	189.87	218.91	255.65	291.57	398.78	143.82	170.88	197.01	230.08	262.43	358.92
67	175.26	206.98	237.84	277.50	316.83	430.14	157.73	186.27	214.05	249.76	285.15	387.12
68	196.83	227.85	256.27	298.17	341.30	472.64	177.14	205.06	230.64	268.34	307.19	425.38
69	219.81	249.11	276.57	320.95	368.17	510.48	197.84	224.19	248.90	288.85	331.36	459.42
70	241.82	269.21	296.63	341.92	392.93	543.43	217.65	242.30	266.96	307.73	353.64	489.11
71	264.74	295.42	324.14	363.53	418.40	576.04	238.26	265.88	291.72	327.18	376.55	518.44
72	291.20	325.93	356.79	388.91	448.30	613.70	262.09	293.33	321.12	350.01	403.46	552.34
73	316.78	355.52	393.63	421.08	485.65	667.91	285.10	319.97	354.26	378.96	437.07	601.12
74	345.05	388.52	435.65	463.12	534.47	729.80	310.53	349.65	392.08	416.80	481.02	656.82
75	376.82	425.96	483.69	514.19	593.81	801.36	339.15	383.36	435.33	462.77	534.43	721.22
76	412.95	468.82	538.54	572.51	661.70	884.45	371.66	421.93	484.69	515.26	595.53	795.99
77	454.20	518.12	601.04	638.92	739.18	980.86	408.78	466.30	540.92	575.03	665.25	882.76
78	501.38	574.75	671.87	714.24	827.19	1,096.86	451.24	517.27	604.68	642.82	744.46	987.18
79	555.19	639.65	751.84	799.24	926.72	1,230.61	499.67	575.68	676.66	719.32	834.05	1,107.56

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Compound

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL) Benefit Period						Non Integrated - Home Health Care (HHC) (2PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	56.80	63.86	75.95	85.10	88.33	112.07	12.64	16.59	19.16	21.47	22.28	27.69
36	57.11	64.83	76.87	86.14	89.43	112.92	12.97	17.03	19.53	21.88	22.73	28.27
37	57.44	65.82	77.79	87.22	90.51	113.84	13.29	17.47	19.92	22.34	23.19	28.81
38	58.15	67.59	79.47	89.11	92.37	114.02	13.93	18.30	20.64	23.13	23.98	29.47
39	59.28	69.72	81.63	91.53	94.80	114.56	14.57	19.12	21.43	24.02	24.87	30.05
40	60.21	71.45	83.36	93.54	96.91	115.46	15.02	19.78	22.01	24.69	25.60	30.59
41	61.62	73.59	85.69	96.23	99.71	116.70	15.50	20.47	22.71	25.50	26.42	31.13
42	62.80	75.39	87.73	98.57	102.21	118.32	15.81	21.02	23.26	26.11	27.07	31.63
43	64.44	77.67	90.12	101.27	105.03	119.56	16.18	21.45	23.80	26.76	27.77	31.92
44	65.96	79.75	92.35	103.80	107.68	121.15	16.47	21.73	24.26	27.27	28.31	32.19
45	68.04	82.46	95.32	107.19	111.20	123.10	16.87	22.12	24.87	27.96	29.01	32.48
46	67.66	83.40	95.00	110.35	114.55	125.38	16.62	22.05	24.52	28.48	29.61	32.76
47	67.11	83.05	94.33	111.16	116.71	128.01	16.37	21.63	24.07	28.37	29.79	33.05
48	68.75	85.16	97.03	113.93	120.37	131.84	16.64	21.83	24.29	28.49	30.11	33.32
49	69.83	86.50	99.04	115.82	122.93	134.59	16.85	21.98	24.37	28.52	30.19	33.43
50	71.35	88.22	101.75	118.41	126.13	138.10	17.26	22.30	24.69	28.74	30.49	33.79
51	72.91	89.81	104.58	121.12	129.37	141.61	17.73	22.70	25.08	29.05	30.82	34.18
52	74.55	91.43	107.66	123.99	132.80	145.26	18.29	23.21	25.56	29.46	31.21	34.65
53	75.20	92.45	109.60	126.01	134.74	148.37	18.61	23.61	25.98	29.88	31.50	35.34
54	76.01	93.72	111.72	128.30	136.86	151.79	18.95	24.06	26.48	30.42	31.90	36.23
55	77.05	95.36	114.10	130.99	139.38	155.72	19.32	24.59	27.07	31.10	32.47	37.34
56	78.43	97.51	116.87	134.22	142.55	160.39	19.70	25.21	27.80	31.91	33.22	38.66
57	80.23	100.30	120.12	138.16	146.52	165.94	20.12	25.90	28.61	32.91	34.20	40.29
58	82.19	103.27	122.59	141.54	150.68	171.48	20.49	26.64	29.34	33.88	35.42	41.99
59	85.51	108.06	127.18	147.36	157.27	180.04	21.05	27.65	30.46	35.30	37.10	44.41
60	89.76	114.04	133.15	154.79	165.45	190.76	21.69	28.77	31.81	36.98	39.12	47.33
61	95.22	120.52	139.60	162.79	174.17	202.42	22.50	29.87	33.23	38.73	41.22	50.45
62	102.69	129.12	148.41	173.59	185.92	217.95	23.72	31.39	35.12	41.09	44.01	54.47
63	112.30	140.77	161.68	189.16	201.99	237.96	25.55	33.74	38.04	44.49	47.72	59.53
64	121.58	151.64	174.26	203.84	217.07	257.12	27.39	36.07	40.83	47.77	51.21	64.33
65	133.23	165.03	189.96	222.04	235.90	281.15	29.95	39.26	44.46	51.96	55.71	70.35
66	151.55	186.09	214.68	250.71	265.97	319.00	34.25	44.58	50.30	58.72	62.93	79.78
67	166.00	201.77	233.33	272.25	288.66	344.11	37.94	49.03	54.87	64.04	68.59	86.02
68	185.98	216.70	251.18	292.24	313.94	378.13	43.04	54.31	59.39	69.66	75.20	94.51
69	207.01	233.13	270.84	314.30	339.27	408.40	48.87	60.12	64.60	75.76	81.93	102.08
70	226.83	249.26	290.19	334.52	360.98	434.78	54.91	66.06	69.99	81.37	87.88	108.66
71	247.20	271.47	316.80	355.31	382.22	460.86	61.55	73.85	77.34	87.15	93.77	115.18
72	270.59	297.82	348.40	379.77	406.73	490.96	69.43	83.08	86.12	93.89	100.54	122.74
73	292.95	327.42	384.40	411.19	434.68	534.33	77.62	92.66	96.08	101.83	107.91	133.58
74	317.54	361.01	425.55	452.39	472.49	583.85	86.82	103.37	107.33	112.20	117.65	145.95
75	345.20	399.26	472.73	502.52	519.73	641.09	97.14	115.40	120.06	124.79	129.62	160.27
76	376.68	442.77	526.70	559.91	575.17	707.56	108.76	128.93	134.39	139.24	143.52	176.89
77	412.75	492.16	588.28	625.38	640.23	784.70	121.80	144.16	150.48	155.81	159.66	196.17
78	454.14	548.01	658.21	699.72	716.26	877.49	136.42	161.23	168.44	174.71	178.37	219.37
79	501.52	610.88	737.24	783.73	804.61	984.50	152.76	180.30	188.42	196.16	199.94	246.11

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Compound

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	70.29	85.10	106.44	2.42	3.10	3.71	12.64	
36	71.39	86.14	107.30	2.45	3.14	3.74	12.97	
37	72.49	87.22	108.13	2.49	3.19	3.77	13.29	
38	73.71	89.11	108.31	2.53	3.26	3.82	13.93	
39	75.70	91.51	108.83	2.58	3.34	3.90	14.57	
40	77.61	93.52	109.68	2.64	3.42	3.97	15.02	
41	80.35	96.21	110.87	2.74	3.57	4.09	15.50	
42	83.06	98.57	112.40	2.81	3.68	4.19	15.81	
43	85.58	101.27	113.59	2.92	3.78	4.31	16.18	
44	87.85	103.80	115.11	3.04	3.89	4.44	16.47	
45	90.81	107.19	116.96	3.19	4.03	4.61	16.87	
46	91.84	110.32	119.10	3.23	4.10	4.64	16.62	
47	91.40	111.16	121.60	3.27	4.10	4.62	16.37	
48	93.71	113.91	125.25	3.42	4.24	4.76	16.64	
49	95.12	115.80	127.87	3.53	4.38	4.87	16.85	
50	96.94	118.41	131.19	3.65	4.52	5.00	17.26	
51	98.66	121.09	134.54	3.78	4.65	5.13	17.73	
52	100.36	123.99	137.98	3.93	4.78	5.30	18.29	
53	101.44	126.01	140.95	4.00	4.87	5.38	18.61	
54	102.78	128.30	144.20	4.09	4.99	5.49	18.95	
55	104.56	130.99	147.94	4.19	5.11	5.60	19.32	
56	106.88	134.22	152.36	4.32	5.27	5.75	19.70	
57	109.91	138.16	157.64	4.49	5.44	5.93	20.12	
58	113.11	141.54	162.90	4.65	5.63	6.10	20.49	
59	118.35	147.36	171.04	4.91	5.91	6.39	21.05	
60	124.87	154.79	181.21	5.22	6.29	6.74	21.69	
61	131.92	162.79	192.30	5.63	6.67	7.14	22.50	
62	141.27	173.59	207.04	6.16	7.20	7.65	23.72	
63	153.94	189.16	226.05	6.86	7.95	8.39	25.55	
64	165.72	203.84	244.25	7.56	8.67	9.10	27.39	
65	180.26	222.02	267.10	8.40	9.54	10.01	29.95	
66	203.11	250.71	303.04	9.70	10.89	11.38	34.25	
67	220.08	272.25	326.89	10.75	11.95	12.45	37.94	
68	236.08	293.98	359.21	12.12	13.15	13.63	43.04	
69	253.78	316.65	387.95	13.58	14.33	14.84	48.87	
70	271.18	336.60	413.04	14.97	15.47	15.97	54.91	
71	295.25	356.54	437.79	16.46	16.96	17.46	61.55	
72	323.80	379.77	466.42	18.18	18.68	19.20	69.43	
73	356.01	408.38	507.60	19.99	20.51	21.04	77.62	
74	392.57	446.65	554.65	22.07	22.60	23.15	86.82	
75	434.12	493.97	609.03	24.47	25.01	25.60	97.14	
76	481.34	549.02	672.17	27.26	27.83	28.44	108.76	
77	534.86	612.87	745.44	30.51	31.11	31.75	121.80	
78	595.29	686.62	833.63	34.29	34.93	35.60	136.42	
79	663.21	771.31	935.27	38.63	39.31	40.02	152.76	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Compound

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue Age	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	87.28	101.26	115.15	125.86	140.89	177.48	78.54	91.12	103.65	113.29	126.80	159.74
36	88.10	102.52	116.79	127.86	143.09	179.31	79.30	92.29	105.08	115.06	128.78	161.40
37	88.98	103.80	118.40	129.80	145.32	181.17	80.08	93.40	106.55	116.83	130.78	163.05
38	91.15	106.68	121.86	131.75	147.71	182.22	82.03	96.01	109.68	118.58	132.95	164.03
39	93.31	109.55	125.29	133.66	149.94	183.65	83.98	98.62	112.78	120.29	134.95	165.28
40	95.47	112.12	127.69	135.57	152.03	185.48	85.92	100.90	114.92	122.03	136.83	166.94
41	97.75	113.09	129.49	137.55	154.11	187.74	87.99	101.78	116.55	123.81	138.69	168.97
42	98.66	112.96	130.11	138.31	154.80	188.58	88.78	101.67	117.09	124.48	139.36	169.74
43	97.26	114.58	131.53	139.89	156.44	190.76	87.52	103.12	118.35	125.92	140.79	171.70
44	94.73	112.93	129.05	141.02	157.58	192.40	85.25	101.61	116.16	126.92	141.83	173.17
45	92.63	111.00	126.29	142.39	159.09	194.47	83.35	99.88	113.68	128.15	143.19	175.01
46	90.95	109.46	124.06	144.08	161.05	196.92	81.87	98.50	111.64	129.68	144.93	177.22
47	89.75	108.25	122.39	144.22	161.44	199.80	80.77	97.42	110.16	129.78	145.29	179.82
48	91.42	110.22	124.76	146.51	164.78	204.08	82.29	99.21	112.28	131.86	148.32	183.71
49	92.55	111.40	126.54	147.94	167.18	207.04	83.31	100.27	113.87	133.14	150.46	186.35
50	94.20	113.01	129.00	150.15	170.49	210.95	84.78	101.70	116.10	135.12	153.44	189.85
51	96.50	115.21	132.41	153.32	174.98	216.01	86.85	103.69	119.18	137.98	157.49	194.42
52	98.47	116.86	135.43	155.97	178.95	220.15	88.62	105.15	121.89	140.39	161.06	198.13
53	99.65	118.44	137.98	158.65	182.44	225.07	89.68	106.61	124.19	142.77	164.18	202.58
54	101.00	120.41	140.82	161.74	186.25	230.64	90.91	108.36	126.73	145.54	167.62	207.58
55	102.66	122.79	144.05	165.36	190.61	237.11	92.38	110.53	129.64	148.84	171.56	213.42
56	104.69	125.80	147.79	169.76	195.69	244.78	94.22	113.22	133.02	152.79	176.11	220.32
57	107.17	129.53	152.15	175.01	201.65	253.93	96.46	116.59	136.94	157.54	181.49	228.52
58	109.79	133.96	155.64	179.70	206.77	263.18	98.80	120.56	140.07	161.73	186.09	236.85
59	113.22	139.18	160.57	186.06	213.72	275.18	101.91	125.28	144.51	167.46	192.37	247.69
60	117.66	145.45	167.06	194.21	222.65	290.27	105.89	130.89	150.33	174.81	200.38	261.26
61	124.34	152.90	175.14	204.22	233.65	308.67	111.90	137.62	157.61	183.81	210.29	277.80
62	133.37	162.68	185.90	217.43	248.23	332.54	120.02	146.43	167.31	195.66	223.40	299.27
63	144.43	175.08	200.95	235.10	268.12	361.09	129.99	157.57	180.86	211.59	241.31	324.97
64	156.08	187.94	216.48	253.20	288.61	390.65	140.47	169.15	194.84	227.89	259.76	351.58
65	169.81	203.05	234.27	273.86	312.14	424.72	152.82	182.75	210.84	246.47	280.93	382.25
66	192.19	228.37	263.30	307.49	350.70	479.66	172.98	205.54	236.96	276.74	315.65	431.71
67	209.81	247.79	284.74	332.22	379.31	521.54	188.84	223.00	256.26	299.00	341.38	469.39
68	233.38	270.16	303.86	353.54	404.69	560.42	210.04	243.14	273.47	318.18	364.24	504.38
69	254.61	288.54	320.35	371.75	426.44	591.27	229.15	259.67	288.29	334.57	383.80	532.13
70	277.12	308.51	339.94	391.83	450.29	622.77	249.43	277.67	305.93	352.65	405.27	560.51
71	298.07	332.62	364.95	409.31	471.09	648.58	268.26	299.36	328.46	368.38	423.97	583.72
72	319.45	357.55	391.40	426.64	491.79	673.24	287.52	321.78	352.27	383.97	442.60	605.92
73	345.36	387.60	429.14	459.07	529.47	728.17	310.82	348.84	386.22	413.15	476.51	655.36
74	373.80	420.89	471.96	501.72	579.01	790.61	336.41	378.79	424.75	451.54	521.11	711.56
75	405.59	458.48	520.61	553.44	639.14	862.53	365.03	412.62	468.56	498.10	575.22	776.28
76	444.71	504.88	579.96	616.55	712.60	952.48	400.25	454.38	521.98	554.89	641.34	857.22
77	485.88	554.26	642.97	683.50	790.75	1,049.29	437.29	498.83	578.66	615.15	711.67	944.35
78	532.71	610.67	713.86	758.88	878.89	1,165.41	479.44	549.60	642.48	682.99	790.99	1,048.88
79	585.79	674.90	793.28	843.29	977.80	1,298.44	527.21	607.41	713.95	758.96	880.02	1,168.60

Mutual of Omaha Insurance Company

Policy Form: LTC04I-TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Compound

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL) Benefit Period						Non Integrated - Home Health Care (HHC) (2PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	82.61	92.85	110.43	120.72	126.75	142.32	18.38	24.13	27.86	30.45	31.97	35.16
36	83.04	94.26	111.79	122.38	128.49	143.40	18.86	24.76	28.41	31.08	32.65	35.91
37	83.52	95.71	113.11	124.03	130.23	144.57	19.32	25.41	28.97	31.77	33.37	36.59
38	84.88	98.66	116.02	125.46	131.92	144.80	20.34	26.71	30.13	32.57	34.25	37.42
39	86.42	101.63	119.01	126.95	133.52	145.49	21.23	27.87	31.24	33.31	35.02	38.16
40	88.12	104.32	121.06	128.55	135.17	146.63	21.99	28.88	31.97	33.94	35.71	38.85
41	90.05	105.49	122.66	130.32	136.95	148.20	22.65	29.34	32.51	34.54	36.28	39.54
42	90.86	105.61	123.26	131.04	137.57	148.81	22.87	29.45	32.67	34.71	36.44	39.78
43	89.62	107.54	124.71	132.62	139.16	150.56	22.50	29.70	32.94	35.05	36.79	40.20
44	87.39	106.38	122.54	133.89	140.38	152.01	21.82	28.99	32.19	35.18	36.91	40.39
45	85.61	104.96	120.12	135.46	142.00	153.87	21.23	28.16	31.34	35.33	37.04	40.60
46	84.26	103.86	118.30	137.41	144.08	156.13	20.70	27.46	30.54	35.47	37.24	40.79
47	83.25	103.03	117.02	137.89	144.78	158.80	20.30	26.83	29.86	35.19	36.95	41.00
48	84.95	105.23	119.90	140.78	148.74	162.91	20.56	26.97	30.01	35.21	37.20	41.18
49	86.05	106.59	122.05	142.73	151.49	165.84	20.76	27.08	30.04	35.14	37.20	41.20
50	87.57	108.27	124.88	145.33	154.80	169.48	21.19	27.37	30.30	35.27	37.42	41.47
51	89.59	110.36	128.50	148.82	158.96	174.01	21.79	27.90	30.82	35.70	37.87	42.00
52	91.22	111.88	131.74	151.72	162.51	177.75	22.39	28.40	31.28	36.05	38.19	42.40
53	92.13	113.26	134.28	154.39	165.08	181.77	22.80	28.92	31.83	36.61	38.60	43.30
54	93.24	114.96	137.04	157.38	167.88	186.20	23.25	29.51	32.49	37.31	39.13	44.44
55	94.63	117.12	140.13	160.88	171.19	191.25	23.73	30.21	33.25	38.20	39.88	45.86
56	96.45	119.91	143.72	165.06	175.30	197.24	24.23	31.00	34.19	39.24	40.85	47.54
57	98.78	123.50	147.90	170.12	180.41	204.32	24.77	31.89	35.22	40.53	42.11	49.61
58	101.33	127.32	151.13	174.50	185.78	211.41	25.27	32.85	36.17	41.77	43.67	51.77
59	104.84	132.48	155.93	180.67	192.82	220.74	25.80	33.90	37.35	43.28	45.49	54.44
60	109.43	139.03	162.33	188.72	201.72	232.57	26.45	35.07	38.78	45.09	47.69	57.70
61	116.24	147.12	170.41	198.72	212.61	247.09	27.47	36.46	40.56	47.28	50.31	61.58
62	125.35	157.61	181.17	211.90	226.95	266.05	28.96	38.32	42.88	50.15	53.72	66.49
63	136.31	170.87	196.24	229.60	245.18	288.83	31.01	40.95	46.18	54.01	57.92	72.26
64	147.75	184.29	211.78	247.72	263.80	312.48	33.29	43.84	49.62	58.05	62.24	78.17
65	160.98	199.42	229.53	268.29	285.05	339.72	36.19	47.44	53.72	62.78	67.32	85.00
66	182.29	223.83	258.21	301.55	319.91	383.69	41.19	53.62	60.50	70.63	75.70	95.96
67	198.73	241.55	279.34	325.93	345.57	417.24	45.42	58.69	65.69	76.66	82.11	104.30
68	220.51	256.95	297.83	346.51	372.24	448.35	51.03	64.39	70.42	82.60	89.16	112.07
69	239.78	270.03	313.71	364.04	392.96	473.03	56.61	69.64	74.83	87.75	94.90	118.24
70	259.94	285.65	332.56	383.35	413.68	498.25	62.93	75.71	80.21	93.25	100.70	124.52
71	278.33	305.66	356.70	400.05	430.35	518.89	69.30	83.14	87.08	98.13	105.58	129.69
72	296.84	326.71	382.20	416.62	446.19	538.59	76.16	91.14	94.48	103.00	110.29	134.65
73	319.38	356.96	419.08	448.29	473.89	582.55	84.62	101.02	104.75	111.02	117.65	145.63
74	344.00	391.09	461.02	490.09	511.87	632.50	94.05	111.98	116.27	121.55	127.46	158.12
75	371.55	429.74	508.81	540.88	559.40	690.03	104.55	124.21	129.23	134.32	139.52	172.50
76	405.65	476.83	567.21	602.98	619.42	761.98	117.12	138.85	144.73	149.95	154.56	190.50
77	441.54	526.50	629.32	669.01	684.89	839.44	130.30	154.22	160.98	166.68	170.80	209.85
78	482.53	582.26	699.35	743.46	761.03	932.33	144.95	171.31	178.96	185.63	189.52	233.08
79	529.17	644.55	777.87	826.93	848.96	1,038.77	161.18	190.24	198.80	206.98	210.96	259.68

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Compound

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	102.20	120.72	135.17	3.52	4.50	5.39	18.38	
36	103.82	122.38	136.26	3.57	4.57	5.44	18.86	
37	105.40	124.03	137.32	3.61	4.64	5.48	19.32	
38	107.59	125.46	137.55	3.69	4.76	5.58	20.34	
39	110.36	126.92	138.20	3.77	4.87	5.69	21.23	
40	113.32	128.52	139.29	3.87	5.00	5.77	21.99	
41	115.18	130.29	140.80	4.00	5.11	5.86	22.65	
42	116.36	131.04	141.37	4.07	5.15	5.88	22.87	
43	118.49	132.62	143.04	4.07	5.24	5.97	22.50	
44	117.19	133.89	144.43	4.03	5.18	5.89	21.82	
45	115.58	135.46	146.20	4.01	5.13	5.81	21.23	
46	114.37	137.39	148.31	4.03	5.11	5.78	20.70	
47	113.38	137.89	150.85	4.06	5.08	5.73	20.30	
48	115.79	140.76	154.77	4.22	5.24	5.88	20.56	
49	117.21	142.70	157.57	4.35	5.39	6.00	20.76	
50	118.97	145.33	161.00	4.48	5.54	6.14	21.19	
51	121.22	148.80	165.32	4.65	5.72	6.31	21.79	
52	122.80	151.72	168.84	4.81	5.85	6.48	22.39	
53	124.28	154.39	172.68	4.91	5.97	6.59	22.80	
54	126.08	157.38	176.88	5.02	6.12	6.73	23.25	
55	128.42	160.88	181.70	5.14	6.27	6.87	23.73	
56	131.44	165.06	187.37	5.32	6.48	7.07	24.23	
57	135.34	170.12	194.10	5.52	6.70	7.30	24.77	
58	139.45	174.50	200.83	5.73	6.95	7.52	25.27	
59	145.10	180.67	209.70	6.02	7.24	7.83	25.80	
60	152.24	188.72	220.93	6.37	7.67	8.22	26.45	
61	161.03	198.72	234.73	6.87	8.15	8.71	27.47	
62	172.45	211.90	252.74	7.52	8.79	9.33	28.96	
63	186.85	229.60	274.38	8.32	9.64	10.18	31.01	
64	201.40	247.72	296.83	9.19	10.53	11.06	33.29	
65	217.81	268.27	322.75	10.14	11.53	12.09	36.19	
66	244.30	301.55	364.49	11.66	13.09	13.69	41.19	
67	263.47	325.93	396.36	12.87	14.31	14.90	45.42	
68	279.92	348.58	425.91	14.38	15.59	16.16	51.03	
69	293.94	366.77	449.36	15.73	16.60	17.19	56.61	
70	310.77	385.74	473.34	17.16	17.73	18.31	62.93	
71	332.42	401.43	492.92	18.53	19.09	19.65	69.30	
72	355.21	416.62	511.67	19.95	20.49	21.07	76.16	
73	388.14	445.22	553.40	21.79	22.36	22.94	84.62	
74	425.28	483.87	600.88	23.91	24.48	25.08	94.05	
75	467.26	531.68	655.52	26.34	26.92	27.55	104.55	
76	518.36	591.25	723.88	29.36	29.97	30.63	117.12	
77	572.18	655.62	797.45	32.64	33.29	33.96	130.30	
78	632.50	729.53	885.73	36.43	37.11	37.82	144.95	
79	699.76	813.82	986.82	40.76	41.47	42.22	161.18	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	117.68	126.47	139.57	148.36	166.07	209.20	105.90	113.81	125.63	133.54	149.47	188.29
36	118.93	127.58	141.76	150.72	168.66	211.36	107.04	114.86	127.55	135.63	151.79	190.25
37	120.21	128.76	143.95	153.01	171.29	213.55	108.19	115.87	129.54	137.72	154.15	192.20
38	121.49	129.91	146.24	155.30	174.12	214.79	109.33	116.91	131.62	139.77	156.71	193.34
39	122.67	131.02	148.39	157.55	176.74	216.48	110.41	117.95	133.58	141.79	159.07	194.83
40	123.85	132.16	150.51	159.81	179.20	218.63	111.45	118.93	135.46	143.85	161.29	196.78
41	124.61	132.76	152.01	161.47	180.92	220.39	112.17	119.48	136.82	145.34	162.81	198.35
42	123.85	132.80	152.95	162.60	181.99	221.70	111.45	119.53	137.65	146.34	163.83	199.55
43	118.69	134.24	154.09	163.89	183.28	223.49	106.80	120.81	138.66	147.53	164.94	201.16
44	114.19	136.06	155.48	165.46	184.89	225.74	102.76	122.42	139.95	148.91	166.41	203.17
45	110.28	135.13	153.75	167.31	186.93	228.50	99.23	121.59	138.40	150.57	168.25	205.64
46	106.94	132.73	150.42	169.55	189.52	231.73	96.27	119.43	135.37	152.60	170.54	208.55
47	103.78	130.14	147.13	170.28	190.61	234.46	93.40	117.11	132.43	153.23	171.54	211.01
48	105.19	131.64	149.00	172.32	193.81	240.90	94.69	118.49	134.10	155.09	174.45	216.85
49	106.06	132.29	150.26	173.46	196.02	246.07	95.47	119.07	135.22	156.11	176.41	221.47
50	106.95	132.73	151.51	174.57	198.21	251.13	96.26	119.45	136.37	157.09	178.39	226.01
51	108.44	133.71	153.66	176.56	201.51	257.37	97.59	120.34	138.32	158.90	181.37	231.65
52	110.10	134.72	156.12	178.84	205.19	263.95	99.10	121.22	140.51	160.98	184.67	237.54
53	111.56	135.93	158.36	180.88	208.00	268.87	100.40	122.36	142.53	162.78	187.18	242.00
54	113.69	138.16	161.58	184.11	212.02	275.76	102.33	124.33	145.41	165.68	190.81	248.19
55	115.65	140.19	164.45	187.04	215.60	282.46	104.07	126.18	148.01	168.36	194.06	254.24
56	119.18	143.51	168.60	191.61	220.88	291.85	107.26	129.16	151.74	172.46	198.79	262.69
57	123.62	147.61	173.38	197.06	227.05	303.03	111.26	132.87	156.05	177.39	204.35	272.71
58	128.08	152.64	177.35	202.42	232.92	314.35	115.26	137.37	159.60	182.18	209.62	282.90
59	134.25	159.27	183.74	210.58	241.89	330.52	120.83	143.36	165.36	189.53	217.73	297.50
60	141.18	166.30	191.00	219.75	251.93	348.98	127.05	149.65	171.88	197.79	226.73	314.10
61	148.93	173.78	199.05	229.83	262.95	368.26	134.03	156.41	179.13	206.86	236.66	331.42
62	158.99	183.50	209.70	243.01	277.45	389.56	143.08	165.17	188.73	218.68	249.69	350.58
63	170.68	198.55	227.89	264.35	301.49	423.81	153.63	178.69	205.11	237.92	271.33	381.42
64	181.95	213.42	245.82	285.29	325.19	455.39	163.75	192.08	221.25	256.78	292.68	409.84
65	194.20	229.90	265.25	307.93	350.98	485.75	174.78	206.91	238.72	277.14	315.88	437.17
66	217.89	260.82	300.71	349.09	398.15	543.80	196.11	234.74	270.63	314.18	358.36	489.44
67	233.26	282.79	324.96	377.31	430.79	579.83	209.94	254.50	292.45	339.59	387.71	521.85
68	255.87	312.66	351.66	408.46	467.55	629.26	230.28	281.39	316.49	367.60	420.82	566.34
69	278.33	342.83	380.62	442.17	507.22	678.70	250.50	308.53	342.54	397.94	456.51	610.82
70	298.30	370.51	408.26	474.35	545.12	722.49	268.49	333.48	367.42	426.91	490.61	650.26
71	319.64	400.61	439.55	510.79	587.89	770.26	287.68	360.56	395.60	459.71	529.08	693.24
72	343.35	434.57	475.72	552.83	628.26	824.50	309.03	391.10	428.16	497.54	565.43	742.06
73	367.53	470.70	521.15	606.80	682.05	884.55	330.77	423.64	469.03	546.10	613.82	796.10
74	404.77	513.90	576.25	672.36	742.68	958.59	364.28	462.50	518.62	605.12	668.41	862.73
75	446.68	561.57	639.02	740.19	816.07	1,043.69	402.02	505.41	575.12	666.18	734.46	939.32
76	494.34	610.87	710.42	810.58	894.35	1,141.87	444.92	549.77	639.39	729.52	804.92	1,027.67
77	538.17	670.24	789.13	895.11	988.54	1,254.97	484.35	603.20	710.20	805.59	889.67	1,129.45
78	573.55	719.19	849.93	966.12	1,068.11	1,394.42	516.20	647.28	764.94	869.51	961.29	1,254.99
79	612.18	771.94	915.22	1,042.36	1,153.79	1,510.49	550.96	694.74	823.70	938.13	1,038.41	1,359.45

Mutual of Omaha Insurance Company

Policy Form: LTC04I-TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL) Benefit Period						Non Integrated - Home Health Care (HHC) (2PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	111.39	115.97	133.85	142.30	149.40	167.75	24.78	30.14	33.77	35.89	37.68	41.45
36	112.09	117.31	135.70	144.25	151.46	169.03	25.46	30.81	34.48	36.64	38.49	42.33
37	112.83	118.73	137.52	146.20	153.51	170.41	26.10	31.52	35.22	37.44	39.33	43.13
38	113.14	120.14	139.23	147.89	155.50	170.68	27.11	32.53	36.16	38.39	40.37	44.11
39	113.61	121.56	140.95	149.64	157.38	171.49	27.91	33.34	37.01	39.26	41.28	44.99
40	114.32	122.97	142.70	151.52	159.34	172.84	28.52	34.04	37.68	40.00	42.09	45.79
41	114.79	123.84	143.99	152.98	160.76	173.97	28.87	34.44	38.16	40.54	42.59	46.41
42	114.06	124.15	144.91	154.05	161.73	174.94	28.71	34.62	38.41	40.81	42.84	46.76
43	109.36	125.99	146.11	155.38	163.03	176.39	27.46	34.80	38.59	41.06	43.11	47.10
44	105.34	128.17	147.63	157.09	164.71	178.35	26.30	34.93	38.79	41.27	43.30	47.39
45	101.93	127.77	146.23	159.17	166.85	180.80	25.27	34.28	38.15	41.51	43.52	47.70
46	99.07	125.93	143.44	161.70	169.55	183.73	24.34	33.30	37.03	41.74	43.83	48.01
47	96.26	123.86	140.68	162.81	170.94	186.35	23.48	32.25	35.90	41.55	43.63	48.12
48	97.75	125.69	143.20	165.59	174.95	192.30	23.66	32.21	35.84	41.41	43.76	48.60
49	98.61	126.57	144.93	167.35	177.62	197.10	23.79	32.16	35.67	41.20	43.61	48.96
50	99.42	127.17	146.67	168.96	179.97	201.76	24.05	32.14	35.58	41.01	43.50	49.37
51	100.67	128.08	149.14	171.38	183.07	207.33	24.49	32.38	35.77	41.11	43.62	50.05
52	102.00	128.97	151.87	173.97	186.34	213.11	25.03	32.74	36.06	41.34	43.79	50.84
53	103.14	129.99	154.11	176.01	188.20	217.15	25.52	33.19	36.53	41.74	44.00	51.72
54	104.96	131.91	157.25	179.16	191.11	222.63	26.17	33.86	37.28	42.48	44.54	53.13
55	106.60	133.71	159.98	181.97	193.64	227.83	26.73	34.48	37.95	43.21	45.11	54.63
56	109.80	136.79	163.95	186.31	197.87	235.17	27.58	35.37	39.00	44.30	46.11	56.69
57	113.94	140.74	168.55	191.56	203.14	243.83	28.58	36.35	40.14	45.63	47.42	59.20
58	118.21	145.08	172.21	196.56	209.27	252.52	29.48	37.43	41.21	47.05	49.19	61.83
59	124.31	151.60	178.43	204.48	218.23	265.13	30.59	38.79	42.74	48.99	51.48	65.39
60	131.31	158.96	185.60	213.53	228.24	279.61	31.74	40.10	44.34	51.02	53.97	69.37
61	139.22	167.20	193.67	223.63	239.27	294.79	32.90	41.43	46.10	53.21	56.62	73.47
62	149.43	177.79	204.36	236.84	253.66	311.67	34.52	43.22	48.37	56.05	60.05	77.89
63	161.10	193.78	222.55	258.18	275.69	339.00	36.65	46.44	52.37	60.73	65.13	84.81
64	172.24	209.27	240.49	279.12	297.24	364.26	38.80	49.78	56.35	65.41	70.13	91.13
65	184.11	225.79	259.88	301.68	320.51	388.53	41.39	53.71	60.83	70.59	75.69	97.22
66	206.66	255.64	294.90	342.36	363.19	435.00	46.70	61.23	69.09	80.19	85.94	108.80
67	220.94	275.67	318.80	370.17	392.48	463.87	50.50	66.98	74.97	87.07	93.26	115.96
68	241.77	297.37	344.68	400.33	430.06	503.43	55.95	74.52	81.50	95.43	103.01	125.83
69	262.12	320.85	372.74	433.00	467.40	542.98	61.88	82.74	88.91	104.37	112.88	135.72
70	279.81	343.06	399.40	464.08	500.80	578.04	67.74	90.92	96.33	112.88	121.91	144.46
71	298.47	368.14	429.61	499.24	537.05	616.25	74.31	100.14	104.88	122.45	131.76	154.02
72	319.05	397.09	464.54	539.84	570.01	659.59	81.86	110.77	114.83	133.46	140.90	164.90
73	339.87	433.50	508.93	592.54	610.46	707.65	90.05	122.68	127.21	146.75	151.55	176.90
74	372.50	477.51	562.89	656.78	656.56	766.88	101.84	136.73	141.97	162.89	163.48	191.71
75	409.20	526.38	624.54	723.39	714.26	834.95	115.14	152.14	158.62	179.64	178.14	208.73
76	450.92	576.93	694.80	792.75	777.40	913.50	130.20	168.00	177.29	197.15	193.98	228.37
77	489.06	636.66	772.37	876.13	856.20	1,003.98	144.32	186.48	197.57	218.28	213.52	250.99
78	519.52	685.73	832.66	946.49	924.88	1,115.54	156.06	201.75	213.07	236.32	230.32	278.88
79	553.00	737.22	897.44	1,022.14	1,001.76	1,208.41	168.43	217.59	229.36	255.84	248.93	302.08

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	127.65	142.30	159.34	4.75	5.62	6.53	24.78	
36	129.20	144.25	160.62	4.82	5.69	6.60	25.46	
37	130.75	146.20	161.86	4.88	5.76	6.67	26.10	
38	131.02	147.89	162.13	4.92	5.79	6.70	27.11	
39	131.99	149.60	162.91	4.95	5.83	6.73	27.91	
40	133.58	151.49	164.18	5.02	5.89	6.80	28.52	
41	135.21	152.95	165.29	5.10	6.00	6.87	28.87	
42	136.79	154.05	166.19	5.11	6.05	6.92	28.71	
43	138.82	155.38	167.58	4.96	6.13	6.99	27.46	
44	141.19	157.09	169.45	4.85	6.25	7.10	26.30	
45	140.71	159.17	171.78	4.78	6.25	7.07	25.27	
46	138.68	161.67	174.53	4.73	6.19	7.01	24.34	
47	136.31	162.81	177.01	4.70	6.11	6.89	23.48	
48	138.29	165.56	182.69	4.86	6.26	7.03	23.66	
49	139.19	167.32	187.27	4.99	6.40	7.12	23.79	
50	139.73	168.96	191.67	5.09	6.51	7.21	24.05	
51	140.69	171.36	196.97	5.22	6.63	7.32	24.49	
52	141.57	173.97	202.43	5.38	6.75	7.47	25.03	
53	142.63	176.01	206.29	5.49	6.85	7.56	25.52	
54	144.67	179.16	211.49	5.65	7.03	7.72	26.17	
55	146.61	181.97	216.45	5.79	7.16	7.85	26.73	
56	149.94	186.31	223.40	6.05	7.39	8.07	27.58	
57	154.23	191.56	231.64	6.37	7.63	8.32	28.58	
58	158.90	196.56	239.88	6.69	7.92	8.57	29.48	
59	166.03	204.48	251.87	7.14	8.29	8.96	30.59	
60	174.06	213.53	265.61	7.64	8.76	9.40	31.74	
61	183.01	223.63	280.05	8.23	9.26	9.90	32.90	
62	194.53	236.84	296.07	8.97	9.92	10.53	34.52	
63	211.90	258.18	322.04	9.84	10.94	11.55	36.65	
64	228.70	279.12	346.02	10.71	11.96	12.56	38.80	
65	246.61	301.65	369.12	11.60	13.06	13.69	41.39	
66	279.02	342.36	413.23	13.22	14.96	15.63	46.70	
67	300.69	370.17	440.66	14.31	16.33	17.01	50.50	
68	323.95	402.72	478.23	15.76	18.04	18.71	55.95	
69	349.25	436.25	515.80	17.20	19.72	20.43	61.88	
70	373.23	466.97	549.14	18.47	21.29	21.99	67.74	
71	400.37	500.96	585.41	19.87	22.99	23.67	74.31	
72	431.73	539.84	626.63	21.44	24.91	25.60	81.86	
73	471.36	588.49	672.24	23.19	27.15	27.86	90.05	
74	519.26	648.45	728.54	25.89	29.89	30.62	101.84	
75	572.33	711.10	793.21	29.01	32.97	33.82	115.14	
76	627.19	777.32	867.81	32.63	36.27	37.52	130.20	
77	691.90	858.60	953.76	36.15	40.25	41.68	144.32	
78	744.90	928.76	1,059.78	39.23	43.71	45.03	156.06	
79	800.37	1,005.94	1,147.98	42.60	47.44	48.71	168.43	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Simple

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue Age	Integrated NH, ALF, and HHC with 100% HHC (1PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	61.97	71.90	81.77	91.61	101.37	144.04
36	62.56	72.79	82.91	92.92	102.82	145.53
37	63.18	73.70	84.06	94.23	104.26	147.03
38	64.77	75.82	86.60	97.08	107.30	147.89
39	66.02	77.51	88.65	99.41	109.82	149.05
40	67.60	79.59	91.13	102.26	112.98	150.53
41	69.29	81.73	93.71	105.20	116.23	152.37
42	70.62	83.50	95.89	107.74	119.08	154.54
43	72.40	85.65	98.41	110.58	122.23	156.16
44	74.36	88.03	101.16	113.70	125.71	159.06
45	76.53	90.67	104.19	117.14	129.51	161.41
46	75.79	91.22	103.38	120.07	133.09	164.10
47	75.10	90.58	102.41	120.67	135.08	167.18
48	77.29	93.17	105.47	123.85	139.30	172.52
49	78.98	95.07	107.99	126.25	142.67	176.69
50	81.25	97.47	111.25	129.50	147.04	181.93
51	83.15	99.28	114.09	132.11	150.78	186.14
52	85.76	101.78	117.95	135.85	155.86	191.75
53	86.72	103.08	120.08	138.07	158.77	195.87
54	88.38	105.36	123.22	141.52	162.97	201.81
55	89.76	107.36	125.94	144.58	166.65	207.31
56	92.03	110.59	129.93	149.24	172.03	215.19
57	94.74	114.50	134.49	154.71	178.25	224.47
58	96.98	118.33	137.48	158.73	182.65	232.48
59	100.57	123.63	142.63	165.27	189.84	244.43
60	105.10	129.92	149.22	173.48	198.89	259.29
61	111.00	136.49	156.34	182.30	208.57	275.54
62	119.05	145.21	165.95	194.09	221.59	296.84
63	128.83	156.18	179.26	209.72	239.18	322.11
64	140.03	168.61	194.21	227.15	258.92	350.47
65	152.24	182.05	210.04	245.53	279.85	380.79
66	173.20	205.80	237.28	277.10	316.03	432.25
67	190.07	224.47	257.94	300.95	343.61	472.45
68	213.70	247.38	278.23	323.73	370.56	513.15
69	238.79	270.62	300.45	348.66	399.95	554.55
70	264.77	294.75	324.78	374.36	430.21	595.00
71	290.23	323.87	355.35	398.54	458.69	631.51
72	319.45	357.55	391.40	426.64	491.79	673.24
73	347.74	390.27	432.10	462.24	533.12	733.19
74	381.64	429.72	481.86	512.24	591.15	807.20
75	417.09	471.48	535.38	569.14	657.27	887.00
76	457.42	519.31	596.53	634.16	732.96	979.69
77	492.93	562.30	652.29	693.41	802.21	1,064.50
78	540.55	619.65	724.36	770.04	891.81	1,182.55
79	590.17	679.94	799.20	849.58	985.10	1,308.13

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue Age	Integrated NH, ALF, and HHC with 50% HHC (1PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	55.76	64.71	73.60	82.46	91.24	129.64
36	56.31	65.53	74.60	83.62	92.54	130.99
37	56.86	66.32	75.65	84.82	93.83	132.33
38	58.29	68.23	77.94	87.38	96.57	133.12
39	59.43	69.78	79.80	89.47	98.84	134.14
40	60.84	71.62	82.02	92.05	101.69	135.49
41	62.37	73.56	84.34	94.69	104.60	137.13
42	63.55	75.16	86.30	96.97	107.20	139.10
43	65.15	77.09	88.55	99.54	110.00	140.56
44	66.92	79.21	91.06	102.33	113.14	143.16
45	68.86	81.58	93.79	105.42	116.57	145.26
46	68.23	82.08	93.04	108.07	119.77	147.69
47	67.59	81.51	92.17	108.59	121.57	150.46
48	69.56	83.87	94.92	111.47	125.38	155.30
49	71.10	85.57	97.17	113.63	128.40	159.03
50	73.12	87.71	100.13	116.53	132.33	163.73
51	74.84	89.35	102.70	118.90	135.71	167.54
52	77.19	91.58	106.16	122.28	140.28	172.57
53	78.05	92.78	108.08	124.25	142.88	176.30
54	79.55	94.81	110.89	127.35	146.67	181.63
55	80.77	96.63	113.35	130.13	150.00	186.60
56	82.83	99.54	116.94	134.32	154.82	193.69
57	85.27	103.06	121.05	139.26	160.43	202.01
58	87.28	106.49	123.73	142.86	164.38	209.22
59	90.52	111.28	128.36	148.75	170.88	220.01
60	94.58	116.92	134.29	156.15	178.99	233.38
61	99.89	122.85	140.69	164.08	187.72	247.98
62	107.14	130.71	149.35	174.65	199.42	267.14
63	115.96	140.56	161.33	188.75	215.26	289.89
64	126.02	151.75	174.80	204.45	233.04	315.41
65	137.01	163.84	189.03	220.98	251.86	342.70
66	155.88	185.22	213.54	249.39	284.45	389.04
67	171.06	202.01	232.14	270.86	309.25	425.21
68	192.33	222.63	250.41	291.34	333.52	461.84
69	214.92	243.54	270.39	313.79	359.96	499.08
70	238.31	265.29	292.29	336.93	387.20	535.52
71	261.21	291.49	319.81	358.68	412.81	568.36
72	287.52	321.78	352.27	383.97	442.60	605.92
73	312.97	351.25	388.89	416.00	479.79	659.88
74	343.47	386.74	433.66	461.01	532.04	726.48
75	375.39	424.33	481.85	512.23	591.54	798.30
76	411.68	467.37	536.89	570.74	659.66	881.72
77	443.63	506.06	587.05	624.06	721.98	958.04
78	486.49	557.69	651.93	693.04	802.62	1,064.30
79	531.14	611.94	719.28	764.63	886.59	1,177.33

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Simple

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	58.65	65.93	78.42	87.87	91.20	115.50	13.05	17.13	19.79	22.16	23.00	28.54
36	58.96	66.93	79.37	88.94	92.33	116.38	13.39	17.58	20.17	22.59	23.46	29.14
37	59.30	67.96	80.31	90.04	93.44	117.33	13.71	18.04	20.57	23.06	23.94	29.70
38	60.32	70.12	82.45	92.45	95.82	117.52	14.45	18.98	21.42	24.00	24.88	30.37
39	61.15	71.91	84.21	94.42	97.79	118.08	15.02	19.72	22.11	24.77	25.65	30.97
40	62.40	74.05	86.40	96.96	100.45	119.00	15.57	20.50	22.81	25.60	26.54	31.53
41	63.83	76.24	88.77	99.67	103.28	120.28	16.05	21.20	23.53	26.41	27.36	32.09
42	65.04	78.07	90.84	102.08	105.83	121.95	16.37	21.77	24.08	27.04	28.03	32.60
43	66.71	80.39	93.31	104.84	108.72	123.25	16.75	22.20	24.64	27.71	28.75	32.91
44	68.60	82.93	96.06	107.95	111.99	125.67	17.13	22.60	25.24	28.36	29.44	33.39
45	70.73	85.73	99.09	111.44	115.60	127.71	17.54	23.00	25.85	29.06	30.15	33.70
46	70.22	86.55	98.58	114.51	119.07	130.11	17.25	22.88	25.45	29.56	30.78	34.00
47	69.66	86.21	97.92	115.38	121.14	132.87	16.99	22.45	24.99	29.44	30.92	34.31
48	71.82	88.96	101.35	119.01	125.74	137.72	17.38	22.80	25.37	29.76	31.45	34.81
49	73.44	90.96	104.16	121.80	129.28	141.53	17.72	23.11	25.63	29.99	31.74	35.16
50	75.52	93.38	107.70	125.33	133.50	146.17	18.27	23.60	26.13	30.42	32.27	35.77
51	77.20	95.10	110.73	128.24	136.98	149.94	18.78	24.04	26.56	30.76	32.64	36.19
52	79.45	97.44	114.74	132.14	141.54	154.82	19.50	24.73	27.25	31.40	33.26	36.93
53	80.18	98.57	116.86	134.36	143.66	158.19	19.84	25.17	27.70	31.86	33.59	37.68
54	81.59	100.59	119.91	137.71	146.90	162.92	20.34	25.82	28.42	32.65	34.24	38.88
55	82.74	102.40	122.52	140.66	149.67	167.21	20.75	26.41	29.07	33.40	34.86	40.10
56	84.79	105.42	126.35	145.10	154.11	173.39	21.30	27.25	30.06	34.50	35.91	41.80
57	87.32	109.17	130.74	150.38	159.48	180.61	21.90	28.19	31.14	35.82	37.23	43.85
58	89.51	112.47	133.50	154.14	164.10	186.75	22.32	29.02	31.95	36.90	38.57	45.73
59	93.13	117.68	138.51	160.49	171.27	196.07	22.92	30.11	33.18	38.45	40.40	48.36
60	97.75	124.19	145.00	168.58	180.18	207.75	23.63	31.33	34.64	40.28	42.60	51.54
61	103.76	131.33	152.12	177.39	189.79	220.57	24.52	32.54	36.21	42.21	44.91	54.97
62	111.90	140.69	161.72	189.15	202.59	237.49	25.85	34.20	38.27	44.77	47.96	59.35
63	121.60	152.42	175.06	204.82	218.71	257.65	27.66	36.53	41.19	48.18	51.67	64.46
64	132.56	165.33	190.00	222.24	236.67	280.34	29.86	39.33	44.52	52.08	55.84	70.13
65	144.33	178.79	205.79	240.54	255.56	304.58	32.45	42.53	48.16	56.29	60.35	76.21
66	164.27	201.71	232.69	271.75	288.29	345.77	37.12	48.32	54.52	63.65	68.22	86.48
67	180.03	218.82	253.05	295.26	313.05	377.97	41.15	53.17	59.51	69.45	74.39	94.49
68	201.92	235.28	272.71	317.28	340.85	410.54	46.72	58.96	64.48	75.64	81.64	102.61
69	224.88	253.26	294.23	341.43	368.56	443.65	53.09	65.31	70.18	82.30	89.01	110.89
70	248.36	272.91	317.73	366.26	395.24	476.03	60.12	72.33	76.64	89.09	96.21	118.97
71	271.00	297.61	347.31	389.53	419.03	505.24	67.47	80.96	84.79	95.54	102.80	126.27
72	296.84	326.71	382.20	416.62	446.19	538.59	76.16	91.14	94.48	103.00	110.29	134.65
73	321.58	359.42	421.97	451.38	477.16	586.56	85.21	101.72	105.47	111.79	118.46	146.63
74	351.22	399.30	470.69	500.37	522.61	645.77	96.02	114.33	118.71	124.10	130.13	161.43
75	382.09	441.93	523.25	556.22	575.27	709.60	107.52	127.73	132.89	138.13	143.48	177.40
76	417.24	490.45	583.42	620.21	637.11	783.76	120.47	142.82	148.87	154.24	158.98	195.94
77	447.94	534.13	638.44	678.71	694.82	851.61	132.19	156.45	163.31	169.09	173.28	212.89
78	489.62	590.82	709.64	754.39	772.22	946.04	147.08	173.82	181.59	188.36	192.30	236.51
79	533.12	649.36	783.68	833.10	855.29	1,046.52	162.38	191.66	200.29	208.52	212.53	261.61

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Simple

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	72.57	87.87	109.71	2.50	3.20	3.83	13.05	
36	73.71	88.94	110.59	2.53	3.25	3.86	13.39	
37	74.84	90.04	111.45	2.57	3.30	3.89	13.71	
38	76.47	92.45	111.63	2.62	3.38	3.97	14.45	
39	78.09	94.40	112.16	2.66	3.45	4.02	15.02	
40	80.44	96.94	113.05	2.74	3.55	4.12	15.57	
41	83.24	99.65	114.27	2.83	3.70	4.24	16.05	
42	86.01	102.08	115.85	2.91	3.81	4.34	16.37	
43	88.58	104.84	117.10	3.03	3.91	4.47	16.75	
44	91.36	107.95	119.40	3.16	4.04	4.62	17.13	
45	94.41	111.44	121.34	3.32	4.19	4.79	17.54	
46	95.31	114.49	123.60	3.36	4.26	4.82	17.25	
47	94.87	115.38	126.22	3.40	4.25	4.80	16.99	
48	97.89	118.99	130.84	3.57	4.43	4.97	17.38	
49	100.03	121.78	134.47	3.71	4.60	5.12	17.72	
50	102.60	125.33	138.86	3.86	4.78	5.29	18.27	
51	104.46	128.22	142.45	4.01	4.92	5.43	18.78	
52	106.96	132.14	147.06	4.19	5.10	5.64	19.50	
53	108.16	134.36	150.28	4.27	5.19	5.73	19.84	
54	110.32	137.71	154.77	4.39	5.36	5.89	20.34	
55	112.28	140.66	158.87	4.50	5.48	6.01	20.75	
56	115.55	145.10	164.72	4.68	5.70	6.22	21.30	
57	119.63	150.38	171.58	4.88	5.92	6.46	21.90	
58	123.18	154.14	177.40	5.06	6.14	6.64	22.32	
59	128.88	160.49	186.27	5.35	6.43	6.95	22.92	
60	135.99	168.58	197.35	5.69	6.85	7.34	23.63	
61	143.75	177.39	209.54	6.13	7.27	7.78	24.52	
62	153.94	189.15	225.61	6.72	7.85	8.33	25.85	
63	166.68	204.82	244.76	7.43	8.60	9.08	27.66	
64	180.68	222.24	266.30	8.24	9.45	9.93	29.86	
65	195.28	240.52	289.36	9.09	10.34	10.84	32.45	
66	220.16	271.75	328.46	10.51	11.80	12.33	37.12	
67	238.68	295.26	359.05	11.66	12.96	13.50	41.15	
68	256.31	319.18	389.99	13.16	14.28	14.80	46.72	
69	275.68	343.99	421.45	14.75	15.57	16.12	53.09	
70	296.91	368.54	452.24	16.40	16.94	17.49	60.12	
71	323.68	390.87	479.95	18.04	18.59	19.14	67.47	
72	355.21	416.62	511.67	19.95	20.49	21.07	76.16	
73	390.81	448.29	557.22	21.94	22.51	23.10	85.21	
74	434.20	494.02	613.48	24.41	25.00	25.61	96.02	
75	480.52	546.77	674.12	27.09	27.68	28.33	107.52	
76	533.17	608.14	744.56	30.20	30.83	31.51	120.47	
77	580.47	665.13	809.01	33.11	33.77	34.45	132.19	
78	641.80	740.26	898.75	36.97	37.66	38.38	147.08	
79	704.98	819.90	994.19	41.07	41.78	42.54	162.38	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 20 Years

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	62.21	68.31	75.38	82.08	91.88	140.33	55.98	61.47	67.85	73.88	82.69	126.31
36	62.87	68.91	76.56	83.38	93.31	141.70	56.59	62.03	68.89	75.04	83.98	127.55
37	63.19	69.15	77.31	84.17	94.23	142.29	56.87	62.23	69.57	75.76	84.80	128.07
38	63.86	69.64	78.39	84.60	94.85	144.50	57.47	62.67	70.56	76.14	85.37	130.07
39	64.48	70.12	79.41	85.06	95.42	144.46	58.04	63.12	71.49	76.55	85.88	130.01
40	65.10	70.63	80.44	85.58	95.96	144.71	58.59	63.56	72.39	77.03	86.37	130.24
41	65.40	70.75	81.01	85.69	96.01	144.58	58.87	63.67	72.91	77.13	86.40	130.13
42	65.75	70.87	81.63	85.92	96.17	144.86	59.17	63.79	73.46	77.33	86.57	130.39
43	66.57	71.88	82.52	88.60	99.09	148.19	59.90	64.70	74.25	79.76	89.17	133.39
44	67.15	72.72	83.11	90.87	101.54	150.97	60.43	65.43	74.80	81.78	91.39	135.87
45	67.87	73.75	83.91	93.23	104.16	154.05	61.07	66.36	75.53	83.91	93.75	138.64
46	68.77	75.22	85.24	95.77	107.04	157.44	61.90	67.68	76.71	86.19	96.33	141.69
47	70.33	77.31	87.41	99.08	110.91	162.12	63.30	69.57	78.67	89.16	99.81	145.90
48	72.23	79.62	90.12	102.87	115.70	168.51	65.01	71.67	81.11	92.59	104.15	151.69
49	74.54	82.85	94.10	107.30	121.25	175.82	67.10	74.56	84.68	96.57	109.12	158.25
50	76.50	85.53	97.63	111.19	126.26	182.13	68.85	76.97	87.87	100.06	113.63	163.91
51	79.05	88.75	102.00	115.94	132.32	189.63	71.15	79.88	91.81	104.34	119.10	170.68
52	81.32	91.54	106.08	120.32	138.04	196.32	73.19	82.36	95.47	108.30	124.24	176.68
53	83.28	94.64	110.25	124.60	143.28	202.75	74.94	85.18	99.23	112.13	128.95	182.48
54	85.92	98.70	115.43	130.08	149.79	210.58	77.33	88.82	103.88	117.05	134.81	189.53
55	88.36	102.61	120.37	135.35	156.02	216.38	79.51	92.36	108.33	121.83	140.43	194.76
56	91.17	107.14	125.87	141.40	163.00	223.26	82.05	96.43	113.28	127.27	146.69	200.95
57	94.43	112.40	132.02	148.32	170.89	231.48	84.99	101.17	118.82	133.51	153.81	208.32
58	98.29	118.29	137.43	155.28	178.68	241.25	88.46	106.45	123.68	139.75	160.81	217.11
59	103.03	125.12	144.35	164.01	188.40	253.66	92.73	112.62	129.91	147.62	169.58	228.31
60	108.19	132.36	152.03	173.66	199.10	267.44	97.37	119.12	136.81	156.31	179.18	240.71
61	115.21	141.79	162.41	186.47	213.34	286.00	103.68	127.62	146.16	167.83	192.01	257.39
62	123.84	152.93	174.76	201.68	230.26	308.11	111.45	137.65	157.29	181.49	207.23	277.29
63	135.56	167.04	191.73	221.65	252.78	336.47	122.02	150.34	172.56	199.48	227.50	302.82
64	148.15	182.11	209.75	242.80	276.76	366.10	133.34	163.90	188.79	218.53	249.09	329.48
65	163.06	199.95	230.69	267.33	304.70	400.31	146.75	179.95	207.61	240.60	274.23	360.28
66	187.87	230.04	265.22	307.61	350.83	457.35	169.09	207.04	238.69	276.85	315.78	411.63
67	207.63	254.01	291.89	338.90	386.93	500.06	186.87	228.60	262.69	305.01	348.24	450.06
68	231.38	283.77	319.16	369.72	423.20	560.11	208.24	255.38	287.24	332.74	380.91	504.11
69	254.61	312.78	347.26	401.40	460.44	620.86	229.15	281.49	312.51	361.25	414.41	558.76
70	282.42	341.88	376.71	434.64	499.48	684.02	254.19	307.71	339.02	391.18	449.54	615.63
71	309.84	369.47	405.39	467.06	537.56	746.63	278.85	332.53	364.85	420.35	483.79	671.98
72	339.00	398.11	435.80	501.53	578.11	806.18	305.12	358.28	392.23	451.37	520.30	725.57
73	364.42	419.65	464.62	537.74	620.21	862.15	327.97	377.68	418.16	483.95	558.16	775.94
74	392.10	442.74	496.46	577.73	666.73	911.60	352.88	398.46	446.80	519.95	600.05	820.45
75	422.85	477.99	542.77	621.95	718.25	967.37	380.57	430.18	488.50	559.75	646.43	870.64
76	457.42	519.31	596.53	670.63	775.11	1,030.37	411.68	467.37	536.89	603.56	697.60	927.32
77	496.45	566.31	656.95	723.85	837.44	1,101.09	446.80	509.67	591.24	651.46	753.68	990.96
78	544.46	624.14	729.61	803.93	931.06	1,223.32	490.02	561.73	656.65	723.54	837.95	1,100.99
79	594.54	684.98	805.12	887.12	1,028.62	1,353.45	535.08	616.47	724.61	798.41	925.76	1,218.11

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 20 Years

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	58.88	62.63	72.29	78.73	82.66	112.53	13.10	16.28	18.24	19.86	20.85	27.80
36	59.26	63.36	73.29	79.81	83.79	113.32	13.46	16.64	18.62	20.27	21.29	28.38
37	59.31	63.76	73.86	80.43	84.45	113.55	13.72	16.93	18.92	20.60	21.64	28.74
38	59.47	64.40	74.64	80.56	84.71	114.83	14.25	17.44	19.39	20.91	21.99	29.68
39	59.72	65.05	75.43	80.79	84.97	114.44	14.67	17.84	19.80	21.20	22.29	30.02
40	60.09	65.72	76.26	81.14	85.33	114.40	14.99	18.19	20.14	21.42	22.54	30.31
41	60.24	65.99	76.73	81.19	85.32	114.13	15.15	18.35	20.34	21.52	22.60	30.45
42	60.55	66.26	77.33	81.41	85.47	114.31	15.24	18.48	20.50	21.56	22.64	30.55
43	61.34	67.47	78.24	84.00	88.14	116.96	15.40	18.63	20.66	22.20	23.31	31.23
44	61.94	68.51	78.91	86.27	90.46	119.27	15.47	18.67	20.73	22.67	23.78	31.69
45	62.73	69.74	79.81	88.69	92.98	121.89	15.55	18.71	20.82	23.13	24.25	32.16
46	63.71	71.36	81.29	91.33	95.77	124.83	15.65	18.87	20.98	23.57	24.75	32.62
47	65.24	73.58	83.57	94.73	99.46	128.85	15.91	19.16	21.33	24.17	25.38	33.27
48	67.12	76.02	86.61	98.85	104.44	134.51	16.25	19.48	21.68	24.72	26.12	34.00
49	69.31	79.27	90.76	103.52	109.87	140.83	16.72	20.14	22.34	25.49	26.98	34.98
50	71.11	81.95	94.51	107.62	114.64	146.32	17.20	20.71	22.93	26.12	27.71	35.80
51	73.39	85.02	98.99	112.54	120.21	152.75	17.85	21.49	23.74	27.00	28.64	36.87
52	75.34	87.63	103.19	117.04	125.36	158.50	18.49	22.25	24.50	27.81	29.46	37.81
53	76.99	90.50	107.29	121.25	129.65	163.74	19.05	23.11	25.43	28.75	30.31	39.00
54	79.31	94.23	112.33	126.57	135.02	170.01	19.77	24.19	26.63	30.01	31.47	40.57
55	81.45	97.87	117.10	131.68	140.13	174.53	20.42	25.24	27.78	31.27	32.64	41.85
56	84.00	102.12	122.40	137.48	146.02	179.90	21.10	26.40	29.12	32.69	34.03	43.36
57	87.04	107.16	128.34	144.17	152.89	186.26	21.83	27.68	30.56	34.35	35.69	45.22
58	90.72	112.43	133.45	150.79	160.53	193.80	22.62	29.01	31.94	36.10	37.74	47.45
59	95.40	119.10	140.17	159.26	169.97	203.47	23.48	30.47	33.57	38.15	40.10	50.19
60	100.63	126.53	147.73	168.75	180.37	214.28	24.32	31.92	35.30	40.32	42.65	53.16
61	107.70	136.43	158.02	181.44	194.13	228.95	25.45	33.81	37.61	43.17	45.94	57.06
62	116.39	148.17	170.31	196.56	210.52	246.51	26.89	36.02	40.31	46.52	49.83	61.60
63	127.95	163.03	187.24	216.47	231.15	269.14	29.11	39.07	44.06	50.92	54.61	67.33
64	140.25	178.56	205.20	237.55	252.97	292.84	31.59	42.48	48.08	55.67	59.68	73.26
65	154.59	196.37	226.02	261.90	278.25	320.20	34.75	46.71	52.90	61.29	65.71	80.12
66	178.19	225.47	260.10	301.67	320.03	365.85	40.27	54.01	60.94	70.66	75.73	91.50
67	196.66	247.61	286.35	332.48	352.52	400.06	44.95	60.17	67.34	78.20	83.76	100.01
68	218.62	269.88	312.83	362.36	389.27	448.10	50.59	67.63	73.97	86.38	93.24	112.00
69	239.78	292.72	340.07	393.07	424.30	496.71	56.61	75.49	81.11	94.75	102.47	124.15
70	264.91	316.55	368.53	425.23	458.87	547.25	64.13	83.89	88.89	103.43	111.71	136.76
71	289.31	339.52	396.22	456.50	491.07	597.34	72.03	92.36	96.73	111.97	120.48	149.29
72	315.01	363.77	425.55	489.75	524.51	644.94	80.82	101.48	105.19	121.08	129.65	161.24
73	337.00	386.47	453.73	525.11	555.11	689.73	89.29	109.37	113.41	130.05	137.81	172.42
74	360.84	411.39	484.95	564.34	589.42	729.29	98.66	117.80	122.31	139.96	146.77	182.31
75	387.36	448.03	530.46	607.83	628.65	773.90	109.00	129.49	134.73	150.94	156.79	193.47
76	417.24	490.45	583.42	655.87	673.75	824.29	120.47	142.82	148.87	163.11	168.12	206.07
77	451.14	537.94	643.00	708.51	725.33	880.88	133.13	157.57	164.48	176.52	180.89	220.21
78	493.17	595.10	714.78	787.59	806.21	978.65	148.15	175.08	182.91	196.65	200.77	244.66
79	537.06	654.17	789.48	869.91	893.08	1,082.77	163.58	193.08	201.77	217.73	221.92	270.68

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 20 Years

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	68.94	78.73	106.88	2.51	3.04	3.53	13.10	
36	69.78	79.81	107.68	2.55	3.07	3.56	13.46	
37	70.22	80.43	107.85	2.57	3.09	3.58	13.72	
38	70.23	80.56	109.07	2.58	3.10	3.59	14.25	
39	70.64	80.77	108.71	2.60	3.12	3.60	14.67	
40	71.38	81.12	108.67	2.64	3.15	3.63	14.99	
41	72.05	81.17	108.44	2.68	3.20	3.66	15.15	
42	73.00	81.41	108.59	2.71	3.23	3.69	15.24	
43	74.34	84.00	111.12	2.78	3.29	3.74	15.40	
44	75.47	86.27	113.32	2.85	3.34	3.79	15.47	
45	76.80	88.69	115.81	2.94	3.41	3.86	15.55	
46	78.59	91.32	118.58	3.04	3.51	3.97	15.65	
47	80.98	94.73	122.39	3.18	3.63	4.09	15.91	
48	83.65	98.84	127.79	3.33	3.79	4.25	16.25	
49	87.17	103.50	133.81	3.51	4.01	4.46	16.72	
50	90.04	107.62	139.00	3.64	4.19	4.64	17.20	
51	93.38	112.52	145.12	3.81	4.40	4.86	17.85	
52	96.19	117.04	150.56	3.97	4.59	5.08	18.49	
53	99.30	121.25	155.55	4.10	4.77	5.26	19.05	
54	103.34	126.57	161.50	4.27	5.02	5.52	19.77	
55	107.31	131.68	165.82	4.43	5.24	5.74	20.42	
56	111.94	137.48	170.89	4.63	5.52	6.02	21.10	
57	117.43	144.17	176.95	4.87	5.81	6.34	21.83	
58	123.14	150.79	184.10	5.13	6.13	6.64	22.62	
59	130.43	159.26	193.29	5.48	6.51	7.04	23.48	
60	138.54	168.75	203.55	5.85	6.98	7.48	24.32	
61	149.33	181.44	217.49	6.36	7.56	8.08	25.45	
62	162.12	196.56	234.17	6.99	8.26	8.77	26.89	
63	178.27	216.47	255.67	7.81	9.20	9.71	29.11	
64	195.14	237.55	278.17	8.72	10.21	10.72	31.59	
65	214.48	261.88	304.20	9.74	11.36	11.91	34.75	
66	246.09	301.67	347.54	11.40	13.19	13.79	40.27	
67	270.08	332.48	380.04	12.73	14.66	15.28	44.95	
68	294.01	364.53	425.68	14.25	16.38	16.98	50.59	
69	318.64	396.02	471.84	15.73	18.00	18.64	56.61	
70	344.38	427.88	519.90	17.49	19.64	20.29	64.13	
71	369.25	458.07	567.45	19.26	21.21	21.83	72.03	
72	395.50	489.75	612.71	21.17	22.82	23.45	80.82	
73	420.23	521.52	655.22	23.00	24.21	24.84	89.29	
74	447.36	557.18	692.83	25.08	25.75	26.38	98.66	
75	487.14	597.50	735.21	27.46	28.06	28.72	109.00	
76	533.17	643.11	783.07	30.20	30.83	31.51	120.47	
77	584.61	694.33	836.81	33.35	34.01	34.70	133.13	
78	646.45	772.84	929.74	37.24	37.93	38.66	148.15	
79	710.21	856.12	1,028.62	41.37	42.09	42.85	163.58	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 10 Years

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	49.98	54.88	60.56	65.94	73.81	88.85	44.97	49.38	54.51	59.36	66.43	79.97
36	50.15	54.97	61.08	66.52	74.44	89.13	45.14	49.49	54.96	59.86	66.99	80.23
37	50.69	55.48	62.02	67.53	75.60	90.06	45.62	49.92	55.81	60.78	68.04	81.05
38	51.23	55.87	62.89	67.87	76.09	90.58	46.11	50.28	56.60	61.08	68.49	81.54
39	51.73	56.25	63.71	68.24	76.55	91.29	46.56	50.64	57.35	61.41	68.90	82.16
40	51.86	56.26	64.08	68.17	76.45	91.55	46.67	50.63	57.67	61.36	68.80	82.40
41	52.40	56.68	64.90	68.65	76.92	92.67	47.16	51.01	58.41	61.79	69.22	83.40
42	52.60	56.70	65.30	68.74	76.94	93.32	47.33	51.03	58.77	61.86	69.26	84.00
43	53.26	57.51	66.01	70.88	79.27	94.86	47.92	51.76	59.40	63.81	71.34	85.39
44	53.64	58.10	66.39	72.59	81.12	95.94	48.27	52.27	59.76	65.33	73.01	86.35
45	54.53	59.26	67.42	74.91	83.69	97.94	49.07	53.32	60.69	67.42	75.33	88.14
46	55.17	60.35	68.39	76.83	85.88	99.46	49.67	54.30	61.55	69.16	77.29	89.51
47	56.02	61.58	69.62	78.92	88.34	101.20	50.42	55.42	62.66	71.01	79.50	91.08
48	57.87	63.79	72.20	82.42	92.70	104.44	52.09	57.42	64.98	74.18	83.44	94.01
49	59.72	66.37	75.39	85.96	97.14	107.61	53.76	59.74	67.84	77.37	87.43	96.86
50	61.20	68.43	78.10	88.96	101.01	110.00	55.08	61.58	70.30	80.05	90.90	98.99
51	63.24	71.00	81.60	92.75	105.86	113.23	56.92	63.90	73.45	83.47	95.28	101.92
52	64.96	73.12	84.74	96.11	110.27	115.79	58.47	65.79	76.27	86.51	99.25	104.21
53	66.92	76.05	88.59	100.13	115.14	119.02	60.22	68.45	79.74	90.11	103.62	107.12
54	68.53	78.72	92.07	103.75	119.48	121.71	61.68	70.84	82.85	93.36	107.52	109.55
55	70.37	81.72	95.86	107.80	124.26	124.87	63.32	73.55	86.28	97.03	111.84	112.40
56	73.04	85.84	100.84	113.29	130.60	129.62	65.74	77.26	90.76	101.97	117.53	116.67
57	75.54	89.92	105.62	118.65	136.71	134.19	67.99	80.94	95.06	106.81	123.04	120.77
58	78.63	94.63	109.95	124.22	142.94	139.85	70.77	85.16	98.94	111.80	128.65	125.86
59	82.42	100.10	115.48	131.21	150.72	147.05	74.18	90.10	103.93	118.09	135.66	132.36
60	87.08	106.54	122.36	139.78	160.25	155.98	78.37	95.87	110.12	125.81	144.22	140.40
61	92.73	114.12	130.72	150.09	171.71	166.81	83.45	102.72	117.64	135.09	154.55	150.12
62	98.92	122.15	139.60	161.10	183.93	178.34	89.02	109.95	125.64	144.97	165.53	160.50
63	108.29	133.43	153.15	177.05	201.92	194.76	97.47	120.09	137.83	159.34	181.72	175.28
64	118.34	145.46	167.55	193.94	221.07	211.91	106.51	130.92	150.80	174.56	198.97	190.71
65	129.25	158.50	182.86	211.91	241.53	229.94	116.33	142.64	164.57	190.72	217.38	206.95
66	148.92	182.35	210.24	243.84	278.10	262.70	134.03	164.11	189.21	219.45	250.31	236.44
67	164.32	201.02	231.00	268.21	306.22	286.78	147.89	180.91	207.89	241.39	275.60	258.10
68	184.24	225.96	254.14	294.41	337.00	323.20	165.82	203.36	228.73	264.96	303.31	290.88
69	204.00	250.61	278.24	321.62	368.93	360.48	183.61	225.54	250.40	289.45	332.04	324.42
70	225.93	273.50	301.37	347.71	399.59	396.53	203.35	246.17	271.22	312.94	359.64	356.89
71	251.01	299.32	328.41	378.38	435.49	438.31	225.91	269.39	295.57	340.54	391.93	394.48
72	275.98	324.10	354.79	408.30	470.64	480.24	248.40	291.68	319.32	367.46	423.57	432.22
73	300.11	345.59	382.63	442.85	510.76	526.28	270.09	311.03	344.36	398.55	459.66	473.65
74	326.75	368.95	413.71	481.44	555.61	580.74	294.06	332.05	372.33	433.29	500.05	522.67
75	356.69	403.20	457.85	524.64	605.87	644.18	321.02	362.87	412.06	472.17	545.29	579.77
76	390.71	443.57	509.54	572.83	662.07	718.56	351.64	399.21	458.59	515.54	595.86	646.70
77	433.07	494.02	573.08	631.44	730.53	805.78	389.76	444.61	515.76	568.30	657.47	725.19
78	477.87	547.80	640.38	705.61	817.19	907.71	430.09	493.03	576.34	635.05	735.47	816.94
79	528.96	609.43	716.32	789.27	915.17	1,204.17	476.06	548.48	644.69	710.35	823.65	1,083.76

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 10 Years

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	47.30	50.32	58.08	63.25	66.40	71.24	10.52	13.08	14.65	15.95	16.75	17.60
36	47.27	50.55	58.47	63.67	66.85	71.28	10.74	13.28	14.86	16.17	16.99	17.85
37	47.58	51.16	59.25	64.53	67.75	71.87	11.01	13.58	15.18	16.53	17.36	18.19
38	47.71	51.67	59.88	64.63	67.96	71.98	11.43	13.99	15.55	16.78	17.64	18.60
39	47.91	52.19	60.52	64.81	68.17	72.32	11.77	14.31	15.89	17.01	17.88	18.97
40	47.87	52.35	60.75	64.64	67.97	72.38	11.94	14.49	16.04	17.06	17.96	19.18
41	48.26	52.87	61.48	65.04	68.35	73.15	12.14	14.70	16.29	17.24	18.11	19.51
42	48.44	53.01	61.87	65.13	68.37	73.64	12.19	14.78	16.40	17.25	18.11	19.68
43	49.07	53.98	62.59	67.20	70.51	74.87	12.32	14.91	16.53	17.76	18.64	19.99
44	49.48	54.73	63.04	68.92	72.26	75.80	12.36	14.91	16.56	18.11	19.00	20.14
45	50.40	56.03	64.12	71.26	74.70	77.49	12.50	15.03	16.73	18.59	19.49	20.45
46	51.12	57.26	65.22	73.28	76.83	78.85	12.56	15.14	16.84	18.91	19.86	20.60
47	51.96	58.61	66.57	75.45	79.22	80.43	12.67	15.26	16.99	19.25	20.22	20.77
48	53.77	60.91	69.39	79.20	83.67	83.36	13.02	15.61	17.37	19.81	20.93	21.07
49	55.53	63.51	72.72	82.93	88.02	86.20	13.40	16.14	17.90	20.42	21.61	21.41
50	56.89	65.56	75.61	86.10	91.71	88.37	13.76	16.57	18.34	20.90	22.17	21.62
51	58.71	68.01	79.19	90.03	96.17	91.22	14.28	17.19	18.99	21.60	22.91	22.02
52	60.18	70.00	82.43	93.49	100.14	93.49	14.77	17.77	19.57	22.21	23.53	22.30
53	61.87	72.72	86.22	97.44	104.18	96.12	15.31	18.57	20.44	23.10	24.36	22.90
54	63.26	75.16	89.60	100.96	107.69	98.26	15.77	19.29	21.24	23.94	25.10	23.45
55	64.86	77.94	93.26	104.87	111.60	100.72	16.27	20.10	22.12	24.90	26.00	24.15
56	67.30	81.82	98.06	110.15	116.99	104.44	16.90	21.15	23.33	26.19	27.26	25.18
57	69.63	85.73	102.67	115.34	122.31	107.98	17.46	22.14	24.45	27.48	28.55	26.22
58	72.57	89.94	106.76	120.63	128.43	112.35	18.10	23.21	25.55	28.88	30.19	27.51
59	76.32	95.28	112.14	127.41	135.97	117.96	18.78	24.38	26.86	30.52	32.08	29.09
60	81.00	101.84	118.90	135.83	145.18	124.98	19.58	25.69	28.41	32.45	34.33	31.01
61	86.68	109.81	127.19	146.04	156.25	133.53	20.49	27.21	30.27	34.75	36.98	33.28
62	92.97	118.35	136.04	157.01	168.16	142.69	21.48	28.77	32.20	37.16	39.81	35.66
63	102.20	130.22	149.56	172.91	184.64	155.79	23.25	31.21	35.19	40.67	43.62	38.97
64	112.03	142.63	163.91	189.75	202.06	169.50	25.24	33.93	38.40	44.47	47.67	42.40
65	122.54	155.66	179.16	207.60	220.57	183.92	27.55	37.03	41.93	48.58	52.09	46.02
66	141.25	178.72	206.17	239.13	253.68	210.15	31.92	42.81	48.30	56.01	60.03	52.56
67	155.64	195.96	226.62	263.13	278.99	229.43	35.57	47.62	53.29	61.89	66.29	57.35
68	174.09	214.91	249.10	288.55	309.98	258.57	40.28	53.86	58.90	68.79	74.25	64.63
69	192.12	234.54	272.48	314.95	339.97	288.39	45.36	60.49	64.99	75.91	82.10	72.09
70	211.93	253.24	294.83	340.19	367.10	317.25	51.30	67.12	71.11	82.75	89.36	79.28
71	234.38	275.06	320.99	369.82	397.83	350.67	58.36	74.82	78.36	90.71	97.60	87.64
72	256.45	296.14	346.45	398.70	427.01	384.19	65.80	82.61	85.64	98.57	105.55	96.05
73	277.53	318.27	373.66	432.44	457.15	421.03	73.53	90.07	93.40	107.10	113.49	105.25
74	300.70	342.83	404.12	470.28	491.18	464.60	82.21	98.16	101.92	116.64	122.30	116.14
75	326.75	377.93	447.47	512.73	530.29	515.35	91.95	109.23	113.65	127.33	132.26	128.83
76	356.39	418.93	498.33	560.22	575.49	574.85	102.90	121.99	127.16	139.32	143.60	143.71
77	393.55	469.27	560.92	618.06	632.73	644.63	116.14	137.45	143.48	153.98	157.79	161.15
78	432.86	522.32	627.36	691.27	707.61	726.17	130.03	153.67	160.54	172.60	176.21	181.54
79	477.83	582.02	702.41	773.96	794.58	963.35	145.54	171.78	179.52	193.72	197.44	240.82

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 10 Years

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	55.39	63.25	67.67	2.02	2.44	2.83	10.52	
36	55.67	63.67	67.73	2.03	2.45	2.84	10.74	
37	56.34	64.53	68.26	2.06	2.48	2.87	11.01	
38	56.34	64.63	68.37	2.07	2.49	2.88	11.43	
39	56.67	64.80	68.70	2.09	2.50	2.89	11.77	
40	56.87	64.62	68.75	2.10	2.51	2.90	11.94	
41	57.72	65.03	69.50	2.14	2.56	2.93	12.14	
42	58.40	65.13	69.96	2.17	2.58	2.95	12.19	
43	59.47	67.20	71.13	2.23	2.63	3.00	12.32	
44	60.29	68.92	72.02	2.28	2.67	3.03	12.36	
45	61.70	71.26	73.63	2.36	2.74	3.10	12.50	
46	63.05	73.26	74.91	2.44	2.82	3.19	12.56	
47	64.50	75.45	76.40	2.53	2.89	3.26	12.67	
48	67.01	79.18	79.20	2.67	3.03	3.40	13.02	
49	69.84	82.92	81.90	2.81	3.21	3.57	13.40	
50	72.03	86.10	83.95	2.91	3.36	3.72	13.76	
51	74.71	90.02	86.66	3.05	3.52	3.89	14.28	
52	76.84	93.49	88.80	3.17	3.66	4.05	14.77	
53	79.79	97.44	91.31	3.29	3.83	4.23	15.31	
54	82.43	100.96	93.34	3.40	4.00	4.40	15.77	
55	85.46	104.87	95.69	3.52	4.17	4.57	16.27	
56	89.68	110.15	99.22	3.71	4.42	4.82	16.90	
57	93.95	115.34	102.58	3.89	4.65	5.07	17.46	
58	98.51	120.63	106.72	4.11	4.91	5.31	18.10	
59	104.35	127.41	112.05	4.38	5.21	5.63	18.78	
60	111.51	135.83	118.72	4.71	5.61	6.02	19.58	
61	120.19	146.04	126.85	5.12	6.08	6.50	20.49	
62	129.50	157.01	135.55	5.58	6.60	7.01	21.48	
63	142.40	172.91	147.99	6.24	7.35	7.76	23.25	
64	155.88	189.75	161.01	6.97	8.15	8.56	25.24	
65	170.01	207.59	174.73	7.72	9.00	9.44	27.55	
66	195.07	239.13	199.63	9.04	10.46	10.93	31.92	
67	213.75	263.13	217.95	10.08	11.61	12.09	35.57	
68	234.12	290.27	245.63	11.35	13.04	13.52	40.28	
69	255.31	317.31	273.96	12.60	14.42	14.93	45.36	
70	275.51	342.30	301.39	13.99	15.71	16.23	51.30	
71	299.14	371.10	333.12	15.60	17.18	17.69	58.36	
72	321.98	398.70	364.99	17.23	18.57	19.09	65.80	
73	346.07	429.49	399.96	18.94	19.94	20.45	73.53	
74	372.80	464.31	441.37	20.90	21.46	21.99	82.21	
75	410.92	504.01	489.58	23.16	23.67	24.23	91.95	
76	455.42	549.32	546.10	25.79	26.33	26.91	102.90	
77	509.98	605.69	612.38	29.09	29.67	30.27	116.14	
78	567.39	678.32	689.87	32.68	33.29	33.93	130.03	
79	631.87	761.69	915.17	36.81	37.45	38.13	145.54	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Step-Rated

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2	3	4	5	6	Lifetime	2	3	4	5	6	Lifetime
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	48.60	56.40	64.14	71.85	79.51	113.18	43.73	50.75	57.73	64.67	71.57	101.86
36	48.69	56.66	64.54	72.33	80.04	113.48	43.83	51.01	58.07	65.09	72.03	102.14
37	49.18	57.37	65.44	73.36	81.16	114.65	44.27	51.63	58.89	66.03	73.04	103.19
38	50.18	58.73	67.08	75.21	83.12	115.32	45.16	52.86	60.38	67.69	74.81	103.80
39	51.05	59.93	68.54	76.86	84.91	115.34	45.95	53.95	61.70	69.17	76.42	103.80
40	52.02	61.24	70.12	78.68	86.93	116.48	46.82	55.11	63.11	70.82	78.24	104.84
41	52.94	62.44	71.59	80.38	88.81	116.99	47.65	56.19	64.44	72.35	79.92	105.30
42	53.97	63.82	73.28	82.34	91.02	118.67	48.57	57.44	65.95	74.10	81.94	106.81
43	55.69	65.89	75.69	85.06	94.03	120.63	50.12	59.30	68.10	76.57	84.62	108.57
44	56.84	67.30	77.33	86.92	96.10	121.92	51.16	60.55	69.60	78.23	86.49	109.73
45	58.89	69.76	80.17	90.14	99.67	124.46	52.99	62.77	72.17	81.12	89.71	112.01
46	58.33	70.21	79.57	92.41	102.27	126.31	52.51	63.18	71.61	83.18	92.04	113.67
47	58.16	70.14	79.30	93.45	104.61	129.46	52.34	63.12	71.38	84.09	94.14	116.51
48	59.38	71.58	81.03	95.15	107.02	132.55	53.45	64.43	72.92	85.64	96.33	119.32
49	61.05	73.49	83.47	97.59	110.29	136.58	54.96	66.14	75.12	87.83	99.26	122.93
50	62.30	74.74	85.32	99.31	112.76	139.52	56.07	67.26	76.79	89.36	101.48	125.56
51	64.16	76.61	88.04	101.94	116.34	143.62	57.74	68.94	79.24	91.74	104.71	129.27
52	65.64	77.91	90.29	103.98	119.30	146.77	59.08	70.10	81.26	93.59	107.37	132.09
53	66.26	78.75	91.74	105.48	121.30	149.64	59.63	70.88	82.57	94.93	109.16	134.69
54	67.52	80.49	94.14	108.12	124.50	154.17	60.77	72.43	84.72	97.29	112.05	138.76
55	69.00	82.53	96.82	111.14	128.11	159.37	62.09	74.29	87.14	100.04	115.31	143.45
56	70.18	84.33	99.07	113.79	131.18	164.08	63.16	75.90	89.17	102.42	118.05	147.69
57	72.24	87.31	102.55	117.96	135.92	171.15	65.02	78.59	92.30	106.19	122.33	154.03
58	74.41	90.80	105.49	121.79	140.15	178.38	66.97	81.71	94.93	109.61	126.13	160.53
59	77.17	94.86	109.44	126.81	145.67	187.55	69.46	85.39	98.49	114.14	131.11	168.81
60	80.64	99.69	114.50	133.11	152.60	198.95	72.57	89.71	103.04	119.81	137.34	179.07
61	85.71	105.39	120.72	140.76	161.05	212.76	77.13	94.86	108.64	126.69	144.94	191.48
62	91.93	112.13	128.14	149.87	171.10	229.21	82.73	100.93	115.32	134.86	153.98	206.27
63	99.29	120.37	138.15	161.63	184.33	248.25	89.37	108.33	124.34	145.47	165.90	223.42
64	107.92	129.95	149.68	175.07	199.55	270.11	97.13	116.95	134.72	157.57	179.60	243.09
65	116.13	138.87	160.22	187.29	213.48	290.47	104.52	124.98	144.19	168.57	192.13	261.42
66	132.97	158.00	182.17	212.74	242.63	331.86	119.68	142.20	163.95	191.47	218.39	298.68
67	145.64	171.99	197.64	230.60	263.28	357.44	131.07	154.79	177.87	207.54	236.95	321.69
68	165.90	192.04	216.00	251.31	287.67	398.37	149.31	172.83	194.40	226.17	258.92	358.54
69	185.02	209.68	232.80	270.16	309.90	429.68	166.53	188.71	209.50	243.13	278.91	386.70
70	206.52	229.91	253.33	292.00	335.57	464.10	185.88	206.93	227.99	262.80	302.02	417.70
71	229.44	256.03	280.92	315.06	362.62	499.23	206.49	230.43	252.83	283.55	326.34	449.31
72	254.25	284.58	311.52	339.57	391.42	535.84	228.84	256.11	280.38	305.61	352.28	482.26
73	278.67	312.75	346.27	370.42	427.23	587.56	250.80	281.48	311.64	333.37	384.49	528.81
74	305.84	344.37	386.15	410.49	473.73	646.87	275.24	309.92	347.53	369.44	426.36	582.18
75	336.55	380.44	432.00	459.24	530.35	715.71	302.90	342.39	388.80	413.31	477.31	644.14
76	371.65	421.94	484.68	515.26	595.53	796.00	334.49	379.74	436.22	463.73	535.98	716.39
77	408.42	465.90	540.47	574.54	664.69	882.02	367.58	419.31	486.41	517.08	598.21	793.80
78	454.37	520.86	608.88	647.28	749.64	994.03	408.93	468.78	548.00	582.55	674.67	894.63
79	507.11	584.25	686.72	730.01	846.45	1,124.03	456.39	525.82	618.05	657.01	761.81	1,011.63

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Step-Rated

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	46.00	51.71	61.51	68.91	71.53	90.75	10.23	13.44	15.52	17.38	18.04	22.42
36	45.90	52.10	61.78	69.23	71.87	90.75	10.42	13.68	15.70	17.58	18.26	22.72
37	46.17	52.90	62.52	70.10	72.74	91.49	10.68	14.04	16.01	17.95	18.64	23.16
38	46.73	54.32	63.87	71.62	74.23	91.64	11.20	14.71	16.59	18.59	19.27	23.68
39	47.28	55.60	65.10	73.00	75.61	91.37	11.62	15.25	17.09	19.15	19.83	23.97
40	48.02	56.98	66.48	74.60	77.29	92.09	11.98	15.77	17.55	19.69	20.42	24.40
41	48.76	58.24	67.82	76.16	78.91	92.36	12.27	16.20	17.97	20.18	20.91	24.64
42	49.70	59.66	69.43	78.01	80.89	93.64	12.51	16.64	18.40	20.66	21.42	25.03
43	51.32	61.85	71.77	80.64	83.64	95.21	12.88	17.08	18.95	21.31	22.12	25.42
44	52.44	63.40	73.42	82.52	85.61	96.32	13.09	17.28	19.29	21.68	22.51	25.60
45	54.43	65.96	76.26	85.75	88.96	98.48	13.50	17.70	19.89	22.36	23.20	25.98
46	54.05	66.62	75.88	88.14	91.50	100.14	13.28	17.61	19.59	22.75	23.65	26.17
47	53.95	66.76	75.82	89.35	93.81	102.90	13.16	17.38	19.35	22.80	23.94	26.57
48	55.17	68.35	77.87	91.44	96.60	105.81	13.35	17.52	19.49	22.87	24.16	26.74
49	56.77	70.32	80.51	94.15	99.93	109.41	13.70	17.87	19.81	23.18	24.54	27.18
50	57.92	71.61	82.59	96.11	102.38	112.09	14.01	18.10	20.04	23.33	24.75	27.43
51	59.57	73.38	85.44	98.95	105.69	115.70	14.49	18.55	20.49	23.74	25.18	27.93
52	60.81	74.58	87.83	101.15	108.34	118.50	14.92	18.93	20.85	24.03	25.46	28.27
53	61.26	75.31	89.28	102.65	109.76	120.85	15.16	19.23	21.16	24.34	25.66	28.79
54	62.33	76.85	91.61	105.21	112.23	124.47	15.54	19.73	21.72	24.94	26.16	29.70
55	63.60	78.72	94.19	108.13	115.06	128.54	15.95	20.30	22.35	25.68	26.80	30.82
56	64.66	80.38	96.34	110.64	117.51	132.21	16.24	20.78	22.92	26.31	27.38	31.87
57	66.58	83.24	99.69	114.67	121.60	137.72	16.70	21.50	23.74	27.32	28.38	33.44
58	68.68	86.30	102.43	118.27	125.91	143.29	17.13	22.26	24.51	28.31	29.60	35.09
59	71.46	90.30	106.28	123.14	131.42	150.45	17.59	23.10	25.46	29.50	31.00	37.11
60	75.01	95.29	111.26	129.35	138.25	159.40	18.13	24.04	26.58	30.90	32.69	39.55
61	80.12	101.40	117.46	136.97	146.55	170.31	18.93	25.13	27.96	32.59	34.68	42.44
62	86.40	108.64	124.87	146.06	156.43	183.38	19.96	26.41	29.55	34.57	37.03	45.83
63	93.71	117.47	134.92	157.85	168.56	198.57	21.32	28.15	31.75	37.13	39.82	49.68
64	102.16	127.42	146.43	171.28	182.40	216.06	23.01	30.31	34.31	40.14	43.03	54.05
65	110.10	136.38	156.98	183.49	194.95	232.34	24.75	32.44	36.74	42.94	46.04	58.13
66	126.12	154.86	178.65	208.63	221.33	265.46	28.50	37.09	41.85	48.87	52.37	66.39
67	137.94	167.67	193.89	226.23	239.87	285.95	31.53	40.74	45.60	53.21	57.00	71.48
68	156.75	182.65	211.71	246.31	264.60	318.71	36.27	45.77	50.06	58.72	63.38	79.66
69	174.25	196.24	227.98	264.55	285.57	343.76	41.14	50.61	54.38	63.77	68.97	85.92
70	193.72	212.87	247.83	285.68	308.28	371.31	46.89	56.42	59.78	69.49	75.05	92.79
71	214.24	235.28	274.56	307.94	331.26	399.41	53.34	64.00	67.03	75.53	81.27	99.82
72	236.26	260.03	304.20	331.59	355.13	428.67	60.62	72.54	75.20	81.98	87.78	107.17
73	257.70	288.03	338.15	361.72	382.38	470.05	68.28	81.51	84.52	89.58	94.93	117.51
74	281.46	319.98	377.20	400.98	418.80	517.50	76.95	91.62	95.13	99.45	104.28	129.37
75	308.31	356.59	422.21	448.81	464.19	572.57	86.76	103.07	107.23	111.45	115.77	143.14
76	339.01	398.49	474.03	503.92	517.65	636.80	97.88	116.04	120.95	125.32	129.17	159.20
77	371.15	442.56	528.99	562.36	575.71	705.62	109.53	129.63	135.31	140.10	143.57	176.40
78	411.57	496.63	596.51	634.13	649.11	795.22	123.63	146.11	152.64	158.33	161.65	198.81
79	458.08	557.97	673.38	715.85	734.92	899.23	139.52	164.69	172.10	179.17	182.62	224.79

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Step-Rated

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC
Issue	Non Integrated - NH (3PL) Benefit Period			Non Integrated - ALF (3PL) Benefit Period			Non Integrated - HHC (3 PL) Benefit Period
Age	3 3 Yr	5 5 Yr	Lifetime Unlimited	2 2 Yr	3 3 Yr	4 4 Yr	2 2 Yr
18-35	56.92	68.91	86.20	3.52	4.50	5.39	18.38
36	57.38	69.23	86.23	3.57	4.57	5.44	18.86
37	58.26	70.10	86.90	3.61	4.64	5.48	19.32
38	59.24	71.62	87.05	3.69	4.76	5.58	20.34
39	60.38	72.98	86.79	3.77	4.87	5.69	21.23
40	61.90	74.58	87.48	3.87	5.00	5.77	21.99
41	63.59	76.14	87.75	4.00	5.11	5.86	22.65
42	65.74	78.01	88.96	4.07	5.15	5.88	22.87
43	68.14	80.64	90.45	4.07	5.24	5.97	22.50
44	69.84	82.52	91.52	4.03	5.18	5.89	21.82
45	72.64	85.75	93.57	4.01	5.13	5.81	21.23
46	73.36	88.12	95.13	4.03	5.11	5.78	20.70
47	73.47	89.35	97.74	4.06	5.08	5.73	20.30
48	75.20	91.42	100.52	4.22	5.24	5.88	20.56
49	77.32	94.14	103.95	4.35	5.39	6.00	20.76
50	78.68	96.11	106.48	4.48	5.54	6.14	21.19
51	80.60	98.93	109.92	4.65	5.72	6.31	21.79
52	81.87	101.15	112.56	4.81	5.85	6.48	22.39
53	82.63	102.65	114.81	4.91	5.97	6.59	22.80
54	84.28	105.21	118.24	5.02	6.12	6.73	23.25
55	86.32	108.13	122.13	5.14	6.27	6.87	23.73
56	88.11	110.64	125.60	5.32	6.48	7.07	24.23
57	91.22	114.67	130.83	5.52	6.70	7.30	24.77
58	94.52	118.27	136.12	5.73	6.95	7.52	25.27
59	98.89	123.14	142.92	6.02	7.24	7.83	25.80
60	104.34	129.35	151.42	6.37	7.67	8.22	26.45
61	110.99	136.97	161.79	6.87	8.15	8.71	27.47
62	118.87	146.06	174.20	7.52	8.79	9.33	28.96
63	128.46	157.85	188.64	8.32	9.64	10.18	31.01
64	139.25	171.28	205.24	9.19	10.53	11.06	33.29
65	148.96	183.47	220.73	10.14	11.53	12.09	36.19
66	169.02	208.63	252.18	11.66	13.09	13.69	41.19
67	182.88	226.23	271.64	12.87	14.31	14.90	45.42
68	198.98	247.78	302.76	14.38	15.59	16.16	51.03
69	213.61	266.53	326.55	15.73	16.60	17.19	56.61
70	231.59	287.46	352.75	17.16	17.73	18.31	62.93
71	255.88	309.00	379.42	18.53	19.09	19.65	69.30
72	282.72	331.59	407.25	19.95	20.49	21.07	76.16
73	313.19	359.25	446.54	21.79	22.36	22.94	84.62
74	347.96	395.89	491.63	23.91	24.48	25.08	94.05
75	387.73	441.18	543.95	26.34	26.92	27.55	104.55
76	433.20	494.11	604.96	29.36	29.97	30.63	117.12
77	480.96	551.10	670.32	32.64	33.29	33.96	130.30
78	539.48	622.25	755.47	36.43	37.11	37.82	144.95
79	605.76	704.50	854.26	40.76	41.47	42.22	161.18

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Step-Rated

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	64.51	74.84	85.11	93.03	104.13	131.18
36	64.69	75.28	85.76	93.89	105.07	131.67
37	65.34	76.22	86.94	95.31	106.70	133.03
38	66.93	78.33	89.48	96.74	108.47	133.81
39	68.06	79.91	91.40	97.50	109.38	133.97
40	69.64	81.79	93.15	98.90	110.90	135.30
41	70.84	81.95	93.83	99.67	111.68	136.04
42	72.19	82.66	95.20	101.20	113.27	137.99
43	71.52	84.25	96.71	102.86	115.03	140.26
44	69.87	83.30	95.19	104.02	116.24	141.92
45	69.01	82.69	94.09	106.08	118.52	144.88
46	67.98	81.82	92.73	107.70	120.38	147.20
47	67.31	81.19	91.79	108.17	121.08	149.85
48	68.80	82.95	93.89	110.26	124.01	153.59
49	69.77	83.99	95.40	111.54	126.04	156.09
50	70.78	84.91	96.92	112.81	128.09	158.49
51	71.86	85.80	98.60	114.17	130.30	160.86
52	73.58	87.33	101.21	116.56	133.73	164.52
53	74.34	88.35	102.92	118.35	136.09	167.89
54	75.20	89.65	104.85	120.42	138.68	171.72
55	76.86	91.93	107.84	123.79	142.69	177.51
56	78.23	94.00	110.44	126.85	146.23	182.91
57	80.53	97.33	114.32	131.50	151.51	190.80
58	82.95	101.21	117.60	135.77	156.23	198.85
59	85.39	104.97	121.10	140.32	161.19	207.54
60	89.23	110.31	126.70	147.30	168.87	220.15
61	94.14	115.76	132.59	154.61	176.89	233.68
62	100.97	123.16	140.74	164.61	187.93	251.75
63	109.96	133.30	153.00	178.99	204.14	274.92
64	118.62	142.84	164.52	192.43	219.34	296.89
65	129.79	155.21	179.07	209.33	238.59	324.65
66	147.50	175.26	202.07	235.98	269.14	368.11
67	161.68	190.94	219.42	256.01	292.29	401.89
68	181.36	209.95	236.13	274.74	314.49	435.50
69	200.84	227.61	252.69	293.25	336.38	466.41
70	220.64	245.63	270.65	311.97	358.51	495.83
71	243.16	271.35	297.72	333.91	384.31	529.10
72	265.12	296.74	324.84	354.08	408.15	558.74
73	288.20	323.45	358.11	383.09	441.83	607.65
74	316.29	356.14	399.35	424.53	489.93	668.98
75	345.18	390.19	443.08	471.01	543.95	734.07
76	381.18	432.76	497.11	528.47	610.80	816.41
77	422.51	481.97	559.10	594.35	687.61	912.43
78	470.04	538.82	629.88	669.60	775.49	1,028.30
79	520.22	599.36	704.48	748.89	868.34	1,153.09

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 50% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	58.05	67.35	76.61	83.74	93.73	118.07
36	58.23	67.77	77.16	84.49	94.56	118.51
37	58.81	68.58	78.24	85.79	96.03	119.73
38	60.23	70.50	80.54	87.07	97.62	120.44
39	61.26	71.94	82.27	87.75	98.44	120.57
40	62.67	73.60	83.83	89.02	99.81	121.78
41	63.76	73.75	84.46	89.71	100.50	122.44
42	64.96	74.40	85.68	91.08	101.97	124.20
43	64.35	75.82	87.02	92.59	103.52	126.25
44	62.89	74.95	85.68	93.62	104.62	127.73
45	62.09	74.41	84.69	95.47	106.68	130.38
46	61.20	73.63	83.45	96.93	108.33	132.47
47	60.58	73.06	82.62	97.33	108.97	134.86
48	61.93	74.66	84.50	99.23	111.62	138.26
49	62.81	75.59	85.85	100.38	113.43	140.50
50	63.70	76.41	87.23	101.52	115.28	142.64
51	64.67	77.22	88.75	102.75	117.28	144.78
52	66.23	78.58	91.09	104.92	120.36	148.07
53	66.90	79.53	92.64	106.50	122.47	151.11
54	67.69	80.68	94.36	108.37	124.80	154.56
55	69.16	82.74	97.05	111.43	128.44	159.77
56	70.41	84.61	99.40	114.17	131.60	164.63
57	72.48	87.60	102.89	118.37	136.36	171.71
58	74.65	91.09	105.83	122.19	140.60	178.95
59	76.86	94.49	108.99	126.30	145.09	186.80
60	80.31	99.27	114.02	132.58	151.97	198.15
61	84.71	104.19	119.32	139.16	159.20	210.31
62	90.87	110.85	126.67	148.13	169.13	226.56
63	98.97	119.97	137.70	161.10	183.72	247.42
64	106.76	128.55	148.08	173.20	197.42	267.20
65	116.81	139.69	161.16	188.40	214.73	292.18
66	132.75	157.74	181.86	212.38	242.25	331.31
67	145.51	171.84	197.47	230.41	263.06	361.70
68	163.22	188.95	212.52	247.26	283.05	391.96
69	180.76	204.83	227.41	263.91	302.75	419.76
70	198.59	221.08	243.58	280.77	322.67	446.26
71	218.85	244.22	267.95	300.52	345.87	476.20
72	238.62	267.06	292.36	318.67	367.33	502.87
73	259.38	291.10	322.30	344.77	397.64	546.89
74	284.65	320.52	359.41	382.07	440.94	602.09
75	310.67	351.17	398.77	423.91	489.55	660.66
76	343.07	389.47	447.41	475.62	549.72	734.76
77	380.26	433.76	503.18	534.91	618.84	821.18
78	423.04	484.94	566.89	602.64	697.93	925.48
79	468.19	539.42	634.03	674.00	781.51	1,037.79

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Step-Rated

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	61.06	68.62	81.62	89.23	93.68	105.19	13.58	17.83	20.59	22.51	23.63	25.99
36	60.98	69.22	82.09	89.86	94.35	105.30	13.85	18.18	20.86	22.82	23.98	26.37
37	61.33	70.28	83.06	91.08	95.63	106.16	14.18	18.66	21.27	23.33	24.50	26.87
38	62.33	72.45	85.19	92.13	96.87	106.33	14.93	19.61	22.13	23.91	25.15	27.48
39	63.04	74.14	86.81	92.60	97.40	106.13	15.49	20.33	22.79	24.30	25.55	27.84
40	64.28	76.10	88.31	93.77	98.61	106.96	16.04	21.07	23.32	24.76	26.05	28.34
41	65.25	76.45	88.89	94.43	99.24	107.39	16.41	21.26	23.56	25.03	26.29	28.65
42	66.48	77.27	90.19	95.88	100.66	108.88	16.74	21.55	23.91	25.40	26.66	29.10
43	65.90	79.07	91.70	97.52	102.32	110.70	16.54	21.84	24.22	25.77	27.05	29.56
44	64.46	78.47	90.39	98.76	103.55	112.12	16.10	21.38	23.75	25.95	27.22	29.79
45	63.78	78.19	89.49	100.92	105.79	114.63	15.81	20.98	23.35	26.32	27.59	30.25
46	62.98	77.63	88.43	102.71	107.70	116.70	15.47	20.53	22.83	26.51	27.84	30.49
47	62.44	77.27	87.77	103.42	108.59	119.10	15.23	20.12	22.40	26.39	27.71	30.75
48	63.93	79.20	90.23	105.95	111.94	122.60	15.47	20.30	22.58	26.50	28.00	30.99
49	64.88	80.36	92.02	107.61	114.21	125.03	15.65	20.42	22.64	26.49	28.04	31.06
50	65.79	81.35	93.82	109.19	116.30	127.33	15.92	20.56	22.76	26.50	28.11	31.16
51	66.71	82.18	95.70	110.82	118.38	129.58	16.23	20.77	22.95	26.59	28.20	31.28
52	68.17	83.61	98.45	113.38	121.44	132.84	16.73	21.22	23.38	26.94	28.54	31.69
53	68.73	84.49	100.16	115.16	123.14	135.59	17.01	21.57	23.74	27.31	28.79	32.30
54	69.42	85.59	102.04	117.18	125.00	138.64	17.31	21.97	24.19	27.78	29.13	33.09
55	70.84	87.68	104.91	120.44	128.16	143.18	17.77	22.61	24.89	28.60	29.85	34.33
56	72.07	89.61	107.39	123.34	130.99	147.39	18.10	23.17	25.55	29.33	30.53	35.53
57	74.22	92.79	111.13	127.82	135.55	153.52	18.62	23.96	26.47	30.45	31.64	37.27
58	76.56	96.20	114.19	131.84	140.36	159.73	19.09	24.82	27.33	31.56	32.99	39.11
59	79.07	99.92	117.60	136.26	145.42	166.48	19.46	25.57	28.17	32.64	34.30	41.06
60	83.00	105.45	123.11	143.13	152.99	176.39	20.06	26.60	29.42	34.20	36.17	43.76
61	88.00	111.38	129.01	150.44	160.96	187.07	20.80	27.60	30.71	35.79	38.09	46.62
62	94.90	119.32	137.15	160.42	171.82	201.41	21.92	29.01	32.46	37.97	40.67	50.34
63	103.78	130.09	149.41	174.81	186.67	219.91	23.61	31.18	35.16	41.12	44.10	55.01
64	112.29	140.06	160.95	188.27	200.49	237.48	25.30	33.32	37.71	44.12	47.30	59.41
65	123.05	152.43	175.45	205.08	217.88	259.67	27.66	36.26	41.06	47.99	51.45	64.97
66	139.89	171.78	198.16	231.43	245.51	294.46	31.61	41.15	46.43	54.21	58.09	73.65
67	153.14	186.14	215.25	251.16	266.30	321.52	35.00	45.23	50.62	59.07	63.28	80.37
68	171.36	199.68	231.45	269.27	289.27	348.42	39.65	50.04	54.72	64.19	69.29	87.09
69	189.14	213.01	247.46	287.16	309.98	373.14	44.65	54.93	59.03	69.22	74.86	93.27
70	206.96	227.43	264.78	305.22	329.36	396.70	50.10	60.28	63.86	74.24	80.18	99.14
71	227.06	249.35	290.99	326.36	351.08	423.31	56.53	67.83	71.04	80.05	86.13	105.80
72	246.35	271.15	317.20	345.76	370.31	446.99	63.21	75.64	78.41	85.48	91.54	111.75
73	266.51	297.88	349.71	374.09	395.46	486.12	70.62	84.30	87.41	92.65	98.17	121.52
74	291.08	330.92	390.09	414.69	433.12	535.19	79.58	94.76	98.39	102.85	107.85	133.79
75	316.21	365.74	433.03	460.32	476.09	587.26	88.98	105.71	109.98	114.31	118.74	146.81
76	347.70	408.71	486.18	516.84	530.93	653.13	100.39	119.02	124.06	128.53	132.48	163.28
77	383.95	457.82	547.24	581.75	595.56	729.95	113.30	134.10	139.98	144.94	148.52	182.48
78	425.76	513.76	617.08	655.99	671.50	822.64	127.90	151.15	157.91	163.79	167.22	205.66
79	469.93	572.40	690.80	734.36	753.92	922.49	143.13	168.94	176.55	183.81	187.34	230.61

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Step-Rated

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC
Issue	Non Integrated - NH (3PL) Benefit Period			Non Integrated - ALF (3PL) Benefit Period			Non Integrated - HHC (3 PL) Benefit Period
Age	3 3 Yr	5 5 Yr	Lifetime Unlimited	2 2 Yr	3 3 Yr	4 4 Yr	2 2 Yr
18-35	75.54	89.23	99.91	2.60	3.33	3.98	13.58
36	76.23	89.86	100.06	2.62	3.36	3.99	13.85
37	77.39	91.08	100.83	2.65	3.41	4.03	14.18
38	79.00	92.13	101.00	2.71	3.49	4.10	14.93
39	80.51	92.58	100.81	2.75	3.55	4.15	15.49
40	82.66	93.75	101.61	2.82	3.65	4.21	16.04
41	83.46	94.41	102.03	2.90	3.71	4.24	16.41
42	85.14	95.88	103.44	2.98	3.77	4.31	16.74
43	87.13	97.52	105.18	2.99	3.85	4.39	16.54
44	86.44	98.76	106.53	2.97	3.82	4.35	16.10
45	86.11	100.92	108.92	2.99	3.82	4.33	15.81
46	85.49	102.69	110.86	3.01	3.82	4.32	15.47
47	85.04	103.42	113.14	3.05	3.81	4.30	15.23
48	87.14	105.93	116.48	3.18	3.95	4.43	15.47
49	88.37	107.59	118.79	3.28	4.07	4.52	15.65
50	89.38	109.19	120.97	3.37	4.16	4.61	15.92
51	90.27	110.81	123.11	3.46	4.26	4.70	16.23
52	91.77	113.38	126.18	3.59	4.37	4.84	16.73
53	92.70	115.16	128.81	3.66	4.45	4.91	17.01
54	93.87	117.18	131.70	3.74	4.56	5.01	17.31
55	96.14	120.44	136.03	3.85	4.70	5.14	17.77
56	98.22	123.34	140.01	3.97	4.84	5.28	18.10
57	101.69	127.82	145.85	4.15	5.03	5.49	18.62
58	105.36	131.84	151.74	4.33	5.25	5.68	19.09
59	109.43	136.26	158.15	4.54	5.46	5.90	19.46
60	115.46	143.13	167.56	4.83	5.81	6.24	20.06
61	121.91	150.44	177.71	5.20	6.17	6.60	20.80
62	130.56	160.42	191.34	5.70	6.66	7.07	21.92
63	142.26	174.81	208.90	6.34	7.34	7.75	23.61
64	153.06	188.27	225.59	6.98	8.01	8.41	25.30
65	166.49	205.06	246.70	7.75	8.81	9.24	27.66
66	187.49	231.43	279.72	8.95	10.05	10.50	31.61
67	203.03	251.16	305.43	9.92	11.02	11.49	35.00
68	217.53	270.88	330.98	11.17	12.12	12.56	39.65
69	231.87	289.31	354.46	12.41	13.10	13.56	44.65
70	247.43	307.12	376.86	13.66	14.11	14.58	50.10
71	271.19	327.49	402.12	15.12	15.57	16.03	56.53
72	294.80	345.76	424.65	16.56	17.01	17.48	63.21
73	323.89	371.53	461.80	18.19	18.66	19.14	70.62
74	359.85	409.43	508.43	20.23	20.72	21.22	79.58
75	397.67	452.50	557.89	22.42	22.91	23.45	88.98
76	444.31	506.78	620.47	25.16	25.69	26.26	100.39
77	497.54	570.11	693.43	28.38	28.94	29.53	113.30
78	558.08	643.70	781.53	32.15	32.75	33.37	127.90
79	621.43	722.72	876.36	36.20	36.83	37.50	143.13

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Step-Rated

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2	3	4	5	6	Lifetime	2	3	4	5	6	Lifetime
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	79.58	85.52	94.38	100.32	112.30	141.47	71.61	76.96	84.95	90.31	101.08	127.33
36	80.42	86.28	95.86	101.92	114.05	142.93	72.39	77.67	86.25	91.72	102.65	128.65
37	81.29	87.07	97.34	103.47	115.83	144.41	73.16	78.35	87.60	93.13	104.24	129.97
38	82.15	87.85	98.89	105.02	117.74	145.25	73.93	79.06	89.01	94.52	105.97	130.75
39	82.95	88.60	100.35	106.54	119.52	146.39	74.66	79.76	90.33	95.88	107.57	131.75
40	83.24	88.83	101.17	107.41	120.45	146.95	74.91	79.94	91.05	96.68	108.41	132.26
41	84.10	89.60	102.59	108.97	122.10	148.74	75.70	80.64	92.34	98.09	109.88	133.87
42	84.28	90.37	104.08	110.65	123.84	150.86	75.84	81.34	93.67	99.58	111.49	135.79
43	81.44	92.11	105.74	112.46	125.77	153.35	73.29	82.90	95.14	101.23	113.18	138.03
44	78.53	93.58	106.94	113.80	127.16	155.25	70.68	84.20	96.25	102.42	114.45	139.73
45	76.49	93.73	106.64	116.05	129.66	158.49	68.83	84.34	95.99	104.44	116.70	142.63
46	74.81	92.85	105.23	118.61	132.58	162.11	67.34	83.55	94.70	106.76	119.31	145.90
47	73.09	91.66	103.63	119.94	134.26	165.14	65.78	82.49	93.27	107.92	120.82	148.62
48	73.96	92.55	104.76	121.15	136.26	169.37	66.57	83.30	94.28	109.04	122.65	152.46
49	74.29	92.66	105.25	121.50	137.30	172.35	66.87	83.40	94.71	109.35	123.57	155.13
50	75.11	93.21	106.39	122.59	139.19	176.35	67.60	83.88	95.76	110.31	125.27	158.71
51	75.52	93.12	107.02	122.96	140.34	179.24	67.97	83.81	96.33	110.66	126.31	161.33
52	76.53	93.64	108.52	124.31	142.62	183.46	68.88	84.26	97.67	111.89	128.36	165.11
53	78.24	95.34	111.06	126.86	145.88	188.57	70.41	85.82	99.96	114.16	131.28	169.73
54	79.59	96.71	113.11	128.88	148.42	193.03	71.63	87.03	101.79	115.98	133.57	173.74
55	81.70	99.03	116.17	132.13	152.31	199.54	73.51	89.14	104.55	118.93	137.09	179.60
56	84.58	101.85	119.65	135.98	156.76	207.12	76.12	91.66	107.69	122.39	141.07	186.42
57	87.56	104.56	122.81	139.59	160.83	214.64	78.81	94.11	110.54	125.65	144.75	193.17
58	89.95	107.21	124.56	142.16	163.59	220.78	80.95	96.48	112.09	127.95	147.22	198.69
59	93.04	110.38	127.34	145.93	167.64	229.06	83.74	99.35	114.60	131.35	150.89	206.18
60	96.98	114.23	131.20	150.95	173.05	239.72	87.27	102.80	118.07	135.87	155.74	215.76
61	101.86	118.86	136.14	157.19	179.85	251.87	91.67	106.98	122.52	141.48	161.86	226.68
62	107.75	124.36	142.12	164.70	188.03	264.01	96.97	111.94	127.91	148.21	169.22	237.60
63	116.53	135.55	155.58	180.47	205.82	289.33	104.88	121.99	140.02	162.42	185.24	260.39
64	125.76	147.51	169.91	197.19	224.76	314.75	113.18	132.76	152.92	177.48	202.30	283.27
65	135.65	160.59	185.28	215.09	245.16	339.29	122.08	144.53	166.74	193.58	220.64	305.36
66	154.20	184.58	212.81	247.05	281.77	384.84	138.79	166.12	191.53	222.35	253.61	346.37
67	169.09	204.99	235.55	273.50	312.26	420.30	152.18	184.48	211.99	246.15	281.04	378.27
68	188.39	230.20	258.91	300.74	344.24	463.30	169.55	207.17	233.02	270.65	309.83	416.98
69	208.74	257.12	285.47	331.63	380.41	509.03	187.88	231.40	256.91	298.46	342.38	458.11
70	229.46	285.01	314.05	364.88	419.32	555.76	206.53	256.52	282.63	328.40	377.39	500.20
71	251.01	314.59	345.17	401.11	461.65	604.87	225.91	283.14	310.65	361.00	415.47	544.39
72	273.81	346.56	379.37	440.87	501.02	657.51	246.44	311.89	341.44	396.77	450.91	591.77
73	298.32	382.07	423.01	492.53	553.61	717.98	268.48	343.86	380.71	443.27	498.23	646.19
74	332.39	422.01	473.21	552.14	609.88	787.19	299.14	379.80	425.88	496.92	548.89	708.47
75	371.23	466.71	531.08	615.16	678.22	867.39	334.11	420.04	477.97	553.65	610.39	780.65
76	419.34	518.19	602.64	687.60	758.66	968.62	377.41	466.36	542.38	618.84	682.79	871.75
77	462.37	575.84	677.98	769.03	849.31	1,078.21	416.13	518.25	610.17	692.13	764.36	970.38
78	499.81	626.72	740.66	841.91	930.78	1,215.14	449.83	564.05	666.59	757.72	837.70	1,093.63
79	540.68	681.78	808.33	920.63	1,019.04	1,334.09	486.61	613.60	727.50	828.57	917.14	1,200.68

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Step-Rated

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	75.32	78.42	90.51	96.23	101.03	113.44	16.76	20.38	22.84	24.27	25.48	28.03
36	75.80	79.33	91.76	97.55	102.42	114.31	17.21	20.83	23.32	24.77	26.03	28.62
37	76.30	80.29	92.99	98.87	103.81	115.24	17.65	21.31	23.82	25.32	26.60	29.17
38	76.51	81.24	94.15	100.01	105.15	115.42	18.33	22.00	24.45	25.96	27.30	29.83
39	76.83	82.20	95.32	101.19	106.43	115.97	18.88	22.54	25.02	26.55	27.92	30.42
40	76.84	82.65	95.91	101.84	107.09	116.17	19.17	22.88	25.33	26.89	28.29	30.78
41	77.47	83.58	97.18	103.25	108.50	117.41	19.49	23.24	25.76	27.36	28.74	31.32
42	77.62	84.49	98.61	104.83	110.06	119.04	19.54	23.56	26.14	27.77	29.15	31.82
43	75.04	86.45	100.26	106.62	111.87	121.04	18.84	23.88	26.48	28.18	29.58	32.32
44	72.45	88.15	101.54	108.04	113.28	122.66	18.09	24.02	26.68	28.39	29.78	32.59
45	70.70	88.63	101.43	110.40	115.73	125.40	17.53	23.78	26.46	28.79	30.19	33.09
46	69.31	88.10	100.35	113.12	118.61	128.53	17.03	23.29	25.90	29.20	30.66	33.58
47	67.80	87.24	99.09	114.67	120.40	131.25	16.54	22.72	25.29	29.26	30.73	33.89
48	68.72	88.36	100.67	116.42	123.00	135.20	16.63	22.65	25.20	29.12	30.77	34.17
49	69.07	88.66	101.52	117.22	124.41	138.06	16.67	22.53	24.98	28.86	30.55	34.30
50	69.81	89.30	102.99	118.65	126.38	141.68	16.89	22.57	24.99	28.80	30.55	34.67
51	70.11	89.20	103.86	119.36	127.49	144.39	17.05	22.55	24.91	28.63	30.38	34.85
52	70.90	89.65	105.56	120.92	129.52	148.13	17.40	22.76	25.07	28.73	30.44	35.34
53	72.34	91.17	108.09	123.45	132.00	152.30	17.90	23.28	25.62	29.27	30.86	36.28
54	73.47	92.34	110.07	125.41	133.78	155.84	18.32	23.70	26.09	29.73	31.18	37.19
55	75.31	94.45	113.01	128.55	136.79	160.94	18.88	24.36	26.81	30.53	31.86	38.59
56	77.92	97.08	116.35	132.22	140.42	166.89	19.57	25.10	27.68	31.44	32.72	40.23
57	80.71	99.69	119.39	135.69	143.89	172.71	20.24	25.75	28.43	32.32	33.59	41.93
58	83.02	101.89	120.95	138.05	146.97	177.35	20.70	26.29	28.95	33.05	34.55	43.43
59	86.15	105.06	123.66	141.71	151.24	183.74	21.20	26.88	29.62	33.95	35.68	45.32
60	90.20	109.19	127.49	146.68	156.78	192.07	21.80	27.54	30.46	35.05	37.07	47.65
61	95.22	114.36	132.46	152.96	163.65	201.63	22.50	28.34	31.53	36.39	38.73	50.25
62	101.27	120.49	138.50	160.51	171.91	211.22	23.39	29.29	32.78	37.99	40.70	52.79
63	109.98	132.29	151.94	176.25	188.21	231.44	25.02	31.71	35.75	41.46	44.46	57.90
64	119.05	144.64	166.22	192.92	205.44	251.77	26.82	34.41	38.94	45.21	48.47	62.99
65	128.60	157.71	181.53	210.72	223.87	271.39	28.91	37.52	42.49	49.31	52.87	67.90
66	146.25	180.91	208.70	242.28	257.03	307.85	33.05	43.33	48.90	56.75	60.82	76.99
67	160.15	199.83	231.08	268.32	284.49	336.24	36.61	48.55	54.34	63.11	67.60	84.06
68	178.01	218.94	253.78	294.75	316.64	370.65	41.19	54.87	60.00	70.26	75.85	92.64
69	196.59	240.63	279.56	324.75	350.55	407.24	46.41	62.06	66.68	78.28	84.66	101.79
70	215.24	263.89	307.23	356.99	385.23	444.64	52.10	69.94	74.10	86.83	93.78	111.12
71	234.38	289.09	337.36	392.04	421.73	483.92	58.36	78.64	82.36	96.16	103.47	120.95
72	254.43	316.67	370.45	430.51	454.56	526.00	65.28	88.34	91.57	106.43	112.36	131.51
73	275.87	351.86	413.10	480.96	495.50	574.39	73.09	99.58	103.25	119.11	123.01	143.59
74	305.89	392.13	462.24	539.34	539.16	629.76	83.63	112.28	116.58	133.77	134.25	157.43
75	340.07	437.46	519.04	601.20	593.61	693.91	95.69	126.44	131.82	149.30	148.05	173.47
76	382.51	489.39	589.38	672.47	659.45	774.90	110.44	142.51	150.39	167.23	164.55	193.72
77	420.18	546.99	663.59	752.73	735.61	862.58	123.99	160.22	169.74	187.53	183.45	215.64
78	452.73	597.57	725.60	824.80	805.97	972.11	136.00	175.81	185.68	205.94	200.71	243.03
79	488.42	651.12	792.63	902.76	884.77	1,067.28	148.76	192.18	202.57	225.96	219.85	266.80

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Step-Rated

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC
Issue	Non Integrated - NH (3PL) Benefit Period			Non Integrated - ALF (3PL) Benefit Period			Non Integrated - HHC (3 PL) Benefit Period
Age	3 3 Yr	5 5 Yr	Lifetime Unlimited	2 2 Yr	3 3 Yr	4 4 Yr	2 2 Yr
18-35	86.32	96.23	107.75	3.21	3.80	4.42	16.76
36	87.37	97.55	108.61	3.26	3.85	4.46	17.21
37	88.42	98.87	109.46	3.30	3.89	4.51	17.65
38	88.60	100.01	109.64	3.32	3.92	4.53	18.33
39	89.26	101.17	110.16	3.35	3.94	4.55	18.88
40	89.78	101.82	110.35	3.37	3.96	4.57	19.17
41	91.25	103.22	111.55	3.44	4.05	4.64	19.49
42	93.09	104.83	113.09	3.48	4.12	4.71	19.54
43	95.26	106.62	114.99	3.40	4.21	4.80	18.84
44	97.11	108.04	116.54	3.34	4.30	4.88	18.09
45	97.60	110.40	119.15	3.31	4.33	4.91	17.53
46	97.01	113.10	122.10	3.31	4.33	4.90	17.03
47	96.01	114.67	124.68	3.31	4.30	4.85	16.54
48	97.23	116.40	128.44	3.41	4.40	4.94	16.63
49	97.49	117.20	131.17	3.49	4.49	4.99	16.67
50	98.12	118.65	134.60	3.57	4.57	5.06	16.89
51	97.98	119.34	137.18	3.64	4.62	5.10	17.05
52	98.40	120.92	140.70	3.74	4.69	5.19	17.40
53	100.04	123.45	144.68	3.85	4.80	5.30	17.90
54	101.27	125.41	148.04	3.95	4.92	5.41	18.32
55	103.57	128.55	152.91	4.09	5.06	5.54	18.88
56	106.41	132.22	158.54	4.30	5.25	5.72	19.57
57	109.24	135.69	164.08	4.51	5.41	5.89	20.24
58	111.60	138.05	168.48	4.70	5.56	6.02	20.70
59	115.06	141.71	174.55	4.95	5.74	6.21	21.20
60	119.57	146.68	182.45	5.25	6.02	6.46	21.80
61	125.17	152.96	191.54	5.63	6.33	6.77	22.50
62	131.84	160.51	200.66	6.08	6.72	7.13	23.39
63	144.66	176.25	219.86	6.72	7.47	7.88	25.02
64	158.07	192.92	239.16	7.40	8.27	8.68	26.82
65	172.26	210.70	257.83	8.10	9.12	9.56	28.91
66	197.46	242.28	292.44	9.36	10.58	11.06	33.05
67	217.96	268.32	319.42	10.37	11.83	12.33	36.61
68	238.51	296.51	352.11	11.60	13.29	13.77	41.19
69	261.94	327.18	386.85	12.90	14.79	15.32	46.41
70	287.10	359.21	422.42	14.21	16.38	16.91	52.10
71	314.40	393.39	459.71	15.60	18.06	18.59	58.36
72	344.29	430.51	499.71	17.10	19.86	20.42	65.28
73	382.59	477.67	545.65	18.82	22.04	22.61	73.09
74	426.41	532.50	598.27	21.26	24.55	25.15	83.63
75	475.66	590.98	659.22	24.11	27.40	28.11	95.69
76	532.03	659.38	736.15	27.68	30.76	31.83	110.44
77	594.45	737.67	819.42	31.06	34.58	35.81	123.99
78	649.13	809.35	923.52	34.18	38.09	39.24	136.00
79	706.89	888.46	1,013.91	37.62	41.90	43.02	148.76

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ, LTC04I-NTQ, LTC04I-AG-TQ, LTC04I-AG-NTQ

Premium Factors

Form:	LTC04I NFO1PL LTC04I NFO2PL LTC04I NFO3PL	Limited Pay Options			LTC04I ROPD	LTC04I ROPDC
Issue Age	Nonforfeiture Option	10 Pay	20 Pay	Pay to 65	Full Return Premium on Death	Return Premium on Death less Claims
18-35	1.21	3.83	2.40	1.74	1.77	1.60
36	1.21	3.81	2.39	1.78	1.79	1.61
37	1.21	3.79	2.37	1.82	1.81	1.63
38	1.21	3.78	2.36	1.83	1.82	1.63
39	1.21	3.76	2.35	1.85	1.84	1.65
40	1.20	3.74	2.33	1.89	1.86	1.66
41	1.20	3.71	2.31	1.95	1.88	1.67
42	1.20	3.68	2.29	2.01	1.90	1.69
43	1.20	3.64	2.27	2.08	1.93	1.72
44	1.20	3.60	2.24	2.16	1.97	1.74
45	1.19	3.55	2.21	2.21	2.01	1.77
46	1.19	3.50	2.19	2.30	2.05	1.81
47	1.19	3.45	2.16	2.37	2.10	1.85
48	1.19	3.39	2.13	2.38	2.16	1.90
49	1.19	3.34	2.10	2.39	2.23	1.95
50	1.18	3.28	2.08	2.41	2.29	2.00
51	1.18	3.22	2.06	2.45	2.36	2.06
52	1.18	3.16	2.04	2.51	2.43	2.11
53	1.18	3.10	2.02	2.61	2.49	2.16
54	1.18	3.05	2.00	2.75	2.56	2.22
55	1.17	2.99	1.98	2.99	2.65	2.29
56	1.17	2.94	1.96		2.75	2.37
57	1.17	2.88	1.93		2.87	2.47
58	1.17	2.84	1.88		3.01	2.59
59	1.16	2.79	1.83		3.19	2.73
60	1.16	2.73	1.78		3.39	2.89
61	1.15	2.67	1.72		3.63	3.09
62	1.15	2.60	1.65		3.90	3.32
63	1.15	2.51	1.59		4.22	3.58
64	1.15	2.42	1.54		4.59	3.89
65	1.14	2.33	1.48		5.01	4.23
66	1.14	2.23	1.43			
67	1.14	2.14	1.38			
68	1.14	2.06	1.32			
69	1.14	1.99	1.27			
70	1.14	1.91	1.22			
71	1.13	1.85	1.19			
72	1.13	1.79	1.16			
73	1.13	1.72	1.15			
74	1.12	1.66	1.15			
75	1.12	1.59	1.15			
76	1.11	1.53	1.15			
77	1.11	1.48	1.15			
78	1.11	1.43	1.15			
79	1.10	1.39	1.15			
80	1.10	1.36	1.15			
81	1.10	1.33	1.15			

Age 80+ is only for the Guaranteed Purchase Option.

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ, LTC04I-NTQ, LTC04I-AG-TQ, LTC04I-AG-NTQ

Premium Factors to apply by benefit period selected.**Restoration of Benefits**

Form: LTC04I ROB1PL, LTC04I ROB2PL, LTC04I ROB3PL

Benefit Period	Factor
2 year	1.04
3 Year	1.03
4 Year	1.02
5 Year	1.01
6 Year	1.01
Unlimited	1.00

Premium Factors applicable to the entire calculated premium.**Monthly HHC**

Form: LTC04I MHHC

Factor	1.1
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Survivorship & Spouse Waiver

Form: LTC04I SBWP

Factor	1.14
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Indemnity Coverage

Description	Factor	Form
NH Only	1.05	LTC04I NHIND-TQ
NH & ALF	1.15	LTC04I NHIND-TQ, LTC04I ALFIND-TQ
NH, ALF, & HHC	1.25	LTC04I NHIND-TQ, LTC04I ALFIND-TQ, LTC04I HHCIND-TQ

Spouse Benefit

Form: LTC04I SB1PL-TQ, LTC04I SB2PL-TQ, LTC04I SB3PL-TQ

Factor	1.6
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Mutual of Omaha Insurance Company
Policy Form: LTC04I -TQ, LTC04I-NTQ, LTC04I-AG-TQ, LTC04I-AG-NTQ

If Non Tax Qualified form LTC04I-NTQ or LTC04I-AG-NTQ is elected, premiums will be increased by 15%.

- 30% Spouse Discount for two insureds, or
- 15% Spouse Discount for two applications, but one insured, or
- 10% Two Person Household Discount

Premium Discount of 10% on LTC04I-AG-TQ or LTC04I-AG-NTQ forms for a Affinity Group/Employer Group Discount

To calculate premiums for a specific elimination period, apply the appropriate factor to the above premiums.

<u>Elim</u>	<u>Factor</u>	<u>Elim</u>	<u>Factor</u>
0 Day	1.40	90 Day	1.00
15 Day	1.30	100 Day	0.98
20 Day	1.27	180 Day	0.90
30 Day	1.25	365 Day	0.80
60 Day	1.09		

Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

<u>Elim</u>	<u>Factor</u>	<u>Elim</u>	<u>Factor</u>
15 Day	1.02	90 Day	1.08
20 Day	1.02	100 Day	1.09
30 Day	1.02	180 Day	1.13
60 Day	1.06	365 Day	1.16

To calculate premiums for a specific underwriting class, apply the appropriate factor to the above premiums.

<u>Class</u>	<u>Factor</u>	<u>Class</u>	<u>Factor</u>
Preferred	0.85	Class I	1.25
Select	1.00	Class II	1.50

To calculate premiums for a specific mode, apply the appropriate factor to the above premiums.

<u>Modal Loads</u>	<u>Factor</u>
Annual	1.000
Semi-Annual	0.510
Quarterly	0.260
Monthly/BSP	0.090
Other	1.08/# of payments

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

No Inflation

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue Age	Integrated NH, ALF, and HHC with 100% HHC (1PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	34.95	39.53	44.95	50.37	55.73	80.08
36	35.32	40.01	45.58	51.08	56.53	80.86
37	35.70	40.52	46.21	51.80	57.32	81.64
38	36.08	41.03	46.87	52.53	58.07	82.02
39	36.43	41.52	47.49	53.26	58.83	82.59
40	36.78	41.79	47.59	53.95	59.60	83.36
41	37.16	40.97	46.91	54.68	60.43	84.35
42	37.57	40.29	46.41	54.71	61.23	85.54
43	38.04	40.70	46.72	54.43	60.87	86.95
44	38.59	41.60	47.54	54.34	60.72	87.89
45	39.23	42.61	48.48	54.43	60.81	88.42
46	39.98	43.73	49.56	54.72	61.16	89.24
47	40.89	44.95	50.82	55.21	61.80	90.33
48	42.24	46.46	52.59	56.72	63.79	92.81
49	43.59	47.92	54.43	58.24	65.81	95.25
50	45.00	49.35	56.33	59.81	67.91	97.70
51	46.50	50.80	58.38	61.48	70.17	100.21
52	48.12	52.30	60.61	63.47	72.82	102.88
53	49.57	53.77	62.64	65.44	75.25	104.87
54	51.14	55.45	64.85	67.62	77.87	107.19
55	52.91	57.36	67.29	70.08	80.78	109.95
56	54.92	59.61	70.03	72.93	84.07	113.29
57	57.23	62.26	73.13	76.22	87.82	117.34
58	59.57	65.37	75.95	79.50	91.48	121.90
59	62.44	68.98	79.58	83.65	96.09	127.75
60	65.97	73.24	84.12	88.77	101.77	135.09
61	70.25	78.26	89.64	94.94	108.62	144.00
62	75.35	84.19	96.21	102.27	116.76	154.65
63	82.06	91.49	105.01	111.70	127.39	169.91
64	89.19	99.20	114.26	121.56	138.56	186.06
65	97.59	108.29	124.94	132.91	151.49	204.81
66	111.74	123.82	142.76	151.80	173.13	235.63
67	123.42	136.66	157.04	166.93	190.59	261.12
68	140.59	155.95	175.40	186.44	213.41	289.69
69	158.14	175.72	195.09	207.34	237.84	317.92
70	176.51	196.50	216.52	230.11	264.44	346.61
71	196.10	218.83	240.10	255.20	293.72	376.59
72	217.31	243.23	266.26	283.04	326.26	408.52
73	238.18	267.31	295.96	314.63	362.88	439.15
74	261.40	294.33	330.04	350.85	404.90	473.70
75	287.65	325.16	369.23	392.51	453.29	513.20
76	317.65	360.63	414.26	440.39	509.00	570.65
77	352.09	401.64	465.92	495.29	573.01	640.42
78	391.70	449.02	524.90	558.00	646.24	721.75
79	437.16	503.66	592.00	629.32	729.70	816.14
80	489.18	566.41	667.93	710.04	824.31	925.05
81	548.47	638.11	753.45	800.96	931.06	1,049.94

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue Age	Integrated NH, ALF, and HHC with 50% HHC (1PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	31.45	35.57	40.46	45.34	50.16	72.08
36	31.79	36.02	41.01	45.97	50.87	72.78
37	32.13	36.46	41.58	46.63	51.58	73.48
38	32.47	36.93	42.18	47.28	52.26	73.83
39	32.79	37.38	42.75	47.94	52.95	74.33
40	33.10	37.60	42.83	48.56	53.64	75.03
41	33.45	36.87	42.22	49.22	54.38	75.92
42	33.81	36.26	41.76	49.24	55.12	77.00
43	34.23	36.63	42.04	48.99	54.78	78.26
44	34.73	37.43	42.79	48.90	54.65	79.10
45	35.30	38.34	43.64	48.98	54.73	79.58
46	35.99	39.35	44.60	49.25	55.04	80.31
47	36.80	40.45	45.74	49.68	55.62	81.29
48	38.02	41.82	47.33	51.04	57.42	83.55
49	39.24	43.13	48.98	52.41	59.23	85.73
50	40.50	44.41	50.70	53.82	61.12	87.93
51	41.85	45.72	52.55	55.33	63.15	90.20
52	43.31	47.06	54.55	57.13	65.54	92.59
53	44.61	48.40	56.38	58.89	67.72	94.39
54	46.03	49.90	58.36	60.85	70.08	96.47
55	47.61	51.63	60.56	63.08	72.71	98.97
56	49.43	53.65	63.03	65.64	75.66	101.97
57	51.51	56.04	65.82	68.61	79.04	105.60
58	53.61	58.83	68.35	71.55	82.33	109.70
59	56.20	62.09	71.62	75.29	86.49	114.99
60	59.37	65.91	75.70	79.90	91.59	121.59
61	63.22	70.44	80.67	85.45	97.76	129.60
62	67.81	75.78	86.59	92.03	105.08	139.18
63	73.86	82.34	94.51	100.53	114.65	152.92
64	80.27	89.28	102.84	109.41	124.71	167.45
65	87.83	97.46	112.44	119.62	136.34	184.32
66	100.57	111.44	128.48	136.62	155.83	212.07
67	111.08	122.99	141.33	150.24	171.53	235.01
68	126.53	140.35	157.86	167.79	192.08	260.73
69	142.33	158.14	175.57	186.60	214.06	286.12
70	158.87	176.86	194.86	207.10	238.00	311.96
71	176.49	196.95	216.09	229.68	264.34	338.93
72	195.59	218.90	239.64	254.73	293.63	367.67
73	214.36	240.58	266.36	283.16	326.58	395.23
74	235.25	264.89	297.03	315.76	364.41	426.33
75	258.89	292.64	332.31	353.26	407.96	461.88
76	285.89	324.56	372.84	396.35	458.10	513.58
77	316.88	361.47	419.32	445.76	515.70	576.37
78	352.53	404.12	472.41	502.20	581.61	649.58
79	393.44	453.29	532.80	566.39	656.73	734.53
80	440.26	509.77	601.14	639.04	741.89	832.54
81	493.63	574.30	678.11	720.86	837.95	944.95

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

No Inflation

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL) Benefit Period						Non Integrated - Home Health Care (HHC) (2PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	33.08	36.24	43.10	48.31	50.14	64.22	7.36	9.42	10.88	12.19	12.64	15.87
36	33.29	36.79	43.63	48.89	50.76	64.67	7.56	9.66	11.09	12.42	12.90	16.19
37	33.51	37.36	44.14	49.50	51.37	65.15	7.75	9.92	11.31	12.68	13.16	16.49
38	33.60	37.95	44.62	50.03	51.86	65.18	8.05	10.27	11.59	12.99	13.46	16.84
39	33.74	38.53	45.11	50.59	52.39	65.42	8.29	10.57	11.84	13.27	13.74	17.16
40	33.95	38.88	45.12	51.16	52.99	65.90	8.47	10.76	11.91	13.51	14.00	17.46
41	34.23	38.21	44.43	51.81	53.70	66.59	8.61	10.63	11.78	13.73	14.22	17.76
42	34.60	37.67	43.96	51.83	54.42	67.50	8.71	10.50	11.65	13.73	14.41	18.04
43	35.05	38.20	44.30	51.60	54.14	68.63	8.80	10.55	11.70	13.64	14.32	18.32
44	35.60	39.19	45.14	51.59	54.09	69.44	8.89	10.68	11.86	13.56	14.22	18.45
45	36.26	40.29	46.11	51.78	54.28	69.96	8.99	10.81	12.03	13.50	14.16	18.46
46	37.04	41.49	47.26	52.19	54.72	70.75	9.10	10.97	12.20	13.47	14.14	18.49
47	37.93	42.78	48.59	52.79	55.42	71.79	9.25	11.14	12.40	13.47	14.14	18.54
48	39.25	44.36	50.54	54.50	57.58	74.09	9.50	11.37	12.65	13.63	14.40	18.73
49	40.53	45.85	52.50	56.18	59.63	76.30	9.78	11.65	12.92	13.83	14.64	18.95
50	41.83	47.28	54.53	57.89	61.66	78.49	10.12	11.95	13.23	14.05	14.90	19.21
51	43.17	48.66	56.66	59.68	63.75	80.73	10.50	12.30	13.59	14.32	15.19	19.49
52	44.58	50.07	58.96	61.74	66.13	83.07	10.94	12.71	14.00	14.67	15.54	19.82
53	45.83	51.42	60.96	63.68	68.09	84.70	11.34	13.13	14.45	15.10	15.92	20.18
54	47.21	52.94	63.11	65.80	70.19	86.54	11.77	13.59	14.96	15.60	16.36	20.65
55	48.77	54.71	65.46	68.18	72.55	88.69	12.23	14.11	15.53	16.19	16.90	21.27
56	50.60	56.82	68.10	70.91	75.31	91.29	12.71	14.69	16.20	16.86	17.55	22.01
57	52.75	59.36	71.09	74.09	78.57	94.42	13.23	15.33	16.93	17.65	18.34	22.92
58	54.98	62.13	73.75	77.20	82.19	97.92	13.71	16.03	17.65	18.48	19.32	23.98
59	57.82	65.66	77.28	81.23	86.69	102.48	14.23	16.80	18.51	19.46	20.45	25.28
60	61.36	70.01	81.74	86.26	92.20	108.23	14.83	17.66	19.53	20.61	21.80	26.85
61	65.67	75.30	87.22	92.38	98.84	115.28	15.52	18.66	20.76	21.98	23.39	28.73
62	70.82	81.57	93.76	99.67	106.75	123.73	16.36	19.83	22.19	23.59	25.27	30.92
63	77.45	89.29	102.55	109.09	116.49	135.91	17.62	21.40	24.13	25.66	27.52	34.00
64	84.43	97.27	111.78	118.93	126.65	148.82	19.02	23.14	26.19	27.87	29.88	37.23
65	92.52	106.35	122.41	130.21	138.34	163.82	20.80	25.30	28.65	30.47	32.67	40.99
66	105.98	121.36	140.00	148.87	157.93	188.48	23.95	29.07	32.80	34.87	37.37	47.14
67	116.90	133.22	154.06	163.77	173.64	208.90	26.72	32.37	36.23	38.52	41.26	52.22
68	132.84	148.32	171.92	182.73	196.30	231.76	30.74	37.17	40.65	43.56	47.02	57.93
69	148.93	164.45	191.05	203.04	219.17	254.35	35.16	42.41	45.57	48.94	52.93	63.58
70	165.57	181.94	211.82	225.13	242.94	277.31	40.08	48.22	51.09	54.76	59.14	69.30
71	183.11	201.09	234.67	249.43	268.32	301.29	45.59	54.70	57.29	61.18	65.83	75.30
72	201.93	222.25	260.00	276.39	296.01	326.81	51.81	62.00	64.27	68.33	73.17	81.71
73	220.26	246.18	289.02	307.24	324.79	351.32	58.36	69.67	72.24	76.09	80.63	87.82
74	240.56	273.49	322.39	342.72	357.95	378.96	65.77	78.31	81.31	85.00	89.13	94.74
75	263.51	304.78	360.86	383.60	396.74	410.56	74.15	88.09	91.65	95.26	98.95	102.64
76	289.75	340.59	405.15	430.70	442.44	456.52	83.66	99.18	103.38	107.11	110.40	114.13
77	319.96	381.52	456.03	484.79	496.30	512.34	94.42	111.75	116.65	120.78	123.77	128.08
78	354.80	428.13	514.23	546.66	559.58	577.40	106.58	125.96	131.59	136.49	139.35	144.35
79	394.90	481.01	580.50	617.11	633.55	652.92	120.28	141.97	148.36	154.46	157.43	163.22
80	440.97	540.73	655.58	696.93	719.48	740.04	135.64	159.98	167.09	174.94	178.31	185.01
81	493.62	607.86	740.22	786.90	818.61	839.95	152.83	180.11	187.91	198.14	202.27	209.99

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

No Inflation

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	39.90	48.31	60.99	1.41	1.76	2.10	7.36	
36	40.52	48.89	61.45	1.43	1.78	2.12	7.56	
37	41.15	49.50	61.88	1.45	1.81	2.14	7.75	
38	41.38	50.03	61.91	1.46	1.83	2.15	8.05	
39	41.83	50.58	62.15	1.47	1.85	2.16	8.29	
40	42.23	51.15	62.60	1.49	1.86	2.15	8.47	
41	41.72	51.80	63.26	1.52	1.85	2.12	8.61	
42	41.50	51.83	64.13	1.55	1.84	2.10	8.71	
43	42.09	51.60	65.20	1.59	1.86	2.12	8.80	
44	43.17	51.59	65.97	1.64	1.91	2.17	8.89	
45	44.37	51.78	66.47	1.70	1.97	2.23	8.99	
46	45.69	52.18	67.21	1.77	2.04	2.31	9.10	
47	47.08	52.79	68.20	1.85	2.11	2.38	9.25	
48	48.81	54.49	70.38	1.95	2.21	2.48	9.50	
49	50.42	56.17	72.49	2.05	2.32	2.58	9.78	
50	51.95	57.89	74.57	2.14	2.42	2.68	10.12	
51	53.45	59.67	76.69	2.24	2.52	2.78	10.50	
52	54.96	61.74	78.91	2.35	2.62	2.90	10.94	
53	56.42	63.68	80.46	2.44	2.71	2.99	11.34	
54	58.06	65.80	82.21	2.54	2.82	3.10	11.77	
55	59.99	68.18	84.26	2.65	2.93	3.21	12.23	
56	62.28	70.91	86.72	2.79	3.07	3.35	12.71	
57	65.05	74.09	89.69	2.95	3.22	3.51	13.23	
58	68.05	77.20	93.02	3.11	3.39	3.67	13.71	
59	71.91	81.23	97.35	3.32	3.59	3.88	14.23	
60	76.66	86.26	102.82	3.57	3.86	4.14	14.83	
61	82.42	92.38	109.51	3.88	4.17	4.46	15.52	
62	89.25	99.67	117.54	4.25	4.55	4.83	16.36	
63	97.64	109.09	129.11	4.73	5.04	5.32	17.62	
64	106.30	118.93	141.37	5.25	5.56	5.84	19.02	
65	116.16	130.20	155.63	5.83	6.15	6.45	20.80	
66	132.46	148.87	179.05	6.78	7.10	7.42	23.95	
67	145.31	163.77	198.44	7.57	7.89	8.22	26.72	
68	161.58	183.82	220.17	8.66	9.00	9.33	30.74	
69	179.01	204.56	241.61	9.77	10.11	10.47	35.16	
70	197.94	226.53	263.45	10.93	11.29	11.66	40.08	
71	218.70	250.29	286.21	12.19	12.56	12.93	45.59	
72	241.64	276.39	310.48	13.57	13.94	14.33	51.81	
73	267.68	305.14	333.74	15.03	15.42	15.82	58.36	
74	297.40	338.37	360.01	16.72	17.12	17.54	65.77	
75	331.39	377.08	390.04	18.68	19.09	19.54	74.15	
76	370.26	422.32	433.69	20.97	21.41	21.88	83.66	
77	414.62	475.09	486.71	23.65	24.12	24.61	94.42	
78	465.07	536.42	548.54	26.79	27.29	27.81	106.58	
79	522.21	607.33	620.27	30.42	30.95	31.51	120.28	
80	586.65	688.85	703.04	34.60	35.18	35.77	135.64	
81	659.01	782.00	797.95	39.40	40.04	40.68	152.83	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Compound

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	60.02	69.64	79.20	88.72	98.19	139.76	54.01	62.67	71.29	79.86	88.37	125.79
36	60.59	70.50	80.31	90.00	99.59	141.19	54.53	63.47	72.26	80.99	89.63	127.09
37	61.20	71.39	81.43	91.28	100.99	142.66	55.08	64.24	73.28	82.16	90.88	128.40
38	62.44	73.08	83.47	93.58	103.43	143.49	56.19	65.77	75.12	84.22	93.09	129.16
39	64.01	75.14	85.94	96.37	106.46	144.61	57.61	67.65	77.36	86.73	95.81	130.15
40	65.23	76.79	87.93	98.65	108.99	146.05	58.70	69.10	79.13	88.80	98.10	131.45
41	66.89	78.90	90.46	101.57	112.21	147.83	60.21	71.00	81.42	91.42	100.98	133.05
42	68.19	80.64	92.60	104.04	115.01	149.95	61.37	72.58	83.34	93.63	103.53	134.96
43	69.94	82.75	95.05	106.82	118.08	151.48	62.94	74.48	85.53	96.15	106.27	136.35
44	71.50	84.65	97.26	109.33	120.87	153.35	64.34	76.17	87.54	98.40	108.79	138.02
45	73.61	87.20	100.22	112.68	124.58	155.58	66.24	78.46	90.21	101.41	112.13	140.01
46	73.03	87.90	99.62	115.70	128.04	158.14	65.74	79.10	89.65	104.14	115.23	142.32
47	72.35	87.27	98.66	116.26	130.14	161.07	65.11	78.53	88.80	104.62	117.12	144.95
48	73.99	89.20	100.96	118.57	133.35	165.16	66.60	80.29	90.87	106.71	120.03	148.67
49	75.10	90.40	102.69	120.06	135.67	168.02	67.61	81.37	92.40	108.05	122.10	151.23
50	76.76	92.08	105.11	122.35	138.92	171.89	69.08	82.87	94.60	110.10	125.02	154.69
51	78.53	93.76	107.76	124.77	142.40	175.80	70.68	84.39	96.99	112.29	128.17	158.23
52	80.47	95.50	110.67	127.46	146.24	179.91	72.42	85.93	99.61	114.73	131.62	161.91
53	81.34	96.67	112.62	129.50	148.91	183.71	73.20	87.02	101.37	116.54	134.01	165.35
54	82.34	98.16	114.80	131.85	151.84	188.02	74.11	88.34	103.31	118.65	136.65	169.22
55	83.59	99.98	117.29	134.64	155.19	193.06	75.22	89.99	105.56	121.19	139.69	173.77
56	85.13	102.30	120.18	138.04	159.13	199.05	76.62	92.07	108.17	124.25	143.21	179.16
57	87.04	105.20	123.57	142.14	163.77	206.23	78.34	94.69	111.22	127.94	147.39	185.60
58	89.05	108.66	126.24	145.75	167.72	213.47	80.14	97.79	113.61	131.18	150.94	192.11
59	92.35	113.52	130.97	151.75	174.32	224.45	83.12	102.18	117.87	136.59	156.91	202.02
60	96.50	119.30	137.02	159.30	182.63	238.09	86.85	107.36	123.31	143.38	164.36	214.29
61	101.86	125.26	143.47	167.30	191.41	252.87	91.67	112.74	129.12	150.58	172.27	227.57
62	109.26	133.27	152.29	178.12	203.36	272.42	98.32	119.95	137.06	160.28	183.01	245.16
63	118.99	144.24	165.56	193.69	220.90	297.49	107.10	129.81	149.00	174.32	198.80	267.73
64	128.43	154.65	178.13	208.34	237.48	321.45	115.59	139.19	160.33	187.52	213.74	289.30
65	140.53	168.05	193.88	226.64	258.32	351.50	126.48	151.24	174.49	203.98	232.49	316.34
66	159.79	189.87	218.91	255.65	291.57	398.78	143.82	170.88	197.01	230.08	262.43	358.92
67	175.26	206.98	237.84	277.50	316.83	430.14	157.73	186.27	214.05	249.76	285.15	387.12
68	196.83	227.85	256.27	298.17	341.30	472.64	177.14	205.06	230.64	268.34	307.19	425.38
69	219.81	249.11	276.57	320.95	368.17	510.48	197.84	224.19	248.90	288.85	331.36	459.42
70	241.82	269.21	296.63	341.92	392.93	543.43	217.65	242.30	266.96	307.73	353.64	489.11
71	264.74	295.42	324.14	363.53	418.40	576.04	238.26	265.88	291.72	327.18	376.55	518.44
72	291.20	325.93	356.79	388.91	448.30	613.70	262.09	293.33	321.12	350.01	403.46	552.34
73	316.78	355.52	393.63	421.08	485.65	667.91	285.10	319.97	354.26	378.96	437.07	601.12
74	345.05	388.52	435.65	463.12	534.47	729.80	310.53	349.65	392.08	416.80	481.02	656.82
75	376.82	425.96	483.69	514.19	593.81	801.36	339.15	383.36	435.33	462.77	534.43	721.22
76	412.95	468.82	538.54	572.51	661.70	884.45	371.66	421.93	484.69	515.26	595.53	795.99
77	454.20	518.12	601.04	638.92	739.18	980.86	408.78	466.30	540.92	575.03	665.25	882.76
78	501.38	574.75	671.87	714.24	827.19	1,096.86	451.24	517.27	604.68	642.82	744.46	987.18
79	555.19	639.65	751.84	799.24	926.72	1,230.61	499.67	575.68	676.66	719.32	834.05	1,107.56

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Compound

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	56.80	63.86	75.95	85.10	88.33	112.07	12.64	16.59	19.16	21.47	22.28	27.69
36	57.11	64.83	76.87	86.14	89.43	112.92	12.97	17.03	19.53	21.88	22.73	28.27
37	57.44	65.82	77.79	87.22	90.51	113.84	13.29	17.47	19.92	22.34	23.19	28.81
38	58.15	67.59	79.47	89.11	92.37	114.02	13.93	18.30	20.64	23.13	23.98	29.47
39	59.28	69.72	81.63	91.53	94.80	114.56	14.57	19.12	21.43	24.02	24.87	30.05
40	60.21	71.45	83.36	93.54	96.91	115.46	15.02	19.78	22.01	24.69	25.60	30.59
41	61.62	73.59	85.69	96.23	99.71	116.70	15.50	20.47	22.71	25.50	26.42	31.13
42	62.80	75.39	87.73	98.57	102.21	118.32	15.81	21.02	23.26	26.11	27.07	31.63
43	64.44	77.67	90.12	101.27	105.03	119.56	16.18	21.45	23.80	26.76	27.77	31.92
44	65.96	79.75	92.35	103.80	107.68	121.15	16.47	21.73	24.26	27.27	28.31	32.19
45	68.04	82.46	95.32	107.19	111.20	123.10	16.87	22.12	24.87	27.96	29.01	32.48
46	67.66	83.40	95.00	110.35	114.55	125.38	16.62	22.05	24.52	28.48	29.61	32.76
47	67.11	83.05	94.33	111.16	116.71	128.01	16.37	21.63	24.07	28.37	29.79	33.05
48	68.75	85.16	97.03	113.93	120.37	131.84	16.64	21.83	24.29	28.49	30.11	33.32
49	69.83	86.50	99.04	115.82	122.93	134.59	16.85	21.98	24.37	28.52	30.19	33.43
50	71.35	88.22	101.75	118.41	126.13	138.10	17.26	22.30	24.69	28.74	30.49	33.79
51	72.91	89.81	104.58	121.12	129.37	141.61	17.73	22.70	25.08	29.05	30.82	34.18
52	74.55	91.43	107.66	123.99	132.80	145.26	18.29	23.21	25.56	29.46	31.21	34.65
53	75.20	92.45	109.60	126.01	134.74	148.37	18.61	23.61	25.98	29.88	31.50	35.34
54	76.01	93.72	111.72	128.30	136.86	151.79	18.95	24.06	26.48	30.42	31.90	36.23
55	77.05	95.36	114.10	130.99	139.38	155.72	19.32	24.59	27.07	31.10	32.47	37.34
56	78.43	97.51	116.87	134.22	142.55	160.39	19.70	25.21	27.80	31.91	33.22	38.66
57	80.23	100.30	120.12	138.16	146.52	165.94	20.12	25.90	28.61	32.91	34.20	40.29
58	82.19	103.27	122.59	141.54	150.68	171.48	20.49	26.64	29.34	33.88	35.42	41.99
59	85.51	108.06	127.18	147.36	157.27	180.04	21.05	27.65	30.46	35.30	37.10	44.41
60	89.76	114.04	133.15	154.79	165.45	190.76	21.69	28.77	31.81	36.98	39.12	47.33
61	95.22	120.52	139.60	162.79	174.17	202.42	22.50	29.87	33.23	38.73	41.22	50.45
62	102.69	129.12	148.41	173.59	185.92	217.95	23.72	31.39	35.12	41.09	44.01	54.47
63	112.30	140.77	161.68	189.16	201.99	237.96	25.55	33.74	38.04	44.49	47.72	59.53
64	121.58	151.64	174.26	203.84	217.07	257.12	27.39	36.07	40.83	47.77	51.21	64.33
65	133.23	165.03	189.96	222.04	235.90	281.15	29.95	39.26	44.46	51.96	55.71	70.35
66	151.55	186.09	214.68	250.71	265.97	319.00	34.25	44.58	50.30	58.72	62.93	79.78
67	166.00	201.77	233.33	272.25	288.66	344.11	37.94	49.03	54.87	64.04	68.59	86.02
68	185.98	216.70	251.18	292.24	313.94	378.13	43.04	54.31	59.39	69.66	75.20	94.51
69	207.01	233.13	270.84	314.30	339.27	408.40	48.87	60.12	64.60	75.76	81.93	102.08
70	226.83	249.26	290.19	334.52	360.98	434.78	54.91	66.06	69.99	81.37	87.88	108.66
71	247.20	271.47	316.80	355.31	382.22	460.86	61.55	73.85	77.34	87.15	93.77	115.18
72	270.59	297.82	348.40	379.77	406.73	490.96	69.43	83.08	86.12	93.89	100.54	122.74
73	292.95	327.42	384.40	411.19	434.68	534.33	77.62	92.66	96.08	101.83	107.91	133.58
74	317.54	361.01	425.55	452.39	472.49	583.85	86.82	103.37	107.33	112.20	117.65	145.95
75	345.20	399.26	472.73	502.52	519.73	641.09	97.14	115.40	120.06	124.79	129.62	160.27
76	376.68	442.77	526.70	559.91	575.17	707.56	108.76	128.93	134.39	139.24	143.52	176.89
77	412.75	492.16	588.28	625.38	640.23	784.70	121.80	144.16	150.48	155.81	159.66	196.17
78	454.14	548.01	658.21	699.72	716.26	877.49	136.42	161.23	168.44	174.71	178.37	219.37
79	501.52	610.88	737.24	783.73	804.61	984.50	152.76	180.30	188.42	196.16	199.94	246.11

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Compound

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	70.29	85.10	106.44	2.42	3.10	3.71	12.64	
36	71.39	86.14	107.30	2.45	3.14	3.74	12.97	
37	72.49	87.22	108.13	2.49	3.19	3.77	13.29	
38	73.71	89.11	108.31	2.53	3.26	3.82	13.93	
39	75.70	91.51	108.83	2.58	3.34	3.90	14.57	
40	77.61	93.52	109.68	2.64	3.42	3.97	15.02	
41	80.35	96.21	110.87	2.74	3.57	4.09	15.50	
42	83.06	98.57	112.40	2.81	3.68	4.19	15.81	
43	85.58	101.27	113.59	2.92	3.78	4.31	16.18	
44	87.85	103.80	115.11	3.04	3.89	4.44	16.47	
45	90.81	107.19	116.96	3.19	4.03	4.61	16.87	
46	91.84	110.32	119.10	3.23	4.10	4.64	16.62	
47	91.40	111.16	121.60	3.27	4.10	4.62	16.37	
48	93.71	113.91	125.25	3.42	4.24	4.76	16.64	
49	95.12	115.80	127.87	3.53	4.38	4.87	16.85	
50	96.94	118.41	131.19	3.65	4.52	5.00	17.26	
51	98.66	121.09	134.54	3.78	4.65	5.13	17.73	
52	100.36	123.99	137.98	3.93	4.78	5.30	18.29	
53	101.44	126.01	140.95	4.00	4.87	5.38	18.61	
54	102.78	128.30	144.20	4.09	4.99	5.49	18.95	
55	104.56	130.99	147.94	4.19	5.11	5.60	19.32	
56	106.88	134.22	152.36	4.32	5.27	5.75	19.70	
57	109.91	138.16	157.64	4.49	5.44	5.93	20.12	
58	113.11	141.54	162.90	4.65	5.63	6.10	20.49	
59	118.35	147.36	171.04	4.91	5.91	6.39	21.05	
60	124.87	154.79	181.21	5.22	6.29	6.74	21.69	
61	131.92	162.79	192.30	5.63	6.67	7.14	22.50	
62	141.27	173.59	207.04	6.16	7.20	7.65	23.72	
63	153.94	189.16	226.05	6.86	7.95	8.39	25.55	
64	165.72	203.84	244.25	7.56	8.67	9.10	27.39	
65	180.26	222.02	267.10	8.40	9.54	10.01	29.95	
66	203.11	250.71	303.04	9.70	10.89	11.38	34.25	
67	220.08	272.25	326.89	10.75	11.95	12.45	37.94	
68	236.08	293.98	359.21	12.12	13.15	13.63	43.04	
69	253.78	316.65	387.95	13.58	14.33	14.84	48.87	
70	271.18	336.60	413.04	14.97	15.47	15.97	54.91	
71	295.25	356.54	437.79	16.46	16.96	17.46	61.55	
72	323.80	379.77	466.42	18.18	18.68	19.20	69.43	
73	356.01	408.38	507.60	19.99	20.51	21.04	77.62	
74	392.57	446.65	554.65	22.07	22.60	23.15	86.82	
75	434.12	493.97	609.03	24.47	25.01	25.60	97.14	
76	481.34	549.02	672.17	27.26	27.83	28.44	108.76	
77	534.86	612.87	745.44	30.51	31.11	31.75	121.80	
78	595.29	686.62	833.63	34.29	34.93	35.60	136.42	
79	663.21	771.31	935.27	38.63	39.31	40.02	152.76	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Compound

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue Age	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	87.28	101.26	115.15	125.86	140.89	177.48	78.54	91.12	103.65	113.29	126.80	159.74
36	88.10	102.52	116.79	127.86	143.09	179.31	79.30	92.29	105.08	115.06	128.78	161.40
37	88.98	103.80	118.40	129.80	145.32	181.17	80.08	93.40	106.55	116.83	130.78	163.05
38	91.15	106.68	121.86	131.75	147.71	182.22	82.03	96.01	109.68	118.58	132.95	164.03
39	93.31	109.55	125.29	133.66	149.94	183.65	83.98	98.62	112.78	120.29	134.95	165.28
40	95.47	112.12	127.69	135.57	152.03	185.48	85.92	100.90	114.92	122.03	136.83	166.94
41	97.75	113.09	129.49	137.55	154.11	187.74	87.99	101.78	116.55	123.81	138.69	168.97
42	98.66	112.96	130.11	138.31	154.80	188.58	88.78	101.67	117.09	124.48	139.36	169.74
43	97.26	114.58	131.53	139.89	156.44	190.76	87.52	103.12	118.35	125.92	140.79	171.70
44	94.73	112.93	129.05	141.02	157.58	192.40	85.25	101.61	116.16	126.92	141.83	173.17
45	92.63	111.00	126.29	142.39	159.09	194.47	83.35	99.88	113.68	128.15	143.19	175.01
46	90.95	109.46	124.06	144.08	161.05	196.92	81.87	98.50	111.64	129.68	144.93	177.22
47	89.75	108.25	122.39	144.22	161.44	199.80	80.77	97.42	110.16	129.78	145.29	179.82
48	91.42	110.22	124.76	146.51	164.78	204.08	82.29	99.21	112.28	131.86	148.32	183.71
49	92.55	111.40	126.54	147.94	167.18	207.04	83.31	100.27	113.87	133.14	150.46	186.35
50	94.20	113.01	129.00	150.15	170.49	210.95	84.78	101.70	116.10	135.12	153.44	189.85
51	96.50	115.21	132.41	153.32	174.98	216.01	86.85	103.69	119.18	137.98	157.49	194.42
52	98.47	116.86	135.43	155.97	178.95	220.15	88.62	105.15	121.89	140.39	161.06	198.13
53	99.65	118.44	137.98	158.65	182.44	225.07	89.68	106.61	124.19	142.77	164.18	202.58
54	101.00	120.41	140.82	161.74	186.25	230.64	90.91	108.36	126.73	145.54	167.62	207.58
55	102.66	122.79	144.05	165.36	190.61	237.11	92.38	110.53	129.64	148.84	171.56	213.42
56	104.69	125.80	147.79	169.76	195.69	244.78	94.22	113.22	133.02	152.79	176.11	220.32
57	107.17	129.53	152.15	175.01	201.65	253.93	96.46	116.59	136.94	157.54	181.49	228.52
58	109.79	133.96	155.64	179.70	206.77	263.18	98.80	120.56	140.07	161.73	186.09	236.85
59	113.22	139.18	160.57	186.06	213.72	275.18	101.91	125.28	144.51	167.46	192.37	247.69
60	117.66	145.45	167.06	194.21	222.65	290.27	105.89	130.89	150.33	174.81	200.38	261.26
61	124.34	152.90	175.14	204.22	233.65	308.67	111.90	137.62	157.61	183.81	210.29	277.80
62	133.37	162.68	185.90	217.43	248.23	332.54	120.02	146.43	167.31	195.66	223.40	299.27
63	144.43	175.08	200.95	235.10	268.12	361.09	129.99	157.57	180.86	211.59	241.31	324.97
64	156.08	187.94	216.48	253.20	288.61	390.65	140.47	169.15	194.84	227.89	259.76	351.58
65	169.81	203.05	234.27	273.86	312.14	424.72	152.82	182.75	210.84	246.47	280.93	382.25
66	192.19	228.37	263.30	307.49	350.70	479.66	172.98	205.54	236.96	276.74	315.65	431.71
67	209.81	247.79	284.74	332.22	379.31	521.54	188.84	223.00	256.26	299.00	341.38	469.39
68	233.38	270.16	303.86	353.54	404.69	560.42	210.04	243.14	273.47	318.18	364.24	504.38
69	254.61	288.54	320.35	371.75	426.44	591.27	229.15	259.67	288.29	334.57	383.80	532.13
70	277.12	308.51	339.94	391.83	450.29	622.77	249.43	277.67	305.93	352.65	405.27	560.51
71	298.07	332.62	364.95	409.31	471.09	648.58	268.26	299.36	328.46	368.38	423.97	583.72
72	319.45	357.55	391.40	426.64	491.79	673.24	287.52	321.78	352.27	383.97	442.60	605.92
73	345.36	387.60	429.14	459.07	529.47	728.17	310.82	348.84	386.22	413.15	476.51	655.36
74	373.80	420.89	471.96	501.72	579.01	790.61	336.41	378.79	424.75	451.54	521.11	711.56
75	405.59	458.48	520.61	553.44	639.14	862.53	365.03	412.62	468.56	498.10	575.22	776.28
76	444.71	504.88	579.96	616.55	712.60	952.48	400.25	454.38	521.98	554.89	641.34	857.22
77	485.88	554.26	642.97	683.50	790.75	1,049.29	437.29	498.83	578.66	615.15	711.67	944.35
78	532.71	610.67	713.86	758.88	878.89	1,165.41	479.44	549.60	642.48	682.99	790.99	1,048.88
79	585.79	674.90	793.28	843.29	977.80	1,298.44	527.21	607.41	713.95	758.96	880.02	1,168.60

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Compound

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	82.61	92.85	110.43	120.72	126.75	142.32	18.38	24.13	27.86	30.45	31.97	35.16
36	83.04	94.26	111.79	122.38	128.49	143.40	18.86	24.76	28.41	31.08	32.65	35.91
37	83.52	95.71	113.11	124.03	130.23	144.57	19.32	25.41	28.97	31.77	33.37	36.59
38	84.88	98.66	116.02	125.46	131.92	144.80	20.34	26.71	30.13	32.57	34.25	37.42
39	86.42	101.63	119.01	126.95	133.52	145.49	21.23	27.87	31.24	33.31	35.02	38.16
40	88.12	104.32	121.06	128.55	135.17	146.63	21.99	28.88	31.97	33.94	35.71	38.85
41	90.05	105.49	122.66	130.32	136.95	148.20	22.65	29.34	32.51	34.54	36.28	39.54
42	90.86	105.61	123.26	131.04	137.57	148.81	22.87	29.45	32.67	34.71	36.44	39.78
43	89.62	107.54	124.71	132.62	139.16	150.56	22.50	29.70	32.94	35.05	36.79	40.20
44	87.39	106.38	122.54	133.89	140.38	152.01	21.82	28.99	32.19	35.18	36.91	40.39
45	85.61	104.96	120.12	135.46	142.00	153.87	21.23	28.16	31.34	35.33	37.04	40.60
46	84.26	103.86	118.30	137.41	144.08	156.13	20.70	27.46	30.54	35.47	37.24	40.79
47	83.25	103.03	117.02	137.89	144.78	158.80	20.30	26.83	29.86	35.19	36.95	41.00
48	84.95	105.23	119.90	140.78	148.74	162.91	20.56	26.97	30.01	35.21	37.20	41.18
49	86.05	106.59	122.05	142.73	151.49	165.84	20.76	27.08	30.04	35.14	37.20	41.20
50	87.57	108.27	124.88	145.33	154.80	169.48	21.19	27.37	30.30	35.27	37.42	41.47
51	89.59	110.36	128.50	148.82	158.96	174.01	21.79	27.90	30.82	35.70	37.87	42.00
52	91.22	111.88	131.74	151.72	162.51	177.75	22.39	28.40	31.28	36.05	38.19	42.40
53	92.13	113.26	134.28	154.39	165.08	181.77	22.80	28.92	31.83	36.61	38.60	43.30
54	93.24	114.96	137.04	157.38	167.88	186.20	23.25	29.51	32.49	37.31	39.13	44.44
55	94.63	117.12	140.13	160.88	171.19	191.25	23.73	30.21	33.25	38.20	39.88	45.86
56	96.45	119.91	143.72	165.06	175.30	197.24	24.23	31.00	34.19	39.24	40.85	47.54
57	98.78	123.50	147.90	170.12	180.41	204.32	24.77	31.89	35.22	40.53	42.11	49.61
58	101.33	127.32	151.13	174.50	185.78	211.41	25.27	32.85	36.17	41.77	43.67	51.77
59	104.84	132.48	155.93	180.67	192.82	220.74	25.80	33.90	37.35	43.28	45.49	54.44
60	109.43	139.03	162.33	188.72	201.72	232.57	26.45	35.07	38.78	45.09	47.69	57.70
61	116.24	147.12	170.41	198.72	212.61	247.09	27.47	36.46	40.56	47.28	50.31	61.58
62	125.35	157.61	181.17	211.90	226.95	266.05	28.96	38.32	42.88	50.15	53.72	66.49
63	136.31	170.87	196.24	229.60	245.18	288.83	31.01	40.95	46.18	54.01	57.92	72.26
64	147.75	184.29	211.78	247.72	263.80	312.48	33.29	43.84	49.62	58.05	62.24	78.17
65	160.98	199.42	229.53	268.29	285.05	339.72	36.19	47.44	53.72	62.78	67.32	85.00
66	182.29	223.83	258.21	301.55	319.91	383.69	41.19	53.62	60.50	70.63	75.70	95.96
67	198.73	241.55	279.34	325.93	345.57	417.24	45.42	58.69	65.69	76.66	82.11	104.30
68	220.51	256.95	297.83	346.51	372.24	448.35	51.03	64.39	70.42	82.60	89.16	112.07
69	239.78	270.03	313.71	364.04	392.96	473.03	56.61	69.64	74.83	87.75	94.90	118.24
70	259.94	285.65	332.56	383.35	413.68	498.25	62.93	75.71	80.21	93.25	100.70	124.52
71	278.33	305.66	356.70	400.05	430.35	518.89	69.30	83.14	87.08	98.13	105.58	129.69
72	296.84	326.71	382.20	416.62	446.19	538.59	76.16	91.14	94.48	103.00	110.29	134.65
73	319.38	356.96	419.08	448.29	473.89	582.55	84.62	101.02	104.75	111.02	117.65	145.63
74	344.00	391.09	461.02	490.09	511.87	632.50	94.05	111.98	116.27	121.55	127.46	158.12
75	371.55	429.74	508.81	540.88	559.40	690.03	104.55	124.21	129.23	134.32	139.52	172.50
76	405.65	476.83	567.21	602.98	619.42	761.98	117.12	138.85	144.73	149.95	154.56	190.50
77	441.54	526.50	629.32	669.01	684.89	839.44	130.30	154.22	160.98	166.68	170.80	209.85
78	482.53	582.26	699.35	743.46	761.03	932.33	144.95	171.31	178.96	185.63	189.52	233.08
79	529.17	644.55	777.87	826.93	848.96	1,038.77	161.18	190.24	198.80	206.98	210.96	259.68

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Compound

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	102.20	120.72	135.17	3.52	4.50	5.39	18.38	
36	103.82	122.38	136.26	3.57	4.57	5.44	18.86	
37	105.40	124.03	137.32	3.61	4.64	5.48	19.32	
38	107.59	125.46	137.55	3.69	4.76	5.58	20.34	
39	110.36	126.92	138.20	3.77	4.87	5.69	21.23	
40	113.32	128.52	139.29	3.87	5.00	5.77	21.99	
41	115.18	130.29	140.80	4.00	5.11	5.86	22.65	
42	116.36	131.04	141.37	4.07	5.15	5.88	22.87	
43	118.49	132.62	143.04	4.07	5.24	5.97	22.50	
44	117.19	133.89	144.43	4.03	5.18	5.89	21.82	
45	115.58	135.46	146.20	4.01	5.13	5.81	21.23	
46	114.37	137.39	148.31	4.03	5.11	5.78	20.70	
47	113.38	137.89	150.85	4.06	5.08	5.73	20.30	
48	115.79	140.76	154.77	4.22	5.24	5.88	20.56	
49	117.21	142.70	157.57	4.35	5.39	6.00	20.76	
50	118.97	145.33	161.00	4.48	5.54	6.14	21.19	
51	121.22	148.80	165.32	4.65	5.72	6.31	21.79	
52	122.80	151.72	168.84	4.81	5.85	6.48	22.39	
53	124.28	154.39	172.68	4.91	5.97	6.59	22.80	
54	126.08	157.38	176.88	5.02	6.12	6.73	23.25	
55	128.42	160.88	181.70	5.14	6.27	6.87	23.73	
56	131.44	165.06	187.37	5.32	6.48	7.07	24.23	
57	135.34	170.12	194.10	5.52	6.70	7.30	24.77	
58	139.45	174.50	200.83	5.73	6.95	7.52	25.27	
59	145.10	180.67	209.70	6.02	7.24	7.83	25.80	
60	152.24	188.72	220.93	6.37	7.67	8.22	26.45	
61	161.03	198.72	234.73	6.87	8.15	8.71	27.47	
62	172.45	211.90	252.74	7.52	8.79	9.33	28.96	
63	186.85	229.60	274.38	8.32	9.64	10.18	31.01	
64	201.40	247.72	296.83	9.19	10.53	11.06	33.29	
65	217.81	268.27	322.75	10.14	11.53	12.09	36.19	
66	244.30	301.55	364.49	11.66	13.09	13.69	41.19	
67	263.47	325.93	396.36	12.87	14.31	14.90	45.42	
68	279.92	348.58	425.91	14.38	15.59	16.16	51.03	
69	293.94	366.77	449.36	15.73	16.60	17.19	56.61	
70	310.77	385.74	473.34	17.16	17.73	18.31	62.93	
71	332.42	401.43	492.92	18.53	19.09	19.65	69.30	
72	355.21	416.62	511.67	19.95	20.49	21.07	76.16	
73	388.14	445.22	553.40	21.79	22.36	22.94	84.62	
74	425.28	483.87	600.88	23.91	24.48	25.08	94.05	
75	467.26	531.68	655.52	26.34	26.92	27.55	104.55	
76	518.36	591.25	723.88	29.36	29.97	30.63	117.12	
77	572.18	655.62	797.45	32.64	33.29	33.96	130.30	
78	632.50	729.53	885.73	36.43	37.11	37.82	144.95	
79	699.76	813.82	986.82	40.76	41.47	42.22	161.18	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Issue Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	117.68	126.47	139.57	148.36	166.07	209.20	105.90	113.81	125.63	133.54	149.47	188.29
36	118.93	127.58	141.76	150.72	168.66	211.36	107.04	114.86	127.55	135.63	151.79	190.25
37	120.21	128.76	143.95	153.01	171.29	213.55	108.19	115.87	129.54	137.72	154.15	192.20
38	121.49	129.91	146.24	155.30	174.12	214.79	109.33	116.91	131.62	139.77	156.71	193.34
39	122.67	131.02	148.39	157.55	176.74	216.48	110.41	117.95	133.58	141.79	159.07	194.83
40	123.85	132.16	150.51	159.81	179.20	218.63	111.45	118.93	135.46	143.85	161.29	196.78
41	124.61	132.76	152.01	161.47	180.92	220.39	112.17	119.48	136.82	145.34	162.81	198.35
42	123.85	132.80	152.95	162.60	181.99	221.70	111.45	119.53	137.65	146.34	163.83	199.55
43	118.69	134.24	154.09	163.89	183.28	223.49	106.80	120.81	138.66	147.53	164.94	201.16
44	114.19	136.06	155.48	165.46	184.89	225.74	102.76	122.42	139.95	148.91	166.41	203.17
45	110.28	135.13	153.75	167.31	186.93	228.50	99.23	121.59	138.40	150.57	168.25	205.64
46	106.94	132.73	150.42	169.55	189.52	231.73	96.27	119.43	135.37	152.60	170.54	208.55
47	103.78	130.14	147.13	170.28	190.61	234.46	93.40	117.11	132.43	153.23	171.54	211.01
48	105.19	131.64	149.00	172.32	193.81	240.90	94.69	118.49	134.10	155.09	174.45	216.85
49	106.06	132.29	150.26	173.46	196.02	246.07	95.47	119.07	135.22	156.11	176.41	221.47
50	106.95	132.73	151.51	174.57	198.21	251.13	96.26	119.45	136.37	157.09	178.39	226.01
51	108.44	133.71	153.66	176.56	201.51	257.37	97.59	120.34	138.32	158.90	181.37	231.65
52	110.10	134.72	156.12	178.84	205.19	263.95	99.10	121.22	140.51	160.98	184.67	237.54
53	111.56	135.93	158.36	180.88	208.00	268.87	100.40	122.36	142.53	162.78	187.18	242.00
54	113.69	138.16	161.58	184.11	212.02	275.76	102.33	124.33	145.41	165.68	190.81	248.19
55	115.65	140.19	164.45	187.04	215.60	282.46	104.07	126.18	148.01	168.36	194.06	254.24
56	119.18	143.51	168.60	191.61	220.88	291.85	107.26	129.16	151.74	172.46	198.79	262.69
57	123.62	147.61	173.38	197.06	227.05	303.03	111.26	132.87	156.05	177.39	204.35	272.71
58	128.08	152.64	177.35	202.42	232.92	314.35	115.26	137.37	159.60	182.18	209.62	282.90
59	134.25	159.27	183.74	210.58	241.89	330.52	120.83	143.36	165.36	189.53	217.73	297.50
60	141.18	166.30	191.00	219.75	251.93	348.98	127.05	149.65	171.88	197.79	226.73	314.10
61	148.93	173.78	199.05	229.83	262.95	368.26	134.03	156.41	179.13	206.86	236.66	331.42
62	158.99	183.50	209.70	243.01	277.45	389.56	143.08	165.17	188.73	218.68	249.69	350.58
63	170.68	198.55	227.89	264.35	301.49	423.81	153.63	178.69	205.11	237.92	271.33	381.42
64	181.95	213.42	245.82	285.29	325.19	455.39	163.75	192.08	221.25	256.78	292.68	409.84
65	194.20	229.90	265.25	307.93	350.98	485.75	174.78	206.91	238.72	277.14	315.88	437.17
66	217.89	260.82	300.71	349.09	398.15	543.80	196.11	234.74	270.63	314.18	358.36	489.44
67	233.26	282.79	324.96	377.31	430.79	579.83	209.94	254.50	292.45	339.59	387.71	521.85
68	255.87	312.66	351.66	408.46	467.55	629.26	230.28	281.39	316.49	367.60	420.82	566.34
69	278.33	342.83	380.62	442.17	507.22	678.70	250.50	308.53	342.54	397.94	456.51	610.82
70	298.30	370.51	408.26	474.35	545.12	722.49	268.49	333.48	367.42	426.91	490.61	650.26
71	319.64	400.61	439.55	510.79	587.89	770.26	287.68	360.56	395.60	459.71	529.08	693.24
72	343.35	434.57	475.72	552.83	628.26	824.50	309.03	391.10	428.16	497.54	565.43	742.06
73	367.53	470.70	521.15	606.80	682.05	884.55	330.77	423.64	469.03	546.10	613.82	796.10
74	404.77	513.90	576.25	672.36	742.68	958.59	364.28	462.50	518.62	605.12	668.41	862.73
75	446.68	561.57	639.02	740.19	816.07	1,043.69	402.02	505.41	575.12	666.18	734.46	939.32
76	494.34	610.87	710.42	810.58	894.35	1,141.87	444.92	549.77	639.39	729.52	804.92	1,027.67
77	538.17	670.24	789.13	895.11	988.54	1,254.97	484.35	603.20	710.20	805.59	889.67	1,129.45
78	573.55	719.19	849.93	966.12	1,068.11	1,394.42	516.20	647.28	764.94	869.51	961.29	1,254.99
79	612.18	771.94	915.22	1,042.36	1,153.79	1,510.49	550.96	694.74	823.70	938.13	1,038.41	1,359.45

Mutual of Omaha Insurance Company

Policy Form: LTC04I-TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL) Benefit Period						Non Integrated - Home Health Care (HHC) (2PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	111.39	115.97	133.85	142.30	149.40	167.75	24.78	30.14	33.77	35.89	37.68	41.45
36	112.09	117.31	135.70	144.25	151.46	169.03	25.46	30.81	34.48	36.64	38.49	42.33
37	112.83	118.73	137.52	146.20	153.51	170.41	26.10	31.52	35.22	37.44	39.33	43.13
38	113.14	120.14	139.23	147.89	155.50	170.68	27.11	32.53	36.16	38.39	40.37	44.11
39	113.61	121.56	140.95	149.64	157.38	171.49	27.91	33.34	37.01	39.26	41.28	44.99
40	114.32	122.97	142.70	151.52	159.34	172.84	28.52	34.04	37.68	40.00	42.09	45.79
41	114.79	123.84	143.99	152.98	160.76	173.97	28.87	34.44	38.16	40.54	42.59	46.41
42	114.06	124.15	144.91	154.05	161.73	174.94	28.71	34.62	38.41	40.81	42.84	46.76
43	109.36	125.99	146.11	155.38	163.03	176.39	27.46	34.80	38.59	41.06	43.11	47.10
44	105.34	128.17	147.63	157.09	164.71	178.35	26.30	34.93	38.79	41.27	43.30	47.39
45	101.93	127.77	146.23	159.17	166.85	180.80	25.27	34.28	38.15	41.51	43.52	47.70
46	99.07	125.93	143.44	161.70	169.55	183.73	24.34	33.30	37.03	41.74	43.83	48.01
47	96.26	123.86	140.68	162.81	170.94	186.35	23.48	32.25	35.90	41.55	43.63	48.12
48	97.75	125.69	143.20	165.59	174.95	192.30	23.66	32.21	35.84	41.41	43.76	48.60
49	98.61	126.57	144.93	167.35	177.62	197.10	23.79	32.16	35.67	41.20	43.61	48.96
50	99.42	127.17	146.67	168.96	179.97	201.76	24.05	32.14	35.58	41.01	43.50	49.37
51	100.67	128.08	149.14	171.38	183.07	207.33	24.49	32.38	35.77	41.11	43.62	50.05
52	102.00	128.97	151.87	173.97	186.34	213.11	25.03	32.74	36.06	41.34	43.79	50.84
53	103.14	129.99	154.11	176.01	188.20	217.15	25.52	33.19	36.53	41.74	44.00	51.72
54	104.96	131.91	157.25	179.16	191.11	222.63	26.17	33.86	37.28	42.48	44.54	53.13
55	106.60	133.71	159.98	181.97	193.64	227.83	26.73	34.48	37.95	43.21	45.11	54.63
56	109.80	136.79	163.95	186.31	197.87	235.17	27.58	35.37	39.00	44.30	46.11	56.69
57	113.94	140.74	168.55	191.56	203.14	243.83	28.58	36.35	40.14	45.63	47.42	59.20
58	118.21	145.08	172.21	196.56	209.27	252.52	29.48	37.43	41.21	47.05	49.19	61.83
59	124.31	151.60	178.43	204.48	218.23	265.13	30.59	38.79	42.74	48.99	51.48	65.39
60	131.31	158.96	185.60	213.53	228.24	279.61	31.74	40.10	44.34	51.02	53.97	69.37
61	139.22	167.20	193.67	223.63	239.27	294.79	32.90	41.43	46.10	53.21	56.62	73.47
62	149.43	177.79	204.36	236.84	253.66	311.67	34.52	43.22	48.37	56.05	60.05	77.89
63	161.10	193.78	222.55	258.18	275.69	339.00	36.65	46.44	52.37	60.73	65.13	84.81
64	172.24	209.27	240.49	279.12	297.24	364.26	38.80	49.78	56.35	65.41	70.13	91.13
65	184.11	225.79	259.88	301.68	320.51	388.53	41.39	53.71	60.83	70.59	75.69	97.22
66	206.66	255.64	294.90	342.36	363.19	435.00	46.70	61.23	69.09	80.19	85.94	108.80
67	220.94	275.67	318.80	370.17	392.48	463.87	50.50	66.98	74.97	87.07	93.26	115.96
68	241.77	297.37	344.68	400.33	430.06	503.43	55.95	74.52	81.50	95.43	103.01	125.83
69	262.12	320.85	372.74	433.00	467.40	542.98	61.88	82.74	88.91	104.37	112.88	135.72
70	279.81	343.06	399.40	464.08	500.80	578.04	67.74	90.92	96.33	112.88	121.91	144.46
71	298.47	368.14	429.61	499.24	537.05	616.25	74.31	100.14	104.88	122.45	131.76	154.02
72	319.05	397.09	464.54	539.84	570.01	659.59	81.86	110.77	114.83	133.46	140.90	164.90
73	339.87	433.50	508.93	592.54	610.46	707.65	90.05	122.68	127.21	146.75	151.55	176.90
74	372.50	477.51	562.89	656.78	656.56	766.88	101.84	136.73	141.97	162.89	163.48	191.71
75	409.20	526.38	624.54	723.39	714.26	834.95	115.14	152.14	158.62	179.64	178.14	208.73
76	450.92	576.93	694.80	792.75	777.40	913.50	130.20	168.00	177.29	197.15	193.98	228.37
77	489.06	636.66	772.37	876.13	856.20	1,003.98	144.32	186.48	197.57	218.28	213.52	250.99
78	519.52	685.73	832.66	946.49	924.88	1,115.54	156.06	201.75	213.07	236.32	230.32	278.88
79	553.00	737.22	897.44	1,022.14	1,001.76	1,208.41	168.43	217.59	229.36	255.84	248.93	302.08

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	127.65	142.30	159.34	4.75	5.62	6.53	24.78	
36	129.20	144.25	160.62	4.82	5.69	6.60	25.46	
37	130.75	146.20	161.86	4.88	5.76	6.67	26.10	
38	131.02	147.89	162.13	4.92	5.79	6.70	27.11	
39	131.99	149.60	162.91	4.95	5.83	6.73	27.91	
40	133.58	151.49	164.18	5.02	5.89	6.80	28.52	
41	135.21	152.95	165.29	5.10	6.00	6.87	28.87	
42	136.79	154.05	166.19	5.11	6.05	6.92	28.71	
43	138.82	155.38	167.58	4.96	6.13	6.99	27.46	
44	141.19	157.09	169.45	4.85	6.25	7.10	26.30	
45	140.71	159.17	171.78	4.78	6.25	7.07	25.27	
46	138.68	161.67	174.53	4.73	6.19	7.01	24.34	
47	136.31	162.81	177.01	4.70	6.11	6.89	23.48	
48	138.29	165.56	182.69	4.86	6.26	7.03	23.66	
49	139.19	167.32	187.27	4.99	6.40	7.12	23.79	
50	139.73	168.96	191.67	5.09	6.51	7.21	24.05	
51	140.69	171.36	196.97	5.22	6.63	7.32	24.49	
52	141.57	173.97	202.43	5.38	6.75	7.47	25.03	
53	142.63	176.01	206.29	5.49	6.85	7.56	25.52	
54	144.67	179.16	211.49	5.65	7.03	7.72	26.17	
55	146.61	181.97	216.45	5.79	7.16	7.85	26.73	
56	149.94	186.31	223.40	6.05	7.39	8.07	27.58	
57	154.23	191.56	231.64	6.37	7.63	8.32	28.58	
58	158.90	196.56	239.88	6.69	7.92	8.57	29.48	
59	166.03	204.48	251.87	7.14	8.29	8.96	30.59	
60	174.06	213.53	265.61	7.64	8.76	9.40	31.74	
61	183.01	223.63	280.05	8.23	9.26	9.90	32.90	
62	194.53	236.84	296.07	8.97	9.92	10.53	34.52	
63	211.90	258.18	322.04	9.84	10.94	11.55	36.65	
64	228.70	279.12	346.02	10.71	11.96	12.56	38.80	
65	246.61	301.65	369.12	11.60	13.06	13.69	41.39	
66	279.02	342.36	413.23	13.22	14.96	15.63	46.70	
67	300.69	370.17	440.66	14.31	16.33	17.01	50.50	
68	323.95	402.72	478.23	15.76	18.04	18.71	55.95	
69	349.25	436.25	515.80	17.20	19.72	20.43	61.88	
70	373.23	466.97	549.14	18.47	21.29	21.99	67.74	
71	400.37	500.96	585.41	19.87	22.99	23.67	74.31	
72	431.73	539.84	626.63	21.44	24.91	25.60	81.86	
73	471.36	588.49	672.24	23.19	27.15	27.86	90.05	
74	519.26	648.45	728.54	25.89	29.89	30.62	101.84	
75	572.33	711.10	793.21	29.01	32.97	33.82	115.14	
76	627.19	777.32	867.81	32.63	36.27	37.52	130.20	
77	691.90	858.60	953.76	36.15	40.25	41.68	144.32	
78	744.90	928.76	1,059.78	39.23	43.71	45.03	156.06	
79	800.37	1,005.94	1,147.98	42.60	47.44	48.71	168.43	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Simple

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Issue Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	61.97	71.90	81.77	91.61	101.37	144.04	55.76	64.71	73.60	82.46	91.24	129.64
36	62.56	72.79	82.91	92.92	102.82	145.53	56.31	65.53	74.60	83.62	92.54	130.99
37	63.18	73.70	84.06	94.23	104.26	147.03	56.86	66.32	75.65	84.82	93.83	132.33
38	64.77	75.82	86.60	97.08	107.30	147.89	58.29	68.23	77.94	87.38	96.57	133.12
39	66.02	77.51	88.65	99.41	109.82	149.05	59.43	69.78	79.80	89.47	98.84	134.14
40	67.60	79.59	91.13	102.26	112.98	150.53	60.84	71.62	82.02	92.05	101.69	135.49
41	69.29	81.73	93.71	105.20	116.23	152.37	62.37	73.56	84.34	94.69	104.60	137.13
42	70.62	83.50	95.89	107.74	119.08	154.54	63.55	75.16	86.30	96.97	107.20	139.10
43	72.40	85.65	98.41	110.58	122.23	156.16	65.15	77.09	88.55	99.54	110.00	140.56
44	74.36	88.03	101.16	113.70	125.71	159.06	66.92	79.21	91.06	102.33	113.14	143.16
45	76.53	90.67	104.19	117.14	129.51	161.41	68.86	81.58	93.79	105.42	116.57	145.26
46	75.79	91.22	103.38	120.07	133.09	164.10	68.23	82.08	93.04	108.07	119.77	147.69
47	75.10	90.58	102.41	120.67	135.08	167.18	67.59	81.51	92.17	108.59	121.57	150.46
48	77.29	93.17	105.47	123.85	139.30	172.52	69.56	83.87	94.92	111.47	125.38	155.30
49	78.98	95.07	107.99	126.25	142.67	176.69	71.10	85.57	97.17	113.63	128.40	159.03
50	81.25	97.47	111.25	129.50	147.04	181.93	73.12	87.71	100.13	116.53	132.33	163.73
51	83.15	99.28	114.09	132.11	150.78	186.14	74.84	89.35	102.70	118.90	135.71	167.54
52	85.76	101.78	117.95	135.85	155.86	191.75	77.19	91.58	106.16	122.28	140.28	172.57
53	86.72	103.08	120.08	138.07	158.77	195.87	78.05	92.78	108.08	124.25	142.88	176.30
54	88.38	105.36	123.22	141.52	162.97	201.81	79.55	94.81	110.89	127.35	146.67	181.63
55	89.76	107.36	125.94	144.58	166.65	207.31	80.77	96.63	113.35	130.13	150.00	186.60
56	92.03	110.59	129.93	149.24	172.03	215.19	82.83	99.54	116.94	134.32	154.82	193.69
57	94.74	114.50	134.49	154.71	178.25	224.47	85.27	103.06	121.05	139.26	160.43	202.01
58	96.98	118.33	137.48	158.73	182.65	232.48	87.28	106.49	123.73	142.86	164.38	209.22
59	100.57	123.63	142.63	165.27	189.84	244.43	90.52	111.28	128.36	148.75	170.88	220.01
60	105.10	129.92	149.22	173.48	198.89	259.29	94.58	116.92	134.29	156.15	178.99	233.38
61	111.00	136.49	156.34	182.30	208.57	275.54	99.89	122.85	140.69	164.08	187.72	247.98
62	119.05	145.21	165.95	194.09	221.59	296.84	107.14	130.71	149.35	174.65	199.42	267.14
63	128.83	156.18	179.26	209.72	239.18	322.11	115.96	140.56	161.33	188.75	215.26	289.89
64	140.03	168.61	194.21	227.15	258.92	350.47	126.02	151.75	174.80	204.45	233.04	315.41
65	152.24	182.05	210.04	245.53	279.85	380.79	137.01	163.84	189.03	220.98	251.86	342.70
66	173.20	205.80	237.28	277.10	316.03	432.25	155.88	185.22	213.54	249.39	284.45	389.04
67	190.07	224.47	257.94	300.95	343.61	472.45	171.06	202.01	232.14	270.86	309.25	425.21
68	213.70	247.38	278.23	323.73	370.56	513.15	192.33	222.63	250.41	291.34	333.52	461.84
69	238.79	270.62	300.45	348.66	399.95	554.55	214.92	243.54	270.39	313.79	359.96	499.08
70	264.77	294.75	324.78	374.36	430.21	595.00	238.31	265.29	292.29	336.93	387.20	535.52
71	290.23	323.87	355.35	398.54	458.69	631.51	261.21	291.49	319.81	358.68	412.81	568.36
72	319.45	357.55	391.40	426.64	491.79	673.24	287.52	321.78	352.27	383.97	442.60	605.92
73	347.74	390.27	432.10	462.24	533.12	733.19	312.97	351.25	388.89	416.00	479.79	659.88
74	381.64	429.72	481.86	512.24	591.15	807.20	343.47	386.74	433.66	461.01	532.04	726.48
75	417.09	471.48	535.38	569.14	657.27	887.00	375.39	424.33	481.85	512.23	591.54	798.30
76	457.42	519.31	596.53	634.16	732.96	979.69	411.68	467.37	536.89	570.74	659.66	881.72
77	492.93	562.30	652.29	693.41	802.21	1,064.50	443.63	506.06	587.05	624.06	721.98	958.04
78	540.55	619.65	724.36	770.04	891.81	1,182.55	486.49	557.69	651.93	693.04	802.62	1,064.30
79	590.17	679.94	799.20	849.58	985.10	1,308.13	531.14	611.94	719.28	764.63	886.59	1,177.33

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Simple

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	58.65	65.93	78.42	87.87	91.20	115.50	13.05	17.13	19.79	22.16	23.00	28.54
36	58.96	66.93	79.37	88.94	92.33	116.38	13.39	17.58	20.17	22.59	23.46	29.14
37	59.30	67.96	80.31	90.04	93.44	117.33	13.71	18.04	20.57	23.06	23.94	29.70
38	60.32	70.12	82.45	92.45	95.82	117.52	14.45	18.98	21.42	24.00	24.88	30.37
39	61.15	71.91	84.21	94.42	97.79	118.08	15.02	19.72	22.11	24.77	25.65	30.97
40	62.40	74.05	86.40	96.96	100.45	119.00	15.57	20.50	22.81	25.60	26.54	31.53
41	63.83	76.24	88.77	99.67	103.28	120.28	16.05	21.20	23.53	26.41	27.36	32.09
42	65.04	78.07	90.84	102.08	105.83	121.95	16.37	21.77	24.08	27.04	28.03	32.60
43	66.71	80.39	93.31	104.84	108.72	123.25	16.75	22.20	24.64	27.71	28.75	32.91
44	68.60	82.93	96.06	107.95	111.99	125.67	17.13	22.60	25.24	28.36	29.44	33.39
45	70.73	85.73	99.09	111.44	115.60	127.71	17.54	23.00	25.85	29.06	30.15	33.70
46	70.22	86.55	98.58	114.51	119.07	130.11	17.25	22.88	25.45	29.56	30.78	34.00
47	69.66	86.21	97.92	115.38	121.14	132.87	16.99	22.45	24.99	29.44	30.92	34.31
48	71.82	88.96	101.35	119.01	125.74	137.72	17.38	22.80	25.37	29.76	31.45	34.81
49	73.44	90.96	104.16	121.80	129.28	141.53	17.72	23.11	25.63	29.99	31.74	35.16
50	75.52	93.38	107.70	125.33	133.50	146.17	18.27	23.60	26.13	30.42	32.27	35.77
51	77.20	95.10	110.73	128.24	136.98	149.94	18.78	24.04	26.56	30.76	32.64	36.19
52	79.45	97.44	114.74	132.14	141.54	154.82	19.50	24.73	27.25	31.40	33.26	36.93
53	80.18	98.57	116.86	134.36	143.66	158.19	19.84	25.17	27.70	31.86	33.59	37.68
54	81.59	100.59	119.91	137.71	146.90	162.92	20.34	25.82	28.42	32.65	34.24	38.88
55	82.74	102.40	122.52	140.66	149.67	167.21	20.75	26.41	29.07	33.40	34.86	40.10
56	84.79	105.42	126.35	145.10	154.11	173.39	21.30	27.25	30.06	34.50	35.91	41.80
57	87.32	109.17	130.74	150.38	159.48	180.61	21.90	28.19	31.14	35.82	37.23	43.85
58	89.51	112.47	133.50	154.14	164.10	186.75	22.32	29.02	31.95	36.90	38.57	45.73
59	93.13	117.68	138.51	160.49	171.27	196.07	22.92	30.11	33.18	38.45	40.40	48.36
60	97.75	124.19	145.00	168.58	180.18	207.75	23.63	31.33	34.64	40.28	42.60	51.54
61	103.76	131.33	152.12	177.39	189.79	220.57	24.52	32.54	36.21	42.21	44.91	54.97
62	111.90	140.69	161.72	189.15	202.59	237.49	25.85	34.20	38.27	44.77	47.96	59.35
63	121.60	152.42	175.06	204.82	218.71	257.65	27.66	36.53	41.19	48.18	51.67	64.46
64	132.56	165.33	190.00	222.24	236.67	280.34	29.86	39.33	44.52	52.08	55.84	70.13
65	144.33	178.79	205.79	240.54	255.56	304.58	32.45	42.53	48.16	56.29	60.35	76.21
66	164.27	201.71	232.69	271.75	288.29	345.77	37.12	48.32	54.52	63.65	68.22	86.48
67	180.03	218.82	253.05	295.26	313.05	377.97	41.15	53.17	59.51	69.45	74.39	94.49
68	201.92	235.28	272.71	317.28	340.85	410.54	46.72	58.96	64.48	75.64	81.64	102.61
69	224.88	253.26	294.23	341.43	368.56	443.65	53.09	65.31	70.18	82.30	89.01	110.89
70	248.36	272.91	317.73	366.26	395.24	476.03	60.12	72.33	76.64	89.09	96.21	118.97
71	271.00	297.61	347.31	389.53	419.03	505.24	67.47	80.96	84.79	95.54	102.80	126.27
72	296.84	326.71	382.20	416.62	446.19	538.59	76.16	91.14	94.48	103.00	110.29	134.65
73	321.58	359.42	421.97	451.38	477.16	586.56	85.21	101.72	105.47	111.79	118.46	146.63
74	351.22	399.30	470.69	500.37	522.61	645.77	96.02	114.33	118.71	124.10	130.13	161.43
75	382.09	441.93	523.25	556.22	575.27	709.60	107.52	127.73	132.89	138.13	143.48	177.40
76	417.24	490.45	583.42	620.21	637.11	783.76	120.47	142.82	148.87	154.24	158.98	195.94
77	447.94	534.13	638.44	678.71	694.82	851.61	132.19	156.45	163.31	169.09	173.28	212.89
78	489.62	590.82	709.64	754.39	772.22	946.04	147.08	173.82	181.59	188.36	192.30	236.51
79	533.12	649.36	783.68	833.10	855.29	1,046.52	162.38	191.66	200.29	208.52	212.53	261.61

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Simple

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	72.57	87.87	109.71	2.50	3.20	3.83	13.05	
36	73.71	88.94	110.59	2.53	3.25	3.86	13.39	
37	74.84	90.04	111.45	2.57	3.30	3.89	13.71	
38	76.47	92.45	111.63	2.62	3.38	3.97	14.45	
39	78.09	94.40	112.16	2.66	3.45	4.02	15.02	
40	80.44	96.94	113.05	2.74	3.55	4.12	15.57	
41	83.24	99.65	114.27	2.83	3.70	4.24	16.05	
42	86.01	102.08	115.85	2.91	3.81	4.34	16.37	
43	88.58	104.84	117.10	3.03	3.91	4.47	16.75	
44	91.36	107.95	119.40	3.16	4.04	4.62	17.13	
45	94.41	111.44	121.34	3.32	4.19	4.79	17.54	
46	95.31	114.49	123.60	3.36	4.26	4.82	17.25	
47	94.87	115.38	126.22	3.40	4.25	4.80	16.99	
48	97.89	118.99	130.84	3.57	4.43	4.97	17.38	
49	100.03	121.78	134.47	3.71	4.60	5.12	17.72	
50	102.60	125.33	138.86	3.86	4.78	5.29	18.27	
51	104.46	128.22	142.45	4.01	4.92	5.43	18.78	
52	106.96	132.14	147.06	4.19	5.10	5.64	19.50	
53	108.16	134.36	150.28	4.27	5.19	5.73	19.84	
54	110.32	137.71	154.77	4.39	5.36	5.89	20.34	
55	112.28	140.66	158.87	4.50	5.48	6.01	20.75	
56	115.55	145.10	164.72	4.68	5.70	6.22	21.30	
57	119.63	150.38	171.58	4.88	5.92	6.46	21.90	
58	123.18	154.14	177.40	5.06	6.14	6.64	22.32	
59	128.88	160.49	186.27	5.35	6.43	6.95	22.92	
60	135.99	168.58	197.35	5.69	6.85	7.34	23.63	
61	143.75	177.39	209.54	6.13	7.27	7.78	24.52	
62	153.94	189.15	225.61	6.72	7.85	8.33	25.85	
63	166.68	204.82	244.76	7.43	8.60	9.08	27.66	
64	180.68	222.24	266.30	8.24	9.45	9.93	29.86	
65	195.28	240.52	289.36	9.09	10.34	10.84	32.45	
66	220.16	271.75	328.46	10.51	11.80	12.33	37.12	
67	238.68	295.26	359.05	11.66	12.96	13.50	41.15	
68	256.31	319.18	389.99	13.16	14.28	14.80	46.72	
69	275.68	343.99	421.45	14.75	15.57	16.12	53.09	
70	296.91	368.54	452.24	16.40	16.94	17.49	60.12	
71	323.68	390.87	479.95	18.04	18.59	19.14	67.47	
72	355.21	416.62	511.67	19.95	20.49	21.07	76.16	
73	390.81	448.29	557.22	21.94	22.51	23.10	85.21	
74	434.20	494.02	613.48	24.41	25.00	25.61	96.02	
75	480.52	546.77	674.12	27.09	27.68	28.33	107.52	
76	533.17	608.14	744.56	30.20	30.83	31.51	120.47	
77	580.47	665.13	809.01	33.11	33.77	34.45	132.19	
78	641.80	740.26	898.75	36.97	37.66	38.38	147.08	
79	704.98	819.90	994.19	41.07	41.78	42.54	162.38	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 20 Years

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	62.21	68.31	75.38	82.08	91.88	140.33	55.98	61.47	67.85	73.88	82.69	126.31
36	62.87	68.91	76.56	83.38	93.31	141.70	56.59	62.03	68.89	75.04	83.98	127.55
37	63.19	69.15	77.31	84.17	94.23	142.29	56.87	62.23	69.57	75.76	84.80	128.07
38	63.86	69.64	78.39	84.60	94.85	144.50	57.47	62.67	70.56	76.14	85.37	130.07
39	64.48	70.12	79.41	85.06	95.42	144.46	58.04	63.12	71.49	76.55	85.88	130.01
40	65.10	70.63	80.44	85.58	95.96	144.71	58.59	63.56	72.39	77.03	86.37	130.24
41	65.40	70.75	81.01	85.69	96.01	144.58	58.87	63.67	72.91	77.13	86.40	130.13
42	65.75	70.87	81.63	85.92	96.17	144.86	59.17	63.79	73.46	77.33	86.57	130.39
43	66.57	71.88	82.52	88.60	99.09	148.19	59.90	64.70	74.25	79.76	89.17	133.39
44	67.15	72.72	83.11	90.87	101.54	150.97	60.43	65.43	74.80	81.78	91.39	135.87
45	67.87	73.75	83.91	93.23	104.16	154.05	61.07	66.36	75.53	83.91	93.75	138.64
46	68.77	75.22	85.24	95.77	107.04	157.44	61.90	67.68	76.71	86.19	96.33	141.69
47	70.33	77.31	87.41	99.08	110.91	162.12	63.30	69.57	78.67	89.16	99.81	145.90
48	72.23	79.62	90.12	102.87	115.70	168.51	65.01	71.67	81.11	92.59	104.15	151.69
49	74.54	82.85	94.10	107.30	121.25	175.82	67.10	74.56	84.68	96.57	109.12	158.25
50	76.50	85.53	97.63	111.19	126.26	182.13	68.85	76.97	87.87	100.06	113.63	163.91
51	79.05	88.75	102.00	115.94	132.32	189.63	71.15	79.88	91.81	104.34	119.10	170.68
52	81.32	91.54	106.08	120.32	138.04	196.32	73.19	82.36	95.47	108.30	124.24	176.68
53	83.28	94.64	110.25	124.60	143.28	202.75	74.94	85.18	99.23	112.13	128.95	182.48
54	85.92	98.70	115.43	130.08	149.79	210.58	77.33	88.82	103.88	117.05	134.81	189.53
55	88.36	102.61	120.37	135.35	156.02	216.38	79.51	92.36	108.33	121.83	140.43	194.76
56	91.17	107.14	125.87	141.40	163.00	223.26	82.05	96.43	113.28	127.27	146.69	200.95
57	94.43	112.40	132.02	148.32	170.89	231.48	84.99	101.17	118.82	133.51	153.81	208.32
58	98.29	118.29	137.43	155.28	178.68	241.25	88.46	106.45	123.68	139.75	160.81	217.11
59	103.03	125.12	144.35	164.01	188.40	253.66	92.73	112.62	129.91	147.62	169.58	228.31
60	108.19	132.36	152.03	173.66	199.10	267.44	97.37	119.12	136.81	156.31	179.18	240.71
61	115.21	141.79	162.41	186.47	213.34	286.00	103.68	127.62	146.16	167.83	192.01	257.39
62	123.84	152.93	174.76	201.68	230.26	308.11	111.45	137.65	157.29	181.49	207.23	277.29
63	135.56	167.04	191.73	221.65	252.78	336.47	122.02	150.34	172.56	199.48	227.50	302.82
64	148.15	182.11	209.75	242.80	276.76	366.10	133.34	163.90	188.79	218.53	249.09	329.48
65	163.06	199.95	230.69	267.33	304.70	400.31	146.75	179.95	207.61	240.60	274.23	360.28
66	187.87	230.04	265.22	307.61	350.83	457.35	169.09	207.04	238.69	276.85	315.78	411.63
67	207.63	254.01	291.89	338.90	386.93	500.06	186.87	228.60	262.69	305.01	348.24	450.06
68	231.38	283.77	319.16	369.72	423.20	560.11	208.24	255.38	287.24	332.74	380.91	504.11
69	254.61	312.78	347.26	401.40	460.44	620.86	229.15	281.49	312.51	361.25	414.41	558.76
70	282.42	341.88	376.71	434.64	499.48	684.02	254.19	307.71	339.02	391.18	449.54	615.63
71	309.84	369.47	405.39	467.06	537.56	746.63	278.85	332.53	364.85	420.35	483.79	671.98
72	339.00	398.11	435.80	501.53	578.11	806.18	305.12	358.28	392.23	451.37	520.30	725.57
73	364.42	419.65	464.62	537.74	620.21	862.15	327.97	377.68	418.16	483.95	558.16	775.94
74	392.10	442.74	496.46	577.73	666.73	911.60	352.88	398.46	446.80	519.95	600.05	820.45
75	422.85	477.99	542.77	621.95	718.25	967.37	380.57	430.18	488.50	559.75	646.43	870.64
76	457.42	519.31	596.53	670.63	775.11	1,030.37	411.68	467.37	536.89	603.56	697.60	927.32
77	496.45	566.31	656.95	723.85	837.44	1,101.09	446.80	509.67	591.24	651.46	753.68	990.96
78	544.46	624.14	729.61	803.93	931.06	1,223.32	490.02	561.73	656.65	723.54	837.95	1,100.99
79	594.54	684.98	805.12	887.12	1,028.62	1,353.45	535.08	616.47	724.61	798.41	925.76	1,218.11

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 20 Years

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	58.88	62.63	72.29	78.73	82.66	112.53	13.10	16.28	18.24	19.86	20.85	27.80
36	59.26	63.36	73.29	79.81	83.79	113.32	13.46	16.64	18.62	20.27	21.29	28.38
37	59.31	63.76	73.86	80.43	84.45	113.55	13.72	16.93	18.92	20.60	21.64	28.74
38	59.47	64.40	74.64	80.56	84.71	114.83	14.25	17.44	19.39	20.91	21.99	29.68
39	59.72	65.05	75.43	80.79	84.97	114.44	14.67	17.84	19.80	21.20	22.29	30.02
40	60.09	65.72	76.26	81.14	85.33	114.40	14.99	18.19	20.14	21.42	22.54	30.31
41	60.24	65.99	76.73	81.19	85.32	114.13	15.15	18.35	20.34	21.52	22.60	30.45
42	60.55	66.26	77.33	81.41	85.47	114.31	15.24	18.48	20.50	21.56	22.64	30.55
43	61.34	67.47	78.24	84.00	88.14	116.96	15.40	18.63	20.66	22.20	23.31	31.23
44	61.94	68.51	78.91	86.27	90.46	119.27	15.47	18.67	20.73	22.67	23.78	31.69
45	62.73	69.74	79.81	88.69	92.98	121.89	15.55	18.71	20.82	23.13	24.25	32.16
46	63.71	71.36	81.29	91.33	95.77	124.83	15.65	18.87	20.98	23.57	24.75	32.62
47	65.24	73.58	83.57	94.73	99.46	128.85	15.91	19.16	21.33	24.17	25.38	33.27
48	67.12	76.02	86.61	98.85	104.44	134.51	16.25	19.48	21.68	24.72	26.12	34.00
49	69.31	79.27	90.76	103.52	109.87	140.83	16.72	20.14	22.34	25.49	26.98	34.98
50	71.11	81.95	94.51	107.62	114.64	146.32	17.20	20.71	22.93	26.12	27.71	35.80
51	73.39	85.02	98.99	112.54	120.21	152.75	17.85	21.49	23.74	27.00	28.64	36.87
52	75.34	87.63	103.19	117.04	125.36	158.50	18.49	22.25	24.50	27.81	29.46	37.81
53	76.99	90.50	107.29	121.25	129.65	163.74	19.05	23.11	25.43	28.75	30.31	39.00
54	79.31	94.23	112.33	126.57	135.02	170.01	19.77	24.19	26.63	30.01	31.47	40.57
55	81.45	97.87	117.10	131.68	140.13	174.53	20.42	25.24	27.78	31.27	32.64	41.85
56	84.00	102.12	122.40	137.48	146.02	179.90	21.10	26.40	29.12	32.69	34.03	43.36
57	87.04	107.16	128.34	144.17	152.89	186.26	21.83	27.68	30.56	34.35	35.69	45.22
58	90.72	112.43	133.45	150.79	160.53	193.80	22.62	29.01	31.94	36.10	37.74	47.45
59	95.40	119.10	140.17	159.26	169.97	203.47	23.48	30.47	33.57	38.15	40.10	50.19
60	100.63	126.53	147.73	168.75	180.37	214.28	24.32	31.92	35.30	40.32	42.65	53.16
61	107.70	136.43	158.02	181.44	194.13	228.95	25.45	33.81	37.61	43.17	45.94	57.06
62	116.39	148.17	170.31	196.56	210.52	246.51	26.89	36.02	40.31	46.52	49.83	61.60
63	127.95	163.03	187.24	216.47	231.15	269.14	29.11	39.07	44.06	50.92	54.61	67.33
64	140.25	178.56	205.20	237.55	252.97	292.84	31.59	42.48	48.08	55.67	59.68	73.26
65	154.59	196.37	226.02	261.90	278.25	320.20	34.75	46.71	52.90	61.29	65.71	80.12
66	178.19	225.47	260.10	301.67	320.03	365.85	40.27	54.01	60.94	70.66	75.73	91.50
67	196.66	247.61	286.35	332.48	352.52	400.06	44.95	60.17	67.34	78.20	83.76	100.01
68	218.62	269.88	312.83	362.36	389.27	448.10	50.59	67.63	73.97	86.38	93.24	112.00
69	239.78	292.72	340.07	393.07	424.30	496.71	56.61	75.49	81.11	94.75	102.47	124.15
70	264.91	316.55	368.53	425.23	458.87	547.25	64.13	83.89	88.89	103.43	111.71	136.76
71	289.31	339.52	396.22	456.50	491.07	597.34	72.03	92.36	96.73	111.97	120.48	149.29
72	315.01	363.77	425.55	489.75	524.51	644.94	80.82	101.48	105.19	121.08	129.65	161.24
73	337.00	386.47	453.73	525.11	555.11	689.73	89.29	109.37	113.41	130.05	137.81	172.42
74	360.84	411.39	484.95	564.34	589.42	729.29	98.66	117.80	122.31	139.96	146.77	182.31
75	387.36	448.03	530.46	607.83	628.65	773.90	109.00	129.49	134.73	150.94	156.79	193.47
76	417.24	490.45	583.42	655.87	673.75	824.29	120.47	142.82	148.87	163.11	168.12	206.07
77	451.14	537.94	643.00	708.51	725.33	880.88	133.13	157.57	164.48	176.52	180.89	220.21
78	493.17	595.10	714.78	787.59	806.21	978.65	148.15	175.08	182.91	196.65	200.77	244.66
79	537.06	654.17	789.48	869.91	893.08	1,082.77	163.58	193.08	201.77	217.73	221.92	270.68

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 20 Years

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	68.94	78.73	106.88	2.51	3.04	3.53	13.10	
36	69.78	79.81	107.68	2.55	3.07	3.56	13.46	
37	70.22	80.43	107.85	2.57	3.09	3.58	13.72	
38	70.23	80.56	109.07	2.58	3.10	3.59	14.25	
39	70.64	80.77	108.71	2.60	3.12	3.60	14.67	
40	71.38	81.12	108.67	2.64	3.15	3.63	14.99	
41	72.05	81.17	108.44	2.68	3.20	3.66	15.15	
42	73.00	81.41	108.59	2.71	3.23	3.69	15.24	
43	74.34	84.00	111.12	2.78	3.29	3.74	15.40	
44	75.47	86.27	113.32	2.85	3.34	3.79	15.47	
45	76.80	88.69	115.81	2.94	3.41	3.86	15.55	
46	78.59	91.32	118.58	3.04	3.51	3.97	15.65	
47	80.98	94.73	122.39	3.18	3.63	4.09	15.91	
48	83.65	98.84	127.79	3.33	3.79	4.25	16.25	
49	87.17	103.50	133.81	3.51	4.01	4.46	16.72	
50	90.04	107.62	139.00	3.64	4.19	4.64	17.20	
51	93.38	112.52	145.12	3.81	4.40	4.86	17.85	
52	96.19	117.04	150.56	3.97	4.59	5.08	18.49	
53	99.30	121.25	155.55	4.10	4.77	5.26	19.05	
54	103.34	126.57	161.50	4.27	5.02	5.52	19.77	
55	107.31	131.68	165.82	4.43	5.24	5.74	20.42	
56	111.94	137.48	170.89	4.63	5.52	6.02	21.10	
57	117.43	144.17	176.95	4.87	5.81	6.34	21.83	
58	123.14	150.79	184.10	5.13	6.13	6.64	22.62	
59	130.43	159.26	193.29	5.48	6.51	7.04	23.48	
60	138.54	168.75	203.55	5.85	6.98	7.48	24.32	
61	149.33	181.44	217.49	6.36	7.56	8.08	25.45	
62	162.12	196.56	234.17	6.99	8.26	8.77	26.89	
63	178.27	216.47	255.67	7.81	9.20	9.71	29.11	
64	195.14	237.55	278.17	8.72	10.21	10.72	31.59	
65	214.48	261.88	304.20	9.74	11.36	11.91	34.75	
66	246.09	301.67	347.54	11.40	13.19	13.79	40.27	
67	270.08	332.48	380.04	12.73	14.66	15.28	44.95	
68	294.01	364.53	425.68	14.25	16.38	16.98	50.59	
69	318.64	396.02	471.84	15.73	18.00	18.64	56.61	
70	344.38	427.88	519.90	17.49	19.64	20.29	64.13	
71	369.25	458.07	567.45	19.26	21.21	21.83	72.03	
72	395.50	489.75	612.71	21.17	22.82	23.45	80.82	
73	420.23	521.52	655.22	23.00	24.21	24.84	89.29	
74	447.36	557.18	692.83	25.08	25.75	26.38	98.66	
75	487.14	597.50	735.21	27.46	28.06	28.72	109.00	
76	533.17	643.11	783.07	30.20	30.83	31.51	120.47	
77	584.61	694.33	836.81	33.35	34.01	34.70	133.13	
78	646.45	772.84	929.74	37.24	37.93	38.66	148.15	
79	710.21	856.12	1,028.62	41.37	42.09	42.85	163.58	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 10 Years

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	49.98	54.88	60.56	65.94	73.81	88.85	44.97	49.38	54.51	59.36	66.43	79.97
36	50.15	54.97	61.08	66.52	74.44	89.13	45.14	49.49	54.96	59.86	66.99	80.23
37	50.69	55.48	62.02	67.53	75.60	90.06	45.62	49.92	55.81	60.78	68.04	81.05
38	51.23	55.87	62.89	67.87	76.09	90.58	46.11	50.28	56.60	61.08	68.49	81.54
39	51.73	56.25	63.71	68.24	76.55	91.29	46.56	50.64	57.35	61.41	68.90	82.16
40	51.86	56.26	64.08	68.17	76.45	91.55	46.67	50.63	57.67	61.36	68.80	82.40
41	52.40	56.68	64.90	68.65	76.92	92.67	47.16	51.01	58.41	61.79	69.22	83.40
42	52.60	56.70	65.30	68.74	76.94	93.32	47.33	51.03	58.77	61.86	69.26	84.00
43	53.26	57.51	66.01	70.88	79.27	94.86	47.92	51.76	59.40	63.81	71.34	85.39
44	53.64	58.10	66.39	72.59	81.12	95.94	48.27	52.27	59.76	65.33	73.01	86.35
45	54.53	59.26	67.42	74.91	83.69	97.94	49.07	53.32	60.69	67.42	75.33	88.14
46	55.17	60.35	68.39	76.83	85.88	99.46	49.67	54.30	61.55	69.16	77.29	89.51
47	56.02	61.58	69.62	78.92	88.34	101.20	50.42	55.42	62.66	71.01	79.50	91.08
48	57.87	63.79	72.20	82.42	92.70	104.44	52.09	57.42	64.98	74.18	83.44	94.01
49	59.72	66.37	75.39	85.96	97.14	107.61	53.76	59.74	67.84	77.37	87.43	96.86
50	61.20	68.43	78.10	88.96	101.01	110.00	55.08	61.58	70.30	80.05	90.90	98.99
51	63.24	71.00	81.60	92.75	105.86	113.23	56.92	63.90	73.45	83.47	95.28	101.92
52	64.96	73.12	84.74	96.11	110.27	115.79	58.47	65.79	76.27	86.51	99.25	104.21
53	66.92	76.05	88.59	100.13	115.14	119.02	60.22	68.45	79.74	90.11	103.62	107.12
54	68.53	78.72	92.07	103.75	119.48	121.71	61.68	70.84	82.85	93.36	107.52	109.55
55	70.37	81.72	95.86	107.80	124.26	124.87	63.32	73.55	86.28	97.03	111.84	112.40
56	73.04	85.84	100.84	113.29	130.60	129.62	65.74	77.26	90.76	101.97	117.53	116.67
57	75.54	89.92	105.62	118.65	136.71	134.19	67.99	80.94	95.06	106.81	123.04	120.77
58	78.63	94.63	109.95	124.22	142.94	139.85	70.77	85.16	98.94	111.80	128.65	125.86
59	82.42	100.10	115.48	131.21	150.72	147.05	74.18	90.10	103.93	118.09	135.66	132.36
60	87.08	106.54	122.36	139.78	160.25	155.98	78.37	95.87	110.12	125.81	144.22	140.40
61	92.73	114.12	130.72	150.09	171.71	166.81	83.45	102.72	117.64	135.09	154.55	150.12
62	98.92	122.15	139.60	161.10	183.93	178.34	89.02	109.95	125.64	144.97	165.53	160.50
63	108.29	133.43	153.15	177.05	201.92	194.76	97.47	120.09	137.83	159.34	181.72	175.28
64	118.34	145.46	167.55	193.94	221.07	211.91	106.51	130.92	150.80	174.56	198.97	190.71
65	129.25	158.50	182.86	211.91	241.53	229.94	116.33	142.64	164.57	190.72	217.38	206.95
66	148.92	182.35	210.24	243.84	278.10	262.70	134.03	164.11	189.21	219.45	250.31	236.44
67	164.32	201.02	231.00	268.21	306.22	286.78	147.89	180.91	207.89	241.39	275.60	258.10
68	184.24	225.96	254.14	294.41	337.00	323.20	165.82	203.36	228.73	264.96	303.31	290.88
69	204.00	250.61	278.24	321.62	368.93	360.48	183.61	225.54	250.40	289.45	332.04	324.42
70	225.93	273.50	301.37	347.71	399.59	396.53	203.35	246.17	271.22	312.94	359.64	356.89
71	251.01	299.32	328.41	378.38	435.49	438.31	225.91	269.39	295.57	340.54	391.93	394.48
72	275.98	324.10	354.79	408.30	470.64	480.24	248.40	291.68	319.32	367.46	423.57	432.22
73	300.11	345.59	382.63	442.85	510.76	526.28	270.09	311.03	344.36	398.55	459.66	473.65
74	326.75	368.95	413.71	481.44	555.61	580.74	294.06	332.05	372.33	433.29	500.05	522.67
75	356.69	403.20	457.85	524.64	605.87	644.18	321.02	362.87	412.06	472.17	545.29	579.77
76	390.71	443.57	509.54	572.83	662.07	718.56	351.64	399.21	458.59	515.54	595.86	646.70
77	433.07	494.02	573.08	631.44	730.53	805.78	389.76	444.61	515.76	568.30	657.47	725.19
78	477.87	547.80	640.38	705.61	817.19	907.71	430.09	493.03	576.34	635.05	735.47	816.94
79	528.96	609.43	716.32	789.27	915.17	1,204.17	476.06	548.48	644.69	710.35	823.65	1,083.76

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 10 Years

Form:		LTC04I NH, LTC04I ALF						LTC04I HHC					
		Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
Issue Age		Benefit Period						Benefit Period					
		2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35		47.30	50.32	58.08	63.25	66.40	71.24	10.52	13.08	14.65	15.95	16.75	17.60
36		47.27	50.55	58.47	63.67	66.85	71.28	10.74	13.28	14.86	16.17	16.99	17.85
37		47.58	51.16	59.25	64.53	67.75	71.87	11.01	13.58	15.18	16.53	17.36	18.19
38		47.71	51.67	59.88	64.63	67.96	71.98	11.43	13.99	15.55	16.78	17.64	18.60
39		47.91	52.19	60.52	64.81	68.17	72.32	11.77	14.31	15.89	17.01	17.88	18.97
40		47.87	52.35	60.75	64.64	67.97	72.38	11.94	14.49	16.04	17.06	17.96	19.18
41		48.26	52.87	61.48	65.04	68.35	73.15	12.14	14.70	16.29	17.24	18.11	19.51
42		48.44	53.01	61.87	65.13	68.37	73.64	12.19	14.78	16.40	17.25	18.11	19.68
43		49.07	53.98	62.59	67.20	70.51	74.87	12.32	14.91	16.53	17.76	18.64	19.99
44		49.48	54.73	63.04	68.92	72.26	75.80	12.36	14.91	16.56	18.11	19.00	20.14
45		50.40	56.03	64.12	71.26	74.70	77.49	12.50	15.03	16.73	18.59	19.49	20.45
46		51.12	57.26	65.22	73.28	76.83	78.85	12.56	15.14	16.84	18.91	19.86	20.60
47		51.96	58.61	66.57	75.45	79.22	80.43	12.67	15.26	16.99	19.25	20.22	20.77
48		53.77	60.91	69.39	79.20	83.67	83.36	13.02	15.61	17.37	19.81	20.93	21.07
49		55.53	63.51	72.72	82.93	88.02	86.20	13.40	16.14	17.90	20.42	21.61	21.41
50		56.89	65.56	75.61	86.10	91.71	88.37	13.76	16.57	18.34	20.90	22.17	21.62
51		58.71	68.01	79.19	90.03	96.17	91.22	14.28	17.19	18.99	21.60	22.91	22.02
52		60.18	70.00	82.43	93.49	100.14	93.49	14.77	17.77	19.57	22.21	23.53	22.30
53		61.87	72.72	86.22	97.44	104.18	96.12	15.31	18.57	20.44	23.10	24.36	22.90
54		63.26	75.16	89.60	100.96	107.69	98.26	15.77	19.29	21.24	23.94	25.10	23.45
55		64.86	77.94	93.26	104.87	111.60	100.72	16.27	20.10	22.12	24.90	26.00	24.15
56		67.30	81.82	98.06	110.15	116.99	104.44	16.90	21.15	23.33	26.19	27.26	25.18
57		69.63	85.73	102.67	115.34	122.31	107.98	17.46	22.14	24.45	27.48	28.55	26.22
58		72.57	89.94	106.76	120.63	128.43	112.35	18.10	23.21	25.55	28.88	30.19	27.51
59		76.32	95.28	112.14	127.41	135.97	117.96	18.78	24.38	26.86	30.52	32.08	29.09
60		81.00	101.84	118.90	135.83	145.18	124.98	19.58	25.69	28.41	32.45	34.33	31.01
61		86.68	109.81	127.19	146.04	156.25	133.53	20.49	27.21	30.27	34.75	36.98	33.28
62		92.97	118.35	136.04	157.01	168.16	142.69	21.48	28.77	32.20	37.16	39.81	35.66
63		102.20	130.22	149.56	172.91	184.64	155.79	23.25	31.21	35.19	40.67	43.62	38.97
64		112.03	142.63	163.91	189.75	202.06	169.50	25.24	33.93	38.40	44.47	47.67	42.40
65		122.54	155.66	179.16	207.60	220.57	183.92	27.55	37.03	41.93	48.58	52.09	46.02
66		141.25	178.72	206.17	239.13	253.68	210.15	31.92	42.81	48.30	56.01	60.03	52.56
67		155.64	195.96	226.62	263.13	278.99	229.43	35.57	47.62	53.29	61.89	66.29	57.35
68		174.09	214.91	249.10	288.55	309.98	258.57	40.28	53.86	58.90	68.79	74.25	64.63
69		192.12	234.54	272.48	314.95	339.97	288.39	45.36	60.49	64.99	75.91	82.10	72.09
70		211.93	253.24	294.83	340.19	367.10	317.25	51.30	67.12	71.11	82.75	89.36	79.28
71		234.38	275.06	320.99	369.82	397.83	350.67	58.36	74.82	78.36	90.71	97.60	87.64
72		256.45	296.14	346.45	398.70	427.01	384.19	65.80	82.61	85.64	98.57	105.55	96.05
73		277.53	318.27	373.66	432.44	457.15	421.03	73.53	90.07	93.40	107.10	113.49	105.25
74		300.70	342.83	404.12	470.28	491.18	464.60	82.21	98.16	101.92	116.64	122.30	116.14
75		326.75	377.93	447.47	512.73	530.29	515.35	91.95	109.23	113.65	127.33	132.26	128.83
76		356.39	418.93	498.33	560.22	575.49	574.85	102.90	121.99	127.16	139.32	143.60	143.71
77		393.55	469.27	560.92	618.06	632.73	644.63	116.14	137.45	143.48	153.98	157.79	161.15
78		432.86	522.32	627.36	691.27	707.61	726.17	130.03	153.67	160.54	172.60	176.21	181.54
79		477.83	582.02	702.41	773.96	794.58	963.35	145.54	171.78	179.52	193.72	197.44	240.82

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 10 Years

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	55.39	63.25	67.67	2.02	2.44	2.83	10.52	
36	55.67	63.67	67.73	2.03	2.45	2.84	10.74	
37	56.34	64.53	68.26	2.06	2.48	2.87	11.01	
38	56.34	64.63	68.37	2.07	2.49	2.88	11.43	
39	56.67	64.80	68.70	2.09	2.50	2.89	11.77	
40	56.87	64.62	68.75	2.10	2.51	2.90	11.94	
41	57.72	65.03	69.50	2.14	2.56	2.93	12.14	
42	58.40	65.13	69.96	2.17	2.58	2.95	12.19	
43	59.47	67.20	71.13	2.23	2.63	3.00	12.32	
44	60.29	68.92	72.02	2.28	2.67	3.03	12.36	
45	61.70	71.26	73.63	2.36	2.74	3.10	12.50	
46	63.05	73.26	74.91	2.44	2.82	3.19	12.56	
47	64.50	75.45	76.40	2.53	2.89	3.26	12.67	
48	67.01	79.18	79.20	2.67	3.03	3.40	13.02	
49	69.84	82.92	81.90	2.81	3.21	3.57	13.40	
50	72.03	86.10	83.95	2.91	3.36	3.72	13.76	
51	74.71	90.02	86.66	3.05	3.52	3.89	14.28	
52	76.84	93.49	88.80	3.17	3.66	4.05	14.77	
53	79.79	97.44	91.31	3.29	3.83	4.23	15.31	
54	82.43	100.96	93.34	3.40	4.00	4.40	15.77	
55	85.46	104.87	95.69	3.52	4.17	4.57	16.27	
56	89.68	110.15	99.22	3.71	4.42	4.82	16.90	
57	93.95	115.34	102.58	3.89	4.65	5.07	17.46	
58	98.51	120.63	106.72	4.11	4.91	5.31	18.10	
59	104.35	127.41	112.05	4.38	5.21	5.63	18.78	
60	111.51	135.83	118.72	4.71	5.61	6.02	19.58	
61	120.19	146.04	126.85	5.12	6.08	6.50	20.49	
62	129.50	157.01	135.55	5.58	6.60	7.01	21.48	
63	142.40	172.91	147.99	6.24	7.35	7.76	23.25	
64	155.88	189.75	161.01	6.97	8.15	8.56	25.24	
65	170.01	207.59	174.73	7.72	9.00	9.44	27.55	
66	195.07	239.13	199.63	9.04	10.46	10.93	31.92	
67	213.75	263.13	217.95	10.08	11.61	12.09	35.57	
68	234.12	290.27	245.63	11.35	13.04	13.52	40.28	
69	255.31	317.31	273.96	12.60	14.42	14.93	45.36	
70	275.51	342.30	301.39	13.99	15.71	16.23	51.30	
71	299.14	371.10	333.12	15.60	17.18	17.69	58.36	
72	321.98	398.70	364.99	17.23	18.57	19.09	65.80	
73	346.07	429.49	399.96	18.94	19.94	20.45	73.53	
74	372.80	464.31	441.37	20.90	21.46	21.99	82.21	
75	410.92	504.01	489.58	23.16	23.67	24.23	91.95	
76	455.42	549.32	546.10	25.79	26.33	26.91	102.90	
77	509.98	605.69	612.38	29.09	29.67	30.27	116.14	
78	567.39	678.32	689.87	32.68	33.29	33.93	130.03	
79	631.87	761.69	915.17	36.81	37.45	38.13	145.54	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Step-Rated

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	48.60	56.40	64.14	71.85	79.51	113.18	43.73	50.75	57.73	64.67	71.57	101.86
36	48.69	56.66	64.54	72.33	80.04	113.48	43.83	51.01	58.07	65.09	72.03	102.14
37	49.18	57.37	65.44	73.36	81.16	114.65	44.27	51.63	58.89	66.03	73.04	103.19
38	50.18	58.73	67.08	75.21	83.12	115.32	45.16	52.86	60.38	67.69	74.81	103.80
39	51.05	59.93	68.54	76.86	84.91	115.34	45.95	53.95	61.70	69.17	76.42	103.80
40	52.02	61.24	70.12	78.68	86.93	116.48	46.82	55.11	63.11	70.82	78.24	104.84
41	52.94	62.44	71.59	80.38	88.81	116.99	47.65	56.19	64.44	72.35	79.92	105.30
42	53.97	63.82	73.28	82.34	91.02	118.67	48.57	57.44	65.95	74.10	81.94	106.81
43	55.69	65.89	75.69	85.06	94.03	120.63	50.12	59.30	68.10	76.57	84.62	108.57
44	56.84	67.30	77.33	86.92	96.10	121.92	51.16	60.55	69.60	78.23	86.49	109.73
45	58.89	69.76	80.17	90.14	99.67	124.46	52.99	62.77	72.17	81.12	89.71	112.01
46	58.33	70.21	79.57	92.41	102.27	126.31	52.51	63.18	71.61	83.18	92.04	113.67
47	58.16	70.14	79.30	93.45	104.61	129.46	52.34	63.12	71.38	84.09	94.14	116.51
48	59.38	71.58	81.03	95.15	107.02	132.55	53.45	64.43	72.92	85.64	96.33	119.32
49	61.05	73.49	83.47	97.59	110.29	136.58	54.96	66.14	75.12	87.83	99.26	122.93
50	62.30	74.74	85.32	99.31	112.76	139.52	56.07	67.26	76.79	89.36	101.48	125.56
51	64.16	76.61	88.04	101.94	116.34	143.62	57.74	68.94	79.24	91.74	104.71	129.27
52	65.64	77.91	90.29	103.98	119.30	146.77	59.08	70.10	81.26	93.59	107.37	132.09
53	66.26	78.75	91.74	105.48	121.30	149.64	59.63	70.88	82.57	94.93	109.16	134.69
54	67.52	80.49	94.14	108.12	124.50	154.17	60.77	72.43	84.72	97.29	112.05	138.76
55	69.00	82.53	96.82	111.14	128.11	159.37	62.09	74.29	87.14	100.04	115.31	143.45
56	70.18	84.33	99.07	113.79	131.18	164.08	63.16	75.90	89.17	102.42	118.05	147.69
57	72.24	87.31	102.55	117.96	135.92	171.15	65.02	78.59	92.30	106.19	122.33	154.03
58	74.41	90.80	105.49	121.79	140.15	178.38	66.97	81.71	94.93	109.61	126.13	160.53
59	77.17	94.86	109.44	126.81	145.67	187.55	69.46	85.39	98.49	114.14	131.11	168.81
60	80.64	99.69	114.50	133.11	152.60	198.95	72.57	89.71	103.04	119.81	137.34	179.07
61	85.71	105.39	120.72	140.76	161.05	212.76	77.13	94.86	108.64	126.69	144.94	191.48
62	91.93	112.13	128.14	149.87	171.10	229.21	82.73	100.93	115.32	134.86	153.98	206.27
63	99.29	120.37	138.15	161.63	184.33	248.25	89.37	108.33	124.34	145.47	165.90	223.42
64	107.92	129.95	149.68	175.07	199.55	270.11	97.13	116.95	134.72	157.57	179.60	243.09
65	116.13	138.87	160.22	187.29	213.48	290.47	104.52	124.98	144.19	168.57	192.13	261.42
66	132.97	158.00	182.17	212.74	242.63	331.86	119.68	142.20	163.95	191.47	218.39	298.68
67	145.64	171.99	197.64	230.60	263.28	357.44	131.07	154.79	177.87	207.54	236.95	321.69
68	165.90	192.04	216.00	251.31	287.67	398.37	149.31	172.83	194.40	226.17	258.92	358.54
69	185.02	209.68	232.80	270.16	309.90	429.68	166.53	188.71	209.50	243.13	278.91	386.70
70	206.52	229.91	253.33	292.00	335.57	464.10	185.88	206.93	227.99	262.80	302.02	417.70
71	229.44	256.03	280.92	315.06	362.62	499.23	206.49	230.43	252.83	283.55	326.34	449.31
72	254.25	284.58	311.52	339.57	391.42	535.84	228.84	256.11	280.38	305.61	352.28	482.26
73	278.67	312.75	346.27	370.42	427.23	587.56	250.80	281.48	311.64	333.37	384.49	528.81
74	305.84	344.37	386.15	410.49	473.73	646.87	275.24	309.92	347.53	369.44	426.36	582.18
75	336.55	380.44	432.00	459.24	530.35	715.71	302.90	342.39	388.80	413.31	477.31	644.14
76	371.65	421.94	484.68	515.26	595.53	796.00	334.49	379.74	436.22	463.73	535.98	716.39
77	408.42	465.90	540.47	574.54	664.69	882.02	367.58	419.31	486.41	517.08	598.21	793.80
78	454.37	520.86	608.88	647.28	749.64	994.03	408.93	468.78	548.00	582.55	674.67	894.63
79	507.11	584.25	686.72	730.01	846.45	1,124.03	456.39	525.82	618.05	657.01	761.81	1,011.63

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Step-Rated

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	46.00	51.71	61.51	68.91	71.53	90.75	10.23	13.44	15.52	17.38	18.04	22.42
36	45.90	52.10	61.78	69.23	71.87	90.75	10.42	13.68	15.70	17.58	18.26	22.72
37	46.17	52.90	62.52	70.10	72.74	91.49	10.68	14.04	16.01	17.95	18.64	23.16
38	46.73	54.32	63.87	71.62	74.23	91.64	11.20	14.71	16.59	18.59	19.27	23.68
39	47.28	55.60	65.10	73.00	75.61	91.37	11.62	15.25	17.09	19.15	19.83	23.97
40	48.02	56.98	66.48	74.60	77.29	92.09	11.98	15.77	17.55	19.69	20.42	24.40
41	48.76	58.24	67.82	76.16	78.91	92.36	12.27	16.20	17.97	20.18	20.91	24.64
42	49.70	59.66	69.43	78.01	80.89	93.64	12.51	16.64	18.40	20.66	21.42	25.03
43	51.32	61.85	71.77	80.64	83.64	95.21	12.88	17.08	18.95	21.31	22.12	25.42
44	52.44	63.40	73.42	82.52	85.61	96.32	13.09	17.28	19.29	21.68	22.51	25.60
45	54.43	65.96	76.26	85.75	88.96	98.48	13.50	17.70	19.89	22.36	23.20	25.98
46	54.05	66.62	75.88	88.14	91.50	100.14	13.28	17.61	19.59	22.75	23.65	26.17
47	53.95	66.76	75.82	89.35	93.81	102.90	13.16	17.38	19.35	22.80	23.94	26.57
48	55.17	68.35	77.87	91.44	96.60	105.81	13.35	17.52	19.49	22.87	24.16	26.74
49	56.77	70.32	80.51	94.15	99.93	109.41	13.70	17.87	19.81	23.18	24.54	27.18
50	57.92	71.61	82.59	96.11	102.38	112.09	14.01	18.10	20.04	23.33	24.75	27.43
51	59.57	73.38	85.44	98.95	105.69	115.70	14.49	18.55	20.49	23.74	25.18	27.93
52	60.81	74.58	87.83	101.15	108.34	118.50	14.92	18.93	20.85	24.03	25.46	28.27
53	61.26	75.31	89.28	102.65	109.76	120.85	15.16	19.23	21.16	24.34	25.66	28.79
54	62.33	76.85	91.61	105.21	112.23	124.47	15.54	19.73	21.72	24.94	26.16	29.70
55	63.60	78.72	94.19	108.13	115.06	128.54	15.95	20.30	22.35	25.68	26.80	30.82
56	64.66	80.38	96.34	110.64	117.51	132.21	16.24	20.78	22.92	26.31	27.38	31.87
57	66.58	83.24	99.69	114.67	121.60	137.72	16.70	21.50	23.74	27.32	28.38	33.44
58	68.68	86.30	102.43	118.27	125.91	143.29	17.13	22.26	24.51	28.31	29.60	35.09
59	71.46	90.30	106.28	123.14	131.42	150.45	17.59	23.10	25.46	29.50	31.00	37.11
60	75.01	95.29	111.26	129.35	138.25	159.40	18.13	24.04	26.58	30.90	32.69	39.55
61	80.12	101.40	117.46	136.97	146.55	170.31	18.93	25.13	27.96	32.59	34.68	42.44
62	86.40	108.64	124.87	146.06	156.43	183.38	19.96	26.41	29.55	34.57	37.03	45.83
63	93.71	117.47	134.92	157.85	168.56	198.57	21.32	28.15	31.75	37.13	39.82	49.68
64	102.16	127.42	146.43	171.28	182.40	216.06	23.01	30.31	34.31	40.14	43.03	54.05
65	110.10	136.38	156.98	183.49	194.95	232.34	24.75	32.44	36.74	42.94	46.04	58.13
66	126.12	154.86	178.65	208.63	221.33	265.46	28.50	37.09	41.85	48.87	52.37	66.39
67	137.94	167.67	193.89	226.23	239.87	285.95	31.53	40.74	45.60	53.21	57.00	71.48
68	156.75	182.65	211.71	246.31	264.60	318.71	36.27	45.77	50.06	58.72	63.38	79.66
69	174.25	196.24	227.98	264.55	285.57	343.76	41.14	50.61	54.38	63.77	68.97	85.92
70	193.72	212.87	247.83	285.68	308.28	371.31	46.89	56.42	59.78	69.49	75.05	92.79
71	214.24	235.28	274.56	307.94	331.26	399.41	53.34	64.00	67.03	75.53	81.27	99.82
72	236.26	260.03	304.20	331.59	355.13	428.67	60.62	72.54	75.20	81.98	87.78	107.17
73	257.70	288.03	338.15	361.72	382.38	470.05	68.28	81.51	84.52	89.58	94.93	117.51
74	281.46	319.98	377.20	400.98	418.80	517.50	76.95	91.62	95.13	99.45	104.28	129.37
75	308.31	356.59	422.21	448.81	464.19	572.57	86.76	103.07	107.23	111.45	115.77	143.14
76	339.01	398.49	474.03	503.92	517.65	636.80	97.88	116.04	120.95	125.32	129.17	159.20
77	371.15	442.56	528.99	562.36	575.71	705.62	109.53	129.63	135.31	140.10	143.57	176.40
78	411.57	496.63	596.51	634.13	649.11	795.22	123.63	146.11	152.64	158.33	161.65	198.81
79	458.08	557.97	673.38	715.85	734.92	899.23	139.52	164.69	172.10	179.17	182.62	224.79

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Step-Rated

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC
Issue	Non Integrated - NH (3PL) Benefit Period			Non Integrated - ALF (3PL) Benefit Period			Non Integrated - HHC (3 PL) Benefit Period
Age	3 3 Yr	5 5 Yr	Lifetime Unlimited	2 2 Yr	3 3 Yr	4 4 Yr	2 2 Yr
18-35	56.92	68.91	86.20	3.52	4.50	5.39	18.38
36	57.38	69.23	86.23	3.57	4.57	5.44	18.86
37	58.26	70.10	86.90	3.61	4.64	5.48	19.32
38	59.24	71.62	87.05	3.69	4.76	5.58	20.34
39	60.38	72.98	86.79	3.77	4.87	5.69	21.23
40	61.90	74.58	87.48	3.87	5.00	5.77	21.99
41	63.59	76.14	87.75	4.00	5.11	5.86	22.65
42	65.74	78.01	88.96	4.07	5.15	5.88	22.87
43	68.14	80.64	90.45	4.07	5.24	5.97	22.50
44	69.84	82.52	91.52	4.03	5.18	5.89	21.82
45	72.64	85.75	93.57	4.01	5.13	5.81	21.23
46	73.36	88.12	95.13	4.03	5.11	5.78	20.70
47	73.47	89.35	97.74	4.06	5.08	5.73	20.30
48	75.20	91.42	100.52	4.22	5.24	5.88	20.56
49	77.32	94.14	103.95	4.35	5.39	6.00	20.76
50	78.68	96.11	106.48	4.48	5.54	6.14	21.19
51	80.60	98.93	109.92	4.65	5.72	6.31	21.79
52	81.87	101.15	112.56	4.81	5.85	6.48	22.39
53	82.63	102.65	114.81	4.91	5.97	6.59	22.80
54	84.28	105.21	118.24	5.02	6.12	6.73	23.25
55	86.32	108.13	122.13	5.14	6.27	6.87	23.73
56	88.11	110.64	125.60	5.32	6.48	7.07	24.23
57	91.22	114.67	130.83	5.52	6.70	7.30	24.77
58	94.52	118.27	136.12	5.73	6.95	7.52	25.27
59	98.89	123.14	142.92	6.02	7.24	7.83	25.80
60	104.34	129.35	151.42	6.37	7.67	8.22	26.45
61	110.99	136.97	161.79	6.87	8.15	8.71	27.47
62	118.87	146.06	174.20	7.52	8.79	9.33	28.96
63	128.46	157.85	188.64	8.32	9.64	10.18	31.01
64	139.25	171.28	205.24	9.19	10.53	11.06	33.29
65	148.96	183.47	220.73	10.14	11.53	12.09	36.19
66	169.02	208.63	252.18	11.66	13.09	13.69	41.19
67	182.88	226.23	271.64	12.87	14.31	14.90	45.42
68	198.98	247.78	302.76	14.38	15.59	16.16	51.03
69	213.61	266.53	326.55	15.73	16.60	17.19	56.61
70	231.59	287.46	352.75	17.16	17.73	18.31	62.93
71	255.88	309.00	379.42	18.53	19.09	19.65	69.30
72	282.72	331.59	407.25	19.95	20.49	21.07	76.16
73	313.19	359.25	446.54	21.79	22.36	22.94	84.62
74	347.96	395.89	491.63	23.91	24.48	25.08	94.05
75	387.73	441.18	543.95	26.34	26.92	27.55	104.55
76	433.20	494.11	604.96	29.36	29.97	30.63	117.12
77	480.96	551.10	670.32	32.64	33.29	33.96	130.30
78	539.48	622.25	755.47	36.43	37.11	37.82	144.95
79	605.76	704.50	854.26	40.76	41.47	42.22	161.18

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Step-Rated

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	64.51	74.84	85.11	93.03	104.13	131.18
36	64.69	75.28	85.76	93.89	105.07	131.67
37	65.34	76.22	86.94	95.31	106.70	133.03
38	66.93	78.33	89.48	96.74	108.47	133.81
39	68.06	79.91	91.40	97.50	109.38	133.97
40	69.64	81.79	93.15	98.90	110.90	135.30
41	70.84	81.95	93.83	99.67	111.68	136.04
42	72.19	82.66	95.20	101.20	113.27	137.99
43	71.52	84.25	96.71	102.86	115.03	140.26
44	69.87	83.30	95.19	104.02	116.24	141.92
45	69.01	82.69	94.09	106.08	118.52	144.88
46	67.98	81.82	92.73	107.70	120.38	147.20
47	67.31	81.19	91.79	108.17	121.08	149.85
48	68.80	82.95	93.89	110.26	124.01	153.59
49	69.77	83.99	95.40	111.54	126.04	156.09
50	70.78	84.91	96.92	112.81	128.09	158.49
51	71.86	85.80	98.60	114.17	130.30	160.86
52	73.58	87.33	101.21	116.56	133.73	164.52
53	74.34	88.35	102.92	118.35	136.09	167.89
54	75.20	89.65	104.85	120.42	138.68	171.72
55	76.86	91.93	107.84	123.79	142.69	177.51
56	78.23	94.00	110.44	126.85	146.23	182.91
57	80.53	97.33	114.32	131.50	151.51	190.80
58	82.95	101.21	117.60	135.77	156.23	198.85
59	85.39	104.97	121.10	140.32	161.19	207.54
60	89.23	110.31	126.70	147.30	168.87	220.15
61	94.14	115.76	132.59	154.61	176.89	233.68
62	100.97	123.16	140.74	164.61	187.93	251.75
63	109.96	133.30	153.00	178.99	204.14	274.92
64	118.62	142.84	164.52	192.43	219.34	296.89
65	129.79	155.21	179.07	209.33	238.59	324.65
66	147.50	175.26	202.07	235.98	269.14	368.11
67	161.68	190.94	219.42	256.01	292.29	401.89
68	181.36	209.95	236.13	274.74	314.49	435.50
69	200.84	227.61	252.69	293.25	336.38	466.41
70	220.64	245.63	270.65	311.97	358.51	495.83
71	243.16	271.35	297.72	333.91	384.31	529.10
72	265.12	296.74	324.84	354.08	408.15	558.74
73	288.20	323.45	358.11	383.09	441.83	607.65
74	316.29	356.14	399.35	424.53	489.93	668.98
75	345.18	390.19	443.08	471.01	543.95	734.07
76	381.18	432.76	497.11	528.47	610.80	816.41
77	422.51	481.97	559.10	594.35	687.61	912.43
78	470.04	538.82	629.88	669.60	775.49	1,028.30
79	520.22	599.36	704.48	748.89	868.34	1,153.09

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 50% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	58.05	67.35	76.61	83.74	93.73	118.07
36	58.23	67.77	77.16	84.49	94.56	118.51
37	58.81	68.58	78.24	85.79	96.03	119.73
38	60.23	70.50	80.54	87.07	97.62	120.44
39	61.26	71.94	82.27	87.75	98.44	120.57
40	62.67	73.60	83.83	89.02	99.81	121.78
41	63.76	73.75	84.46	89.71	100.50	122.44
42	64.96	74.40	85.68	91.08	101.97	124.20
43	64.35	75.82	87.02	92.59	103.52	126.25
44	62.89	74.95	85.68	93.62	104.62	127.73
45	62.09	74.41	84.69	95.47	106.68	130.38
46	61.20	73.63	83.45	96.93	108.33	132.47
47	60.58	73.06	82.62	97.33	108.97	134.86
48	61.93	74.66	84.50	99.23	111.62	138.26
49	62.81	75.59	85.85	100.38	113.43	140.50
50	63.70	76.41	87.23	101.52	115.28	142.64
51	64.67	77.22	88.75	102.75	117.28	144.78
52	66.23	78.58	91.09	104.92	120.36	148.07
53	66.90	79.53	92.64	106.50	122.47	151.11
54	67.69	80.68	94.36	108.37	124.80	154.56
55	69.16	82.74	97.05	111.43	128.44	159.77
56	70.41	84.61	99.40	114.17	131.60	164.63
57	72.48	87.60	102.89	118.37	136.36	171.71
58	74.65	91.09	105.83	122.19	140.60	178.95
59	76.86	94.49	108.99	126.30	145.09	186.80
60	80.31	99.27	114.02	132.58	151.97	198.15
61	84.71	104.19	119.32	139.16	159.20	210.31
62	90.87	110.85	126.67	148.13	169.13	226.56
63	98.97	119.97	137.70	161.10	183.72	247.42
64	106.76	128.55	148.08	173.20	197.42	267.20
65	116.81	139.69	161.16	188.40	214.73	292.18
66	132.75	157.74	181.86	212.38	242.25	331.31
67	145.51	171.84	197.47	230.41	263.06	361.70
68	163.22	188.95	212.52	247.26	283.05	391.96
69	180.76	204.83	227.41	263.91	302.75	419.76
70	198.59	221.08	243.58	280.77	322.67	446.26
71	218.85	244.22	267.95	300.52	345.87	476.20
72	238.62	267.06	292.36	318.67	367.33	502.87
73	259.38	291.10	322.30	344.77	397.64	546.89
74	284.65	320.52	359.41	382.07	440.94	602.09
75	310.67	351.17	398.77	423.91	489.55	660.66
76	343.07	389.47	447.41	475.62	549.72	734.76
77	380.26	433.76	503.18	534.91	618.84	821.18
78	423.04	484.94	566.89	602.64	697.93	925.48
79	468.19	539.42	634.03	674.00	781.51	1,037.79

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Step-Rated

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	61.06	68.62	81.62	89.23	93.68	105.19	13.58	17.83	20.59	22.51	23.63	25.99
36	60.98	69.22	82.09	89.86	94.35	105.30	13.85	18.18	20.86	22.82	23.98	26.37
37	61.33	70.28	83.06	91.08	95.63	106.16	14.18	18.66	21.27	23.33	24.50	26.87
38	62.33	72.45	85.19	92.13	96.87	106.33	14.93	19.61	22.13	23.91	25.15	27.48
39	63.04	74.14	86.81	92.60	97.40	106.13	15.49	20.33	22.79	24.30	25.55	27.84
40	64.28	76.10	88.31	93.77	98.61	106.96	16.04	21.07	23.32	24.76	26.05	28.34
41	65.25	76.45	88.89	94.43	99.24	107.39	16.41	21.26	23.56	25.03	26.29	28.65
42	66.48	77.27	90.19	95.88	100.66	108.88	16.74	21.55	23.91	25.40	26.66	29.10
43	65.90	79.07	91.70	97.52	102.32	110.70	16.54	21.84	24.22	25.77	27.05	29.56
44	64.46	78.47	90.39	98.76	103.55	112.12	16.10	21.38	23.75	25.95	27.22	29.79
45	63.78	78.19	89.49	100.92	105.79	114.63	15.81	20.98	23.35	26.32	27.59	30.25
46	62.98	77.63	88.43	102.71	107.70	116.70	15.47	20.53	22.83	26.51	27.84	30.49
47	62.44	77.27	87.77	103.42	108.59	119.10	15.23	20.12	22.40	26.39	27.71	30.75
48	63.93	79.20	90.23	105.95	111.94	122.60	15.47	20.30	22.58	26.50	28.00	30.99
49	64.88	80.36	92.02	107.61	114.21	125.03	15.65	20.42	22.64	26.49	28.04	31.06
50	65.79	81.35	93.82	109.19	116.30	127.33	15.92	20.56	22.76	26.50	28.11	31.16
51	66.71	82.18	95.70	110.82	118.38	129.58	16.23	20.77	22.95	26.59	28.20	31.28
52	68.17	83.61	98.45	113.38	121.44	132.84	16.73	21.22	23.38	26.94	28.54	31.69
53	68.73	84.49	100.16	115.16	123.14	135.59	17.01	21.57	23.74	27.31	28.79	32.30
54	69.42	85.59	102.04	117.18	125.00	138.64	17.31	21.97	24.19	27.78	29.13	33.09
55	70.84	87.68	104.91	120.44	128.16	143.18	17.77	22.61	24.89	28.60	29.85	34.33
56	72.07	89.61	107.39	123.34	130.99	147.39	18.10	23.17	25.55	29.33	30.53	35.53
57	74.22	92.79	111.13	127.82	135.55	153.52	18.62	23.96	26.47	30.45	31.64	37.27
58	76.56	96.20	114.19	131.84	140.36	159.73	19.09	24.82	27.33	31.56	32.99	39.11
59	79.07	99.92	117.60	136.26	145.42	166.48	19.46	25.57	28.17	32.64	34.30	41.06
60	83.00	105.45	123.11	143.13	152.99	176.39	20.06	26.60	29.42	34.20	36.17	43.76
61	88.00	111.38	129.01	150.44	160.96	187.07	20.80	27.60	30.71	35.79	38.09	46.62
62	94.90	119.32	137.15	160.42	171.82	201.41	21.92	29.01	32.46	37.97	40.67	50.34
63	103.78	130.09	149.41	174.81	186.67	219.91	23.61	31.18	35.16	41.12	44.10	55.01
64	112.29	140.06	160.95	188.27	200.49	237.48	25.30	33.32	37.71	44.12	47.30	59.41
65	123.05	152.43	175.45	205.08	217.88	259.67	27.66	36.26	41.06	47.99	51.45	64.97
66	139.89	171.78	198.16	231.43	245.51	294.46	31.61	41.15	46.43	54.21	58.09	73.65
67	153.14	186.14	215.25	251.16	266.30	321.52	35.00	45.23	50.62	59.07	63.28	80.37
68	171.36	199.68	231.45	269.27	289.27	348.42	39.65	50.04	54.72	64.19	69.29	87.09
69	189.14	213.01	247.46	287.16	309.98	373.14	44.65	54.93	59.03	69.22	74.86	93.27
70	206.96	227.43	264.78	305.22	329.36	396.70	50.10	60.28	63.86	74.24	80.18	99.14
71	227.06	249.35	290.99	326.36	351.08	423.31	56.53	67.83	71.04	80.05	86.13	105.80
72	246.35	271.15	317.20	345.76	370.31	446.99	63.21	75.64	78.41	85.48	91.54	111.75
73	266.51	297.88	349.71	374.09	395.46	486.12	70.62	84.30	87.41	92.65	98.17	121.52
74	291.08	330.92	390.09	414.69	433.12	535.19	79.58	94.76	98.39	102.85	107.85	133.79
75	316.21	365.74	433.03	460.32	476.09	587.26	88.98	105.71	109.98	114.31	118.74	146.81
76	347.70	408.71	486.18	516.84	530.93	653.13	100.39	119.02	124.06	128.53	132.48	163.28
77	383.95	457.82	547.24	581.75	595.56	729.95	113.30	134.10	139.98	144.94	148.52	182.48
78	425.76	513.76	617.08	655.99	671.50	822.64	127.90	151.15	157.91	163.79	167.22	205.66
79	469.93	572.40	690.80	734.36	753.92	922.49	143.13	168.94	176.55	183.81	187.34	230.61

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Step-Rated

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC
Issue	Non Integrated - NH (3PL) Benefit Period			Non Integrated - ALF (3PL) Benefit Period			Non Integrated - HHC (3 PL) Benefit Period
Age	3 3 Yr	5 5 Yr	Lifetime Unlimited	2 2 Yr	3 3 Yr	4 4 Yr	2 2 Yr
18-35	75.54	89.23	99.91	2.60	3.33	3.98	13.58
36	76.23	89.86	100.06	2.62	3.36	3.99	13.85
37	77.39	91.08	100.83	2.65	3.41	4.03	14.18
38	79.00	92.13	101.00	2.71	3.49	4.10	14.93
39	80.51	92.58	100.81	2.75	3.55	4.15	15.49
40	82.66	93.75	101.61	2.82	3.65	4.21	16.04
41	83.46	94.41	102.03	2.90	3.71	4.24	16.41
42	85.14	95.88	103.44	2.98	3.77	4.31	16.74
43	87.13	97.52	105.18	2.99	3.85	4.39	16.54
44	86.44	98.76	106.53	2.97	3.82	4.35	16.10
45	86.11	100.92	108.92	2.99	3.82	4.33	15.81
46	85.49	102.69	110.86	3.01	3.82	4.32	15.47
47	85.04	103.42	113.14	3.05	3.81	4.30	15.23
48	87.14	105.93	116.48	3.18	3.95	4.43	15.47
49	88.37	107.59	118.79	3.28	4.07	4.52	15.65
50	89.38	109.19	120.97	3.37	4.16	4.61	15.92
51	90.27	110.81	123.11	3.46	4.26	4.70	16.23
52	91.77	113.38	126.18	3.59	4.37	4.84	16.73
53	92.70	115.16	128.81	3.66	4.45	4.91	17.01
54	93.87	117.18	131.70	3.74	4.56	5.01	17.31
55	96.14	120.44	136.03	3.85	4.70	5.14	17.77
56	98.22	123.34	140.01	3.97	4.84	5.28	18.10
57	101.69	127.82	145.85	4.15	5.03	5.49	18.62
58	105.36	131.84	151.74	4.33	5.25	5.68	19.09
59	109.43	136.26	158.15	4.54	5.46	5.90	19.46
60	115.46	143.13	167.56	4.83	5.81	6.24	20.06
61	121.91	150.44	177.71	5.20	6.17	6.60	20.80
62	130.56	160.42	191.34	5.70	6.66	7.07	21.92
63	142.26	174.81	208.90	6.34	7.34	7.75	23.61
64	153.06	188.27	225.59	6.98	8.01	8.41	25.30
65	166.49	205.06	246.70	7.75	8.81	9.24	27.66
66	187.49	231.43	279.72	8.95	10.05	10.50	31.61
67	203.03	251.16	305.43	9.92	11.02	11.49	35.00
68	217.53	270.88	330.98	11.17	12.12	12.56	39.65
69	231.87	289.31	354.46	12.41	13.10	13.56	44.65
70	247.43	307.12	376.86	13.66	14.11	14.58	50.10
71	271.19	327.49	402.12	15.12	15.57	16.03	56.53
72	294.80	345.76	424.65	16.56	17.01	17.48	63.21
73	323.89	371.53	461.80	18.19	18.66	19.14	70.62
74	359.85	409.43	508.43	20.23	20.72	21.22	79.58
75	397.67	452.50	557.89	22.42	22.91	23.45	88.98
76	444.31	506.78	620.47	25.16	25.69	26.26	100.39
77	497.54	570.11	693.43	28.38	28.94	29.53	113.30
78	558.08	643.70	781.53	32.15	32.75	33.37	127.90
79	621.43	722.72	876.36	36.20	36.83	37.50	143.13

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Step-Rated

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	79.58	85.52	94.38	100.32	112.30	141.47
36	80.42	86.28	95.86	101.92	114.05	142.93
37	81.29	87.07	97.34	103.47	115.83	144.41
38	82.15	87.85	98.89	105.02	117.74	145.25
39	82.95	88.60	100.35	106.54	119.52	146.39
40	83.24	88.83	101.17	107.41	120.45	146.95
41	84.10	89.60	102.59	108.97	122.10	148.74
42	84.28	90.37	104.08	110.65	123.84	150.86
43	81.44	92.11	105.74	112.46	125.77	153.35
44	78.53	93.58	106.94	113.80	127.16	155.25
45	76.49	93.73	106.64	116.05	129.66	158.49
46	74.81	92.85	105.23	118.61	132.58	162.11
47	73.09	91.66	103.63	119.94	134.26	165.14
48	73.96	92.55	104.76	121.15	136.26	169.37
49	74.29	92.66	105.25	121.50	137.30	172.35
50	75.11	93.21	106.39	122.59	139.19	176.35
51	75.52	93.12	107.02	122.96	140.34	179.24
52	76.53	93.64	108.52	124.31	142.62	183.46
53	78.24	95.34	111.06	126.86	145.88	188.57
54	79.59	96.71	113.11	128.88	148.42	193.03
55	81.70	99.03	116.17	132.13	152.31	199.54
56	84.58	101.85	119.65	135.98	156.76	207.12
57	87.56	104.56	122.81	139.59	160.83	214.64
58	89.95	107.21	124.56	142.16	163.59	220.78
59	93.04	110.38	127.34	145.93	167.64	229.06
60	96.98	114.23	131.20	150.95	173.05	239.72
61	101.86	118.86	136.14	157.19	179.85	251.87
62	107.75	124.36	142.12	164.70	188.03	264.01
63	116.53	135.55	155.58	180.47	205.82	289.33
64	125.76	147.51	169.91	197.19	224.76	314.75
65	135.65	160.59	185.28	215.09	245.16	339.29
66	154.20	184.58	212.81	247.05	281.77	384.84
67	169.09	204.99	235.55	273.50	312.26	420.30
68	188.39	230.20	258.91	300.74	344.24	463.30
69	208.74	257.12	285.47	331.63	380.41	509.03
70	229.46	285.01	314.05	364.88	419.32	555.76
71	251.01	314.59	345.17	401.11	461.65	604.87
72	273.81	346.56	379.37	440.87	501.02	657.51
73	298.32	382.07	423.01	492.53	553.61	717.98
74	332.39	422.01	473.21	552.14	609.88	787.19
75	371.23	466.71	531.08	615.16	678.22	867.39
76	419.34	518.19	602.64	687.60	758.66	968.62
77	462.37	575.84	677.98	769.03	849.31	1,078.21
78	499.81	626.72	740.66	841.91	930.78	1,215.14
79	540.68	681.78	808.33	920.63	1,019.04	1,334.09

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 50% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	71.61	76.96	84.95	90.31	101.08	127.33
36	72.39	77.67	86.25	91.72	102.65	128.65
37	73.16	78.35	87.60	93.13	104.24	129.97
38	73.93	79.06	89.01	94.52	105.97	130.75
39	74.66	79.76	90.33	95.88	107.57	131.75
40	74.91	79.94	91.05	96.68	108.41	132.26
41	75.70	80.64	92.34	98.09	109.88	133.87
42	75.84	81.34	93.67	99.58	111.49	135.79
43	73.29	82.90	95.14	101.23	113.18	138.03
44	70.68	84.20	96.25	102.42	114.45	139.73
45	68.83	84.34	95.99	104.44	116.70	142.63
46	67.34	83.55	94.70	106.76	119.31	145.90
47	65.78	82.49	93.27	107.92	120.82	148.62
48	66.57	83.30	94.28	109.04	122.65	152.46
49	66.87	83.40	94.71	109.35	123.57	155.13
50	67.60	83.88	95.76	110.31	125.27	158.71
51	67.97	83.81	96.33	110.66	126.31	161.33
52	68.88	84.26	97.67	111.89	128.36	165.11
53	70.41	85.82	99.96	114.16	131.28	169.73
54	71.63	87.03	101.79	115.98	133.57	173.74
55	73.51	89.14	104.55	118.93	137.09	179.60
56	76.12	91.66	107.69	122.39	141.07	186.42
57	78.81	94.11	110.54	125.65	144.75	193.17
58	80.95	96.48	112.09	127.95	147.22	198.69
59	83.74	99.35	114.60	131.35	150.89	206.18
60	87.27	102.80	118.07	135.87	155.74	215.76
61	91.67	106.98	122.52	141.48	161.86	226.68
62	96.97	111.94	127.91	148.21	169.22	237.60
63	104.88	121.99	140.02	162.42	185.24	260.39
64	113.18	132.76	152.92	177.48	202.30	283.27
65	122.08	144.53	166.74	193.58	220.64	305.36
66	138.79	166.12	191.53	222.35	253.61	346.37
67	152.18	184.48	211.99	246.15	281.04	378.27
68	169.55	207.17	233.02	270.65	309.83	416.98
69	187.88	231.40	256.91	298.46	342.38	458.11
70	206.53	256.52	282.63	328.40	377.39	500.20
71	225.91	283.14	310.65	361.00	415.47	544.39
72	246.44	311.89	341.44	396.77	450.91	591.77
73	268.48	343.86	380.71	443.27	498.23	646.19
74	299.14	379.80	425.88	496.92	548.89	708.47
75	334.11	420.04	477.97	553.65	610.39	780.65
76	377.41	466.36	542.38	618.84	682.79	871.75
77	416.13	518.25	610.17	692.13	764.36	970.38
78	449.83	564.05	666.59	757.72	837.70	1,093.63
79	486.61	613.60	727.50	828.57	917.14	1,200.68

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Step-Rated

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	75.32	78.42	90.51	96.23	101.03	113.44	16.76	20.38	22.84	24.27	25.48	28.03
36	75.80	79.33	91.76	97.55	102.42	114.31	17.21	20.83	23.32	24.77	26.03	28.62
37	76.30	80.29	92.99	98.87	103.81	115.24	17.65	21.31	23.82	25.32	26.60	29.17
38	76.51	81.24	94.15	100.01	105.15	115.42	18.33	22.00	24.45	25.96	27.30	29.83
39	76.83	82.20	95.32	101.19	106.43	115.97	18.88	22.54	25.02	26.55	27.92	30.42
40	76.84	82.65	95.91	101.84	107.09	116.17	19.17	22.88	25.33	26.89	28.29	30.78
41	77.47	83.58	97.18	103.25	108.50	117.41	19.49	23.24	25.76	27.36	28.74	31.32
42	77.62	84.49	98.61	104.83	110.06	119.04	19.54	23.56	26.14	27.77	29.15	31.82
43	75.04	86.45	100.26	106.62	111.87	121.04	18.84	23.88	26.48	28.18	29.58	32.32
44	72.45	88.15	101.54	108.04	113.28	122.66	18.09	24.02	26.68	28.39	29.78	32.59
45	70.70	88.63	101.43	110.40	115.73	125.40	17.53	23.78	26.46	28.79	30.19	33.09
46	69.31	88.10	100.35	113.12	118.61	128.53	17.03	23.29	25.90	29.20	30.66	33.58
47	67.80	87.24	99.09	114.67	120.40	131.25	16.54	22.72	25.29	29.26	30.73	33.89
48	68.72	88.36	100.67	116.42	123.00	135.20	16.63	22.65	25.20	29.12	30.77	34.17
49	69.07	88.66	101.52	117.22	124.41	138.06	16.67	22.53	24.98	28.86	30.55	34.30
50	69.81	89.30	102.99	118.65	126.38	141.68	16.89	22.57	24.99	28.80	30.55	34.67
51	70.11	89.20	103.86	119.36	127.49	144.39	17.05	22.55	24.91	28.63	30.38	34.85
52	70.90	89.65	105.56	120.92	129.52	148.13	17.40	22.76	25.07	28.73	30.44	35.34
53	72.34	91.17	108.09	123.45	132.00	152.30	17.90	23.28	25.62	29.27	30.86	36.28
54	73.47	92.34	110.07	125.41	133.78	155.84	18.32	23.70	26.09	29.73	31.18	37.19
55	75.31	94.45	113.01	128.55	136.79	160.94	18.88	24.36	26.81	30.53	31.86	38.59
56	77.92	97.08	116.35	132.22	140.42	166.89	19.57	25.10	27.68	31.44	32.72	40.23
57	80.71	99.69	119.39	135.69	143.89	172.71	20.24	25.75	28.43	32.32	33.59	41.93
58	83.02	101.89	120.95	138.05	146.97	177.35	20.70	26.29	28.95	33.05	34.55	43.43
59	86.15	105.06	123.66	141.71	151.24	183.74	21.20	26.88	29.62	33.95	35.68	45.32
60	90.20	109.19	127.49	146.68	156.78	192.07	21.80	27.54	30.46	35.05	37.07	47.65
61	95.22	114.36	132.46	152.96	163.65	201.63	22.50	28.34	31.53	36.39	38.73	50.25
62	101.27	120.49	138.50	160.51	171.91	211.22	23.39	29.29	32.78	37.99	40.70	52.79
63	109.98	132.29	151.94	176.25	188.21	231.44	25.02	31.71	35.75	41.46	44.46	57.90
64	119.05	144.64	166.22	192.92	205.44	251.77	26.82	34.41	38.94	45.21	48.47	62.99
65	128.60	157.71	181.53	210.72	223.87	271.39	28.91	37.52	42.49	49.31	52.87	67.90
66	146.25	180.91	208.70	242.28	257.03	307.85	33.05	43.33	48.90	56.75	60.82	76.99
67	160.15	199.83	231.08	268.32	284.49	336.24	36.61	48.55	54.34	63.11	67.60	84.06
68	178.01	218.94	253.78	294.75	316.64	370.65	41.19	54.87	60.00	70.26	75.85	92.64
69	196.59	240.63	279.56	324.75	350.55	407.24	46.41	62.06	66.68	78.28	84.66	101.79
70	215.24	263.89	307.23	356.99	385.23	444.64	52.10	69.94	74.10	86.83	93.78	111.12
71	234.38	289.09	337.36	392.04	421.73	483.92	58.36	78.64	82.36	96.16	103.47	120.95
72	254.43	316.67	370.45	430.51	454.56	526.00	65.28	88.34	91.57	106.43	112.36	131.51
73	275.87	351.86	413.10	480.96	495.50	574.39	73.09	99.58	103.25	119.11	123.01	143.59
74	305.89	392.13	462.24	539.34	539.16	629.76	83.63	112.28	116.58	133.77	134.25	157.43
75	340.07	437.46	519.04	601.20	593.61	693.91	95.69	126.44	131.82	149.30	148.05	173.47
76	382.51	489.39	589.38	672.47	659.45	774.90	110.44	142.51	150.39	167.23	164.55	193.72
77	420.18	546.99	663.59	752.73	735.61	862.58	123.99	160.22	169.74	187.53	183.45	215.64
78	452.73	597.57	725.60	824.80	805.97	972.11	136.00	175.81	185.68	205.94	200.71	243.03
79	488.42	651.12	792.63	902.76	884.77	1,067.28	148.76	192.18	202.57	225.96	219.85	266.80

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Step-Rated

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC
Issue	Non Integrated - NH (3PL) Benefit Period			Non Integrated - ALF (3PL) Benefit Period			Non Integrated - HHC (3 PL) Benefit Period
Age	3 3 Yr	5 5 Yr	Lifetime Unlimited	2 2 Yr	3 3 Yr	4 4 Yr	2 2 Yr
18-35	86.32	96.23	107.75	3.21	3.80	4.42	16.76
36	87.37	97.55	108.61	3.26	3.85	4.46	17.21
37	88.42	98.87	109.46	3.30	3.89	4.51	17.65
38	88.60	100.01	109.64	3.32	3.92	4.53	18.33
39	89.26	101.17	110.16	3.35	3.94	4.55	18.88
40	89.78	101.82	110.35	3.37	3.96	4.57	19.17
41	91.25	103.22	111.55	3.44	4.05	4.64	19.49
42	93.09	104.83	113.09	3.48	4.12	4.71	19.54
43	95.26	106.62	114.99	3.40	4.21	4.80	18.84
44	97.11	108.04	116.54	3.34	4.30	4.88	18.09
45	97.60	110.40	119.15	3.31	4.33	4.91	17.53
46	97.01	113.10	122.10	3.31	4.33	4.90	17.03
47	96.01	114.67	124.68	3.31	4.30	4.85	16.54
48	97.23	116.40	128.44	3.41	4.40	4.94	16.63
49	97.49	117.20	131.17	3.49	4.49	4.99	16.67
50	98.12	118.65	134.60	3.57	4.57	5.06	16.89
51	97.98	119.34	137.18	3.64	4.62	5.10	17.05
52	98.40	120.92	140.70	3.74	4.69	5.19	17.40
53	100.04	123.45	144.68	3.85	4.80	5.30	17.90
54	101.27	125.41	148.04	3.95	4.92	5.41	18.32
55	103.57	128.55	152.91	4.09	5.06	5.54	18.88
56	106.41	132.22	158.54	4.30	5.25	5.72	19.57
57	109.24	135.69	164.08	4.51	5.41	5.89	20.24
58	111.60	138.05	168.48	4.70	5.56	6.02	20.70
59	115.06	141.71	174.55	4.95	5.74	6.21	21.20
60	119.57	146.68	182.45	5.25	6.02	6.46	21.80
61	125.17	152.96	191.54	5.63	6.33	6.77	22.50
62	131.84	160.51	200.66	6.08	6.72	7.13	23.39
63	144.66	176.25	219.86	6.72	7.47	7.88	25.02
64	158.07	192.92	239.16	7.40	8.27	8.68	26.82
65	172.26	210.70	257.83	8.10	9.12	9.56	28.91
66	197.46	242.28	292.44	9.36	10.58	11.06	33.05
67	217.96	268.32	319.42	10.37	11.83	12.33	36.61
68	238.51	296.51	352.11	11.60	13.29	13.77	41.19
69	261.94	327.18	386.85	12.90	14.79	15.32	46.41
70	287.10	359.21	422.42	14.21	16.38	16.91	52.10
71	314.40	393.39	459.71	15.60	18.06	18.59	58.36
72	344.29	430.51	499.71	17.10	19.86	20.42	65.28
73	382.59	477.67	545.65	18.82	22.04	22.61	73.09
74	426.41	532.50	598.27	21.26	24.55	25.15	83.63
75	475.66	590.98	659.22	24.11	27.40	28.11	95.69
76	532.03	659.38	736.15	27.68	30.76	31.83	110.44
77	594.45	737.67	819.42	31.06	34.58	35.81	123.99
78	649.13	809.35	923.52	34.18	38.09	39.24	136.00
79	706.89	888.46	1,013.91	37.62	41.90	43.02	148.76

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ, LTC04I-NTQ, LTC04I-AG-TQ, LTC04I-AG-NTQ

Premium Factors

Form:	LTC04I NFO1PL LTC04I NFO2PL LTC04I NFO3PL	Limited Pay Options			LTC04I ROPD	LTC04I ROPDC
Issue Age	Nonforfeiture Option	10 Pay	20 Pay	Pay to 65	Full Return Premium on Death	Return Premium on Death less Claims
18-35	1.21	3.83	2.40	1.74	1.77	1.60
36	1.21	3.81	2.39	1.78	1.79	1.61
37	1.21	3.79	2.37	1.82	1.81	1.63
38	1.21	3.78	2.36	1.83	1.82	1.63
39	1.21	3.76	2.35	1.85	1.84	1.65
40	1.20	3.74	2.33	1.89	1.86	1.66
41	1.20	3.71	2.31	1.95	1.88	1.67
42	1.20	3.68	2.29	2.01	1.90	1.69
43	1.20	3.64	2.27	2.08	1.93	1.72
44	1.20	3.60	2.24	2.16	1.97	1.74
45	1.19	3.55	2.21	2.21	2.01	1.77
46	1.19	3.50	2.19	2.30	2.05	1.81
47	1.19	3.45	2.16	2.37	2.10	1.85
48	1.19	3.39	2.13	2.38	2.16	1.90
49	1.19	3.34	2.10	2.39	2.23	1.95
50	1.18	3.28	2.08	2.41	2.29	2.00
51	1.18	3.22	2.06	2.45	2.36	2.06
52	1.18	3.16	2.04	2.51	2.43	2.11
53	1.18	3.10	2.02	2.61	2.49	2.16
54	1.18	3.05	2.00	2.75	2.56	2.22
55	1.17	2.99	1.98	2.99	2.65	2.29
56	1.17	2.94	1.96		2.75	2.37
57	1.17	2.88	1.93		2.87	2.47
58	1.17	2.84	1.88		3.01	2.59
59	1.16	2.79	1.83		3.19	2.73
60	1.16	2.73	1.78		3.39	2.89
61	1.15	2.67	1.72		3.63	3.09
62	1.15	2.60	1.65		3.90	3.32
63	1.15	2.51	1.59		4.22	3.58
64	1.15	2.42	1.54		4.59	3.89
65	1.14	2.33	1.48		5.01	4.23
66	1.14	2.23	1.43			
67	1.14	2.14	1.38			
68	1.14	2.06	1.32			
69	1.14	1.99	1.27			
70	1.14	1.91	1.22			
71	1.13	1.85	1.19			
72	1.13	1.79	1.16			
73	1.13	1.72	1.15			
74	1.12	1.66	1.15			
75	1.12	1.59	1.15			
76	1.11	1.53	1.15			
77	1.11	1.48	1.15			
78	1.11	1.43	1.15			
79	1.10	1.39	1.15			
80	1.10	1.36	1.15			
81	1.10	1.33	1.15			

Age 80+ is only for the Guaranteed Purchase Option.

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ, LTC04I-NTQ, LTC04I-AG-TQ, LTC04I-AG-NTQ

Premium Factors to apply by benefit period selected.**Restoration of Benefits**

Form: LTC04I ROB1PL, LTC04I ROB2PL, LTC04I ROB3PL

Benefit Period	Factor
2 year	1.04
3 Year	1.03
4 Year	1.02
5 Year	1.01
6 Year	1.01
Unlimited	1.00

Premium Factors applicable to the entire calculated premium.**Monthly HHC**

Form: LTC04I MHHC

Factor	1.1
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Survivorship & Spouse Waiver

Form: LTC04I SBWP

Factor	1.14
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Indemnity Coverage

Description	Factor	Form
NH Only	1.05	LTC04I NHIND-TQ
NH & ALF	1.15	LTC04I NHIND-TQ, LTC04I ALFIND-TQ
NH, ALF, & HHC	1.25	LTC04I NHIND-TQ, LTC04I ALFIND-TQ, LTC04I HHCIND-TQ

Spouse Benefit

Form: LTC04I SB1PL-TQ, LTC04I SB2PL-TQ, LTC04I SB3PL-TQ

Factor	1.6
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Mutual of Omaha Insurance Company
Policy Form: LTC04I -TQ, LTC04I-NTQ, LTC04I-AG-TQ, LTC04I-AG-NTQ

If Non Tax Qualified form LTC04I-NTQ or LTC04I-AG-NTQ is elected, premiums will be increased by 15%.

- 30% Spouse Discount for two insureds, or
- 15% Spouse Discount for two applications, but one insured, or
- 10% Two Person Household Discount

Premium Discount of 10% on LTC04I-AG-TQ or LTC04I-AG-NTQ forms for a Affinity Group/Employer Group Discount

To calculate premiums for a specific elimination period, apply the appropriate factor to the above premiums.

<u>Elim</u>	<u>Factor</u>	<u>Elim</u>	<u>Factor</u>
0 Day	1.40	90 Day	1.00
15 Day	1.30	100 Day	0.98
20 Day	1.27	180 Day	0.90
30 Day	1.25	365 Day	0.80
60 Day	1.09		

Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

<u>Elim</u>	<u>Factor</u>	<u>Elim</u>	<u>Factor</u>
15 Day	1.02	90 Day	1.08
20 Day	1.02	100 Day	1.09
30 Day	1.02	180 Day	1.13
60 Day	1.06	365 Day	1.16

To calculate premiums for a specific underwriting class, apply the appropriate factor to the above premiums.

<u>Class</u>	<u>Factor</u>	<u>Class</u>	<u>Factor</u>
Preferred	0.85	Class I	1.25
Select	1.00	Class II	1.50

To calculate premiums for a specific mode, apply the appropriate factor to the above premiums.

<u>Modal Loads</u>	<u>Factor</u>
Annual	1.000
Semi-Annual	0.510
Quarterly	0.260
Monthly/BSP	0.090
Other	1.08/# of payments

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

No Inflation

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	34.95	39.53	44.95	50.37	55.73	80.08	31.45	35.57	40.46	45.34	50.16	72.08
36	35.32	40.01	45.58	51.08	56.53	80.86	31.79	36.02	41.01	45.97	50.87	72.78
37	35.70	40.52	46.21	51.80	57.32	81.64	32.13	36.46	41.58	46.63	51.58	73.48
38	36.08	41.03	46.87	52.53	58.07	82.02	32.47	36.93	42.18	47.28	52.26	73.83
39	36.43	41.52	47.49	53.26	58.83	82.59	32.79	37.38	42.75	47.94	52.95	74.33
40	36.78	41.79	47.59	53.95	59.60	83.36	33.10	37.60	42.83	48.56	53.64	75.03
41	37.16	40.97	46.91	54.68	60.43	84.35	33.45	36.87	42.22	49.22	54.38	75.92
42	37.57	40.29	46.41	54.71	61.23	85.54	33.81	36.26	41.76	49.24	55.12	77.00
43	38.04	40.70	46.72	54.43	60.87	86.95	34.23	36.63	42.04	48.99	54.78	78.26
44	38.59	41.60	47.54	54.34	60.72	87.89	34.73	37.43	42.79	48.90	54.65	79.10
45	39.23	42.61	48.48	54.43	60.81	88.42	35.30	38.34	43.64	48.98	54.73	79.58
46	39.98	43.73	49.56	54.72	61.16	89.24	35.99	39.35	44.60	49.25	55.04	80.31
47	40.89	44.95	50.82	55.21	61.80	90.33	36.80	40.45	45.74	49.68	55.62	81.29
48	42.24	46.46	52.59	56.72	63.79	92.81	38.02	41.82	47.33	51.04	57.42	83.55
49	43.59	47.92	54.43	58.24	65.81	95.25	39.24	43.13	48.98	52.41	59.23	85.73
50	45.00	49.35	56.33	59.81	67.91	97.70	40.50	44.41	50.70	53.82	61.12	87.93
51	46.50	50.80	58.38	61.48	70.17	100.21	41.85	45.72	52.55	55.33	63.15	90.20
52	48.12	52.30	60.61	63.47	72.82	102.88	43.31	47.06	54.55	57.13	65.54	92.59
53	49.57	53.77	62.64	65.44	75.25	104.87	44.61	48.40	56.38	58.89	67.72	94.39
54	51.14	55.45	64.85	67.62	77.87	107.19	46.03	49.90	58.36	60.85	70.08	96.47
55	52.91	57.36	67.29	70.08	80.78	109.95	47.61	51.63	60.56	63.08	72.71	98.97
56	54.92	59.61	70.03	72.93	84.07	113.29	49.43	53.65	63.03	65.64	75.66	101.97
57	57.23	62.26	73.13	76.22	87.82	117.34	51.51	56.04	65.82	68.61	79.04	105.60
58	59.57	65.37	75.95	79.50	91.48	121.90	53.61	58.83	68.35	71.55	82.33	109.70
59	62.44	68.98	79.58	83.65	96.09	127.75	56.20	62.09	71.62	75.29	86.49	114.99
60	65.97	73.24	84.12	88.77	101.77	135.09	59.37	65.91	75.70	79.90	91.59	121.59
61	70.25	78.26	89.64	94.94	108.62	144.00	63.22	70.44	80.67	85.45	97.76	129.60
62	75.35	84.19	96.21	102.27	116.76	154.65	67.81	75.78	86.59	92.03	105.08	139.18
63	82.06	91.49	105.01	111.70	127.39	169.91	73.86	82.34	94.51	100.53	114.65	152.92
64	89.19	99.20	114.26	121.56	138.56	186.06	80.27	89.28	102.84	109.41	124.71	167.45
65	97.59	108.29	124.94	132.91	151.49	204.81	87.83	97.46	112.44	119.62	136.34	184.32
66	111.74	123.82	142.76	151.80	173.13	235.63	100.57	111.44	128.48	136.62	155.83	212.07
67	123.42	136.66	157.04	166.93	190.59	261.12	111.08	122.99	141.33	150.24	171.53	235.01
68	140.59	155.95	175.40	186.44	213.41	289.69	126.53	140.35	157.86	167.79	192.08	260.73
69	158.14	175.72	195.09	207.34	237.84	317.92	142.33	158.14	175.57	186.60	214.06	286.12
70	176.51	196.50	216.52	230.11	264.44	346.61	158.87	176.86	194.86	207.10	238.00	311.96
71	196.10	218.83	240.10	255.20	293.72	376.59	176.49	196.95	216.09	229.68	264.34	338.93
72	217.31	243.23	266.26	283.04	326.26	408.52	195.59	218.90	239.64	254.73	293.63	367.67
73	238.18	267.31	295.96	314.63	362.88	439.15	214.36	240.58	266.36	283.16	326.58	395.23
74	261.40	294.33	330.04	350.85	404.90	473.70	235.25	264.89	297.03	315.76	364.41	426.33
75	287.65	325.16	369.23	392.51	453.29	513.20	258.89	292.64	332.31	353.26	407.96	461.88
76	317.65	360.63	414.26	440.39	509.00	570.65	285.89	324.56	372.84	396.35	458.10	513.58
77	352.09	401.64	465.92	495.29	573.01	640.42	316.88	361.47	419.32	445.76	515.70	576.37
78	391.70	449.02	524.90	558.00	646.24	721.75	352.53	404.12	472.41	502.20	581.61	649.58
79	437.16	503.66	592.00	629.32	729.70	816.14	393.44	453.29	532.80	566.39	656.73	734.53
80	489.18	566.41	667.93	710.04	824.31	925.05	440.26	509.77	601.14	639.04	741.89	832.54
81	548.47	638.11	753.45	800.96	931.06	1,049.94	493.63	574.30	678.11	720.86	837.95	944.95

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

No Inflation

Form:		LTC04I NH, LTC04I ALF						LTC04I HHC					
		Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
Issue Age		Benefit Period						Benefit Period					
		2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35		33.08	36.24	43.10	48.31	50.14	64.22	7.36	9.42	10.88	12.19	12.64	15.87
36		33.29	36.79	43.63	48.89	50.76	64.67	7.56	9.66	11.09	12.42	12.90	16.19
37		33.51	37.36	44.14	49.50	51.37	65.15	7.75	9.92	11.31	12.68	13.16	16.49
38		33.60	37.95	44.62	50.03	51.86	65.18	8.05	10.27	11.59	12.99	13.46	16.84
39		33.74	38.53	45.11	50.59	52.39	65.42	8.29	10.57	11.84	13.27	13.74	17.16
40		33.95	38.88	45.12	51.16	52.99	65.90	8.47	10.76	11.91	13.51	14.00	17.46
41		34.23	38.21	44.43	51.81	53.70	66.59	8.61	10.63	11.78	13.73	14.22	17.76
42		34.60	37.67	43.96	51.83	54.42	67.50	8.71	10.50	11.65	13.73	14.41	18.04
43		35.05	38.20	44.30	51.60	54.14	68.63	8.80	10.55	11.70	13.64	14.32	18.32
44		35.60	39.19	45.14	51.59	54.09	69.44	8.89	10.68	11.86	13.56	14.22	18.45
45		36.26	40.29	46.11	51.78	54.28	69.96	8.99	10.81	12.03	13.50	14.16	18.46
46		37.04	41.49	47.26	52.19	54.72	70.75	9.10	10.97	12.20	13.47	14.14	18.49
47		37.93	42.78	48.59	52.79	55.42	71.79	9.25	11.14	12.40	13.47	14.14	18.54
48		39.25	44.36	50.54	54.50	57.58	74.09	9.50	11.37	12.65	13.63	14.40	18.73
49		40.53	45.85	52.50	56.18	59.63	76.30	9.78	11.65	12.92	13.83	14.64	18.95
50		41.83	47.28	54.53	57.89	61.66	78.49	10.12	11.95	13.23	14.05	14.90	19.21
51		43.17	48.66	56.66	59.68	63.75	80.73	10.50	12.30	13.59	14.32	15.19	19.49
52		44.58	50.07	58.96	61.74	66.13	83.07	10.94	12.71	14.00	14.67	15.54	19.82
53		45.83	51.42	60.96	63.68	68.09	84.70	11.34	13.13	14.45	15.10	15.92	20.18
54		47.21	52.94	63.11	65.80	70.19	86.54	11.77	13.59	14.96	15.60	16.36	20.65
55		48.77	54.71	65.46	68.18	72.55	88.69	12.23	14.11	15.53	16.19	16.90	21.27
56		50.60	56.82	68.10	70.91	75.31	91.29	12.71	14.69	16.20	16.86	17.55	22.01
57		52.75	59.36	71.09	74.09	78.57	94.42	13.23	15.33	16.93	17.65	18.34	22.92
58		54.98	62.13	73.75	77.20	82.19	97.92	13.71	16.03	17.65	18.48	19.32	23.98
59		57.82	65.66	77.28	81.23	86.69	102.48	14.23	16.80	18.51	19.46	20.45	25.28
60		61.36	70.01	81.74	86.26	92.20	108.23	14.83	17.66	19.53	20.61	21.80	26.85
61		65.67	75.30	87.22	92.38	98.84	115.28	15.52	18.66	20.76	21.98	23.39	28.73
62		70.82	81.57	93.76	99.67	106.75	123.73	16.36	19.83	22.19	23.59	25.27	30.92
63		77.45	89.29	102.55	109.09	116.49	135.91	17.62	21.40	24.13	25.66	27.52	34.00
64		84.43	97.27	111.78	118.93	126.65	148.82	19.02	23.14	26.19	27.87	29.88	37.23
65		92.52	106.35	122.41	130.21	138.34	163.82	20.80	25.30	28.65	30.47	32.67	40.99
66		105.98	121.36	140.00	148.87	157.93	188.48	23.95	29.07	32.80	34.87	37.37	47.14
67		116.90	133.22	154.06	163.77	173.64	208.90	26.72	32.37	36.23	38.52	41.26	52.22
68		132.84	148.32	171.92	182.73	196.30	231.76	30.74	37.17	40.65	43.56	47.02	57.93
69		148.93	164.45	191.05	203.04	219.17	254.35	35.16	42.41	45.57	48.94	52.93	63.58
70		165.57	181.94	211.82	225.13	242.94	277.31	40.08	48.22	51.09	54.76	59.14	69.30
71		183.11	201.09	234.67	249.43	268.32	301.29	45.59	54.70	57.29	61.18	65.83	75.30
72		201.93	222.25	260.00	276.39	296.01	326.81	51.81	62.00	64.27	68.33	73.17	81.71
73		220.26	246.18	289.02	307.24	324.79	351.32	58.36	69.67	72.24	76.09	80.63	87.82
74		240.56	273.49	322.39	342.72	357.95	378.96	65.77	78.31	81.31	85.00	89.13	94.74
75		263.51	304.78	360.86	383.60	396.74	410.56	74.15	88.09	91.65	95.26	98.95	102.64
76		289.75	340.59	405.15	430.70	442.44	456.52	83.66	99.18	103.38	107.11	110.40	114.13
77		319.96	381.52	456.03	484.79	496.30	512.34	94.42	111.75	116.65	120.78	123.77	128.08
78		354.80	428.13	514.23	546.66	559.58	577.40	106.58	125.96	131.59	136.49	139.35	144.35
79		394.90	481.01	580.50	617.11	633.55	652.92	120.28	141.97	148.36	154.46	157.43	163.22
80		440.97	540.73	655.58	696.93	719.48	740.04	135.64	159.98	167.09	174.94	178.31	185.01
81		493.62	607.86	740.22	786.90	818.61	839.95	152.83	180.11	187.91	198.14	202.27	209.99

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

No Inflation

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	39.90	48.31	60.99	1.41	1.76	2.10	7.36	
36	40.52	48.89	61.45	1.43	1.78	2.12	7.56	
37	41.15	49.50	61.88	1.45	1.81	2.14	7.75	
38	41.38	50.03	61.91	1.46	1.83	2.15	8.05	
39	41.83	50.58	62.15	1.47	1.85	2.16	8.29	
40	42.23	51.15	62.60	1.49	1.86	2.15	8.47	
41	41.72	51.80	63.26	1.52	1.85	2.12	8.61	
42	41.50	51.83	64.13	1.55	1.84	2.10	8.71	
43	42.09	51.60	65.20	1.59	1.86	2.12	8.80	
44	43.17	51.59	65.97	1.64	1.91	2.17	8.89	
45	44.37	51.78	66.47	1.70	1.97	2.23	8.99	
46	45.69	52.18	67.21	1.77	2.04	2.31	9.10	
47	47.08	52.79	68.20	1.85	2.11	2.38	9.25	
48	48.81	54.49	70.38	1.95	2.21	2.48	9.50	
49	50.42	56.17	72.49	2.05	2.32	2.58	9.78	
50	51.95	57.89	74.57	2.14	2.42	2.68	10.12	
51	53.45	59.67	76.69	2.24	2.52	2.78	10.50	
52	54.96	61.74	78.91	2.35	2.62	2.90	10.94	
53	56.42	63.68	80.46	2.44	2.71	2.99	11.34	
54	58.06	65.80	82.21	2.54	2.82	3.10	11.77	
55	59.99	68.18	84.26	2.65	2.93	3.21	12.23	
56	62.28	70.91	86.72	2.79	3.07	3.35	12.71	
57	65.05	74.09	89.69	2.95	3.22	3.51	13.23	
58	68.05	77.20	93.02	3.11	3.39	3.67	13.71	
59	71.91	81.23	97.35	3.32	3.59	3.88	14.23	
60	76.66	86.26	102.82	3.57	3.86	4.14	14.83	
61	82.42	92.38	109.51	3.88	4.17	4.46	15.52	
62	89.25	99.67	117.54	4.25	4.55	4.83	16.36	
63	97.64	109.09	129.11	4.73	5.04	5.32	17.62	
64	106.30	118.93	141.37	5.25	5.56	5.84	19.02	
65	116.16	130.20	155.63	5.83	6.15	6.45	20.80	
66	132.46	148.87	179.05	6.78	7.10	7.42	23.95	
67	145.31	163.77	198.44	7.57	7.89	8.22	26.72	
68	161.58	183.82	220.17	8.66	9.00	9.33	30.74	
69	179.01	204.56	241.61	9.77	10.11	10.47	35.16	
70	197.94	226.53	263.45	10.93	11.29	11.66	40.08	
71	218.70	250.29	286.21	12.19	12.56	12.93	45.59	
72	241.64	276.39	310.48	13.57	13.94	14.33	51.81	
73	267.68	305.14	333.74	15.03	15.42	15.82	58.36	
74	297.40	338.37	360.01	16.72	17.12	17.54	65.77	
75	331.39	377.08	390.04	18.68	19.09	19.54	74.15	
76	370.26	422.32	433.69	20.97	21.41	21.88	83.66	
77	414.62	475.09	486.71	23.65	24.12	24.61	94.42	
78	465.07	536.42	548.54	26.79	27.29	27.81	106.58	
79	522.21	607.33	620.27	30.42	30.95	31.51	120.28	
80	586.65	688.85	703.04	34.60	35.18	35.77	135.64	
81	659.01	782.00	797.95	39.40	40.04	40.68	152.83	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Compound

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	60.02	69.64	79.20	88.72	98.19	139.76	54.01	62.67	71.29	79.86	88.37	125.79
36	60.59	70.50	80.31	90.00	99.59	141.19	54.53	63.47	72.26	80.99	89.63	127.09
37	61.20	71.39	81.43	91.28	100.99	142.66	55.08	64.24	73.28	82.16	90.88	128.40
38	62.44	73.08	83.47	93.58	103.43	143.49	56.19	65.77	75.12	84.22	93.09	129.16
39	64.01	75.14	85.94	96.37	106.46	144.61	57.61	67.65	77.36	86.73	95.81	130.15
40	65.23	76.79	87.93	98.65	108.99	146.05	58.70	69.10	79.13	88.80	98.10	131.45
41	66.89	78.90	90.46	101.57	112.21	147.83	60.21	71.00	81.42	91.42	100.98	133.05
42	68.19	80.64	92.60	104.04	115.01	149.95	61.37	72.58	83.34	93.63	103.53	134.96
43	69.94	82.75	95.05	106.82	118.08	151.48	62.94	74.48	85.53	96.15	106.27	136.35
44	71.50	84.65	97.26	109.33	120.87	153.35	64.34	76.17	87.54	98.40	108.79	138.02
45	73.61	87.20	100.22	112.68	124.58	155.58	66.24	78.46	90.21	101.41	112.13	140.01
46	73.03	87.90	99.62	115.70	128.04	158.14	65.74	79.10	89.65	104.14	115.23	142.32
47	72.35	87.27	98.66	116.26	130.14	161.07	65.11	78.53	88.80	104.62	117.12	144.95
48	73.99	89.20	100.96	118.57	133.35	165.16	66.60	80.29	90.87	106.71	120.03	148.67
49	75.10	90.40	102.69	120.06	135.67	168.02	67.61	81.37	92.40	108.05	122.10	151.23
50	76.76	92.08	105.11	122.35	138.92	171.89	69.08	82.87	94.60	110.10	125.02	154.69
51	78.53	93.76	107.76	124.77	142.40	175.80	70.68	84.39	96.99	112.29	128.17	158.23
52	80.47	95.50	110.67	127.46	146.24	179.91	72.42	85.93	99.61	114.73	131.62	161.91
53	81.34	96.67	112.62	129.50	148.91	183.71	73.20	87.02	101.37	116.54	134.01	165.35
54	82.34	98.16	114.80	131.85	151.84	188.02	74.11	88.34	103.31	118.65	136.65	169.22
55	83.59	99.98	117.29	134.64	155.19	193.06	75.22	89.99	105.56	121.19	139.69	173.77
56	85.13	102.30	120.18	138.04	159.13	199.05	76.62	92.07	108.17	124.25	143.21	179.16
57	87.04	105.20	123.57	142.14	163.77	206.23	78.34	94.69	111.22	127.94	147.39	185.60
58	89.05	108.66	126.24	145.75	167.72	213.47	80.14	97.79	113.61	131.18	150.94	192.11
59	92.35	113.52	130.97	151.75	174.32	224.45	83.12	102.18	117.87	136.59	156.91	202.02
60	96.50	119.30	137.02	159.30	182.63	238.09	86.85	107.36	123.31	143.38	164.36	214.29
61	101.86	125.26	143.47	167.30	191.41	252.87	91.67	112.74	129.12	150.58	172.27	227.57
62	109.26	133.27	152.29	178.12	203.36	272.42	98.32	119.95	137.06	160.28	183.01	245.16
63	118.99	144.24	165.56	193.69	220.90	297.49	107.10	129.81	149.00	174.32	198.80	267.73
64	128.43	154.65	178.13	208.34	237.48	321.45	115.59	139.19	160.33	187.52	213.74	289.30
65	140.53	168.05	193.88	226.64	258.32	351.50	126.48	151.24	174.49	203.98	232.49	316.34
66	159.79	189.87	218.91	255.65	291.57	398.78	143.82	170.88	197.01	230.08	262.43	358.92
67	175.26	206.98	237.84	277.50	316.83	430.14	157.73	186.27	214.05	249.76	285.15	387.12
68	196.83	227.85	256.27	298.17	341.30	472.64	177.14	205.06	230.64	268.34	307.19	425.38
69	219.81	249.11	276.57	320.95	368.17	510.48	197.84	224.19	248.90	288.85	331.36	459.42
70	241.82	269.21	296.63	341.92	392.93	543.43	217.65	242.30	266.96	307.73	353.64	489.11
71	264.74	295.42	324.14	363.53	418.40	576.04	238.26	265.88	291.72	327.18	376.55	518.44
72	291.20	325.93	356.79	388.91	448.30	613.70	262.09	293.33	321.12	350.01	403.46	552.34
73	316.78	355.52	393.63	421.08	485.65	667.91	285.10	319.97	354.26	378.96	437.07	601.12
74	345.05	388.52	435.65	463.12	534.47	729.80	310.53	349.65	392.08	416.80	481.02	656.82
75	376.82	425.96	483.69	514.19	593.81	801.36	339.15	383.36	435.33	462.77	534.43	721.22
76	412.95	468.82	538.54	572.51	661.70	884.45	371.66	421.93	484.69	515.26	595.53	795.99
77	454.20	518.12	601.04	638.92	739.18	980.86	408.78	466.30	540.92	575.03	665.25	882.76
78	501.38	574.75	671.87	714.24	827.19	1,096.86	451.24	517.27	604.68	642.82	744.46	987.18
79	555.19	639.65	751.84	799.24	926.72	1,230.61	499.67	575.68	676.66	719.32	834.05	1,107.56

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Compound

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	56.80	63.86	75.95	85.10	88.33	112.07	12.64	16.59	19.16	21.47	22.28	27.69
36	57.11	64.83	76.87	86.14	89.43	112.92	12.97	17.03	19.53	21.88	22.73	28.27
37	57.44	65.82	77.79	87.22	90.51	113.84	13.29	17.47	19.92	22.34	23.19	28.81
38	58.15	67.59	79.47	89.11	92.37	114.02	13.93	18.30	20.64	23.13	23.98	29.47
39	59.28	69.72	81.63	91.53	94.80	114.56	14.57	19.12	21.43	24.02	24.87	30.05
40	60.21	71.45	83.36	93.54	96.91	115.46	15.02	19.78	22.01	24.69	25.60	30.59
41	61.62	73.59	85.69	96.23	99.71	116.70	15.50	20.47	22.71	25.50	26.42	31.13
42	62.80	75.39	87.73	98.57	102.21	118.32	15.81	21.02	23.26	26.11	27.07	31.63
43	64.44	77.67	90.12	101.27	105.03	119.56	16.18	21.45	23.80	26.76	27.77	31.92
44	65.96	79.75	92.35	103.80	107.68	121.15	16.47	21.73	24.26	27.27	28.31	32.19
45	68.04	82.46	95.32	107.19	111.20	123.10	16.87	22.12	24.87	27.96	29.01	32.48
46	67.66	83.40	95.00	110.35	114.55	125.38	16.62	22.05	24.52	28.48	29.61	32.76
47	67.11	83.05	94.33	111.16	116.71	128.01	16.37	21.63	24.07	28.37	29.79	33.05
48	68.75	85.16	97.03	113.93	120.37	131.84	16.64	21.83	24.29	28.49	30.11	33.32
49	69.83	86.50	99.04	115.82	122.93	134.59	16.85	21.98	24.37	28.52	30.19	33.43
50	71.35	88.22	101.75	118.41	126.13	138.10	17.26	22.30	24.69	28.74	30.49	33.79
51	72.91	89.81	104.58	121.12	129.37	141.61	17.73	22.70	25.08	29.05	30.82	34.18
52	74.55	91.43	107.66	123.99	132.80	145.26	18.29	23.21	25.56	29.46	31.21	34.65
53	75.20	92.45	109.60	126.01	134.74	148.37	18.61	23.61	25.98	29.88	31.50	35.34
54	76.01	93.72	111.72	128.30	136.86	151.79	18.95	24.06	26.48	30.42	31.90	36.23
55	77.05	95.36	114.10	130.99	139.38	155.72	19.32	24.59	27.07	31.10	32.47	37.34
56	78.43	97.51	116.87	134.22	142.55	160.39	19.70	25.21	27.80	31.91	33.22	38.66
57	80.23	100.30	120.12	138.16	146.52	165.94	20.12	25.90	28.61	32.91	34.20	40.29
58	82.19	103.27	122.59	141.54	150.68	171.48	20.49	26.64	29.34	33.88	35.42	41.99
59	85.51	108.06	127.18	147.36	157.27	180.04	21.05	27.65	30.46	35.30	37.10	44.41
60	89.76	114.04	133.15	154.79	165.45	190.76	21.69	28.77	31.81	36.98	39.12	47.33
61	95.22	120.52	139.60	162.79	174.17	202.42	22.50	29.87	33.23	38.73	41.22	50.45
62	102.69	129.12	148.41	173.59	185.92	217.95	23.72	31.39	35.12	41.09	44.01	54.47
63	112.30	140.77	161.68	189.16	201.99	237.96	25.55	33.74	38.04	44.49	47.72	59.53
64	121.58	151.64	174.26	203.84	217.07	257.12	27.39	36.07	40.83	47.77	51.21	64.33
65	133.23	165.03	189.96	222.04	235.90	281.15	29.95	39.26	44.46	51.96	55.71	70.35
66	151.55	186.09	214.68	250.71	265.97	319.00	34.25	44.58	50.30	58.72	62.93	79.78
67	166.00	201.77	233.33	272.25	288.66	344.11	37.94	49.03	54.87	64.04	68.59	86.02
68	185.98	216.70	251.18	292.24	313.94	378.13	43.04	54.31	59.39	69.66	75.20	94.51
69	207.01	233.13	270.84	314.30	339.27	408.40	48.87	60.12	64.60	75.76	81.93	102.08
70	226.83	249.26	290.19	334.52	360.98	434.78	54.91	66.06	69.99	81.37	87.88	108.66
71	247.20	271.47	316.80	355.31	382.22	460.86	61.55	73.85	77.34	87.15	93.77	115.18
72	270.59	297.82	348.40	379.77	406.73	490.96	69.43	83.08	86.12	93.89	100.54	122.74
73	292.95	327.42	384.40	411.19	434.68	534.33	77.62	92.66	96.08	101.83	107.91	133.58
74	317.54	361.01	425.55	452.39	472.49	583.85	86.82	103.37	107.33	112.20	117.65	145.95
75	345.20	399.26	472.73	502.52	519.73	641.09	97.14	115.40	120.06	124.79	129.62	160.27
76	376.68	442.77	526.70	559.91	575.17	707.56	108.76	128.93	134.39	139.24	143.52	176.89
77	412.75	492.16	588.28	625.38	640.23	784.70	121.80	144.16	150.48	155.81	159.66	196.17
78	454.14	548.01	658.21	699.72	716.26	877.49	136.42	161.23	168.44	174.71	178.37	219.37
79	501.52	610.88	737.24	783.73	804.61	984.50	152.76	180.30	188.42	196.16	199.94	246.11

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Compound

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	70.29	85.10	106.44	2.42	3.10	3.71	12.64	
36	71.39	86.14	107.30	2.45	3.14	3.74	12.97	
37	72.49	87.22	108.13	2.49	3.19	3.77	13.29	
38	73.71	89.11	108.31	2.53	3.26	3.82	13.93	
39	75.70	91.51	108.83	2.58	3.34	3.90	14.57	
40	77.61	93.52	109.68	2.64	3.42	3.97	15.02	
41	80.35	96.21	110.87	2.74	3.57	4.09	15.50	
42	83.06	98.57	112.40	2.81	3.68	4.19	15.81	
43	85.58	101.27	113.59	2.92	3.78	4.31	16.18	
44	87.85	103.80	115.11	3.04	3.89	4.44	16.47	
45	90.81	107.19	116.96	3.19	4.03	4.61	16.87	
46	91.84	110.32	119.10	3.23	4.10	4.64	16.62	
47	91.40	111.16	121.60	3.27	4.10	4.62	16.37	
48	93.71	113.91	125.25	3.42	4.24	4.76	16.64	
49	95.12	115.80	127.87	3.53	4.38	4.87	16.85	
50	96.94	118.41	131.19	3.65	4.52	5.00	17.26	
51	98.66	121.09	134.54	3.78	4.65	5.13	17.73	
52	100.36	123.99	137.98	3.93	4.78	5.30	18.29	
53	101.44	126.01	140.95	4.00	4.87	5.38	18.61	
54	102.78	128.30	144.20	4.09	4.99	5.49	18.95	
55	104.56	130.99	147.94	4.19	5.11	5.60	19.32	
56	106.88	134.22	152.36	4.32	5.27	5.75	19.70	
57	109.91	138.16	157.64	4.49	5.44	5.93	20.12	
58	113.11	141.54	162.90	4.65	5.63	6.10	20.49	
59	118.35	147.36	171.04	4.91	5.91	6.39	21.05	
60	124.87	154.79	181.21	5.22	6.29	6.74	21.69	
61	131.92	162.79	192.30	5.63	6.67	7.14	22.50	
62	141.27	173.59	207.04	6.16	7.20	7.65	23.72	
63	153.94	189.16	226.05	6.86	7.95	8.39	25.55	
64	165.72	203.84	244.25	7.56	8.67	9.10	27.39	
65	180.26	222.02	267.10	8.40	9.54	10.01	29.95	
66	203.11	250.71	303.04	9.70	10.89	11.38	34.25	
67	220.08	272.25	326.89	10.75	11.95	12.45	37.94	
68	236.08	293.98	359.21	12.12	13.15	13.63	43.04	
69	253.78	316.65	387.95	13.58	14.33	14.84	48.87	
70	271.18	336.60	413.04	14.97	15.47	15.97	54.91	
71	295.25	356.54	437.79	16.46	16.96	17.46	61.55	
72	323.80	379.77	466.42	18.18	18.68	19.20	69.43	
73	356.01	408.38	507.60	19.99	20.51	21.04	77.62	
74	392.57	446.65	554.65	22.07	22.60	23.15	86.82	
75	434.12	493.97	609.03	24.47	25.01	25.60	97.14	
76	481.34	549.02	672.17	27.26	27.83	28.44	108.76	
77	534.86	612.87	745.44	30.51	31.11	31.75	121.80	
78	595.29	686.62	833.63	34.29	34.93	35.60	136.42	
79	663.21	771.31	935.27	38.63	39.31	40.02	152.76	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Compound

Form: LTC04I NH, LTC04I ALF, LTC04I HHC							LTC04I NH, LTC04I ALF, LTC04I HHC						
Issue Age	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)						Unlimited
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	
18-35	87.28	101.26	115.15	125.86	140.89	177.48	78.54	91.12	103.65	113.29	126.80	159.74	
36	88.10	102.52	116.79	127.86	143.09	179.31	79.30	92.29	105.08	115.06	128.78	161.40	
37	88.98	103.80	118.40	129.80	145.32	181.17	80.08	93.40	106.55	116.83	130.78	163.05	
38	91.15	106.68	121.86	131.75	147.71	182.22	82.03	96.01	109.68	118.58	132.95	164.03	
39	93.31	109.55	125.29	133.66	149.94	183.65	83.98	98.62	112.78	120.29	134.95	165.28	
40	95.47	112.12	127.69	135.57	152.03	185.48	85.92	100.90	114.92	122.03	136.83	166.94	
41	97.75	113.09	129.49	137.55	154.11	187.74	87.99	101.78	116.55	123.81	138.69	168.97	
42	98.66	112.96	130.11	138.31	154.80	188.58	88.78	101.67	117.09	124.48	139.36	169.74	
43	97.26	114.58	131.53	139.89	156.44	190.76	87.52	103.12	118.35	125.92	140.79	171.70	
44	94.73	112.93	129.05	141.02	157.58	192.40	85.25	101.61	116.16	126.92	141.83	173.17	
45	92.63	111.00	126.29	142.39	159.09	194.47	83.35	99.88	113.68	128.15	143.19	175.01	
46	90.95	109.46	124.06	144.08	161.05	196.92	81.87	98.50	111.64	129.68	144.93	177.22	
47	89.75	108.25	122.39	144.22	161.44	199.80	80.77	97.42	110.16	129.78	145.29	179.82	
48	91.42	110.22	124.76	146.51	164.78	204.08	82.29	99.21	112.28	131.86	148.32	183.71	
49	92.55	111.40	126.54	147.94	167.18	207.04	83.31	100.27	113.87	133.14	150.46	186.35	
50	94.20	113.01	129.00	150.15	170.49	210.95	84.78	101.70	116.10	135.12	153.44	189.85	
51	96.50	115.21	132.41	153.32	174.98	216.01	86.85	103.69	119.18	137.98	157.49	194.42	
52	98.47	116.86	135.43	155.97	178.95	220.15	88.62	105.15	121.89	140.39	161.06	198.13	
53	99.65	118.44	137.98	158.65	182.44	225.07	89.68	106.61	124.19	142.77	164.18	202.58	
54	101.00	120.41	140.82	161.74	186.25	230.64	90.91	108.36	126.73	145.54	167.62	207.58	
55	102.66	122.79	144.05	165.36	190.61	237.11	92.38	110.53	129.64	148.84	171.56	213.42	
56	104.69	125.80	147.79	169.76	195.69	244.78	94.22	113.22	133.02	152.79	176.11	220.32	
57	107.17	129.53	152.15	175.01	201.65	253.93	96.46	116.59	136.94	157.54	181.49	228.52	
58	109.79	133.96	155.64	179.70	206.77	263.18	98.80	120.56	140.07	161.73	186.09	236.85	
59	113.22	139.18	160.57	186.06	213.72	275.18	101.91	125.28	144.51	167.46	192.37	247.69	
60	117.66	145.45	167.06	194.21	222.65	290.27	105.89	130.89	150.33	174.81	200.38	261.26	
61	124.34	152.90	175.14	204.22	233.65	308.67	111.90	137.62	157.61	183.81	210.29	277.80	
62	133.37	162.68	185.90	217.43	248.23	332.54	120.02	146.43	167.31	195.66	223.40	299.27	
63	144.43	175.08	200.95	235.10	268.12	361.09	129.99	157.57	180.86	211.59	241.31	324.97	
64	156.08	187.94	216.48	253.20	288.61	390.65	140.47	169.15	194.84	227.89	259.76	351.58	
65	169.81	203.05	234.27	273.86	312.14	424.72	152.82	182.75	210.84	246.47	280.93	382.25	
66	192.19	228.37	263.30	307.49	350.70	479.66	172.98	205.54	236.96	276.74	315.65	431.71	
67	209.81	247.79	284.74	332.22	379.31	521.54	188.84	223.00	256.26	299.00	341.38	469.39	
68	233.38	270.16	303.86	353.54	404.69	560.42	210.04	243.14	273.47	318.18	364.24	504.38	
69	254.61	288.54	320.35	371.75	426.44	591.27	229.15	259.67	288.29	334.57	383.80	532.13	
70	277.12	308.51	339.94	391.83	450.29	622.77	249.43	277.67	305.93	352.65	405.27	560.51	
71	298.07	332.62	364.95	409.31	471.09	648.58	268.26	299.36	328.46	368.38	423.97	583.72	
72	319.45	357.55	391.40	426.64	491.79	673.24	287.52	321.78	352.27	383.97	442.60	605.92	
73	345.36	387.60	429.14	459.07	529.47	728.17	310.82	348.84	386.22	413.15	476.51	655.36	
74	373.80	420.89	471.96	501.72	579.01	790.61	336.41	378.79	424.75	451.54	521.11	711.56	
75	405.59	458.48	520.61	553.44	639.14	862.53	365.03	412.62	468.56	498.10	575.22	776.28	
76	444.71	504.88	579.96	616.55	712.60	952.48	400.25	454.38	521.98	554.89	641.34	857.22	
77	485.88	554.26	642.97	683.50	790.75	1,049.29	437.29	498.83	578.66	615.15	711.67	944.35	
78	532.71	610.67	713.86	758.88	878.89	1,165.41	479.44	549.60	642.48	682.99	790.99	1,048.88	
79	585.79	674.90	793.28	843.29	977.80	1,298.44	527.21	607.41	713.95	758.96	880.02	1,168.60	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Compound

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	82.61	92.85	110.43	120.72	126.75	142.32	18.38	24.13	27.86	30.45	31.97	35.16
36	83.04	94.26	111.79	122.38	128.49	143.40	18.86	24.76	28.41	31.08	32.65	35.91
37	83.52	95.71	113.11	124.03	130.23	144.57	19.32	25.41	28.97	31.77	33.37	36.59
38	84.88	98.66	116.02	125.46	131.92	144.80	20.34	26.71	30.13	32.57	34.25	37.42
39	86.42	101.63	119.01	126.95	133.52	145.49	21.23	27.87	31.24	33.31	35.02	38.16
40	88.12	104.32	121.06	128.55	135.17	146.63	21.99	28.88	31.97	33.94	35.71	38.85
41	90.05	105.49	122.66	130.32	136.95	148.20	22.65	29.34	32.51	34.54	36.28	39.54
42	90.86	105.61	123.26	131.04	137.57	148.81	22.87	29.45	32.67	34.71	36.44	39.78
43	89.62	107.54	124.71	132.62	139.16	150.56	22.50	29.70	32.94	35.05	36.79	40.20
44	87.39	106.38	122.54	133.89	140.38	152.01	21.82	28.99	32.19	35.18	36.91	40.39
45	85.61	104.96	120.12	135.46	142.00	153.87	21.23	28.16	31.34	35.33	37.04	40.60
46	84.26	103.86	118.30	137.41	144.08	156.13	20.70	27.46	30.54	35.47	37.24	40.79
47	83.25	103.03	117.02	137.89	144.78	158.80	20.30	26.83	29.86	35.19	36.95	41.00
48	84.95	105.23	119.90	140.78	148.74	162.91	20.56	26.97	30.01	35.21	37.20	41.18
49	86.05	106.59	122.05	142.73	151.49	165.84	20.76	27.08	30.04	35.14	37.20	41.20
50	87.57	108.27	124.88	145.33	154.80	169.48	21.19	27.37	30.30	35.27	37.42	41.47
51	89.59	110.36	128.50	148.82	158.96	174.01	21.79	27.90	30.82	35.70	37.87	42.00
52	91.22	111.88	131.74	151.72	162.51	177.75	22.39	28.40	31.28	36.05	38.19	42.40
53	92.13	113.26	134.28	154.39	165.08	181.77	22.80	28.92	31.83	36.61	38.60	43.30
54	93.24	114.96	137.04	157.38	167.88	186.20	23.25	29.51	32.49	37.31	39.13	44.44
55	94.63	117.12	140.13	160.88	171.19	191.25	23.73	30.21	33.25	38.20	39.88	45.86
56	96.45	119.91	143.72	165.06	175.30	197.24	24.23	31.00	34.19	39.24	40.85	47.54
57	98.78	123.50	147.90	170.12	180.41	204.32	24.77	31.89	35.22	40.53	42.11	49.61
58	101.33	127.32	151.13	174.50	185.78	211.41	25.27	32.85	36.17	41.77	43.67	51.77
59	104.84	132.48	155.93	180.67	192.82	220.74	25.80	33.90	37.35	43.28	45.49	54.44
60	109.43	139.03	162.33	188.72	201.72	232.57	26.45	35.07	38.78	45.09	47.69	57.70
61	116.24	147.12	170.41	198.72	212.61	247.09	27.47	36.46	40.56	47.28	50.31	61.58
62	125.35	157.61	181.17	211.90	226.95	266.05	28.96	38.32	42.88	50.15	53.72	66.49
63	136.31	170.87	196.24	229.60	245.18	288.83	31.01	40.95	46.18	54.01	57.92	72.26
64	147.75	184.29	211.78	247.72	263.80	312.48	33.29	43.84	49.62	58.05	62.24	78.17
65	160.98	199.42	229.53	268.29	285.05	339.72	36.19	47.44	53.72	62.78	67.32	85.00
66	182.29	223.83	258.21	301.55	319.91	383.69	41.19	53.62	60.50	70.63	75.70	95.96
67	198.73	241.55	279.34	325.93	345.57	417.24	45.42	58.69	65.69	76.66	82.11	104.30
68	220.51	256.95	297.83	346.51	372.24	448.35	51.03	64.39	70.42	82.60	89.16	112.07
69	239.78	270.03	313.71	364.04	392.96	473.03	56.61	69.64	74.83	87.75	94.90	118.24
70	259.94	285.65	332.56	383.35	413.68	498.25	62.93	75.71	80.21	93.25	100.70	124.52
71	278.33	305.66	356.70	400.05	430.35	518.89	69.30	83.14	87.08	98.13	105.58	129.69
72	296.84	326.71	382.20	416.62	446.19	538.59	76.16	91.14	94.48	103.00	110.29	134.65
73	319.38	356.96	419.08	448.29	473.89	582.55	84.62	101.02	104.75	111.02	117.65	145.63
74	344.00	391.09	461.02	490.09	511.87	632.50	94.05	111.98	116.27	121.55	127.46	158.12
75	371.55	429.74	508.81	540.88	559.40	690.03	104.55	124.21	129.23	134.32	139.52	172.50
76	405.65	476.83	567.21	602.98	619.42	761.98	117.12	138.85	144.73	149.95	154.56	190.50
77	441.54	526.50	629.32	669.01	684.89	839.44	130.30	154.22	160.98	166.68	170.80	209.85
78	482.53	582.26	699.35	743.46	761.03	932.33	144.95	171.31	178.96	185.63	189.52	233.08
79	529.17	644.55	777.87	826.93	848.96	1,038.77	161.18	190.24	198.80	206.98	210.96	259.68

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Compound

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	102.20	120.72	135.17	3.52	4.50	5.39	18.38	
36	103.82	122.38	136.26	3.57	4.57	5.44	18.86	
37	105.40	124.03	137.32	3.61	4.64	5.48	19.32	
38	107.59	125.46	137.55	3.69	4.76	5.58	20.34	
39	110.36	126.92	138.20	3.77	4.87	5.69	21.23	
40	113.32	128.52	139.29	3.87	5.00	5.77	21.99	
41	115.18	130.29	140.80	4.00	5.11	5.86	22.65	
42	116.36	131.04	141.37	4.07	5.15	5.88	22.87	
43	118.49	132.62	143.04	4.07	5.24	5.97	22.50	
44	117.19	133.89	144.43	4.03	5.18	5.89	21.82	
45	115.58	135.46	146.20	4.01	5.13	5.81	21.23	
46	114.37	137.39	148.31	4.03	5.11	5.78	20.70	
47	113.38	137.89	150.85	4.06	5.08	5.73	20.30	
48	115.79	140.76	154.77	4.22	5.24	5.88	20.56	
49	117.21	142.70	157.57	4.35	5.39	6.00	20.76	
50	118.97	145.33	161.00	4.48	5.54	6.14	21.19	
51	121.22	148.80	165.32	4.65	5.72	6.31	21.79	
52	122.80	151.72	168.84	4.81	5.85	6.48	22.39	
53	124.28	154.39	172.68	4.91	5.97	6.59	22.80	
54	126.08	157.38	176.88	5.02	6.12	6.73	23.25	
55	128.42	160.88	181.70	5.14	6.27	6.87	23.73	
56	131.44	165.06	187.37	5.32	6.48	7.07	24.23	
57	135.34	170.12	194.10	5.52	6.70	7.30	24.77	
58	139.45	174.50	200.83	5.73	6.95	7.52	25.27	
59	145.10	180.67	209.70	6.02	7.24	7.83	25.80	
60	152.24	188.72	220.93	6.37	7.67	8.22	26.45	
61	161.03	198.72	234.73	6.87	8.15	8.71	27.47	
62	172.45	211.90	252.74	7.52	8.79	9.33	28.96	
63	186.85	229.60	274.38	8.32	9.64	10.18	31.01	
64	201.40	247.72	296.83	9.19	10.53	11.06	33.29	
65	217.81	268.27	322.75	10.14	11.53	12.09	36.19	
66	244.30	301.55	364.49	11.66	13.09	13.69	41.19	
67	263.47	325.93	396.36	12.87	14.31	14.90	45.42	
68	279.92	348.58	425.91	14.38	15.59	16.16	51.03	
69	293.94	366.77	449.36	15.73	16.60	17.19	56.61	
70	310.77	385.74	473.34	17.16	17.73	18.31	62.93	
71	332.42	401.43	492.92	18.53	19.09	19.65	69.30	
72	355.21	416.62	511.67	19.95	20.49	21.07	76.16	
73	388.14	445.22	553.40	21.79	22.36	22.94	84.62	
74	425.28	483.87	600.88	23.91	24.48	25.08	94.05	
75	467.26	531.68	655.52	26.34	26.92	27.55	104.55	
76	518.36	591.25	723.88	29.36	29.97	30.63	117.12	
77	572.18	655.62	797.45	32.64	33.29	33.96	130.30	
78	632.50	729.53	885.73	36.43	37.11	37.82	144.95	
79	699.76	813.82	986.82	40.76	41.47	42.22	161.18	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	117.68	126.47	139.57	148.36	166.07	209.20	105.90	113.81	125.63	133.54	149.47	188.29
36	118.93	127.58	141.76	150.72	168.66	211.36	107.04	114.86	127.55	135.63	151.79	190.25
37	120.21	128.76	143.95	153.01	171.29	213.55	108.19	115.87	129.54	137.72	154.15	192.20
38	121.49	129.91	146.24	155.30	174.12	214.79	109.33	116.91	131.62	139.77	156.71	193.34
39	122.67	131.02	148.39	157.55	176.74	216.48	110.41	117.95	133.58	141.79	159.07	194.83
40	123.85	132.16	150.51	159.81	179.20	218.63	111.45	118.93	135.46	143.85	161.29	196.78
41	124.61	132.76	152.01	161.47	180.92	220.39	112.17	119.48	136.82	145.34	162.81	198.35
42	123.85	132.80	152.95	162.60	181.99	221.70	111.45	119.53	137.65	146.34	163.83	199.55
43	118.69	134.24	154.09	163.89	183.28	223.49	106.80	120.81	138.66	147.53	164.94	201.16
44	114.19	136.06	155.48	165.46	184.89	225.74	102.76	122.42	139.95	148.91	166.41	203.17
45	110.28	135.13	153.75	167.31	186.93	228.50	99.23	121.59	138.40	150.57	168.25	205.64
46	106.94	132.73	150.42	169.55	189.52	231.73	96.27	119.43	135.37	152.60	170.54	208.55
47	103.78	130.14	147.13	170.28	190.61	234.46	93.40	117.11	132.43	153.23	171.54	211.01
48	105.19	131.64	149.00	172.32	193.81	240.90	94.69	118.49	134.10	155.09	174.45	216.85
49	106.06	132.29	150.26	173.46	196.02	246.07	95.47	119.07	135.22	156.11	176.41	221.47
50	106.95	132.73	151.51	174.57	198.21	251.13	96.26	119.45	136.37	157.09	178.39	226.01
51	108.44	133.71	153.66	176.56	201.51	257.37	97.59	120.34	138.32	158.90	181.37	231.65
52	110.10	134.72	156.12	178.84	205.19	263.95	99.10	121.22	140.51	160.98	184.67	237.54
53	111.56	135.93	158.36	180.88	208.00	268.87	100.40	122.36	142.53	162.78	187.18	242.00
54	113.69	138.16	161.58	184.11	212.02	275.76	102.33	124.33	145.41	165.68	190.81	248.19
55	115.65	140.19	164.45	187.04	215.60	282.46	104.07	126.18	148.01	168.36	194.06	254.24
56	119.18	143.51	168.60	191.61	220.88	291.85	107.26	129.16	151.74	172.46	198.79	262.69
57	123.62	147.61	173.38	197.06	227.05	303.03	111.26	132.87	156.05	177.39	204.35	272.71
58	128.08	152.64	177.35	202.42	232.92	314.35	115.26	137.37	159.60	182.18	209.62	282.90
59	134.25	159.27	183.74	210.58	241.89	330.52	120.83	143.36	165.36	189.53	217.73	297.50
60	141.18	166.30	191.00	219.75	251.93	348.98	127.05	149.65	171.88	197.79	226.73	314.10
61	148.93	173.78	199.05	229.83	262.95	368.26	134.03	156.41	179.13	206.86	236.66	331.42
62	158.99	183.50	209.70	243.01	277.45	389.56	143.08	165.17	188.73	218.68	249.69	350.58
63	170.68	198.55	227.89	264.35	301.49	423.81	153.63	178.69	205.11	237.92	271.33	381.42
64	181.95	213.42	245.82	285.29	325.19	455.39	163.75	192.08	221.25	256.78	292.68	409.84
65	194.20	229.90	265.25	307.93	350.98	485.75	174.78	206.91	238.72	277.14	315.88	437.17
66	217.89	260.82	300.71	349.09	398.15	543.80	196.11	234.74	270.63	314.18	358.36	489.44
67	233.26	282.79	324.96	377.31	430.79	579.83	209.94	254.50	292.45	339.59	387.71	521.85
68	255.87	312.66	351.66	408.46	467.55	629.26	230.28	281.39	316.49	367.60	420.82	566.34
69	278.33	342.83	380.62	442.17	507.22	678.70	250.50	308.53	342.54	397.94	456.51	610.82
70	298.30	370.51	408.26	474.35	545.12	722.49	268.49	333.48	367.42	426.91	490.61	650.26
71	319.64	400.61	439.55	510.79	587.89	770.26	287.68	360.56	395.60	459.71	529.08	693.24
72	343.35	434.57	475.72	552.83	628.26	824.50	309.03	391.10	428.16	497.54	565.43	742.06
73	367.53	470.70	521.15	606.80	682.05	884.55	330.77	423.64	469.03	546.10	613.82	796.10
74	404.77	513.90	576.25	672.36	742.68	958.59	364.28	462.50	518.62	605.12	668.41	862.73
75	446.68	561.57	639.02	740.19	816.07	1,043.69	402.02	505.41	575.12	666.18	734.46	939.32
76	494.34	610.87	710.42	810.58	894.35	1,141.87	444.92	549.77	639.39	729.52	804.92	1,027.67
77	538.17	670.24	789.13	895.11	988.54	1,254.97	484.35	603.20	710.20	805.59	889.67	1,129.45
78	573.55	719.19	849.93	966.12	1,068.11	1,394.42	516.20	647.28	764.94	869.51	961.29	1,254.99
79	612.18	771.94	915.22	1,042.36	1,153.79	1,510.49	550.96	694.74	823.70	938.13	1,038.41	1,359.45

Mutual of Omaha Insurance Company

Policy Form: LTC04I-TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	111.39	115.97	133.85	142.30	149.40	167.75	24.78	30.14	33.77	35.89	37.68	41.45
36	112.09	117.31	135.70	144.25	151.46	169.03	25.46	30.81	34.48	36.64	38.49	42.33
37	112.83	118.73	137.52	146.20	153.51	170.41	26.10	31.52	35.22	37.44	39.33	43.13
38	113.14	120.14	139.23	147.89	155.50	170.68	27.11	32.53	36.16	38.39	40.37	44.11
39	113.61	121.56	140.95	149.64	157.38	171.49	27.91	33.34	37.01	39.26	41.28	44.99
40	114.32	122.97	142.70	151.52	159.34	172.84	28.52	34.04	37.68	40.00	42.09	45.79
41	114.79	123.84	143.99	152.98	160.76	173.97	28.87	34.44	38.16	40.54	42.59	46.41
42	114.06	124.15	144.91	154.05	161.73	174.94	28.71	34.62	38.41	40.81	42.84	46.76
43	109.36	125.99	146.11	155.38	163.03	176.39	27.46	34.80	38.59	41.06	43.11	47.10
44	105.34	128.17	147.63	157.09	164.71	178.35	26.30	34.93	38.79	41.27	43.30	47.39
45	101.93	127.77	146.23	159.17	166.85	180.80	25.27	34.28	38.15	41.51	43.52	47.70
46	99.07	125.93	143.44	161.70	169.55	183.73	24.34	33.30	37.03	41.74	43.83	48.01
47	96.26	123.86	140.68	162.81	170.94	186.35	23.48	32.25	35.90	41.55	43.63	48.12
48	97.75	125.69	143.20	165.59	174.95	192.30	23.66	32.21	35.84	41.41	43.76	48.60
49	98.61	126.57	144.93	167.35	177.62	197.10	23.79	32.16	35.67	41.20	43.61	48.96
50	99.42	127.17	146.67	168.96	179.97	201.76	24.05	32.14	35.58	41.01	43.50	49.37
51	100.67	128.08	149.14	171.38	183.07	207.33	24.49	32.38	35.77	41.11	43.62	50.05
52	102.00	128.97	151.87	173.97	186.34	213.11	25.03	32.74	36.06	41.34	43.79	50.84
53	103.14	129.99	154.11	176.01	188.20	217.15	25.52	33.19	36.53	41.74	44.00	51.72
54	104.96	131.91	157.25	179.16	191.11	222.63	26.17	33.86	37.28	42.48	44.54	53.13
55	106.60	133.71	159.98	181.97	193.64	227.83	26.73	34.48	37.95	43.21	45.11	54.63
56	109.80	136.79	163.95	186.31	197.87	235.17	27.58	35.37	39.00	44.30	46.11	56.69
57	113.94	140.74	168.55	191.56	203.14	243.83	28.58	36.35	40.14	45.63	47.42	59.20
58	118.21	145.08	172.21	196.56	209.27	252.52	29.48	37.43	41.21	47.05	49.19	61.83
59	124.31	151.60	178.43	204.48	218.23	265.13	30.59	38.79	42.74	48.99	51.48	65.39
60	131.31	158.96	185.60	213.53	228.24	279.61	31.74	40.10	44.34	51.02	53.97	69.37
61	139.22	167.20	193.67	223.63	239.27	294.79	32.90	41.43	46.10	53.21	56.62	73.47
62	149.43	177.79	204.36	236.84	253.66	311.67	34.52	43.22	48.37	56.05	60.05	77.89
63	161.10	193.78	222.55	258.18	275.69	339.00	36.65	46.44	52.37	60.73	65.13	84.81
64	172.24	209.27	240.49	279.12	297.24	364.26	38.80	49.78	56.35	65.41	70.13	91.13
65	184.11	225.79	259.88	301.68	320.51	388.53	41.39	53.71	60.83	70.59	75.69	97.22
66	206.66	255.64	294.90	342.36	363.19	435.00	46.70	61.23	69.09	80.19	85.94	108.80
67	220.94	275.67	318.80	370.17	392.48	463.87	50.50	66.98	74.97	87.07	93.26	115.96
68	241.77	297.37	344.68	400.33	430.06	503.43	55.95	74.52	81.50	95.43	103.01	125.83
69	262.12	320.85	372.74	433.00	467.40	542.98	61.88	82.74	88.91	104.37	112.88	135.72
70	279.81	343.06	399.40	464.08	500.80	578.04	67.74	90.92	96.33	112.88	121.91	144.46
71	298.47	368.14	429.61	499.24	537.05	616.25	74.31	100.14	104.88	122.45	131.76	154.02
72	319.05	397.09	464.54	539.84	570.01	659.59	81.86	110.77	114.83	133.46	140.90	164.90
73	339.87	433.50	508.93	592.54	610.46	707.65	90.05	122.68	127.21	146.75	151.55	176.90
74	372.50	477.51	562.89	656.78	656.56	766.88	101.84	136.73	141.97	162.89	163.48	191.71
75	409.20	526.38	624.54	723.39	714.26	834.95	115.14	152.14	158.62	179.64	178.14	208.73
76	450.92	576.93	694.80	792.75	777.40	913.50	130.20	168.00	177.29	197.15	193.98	228.37
77	489.06	636.66	772.37	876.13	856.20	1,003.98	144.32	186.48	197.57	218.28	213.52	250.99
78	519.52	685.73	832.66	946.49	924.88	1,115.54	156.06	201.75	213.07	236.32	230.32	278.88
79	553.00	737.22	897.44	1,022.14	1,001.76	1,208.41	168.43	217.59	229.36	255.84	248.93	302.08

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	127.65	142.30	159.34	4.75	5.62	6.53	24.78	
36	129.20	144.25	160.62	4.82	5.69	6.60	25.46	
37	130.75	146.20	161.86	4.88	5.76	6.67	26.10	
38	131.02	147.89	162.13	4.92	5.79	6.70	27.11	
39	131.99	149.60	162.91	4.95	5.83	6.73	27.91	
40	133.58	151.49	164.18	5.02	5.89	6.80	28.52	
41	135.21	152.95	165.29	5.10	6.00	6.87	28.87	
42	136.79	154.05	166.19	5.11	6.05	6.92	28.71	
43	138.82	155.38	167.58	4.96	6.13	6.99	27.46	
44	141.19	157.09	169.45	4.85	6.25	7.10	26.30	
45	140.71	159.17	171.78	4.78	6.25	7.07	25.27	
46	138.68	161.67	174.53	4.73	6.19	7.01	24.34	
47	136.31	162.81	177.01	4.70	6.11	6.89	23.48	
48	138.29	165.56	182.69	4.86	6.26	7.03	23.66	
49	139.19	167.32	187.27	4.99	6.40	7.12	23.79	
50	139.73	168.96	191.67	5.09	6.51	7.21	24.05	
51	140.69	171.36	196.97	5.22	6.63	7.32	24.49	
52	141.57	173.97	202.43	5.38	6.75	7.47	25.03	
53	142.63	176.01	206.29	5.49	6.85	7.56	25.52	
54	144.67	179.16	211.49	5.65	7.03	7.72	26.17	
55	146.61	181.97	216.45	5.79	7.16	7.85	26.73	
56	149.94	186.31	223.40	6.05	7.39	8.07	27.58	
57	154.23	191.56	231.64	6.37	7.63	8.32	28.58	
58	158.90	196.56	239.88	6.69	7.92	8.57	29.48	
59	166.03	204.48	251.87	7.14	8.29	8.96	30.59	
60	174.06	213.53	265.61	7.64	8.76	9.40	31.74	
61	183.01	223.63	280.05	8.23	9.26	9.90	32.90	
62	194.53	236.84	296.07	8.97	9.92	10.53	34.52	
63	211.90	258.18	322.04	9.84	10.94	11.55	36.65	
64	228.70	279.12	346.02	10.71	11.96	12.56	38.80	
65	246.61	301.65	369.12	11.60	13.06	13.69	41.39	
66	279.02	342.36	413.23	13.22	14.96	15.63	46.70	
67	300.69	370.17	440.66	14.31	16.33	17.01	50.50	
68	323.95	402.72	478.23	15.76	18.04	18.71	55.95	
69	349.25	436.25	515.80	17.20	19.72	20.43	61.88	
70	373.23	466.97	549.14	18.47	21.29	21.99	67.74	
71	400.37	500.96	585.41	19.87	22.99	23.67	74.31	
72	431.73	539.84	626.63	21.44	24.91	25.60	81.86	
73	471.36	588.49	672.24	23.19	27.15	27.86	90.05	
74	519.26	648.45	728.54	25.89	29.89	30.62	101.84	
75	572.33	711.10	793.21	29.01	32.97	33.82	115.14	
76	627.19	777.32	867.81	32.63	36.27	37.52	130.20	
77	691.90	858.60	953.76	36.15	40.25	41.68	144.32	
78	744.90	928.76	1,059.78	39.23	43.71	45.03	156.06	
79	800.37	1,005.94	1,147.98	42.60	47.44	48.71	168.43	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Simple

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Issue Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	61.97	71.90	81.77	91.61	101.37	144.04	55.76	64.71	73.60	82.46	91.24	129.64
36	62.56	72.79	82.91	92.92	102.82	145.53	56.31	65.53	74.60	83.62	92.54	130.99
37	63.18	73.70	84.06	94.23	104.26	147.03	56.86	66.32	75.65	84.82	93.83	132.33
38	64.77	75.82	86.60	97.08	107.30	147.89	58.29	68.23	77.94	87.38	96.57	133.12
39	66.02	77.51	88.65	99.41	109.82	149.05	59.43	69.78	79.80	89.47	98.84	134.14
40	67.60	79.59	91.13	102.26	112.98	150.53	60.84	71.62	82.02	92.05	101.69	135.49
41	69.29	81.73	93.71	105.20	116.23	152.37	62.37	73.56	84.34	94.69	104.60	137.13
42	70.62	83.50	95.89	107.74	119.08	154.54	63.55	75.16	86.30	96.97	107.20	139.10
43	72.40	85.65	98.41	110.58	122.23	156.16	65.15	77.09	88.55	99.54	110.00	140.56
44	74.36	88.03	101.16	113.70	125.71	159.06	66.92	79.21	91.06	102.33	113.14	143.16
45	76.53	90.67	104.19	117.14	129.51	161.41	68.86	81.58	93.79	105.42	116.57	145.26
46	75.79	91.22	103.38	120.07	133.09	164.10	68.23	82.08	93.04	108.07	119.77	147.69
47	75.10	90.58	102.41	120.67	135.08	167.18	67.59	81.51	92.17	108.59	121.57	150.46
48	77.29	93.17	105.47	123.85	139.30	172.52	69.56	83.87	94.92	111.47	125.38	155.30
49	78.98	95.07	107.99	126.25	142.67	176.69	71.10	85.57	97.17	113.63	128.40	159.03
50	81.25	97.47	111.25	129.50	147.04	181.93	73.12	87.71	100.13	116.53	132.33	163.73
51	83.15	99.28	114.09	132.11	150.78	186.14	74.84	89.35	102.70	118.90	135.71	167.54
52	85.76	101.78	117.95	135.85	155.86	191.75	77.19	91.58	106.16	122.28	140.28	172.57
53	86.72	103.08	120.08	138.07	158.77	195.87	78.05	92.78	108.08	124.25	142.88	176.30
54	88.38	105.36	123.22	141.52	162.97	201.81	79.55	94.81	110.89	127.35	146.67	181.63
55	89.76	107.36	125.94	144.58	166.65	207.31	80.77	96.63	113.35	130.13	150.00	186.60
56	92.03	110.59	129.93	149.24	172.03	215.19	82.83	99.54	116.94	134.32	154.82	193.69
57	94.74	114.50	134.49	154.71	178.25	224.47	85.27	103.06	121.05	139.26	160.43	202.01
58	96.98	118.33	137.48	158.73	182.65	232.48	87.28	106.49	123.73	142.86	164.38	209.22
59	100.57	123.63	142.63	165.27	189.84	244.43	90.52	111.28	128.36	148.75	170.88	220.01
60	105.10	129.92	149.22	173.48	198.89	259.29	94.58	116.92	134.29	156.15	178.99	233.38
61	111.00	136.49	156.34	182.30	208.57	275.54	99.89	122.85	140.69	164.08	187.72	247.98
62	119.05	145.21	165.95	194.09	221.59	296.84	107.14	130.71	149.35	174.65	199.42	267.14
63	128.83	156.18	179.26	209.72	239.18	322.11	115.96	140.56	161.33	188.75	215.26	289.89
64	140.03	168.61	194.21	227.15	258.92	350.47	126.02	151.75	174.80	204.45	233.04	315.41
65	152.24	182.05	210.04	245.53	279.85	380.79	137.01	163.84	189.03	220.98	251.86	342.70
66	173.20	205.80	237.28	277.10	316.03	432.25	155.88	185.22	213.54	249.39	284.45	389.04
67	190.07	224.47	257.94	300.95	343.61	472.45	171.06	202.01	232.14	270.86	309.25	425.21
68	213.70	247.38	278.23	323.73	370.56	513.15	192.33	222.63	250.41	291.34	333.52	461.84
69	238.79	270.62	300.45	348.66	399.95	554.55	214.92	243.54	270.39	313.79	359.96	499.08
70	264.77	294.75	324.78	374.36	430.21	595.00	238.31	265.29	292.29	336.93	387.20	535.52
71	290.23	323.87	355.35	398.54	458.69	631.51	261.21	291.49	319.81	358.68	412.81	568.36
72	319.45	357.55	391.40	426.64	491.79	673.24	287.52	321.78	352.27	383.97	442.60	605.92
73	347.74	390.27	432.10	462.24	533.12	733.19	312.97	351.25	388.89	416.00	479.79	659.88
74	381.64	429.72	481.86	512.24	591.15	807.20	343.47	386.74	433.66	461.01	532.04	726.48
75	417.09	471.48	535.38	569.14	657.27	887.00	375.39	424.33	481.85	512.23	591.54	798.30
76	457.42	519.31	596.53	634.16	732.96	979.69	411.68	467.37	536.89	570.74	659.66	881.72
77	492.93	562.30	652.29	693.41	802.21	1,064.50	443.63	506.06	587.05	624.06	721.98	958.04
78	540.55	619.65	724.36	770.04	891.81	1,182.55	486.49	557.69	651.93	693.04	802.62	1,064.30
79	590.17	679.94	799.20	849.58	985.10	1,308.13	531.14	611.94	719.28	764.63	886.59	1,177.33

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Simple

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	58.65	65.93	78.42	87.87	91.20	115.50	13.05	17.13	19.79	22.16	23.00	28.54
36	58.96	66.93	79.37	88.94	92.33	116.38	13.39	17.58	20.17	22.59	23.46	29.14
37	59.30	67.96	80.31	90.04	93.44	117.33	13.71	18.04	20.57	23.06	23.94	29.70
38	60.32	70.12	82.45	92.45	95.82	117.52	14.45	18.98	21.42	24.00	24.88	30.37
39	61.15	71.91	84.21	94.42	97.79	118.08	15.02	19.72	22.11	24.77	25.65	30.97
40	62.40	74.05	86.40	96.96	100.45	119.00	15.57	20.50	22.81	25.60	26.54	31.53
41	63.83	76.24	88.77	99.67	103.28	120.28	16.05	21.20	23.53	26.41	27.36	32.09
42	65.04	78.07	90.84	102.08	105.83	121.95	16.37	21.77	24.08	27.04	28.03	32.60
43	66.71	80.39	93.31	104.84	108.72	123.25	16.75	22.20	24.64	27.71	28.75	32.91
44	68.60	82.93	96.06	107.95	111.99	125.67	17.13	22.60	25.24	28.36	29.44	33.39
45	70.73	85.73	99.09	111.44	115.60	127.71	17.54	23.00	25.85	29.06	30.15	33.70
46	70.22	86.55	98.58	114.51	119.07	130.11	17.25	22.88	25.45	29.56	30.78	34.00
47	69.66	86.21	97.92	115.38	121.14	132.87	16.99	22.45	24.99	29.44	30.92	34.31
48	71.82	88.96	101.35	119.01	125.74	137.72	17.38	22.80	25.37	29.76	31.45	34.81
49	73.44	90.96	104.16	121.80	129.28	141.53	17.72	23.11	25.63	29.99	31.74	35.16
50	75.52	93.38	107.70	125.33	133.50	146.17	18.27	23.60	26.13	30.42	32.27	35.77
51	77.20	95.10	110.73	128.24	136.98	149.94	18.78	24.04	26.56	30.76	32.64	36.19
52	79.45	97.44	114.74	132.14	141.54	154.82	19.50	24.73	27.25	31.40	33.26	36.93
53	80.18	98.57	116.86	134.36	143.66	158.19	19.84	25.17	27.70	31.86	33.59	37.68
54	81.59	100.59	119.91	137.71	146.90	162.92	20.34	25.82	28.42	32.65	34.24	38.88
55	82.74	102.40	122.52	140.66	149.67	167.21	20.75	26.41	29.07	33.40	34.86	40.10
56	84.79	105.42	126.35	145.10	154.11	173.39	21.30	27.25	30.06	34.50	35.91	41.80
57	87.32	109.17	130.74	150.38	159.48	180.61	21.90	28.19	31.14	35.82	37.23	43.85
58	89.51	112.47	133.50	154.14	164.10	186.75	22.32	29.02	31.95	36.90	38.57	45.73
59	93.13	117.68	138.51	160.49	171.27	196.07	22.92	30.11	33.18	38.45	40.40	48.36
60	97.75	124.19	145.00	168.58	180.18	207.75	23.63	31.33	34.64	40.28	42.60	51.54
61	103.76	131.33	152.12	177.39	189.79	220.57	24.52	32.54	36.21	42.21	44.91	54.97
62	111.90	140.69	161.72	189.15	202.59	237.49	25.85	34.20	38.27	44.77	47.96	59.35
63	121.60	152.42	175.06	204.82	218.71	257.65	27.66	36.53	41.19	48.18	51.67	64.46
64	132.56	165.33	190.00	222.24	236.67	280.34	29.86	39.33	44.52	52.08	55.84	70.13
65	144.33	178.79	205.79	240.54	255.56	304.58	32.45	42.53	48.16	56.29	60.35	76.21
66	164.27	201.71	232.69	271.75	288.29	345.77	37.12	48.32	54.52	63.65	68.22	86.48
67	180.03	218.82	253.05	295.26	313.05	377.97	41.15	53.17	59.51	69.45	74.39	94.49
68	201.92	235.28	272.71	317.28	340.85	410.54	46.72	58.96	64.48	75.64	81.64	102.61
69	224.88	253.26	294.23	341.43	368.56	443.65	53.09	65.31	70.18	82.30	89.01	110.89
70	248.36	272.91	317.73	366.26	395.24	476.03	60.12	72.33	76.64	89.09	96.21	118.97
71	271.00	297.61	347.31	389.53	419.03	505.24	67.47	80.96	84.79	95.54	102.80	126.27
72	296.84	326.71	382.20	416.62	446.19	538.59	76.16	91.14	94.48	103.00	110.29	134.65
73	321.58	359.42	421.97	451.38	477.16	586.56	85.21	101.72	105.47	111.79	118.46	146.63
74	351.22	399.30	470.69	500.37	522.61	645.77	96.02	114.33	118.71	124.10	130.13	161.43
75	382.09	441.93	523.25	556.22	575.27	709.60	107.52	127.73	132.89	138.13	143.48	177.40
76	417.24	490.45	583.42	620.21	637.11	783.76	120.47	142.82	148.87	154.24	158.98	195.94
77	447.94	534.13	638.44	678.71	694.82	851.61	132.19	156.45	163.31	169.09	173.28	212.89
78	489.62	590.82	709.64	754.39	772.22	946.04	147.08	173.82	181.59	188.36	192.30	236.51
79	533.12	649.36	783.68	833.10	855.29	1,046.52	162.38	191.66	200.29	208.52	212.53	261.61

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Simple

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	72.57	87.87	109.71	2.50	3.20	3.83	13.05	
36	73.71	88.94	110.59	2.53	3.25	3.86	13.39	
37	74.84	90.04	111.45	2.57	3.30	3.89	13.71	
38	76.47	92.45	111.63	2.62	3.38	3.97	14.45	
39	78.09	94.40	112.16	2.66	3.45	4.02	15.02	
40	80.44	96.94	113.05	2.74	3.55	4.12	15.57	
41	83.24	99.65	114.27	2.83	3.70	4.24	16.05	
42	86.01	102.08	115.85	2.91	3.81	4.34	16.37	
43	88.58	104.84	117.10	3.03	3.91	4.47	16.75	
44	91.36	107.95	119.40	3.16	4.04	4.62	17.13	
45	94.41	111.44	121.34	3.32	4.19	4.79	17.54	
46	95.31	114.49	123.60	3.36	4.26	4.82	17.25	
47	94.87	115.38	126.22	3.40	4.25	4.80	16.99	
48	97.89	118.99	130.84	3.57	4.43	4.97	17.38	
49	100.03	121.78	134.47	3.71	4.60	5.12	17.72	
50	102.60	125.33	138.86	3.86	4.78	5.29	18.27	
51	104.46	128.22	142.45	4.01	4.92	5.43	18.78	
52	106.96	132.14	147.06	4.19	5.10	5.64	19.50	
53	108.16	134.36	150.28	4.27	5.19	5.73	19.84	
54	110.32	137.71	154.77	4.39	5.36	5.89	20.34	
55	112.28	140.66	158.87	4.50	5.48	6.01	20.75	
56	115.55	145.10	164.72	4.68	5.70	6.22	21.30	
57	119.63	150.38	171.58	4.88	5.92	6.46	21.90	
58	123.18	154.14	177.40	5.06	6.14	6.64	22.32	
59	128.88	160.49	186.27	5.35	6.43	6.95	22.92	
60	135.99	168.58	197.35	5.69	6.85	7.34	23.63	
61	143.75	177.39	209.54	6.13	7.27	7.78	24.52	
62	153.94	189.15	225.61	6.72	7.85	8.33	25.85	
63	166.68	204.82	244.76	7.43	8.60	9.08	27.66	
64	180.68	222.24	266.30	8.24	9.45	9.93	29.86	
65	195.28	240.52	289.36	9.09	10.34	10.84	32.45	
66	220.16	271.75	328.46	10.51	11.80	12.33	37.12	
67	238.68	295.26	359.05	11.66	12.96	13.50	41.15	
68	256.31	319.18	389.99	13.16	14.28	14.80	46.72	
69	275.68	343.99	421.45	14.75	15.57	16.12	53.09	
70	296.91	368.54	452.24	16.40	16.94	17.49	60.12	
71	323.68	390.87	479.95	18.04	18.59	19.14	67.47	
72	355.21	416.62	511.67	19.95	20.49	21.07	76.16	
73	390.81	448.29	557.22	21.94	22.51	23.10	85.21	
74	434.20	494.02	613.48	24.41	25.00	25.61	96.02	
75	480.52	546.77	674.12	27.09	27.68	28.33	107.52	
76	533.17	608.14	744.56	30.20	30.83	31.51	120.47	
77	580.47	665.13	809.01	33.11	33.77	34.45	132.19	
78	641.80	740.26	898.75	36.97	37.66	38.38	147.08	
79	704.98	819.90	994.19	41.07	41.78	42.54	162.38	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 20 Years

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	62.21	68.31	75.38	82.08	91.88	140.33	55.98	61.47	67.85	73.88	82.69	126.31
36	62.87	68.91	76.56	83.38	93.31	141.70	56.59	62.03	68.89	75.04	83.98	127.55
37	63.19	69.15	77.31	84.17	94.23	142.29	56.87	62.23	69.57	75.76	84.80	128.07
38	63.86	69.64	78.39	84.60	94.85	144.50	57.47	62.67	70.56	76.14	85.37	130.07
39	64.48	70.12	79.41	85.06	95.42	144.46	58.04	63.12	71.49	76.55	85.88	130.01
40	65.10	70.63	80.44	85.58	95.96	144.71	58.59	63.56	72.39	77.03	86.37	130.24
41	65.40	70.75	81.01	85.69	96.01	144.58	58.87	63.67	72.91	77.13	86.40	130.13
42	65.75	70.87	81.63	85.92	96.17	144.86	59.17	63.79	73.46	77.33	86.57	130.39
43	66.57	71.88	82.52	88.60	99.09	148.19	59.90	64.70	74.25	79.76	89.17	133.39
44	67.15	72.72	83.11	90.87	101.54	150.97	60.43	65.43	74.80	81.78	91.39	135.87
45	67.87	73.75	83.91	93.23	104.16	154.05	61.07	66.36	75.53	83.91	93.75	138.64
46	68.77	75.22	85.24	95.77	107.04	157.44	61.90	67.68	76.71	86.19	96.33	141.69
47	70.33	77.31	87.41	99.08	110.91	162.12	63.30	69.57	78.67	89.16	99.81	145.90
48	72.23	79.62	90.12	102.87	115.70	168.51	65.01	71.67	81.11	92.59	104.15	151.69
49	74.54	82.85	94.10	107.30	121.25	175.82	67.10	74.56	84.68	96.57	109.12	158.25
50	76.50	85.53	97.63	111.19	126.26	182.13	68.85	76.97	87.87	100.06	113.63	163.91
51	79.05	88.75	102.00	115.94	132.32	189.63	71.15	79.88	91.81	104.34	119.10	170.68
52	81.32	91.54	106.08	120.32	138.04	196.32	73.19	82.36	95.47	108.30	124.24	176.68
53	83.28	94.64	110.25	124.60	143.28	202.75	74.94	85.18	99.23	112.13	128.95	182.48
54	85.92	98.70	115.43	130.08	149.79	210.58	77.33	88.82	103.88	117.05	134.81	189.53
55	88.36	102.61	120.37	135.35	156.02	216.38	79.51	92.36	108.33	121.83	140.43	194.76
56	91.17	107.14	125.87	141.40	163.00	223.26	82.05	96.43	113.28	127.27	146.69	200.95
57	94.43	112.40	132.02	148.32	170.89	231.48	84.99	101.17	118.82	133.51	153.81	208.32
58	98.29	118.29	137.43	155.28	178.68	241.25	88.46	106.45	123.68	139.75	160.81	217.11
59	103.03	125.12	144.35	164.01	188.40	253.66	92.73	112.62	129.91	147.62	169.58	228.31
60	108.19	132.36	152.03	173.66	199.10	267.44	97.37	119.12	136.81	156.31	179.18	240.71
61	115.21	141.79	162.41	186.47	213.34	286.00	103.68	127.62	146.16	167.83	192.01	257.39
62	123.84	152.93	174.76	201.68	230.26	308.11	111.45	137.65	157.29	181.49	207.23	277.29
63	135.56	167.04	191.73	221.65	252.78	336.47	122.02	150.34	172.56	199.48	227.50	302.82
64	148.15	182.11	209.75	242.80	276.76	366.10	133.34	163.90	188.79	218.53	249.09	329.48
65	163.06	199.95	230.69	267.33	304.70	400.31	146.75	179.95	207.61	240.60	274.23	360.28
66	187.87	230.04	265.22	307.61	350.83	457.35	169.09	207.04	238.69	276.85	315.78	411.63
67	207.63	254.01	291.89	338.90	386.93	500.06	186.87	228.60	262.69	305.01	348.24	450.06
68	231.38	283.77	319.16	369.72	423.20	560.11	208.24	255.38	287.24	332.74	380.91	504.11
69	254.61	312.78	347.26	401.40	460.44	620.86	229.15	281.49	312.51	361.25	414.41	558.76
70	282.42	341.88	376.71	434.64	499.48	684.02	254.19	307.71	339.02	391.18	449.54	615.63
71	309.84	369.47	405.39	467.06	537.56	746.63	278.85	332.53	364.85	420.35	483.79	671.98
72	339.00	398.11	435.80	501.53	578.11	806.18	305.12	358.28	392.23	451.37	520.30	725.57
73	364.42	419.65	464.62	537.74	620.21	862.15	327.97	377.68	418.16	483.95	558.16	775.94
74	392.10	442.74	496.46	577.73	666.73	911.60	352.88	398.46	446.80	519.95	600.05	820.45
75	422.85	477.99	542.77	621.95	718.25	967.37	380.57	430.18	488.50	559.75	646.43	870.64
76	457.42	519.31	596.53	670.63	775.11	1,030.37	411.68	467.37	536.89	603.56	697.60	927.32
77	496.45	566.31	656.95	723.85	837.44	1,101.09	446.80	509.67	591.24	651.46	753.68	990.96
78	544.46	624.14	729.61	803.93	931.06	1,223.32	490.02	561.73	656.65	723.54	837.95	1,100.99
79	594.54	684.98	805.12	887.12	1,028.62	1,353.45	535.08	616.47	724.61	798.41	925.76	1,218.11

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 20 Years

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	58.88	62.63	72.29	78.73	82.66	112.53	13.10	16.28	18.24	19.86	20.85	27.80
36	59.26	63.36	73.29	79.81	83.79	113.32	13.46	16.64	18.62	20.27	21.29	28.38
37	59.31	63.76	73.86	80.43	84.45	113.55	13.72	16.93	18.92	20.60	21.64	28.74
38	59.47	64.40	74.64	80.56	84.71	114.83	14.25	17.44	19.39	20.91	21.99	29.68
39	59.72	65.05	75.43	80.79	84.97	114.44	14.67	17.84	19.80	21.20	22.29	30.02
40	60.09	65.72	76.26	81.14	85.33	114.40	14.99	18.19	20.14	21.42	22.54	30.31
41	60.24	65.99	76.73	81.19	85.32	114.13	15.15	18.35	20.34	21.52	22.60	30.45
42	60.55	66.26	77.33	81.41	85.47	114.31	15.24	18.48	20.50	21.56	22.64	30.55
43	61.34	67.47	78.24	84.00	88.14	116.96	15.40	18.63	20.66	22.20	23.31	31.23
44	61.94	68.51	78.91	86.27	90.46	119.27	15.47	18.67	20.73	22.67	23.78	31.69
45	62.73	69.74	79.81	88.69	92.98	121.89	15.55	18.71	20.82	23.13	24.25	32.16
46	63.71	71.36	81.29	91.33	95.77	124.83	15.65	18.87	20.98	23.57	24.75	32.62
47	65.24	73.58	83.57	94.73	99.46	128.85	15.91	19.16	21.33	24.17	25.38	33.27
48	67.12	76.02	86.61	98.85	104.44	134.51	16.25	19.48	21.68	24.72	26.12	34.00
49	69.31	79.27	90.76	103.52	109.87	140.83	16.72	20.14	22.34	25.49	26.98	34.98
50	71.11	81.95	94.51	107.62	114.64	146.32	17.20	20.71	22.93	26.12	27.71	35.80
51	73.39	85.02	98.99	112.54	120.21	152.75	17.85	21.49	23.74	27.00	28.64	36.87
52	75.34	87.63	103.19	117.04	125.36	158.50	18.49	22.25	24.50	27.81	29.46	37.81
53	76.99	90.50	107.29	121.25	129.65	163.74	19.05	23.11	25.43	28.75	30.31	39.00
54	79.31	94.23	112.33	126.57	135.02	170.01	19.77	24.19	26.63	30.01	31.47	40.57
55	81.45	97.87	117.10	131.68	140.13	174.53	20.42	25.24	27.78	31.27	32.64	41.85
56	84.00	102.12	122.40	137.48	146.02	179.90	21.10	26.40	29.12	32.69	34.03	43.36
57	87.04	107.16	128.34	144.17	152.89	186.26	21.83	27.68	30.56	34.35	35.69	45.22
58	90.72	112.43	133.45	150.79	160.53	193.80	22.62	29.01	31.94	36.10	37.74	47.45
59	95.40	119.10	140.17	159.26	169.97	203.47	23.48	30.47	33.57	38.15	40.10	50.19
60	100.63	126.53	147.73	168.75	180.37	214.28	24.32	31.92	35.30	40.32	42.65	53.16
61	107.70	136.43	158.02	181.44	194.13	228.95	25.45	33.81	37.61	43.17	45.94	57.06
62	116.39	148.17	170.31	196.56	210.52	246.51	26.89	36.02	40.31	46.52	49.83	61.60
63	127.95	163.03	187.24	216.47	231.15	269.14	29.11	39.07	44.06	50.92	54.61	67.33
64	140.25	178.56	205.20	237.55	252.97	292.84	31.59	42.48	48.08	55.67	59.68	73.26
65	154.59	196.37	226.02	261.90	278.25	320.20	34.75	46.71	52.90	61.29	65.71	80.12
66	178.19	225.47	260.10	301.67	320.03	365.85	40.27	54.01	60.94	70.66	75.73	91.50
67	196.66	247.61	286.35	332.48	352.52	400.06	44.95	60.17	67.34	78.20	83.76	100.01
68	218.62	269.88	312.83	362.36	389.27	448.10	50.59	67.63	73.97	86.38	93.24	112.00
69	239.78	292.72	340.07	393.07	424.30	496.71	56.61	75.49	81.11	94.75	102.47	124.15
70	264.91	316.55	368.53	425.23	458.87	547.25	64.13	83.89	88.89	103.43	111.71	136.76
71	289.31	339.52	396.22	456.50	491.07	597.34	72.03	92.36	96.73	111.97	120.48	149.29
72	315.01	363.77	425.55	489.75	524.51	644.94	80.82	101.48	105.19	121.08	129.65	161.24
73	337.00	386.47	453.73	525.11	555.11	689.73	89.29	109.37	113.41	130.05	137.81	172.42
74	360.84	411.39	484.95	564.34	589.42	729.29	98.66	117.80	122.31	139.96	146.77	182.31
75	387.36	448.03	530.46	607.83	628.65	773.90	109.00	129.49	134.73	150.94	156.79	193.47
76	417.24	490.45	583.42	655.87	673.75	824.29	120.47	142.82	148.87	163.11	168.12	206.07
77	451.14	537.94	643.00	708.51	725.33	880.88	133.13	157.57	164.48	176.52	180.89	220.21
78	493.17	595.10	714.78	787.59	806.21	978.65	148.15	175.08	182.91	196.65	200.77	244.66
79	537.06	654.17	789.48	869.91	893.08	1,082.77	163.58	193.08	201.77	217.73	221.92	270.68

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 20 Years

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	68.94	78.73	106.88	2.51	3.04	3.53	13.10	
36	69.78	79.81	107.68	2.55	3.07	3.56	13.46	
37	70.22	80.43	107.85	2.57	3.09	3.58	13.72	
38	70.23	80.56	109.07	2.58	3.10	3.59	14.25	
39	70.64	80.77	108.71	2.60	3.12	3.60	14.67	
40	71.38	81.12	108.67	2.64	3.15	3.63	14.99	
41	72.05	81.17	108.44	2.68	3.20	3.66	15.15	
42	73.00	81.41	108.59	2.71	3.23	3.69	15.24	
43	74.34	84.00	111.12	2.78	3.29	3.74	15.40	
44	75.47	86.27	113.32	2.85	3.34	3.79	15.47	
45	76.80	88.69	115.81	2.94	3.41	3.86	15.55	
46	78.59	91.32	118.58	3.04	3.51	3.97	15.65	
47	80.98	94.73	122.39	3.18	3.63	4.09	15.91	
48	83.65	98.84	127.79	3.33	3.79	4.25	16.25	
49	87.17	103.50	133.81	3.51	4.01	4.46	16.72	
50	90.04	107.62	139.00	3.64	4.19	4.64	17.20	
51	93.38	112.52	145.12	3.81	4.40	4.86	17.85	
52	96.19	117.04	150.56	3.97	4.59	5.08	18.49	
53	99.30	121.25	155.55	4.10	4.77	5.26	19.05	
54	103.34	126.57	161.50	4.27	5.02	5.52	19.77	
55	107.31	131.68	165.82	4.43	5.24	5.74	20.42	
56	111.94	137.48	170.89	4.63	5.52	6.02	21.10	
57	117.43	144.17	176.95	4.87	5.81	6.34	21.83	
58	123.14	150.79	184.10	5.13	6.13	6.64	22.62	
59	130.43	159.26	193.29	5.48	6.51	7.04	23.48	
60	138.54	168.75	203.55	5.85	6.98	7.48	24.32	
61	149.33	181.44	217.49	6.36	7.56	8.08	25.45	
62	162.12	196.56	234.17	6.99	8.26	8.77	26.89	
63	178.27	216.47	255.67	7.81	9.20	9.71	29.11	
64	195.14	237.55	278.17	8.72	10.21	10.72	31.59	
65	214.48	261.88	304.20	9.74	11.36	11.91	34.75	
66	246.09	301.67	347.54	11.40	13.19	13.79	40.27	
67	270.08	332.48	380.04	12.73	14.66	15.28	44.95	
68	294.01	364.53	425.68	14.25	16.38	16.98	50.59	
69	318.64	396.02	471.84	15.73	18.00	18.64	56.61	
70	344.38	427.88	519.90	17.49	19.64	20.29	64.13	
71	369.25	458.07	567.45	19.26	21.21	21.83	72.03	
72	395.50	489.75	612.71	21.17	22.82	23.45	80.82	
73	420.23	521.52	655.22	23.00	24.21	24.84	89.29	
74	447.36	557.18	692.83	25.08	25.75	26.38	98.66	
75	487.14	597.50	735.21	27.46	28.06	28.72	109.00	
76	533.17	643.11	783.07	30.20	30.83	31.51	120.47	
77	584.61	694.33	836.81	33.35	34.01	34.70	133.13	
78	646.45	772.84	929.74	37.24	37.93	38.66	148.15	
79	710.21	856.12	1,028.62	41.37	42.09	42.85	163.58	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 10 Years

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	49.98	54.88	60.56	65.94	73.81	88.85	44.97	49.38	54.51	59.36	66.43	79.97
36	50.15	54.97	61.08	66.52	74.44	89.13	45.14	49.49	54.96	59.86	66.99	80.23
37	50.69	55.48	62.02	67.53	75.60	90.06	45.62	49.92	55.81	60.78	68.04	81.05
38	51.23	55.87	62.89	67.87	76.09	90.58	46.11	50.28	56.60	61.08	68.49	81.54
39	51.73	56.25	63.71	68.24	76.55	91.29	46.56	50.64	57.35	61.41	68.90	82.16
40	51.86	56.26	64.08	68.17	76.45	91.55	46.67	50.63	57.67	61.36	68.80	82.40
41	52.40	56.68	64.90	68.65	76.92	92.67	47.16	51.01	58.41	61.79	69.22	83.40
42	52.60	56.70	65.30	68.74	76.94	93.32	47.33	51.03	58.77	61.86	69.26	84.00
43	53.26	57.51	66.01	70.88	79.27	94.86	47.92	51.76	59.40	63.81	71.34	85.39
44	53.64	58.10	66.39	72.59	81.12	95.94	48.27	52.27	59.76	65.33	73.01	86.35
45	54.53	59.26	67.42	74.91	83.69	97.94	49.07	53.32	60.69	67.42	75.33	88.14
46	55.17	60.35	68.39	76.83	85.88	99.46	49.67	54.30	61.55	69.16	77.29	89.51
47	56.02	61.58	69.62	78.92	88.34	101.20	50.42	55.42	62.66	71.01	79.50	91.08
48	57.87	63.79	72.20	82.42	92.70	104.44	52.09	57.42	64.98	74.18	83.44	94.01
49	59.72	66.37	75.39	85.96	97.14	107.61	53.76	59.74	67.84	77.37	87.43	96.86
50	61.20	68.43	78.10	88.96	101.01	110.00	55.08	61.58	70.30	80.05	90.90	98.99
51	63.24	71.00	81.60	92.75	105.86	113.23	56.92	63.90	73.45	83.47	95.28	101.92
52	64.96	73.12	84.74	96.11	110.27	115.79	58.47	65.79	76.27	86.51	99.25	104.21
53	66.92	76.05	88.59	100.13	115.14	119.02	60.22	68.45	79.74	90.11	103.62	107.12
54	68.53	78.72	92.07	103.75	119.48	121.71	61.68	70.84	82.85	93.36	107.52	109.55
55	70.37	81.72	95.86	107.80	124.26	124.87	63.32	73.55	86.28	97.03	111.84	112.40
56	73.04	85.84	100.84	113.29	130.60	129.62	65.74	77.26	90.76	101.97	117.53	116.67
57	75.54	89.92	105.62	118.65	136.71	134.19	67.99	80.94	95.06	106.81	123.04	120.77
58	78.63	94.63	109.95	124.22	142.94	139.85	70.77	85.16	98.94	111.80	128.65	125.86
59	82.42	100.10	115.48	131.21	150.72	147.05	74.18	90.10	103.93	118.09	135.66	132.36
60	87.08	106.54	122.36	139.78	160.25	155.98	78.37	95.87	110.12	125.81	144.22	140.40
61	92.73	114.12	130.72	150.09	171.71	166.81	83.45	102.72	117.64	135.09	154.55	150.12
62	98.92	122.15	139.60	161.10	183.93	178.34	89.02	109.95	125.64	144.97	165.53	160.50
63	108.29	133.43	153.15	177.05	201.92	194.76	97.47	120.09	137.83	159.34	181.72	175.28
64	118.34	145.46	167.55	193.94	221.07	211.91	106.51	130.92	150.80	174.56	198.97	190.71
65	129.25	158.50	182.86	211.91	241.53	229.94	116.33	142.64	164.57	190.72	217.38	206.95
66	148.92	182.35	210.24	243.84	278.10	262.70	134.03	164.11	189.21	219.45	250.31	236.44
67	164.32	201.02	231.00	268.21	306.22	286.78	147.89	180.91	207.89	241.39	275.60	258.10
68	184.24	225.96	254.14	294.41	337.00	323.20	165.82	203.36	228.73	264.96	303.31	290.88
69	204.00	250.61	278.24	321.62	368.93	360.48	183.61	225.54	250.40	289.45	332.04	324.42
70	225.93	273.50	301.37	347.71	399.59	396.53	203.35	246.17	271.22	312.94	359.64	356.89
71	251.01	299.32	328.41	378.38	435.49	438.31	225.91	269.39	295.57	340.54	391.93	394.48
72	275.98	324.10	354.79	408.30	470.64	480.24	248.40	291.68	319.32	367.46	423.57	432.22
73	300.11	345.59	382.63	442.85	510.76	526.28	270.09	311.03	344.36	398.55	459.66	473.65
74	326.75	368.95	413.71	481.44	555.61	580.74	294.06	332.05	372.33	433.29	500.05	522.67
75	356.69	403.20	457.85	524.64	605.87	644.18	321.02	362.87	412.06	472.17	545.29	579.77
76	390.71	443.57	509.54	572.83	662.07	718.56	351.64	399.21	458.59	515.54	595.86	646.70
77	433.07	494.02	573.08	631.44	730.53	805.78	389.76	444.61	515.76	568.30	657.47	725.19
78	477.87	547.80	640.38	705.61	817.19	907.71	430.09	493.03	576.34	635.05	735.47	816.94
79	528.96	609.43	716.32	789.27	915.17	1,204.17	476.06	548.48	644.69	710.35	823.65	1,083.76

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 10 Years

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL) Benefit Period						Non Integrated - Home Health Care (HHC) (2PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	47.30	50.32	58.08	63.25	66.40	71.24	10.52	13.08	14.65	15.95	16.75	17.60
36	47.27	50.55	58.47	63.67	66.85	71.28	10.74	13.28	14.86	16.17	16.99	17.85
37	47.58	51.16	59.25	64.53	67.75	71.87	11.01	13.58	15.18	16.53	17.36	18.19
38	47.71	51.67	59.88	64.63	67.96	71.98	11.43	13.99	15.55	16.78	17.64	18.60
39	47.91	52.19	60.52	64.81	68.17	72.32	11.77	14.31	15.89	17.01	17.88	18.97
40	47.87	52.35	60.75	64.64	67.97	72.38	11.94	14.49	16.04	17.06	17.96	19.18
41	48.26	52.87	61.48	65.04	68.35	73.15	12.14	14.70	16.29	17.24	18.11	19.51
42	48.44	53.01	61.87	65.13	68.37	73.64	12.19	14.78	16.40	17.25	18.11	19.68
43	49.07	53.98	62.59	67.20	70.51	74.87	12.32	14.91	16.53	17.76	18.64	19.99
44	49.48	54.73	63.04	68.92	72.26	75.80	12.36	14.91	16.56	18.11	19.00	20.14
45	50.40	56.03	64.12	71.26	74.70	77.49	12.50	15.03	16.73	18.59	19.49	20.45
46	51.12	57.26	65.22	73.28	76.83	78.85	12.56	15.14	16.84	18.91	19.86	20.60
47	51.96	58.61	66.57	75.45	79.22	80.43	12.67	15.26	16.99	19.25	20.22	20.77
48	53.77	60.91	69.39	79.20	83.67	83.36	13.02	15.61	17.37	19.81	20.93	21.07
49	55.53	63.51	72.72	82.93	88.02	86.20	13.40	16.14	17.90	20.42	21.61	21.41
50	56.89	65.56	75.61	86.10	91.71	88.37	13.76	16.57	18.34	20.90	22.17	21.62
51	58.71	68.01	79.19	90.03	96.17	91.22	14.28	17.19	18.99	21.60	22.91	22.02
52	60.18	70.00	82.43	93.49	100.14	93.49	14.77	17.77	19.57	22.21	23.53	22.30
53	61.87	72.72	86.22	97.44	104.18	96.12	15.31	18.57	20.44	23.10	24.36	22.90
54	63.26	75.16	89.60	100.96	107.69	98.26	15.77	19.29	21.24	23.94	25.10	23.45
55	64.86	77.94	93.26	104.87	111.60	100.72	16.27	20.10	22.12	24.90	26.00	24.15
56	67.30	81.82	98.06	110.15	116.99	104.44	16.90	21.15	23.33	26.19	27.26	25.18
57	69.63	85.73	102.67	115.34	122.31	107.98	17.46	22.14	24.45	27.48	28.55	26.22
58	72.57	89.94	106.76	120.63	128.43	112.35	18.10	23.21	25.55	28.88	30.19	27.51
59	76.32	95.28	112.14	127.41	135.97	117.96	18.78	24.38	26.86	30.52	32.08	29.09
60	81.00	101.84	118.90	135.83	145.18	124.98	19.58	25.69	28.41	32.45	34.33	31.01
61	86.68	109.81	127.19	146.04	156.25	133.53	20.49	27.21	30.27	34.75	36.98	33.28
62	92.97	118.35	136.04	157.01	168.16	142.69	21.48	28.77	32.20	37.16	39.81	35.66
63	102.20	130.22	149.56	172.91	184.64	155.79	23.25	31.21	35.19	40.67	43.62	38.97
64	112.03	142.63	163.91	189.75	202.06	169.50	25.24	33.93	38.40	44.47	47.67	42.40
65	122.54	155.66	179.16	207.60	220.57	183.92	27.55	37.03	41.93	48.58	52.09	46.02
66	141.25	178.72	206.17	239.13	253.68	210.15	31.92	42.81	48.30	56.01	60.03	52.56
67	155.64	195.96	226.62	263.13	278.99	229.43	35.57	47.62	53.29	61.89	66.29	57.35
68	174.09	214.91	249.10	288.55	309.98	258.57	40.28	53.86	58.90	68.79	74.25	64.63
69	192.12	234.54	272.48	314.95	339.97	288.39	45.36	60.49	64.99	75.91	82.10	72.09
70	211.93	253.24	294.83	340.19	367.10	317.25	51.30	67.12	71.11	82.75	89.36	79.28
71	234.38	275.06	320.99	369.82	397.83	350.67	58.36	74.82	78.36	90.71	97.60	87.64
72	256.45	296.14	346.45	398.70	427.01	384.19	65.80	82.61	85.64	98.57	105.55	96.05
73	277.53	318.27	373.66	432.44	457.15	421.03	73.53	90.07	93.40	107.10	113.49	105.25
74	300.70	342.83	404.12	470.28	491.18	464.60	82.21	98.16	101.92	116.64	122.30	116.14
75	326.75	377.93	447.47	512.73	530.29	515.35	91.95	109.23	113.65	127.33	132.26	128.83
76	356.39	418.93	498.33	560.22	575.49	574.85	102.90	121.99	127.16	139.32	143.60	143.71
77	393.55	469.27	560.92	618.06	632.73	644.63	116.14	137.45	143.48	153.98	157.79	161.15
78	432.86	522.32	627.36	691.27	707.61	726.17	130.03	153.67	160.54	172.60	176.21	181.54
79	477.83	582.02	702.41	773.96	794.58	963.35	145.54	171.78	179.52	193.72	197.44	240.82

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 10 Years

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	55.39	63.25	67.67	2.02	2.44	2.83	10.52	
36	55.67	63.67	67.73	2.03	2.45	2.84	10.74	
37	56.34	64.53	68.26	2.06	2.48	2.87	11.01	
38	56.34	64.63	68.37	2.07	2.49	2.88	11.43	
39	56.67	64.80	68.70	2.09	2.50	2.89	11.77	
40	56.87	64.62	68.75	2.10	2.51	2.90	11.94	
41	57.72	65.03	69.50	2.14	2.56	2.93	12.14	
42	58.40	65.13	69.96	2.17	2.58	2.95	12.19	
43	59.47	67.20	71.13	2.23	2.63	3.00	12.32	
44	60.29	68.92	72.02	2.28	2.67	3.03	12.36	
45	61.70	71.26	73.63	2.36	2.74	3.10	12.50	
46	63.05	73.26	74.91	2.44	2.82	3.19	12.56	
47	64.50	75.45	76.40	2.53	2.89	3.26	12.67	
48	67.01	79.18	79.20	2.67	3.03	3.40	13.02	
49	69.84	82.92	81.90	2.81	3.21	3.57	13.40	
50	72.03	86.10	83.95	2.91	3.36	3.72	13.76	
51	74.71	90.02	86.66	3.05	3.52	3.89	14.28	
52	76.84	93.49	88.80	3.17	3.66	4.05	14.77	
53	79.79	97.44	91.31	3.29	3.83	4.23	15.31	
54	82.43	100.96	93.34	3.40	4.00	4.40	15.77	
55	85.46	104.87	95.69	3.52	4.17	4.57	16.27	
56	89.68	110.15	99.22	3.71	4.42	4.82	16.90	
57	93.95	115.34	102.58	3.89	4.65	5.07	17.46	
58	98.51	120.63	106.72	4.11	4.91	5.31	18.10	
59	104.35	127.41	112.05	4.38	5.21	5.63	18.78	
60	111.51	135.83	118.72	4.71	5.61	6.02	19.58	
61	120.19	146.04	126.85	5.12	6.08	6.50	20.49	
62	129.50	157.01	135.55	5.58	6.60	7.01	21.48	
63	142.40	172.91	147.99	6.24	7.35	7.76	23.25	
64	155.88	189.75	161.01	6.97	8.15	8.56	25.24	
65	170.01	207.59	174.73	7.72	9.00	9.44	27.55	
66	195.07	239.13	199.63	9.04	10.46	10.93	31.92	
67	213.75	263.13	217.95	10.08	11.61	12.09	35.57	
68	234.12	290.27	245.63	11.35	13.04	13.52	40.28	
69	255.31	317.31	273.96	12.60	14.42	14.93	45.36	
70	275.51	342.30	301.39	13.99	15.71	16.23	51.30	
71	299.14	371.10	333.12	15.60	17.18	17.69	58.36	
72	321.98	398.70	364.99	17.23	18.57	19.09	65.80	
73	346.07	429.49	399.96	18.94	19.94	20.45	73.53	
74	372.80	464.31	441.37	20.90	21.46	21.99	82.21	
75	410.92	504.01	489.58	23.16	23.67	24.23	91.95	
76	455.42	549.32	546.10	25.79	26.33	26.91	102.90	
77	509.98	605.69	612.38	29.09	29.67	30.27	116.14	
78	567.39	678.32	689.87	32.68	33.29	33.93	130.03	
79	631.87	761.69	915.17	36.81	37.45	38.13	145.54	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Step-Rated

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	48.60	56.40	64.14	71.85	79.51	113.18
36	48.69	56.66	64.54	72.33	80.04	113.48
37	49.18	57.37	65.44	73.36	81.16	114.65
38	50.18	58.73	67.08	75.21	83.12	115.32
39	51.05	59.93	68.54	76.86	84.91	115.34
40	52.02	61.24	70.12	78.68	86.93	116.48
41	52.94	62.44	71.59	80.38	88.81	116.99
42	53.97	63.82	73.28	82.34	91.02	118.67
43	55.69	65.89	75.69	85.06	94.03	120.63
44	56.84	67.30	77.33	86.92	96.10	121.92
45	58.89	69.76	80.17	90.14	99.67	124.46
46	58.33	70.21	79.57	92.41	102.27	126.31
47	58.16	70.14	79.30	93.45	104.61	129.46
48	59.38	71.58	81.03	95.15	107.02	132.55
49	61.05	73.49	83.47	97.59	110.29	136.58
50	62.30	74.74	85.32	99.31	112.76	139.52
51	64.16	76.61	88.04	101.94	116.34	143.62
52	65.64	77.91	90.29	103.98	119.30	146.77
53	66.26	78.75	91.74	105.48	121.30	149.64
54	67.52	80.49	94.14	108.12	124.50	154.17
55	69.00	82.53	96.82	111.14	128.11	159.37
56	70.18	84.33	99.07	113.79	131.18	164.08
57	72.24	87.31	102.55	117.96	135.92	171.15
58	74.41	90.80	105.49	121.79	140.15	178.38
59	77.17	94.86	109.44	126.81	145.67	187.55
60	80.64	99.69	114.50	133.11	152.60	198.95
61	85.71	105.39	120.72	140.76	161.05	212.76
62	91.93	112.13	128.14	149.87	171.10	229.21
63	99.29	120.37	138.15	161.63	184.33	248.25
64	107.92	129.95	149.68	175.07	199.55	270.11
65	116.13	138.87	160.22	187.29	213.48	290.47
66	132.97	158.00	182.17	212.74	242.63	331.86
67	145.64	171.99	197.64	230.60	263.28	357.44
68	165.90	192.04	216.00	251.31	287.67	398.37
69	185.02	209.68	232.80	270.16	309.90	429.68
70	206.52	229.91	253.33	292.00	335.57	464.10
71	229.44	256.03	280.92	315.06	362.62	499.23
72	254.25	284.58	311.52	339.57	391.42	535.84
73	278.67	312.75	346.27	370.42	427.23	587.56
74	305.84	344.37	386.15	410.49	473.73	646.87
75	336.55	380.44	432.00	459.24	530.35	715.71
76	371.65	421.94	484.68	515.26	595.53	796.00
77	408.42	465.90	540.47	574.54	664.69	882.02
78	454.37	520.86	608.88	647.28	749.64	994.03
79	507.11	584.25	686.72	730.01	846.45	1,124.03

LTC04I NH, LTC04I ALF, LTC04I HHC					
Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Benefit Period					
2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
43.73	50.75	57.73	64.67	71.57	101.86
43.83	51.01	58.07	65.09	72.03	102.14
44.27	51.63	58.89	66.03	73.04	103.19
45.16	52.86	60.38	67.69	74.81	103.80
45.95	53.95	61.70	69.17	76.42	103.80
46.82	55.11	63.11	70.82	78.24	104.84
47.65	56.19	64.44	72.35	79.92	105.30
48.57	57.44	65.95	74.10	81.94	106.81
50.12	59.30	68.10	76.57	84.62	108.57
51.16	60.55	69.60	78.23	86.49	109.73
52.99	62.77	72.17	81.12	89.71	112.01
52.51	63.18	71.61	83.18	92.04	113.67
52.34	63.12	71.38	84.09	94.14	116.51
53.45	64.43	72.92	85.64	96.33	119.32
54.96	66.14	75.12	87.83	99.26	122.93
56.07	67.26	76.79	89.36	101.48	125.56
57.74	68.94	79.24	91.74	104.71	129.27
59.08	70.10	81.26	93.59	107.37	132.09
59.63	70.88	82.57	94.93	109.16	134.69
60.77	72.43	84.72	97.29	112.05	138.76
62.09	74.29	87.14	100.04	115.31	143.45
63.16	75.90	89.17	102.42	118.05	147.69
65.02	78.59	92.30	106.19	122.33	154.03
66.97	81.71	94.93	109.61	126.13	160.53
69.46	85.39	98.49	114.14	131.11	168.81
72.57	89.71	103.04	119.81	137.34	179.07
77.13	94.86	108.64	126.69	144.94	191.48
82.73	100.93	115.32	134.86	153.98	206.27
89.37	108.33	124.34	145.47	165.90	223.42
97.13	116.95	134.72	157.57	179.60	243.09
104.52	124.98	144.19	168.57	192.13	261.42
119.68	142.20	163.95	191.47	218.39	298.68
131.07	154.79	177.87	207.54	236.95	321.69
149.31	172.83	194.40	226.17	258.92	358.54
166.53	188.71	209.50	243.13	278.91	386.70
185.88	206.93	227.99	262.80	302.02	417.70
206.49	230.43	252.83	283.55	326.34	449.31
228.84	256.11	280.38	305.61	352.28	482.26
250.80	281.48	311.64	333.37	384.49	528.81
275.24	309.92	347.53	369.44	426.36	582.18
302.90	342.39	388.80	413.31	477.31	644.14
334.49	379.74	436.22	463.73	535.98	716.39
367.58	419.31	486.41	517.08	598.21	793.80
408.93	468.78	548.00	582.55	674.67	894.63
456.39	525.82	618.05	657.01	761.81	1,011.63

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Step-Rated

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	46.00	51.71	61.51	68.91	71.53	90.75	10.23	13.44	15.52	17.38	18.04	22.42
36	45.90	52.10	61.78	69.23	71.87	90.75	10.42	13.68	15.70	17.58	18.26	22.72
37	46.17	52.90	62.52	70.10	72.74	91.49	10.68	14.04	16.01	17.95	18.64	23.16
38	46.73	54.32	63.87	71.62	74.23	91.64	11.20	14.71	16.59	18.59	19.27	23.68
39	47.28	55.60	65.10	73.00	75.61	91.37	11.62	15.25	17.09	19.15	19.83	23.97
40	48.02	56.98	66.48	74.60	77.29	92.09	11.98	15.77	17.55	19.69	20.42	24.40
41	48.76	58.24	67.82	76.16	78.91	92.36	12.27	16.20	17.97	20.18	20.91	24.64
42	49.70	59.66	69.43	78.01	80.89	93.64	12.51	16.64	18.40	20.66	21.42	25.03
43	51.32	61.85	71.77	80.64	83.64	95.21	12.88	17.08	18.95	21.31	22.12	25.42
44	52.44	63.40	73.42	82.52	85.61	96.32	13.09	17.28	19.29	21.68	22.51	25.60
45	54.43	65.96	76.26	85.75	88.96	98.48	13.50	17.70	19.89	22.36	23.20	25.98
46	54.05	66.62	75.88	88.14	91.50	100.14	13.28	17.61	19.59	22.75	23.65	26.17
47	53.95	66.76	75.82	89.35	93.81	102.90	13.16	17.38	19.35	22.80	23.94	26.57
48	55.17	68.35	77.87	91.44	96.60	105.81	13.35	17.52	19.49	22.87	24.16	26.74
49	56.77	70.32	80.51	94.15	99.93	109.41	13.70	17.87	19.81	23.18	24.54	27.18
50	57.92	71.61	82.59	96.11	102.38	112.09	14.01	18.10	20.04	23.33	24.75	27.43
51	59.57	73.38	85.44	98.95	105.69	115.70	14.49	18.55	20.49	23.74	25.18	27.93
52	60.81	74.58	87.83	101.15	108.34	118.50	14.92	18.93	20.85	24.03	25.46	28.27
53	61.26	75.31	89.28	102.65	109.76	120.85	15.16	19.23	21.16	24.34	25.66	28.79
54	62.33	76.85	91.61	105.21	112.23	124.47	15.54	19.73	21.72	24.94	26.16	29.70
55	63.60	78.72	94.19	108.13	115.06	128.54	15.95	20.30	22.35	25.68	26.80	30.82
56	64.66	80.38	96.34	110.64	117.51	132.21	16.24	20.78	22.92	26.31	27.38	31.87
57	66.58	83.24	99.69	114.67	121.60	137.72	16.70	21.50	23.74	27.32	28.38	33.44
58	68.68	86.30	102.43	118.27	125.91	143.29	17.13	22.26	24.51	28.31	29.60	35.09
59	71.46	90.30	106.28	123.14	131.42	150.45	17.59	23.10	25.46	29.50	31.00	37.11
60	75.01	95.29	111.26	129.35	138.25	159.40	18.13	24.04	26.58	30.90	32.69	39.55
61	80.12	101.40	117.46	136.97	146.55	170.31	18.93	25.13	27.96	32.59	34.68	42.44
62	86.40	108.64	124.87	146.06	156.43	183.38	19.96	26.41	29.55	34.57	37.03	45.83
63	93.71	117.47	134.92	157.85	168.56	198.57	21.32	28.15	31.75	37.13	39.82	49.68
64	102.16	127.42	146.43	171.28	182.40	216.06	23.01	30.31	34.31	40.14	43.03	54.05
65	110.10	136.38	156.98	183.49	194.95	232.34	24.75	32.44	36.74	42.94	46.04	58.13
66	126.12	154.86	178.65	208.63	221.33	265.46	28.50	37.09	41.85	48.87	52.37	66.39
67	137.94	167.67	193.89	226.23	239.87	285.95	31.53	40.74	45.60	53.21	57.00	71.48
68	156.75	182.65	211.71	246.31	264.60	318.71	36.27	45.77	50.06	58.72	63.38	79.66
69	174.25	196.24	227.98	264.55	285.57	343.76	41.14	50.61	54.38	63.77	68.97	85.92
70	193.72	212.87	247.83	285.68	308.28	371.31	46.89	56.42	59.78	69.49	75.05	92.79
71	214.24	235.28	274.56	307.94	331.26	399.41	53.34	64.00	67.03	75.53	81.27	99.82
72	236.26	260.03	304.20	331.59	355.13	428.67	60.62	72.54	75.20	81.98	87.78	107.17
73	257.70	288.03	338.15	361.72	382.38	470.05	68.28	81.51	84.52	89.58	94.93	117.51
74	281.46	319.98	377.20	400.98	418.80	517.50	76.95	91.62	95.13	99.45	104.28	129.37
75	308.31	356.59	422.21	448.81	464.19	572.57	86.76	103.07	107.23	111.45	115.77	143.14
76	339.01	398.49	474.03	503.92	517.65	636.80	97.88	116.04	120.95	125.32	129.17	159.20
77	371.15	442.56	528.99	562.36	575.71	705.62	109.53	129.63	135.31	140.10	143.57	176.40
78	411.57	496.63	596.51	634.13	649.11	795.22	123.63	146.11	152.64	158.33	161.65	198.81
79	458.08	557.97	673.38	715.85	734.92	899.23	139.52	164.69	172.10	179.17	182.62	224.79

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Step-Rated

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC
Issue	Non Integrated - NH (3PL) Benefit Period			Non Integrated - ALF (3PL) Benefit Period			Non Integrated - HHC (3 PL) Benefit Period
Age	3 3 Yr	5 5 Yr	Lifetime Unlimited	2 2 Yr	3 3 Yr	4 4 Yr	2 2 Yr
18-35	56.92	68.91	86.20	3.52	4.50	5.39	18.38
36	57.38	69.23	86.23	3.57	4.57	5.44	18.86
37	58.26	70.10	86.90	3.61	4.64	5.48	19.32
38	59.24	71.62	87.05	3.69	4.76	5.58	20.34
39	60.38	72.98	86.79	3.77	4.87	5.69	21.23
40	61.90	74.58	87.48	3.87	5.00	5.77	21.99
41	63.59	76.14	87.75	4.00	5.11	5.86	22.65
42	65.74	78.01	88.96	4.07	5.15	5.88	22.87
43	68.14	80.64	90.45	4.07	5.24	5.97	22.50
44	69.84	82.52	91.52	4.03	5.18	5.89	21.82
45	72.64	85.75	93.57	4.01	5.13	5.81	21.23
46	73.36	88.12	95.13	4.03	5.11	5.78	20.70
47	73.47	89.35	97.74	4.06	5.08	5.73	20.30
48	75.20	91.42	100.52	4.22	5.24	5.88	20.56
49	77.32	94.14	103.95	4.35	5.39	6.00	20.76
50	78.68	96.11	106.48	4.48	5.54	6.14	21.19
51	80.60	98.93	109.92	4.65	5.72	6.31	21.79
52	81.87	101.15	112.56	4.81	5.85	6.48	22.39
53	82.63	102.65	114.81	4.91	5.97	6.59	22.80
54	84.28	105.21	118.24	5.02	6.12	6.73	23.25
55	86.32	108.13	122.13	5.14	6.27	6.87	23.73
56	88.11	110.64	125.60	5.32	6.48	7.07	24.23
57	91.22	114.67	130.83	5.52	6.70	7.30	24.77
58	94.52	118.27	136.12	5.73	6.95	7.52	25.27
59	98.89	123.14	142.92	6.02	7.24	7.83	25.80
60	104.34	129.35	151.42	6.37	7.67	8.22	26.45
61	110.99	136.97	161.79	6.87	8.15	8.71	27.47
62	118.87	146.06	174.20	7.52	8.79	9.33	28.96
63	128.46	157.85	188.64	8.32	9.64	10.18	31.01
64	139.25	171.28	205.24	9.19	10.53	11.06	33.29
65	148.96	183.47	220.73	10.14	11.53	12.09	36.19
66	169.02	208.63	252.18	11.66	13.09	13.69	41.19
67	182.88	226.23	271.64	12.87	14.31	14.90	45.42
68	198.98	247.78	302.76	14.38	15.59	16.16	51.03
69	213.61	266.53	326.55	15.73	16.60	17.19	56.61
70	231.59	287.46	352.75	17.16	17.73	18.31	62.93
71	255.88	309.00	379.42	18.53	19.09	19.65	69.30
72	282.72	331.59	407.25	19.95	20.49	21.07	76.16
73	313.19	359.25	446.54	21.79	22.36	22.94	84.62
74	347.96	395.89	491.63	23.91	24.48	25.08	94.05
75	387.73	441.18	543.95	26.34	26.92	27.55	104.55
76	433.20	494.11	604.96	29.36	29.97	30.63	117.12
77	480.96	551.10	670.32	32.64	33.29	33.96	130.30
78	539.48	622.25	755.47	36.43	37.11	37.82	144.95
79	605.76	704.50	854.26	40.76	41.47	42.22	161.18

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Step-Rated

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	64.51	74.84	85.11	93.03	104.13	131.18
36	64.69	75.28	85.76	93.89	105.07	131.67
37	65.34	76.22	86.94	95.31	106.70	133.03
38	66.93	78.33	89.48	96.74	108.47	133.81
39	68.06	79.91	91.40	97.50	109.38	133.97
40	69.64	81.79	93.15	98.90	110.90	135.30
41	70.84	81.95	93.83	99.67	111.68	136.04
42	72.19	82.66	95.20	101.20	113.27	137.99
43	71.52	84.25	96.71	102.86	115.03	140.26
44	69.87	83.30	95.19	104.02	116.24	141.92
45	69.01	82.69	94.09	106.08	118.52	144.88
46	67.98	81.82	92.73	107.70	120.38	147.20
47	67.31	81.19	91.79	108.17	121.08	149.85
48	68.80	82.95	93.89	110.26	124.01	153.59
49	69.77	83.99	95.40	111.54	126.04	156.09
50	70.78	84.91	96.92	112.81	128.09	158.49
51	71.86	85.80	98.60	114.17	130.30	160.86
52	73.58	87.33	101.21	116.56	133.73	164.52
53	74.34	88.35	102.92	118.35	136.09	167.89
54	75.20	89.65	104.85	120.42	138.68	171.72
55	76.86	91.93	107.84	123.79	142.69	177.51
56	78.23	94.00	110.44	126.85	146.23	182.91
57	80.53	97.33	114.32	131.50	151.51	190.80
58	82.95	101.21	117.60	135.77	156.23	198.85
59	85.39	104.97	121.10	140.32	161.19	207.54
60	89.23	110.31	126.70	147.30	168.87	220.15
61	94.14	115.76	132.59	154.61	176.89	233.68
62	100.97	123.16	140.74	164.61	187.93	251.75
63	109.96	133.30	153.00	178.99	204.14	274.92
64	118.62	142.84	164.52	192.43	219.34	296.89
65	129.79	155.21	179.07	209.33	238.59	324.65
66	147.50	175.26	202.07	235.98	269.14	368.11
67	161.68	190.94	219.42	256.01	292.29	401.89
68	181.36	209.95	236.13	274.74	314.49	435.50
69	200.84	227.61	252.69	293.25	336.38	466.41
70	220.64	245.63	270.65	311.97	358.51	495.83
71	243.16	271.35	297.72	333.91	384.31	529.10
72	265.12	296.74	324.84	354.08	408.15	558.74
73	288.20	323.45	358.11	383.09	441.83	607.65
74	316.29	356.14	399.35	424.53	489.93	668.98
75	345.18	390.19	443.08	471.01	543.95	734.07
76	381.18	432.76	497.11	528.47	610.80	816.41
77	422.51	481.97	559.10	594.35	687.61	912.43
78	470.04	538.82	629.88	669.60	775.49	1,028.30
79	520.22	599.36	704.48	748.89	868.34	1,153.09

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 50% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	58.05	67.35	76.61	83.74	93.73	118.07
36	58.23	67.77	77.16	84.49	94.56	118.51
37	58.81	68.58	78.24	85.79	96.03	119.73
38	60.23	70.50	80.54	87.07	97.62	120.44
39	61.26	71.94	82.27	87.75	98.44	120.57
40	62.67	73.60	83.83	89.02	99.81	121.78
41	63.76	73.75	84.46	89.71	100.50	122.44
42	64.96	74.40	85.68	91.08	101.97	124.20
43	64.35	75.82	87.02	92.59	103.52	126.25
44	62.89	74.95	85.68	93.62	104.62	127.73
45	62.09	74.41	84.69	95.47	106.68	130.38
46	61.20	73.63	83.45	96.93	108.33	132.47
47	60.58	73.06	82.62	97.33	108.97	134.86
48	61.93	74.66	84.50	99.23	111.62	138.26
49	62.81	75.59	85.85	100.38	113.43	140.50
50	63.70	76.41	87.23	101.52	115.28	142.64
51	64.67	77.22	88.75	102.75	117.28	144.78
52	66.23	78.58	91.09	104.92	120.36	148.07
53	66.90	79.53	92.64	106.50	122.47	151.11
54	67.69	80.68	94.36	108.37	124.80	154.56
55	69.16	82.74	97.05	111.43	128.44	159.77
56	70.41	84.61	99.40	114.17	131.60	164.63
57	72.48	87.60	102.89	118.37	136.36	171.71
58	74.65	91.09	105.83	122.19	140.60	178.95
59	76.86	94.49	108.99	126.30	145.09	186.80
60	80.31	99.27	114.02	132.58	151.97	198.15
61	84.71	104.19	119.32	139.16	159.20	210.31
62	90.87	110.85	126.67	148.13	169.13	226.56
63	98.97	119.97	137.70	161.10	183.72	247.42
64	106.76	128.55	148.08	173.20	197.42	267.20
65	116.81	139.69	161.16	188.40	214.73	292.18
66	132.75	157.74	181.86	212.38	242.25	331.31
67	145.51	171.84	197.47	230.41	263.06	361.70
68	163.22	188.95	212.52	247.26	283.05	391.96
69	180.76	204.83	227.41	263.91	302.75	419.76
70	198.59	221.08	243.58	280.77	322.67	446.26
71	218.85	244.22	267.95	300.52	345.87	476.20
72	238.62	267.06	292.36	318.67	367.33	502.87
73	259.38	291.10	322.30	344.77	397.64	546.89
74	284.65	320.52	359.41	382.07	440.94	602.09
75	310.67	351.17	398.77	423.91	489.55	660.66
76	343.07	389.47	447.41	475.62	549.72	734.76
77	380.26	433.76	503.18	534.91	618.84	821.18
78	423.04	484.94	566.89	602.64	697.93	925.48
79	468.19	539.42	634.03	674.00	781.51	1,037.79

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Step-Rated

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	61.06	68.62	81.62	89.23	93.68	105.19	13.58	17.83	20.59	22.51	23.63	25.99
36	60.98	69.22	82.09	89.86	94.35	105.30	13.85	18.18	20.86	22.82	23.98	26.37
37	61.33	70.28	83.06	91.08	95.63	106.16	14.18	18.66	21.27	23.33	24.50	26.87
38	62.33	72.45	85.19	92.13	96.87	106.33	14.93	19.61	22.13	23.91	25.15	27.48
39	63.04	74.14	86.81	92.60	97.40	106.13	15.49	20.33	22.79	24.30	25.55	27.84
40	64.28	76.10	88.31	93.77	98.61	106.96	16.04	21.07	23.32	24.76	26.05	28.34
41	65.25	76.45	88.89	94.43	99.24	107.39	16.41	21.26	23.56	25.03	26.29	28.65
42	66.48	77.27	90.19	95.88	100.66	108.88	16.74	21.55	23.91	25.40	26.66	29.10
43	65.90	79.07	91.70	97.52	102.32	110.70	16.54	21.84	24.22	25.77	27.05	29.56
44	64.46	78.47	90.39	98.76	103.55	112.12	16.10	21.38	23.75	25.95	27.22	29.79
45	63.78	78.19	89.49	100.92	105.79	114.63	15.81	20.98	23.35	26.32	27.59	30.25
46	62.98	77.63	88.43	102.71	107.70	116.70	15.47	20.53	22.83	26.51	27.84	30.49
47	62.44	77.27	87.77	103.42	108.59	119.10	15.23	20.12	22.40	26.39	27.71	30.75
48	63.93	79.20	90.23	105.95	111.94	122.60	15.47	20.30	22.58	26.50	28.00	30.99
49	64.88	80.36	92.02	107.61	114.21	125.03	15.65	20.42	22.64	26.49	28.04	31.06
50	65.79	81.35	93.82	109.19	116.30	127.33	15.92	20.56	22.76	26.50	28.11	31.16
51	66.71	82.18	95.70	110.82	118.38	129.58	16.23	20.77	22.95	26.59	28.20	31.28
52	68.17	83.61	98.45	113.38	121.44	132.84	16.73	21.22	23.38	26.94	28.54	31.69
53	68.73	84.49	100.16	115.16	123.14	135.59	17.01	21.57	23.74	27.31	28.79	32.30
54	69.42	85.59	102.04	117.18	125.00	138.64	17.31	21.97	24.19	27.78	29.13	33.09
55	70.84	87.68	104.91	120.44	128.16	143.18	17.77	22.61	24.89	28.60	29.85	34.33
56	72.07	89.61	107.39	123.34	130.99	147.39	18.10	23.17	25.55	29.33	30.53	35.53
57	74.22	92.79	111.13	127.82	135.55	153.52	18.62	23.96	26.47	30.45	31.64	37.27
58	76.56	96.20	114.19	131.84	140.36	159.73	19.09	24.82	27.33	31.56	32.99	39.11
59	79.07	99.92	117.60	136.26	145.42	166.48	19.46	25.57	28.17	32.64	34.30	41.06
60	83.00	105.45	123.11	143.13	152.99	176.39	20.06	26.60	29.42	34.20	36.17	43.76
61	88.00	111.38	129.01	150.44	160.96	187.07	20.80	27.60	30.71	35.79	38.09	46.62
62	94.90	119.32	137.15	160.42	171.82	201.41	21.92	29.01	32.46	37.97	40.67	50.34
63	103.78	130.09	149.41	174.81	186.67	219.91	23.61	31.18	35.16	41.12	44.10	55.01
64	112.29	140.06	160.95	188.27	200.49	237.48	25.30	33.32	37.71	44.12	47.30	59.41
65	123.05	152.43	175.45	205.08	217.88	259.67	27.66	36.26	41.06	47.99	51.45	64.97
66	139.89	171.78	198.16	231.43	245.51	294.46	31.61	41.15	46.43	54.21	58.09	73.65
67	153.14	186.14	215.25	251.16	266.30	321.52	35.00	45.23	50.62	59.07	63.28	80.37
68	171.36	199.68	231.45	269.27	289.27	348.42	39.65	50.04	54.72	64.19	69.29	87.09
69	189.14	213.01	247.46	287.16	309.98	373.14	44.65	54.93	59.03	69.22	74.86	93.27
70	206.96	227.43	264.78	305.22	329.36	396.70	50.10	60.28	63.86	74.24	80.18	99.14
71	227.06	249.35	290.99	326.36	351.08	423.31	56.53	67.83	71.04	80.05	86.13	105.80
72	246.35	271.15	317.20	345.76	370.31	446.99	63.21	75.64	78.41	85.48	91.54	111.75
73	266.51	297.88	349.71	374.09	395.46	486.12	70.62	84.30	87.41	92.65	98.17	121.52
74	291.08	330.92	390.09	414.69	433.12	535.19	79.58	94.76	98.39	102.85	107.85	133.79
75	316.21	365.74	433.03	460.32	476.09	587.26	88.98	105.71	109.98	114.31	118.74	146.81
76	347.70	408.71	486.18	516.84	530.93	653.13	100.39	119.02	124.06	128.53	132.48	163.28
77	383.95	457.82	547.24	581.75	595.56	729.95	113.30	134.10	139.98	144.94	148.52	182.48
78	425.76	513.76	617.08	655.99	671.50	822.64	127.90	151.15	157.91	163.79	167.22	205.66
79	469.93	572.40	690.80	734.36	753.92	922.49	143.13	168.94	176.55	183.81	187.34	230.61

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Step-Rated

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC
Issue	Non Integrated - NH (3PL) Benefit Period			Non Integrated - ALF (3PL) Benefit Period			Non Integrated - HHC (3 PL) Benefit Period
Age	3 3 Yr	5 5 Yr	Lifetime Unlimited	2 2 Yr	3 3 Yr	4 4 Yr	2 2 Yr
18-35	75.54	89.23	99.91	2.60	3.33	3.98	13.58
36	76.23	89.86	100.06	2.62	3.36	3.99	13.85
37	77.39	91.08	100.83	2.65	3.41	4.03	14.18
38	79.00	92.13	101.00	2.71	3.49	4.10	14.93
39	80.51	92.58	100.81	2.75	3.55	4.15	15.49
40	82.66	93.75	101.61	2.82	3.65	4.21	16.04
41	83.46	94.41	102.03	2.90	3.71	4.24	16.41
42	85.14	95.88	103.44	2.98	3.77	4.31	16.74
43	87.13	97.52	105.18	2.99	3.85	4.39	16.54
44	86.44	98.76	106.53	2.97	3.82	4.35	16.10
45	86.11	100.92	108.92	2.99	3.82	4.33	15.81
46	85.49	102.69	110.86	3.01	3.82	4.32	15.47
47	85.04	103.42	113.14	3.05	3.81	4.30	15.23
48	87.14	105.93	116.48	3.18	3.95	4.43	15.47
49	88.37	107.59	118.79	3.28	4.07	4.52	15.65
50	89.38	109.19	120.97	3.37	4.16	4.61	15.92
51	90.27	110.81	123.11	3.46	4.26	4.70	16.23
52	91.77	113.38	126.18	3.59	4.37	4.84	16.73
53	92.70	115.16	128.81	3.66	4.45	4.91	17.01
54	93.87	117.18	131.70	3.74	4.56	5.01	17.31
55	96.14	120.44	136.03	3.85	4.70	5.14	17.77
56	98.22	123.34	140.01	3.97	4.84	5.28	18.10
57	101.69	127.82	145.85	4.15	5.03	5.49	18.62
58	105.36	131.84	151.74	4.33	5.25	5.68	19.09
59	109.43	136.26	158.15	4.54	5.46	5.90	19.46
60	115.46	143.13	167.56	4.83	5.81	6.24	20.06
61	121.91	150.44	177.71	5.20	6.17	6.60	20.80
62	130.56	160.42	191.34	5.70	6.66	7.07	21.92
63	142.26	174.81	208.90	6.34	7.34	7.75	23.61
64	153.06	188.27	225.59	6.98	8.01	8.41	25.30
65	166.49	205.06	246.70	7.75	8.81	9.24	27.66
66	187.49	231.43	279.72	8.95	10.05	10.50	31.61
67	203.03	251.16	305.43	9.92	11.02	11.49	35.00
68	217.53	270.88	330.98	11.17	12.12	12.56	39.65
69	231.87	289.31	354.46	12.41	13.10	13.56	44.65
70	247.43	307.12	376.86	13.66	14.11	14.58	50.10
71	271.19	327.49	402.12	15.12	15.57	16.03	56.53
72	294.80	345.76	424.65	16.56	17.01	17.48	63.21
73	323.89	371.53	461.80	18.19	18.66	19.14	70.62
74	359.85	409.43	508.43	20.23	20.72	21.22	79.58
75	397.67	452.50	557.89	22.42	22.91	23.45	88.98
76	444.31	506.78	620.47	25.16	25.69	26.26	100.39
77	497.54	570.11	693.43	28.38	28.94	29.53	113.30
78	558.08	643.70	781.53	32.15	32.75	33.37	127.90
79	621.43	722.72	876.36	36.20	36.83	37.50	143.13

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Step-Rated

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	79.58	85.52	94.38	100.32	112.30	141.47
36	80.42	86.28	95.86	101.92	114.05	142.93
37	81.29	87.07	97.34	103.47	115.83	144.41
38	82.15	87.85	98.89	105.02	117.74	145.25
39	82.95	88.60	100.35	106.54	119.52	146.39
40	83.24	88.83	101.17	107.41	120.45	146.95
41	84.10	89.60	102.59	108.97	122.10	148.74
42	84.28	90.37	104.08	110.65	123.84	150.86
43	81.44	92.11	105.74	112.46	125.77	153.35
44	78.53	93.58	106.94	113.80	127.16	155.25
45	76.49	93.73	106.64	116.05	129.66	158.49
46	74.81	92.85	105.23	118.61	132.58	162.11
47	73.09	91.66	103.63	119.94	134.26	165.14
48	73.96	92.55	104.76	121.15	136.26	169.37
49	74.29	92.66	105.25	121.50	137.30	172.35
50	75.11	93.21	106.39	122.59	139.19	176.35
51	75.52	93.12	107.02	122.96	140.34	179.24
52	76.53	93.64	108.52	124.31	142.62	183.46
53	78.24	95.34	111.06	126.86	145.88	188.57
54	79.59	96.71	113.11	128.88	148.42	193.03
55	81.70	99.03	116.17	132.13	152.31	199.54
56	84.58	101.85	119.65	135.98	156.76	207.12
57	87.56	104.56	122.81	139.59	160.83	214.64
58	89.95	107.21	124.56	142.16	163.59	220.78
59	93.04	110.38	127.34	145.93	167.64	229.06
60	96.98	114.23	131.20	150.95	173.05	239.72
61	101.86	118.86	136.14	157.19	179.85	251.87
62	107.75	124.36	142.12	164.70	188.03	264.01
63	116.53	135.55	155.58	180.47	205.82	289.33
64	125.76	147.51	169.91	197.19	224.76	314.75
65	135.65	160.59	185.28	215.09	245.16	339.29
66	154.20	184.58	212.81	247.05	281.77	384.84
67	169.09	204.99	235.55	273.50	312.26	420.30
68	188.39	230.20	258.91	300.74	344.24	463.30
69	208.74	257.12	285.47	331.63	380.41	509.03
70	229.46	285.01	314.05	364.88	419.32	555.76
71	251.01	314.59	345.17	401.11	461.65	604.87
72	273.81	346.56	379.37	440.87	501.02	657.51
73	298.32	382.07	423.01	492.53	553.61	717.98
74	332.39	422.01	473.21	552.14	609.88	787.19
75	371.23	466.71	531.08	615.16	678.22	867.39
76	419.34	518.19	602.64	687.60	758.66	968.62
77	462.37	575.84	677.98	769.03	849.31	1,078.21
78	499.81	626.72	740.66	841.91	930.78	1,215.14
79	540.68	681.78	808.33	920.63	1,019.04	1,334.09

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 50% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	71.61	76.96	84.95	90.31	101.08	127.33
36	72.39	77.67	86.25	91.72	102.65	128.65
37	73.16	78.35	87.60	93.13	104.24	129.97
38	73.93	79.06	89.01	94.52	105.97	130.75
39	74.66	79.76	90.33	95.88	107.57	131.75
40	74.91	79.94	91.05	96.68	108.41	132.26
41	75.70	80.64	92.34	98.09	109.88	133.87
42	75.84	81.34	93.67	99.58	111.49	135.79
43	73.29	82.90	95.14	101.23	113.18	138.03
44	70.68	84.20	96.25	102.42	114.45	139.73
45	68.83	84.34	95.99	104.44	116.70	142.63
46	67.34	83.55	94.70	106.76	119.31	145.90
47	65.78	82.49	93.27	107.92	120.82	148.62
48	66.57	83.30	94.28	109.04	122.65	152.46
49	66.87	83.40	94.71	109.35	123.57	155.13
50	67.60	83.88	95.76	110.31	125.27	158.71
51	67.97	83.81	96.33	110.66	126.31	161.33
52	68.88	84.26	97.67	111.89	128.36	165.11
53	70.41	85.82	99.96	114.16	131.28	169.73
54	71.63	87.03	101.79	115.98	133.57	173.74
55	73.51	89.14	104.55	118.93	137.09	179.60
56	76.12	91.66	107.69	122.39	141.07	186.42
57	78.81	94.11	110.54	125.65	144.75	193.17
58	80.95	96.48	112.09	127.95	147.22	198.69
59	83.74	99.35	114.60	131.35	150.89	206.18
60	87.27	102.80	118.07	135.87	155.74	215.76
61	91.67	106.98	122.52	141.48	161.86	226.68
62	96.97	111.94	127.91	148.21	169.22	237.60
63	104.88	121.99	140.02	162.42	185.24	260.39
64	113.18	132.76	152.92	177.48	202.30	283.27
65	122.08	144.53	166.74	193.58	220.64	305.36
66	138.79	166.12	191.53	222.35	253.61	346.37
67	152.18	184.48	211.99	246.15	281.04	378.27
68	169.55	207.17	233.02	270.65	309.83	416.98
69	187.88	231.40	256.91	298.46	342.38	458.11
70	206.53	256.52	282.63	328.40	377.39	500.20
71	225.91	283.14	310.65	361.00	415.47	544.39
72	246.44	311.89	341.44	396.77	450.91	591.77
73	268.48	343.86	380.71	443.27	498.23	646.19
74	299.14	379.80	425.88	496.92	548.89	708.47
75	334.11	420.04	477.97	553.65	610.39	780.65
76	377.41	466.36	542.38	618.84	682.79	871.75
77	416.13	518.25	610.17	692.13	764.36	970.38
78	449.83	564.05	666.59	757.72	837.70	1,093.63
79	486.61	613.60	727.50	828.57	917.14	1,200.68

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Step-Rated

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	75.32	78.42	90.51	96.23	101.03	113.44	16.76	20.38	22.84	24.27	25.48	28.03
36	75.80	79.33	91.76	97.55	102.42	114.31	17.21	20.83	23.32	24.77	26.03	28.62
37	76.30	80.29	92.99	98.87	103.81	115.24	17.65	21.31	23.82	25.32	26.60	29.17
38	76.51	81.24	94.15	100.01	105.15	115.42	18.33	22.00	24.45	25.96	27.30	29.83
39	76.83	82.20	95.32	101.19	106.43	115.97	18.88	22.54	25.02	26.55	27.92	30.42
40	76.84	82.65	95.91	101.84	107.09	116.17	19.17	22.88	25.33	26.89	28.29	30.78
41	77.47	83.58	97.18	103.25	108.50	117.41	19.49	23.24	25.76	27.36	28.74	31.32
42	77.62	84.49	98.61	104.83	110.06	119.04	19.54	23.56	26.14	27.77	29.15	31.82
43	75.04	86.45	100.26	106.62	111.87	121.04	18.84	23.88	26.48	28.18	29.58	32.32
44	72.45	88.15	101.54	108.04	113.28	122.66	18.09	24.02	26.68	28.39	29.78	32.59
45	70.70	88.63	101.43	110.40	115.73	125.40	17.53	23.78	26.46	28.79	30.19	33.09
46	69.31	88.10	100.35	113.12	118.61	128.53	17.03	23.29	25.90	29.20	30.66	33.58
47	67.80	87.24	99.09	114.67	120.40	131.25	16.54	22.72	25.29	29.26	30.73	33.89
48	68.72	88.36	100.67	116.42	123.00	135.20	16.63	22.65	25.20	29.12	30.77	34.17
49	69.07	88.66	101.52	117.22	124.41	138.06	16.67	22.53	24.98	28.86	30.55	34.30
50	69.81	89.30	102.99	118.65	126.38	141.68	16.89	22.57	24.99	28.80	30.55	34.67
51	70.11	89.20	103.86	119.36	127.49	144.39	17.05	22.55	24.91	28.63	30.38	34.85
52	70.90	89.65	105.56	120.92	129.52	148.13	17.40	22.76	25.07	28.73	30.44	35.34
53	72.34	91.17	108.09	123.45	132.00	152.30	17.90	23.28	25.62	29.27	30.86	36.28
54	73.47	92.34	110.07	125.41	133.78	155.84	18.32	23.70	26.09	29.73	31.18	37.19
55	75.31	94.45	113.01	128.55	136.79	160.94	18.88	24.36	26.81	30.53	31.86	38.59
56	77.92	97.08	116.35	132.22	140.42	166.89	19.57	25.10	27.68	31.44	32.72	40.23
57	80.71	99.69	119.39	135.69	143.89	172.71	20.24	25.75	28.43	32.32	33.59	41.93
58	83.02	101.89	120.95	138.05	146.97	177.35	20.70	26.29	28.95	33.05	34.55	43.43
59	86.15	105.06	123.66	141.71	151.24	183.74	21.20	26.88	29.62	33.95	35.68	45.32
60	90.20	109.19	127.49	146.68	156.78	192.07	21.80	27.54	30.46	35.05	37.07	47.65
61	95.22	114.36	132.46	152.96	163.65	201.63	22.50	28.34	31.53	36.39	38.73	50.25
62	101.27	120.49	138.50	160.51	171.91	211.22	23.39	29.29	32.78	37.99	40.70	52.79
63	109.98	132.29	151.94	176.25	188.21	231.44	25.02	31.71	35.75	41.46	44.46	57.90
64	119.05	144.64	166.22	192.92	205.44	251.77	26.82	34.41	38.94	45.21	48.47	62.99
65	128.60	157.71	181.53	210.72	223.87	271.39	28.91	37.52	42.49	49.31	52.87	67.90
66	146.25	180.91	208.70	242.28	257.03	307.85	33.05	43.33	48.90	56.75	60.82	76.99
67	160.15	199.83	231.08	268.32	284.49	336.24	36.61	48.55	54.34	63.11	67.60	84.06
68	178.01	218.94	253.78	294.75	316.64	370.65	41.19	54.87	60.00	70.26	75.85	92.64
69	196.59	240.63	279.56	324.75	350.55	407.24	46.41	62.06	66.68	78.28	84.66	101.79
70	215.24	263.89	307.23	356.99	385.23	444.64	52.10	69.94	74.10	86.83	93.78	111.12
71	234.38	289.09	337.36	392.04	421.73	483.92	58.36	78.64	82.36	96.16	103.47	120.95
72	254.43	316.67	370.45	430.51	454.56	526.00	65.28	88.34	91.57	106.43	112.36	131.51
73	275.87	351.86	413.10	480.96	495.50	574.39	73.09	99.58	103.25	119.11	123.01	143.59
74	305.89	392.13	462.24	539.34	539.16	629.76	83.63	112.28	116.58	133.77	134.25	157.43
75	340.07	437.46	519.04	601.20	593.61	693.91	95.69	126.44	131.82	149.30	148.05	173.47
76	382.51	489.39	589.38	672.47	659.45	774.90	110.44	142.51	150.39	167.23	164.55	193.72
77	420.18	546.99	663.59	752.73	735.61	862.58	123.99	160.22	169.74	187.53	183.45	215.64
78	452.73	597.57	725.60	824.80	805.97	972.11	136.00	175.81	185.68	205.94	200.71	243.03
79	488.42	651.12	792.63	902.76	884.77	1,067.28	148.76	192.18	202.57	225.96	219.85	266.80

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Step-Rated

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC
Issue	Non Integrated - NH (3PL) Benefit Period			Non Integrated - ALF (3PL) Benefit Period			Non Integrated - HHC (3 PL) Benefit Period
Age	3 3 Yr	5 5 Yr	Lifetime Unlimited	2 2 Yr	3 3 Yr	4 4 Yr	2 2 Yr
18-35	86.32	96.23	107.75	3.21	3.80	4.42	16.76
36	87.37	97.55	108.61	3.26	3.85	4.46	17.21
37	88.42	98.87	109.46	3.30	3.89	4.51	17.65
38	88.60	100.01	109.64	3.32	3.92	4.53	18.33
39	89.26	101.17	110.16	3.35	3.94	4.55	18.88
40	89.78	101.82	110.35	3.37	3.96	4.57	19.17
41	91.25	103.22	111.55	3.44	4.05	4.64	19.49
42	93.09	104.83	113.09	3.48	4.12	4.71	19.54
43	95.26	106.62	114.99	3.40	4.21	4.80	18.84
44	97.11	108.04	116.54	3.34	4.30	4.88	18.09
45	97.60	110.40	119.15	3.31	4.33	4.91	17.53
46	97.01	113.10	122.10	3.31	4.33	4.90	17.03
47	96.01	114.67	124.68	3.31	4.30	4.85	16.54
48	97.23	116.40	128.44	3.41	4.40	4.94	16.63
49	97.49	117.20	131.17	3.49	4.49	4.99	16.67
50	98.12	118.65	134.60	3.57	4.57	5.06	16.89
51	97.98	119.34	137.18	3.64	4.62	5.10	17.05
52	98.40	120.92	140.70	3.74	4.69	5.19	17.40
53	100.04	123.45	144.68	3.85	4.80	5.30	17.90
54	101.27	125.41	148.04	3.95	4.92	5.41	18.32
55	103.57	128.55	152.91	4.09	5.06	5.54	18.88
56	106.41	132.22	158.54	4.30	5.25	5.72	19.57
57	109.24	135.69	164.08	4.51	5.41	5.89	20.24
58	111.60	138.05	168.48	4.70	5.56	6.02	20.70
59	115.06	141.71	174.55	4.95	5.74	6.21	21.20
60	119.57	146.68	182.45	5.25	6.02	6.46	21.80
61	125.17	152.96	191.54	5.63	6.33	6.77	22.50
62	131.84	160.51	200.66	6.08	6.72	7.13	23.39
63	144.66	176.25	219.86	6.72	7.47	7.88	25.02
64	158.07	192.92	239.16	7.40	8.27	8.68	26.82
65	172.26	210.70	257.83	8.10	9.12	9.56	28.91
66	197.46	242.28	292.44	9.36	10.58	11.06	33.05
67	217.96	268.32	319.42	10.37	11.83	12.33	36.61
68	238.51	296.51	352.11	11.60	13.29	13.77	41.19
69	261.94	327.18	386.85	12.90	14.79	15.32	46.41
70	287.10	359.21	422.42	14.21	16.38	16.91	52.10
71	314.40	393.39	459.71	15.60	18.06	18.59	58.36
72	344.29	430.51	499.71	17.10	19.86	20.42	65.28
73	382.59	477.67	545.65	18.82	22.04	22.61	73.09
74	426.41	532.50	598.27	21.26	24.55	25.15	83.63
75	475.66	590.98	659.22	24.11	27.40	28.11	95.69
76	532.03	659.38	736.15	27.68	30.76	31.83	110.44
77	594.45	737.67	819.42	31.06	34.58	35.81	123.99
78	649.13	809.35	923.52	34.18	38.09	39.24	136.00
79	706.89	888.46	1,013.91	37.62	41.90	43.02	148.76

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ, LTC04I-NTQ, LTC04I-AG-TQ, LTC04I-AG-NTQ

Premium Factors

Form:	LTC04I NFO1PL LTC04I NFO2PL LTC04I NFO3PL	Limited Pay Options			LTC04I ROPD	LTC04I ROPDC
Issue Age	Nonforfeiture Option	10 Pay	20 Pay	Pay to 65	Full Return Premium on Death	Return Premium on Death less Claims
18-35	1.21	3.83	2.40	1.74	1.77	1.60
36	1.21	3.81	2.39	1.78	1.79	1.61
37	1.21	3.79	2.37	1.82	1.81	1.63
38	1.21	3.78	2.36	1.83	1.82	1.63
39	1.21	3.76	2.35	1.85	1.84	1.65
40	1.20	3.74	2.33	1.89	1.86	1.66
41	1.20	3.71	2.31	1.95	1.88	1.67
42	1.20	3.68	2.29	2.01	1.90	1.69
43	1.20	3.64	2.27	2.08	1.93	1.72
44	1.20	3.60	2.24	2.16	1.97	1.74
45	1.19	3.55	2.21	2.21	2.01	1.77
46	1.19	3.50	2.19	2.30	2.05	1.81
47	1.19	3.45	2.16	2.37	2.10	1.85
48	1.19	3.39	2.13	2.38	2.16	1.90
49	1.19	3.34	2.10	2.39	2.23	1.95
50	1.18	3.28	2.08	2.41	2.29	2.00
51	1.18	3.22	2.06	2.45	2.36	2.06
52	1.18	3.16	2.04	2.51	2.43	2.11
53	1.18	3.10	2.02	2.61	2.49	2.16
54	1.18	3.05	2.00	2.75	2.56	2.22
55	1.17	2.99	1.98	2.99	2.65	2.29
56	1.17	2.94	1.96		2.75	2.37
57	1.17	2.88	1.93		2.87	2.47
58	1.17	2.84	1.88		3.01	2.59
59	1.16	2.79	1.83		3.19	2.73
60	1.16	2.73	1.78		3.39	2.89
61	1.15	2.67	1.72		3.63	3.09
62	1.15	2.60	1.65		3.90	3.32
63	1.15	2.51	1.59		4.22	3.58
64	1.15	2.42	1.54		4.59	3.89
65	1.14	2.33	1.48		5.01	4.23
66	1.14	2.23	1.43			
67	1.14	2.14	1.38			
68	1.14	2.06	1.32			
69	1.14	1.99	1.27			
70	1.14	1.91	1.22			
71	1.13	1.85	1.19			
72	1.13	1.79	1.16			
73	1.13	1.72	1.15			
74	1.12	1.66	1.15			
75	1.12	1.59	1.15			
76	1.11	1.53	1.15			
77	1.11	1.48	1.15			
78	1.11	1.43	1.15			
79	1.10	1.39	1.15			
80	1.10	1.36	1.15			
81	1.10	1.33	1.15			

Age 80+ is only for the Guaranteed Purchase Option.

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ, LTC04I-NTQ, LTC04I-AG-TQ, LTC04I-AG-NTQ

Premium Factors to apply by benefit period selected.**Restoration of Benefits**

Form: LTC04I ROB1PL, LTC04I ROB2PL, LTC04I ROB3PL

Benefit Period	Factor
2 year	1.04
3 Year	1.03
4 Year	1.02
5 Year	1.01
6 Year	1.01
Unlimited	1.00

Premium Factors applicable to the entire calculated premium.**Monthly HHC**

Form: LTC04I MHHC

Factor	1.1
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Survivorship & Spouse Waiver

Form: LTC04I SBWP

Factor	1.14
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Indemnity Coverage

Description	Factor	Form
NH Only	1.05	LTC04I NHIND-TQ
NH & ALF	1.15	LTC04I NHIND-TQ, LTC04I ALFIND-TQ
NH, ALF, & HHC	1.25	LTC04I NHIND-TQ, LTC04I ALFIND-TQ, LTC04I HHCIND-TQ

Spouse Benefit

Form: LTC04I SB1PL-TQ, LTC04I SB2PL-TQ, LTC04I SB3PL-TQ

Factor	1.6
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Mutual of Omaha Insurance Company
Policy Form: LTC04I -TQ, LTC04I-NTQ, LTC04I-AG-TQ, LTC04I-AG-NTQ

If Non Tax Qualified form LTC04I-NTQ or LTC04I-AG-NTQ is elected, premiums will be increased by 15%.

- 30% Spouse Discount for two insureds, or
- 15% Spouse Discount for two applications, but one insured, or
- 10% Two Person Household Discount

Premium Discount of 10% on LTC04I-AG-TQ or LTC04I-AG-NTQ forms for a Affinity Group/Employer Group Discount

To calculate premiums for a specific elimination period, apply the appropriate factor to the above premiums.

<u>Elim</u>	<u>Factor</u>	<u>Elim</u>	<u>Factor</u>
0 Day	1.40	90 Day	1.00
15 Day	1.30	100 Day	0.98
20 Day	1.27	180 Day	0.90
30 Day	1.25	365 Day	0.80
60 Day	1.09		

Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

<u>Elim</u>	<u>Factor</u>	<u>Elim</u>	<u>Factor</u>
15 Day	1.02	90 Day	1.08
20 Day	1.02	100 Day	1.09
30 Day	1.02	180 Day	1.13
60 Day	1.06	365 Day	1.16

To calculate premiums for a specific underwriting class, apply the appropriate factor to the above premiums.

<u>Class</u>	<u>Factor</u>	<u>Class</u>	<u>Factor</u>
Preferred	0.85	Class I	1.25
Select	1.00	Class II	1.50

To calculate premiums for a specific mode, apply the appropriate factor to the above premiums.

<u>Modal Loads</u>	<u>Factor</u>
Annual	1.000
Semi-Annual	0.510
Quarterly	0.260
Monthly/BSP	0.090
Other	1.08/# of payments

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

No Inflation

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue Age	Integrated NH, ALF, and HHC with 100% HHC (1PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	34.95	39.53	44.95	50.37	55.73	80.08
36	35.32	40.01	45.58	51.08	56.53	80.86
37	35.70	40.52	46.21	51.80	57.32	81.64
38	36.08	41.03	46.87	52.53	58.07	82.02
39	36.43	41.52	47.49	53.26	58.83	82.59
40	36.78	41.79	47.59	53.95	59.60	83.36
41	37.16	40.97	46.91	54.68	60.43	84.35
42	37.57	40.29	46.41	54.71	61.23	85.54
43	38.04	40.70	46.72	54.43	60.87	86.95
44	38.59	41.60	47.54	54.34	60.72	87.89
45	39.23	42.61	48.48	54.43	60.81	88.42
46	39.98	43.73	49.56	54.72	61.16	89.24
47	40.89	44.95	50.82	55.21	61.80	90.33
48	42.24	46.46	52.59	56.72	63.79	92.81
49	43.59	47.92	54.43	58.24	65.81	95.25
50	45.00	49.35	56.33	59.81	67.91	97.70
51	46.50	50.80	58.38	61.48	70.17	100.21
52	48.12	52.30	60.61	63.47	72.82	102.88
53	49.57	53.77	62.64	65.44	75.25	104.87
54	51.14	55.45	64.85	67.62	77.87	107.19
55	52.91	57.36	67.29	70.08	80.78	109.95
56	54.92	59.61	70.03	72.93	84.07	113.29
57	57.23	62.26	73.13	76.22	87.82	117.34
58	59.57	65.37	75.95	79.50	91.48	121.90
59	62.44	68.98	79.58	83.65	96.09	127.75
60	65.97	73.24	84.12	88.77	101.77	135.09
61	70.25	78.26	89.64	94.94	108.62	144.00
62	75.35	84.19	96.21	102.27	116.76	154.65
63	82.06	91.49	105.01	111.70	127.39	169.91
64	89.19	99.20	114.26	121.56	138.56	186.06
65	97.59	108.29	124.94	132.91	151.49	204.81
66	111.74	123.82	142.76	151.80	173.13	235.63
67	123.42	136.66	157.04	166.93	190.59	261.12
68	140.59	155.95	175.40	186.44	213.41	289.69
69	158.14	175.72	195.09	207.34	237.84	317.92
70	176.51	196.50	216.52	230.11	264.44	346.61
71	196.10	218.83	240.10	255.20	293.72	376.59
72	217.31	243.23	266.26	283.04	326.26	408.52
73	238.18	267.31	295.96	314.63	362.88	439.15
74	261.40	294.33	330.04	350.85	404.90	473.70
75	287.65	325.16	369.23	392.51	453.29	513.20
76	317.65	360.63	414.26	440.39	509.00	570.65
77	352.09	401.64	465.92	495.29	573.01	640.42
78	391.70	449.02	524.90	558.00	646.24	721.75
79	437.16	503.66	592.00	629.32	729.70	816.14
80	489.18	566.41	667.93	710.04	824.31	925.05
81	548.47	638.11	753.45	800.96	931.06	1,049.94

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue Age	Integrated NH, ALF, and HHC with 50% HHC (1PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	31.45	35.57	40.46	45.34	50.16	72.08
36	31.79	36.02	41.01	45.97	50.87	72.78
37	32.13	36.46	41.58	46.63	51.58	73.48
38	32.47	36.93	42.18	47.28	52.26	73.83
39	32.79	37.38	42.75	47.94	52.95	74.33
40	33.10	37.60	42.83	48.56	53.64	75.03
41	33.45	36.87	42.22	49.22	54.38	75.92
42	33.81	36.26	41.76	49.24	55.12	77.00
43	34.23	36.63	42.04	48.99	54.78	78.26
44	34.73	37.43	42.79	48.90	54.65	79.10
45	35.30	38.34	43.64	48.98	54.73	79.58
46	35.99	39.35	44.60	49.25	55.04	80.31
47	36.80	40.45	45.74	49.68	55.62	81.29
48	38.02	41.82	47.33	51.04	57.42	83.55
49	39.24	43.13	48.98	52.41	59.23	85.73
50	40.50	44.41	50.70	53.82	61.12	87.93
51	41.85	45.72	52.55	55.33	63.15	90.20
52	43.31	47.06	54.55	57.13	65.54	92.59
53	44.61	48.40	56.38	58.89	67.72	94.39
54	46.03	49.90	58.36	60.85	70.08	96.47
55	47.61	51.63	60.56	63.08	72.71	98.97
56	49.43	53.65	63.03	65.64	75.66	101.97
57	51.51	56.04	65.82	68.61	79.04	105.60
58	53.61	58.83	68.35	71.55	82.33	109.70
59	56.20	62.09	71.62	75.29	86.49	114.99
60	59.37	65.91	75.70	79.90	91.59	121.59
61	63.22	70.44	80.67	85.45	97.76	129.60
62	67.81	75.78	86.59	92.03	105.08	139.18
63	73.86	82.34	94.51	100.53	114.65	152.92
64	80.27	89.28	102.84	109.41	124.71	167.45
65	87.83	97.46	112.44	119.62	136.34	184.32
66	100.57	111.44	128.48	136.62	155.83	212.07
67	111.08	122.99	141.33	150.24	171.53	235.01
68	126.53	140.35	157.86	167.79	192.08	260.73
69	142.33	158.14	175.57	186.60	214.06	286.12
70	158.87	176.86	194.86	207.10	238.00	311.96
71	176.49	196.95	216.09	229.68	264.34	338.93
72	195.59	218.90	239.64	254.73	293.63	367.67
73	214.36	240.58	266.36	283.16	326.58	395.23
74	235.25	264.89	297.03	315.76	364.41	426.33
75	258.89	292.64	332.31	353.26	407.96	461.88
76	285.89	324.56	372.84	396.35	458.10	513.58
77	316.88	361.47	419.32	445.76	515.70	576.37
78	352.53	404.12	472.41	502.20	581.61	649.58
79	393.44	453.29	532.80	566.39	656.73	734.53
80	440.26	509.77	601.14	639.04	741.89	832.54
81	493.63	574.30	678.11	720.86	837.95	944.95

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

No Inflation

Form:		LTC04I NH, LTC04I ALF						LTC04I HHC					
		Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
Issue Age		Benefit Period					Unlimited	Benefit Period					Unlimited
		2 Yr	3 Yr	4 Yr	5 Yr	6 Yr		2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	
18-35		33.08	36.24	43.10	48.31	50.14	64.22	7.36	9.42	10.88	12.19	12.64	15.87
36		33.29	36.79	43.63	48.89	50.76	64.67	7.56	9.66	11.09	12.42	12.90	16.19
37		33.51	37.36	44.14	49.50	51.37	65.15	7.75	9.92	11.31	12.68	13.16	16.49
38		33.60	37.95	44.62	50.03	51.86	65.18	8.05	10.27	11.59	12.99	13.46	16.84
39		33.74	38.53	45.11	50.59	52.39	65.42	8.29	10.57	11.84	13.27	13.74	17.16
40		33.95	38.88	45.12	51.16	52.99	65.90	8.47	10.76	11.91	13.51	14.00	17.46
41		34.23	38.21	44.43	51.81	53.70	66.59	8.61	10.63	11.78	13.73	14.22	17.76
42		34.60	37.67	43.96	51.83	54.42	67.50	8.71	10.50	11.65	13.73	14.41	18.04
43		35.05	38.20	44.30	51.60	54.14	68.63	8.80	10.55	11.70	13.64	14.32	18.32
44		35.60	39.19	45.14	51.59	54.09	69.44	8.89	10.68	11.86	13.56	14.22	18.45
45		36.26	40.29	46.11	51.78	54.28	69.96	8.99	10.81	12.03	13.50	14.16	18.46
46		37.04	41.49	47.26	52.19	54.72	70.75	9.10	10.97	12.20	13.47	14.14	18.49
47		37.93	42.78	48.59	52.79	55.42	71.79	9.25	11.14	12.40	13.47	14.14	18.54
48		39.25	44.36	50.54	54.50	57.58	74.09	9.50	11.37	12.65	13.63	14.40	18.73
49		40.53	45.85	52.50	56.18	59.63	76.30	9.78	11.65	12.92	13.83	14.64	18.95
50		41.83	47.28	54.53	57.89	61.66	78.49	10.12	11.95	13.23	14.05	14.90	19.21
51		43.17	48.66	56.66	59.68	63.75	80.73	10.50	12.30	13.59	14.32	15.19	19.49
52		44.58	50.07	58.96	61.74	66.13	83.07	10.94	12.71	14.00	14.67	15.54	19.82
53		45.83	51.42	60.96	63.68	68.09	84.70	11.34	13.13	14.45	15.10	15.92	20.18
54		47.21	52.94	63.11	65.80	70.19	86.54	11.77	13.59	14.96	15.60	16.36	20.65
55		48.77	54.71	65.46	68.18	72.55	88.69	12.23	14.11	15.53	16.19	16.90	21.27
56		50.60	56.82	68.10	70.91	75.31	91.29	12.71	14.69	16.20	16.86	17.55	22.01
57		52.75	59.36	71.09	74.09	78.57	94.42	13.23	15.33	16.93	17.65	18.34	22.92
58		54.98	62.13	73.75	77.20	82.19	97.92	13.71	16.03	17.65	18.48	19.32	23.98
59		57.82	65.66	77.28	81.23	86.69	102.48	14.23	16.80	18.51	19.46	20.45	25.28
60		61.36	70.01	81.74	86.26	92.20	108.23	14.83	17.66	19.53	20.61	21.80	26.85
61		65.67	75.30	87.22	92.38	98.84	115.28	15.52	18.66	20.76	21.98	23.39	28.73
62		70.82	81.57	93.76	99.67	106.75	123.73	16.36	19.83	22.19	23.59	25.27	30.92
63		77.45	89.29	102.55	109.09	116.49	135.91	17.62	21.40	24.13	25.66	27.52	34.00
64		84.43	97.27	111.78	118.93	126.65	148.82	19.02	23.14	26.19	27.87	29.88	37.23
65		92.52	106.35	122.41	130.21	138.34	163.82	20.80	25.30	28.65	30.47	32.67	40.99
66		105.98	121.36	140.00	148.87	157.93	188.48	23.95	29.07	32.80	34.87	37.37	47.14
67		116.90	133.22	154.06	163.77	173.64	208.90	26.72	32.37	36.23	38.52	41.26	52.22
68		132.84	148.32	171.92	182.73	196.30	231.76	30.74	37.17	40.65	43.56	47.02	57.93
69		148.93	164.45	191.05	203.04	219.17	254.35	35.16	42.41	45.57	48.94	52.93	63.58
70		165.57	181.94	211.82	225.13	242.94	277.31	40.08	48.22	51.09	54.76	59.14	69.30
71		183.11	201.09	234.67	249.43	268.32	301.29	45.59	54.70	57.29	61.18	65.83	75.30
72		201.93	222.25	260.00	276.39	296.01	326.81	51.81	62.00	64.27	68.33	73.17	81.71
73		220.26	246.18	289.02	307.24	324.79	351.32	58.36	69.67	72.24	76.09	80.63	87.82
74		240.56	273.49	322.39	342.72	357.95	378.96	65.77	78.31	81.31	85.00	89.13	94.74
75		263.51	304.78	360.86	383.60	396.74	410.56	74.15	88.09	91.65	95.26	98.95	102.64
76		289.75	340.59	405.15	430.70	442.44	456.52	83.66	99.18	103.38	107.11	110.40	114.13
77		319.96	381.52	456.03	484.79	496.30	512.34	94.42	111.75	116.65	120.78	123.77	128.08
78		354.80	428.13	514.23	546.66	559.58	577.40	106.58	125.96	131.59	136.49	139.35	144.35
79		394.90	481.01	580.50	617.11	633.55	652.92	120.28	141.97	148.36	154.46	157.43	163.22
80		440.97	540.73	655.58	696.93	719.48	740.04	135.64	159.98	167.09	174.94	178.31	185.01
81		493.62	607.86	740.22	786.90	818.61	839.95	152.83	180.11	187.91	198.14	202.27	209.99

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

No Inflation

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	39.90	48.31	60.99	1.41	1.76	2.10	7.36	
36	40.52	48.89	61.45	1.43	1.78	2.12	7.56	
37	41.15	49.50	61.88	1.45	1.81	2.14	7.75	
38	41.38	50.03	61.91	1.46	1.83	2.15	8.05	
39	41.83	50.58	62.15	1.47	1.85	2.16	8.29	
40	42.23	51.15	62.60	1.49	1.86	2.15	8.47	
41	41.72	51.80	63.26	1.52	1.85	2.12	8.61	
42	41.50	51.83	64.13	1.55	1.84	2.10	8.71	
43	42.09	51.60	65.20	1.59	1.86	2.12	8.80	
44	43.17	51.59	65.97	1.64	1.91	2.17	8.89	
45	44.37	51.78	66.47	1.70	1.97	2.23	8.99	
46	45.69	52.18	67.21	1.77	2.04	2.31	9.10	
47	47.08	52.79	68.20	1.85	2.11	2.38	9.25	
48	48.81	54.49	70.38	1.95	2.21	2.48	9.50	
49	50.42	56.17	72.49	2.05	2.32	2.58	9.78	
50	51.95	57.89	74.57	2.14	2.42	2.68	10.12	
51	53.45	59.67	76.69	2.24	2.52	2.78	10.50	
52	54.96	61.74	78.91	2.35	2.62	2.90	10.94	
53	56.42	63.68	80.46	2.44	2.71	2.99	11.34	
54	58.06	65.80	82.21	2.54	2.82	3.10	11.77	
55	59.99	68.18	84.26	2.65	2.93	3.21	12.23	
56	62.28	70.91	86.72	2.79	3.07	3.35	12.71	
57	65.05	74.09	89.69	2.95	3.22	3.51	13.23	
58	68.05	77.20	93.02	3.11	3.39	3.67	13.71	
59	71.91	81.23	97.35	3.32	3.59	3.88	14.23	
60	76.66	86.26	102.82	3.57	3.86	4.14	14.83	
61	82.42	92.38	109.51	3.88	4.17	4.46	15.52	
62	89.25	99.67	117.54	4.25	4.55	4.83	16.36	
63	97.64	109.09	129.11	4.73	5.04	5.32	17.62	
64	106.30	118.93	141.37	5.25	5.56	5.84	19.02	
65	116.16	130.20	155.63	5.83	6.15	6.45	20.80	
66	132.46	148.87	179.05	6.78	7.10	7.42	23.95	
67	145.31	163.77	198.44	7.57	7.89	8.22	26.72	
68	161.58	183.82	220.17	8.66	9.00	9.33	30.74	
69	179.01	204.56	241.61	9.77	10.11	10.47	35.16	
70	197.94	226.53	263.45	10.93	11.29	11.66	40.08	
71	218.70	250.29	286.21	12.19	12.56	12.93	45.59	
72	241.64	276.39	310.48	13.57	13.94	14.33	51.81	
73	267.68	305.14	333.74	15.03	15.42	15.82	58.36	
74	297.40	338.37	360.01	16.72	17.12	17.54	65.77	
75	331.39	377.08	390.04	18.68	19.09	19.54	74.15	
76	370.26	422.32	433.69	20.97	21.41	21.88	83.66	
77	414.62	475.09	486.71	23.65	24.12	24.61	94.42	
78	465.07	536.42	548.54	26.79	27.29	27.81	106.58	
79	522.21	607.33	620.27	30.42	30.95	31.51	120.28	
80	586.65	688.85	703.04	34.60	35.18	35.77	135.64	
81	659.01	782.00	797.95	39.40	40.04	40.68	152.83	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Compound

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	60.02	69.64	79.20	88.72	98.19	139.76	54.01	62.67	71.29	79.86	88.37	125.79
36	60.59	70.50	80.31	90.00	99.59	141.19	54.53	63.47	72.26	80.99	89.63	127.09
37	61.20	71.39	81.43	91.28	100.99	142.66	55.08	64.24	73.28	82.16	90.88	128.40
38	62.44	73.08	83.47	93.58	103.43	143.49	56.19	65.77	75.12	84.22	93.09	129.16
39	64.01	75.14	85.94	96.37	106.46	144.61	57.61	67.65	77.36	86.73	95.81	130.15
40	65.23	76.79	87.93	98.65	108.99	146.05	58.70	69.10	79.13	88.80	98.10	131.45
41	66.89	78.90	90.46	101.57	112.21	147.83	60.21	71.00	81.42	91.42	100.98	133.05
42	68.19	80.64	92.60	104.04	115.01	149.95	61.37	72.58	83.34	93.63	103.53	134.96
43	69.94	82.75	95.05	106.82	118.08	151.48	62.94	74.48	85.53	96.15	106.27	136.35
44	71.50	84.65	97.26	109.33	120.87	153.35	64.34	76.17	87.54	98.40	108.79	138.02
45	73.61	87.20	100.22	112.68	124.58	155.58	66.24	78.46	90.21	101.41	112.13	140.01
46	73.03	87.90	99.62	115.70	128.04	158.14	65.74	79.10	89.65	104.14	115.23	142.32
47	72.35	87.27	98.66	116.26	130.14	161.07	65.11	78.53	88.80	104.62	117.12	144.95
48	73.99	89.20	100.96	118.57	133.35	165.16	66.60	80.29	90.87	106.71	120.03	148.67
49	75.10	90.40	102.69	120.06	135.67	168.02	67.61	81.37	92.40	108.05	122.10	151.23
50	76.76	92.08	105.11	122.35	138.92	171.89	69.08	82.87	94.60	110.10	125.02	154.69
51	78.53	93.76	107.76	124.77	142.40	175.80	70.68	84.39	96.99	112.29	128.17	158.23
52	80.47	95.50	110.67	127.46	146.24	179.91	72.42	85.93	99.61	114.73	131.62	161.91
53	81.34	96.67	112.62	129.50	148.91	183.71	73.20	87.02	101.37	116.54	134.01	165.35
54	82.34	98.16	114.80	131.85	151.84	188.02	74.11	88.34	103.31	118.65	136.65	169.22
55	83.59	99.98	117.29	134.64	155.19	193.06	75.22	89.99	105.56	121.19	139.69	173.77
56	85.13	102.30	120.18	138.04	159.13	199.05	76.62	92.07	108.17	124.25	143.21	179.16
57	87.04	105.20	123.57	142.14	163.77	206.23	78.34	94.69	111.22	127.94	147.39	185.60
58	89.05	108.66	126.24	145.75	167.72	213.47	80.14	97.79	113.61	131.18	150.94	192.11
59	92.35	113.52	130.97	151.75	174.32	224.45	83.12	102.18	117.87	136.59	156.91	202.02
60	96.50	119.30	137.02	159.30	182.63	238.09	86.85	107.36	123.31	143.38	164.36	214.29
61	101.86	125.26	143.47	167.30	191.41	252.87	91.67	112.74	129.12	150.58	172.27	227.57
62	109.26	133.27	152.29	178.12	203.36	272.42	98.32	119.95	137.06	160.28	183.01	245.16
63	118.99	144.24	165.56	193.69	220.90	297.49	107.10	129.81	149.00	174.32	198.80	267.73
64	128.43	154.65	178.13	208.34	237.48	321.45	115.59	139.19	160.33	187.52	213.74	289.30
65	140.53	168.05	193.88	226.64	258.32	351.50	126.48	151.24	174.49	203.98	232.49	316.34
66	159.79	189.87	218.91	255.65	291.57	398.78	143.82	170.88	197.01	230.08	262.43	358.92
67	175.26	206.98	237.84	277.50	316.83	430.14	157.73	186.27	214.05	249.76	285.15	387.12
68	196.83	227.85	256.27	298.17	341.30	472.64	177.14	205.06	230.64	268.34	307.19	425.38
69	219.81	249.11	276.57	320.95	368.17	510.48	197.84	224.19	248.90	288.85	331.36	459.42
70	241.82	269.21	296.63	341.92	392.93	543.43	217.65	242.30	266.96	307.73	353.64	489.11
71	264.74	295.42	324.14	363.53	418.40	576.04	238.26	265.88	291.72	327.18	376.55	518.44
72	291.20	325.93	356.79	388.91	448.30	613.70	262.09	293.33	321.12	350.01	403.46	552.34
73	316.78	355.52	393.63	421.08	485.65	667.91	285.10	319.97	354.26	378.96	437.07	601.12
74	345.05	388.52	435.65	463.12	534.47	729.80	310.53	349.65	392.08	416.80	481.02	656.82
75	376.82	425.96	483.69	514.19	593.81	801.36	339.15	383.36	435.33	462.77	534.43	721.22
76	412.95	468.82	538.54	572.51	661.70	884.45	371.66	421.93	484.69	515.26	595.53	795.99
77	454.20	518.12	601.04	638.92	739.18	980.86	408.78	466.30	540.92	575.03	665.25	882.76
78	501.38	574.75	671.87	714.24	827.19	1,096.86	451.24	517.27	604.68	642.82	744.46	987.18
79	555.19	639.65	751.84	799.24	926.72	1,230.61	499.67	575.68	676.66	719.32	834.05	1,107.56

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Compound

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	56.80	63.86	75.95	85.10	88.33	112.07	12.64	16.59	19.16	21.47	22.28	27.69
36	57.11	64.83	76.87	86.14	89.43	112.92	12.97	17.03	19.53	21.88	22.73	28.27
37	57.44	65.82	77.79	87.22	90.51	113.84	13.29	17.47	19.92	22.34	23.19	28.81
38	58.15	67.59	79.47	89.11	92.37	114.02	13.93	18.30	20.64	23.13	23.98	29.47
39	59.28	69.72	81.63	91.53	94.80	114.56	14.57	19.12	21.43	24.02	24.87	30.05
40	60.21	71.45	83.36	93.54	96.91	115.46	15.02	19.78	22.01	24.69	25.60	30.59
41	61.62	73.59	85.69	96.23	99.71	116.70	15.50	20.47	22.71	25.50	26.42	31.13
42	62.80	75.39	87.73	98.57	102.21	118.32	15.81	21.02	23.26	26.11	27.07	31.63
43	64.44	77.67	90.12	101.27	105.03	119.56	16.18	21.45	23.80	26.76	27.77	31.92
44	65.96	79.75	92.35	103.80	107.68	121.15	16.47	21.73	24.26	27.27	28.31	32.19
45	68.04	82.46	95.32	107.19	111.20	123.10	16.87	22.12	24.87	27.96	29.01	32.48
46	67.66	83.40	95.00	110.35	114.55	125.38	16.62	22.05	24.52	28.48	29.61	32.76
47	67.11	83.05	94.33	111.16	116.71	128.01	16.37	21.63	24.07	28.37	29.79	33.05
48	68.75	85.16	97.03	113.93	120.37	131.84	16.64	21.83	24.29	28.49	30.11	33.32
49	69.83	86.50	99.04	115.82	122.93	134.59	16.85	21.98	24.37	28.52	30.19	33.43
50	71.35	88.22	101.75	118.41	126.13	138.10	17.26	22.30	24.69	28.74	30.49	33.79
51	72.91	89.81	104.58	121.12	129.37	141.61	17.73	22.70	25.08	29.05	30.82	34.18
52	74.55	91.43	107.66	123.99	132.80	145.26	18.29	23.21	25.56	29.46	31.21	34.65
53	75.20	92.45	109.60	126.01	134.74	148.37	18.61	23.61	25.98	29.88	31.50	35.34
54	76.01	93.72	111.72	128.30	136.86	151.79	18.95	24.06	26.48	30.42	31.90	36.23
55	77.05	95.36	114.10	130.99	139.38	155.72	19.32	24.59	27.07	31.10	32.47	37.34
56	78.43	97.51	116.87	134.22	142.55	160.39	19.70	25.21	27.80	31.91	33.22	38.66
57	80.23	100.30	120.12	138.16	146.52	165.94	20.12	25.90	28.61	32.91	34.20	40.29
58	82.19	103.27	122.59	141.54	150.68	171.48	20.49	26.64	29.34	33.88	35.42	41.99
59	85.51	108.06	127.18	147.36	157.27	180.04	21.05	27.65	30.46	35.30	37.10	44.41
60	89.76	114.04	133.15	154.79	165.45	190.76	21.69	28.77	31.81	36.98	39.12	47.33
61	95.22	120.52	139.60	162.79	174.17	202.42	22.50	29.87	33.23	38.73	41.22	50.45
62	102.69	129.12	148.41	173.59	185.92	217.95	23.72	31.39	35.12	41.09	44.01	54.47
63	112.30	140.77	161.68	189.16	201.99	237.96	25.55	33.74	38.04	44.49	47.72	59.53
64	121.58	151.64	174.26	203.84	217.07	257.12	27.39	36.07	40.83	47.77	51.21	64.33
65	133.23	165.03	189.96	222.04	235.90	281.15	29.95	39.26	44.46	51.96	55.71	70.35
66	151.55	186.09	214.68	250.71	265.97	319.00	34.25	44.58	50.30	58.72	62.93	79.78
67	166.00	201.77	233.33	272.25	288.66	344.11	37.94	49.03	54.87	64.04	68.59	86.02
68	185.98	216.70	251.18	292.24	313.94	378.13	43.04	54.31	59.39	69.66	75.20	94.51
69	207.01	233.13	270.84	314.30	339.27	408.40	48.87	60.12	64.60	75.76	81.93	102.08
70	226.83	249.26	290.19	334.52	360.98	434.78	54.91	66.06	69.99	81.37	87.88	108.66
71	247.20	271.47	316.80	355.31	382.22	460.86	61.55	73.85	77.34	87.15	93.77	115.18
72	270.59	297.82	348.40	379.77	406.73	490.96	69.43	83.08	86.12	93.89	100.54	122.74
73	292.95	327.42	384.40	411.19	434.68	534.33	77.62	92.66	96.08	101.83	107.91	133.58
74	317.54	361.01	425.55	452.39	472.49	583.85	86.82	103.37	107.33	112.20	117.65	145.95
75	345.20	399.26	472.73	502.52	519.73	641.09	97.14	115.40	120.06	124.79	129.62	160.27
76	376.68	442.77	526.70	559.91	575.17	707.56	108.76	128.93	134.39	139.24	143.52	176.89
77	412.75	492.16	588.28	625.38	640.23	784.70	121.80	144.16	150.48	155.81	159.66	196.17
78	454.14	548.01	658.21	699.72	716.26	877.49	136.42	161.23	168.44	174.71	178.37	219.37
79	501.52	610.88	737.24	783.73	804.61	984.50	152.76	180.30	188.42	196.16	199.94	246.11

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Compound

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	70.29	85.10	106.44	2.42	3.10	3.71	12.64	
36	71.39	86.14	107.30	2.45	3.14	3.74	12.97	
37	72.49	87.22	108.13	2.49	3.19	3.77	13.29	
38	73.71	89.11	108.31	2.53	3.26	3.82	13.93	
39	75.70	91.51	108.83	2.58	3.34	3.90	14.57	
40	77.61	93.52	109.68	2.64	3.42	3.97	15.02	
41	80.35	96.21	110.87	2.74	3.57	4.09	15.50	
42	83.06	98.57	112.40	2.81	3.68	4.19	15.81	
43	85.58	101.27	113.59	2.92	3.78	4.31	16.18	
44	87.85	103.80	115.11	3.04	3.89	4.44	16.47	
45	90.81	107.19	116.96	3.19	4.03	4.61	16.87	
46	91.84	110.32	119.10	3.23	4.10	4.64	16.62	
47	91.40	111.16	121.60	3.27	4.10	4.62	16.37	
48	93.71	113.91	125.25	3.42	4.24	4.76	16.64	
49	95.12	115.80	127.87	3.53	4.38	4.87	16.85	
50	96.94	118.41	131.19	3.65	4.52	5.00	17.26	
51	98.66	121.09	134.54	3.78	4.65	5.13	17.73	
52	100.36	123.99	137.98	3.93	4.78	5.30	18.29	
53	101.44	126.01	140.95	4.00	4.87	5.38	18.61	
54	102.78	128.30	144.20	4.09	4.99	5.49	18.95	
55	104.56	130.99	147.94	4.19	5.11	5.60	19.32	
56	106.88	134.22	152.36	4.32	5.27	5.75	19.70	
57	109.91	138.16	157.64	4.49	5.44	5.93	20.12	
58	113.11	141.54	162.90	4.65	5.63	6.10	20.49	
59	118.35	147.36	171.04	4.91	5.91	6.39	21.05	
60	124.87	154.79	181.21	5.22	6.29	6.74	21.69	
61	131.92	162.79	192.30	5.63	6.67	7.14	22.50	
62	141.27	173.59	207.04	6.16	7.20	7.65	23.72	
63	153.94	189.16	226.05	6.86	7.95	8.39	25.55	
64	165.72	203.84	244.25	7.56	8.67	9.10	27.39	
65	180.26	222.02	267.10	8.40	9.54	10.01	29.95	
66	203.11	250.71	303.04	9.70	10.89	11.38	34.25	
67	220.08	272.25	326.89	10.75	11.95	12.45	37.94	
68	236.08	293.98	359.21	12.12	13.15	13.63	43.04	
69	253.78	316.65	387.95	13.58	14.33	14.84	48.87	
70	271.18	336.60	413.04	14.97	15.47	15.97	54.91	
71	295.25	356.54	437.79	16.46	16.96	17.46	61.55	
72	323.80	379.77	466.42	18.18	18.68	19.20	69.43	
73	356.01	408.38	507.60	19.99	20.51	21.04	77.62	
74	392.57	446.65	554.65	22.07	22.60	23.15	86.82	
75	434.12	493.97	609.03	24.47	25.01	25.60	97.14	
76	481.34	549.02	672.17	27.26	27.83	28.44	108.76	
77	534.86	612.87	745.44	30.51	31.11	31.75	121.80	
78	595.29	686.62	833.63	34.29	34.93	35.60	136.42	
79	663.21	771.31	935.27	38.63	39.31	40.02	152.76	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Compound

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue Age	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	87.28	101.26	115.15	125.86	140.89	177.48	78.54	91.12	103.65	113.29	126.80	159.74
36	88.10	102.52	116.79	127.86	143.09	179.31	79.30	92.29	105.08	115.06	128.78	161.40
37	88.98	103.80	118.40	129.80	145.32	181.17	80.08	93.40	106.55	116.83	130.78	163.05
38	91.15	106.68	121.86	131.75	147.71	182.22	82.03	96.01	109.68	118.58	132.95	164.03
39	93.31	109.55	125.29	133.66	149.94	183.65	83.98	98.62	112.78	120.29	134.95	165.28
40	95.47	112.12	127.69	135.57	152.03	185.48	85.92	100.90	114.92	122.03	136.83	166.94
41	97.75	113.09	129.49	137.55	154.11	187.74	87.99	101.78	116.55	123.81	138.69	168.97
42	98.66	112.96	130.11	138.31	154.80	188.58	88.78	101.67	117.09	124.48	139.36	169.74
43	97.26	114.58	131.53	139.89	156.44	190.76	87.52	103.12	118.35	125.92	140.79	171.70
44	94.73	112.93	129.05	141.02	157.58	192.40	85.25	101.61	116.16	126.92	141.83	173.17
45	92.63	111.00	126.29	142.39	159.09	194.47	83.35	99.88	113.68	128.15	143.19	175.01
46	90.95	109.46	124.06	144.08	161.05	196.92	81.87	98.50	111.64	129.68	144.93	177.22
47	89.75	108.25	122.39	144.22	161.44	199.80	80.77	97.42	110.16	129.78	145.29	179.82
48	91.42	110.22	124.76	146.51	164.78	204.08	82.29	99.21	112.28	131.86	148.32	183.71
49	92.55	111.40	126.54	147.94	167.18	207.04	83.31	100.27	113.87	133.14	150.46	186.35
50	94.20	113.01	129.00	150.15	170.49	210.95	84.78	101.70	116.10	135.12	153.44	189.85
51	96.50	115.21	132.41	153.32	174.98	216.01	86.85	103.69	119.18	137.98	157.49	194.42
52	98.47	116.86	135.43	155.97	178.95	220.15	88.62	105.15	121.89	140.39	161.06	198.13
53	99.65	118.44	137.98	158.65	182.44	225.07	89.68	106.61	124.19	142.77	164.18	202.58
54	101.00	120.41	140.82	161.74	186.25	230.64	90.91	108.36	126.73	145.54	167.62	207.58
55	102.66	122.79	144.05	165.36	190.61	237.11	92.38	110.53	129.64	148.84	171.56	213.42
56	104.69	125.80	147.79	169.76	195.69	244.78	94.22	113.22	133.02	152.79	176.11	220.32
57	107.17	129.53	152.15	175.01	201.65	253.93	96.46	116.59	136.94	157.54	181.49	228.52
58	109.79	133.96	155.64	179.70	206.77	263.18	98.80	120.56	140.07	161.73	186.09	236.85
59	113.22	139.18	160.57	186.06	213.72	275.18	101.91	125.28	144.51	167.46	192.37	247.69
60	117.66	145.45	167.06	194.21	222.65	290.27	105.89	130.89	150.33	174.81	200.38	261.26
61	124.34	152.90	175.14	204.22	233.65	308.67	111.90	137.62	157.61	183.81	210.29	277.80
62	133.37	162.68	185.90	217.43	248.23	332.54	120.02	146.43	167.31	195.66	223.40	299.27
63	144.43	175.08	200.95	235.10	268.12	361.09	129.99	157.57	180.86	211.59	241.31	324.97
64	156.08	187.94	216.48	253.20	288.61	390.65	140.47	169.15	194.84	227.89	259.76	351.58
65	169.81	203.05	234.27	273.86	312.14	424.72	152.82	182.75	210.84	246.47	280.93	382.25
66	192.19	228.37	263.30	307.49	350.70	479.66	172.98	205.54	236.96	276.74	315.65	431.71
67	209.81	247.79	284.74	332.22	379.31	521.54	188.84	223.00	256.26	299.00	341.38	469.39
68	233.38	270.16	303.86	353.54	404.69	560.42	210.04	243.14	273.47	318.18	364.24	504.38
69	254.61	288.54	320.35	371.75	426.44	591.27	229.15	259.67	288.29	334.57	383.80	532.13
70	277.12	308.51	339.94	391.83	450.29	622.77	249.43	277.67	305.93	352.65	405.27	560.51
71	298.07	332.62	364.95	409.31	471.09	648.58	268.26	299.36	328.46	368.38	423.97	583.72
72	319.45	357.55	391.40	426.64	491.79	673.24	287.52	321.78	352.27	383.97	442.60	605.92
73	345.36	387.60	429.14	459.07	529.47	728.17	310.82	348.84	386.22	413.15	476.51	655.36
74	373.80	420.89	471.96	501.72	579.01	790.61	336.41	378.79	424.75	451.54	521.11	711.56
75	405.59	458.48	520.61	553.44	639.14	862.53	365.03	412.62	468.56	498.10	575.22	776.28
76	444.71	504.88	579.96	616.55	712.60	952.48	400.25	454.38	521.98	554.89	641.34	857.22
77	485.88	554.26	642.97	683.50	790.75	1,049.29	437.29	498.83	578.66	615.15	711.67	944.35
78	532.71	610.67	713.86	758.88	878.89	1,165.41	479.44	549.60	642.48	682.99	790.99	1,048.88
79	585.79	674.90	793.28	843.29	977.80	1,298.44	527.21	607.41	713.95	758.96	880.02	1,168.60

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Compound

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL) Benefit Period						Non Integrated - Home Health Care (HHC) (2PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	82.61	92.85	110.43	120.72	126.75	142.32	18.38	24.13	27.86	30.45	31.97	35.16
36	83.04	94.26	111.79	122.38	128.49	143.40	18.86	24.76	28.41	31.08	32.65	35.91
37	83.52	95.71	113.11	124.03	130.23	144.57	19.32	25.41	28.97	31.77	33.37	36.59
38	84.88	98.66	116.02	125.46	131.92	144.80	20.34	26.71	30.13	32.57	34.25	37.42
39	86.42	101.63	119.01	126.95	133.52	145.49	21.23	27.87	31.24	33.31	35.02	38.16
40	88.12	104.32	121.06	128.55	135.17	146.63	21.99	28.88	31.97	33.94	35.71	38.85
41	90.05	105.49	122.66	130.32	136.95	148.20	22.65	29.34	32.51	34.54	36.28	39.54
42	90.86	105.61	123.26	131.04	137.57	148.81	22.87	29.45	32.67	34.71	36.44	39.78
43	89.62	107.54	124.71	132.62	139.16	150.56	22.50	29.70	32.94	35.05	36.79	40.20
44	87.39	106.38	122.54	133.89	140.38	152.01	21.82	28.99	32.19	35.18	36.91	40.39
45	85.61	104.96	120.12	135.46	142.00	153.87	21.23	28.16	31.34	35.33	37.04	40.60
46	84.26	103.86	118.30	137.41	144.08	156.13	20.70	27.46	30.54	35.47	37.24	40.79
47	83.25	103.03	117.02	137.89	144.78	158.80	20.30	26.83	29.86	35.19	36.95	41.00
48	84.95	105.23	119.90	140.78	148.74	162.91	20.56	26.97	30.01	35.21	37.20	41.18
49	86.05	106.59	122.05	142.73	151.49	165.84	20.76	27.08	30.04	35.14	37.20	41.20
50	87.57	108.27	124.88	145.33	154.80	169.48	21.19	27.37	30.30	35.27	37.42	41.47
51	89.59	110.36	128.50	148.82	158.96	174.01	21.79	27.90	30.82	35.70	37.87	42.00
52	91.22	111.88	131.74	151.72	162.51	177.75	22.39	28.40	31.28	36.05	38.19	42.40
53	92.13	113.26	134.28	154.39	165.08	181.77	22.80	28.92	31.83	36.61	38.60	43.30
54	93.24	114.96	137.04	157.38	167.88	186.20	23.25	29.51	32.49	37.31	39.13	44.44
55	94.63	117.12	140.13	160.88	171.19	191.25	23.73	30.21	33.25	38.20	39.88	45.86
56	96.45	119.91	143.72	165.06	175.30	197.24	24.23	31.00	34.19	39.24	40.85	47.54
57	98.78	123.50	147.90	170.12	180.41	204.32	24.77	31.89	35.22	40.53	42.11	49.61
58	101.33	127.32	151.13	174.50	185.78	211.41	25.27	32.85	36.17	41.77	43.67	51.77
59	104.84	132.48	155.93	180.67	192.82	220.74	25.80	33.90	37.35	43.28	45.49	54.44
60	109.43	139.03	162.33	188.72	201.72	232.57	26.45	35.07	38.78	45.09	47.69	57.70
61	116.24	147.12	170.41	198.72	212.61	247.09	27.47	36.46	40.56	47.28	50.31	61.58
62	125.35	157.61	181.17	211.90	226.95	266.05	28.96	38.32	42.88	50.15	53.72	66.49
63	136.31	170.87	196.24	229.60	245.18	288.83	31.01	40.95	46.18	54.01	57.92	72.26
64	147.75	184.29	211.78	247.72	263.80	312.48	33.29	43.84	49.62	58.05	62.24	78.17
65	160.98	199.42	229.53	268.29	285.05	339.72	36.19	47.44	53.72	62.78	67.32	85.00
66	182.29	223.83	258.21	301.55	319.91	383.69	41.19	53.62	60.50	70.63	75.70	95.96
67	198.73	241.55	279.34	325.93	345.57	417.24	45.42	58.69	65.69	76.66	82.11	104.30
68	220.51	256.95	297.83	346.51	372.24	448.35	51.03	64.39	70.42	82.60	89.16	112.07
69	239.78	270.03	313.71	364.04	392.96	473.03	56.61	69.64	74.83	87.75	94.90	118.24
70	259.94	285.65	332.56	383.35	413.68	498.25	62.93	75.71	80.21	93.25	100.70	124.52
71	278.33	305.66	356.70	400.05	430.35	518.89	69.30	83.14	87.08	98.13	105.58	129.69
72	296.84	326.71	382.20	416.62	446.19	538.59	76.16	91.14	94.48	103.00	110.29	134.65
73	319.38	356.96	419.08	448.29	473.89	582.55	84.62	101.02	104.75	111.02	117.65	145.63
74	344.00	391.09	461.02	490.09	511.87	632.50	94.05	111.98	116.27	121.55	127.46	158.12
75	371.55	429.74	508.81	540.88	559.40	690.03	104.55	124.21	129.23	134.32	139.52	172.50
76	405.65	476.83	567.21	602.98	619.42	761.98	117.12	138.85	144.73	149.95	154.56	190.50
77	441.54	526.50	629.32	669.01	684.89	839.44	130.30	154.22	160.98	166.68	170.80	209.85
78	482.53	582.26	699.35	743.46	761.03	932.33	144.95	171.31	178.96	185.63	189.52	233.08
79	529.17	644.55	777.87	826.93	848.96	1,038.77	161.18	190.24	198.80	206.98	210.96	259.68

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Compound

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	102.20	120.72	135.17	3.52	4.50	5.39	18.38	
36	103.82	122.38	136.26	3.57	4.57	5.44	18.86	
37	105.40	124.03	137.32	3.61	4.64	5.48	19.32	
38	107.59	125.46	137.55	3.69	4.76	5.58	20.34	
39	110.36	126.92	138.20	3.77	4.87	5.69	21.23	
40	113.32	128.52	139.29	3.87	5.00	5.77	21.99	
41	115.18	130.29	140.80	4.00	5.11	5.86	22.65	
42	116.36	131.04	141.37	4.07	5.15	5.88	22.87	
43	118.49	132.62	143.04	4.07	5.24	5.97	22.50	
44	117.19	133.89	144.43	4.03	5.18	5.89	21.82	
45	115.58	135.46	146.20	4.01	5.13	5.81	21.23	
46	114.37	137.39	148.31	4.03	5.11	5.78	20.70	
47	113.38	137.89	150.85	4.06	5.08	5.73	20.30	
48	115.79	140.76	154.77	4.22	5.24	5.88	20.56	
49	117.21	142.70	157.57	4.35	5.39	6.00	20.76	
50	118.97	145.33	161.00	4.48	5.54	6.14	21.19	
51	121.22	148.80	165.32	4.65	5.72	6.31	21.79	
52	122.80	151.72	168.84	4.81	5.85	6.48	22.39	
53	124.28	154.39	172.68	4.91	5.97	6.59	22.80	
54	126.08	157.38	176.88	5.02	6.12	6.73	23.25	
55	128.42	160.88	181.70	5.14	6.27	6.87	23.73	
56	131.44	165.06	187.37	5.32	6.48	7.07	24.23	
57	135.34	170.12	194.10	5.52	6.70	7.30	24.77	
58	139.45	174.50	200.83	5.73	6.95	7.52	25.27	
59	145.10	180.67	209.70	6.02	7.24	7.83	25.80	
60	152.24	188.72	220.93	6.37	7.67	8.22	26.45	
61	161.03	198.72	234.73	6.87	8.15	8.71	27.47	
62	172.45	211.90	252.74	7.52	8.79	9.33	28.96	
63	186.85	229.60	274.38	8.32	9.64	10.18	31.01	
64	201.40	247.72	296.83	9.19	10.53	11.06	33.29	
65	217.81	268.27	322.75	10.14	11.53	12.09	36.19	
66	244.30	301.55	364.49	11.66	13.09	13.69	41.19	
67	263.47	325.93	396.36	12.87	14.31	14.90	45.42	
68	279.92	348.58	425.91	14.38	15.59	16.16	51.03	
69	293.94	366.77	449.36	15.73	16.60	17.19	56.61	
70	310.77	385.74	473.34	17.16	17.73	18.31	62.93	
71	332.42	401.43	492.92	18.53	19.09	19.65	69.30	
72	355.21	416.62	511.67	19.95	20.49	21.07	76.16	
73	388.14	445.22	553.40	21.79	22.36	22.94	84.62	
74	425.28	483.87	600.88	23.91	24.48	25.08	94.05	
75	467.26	531.68	655.52	26.34	26.92	27.55	104.55	
76	518.36	591.25	723.88	29.36	29.97	30.63	117.12	
77	572.18	655.62	797.45	32.64	33.29	33.96	130.30	
78	632.50	729.53	885.73	36.43	37.11	37.82	144.95	
79	699.76	813.82	986.82	40.76	41.47	42.22	161.18	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	117.68	126.47	139.57	148.36	166.07	209.20	105.90	113.81	125.63	133.54	149.47	188.29
36	118.93	127.58	141.76	150.72	168.66	211.36	107.04	114.86	127.55	135.63	151.79	190.25
37	120.21	128.76	143.95	153.01	171.29	213.55	108.19	115.87	129.54	137.72	154.15	192.20
38	121.49	129.91	146.24	155.30	174.12	214.79	109.33	116.91	131.62	139.77	156.71	193.34
39	122.67	131.02	148.39	157.55	176.74	216.48	110.41	117.95	133.58	141.79	159.07	194.83
40	123.85	132.16	150.51	159.81	179.20	218.63	111.45	118.93	135.46	143.85	161.29	196.78
41	124.61	132.76	152.01	161.47	180.92	220.39	112.17	119.48	136.82	145.34	162.81	198.35
42	123.85	132.80	152.95	162.60	181.99	221.70	111.45	119.53	137.65	146.34	163.83	199.55
43	118.69	134.24	154.09	163.89	183.28	223.49	106.80	120.81	138.66	147.53	164.94	201.16
44	114.19	136.06	155.48	165.46	184.89	225.74	102.76	122.42	139.95	148.91	166.41	203.17
45	110.28	135.13	153.75	167.31	186.93	228.50	99.23	121.59	138.40	150.57	168.25	205.64
46	106.94	132.73	150.42	169.55	189.52	231.73	96.27	119.43	135.37	152.60	170.54	208.55
47	103.78	130.14	147.13	170.28	190.61	234.46	93.40	117.11	132.43	153.23	171.54	211.01
48	105.19	131.64	149.00	172.32	193.81	240.90	94.69	118.49	134.10	155.09	174.45	216.85
49	106.06	132.29	150.26	173.46	196.02	246.07	95.47	119.07	135.22	156.11	176.41	221.47
50	106.95	132.73	151.51	174.57	198.21	251.13	96.26	119.45	136.37	157.09	178.39	226.01
51	108.44	133.71	153.66	176.56	201.51	257.37	97.59	120.34	138.32	158.90	181.37	231.65
52	110.10	134.72	156.12	178.84	205.19	263.95	99.10	121.22	140.51	160.98	184.67	237.54
53	111.56	135.93	158.36	180.88	208.00	268.87	100.40	122.36	142.53	162.78	187.18	242.00
54	113.69	138.16	161.58	184.11	212.02	275.76	102.33	124.33	145.41	165.68	190.81	248.19
55	115.65	140.19	164.45	187.04	215.60	282.46	104.07	126.18	148.01	168.36	194.06	254.24
56	119.18	143.51	168.60	191.61	220.88	291.85	107.26	129.16	151.74	172.46	198.79	262.69
57	123.62	147.61	173.38	197.06	227.05	303.03	111.26	132.87	156.05	177.39	204.35	272.71
58	128.08	152.64	177.35	202.42	232.92	314.35	115.26	137.37	159.60	182.18	209.62	282.90
59	134.25	159.27	183.74	210.58	241.89	330.52	120.83	143.36	165.36	189.53	217.73	297.50
60	141.18	166.30	191.00	219.75	251.93	348.98	127.05	149.65	171.88	197.79	226.73	314.10
61	148.93	173.78	199.05	229.83	262.95	368.26	134.03	156.41	179.13	206.86	236.66	331.42
62	158.99	183.50	209.70	243.01	277.45	389.56	143.08	165.17	188.73	218.68	249.69	350.58
63	170.68	198.55	227.89	264.35	301.49	423.81	153.63	178.69	205.11	237.92	271.33	381.42
64	181.95	213.42	245.82	285.29	325.19	455.39	163.75	192.08	221.25	256.78	292.68	409.84
65	194.20	229.90	265.25	307.93	350.98	485.75	174.78	206.91	238.72	277.14	315.88	437.17
66	217.89	260.82	300.71	349.09	398.15	543.80	196.11	234.74	270.63	314.18	358.36	489.44
67	233.26	282.79	324.96	377.31	430.79	579.83	209.94	254.50	292.45	339.59	387.71	521.85
68	255.87	312.66	351.66	408.46	467.55	629.26	230.28	281.39	316.49	367.60	420.82	566.34
69	278.33	342.83	380.62	442.17	507.22	678.70	250.50	308.53	342.54	397.94	456.51	610.82
70	298.30	370.51	408.26	474.35	545.12	722.49	268.49	333.48	367.42	426.91	490.61	650.26
71	319.64	400.61	439.55	510.79	587.89	770.26	287.68	360.56	395.60	459.71	529.08	693.24
72	343.35	434.57	475.72	552.83	628.26	824.50	309.03	391.10	428.16	497.54	565.43	742.06
73	367.53	470.70	521.15	606.80	682.05	884.55	330.77	423.64	469.03	546.10	613.82	796.10
74	404.77	513.90	576.25	672.36	742.68	958.59	364.28	462.50	518.62	605.12	668.41	862.73
75	446.68	561.57	639.02	740.19	816.07	1,043.69	402.02	505.41	575.12	666.18	734.46	939.32
76	494.34	610.87	710.42	810.58	894.35	1,141.87	444.92	549.77	639.39	729.52	804.92	1,027.67
77	538.17	670.24	789.13	895.11	988.54	1,254.97	484.35	603.20	710.20	805.59	889.67	1,129.45
78	573.55	719.19	849.93	966.12	1,068.11	1,394.42	516.20	647.28	764.94	869.51	961.29	1,254.99
79	612.18	771.94	915.22	1,042.36	1,153.79	1,510.49	550.96	694.74	823.70	938.13	1,038.41	1,359.45

Mutual of Omaha Insurance Company

Policy Form: LTC04I-TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	111.39	115.97	133.85	142.30	149.40	167.75	24.78	30.14	33.77	35.89	37.68	41.45
36	112.09	117.31	135.70	144.25	151.46	169.03	25.46	30.81	34.48	36.64	38.49	42.33
37	112.83	118.73	137.52	146.20	153.51	170.41	26.10	31.52	35.22	37.44	39.33	43.13
38	113.14	120.14	139.23	147.89	155.50	170.68	27.11	32.53	36.16	38.39	40.37	44.11
39	113.61	121.56	140.95	149.64	157.38	171.49	27.91	33.34	37.01	39.26	41.28	44.99
40	114.32	122.97	142.70	151.52	159.34	172.84	28.52	34.04	37.68	40.00	42.09	45.79
41	114.79	123.84	143.99	152.98	160.76	173.97	28.87	34.44	38.16	40.54	42.59	46.41
42	114.06	124.15	144.91	154.05	161.73	174.94	28.71	34.62	38.41	40.81	42.84	46.76
43	109.36	125.99	146.11	155.38	163.03	176.39	27.46	34.80	38.59	41.06	43.11	47.10
44	105.34	128.17	147.63	157.09	164.71	178.35	26.30	34.93	38.79	41.27	43.30	47.39
45	101.93	127.77	146.23	159.17	166.85	180.80	25.27	34.28	38.15	41.51	43.52	47.70
46	99.07	125.93	143.44	161.70	169.55	183.73	24.34	33.30	37.03	41.74	43.83	48.01
47	96.26	123.86	140.68	162.81	170.94	186.35	23.48	32.25	35.90	41.55	43.63	48.12
48	97.75	125.69	143.20	165.59	174.95	192.30	23.66	32.21	35.84	41.41	43.76	48.60
49	98.61	126.57	144.93	167.35	177.62	197.10	23.79	32.16	35.67	41.20	43.61	48.96
50	99.42	127.17	146.67	168.96	179.97	201.76	24.05	32.14	35.58	41.01	43.50	49.37
51	100.67	128.08	149.14	171.38	183.07	207.33	24.49	32.38	35.77	41.11	43.62	50.05
52	102.00	128.97	151.87	173.97	186.34	213.11	25.03	32.74	36.06	41.34	43.79	50.84
53	103.14	129.99	154.11	176.01	188.20	217.15	25.52	33.19	36.53	41.74	44.00	51.72
54	104.96	131.91	157.25	179.16	191.11	222.63	26.17	33.86	37.28	42.48	44.54	53.13
55	106.60	133.71	159.98	181.97	193.64	227.83	26.73	34.48	37.95	43.21	45.11	54.63
56	109.80	136.79	163.95	186.31	197.87	235.17	27.58	35.37	39.00	44.30	46.11	56.69
57	113.94	140.74	168.55	191.56	203.14	243.83	28.58	36.35	40.14	45.63	47.42	59.20
58	118.21	145.08	172.21	196.56	209.27	252.52	29.48	37.43	41.21	47.05	49.19	61.83
59	124.31	151.60	178.43	204.48	218.23	265.13	30.59	38.79	42.74	48.99	51.48	65.39
60	131.31	158.96	185.60	213.53	228.24	279.61	31.74	40.10	44.34	51.02	53.97	69.37
61	139.22	167.20	193.67	223.63	239.27	294.79	32.90	41.43	46.10	53.21	56.62	73.47
62	149.43	177.79	204.36	236.84	253.66	311.67	34.52	43.22	48.37	56.05	60.05	77.89
63	161.10	193.78	222.55	258.18	275.69	339.00	36.65	46.44	52.37	60.73	65.13	84.81
64	172.24	209.27	240.49	279.12	297.24	364.26	38.80	49.78	56.35	65.41	70.13	91.13
65	184.11	225.79	259.88	301.68	320.51	388.53	41.39	53.71	60.83	70.59	75.69	97.22
66	206.66	255.64	294.90	342.36	363.19	435.00	46.70	61.23	69.09	80.19	85.94	108.80
67	220.94	275.67	318.80	370.17	392.48	463.87	50.50	66.98	74.97	87.07	93.26	115.96
68	241.77	297.37	344.68	400.33	430.06	503.43	55.95	74.52	81.50	95.43	103.01	125.83
69	262.12	320.85	372.74	433.00	467.40	542.98	61.88	82.74	88.91	104.37	112.88	135.72
70	279.81	343.06	399.40	464.08	500.80	578.04	67.74	90.92	96.33	112.88	121.91	144.46
71	298.47	368.14	429.61	499.24	537.05	616.25	74.31	100.14	104.88	122.45	131.76	154.02
72	319.05	397.09	464.54	539.84	570.01	659.59	81.86	110.77	114.83	133.46	140.90	164.90
73	339.87	433.50	508.93	592.54	610.46	707.65	90.05	122.68	127.21	146.75	151.55	176.90
74	372.50	477.51	562.89	656.78	656.56	766.88	101.84	136.73	141.97	162.89	163.48	191.71
75	409.20	526.38	624.54	723.39	714.26	834.95	115.14	152.14	158.62	179.64	178.14	208.73
76	450.92	576.93	694.80	792.75	777.40	913.50	130.20	168.00	177.29	197.15	193.98	228.37
77	489.06	636.66	772.37	876.13	856.20	1,003.98	144.32	186.48	197.57	218.28	213.52	250.99
78	519.52	685.73	832.66	946.49	924.88	1,115.54	156.06	201.75	213.07	236.32	230.32	278.88
79	553.00	737.22	897.44	1,022.14	1,001.76	1,208.41	168.43	217.59	229.36	255.84	248.93	302.08

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	127.65	142.30	159.34	4.75	5.62	6.53	24.78	
36	129.20	144.25	160.62	4.82	5.69	6.60	25.46	
37	130.75	146.20	161.86	4.88	5.76	6.67	26.10	
38	131.02	147.89	162.13	4.92	5.79	6.70	27.11	
39	131.99	149.60	162.91	4.95	5.83	6.73	27.91	
40	133.58	151.49	164.18	5.02	5.89	6.80	28.52	
41	135.21	152.95	165.29	5.10	6.00	6.87	28.87	
42	136.79	154.05	166.19	5.11	6.05	6.92	28.71	
43	138.82	155.38	167.58	4.96	6.13	6.99	27.46	
44	141.19	157.09	169.45	4.85	6.25	7.10	26.30	
45	140.71	159.17	171.78	4.78	6.25	7.07	25.27	
46	138.68	161.67	174.53	4.73	6.19	7.01	24.34	
47	136.31	162.81	177.01	4.70	6.11	6.89	23.48	
48	138.29	165.56	182.69	4.86	6.26	7.03	23.66	
49	139.19	167.32	187.27	4.99	6.40	7.12	23.79	
50	139.73	168.96	191.67	5.09	6.51	7.21	24.05	
51	140.69	171.36	196.97	5.22	6.63	7.32	24.49	
52	141.57	173.97	202.43	5.38	6.75	7.47	25.03	
53	142.63	176.01	206.29	5.49	6.85	7.56	25.52	
54	144.67	179.16	211.49	5.65	7.03	7.72	26.17	
55	146.61	181.97	216.45	5.79	7.16	7.85	26.73	
56	149.94	186.31	223.40	6.05	7.39	8.07	27.58	
57	154.23	191.56	231.64	6.37	7.63	8.32	28.58	
58	158.90	196.56	239.88	6.69	7.92	8.57	29.48	
59	166.03	204.48	251.87	7.14	8.29	8.96	30.59	
60	174.06	213.53	265.61	7.64	8.76	9.40	31.74	
61	183.01	223.63	280.05	8.23	9.26	9.90	32.90	
62	194.53	236.84	296.07	8.97	9.92	10.53	34.52	
63	211.90	258.18	322.04	9.84	10.94	11.55	36.65	
64	228.70	279.12	346.02	10.71	11.96	12.56	38.80	
65	246.61	301.65	369.12	11.60	13.06	13.69	41.39	
66	279.02	342.36	413.23	13.22	14.96	15.63	46.70	
67	300.69	370.17	440.66	14.31	16.33	17.01	50.50	
68	323.95	402.72	478.23	15.76	18.04	18.71	55.95	
69	349.25	436.25	515.80	17.20	19.72	20.43	61.88	
70	373.23	466.97	549.14	18.47	21.29	21.99	67.74	
71	400.37	500.96	585.41	19.87	22.99	23.67	74.31	
72	431.73	539.84	626.63	21.44	24.91	25.60	81.86	
73	471.36	588.49	672.24	23.19	27.15	27.86	90.05	
74	519.26	648.45	728.54	25.89	29.89	30.62	101.84	
75	572.33	711.10	793.21	29.01	32.97	33.82	115.14	
76	627.19	777.32	867.81	32.63	36.27	37.52	130.20	
77	691.90	858.60	953.76	36.15	40.25	41.68	144.32	
78	744.90	928.76	1,059.78	39.23	43.71	45.03	156.06	
79	800.37	1,005.94	1,147.98	42.60	47.44	48.71	168.43	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Simple

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Issue Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	61.97	71.90	81.77	91.61	101.37	144.04	55.76	64.71	73.60	82.46	91.24	129.64
36	62.56	72.79	82.91	92.92	102.82	145.53	56.31	65.53	74.60	83.62	92.54	130.99
37	63.18	73.70	84.06	94.23	104.26	147.03	56.86	66.32	75.65	84.82	93.83	132.33
38	64.77	75.82	86.60	97.08	107.30	147.89	58.29	68.23	77.94	87.38	96.57	133.12
39	66.02	77.51	88.65	99.41	109.82	149.05	59.43	69.78	79.80	89.47	98.84	134.14
40	67.60	79.59	91.13	102.26	112.98	150.53	60.84	71.62	82.02	92.05	101.69	135.49
41	69.29	81.73	93.71	105.20	116.23	152.37	62.37	73.56	84.34	94.69	104.60	137.13
42	70.62	83.50	95.89	107.74	119.08	154.54	63.55	75.16	86.30	96.97	107.20	139.10
43	72.40	85.65	98.41	110.58	122.23	156.16	65.15	77.09	88.55	99.54	110.00	140.56
44	74.36	88.03	101.16	113.70	125.71	159.06	66.92	79.21	91.06	102.33	113.14	143.16
45	76.53	90.67	104.19	117.14	129.51	161.41	68.86	81.58	93.79	105.42	116.57	145.26
46	75.79	91.22	103.38	120.07	133.09	164.10	68.23	82.08	93.04	108.07	119.77	147.69
47	75.10	90.58	102.41	120.67	135.08	167.18	67.59	81.51	92.17	108.59	121.57	150.46
48	77.29	93.17	105.47	123.85	139.30	172.52	69.56	83.87	94.92	111.47	125.38	155.30
49	78.98	95.07	107.99	126.25	142.67	176.69	71.10	85.57	97.17	113.63	128.40	159.03
50	81.25	97.47	111.25	129.50	147.04	181.93	73.12	87.71	100.13	116.53	132.33	163.73
51	83.15	99.28	114.09	132.11	150.78	186.14	74.84	89.35	102.70	118.90	135.71	167.54
52	85.76	101.78	117.95	135.85	155.86	191.75	77.19	91.58	106.16	122.28	140.28	172.57
53	86.72	103.08	120.08	138.07	158.77	195.87	78.05	92.78	108.08	124.25	142.88	176.30
54	88.38	105.36	123.22	141.52	162.97	201.81	79.55	94.81	110.89	127.35	146.67	181.63
55	89.76	107.36	125.94	144.58	166.65	207.31	80.77	96.63	113.35	130.13	150.00	186.60
56	92.03	110.59	129.93	149.24	172.03	215.19	82.83	99.54	116.94	134.32	154.82	193.69
57	94.74	114.50	134.49	154.71	178.25	224.47	85.27	103.06	121.05	139.26	160.43	202.01
58	96.98	118.33	137.48	158.73	182.65	232.48	87.28	106.49	123.73	142.86	164.38	209.22
59	100.57	123.63	142.63	165.27	189.84	244.43	90.52	111.28	128.36	148.75	170.88	220.01
60	105.10	129.92	149.22	173.48	198.89	259.29	94.58	116.92	134.29	156.15	178.99	233.38
61	111.00	136.49	156.34	182.30	208.57	275.54	99.89	122.85	140.69	164.08	187.72	247.98
62	119.05	145.21	165.95	194.09	221.59	296.84	107.14	130.71	149.35	174.65	199.42	267.14
63	128.83	156.18	179.26	209.72	239.18	322.11	115.96	140.56	161.33	188.75	215.26	289.89
64	140.03	168.61	194.21	227.15	258.92	350.47	126.02	151.75	174.80	204.45	233.04	315.41
65	152.24	182.05	210.04	245.53	279.85	380.79	137.01	163.84	189.03	220.98	251.86	342.70
66	173.20	205.80	237.28	277.10	316.03	432.25	155.88	185.22	213.54	249.39	284.45	389.04
67	190.07	224.47	257.94	300.95	343.61	472.45	171.06	202.01	232.14	270.86	309.25	425.21
68	213.70	247.38	278.23	323.73	370.56	513.15	192.33	222.63	250.41	291.34	333.52	461.84
69	238.79	270.62	300.45	348.66	399.95	554.55	214.92	243.54	270.39	313.79	359.96	499.08
70	264.77	294.75	324.78	374.36	430.21	595.00	238.31	265.29	292.29	336.93	387.20	535.52
71	290.23	323.87	355.35	398.54	458.69	631.51	261.21	291.49	319.81	358.68	412.81	568.36
72	319.45	357.55	391.40	426.64	491.79	673.24	287.52	321.78	352.27	383.97	442.60	605.92
73	347.74	390.27	432.10	462.24	533.12	733.19	312.97	351.25	388.89	416.00	479.79	659.88
74	381.64	429.72	481.86	512.24	591.15	807.20	343.47	386.74	433.66	461.01	532.04	726.48
75	417.09	471.48	535.38	569.14	657.27	887.00	375.39	424.33	481.85	512.23	591.54	798.30
76	457.42	519.31	596.53	634.16	732.96	979.69	411.68	467.37	536.89	570.74	659.66	881.72
77	492.93	562.30	652.29	693.41	802.21	1,064.50	443.63	506.06	587.05	624.06	721.98	958.04
78	540.55	619.65	724.36	770.04	891.81	1,182.55	486.49	557.69	651.93	693.04	802.62	1,064.30
79	590.17	679.94	799.20	849.58	985.10	1,308.13	531.14	611.94	719.28	764.63	886.59	1,177.33

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Simple

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	58.65	65.93	78.42	87.87	91.20	115.50	13.05	17.13	19.79	22.16	23.00	28.54
36	58.96	66.93	79.37	88.94	92.33	116.38	13.39	17.58	20.17	22.59	23.46	29.14
37	59.30	67.96	80.31	90.04	93.44	117.33	13.71	18.04	20.57	23.06	23.94	29.70
38	60.32	70.12	82.45	92.45	95.82	117.52	14.45	18.98	21.42	24.00	24.88	30.37
39	61.15	71.91	84.21	94.42	97.79	118.08	15.02	19.72	22.11	24.77	25.65	30.97
40	62.40	74.05	86.40	96.96	100.45	119.00	15.57	20.50	22.81	25.60	26.54	31.53
41	63.83	76.24	88.77	99.67	103.28	120.28	16.05	21.20	23.53	26.41	27.36	32.09
42	65.04	78.07	90.84	102.08	105.83	121.95	16.37	21.77	24.08	27.04	28.03	32.60
43	66.71	80.39	93.31	104.84	108.72	123.25	16.75	22.20	24.64	27.71	28.75	32.91
44	68.60	82.93	96.06	107.95	111.99	125.67	17.13	22.60	25.24	28.36	29.44	33.39
45	70.73	85.73	99.09	111.44	115.60	127.71	17.54	23.00	25.85	29.06	30.15	33.70
46	70.22	86.55	98.58	114.51	119.07	130.11	17.25	22.88	25.45	29.56	30.78	34.00
47	69.66	86.21	97.92	115.38	121.14	132.87	16.99	22.45	24.99	29.44	30.92	34.31
48	71.82	88.96	101.35	119.01	125.74	137.72	17.38	22.80	25.37	29.76	31.45	34.81
49	73.44	90.96	104.16	121.80	129.28	141.53	17.72	23.11	25.63	29.99	31.74	35.16
50	75.52	93.38	107.70	125.33	133.50	146.17	18.27	23.60	26.13	30.42	32.27	35.77
51	77.20	95.10	110.73	128.24	136.98	149.94	18.78	24.04	26.56	30.76	32.64	36.19
52	79.45	97.44	114.74	132.14	141.54	154.82	19.50	24.73	27.25	31.40	33.26	36.93
53	80.18	98.57	116.86	134.36	143.66	158.19	19.84	25.17	27.70	31.86	33.59	37.68
54	81.59	100.59	119.91	137.71	146.90	162.92	20.34	25.82	28.42	32.65	34.24	38.88
55	82.74	102.40	122.52	140.66	149.67	167.21	20.75	26.41	29.07	33.40	34.86	40.10
56	84.79	105.42	126.35	145.10	154.11	173.39	21.30	27.25	30.06	34.50	35.91	41.80
57	87.32	109.17	130.74	150.38	159.48	180.61	21.90	28.19	31.14	35.82	37.23	43.85
58	89.51	112.47	133.50	154.14	164.10	186.75	22.32	29.02	31.95	36.90	38.57	45.73
59	93.13	117.68	138.51	160.49	171.27	196.07	22.92	30.11	33.18	38.45	40.40	48.36
60	97.75	124.19	145.00	168.58	180.18	207.75	23.63	31.33	34.64	40.28	42.60	51.54
61	103.76	131.33	152.12	177.39	189.79	220.57	24.52	32.54	36.21	42.21	44.91	54.97
62	111.90	140.69	161.72	189.15	202.59	237.49	25.85	34.20	38.27	44.77	47.96	59.35
63	121.60	152.42	175.06	204.82	218.71	257.65	27.66	36.53	41.19	48.18	51.67	64.46
64	132.56	165.33	190.00	222.24	236.67	280.34	29.86	39.33	44.52	52.08	55.84	70.13
65	144.33	178.79	205.79	240.54	255.56	304.58	32.45	42.53	48.16	56.29	60.35	76.21
66	164.27	201.71	232.69	271.75	288.29	345.77	37.12	48.32	54.52	63.65	68.22	86.48
67	180.03	218.82	253.05	295.26	313.05	377.97	41.15	53.17	59.51	69.45	74.39	94.49
68	201.92	235.28	272.71	317.28	340.85	410.54	46.72	58.96	64.48	75.64	81.64	102.61
69	224.88	253.26	294.23	341.43	368.56	443.65	53.09	65.31	70.18	82.30	89.01	110.89
70	248.36	272.91	317.73	366.26	395.24	476.03	60.12	72.33	76.64	89.09	96.21	118.97
71	271.00	297.61	347.31	389.53	419.03	505.24	67.47	80.96	84.79	95.54	102.80	126.27
72	296.84	326.71	382.20	416.62	446.19	538.59	76.16	91.14	94.48	103.00	110.29	134.65
73	321.58	359.42	421.97	451.38	477.16	586.56	85.21	101.72	105.47	111.79	118.46	146.63
74	351.22	399.30	470.69	500.37	522.61	645.77	96.02	114.33	118.71	124.10	130.13	161.43
75	382.09	441.93	523.25	556.22	575.27	709.60	107.52	127.73	132.89	138.13	143.48	177.40
76	417.24	490.45	583.42	620.21	637.11	783.76	120.47	142.82	148.87	154.24	158.98	195.94
77	447.94	534.13	638.44	678.71	694.82	851.61	132.19	156.45	163.31	169.09	173.28	212.89
78	489.62	590.82	709.64	754.39	772.22	946.04	147.08	173.82	181.59	188.36	192.30	236.51
79	533.12	649.36	783.68	833.10	855.29	1,046.52	162.38	191.66	200.29	208.52	212.53	261.61

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Simple

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	72.57	87.87	109.71	2.50	3.20	3.83	13.05	
36	73.71	88.94	110.59	2.53	3.25	3.86	13.39	
37	74.84	90.04	111.45	2.57	3.30	3.89	13.71	
38	76.47	92.45	111.63	2.62	3.38	3.97	14.45	
39	78.09	94.40	112.16	2.66	3.45	4.02	15.02	
40	80.44	96.94	113.05	2.74	3.55	4.12	15.57	
41	83.24	99.65	114.27	2.83	3.70	4.24	16.05	
42	86.01	102.08	115.85	2.91	3.81	4.34	16.37	
43	88.58	104.84	117.10	3.03	3.91	4.47	16.75	
44	91.36	107.95	119.40	3.16	4.04	4.62	17.13	
45	94.41	111.44	121.34	3.32	4.19	4.79	17.54	
46	95.31	114.49	123.60	3.36	4.26	4.82	17.25	
47	94.87	115.38	126.22	3.40	4.25	4.80	16.99	
48	97.89	118.99	130.84	3.57	4.43	4.97	17.38	
49	100.03	121.78	134.47	3.71	4.60	5.12	17.72	
50	102.60	125.33	138.86	3.86	4.78	5.29	18.27	
51	104.46	128.22	142.45	4.01	4.92	5.43	18.78	
52	106.96	132.14	147.06	4.19	5.10	5.64	19.50	
53	108.16	134.36	150.28	4.27	5.19	5.73	19.84	
54	110.32	137.71	154.77	4.39	5.36	5.89	20.34	
55	112.28	140.66	158.87	4.50	5.48	6.01	20.75	
56	115.55	145.10	164.72	4.68	5.70	6.22	21.30	
57	119.63	150.38	171.58	4.88	5.92	6.46	21.90	
58	123.18	154.14	177.40	5.06	6.14	6.64	22.32	
59	128.88	160.49	186.27	5.35	6.43	6.95	22.92	
60	135.99	168.58	197.35	5.69	6.85	7.34	23.63	
61	143.75	177.39	209.54	6.13	7.27	7.78	24.52	
62	153.94	189.15	225.61	6.72	7.85	8.33	25.85	
63	166.68	204.82	244.76	7.43	8.60	9.08	27.66	
64	180.68	222.24	266.30	8.24	9.45	9.93	29.86	
65	195.28	240.52	289.36	9.09	10.34	10.84	32.45	
66	220.16	271.75	328.46	10.51	11.80	12.33	37.12	
67	238.68	295.26	359.05	11.66	12.96	13.50	41.15	
68	256.31	319.18	389.99	13.16	14.28	14.80	46.72	
69	275.68	343.99	421.45	14.75	15.57	16.12	53.09	
70	296.91	368.54	452.24	16.40	16.94	17.49	60.12	
71	323.68	390.87	479.95	18.04	18.59	19.14	67.47	
72	355.21	416.62	511.67	19.95	20.49	21.07	76.16	
73	390.81	448.29	557.22	21.94	22.51	23.10	85.21	
74	434.20	494.02	613.48	24.41	25.00	25.61	96.02	
75	480.52	546.77	674.12	27.09	27.68	28.33	107.52	
76	533.17	608.14	744.56	30.20	30.83	31.51	120.47	
77	580.47	665.13	809.01	33.11	33.77	34.45	132.19	
78	641.80	740.26	898.75	36.97	37.66	38.38	147.08	
79	704.98	819.90	994.19	41.07	41.78	42.54	162.38	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 20 Years

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	62.21	68.31	75.38	82.08	91.88	140.33	55.98	61.47	67.85	73.88	82.69	126.31
36	62.87	68.91	76.56	83.38	93.31	141.70	56.59	62.03	68.89	75.04	83.98	127.55
37	63.19	69.15	77.31	84.17	94.23	142.29	56.87	62.23	69.57	75.76	84.80	128.07
38	63.86	69.64	78.39	84.60	94.85	144.50	57.47	62.67	70.56	76.14	85.37	130.07
39	64.48	70.12	79.41	85.06	95.42	144.46	58.04	63.12	71.49	76.55	85.88	130.01
40	65.10	70.63	80.44	85.58	95.96	144.71	58.59	63.56	72.39	77.03	86.37	130.24
41	65.40	70.75	81.01	85.69	96.01	144.58	58.87	63.67	72.91	77.13	86.40	130.13
42	65.75	70.87	81.63	85.92	96.17	144.86	59.17	63.79	73.46	77.33	86.57	130.39
43	66.57	71.88	82.52	88.60	99.09	148.19	59.90	64.70	74.25	79.76	89.17	133.39
44	67.15	72.72	83.11	90.87	101.54	150.97	60.43	65.43	74.80	81.78	91.39	135.87
45	67.87	73.75	83.91	93.23	104.16	154.05	61.07	66.36	75.53	83.91	93.75	138.64
46	68.77	75.22	85.24	95.77	107.04	157.44	61.90	67.68	76.71	86.19	96.33	141.69
47	70.33	77.31	87.41	99.08	110.91	162.12	63.30	69.57	78.67	89.16	99.81	145.90
48	72.23	79.62	90.12	102.87	115.70	168.51	65.01	71.67	81.11	92.59	104.15	151.69
49	74.54	82.85	94.10	107.30	121.25	175.82	67.10	74.56	84.68	96.57	109.12	158.25
50	76.50	85.53	97.63	111.19	126.26	182.13	68.85	76.97	87.87	100.06	113.63	163.91
51	79.05	88.75	102.00	115.94	132.32	189.63	71.15	79.88	91.81	104.34	119.10	170.68
52	81.32	91.54	106.08	120.32	138.04	196.32	73.19	82.36	95.47	108.30	124.24	176.68
53	83.28	94.64	110.25	124.60	143.28	202.75	74.94	85.18	99.23	112.13	128.95	182.48
54	85.92	98.70	115.43	130.08	149.79	210.58	77.33	88.82	103.88	117.05	134.81	189.53
55	88.36	102.61	120.37	135.35	156.02	216.38	79.51	92.36	108.33	121.83	140.43	194.76
56	91.17	107.14	125.87	141.40	163.00	223.26	82.05	96.43	113.28	127.27	146.69	200.95
57	94.43	112.40	132.02	148.32	170.89	231.48	84.99	101.17	118.82	133.51	153.81	208.32
58	98.29	118.29	137.43	155.28	178.68	241.25	88.46	106.45	123.68	139.75	160.81	217.11
59	103.03	125.12	144.35	164.01	188.40	253.66	92.73	112.62	129.91	147.62	169.58	228.31
60	108.19	132.36	152.03	173.66	199.10	267.44	97.37	119.12	136.81	156.31	179.18	240.71
61	115.21	141.79	162.41	186.47	213.34	286.00	103.68	127.62	146.16	167.83	192.01	257.39
62	123.84	152.93	174.76	201.68	230.26	308.11	111.45	137.65	157.29	181.49	207.23	277.29
63	135.56	167.04	191.73	221.65	252.78	336.47	122.02	150.34	172.56	199.48	227.50	302.82
64	148.15	182.11	209.75	242.80	276.76	366.10	133.34	163.90	188.79	218.53	249.09	329.48
65	163.06	199.95	230.69	267.33	304.70	400.31	146.75	179.95	207.61	240.60	274.23	360.28
66	187.87	230.04	265.22	307.61	350.83	457.35	169.09	207.04	238.69	276.85	315.78	411.63
67	207.63	254.01	291.89	338.90	386.93	500.06	186.87	228.60	262.69	305.01	348.24	450.06
68	231.38	283.77	319.16	369.72	423.20	560.11	208.24	255.38	287.24	332.74	380.91	504.11
69	254.61	312.78	347.26	401.40	460.44	620.86	229.15	281.49	312.51	361.25	414.41	558.76
70	282.42	341.88	376.71	434.64	499.48	684.02	254.19	307.71	339.02	391.18	449.54	615.63
71	309.84	369.47	405.39	467.06	537.56	746.63	278.85	332.53	364.85	420.35	483.79	671.98
72	339.00	398.11	435.80	501.53	578.11	806.18	305.12	358.28	392.23	451.37	520.30	725.57
73	364.42	419.65	464.62	537.74	620.21	862.15	327.97	377.68	418.16	483.95	558.16	775.94
74	392.10	442.74	496.46	577.73	666.73	911.60	352.88	398.46	446.80	519.95	600.05	820.45
75	422.85	477.99	542.77	621.95	718.25	967.37	380.57	430.18	488.50	559.75	646.43	870.64
76	457.42	519.31	596.53	670.63	775.11	1,030.37	411.68	467.37	536.89	603.56	697.60	927.32
77	496.45	566.31	656.95	723.85	837.44	1,101.09	446.80	509.67	591.24	651.46	753.68	990.96
78	544.46	624.14	729.61	803.93	931.06	1,223.32	490.02	561.73	656.65	723.54	837.95	1,100.99
79	594.54	684.98	805.12	887.12	1,028.62	1,353.45	535.08	616.47	724.61	798.41	925.76	1,218.11

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 20 Years

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL) Benefit Period						Non Integrated - Home Health Care (HHC) (2PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	58.88	62.63	72.29	78.73	82.66	112.53	13.10	16.28	18.24	19.86	20.85	27.80
36	59.26	63.36	73.29	79.81	83.79	113.32	13.46	16.64	18.62	20.27	21.29	28.38
37	59.31	63.76	73.86	80.43	84.45	113.55	13.72	16.93	18.92	20.60	21.64	28.74
38	59.47	64.40	74.64	80.56	84.71	114.83	14.25	17.44	19.39	20.91	21.99	29.68
39	59.72	65.05	75.43	80.79	84.97	114.44	14.67	17.84	19.80	21.20	22.29	30.02
40	60.09	65.72	76.26	81.14	85.33	114.40	14.99	18.19	20.14	21.42	22.54	30.31
41	60.24	65.99	76.73	81.19	85.32	114.13	15.15	18.35	20.34	21.52	22.60	30.45
42	60.55	66.26	77.33	81.41	85.47	114.31	15.24	18.48	20.50	21.56	22.64	30.55
43	61.34	67.47	78.24	84.00	88.14	116.96	15.40	18.63	20.66	22.20	23.31	31.23
44	61.94	68.51	78.91	86.27	90.46	119.27	15.47	18.67	20.73	22.67	23.78	31.69
45	62.73	69.74	79.81	88.69	92.98	121.89	15.55	18.71	20.82	23.13	24.25	32.16
46	63.71	71.36	81.29	91.33	95.77	124.83	15.65	18.87	20.98	23.57	24.75	32.62
47	65.24	73.58	83.57	94.73	99.46	128.85	15.91	19.16	21.33	24.17	25.38	33.27
48	67.12	76.02	86.61	98.85	104.44	134.51	16.25	19.48	21.68	24.72	26.12	34.00
49	69.31	79.27	90.76	103.52	109.87	140.83	16.72	20.14	22.34	25.49	26.98	34.98
50	71.11	81.95	94.51	107.62	114.64	146.32	17.20	20.71	22.93	26.12	27.71	35.80
51	73.39	85.02	98.99	112.54	120.21	152.75	17.85	21.49	23.74	27.00	28.64	36.87
52	75.34	87.63	103.19	117.04	125.36	158.50	18.49	22.25	24.50	27.81	29.46	37.81
53	76.99	90.50	107.29	121.25	129.65	163.74	19.05	23.11	25.43	28.75	30.31	39.00
54	79.31	94.23	112.33	126.57	135.02	170.01	19.77	24.19	26.63	30.01	31.47	40.57
55	81.45	97.87	117.10	131.68	140.13	174.53	20.42	25.24	27.78	31.27	32.64	41.85
56	84.00	102.12	122.40	137.48	146.02	179.90	21.10	26.40	29.12	32.69	34.03	43.36
57	87.04	107.16	128.34	144.17	152.89	186.26	21.83	27.68	30.56	34.35	35.69	45.22
58	90.72	112.43	133.45	150.79	160.53	193.80	22.62	29.01	31.94	36.10	37.74	47.45
59	95.40	119.10	140.17	159.26	169.97	203.47	23.48	30.47	33.57	38.15	40.10	50.19
60	100.63	126.53	147.73	168.75	180.37	214.28	24.32	31.92	35.30	40.32	42.65	53.16
61	107.70	136.43	158.02	181.44	194.13	228.95	25.45	33.81	37.61	43.17	45.94	57.06
62	116.39	148.17	170.31	196.56	210.52	246.51	26.89	36.02	40.31	46.52	49.83	61.60
63	127.95	163.03	187.24	216.47	231.15	269.14	29.11	39.07	44.06	50.92	54.61	67.33
64	140.25	178.56	205.20	237.55	252.97	292.84	31.59	42.48	48.08	55.67	59.68	73.26
65	154.59	196.37	226.02	261.90	278.25	320.20	34.75	46.71	52.90	61.29	65.71	80.12
66	178.19	225.47	260.10	301.67	320.03	365.85	40.27	54.01	60.94	70.66	75.73	91.50
67	196.66	247.61	286.35	332.48	352.52	400.06	44.95	60.17	67.34	78.20	83.76	100.01
68	218.62	269.88	312.83	362.36	389.27	448.10	50.59	67.63	73.97	86.38	93.24	112.00
69	239.78	292.72	340.07	393.07	424.30	496.71	56.61	75.49	81.11	94.75	102.47	124.15
70	264.91	316.55	368.53	425.23	458.87	547.25	64.13	83.89	88.89	103.43	111.71	136.76
71	289.31	339.52	396.22	456.50	491.07	597.34	72.03	92.36	96.73	111.97	120.48	149.29
72	315.01	363.77	425.55	489.75	524.51	644.94	80.82	101.48	105.19	121.08	129.65	161.24
73	337.00	386.47	453.73	525.11	555.11	689.73	89.29	109.37	113.41	130.05	137.81	172.42
74	360.84	411.39	484.95	564.34	589.42	729.29	98.66	117.80	122.31	139.96	146.77	182.31
75	387.36	448.03	530.46	607.83	628.65	773.90	109.00	129.49	134.73	150.94	156.79	193.47
76	417.24	490.45	583.42	655.87	673.75	824.29	120.47	142.82	148.87	163.11	168.12	206.07
77	451.14	537.94	643.00	708.51	725.33	880.88	133.13	157.57	164.48	176.52	180.89	220.21
78	493.17	595.10	714.78	787.59	806.21	978.65	148.15	175.08	182.91	196.65	200.77	244.66
79	537.06	654.17	789.48	869.91	893.08	1,082.77	163.58	193.08	201.77	217.73	221.92	270.68

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 20 Years

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	68.94	78.73	106.88	2.51	3.04	3.53	13.10	
36	69.78	79.81	107.68	2.55	3.07	3.56	13.46	
37	70.22	80.43	107.85	2.57	3.09	3.58	13.72	
38	70.23	80.56	109.07	2.58	3.10	3.59	14.25	
39	70.64	80.77	108.71	2.60	3.12	3.60	14.67	
40	71.38	81.12	108.67	2.64	3.15	3.63	14.99	
41	72.05	81.17	108.44	2.68	3.20	3.66	15.15	
42	73.00	81.41	108.59	2.71	3.23	3.69	15.24	
43	74.34	84.00	111.12	2.78	3.29	3.74	15.40	
44	75.47	86.27	113.32	2.85	3.34	3.79	15.47	
45	76.80	88.69	115.81	2.94	3.41	3.86	15.55	
46	78.59	91.32	118.58	3.04	3.51	3.97	15.65	
47	80.98	94.73	122.39	3.18	3.63	4.09	15.91	
48	83.65	98.84	127.79	3.33	3.79	4.25	16.25	
49	87.17	103.50	133.81	3.51	4.01	4.46	16.72	
50	90.04	107.62	139.00	3.64	4.19	4.64	17.20	
51	93.38	112.52	145.12	3.81	4.40	4.86	17.85	
52	96.19	117.04	150.56	3.97	4.59	5.08	18.49	
53	99.30	121.25	155.55	4.10	4.77	5.26	19.05	
54	103.34	126.57	161.50	4.27	5.02	5.52	19.77	
55	107.31	131.68	165.82	4.43	5.24	5.74	20.42	
56	111.94	137.48	170.89	4.63	5.52	6.02	21.10	
57	117.43	144.17	176.95	4.87	5.81	6.34	21.83	
58	123.14	150.79	184.10	5.13	6.13	6.64	22.62	
59	130.43	159.26	193.29	5.48	6.51	7.04	23.48	
60	138.54	168.75	203.55	5.85	6.98	7.48	24.32	
61	149.33	181.44	217.49	6.36	7.56	8.08	25.45	
62	162.12	196.56	234.17	6.99	8.26	8.77	26.89	
63	178.27	216.47	255.67	7.81	9.20	9.71	29.11	
64	195.14	237.55	278.17	8.72	10.21	10.72	31.59	
65	214.48	261.88	304.20	9.74	11.36	11.91	34.75	
66	246.09	301.67	347.54	11.40	13.19	13.79	40.27	
67	270.08	332.48	380.04	12.73	14.66	15.28	44.95	
68	294.01	364.53	425.68	14.25	16.38	16.98	50.59	
69	318.64	396.02	471.84	15.73	18.00	18.64	56.61	
70	344.38	427.88	519.90	17.49	19.64	20.29	64.13	
71	369.25	458.07	567.45	19.26	21.21	21.83	72.03	
72	395.50	489.75	612.71	21.17	22.82	23.45	80.82	
73	420.23	521.52	655.22	23.00	24.21	24.84	89.29	
74	447.36	557.18	692.83	25.08	25.75	26.38	98.66	
75	487.14	597.50	735.21	27.46	28.06	28.72	109.00	
76	533.17	643.11	783.07	30.20	30.83	31.51	120.47	
77	584.61	694.33	836.81	33.35	34.01	34.70	133.13	
78	646.45	772.84	929.74	37.24	37.93	38.66	148.15	
79	710.21	856.12	1,028.62	41.37	42.09	42.85	163.58	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 10 Years

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	49.98	54.88	60.56	65.94	73.81	88.85	44.97	49.38	54.51	59.36	66.43	79.97
36	50.15	54.97	61.08	66.52	74.44	89.13	45.14	49.49	54.96	59.86	66.99	80.23
37	50.69	55.48	62.02	67.53	75.60	90.06	45.62	49.92	55.81	60.78	68.04	81.05
38	51.23	55.87	62.89	67.87	76.09	90.58	46.11	50.28	56.60	61.08	68.49	81.54
39	51.73	56.25	63.71	68.24	76.55	91.29	46.56	50.64	57.35	61.41	68.90	82.16
40	51.86	56.26	64.08	68.17	76.45	91.55	46.67	50.63	57.67	61.36	68.80	82.40
41	52.40	56.68	64.90	68.65	76.92	92.67	47.16	51.01	58.41	61.79	69.22	83.40
42	52.60	56.70	65.30	68.74	76.94	93.32	47.33	51.03	58.77	61.86	69.26	84.00
43	53.26	57.51	66.01	70.88	79.27	94.86	47.92	51.76	59.40	63.81	71.34	85.39
44	53.64	58.10	66.39	72.59	81.12	95.94	48.27	52.27	59.76	65.33	73.01	86.35
45	54.53	59.26	67.42	74.91	83.69	97.94	49.07	53.32	60.69	67.42	75.33	88.14
46	55.17	60.35	68.39	76.83	85.88	99.46	49.67	54.30	61.55	69.16	77.29	89.51
47	56.02	61.58	69.62	78.92	88.34	101.20	50.42	55.42	62.66	71.01	79.50	91.08
48	57.87	63.79	72.20	82.42	92.70	104.44	52.09	57.42	64.98	74.18	83.44	94.01
49	59.72	66.37	75.39	85.96	97.14	107.61	53.76	59.74	67.84	77.37	87.43	96.86
50	61.20	68.43	78.10	88.96	101.01	110.00	55.08	61.58	70.30	80.05	90.90	98.99
51	63.24	71.00	81.60	92.75	105.86	113.23	56.92	63.90	73.45	83.47	95.28	101.92
52	64.96	73.12	84.74	96.11	110.27	115.79	58.47	65.79	76.27	86.51	99.25	104.21
53	66.92	76.05	88.59	100.13	115.14	119.02	60.22	68.45	79.74	90.11	103.62	107.12
54	68.53	78.72	92.07	103.75	119.48	121.71	61.68	70.84	82.85	93.36	107.52	109.55
55	70.37	81.72	95.86	107.80	124.26	124.87	63.32	73.55	86.28	97.03	111.84	112.40
56	73.04	85.84	100.84	113.29	130.60	129.62	65.74	77.26	90.76	101.97	117.53	116.67
57	75.54	89.92	105.62	118.65	136.71	134.19	67.99	80.94	95.06	106.81	123.04	120.77
58	78.63	94.63	109.95	124.22	142.94	139.85	70.77	85.16	98.94	111.80	128.65	125.86
59	82.42	100.10	115.48	131.21	150.72	147.05	74.18	90.10	103.93	118.09	135.66	132.36
60	87.08	106.54	122.36	139.78	160.25	155.98	78.37	95.87	110.12	125.81	144.22	140.40
61	92.73	114.12	130.72	150.09	171.71	166.81	83.45	102.72	117.64	135.09	154.55	150.12
62	98.92	122.15	139.60	161.10	183.93	178.34	89.02	109.95	125.64	144.97	165.53	160.50
63	108.29	133.43	153.15	177.05	201.92	194.76	97.47	120.09	137.83	159.34	181.72	175.28
64	118.34	145.46	167.55	193.94	221.07	211.91	106.51	130.92	150.80	174.56	198.97	190.71
65	129.25	158.50	182.86	211.91	241.53	229.94	116.33	142.64	164.57	190.72	217.38	206.95
66	148.92	182.35	210.24	243.84	278.10	262.70	134.03	164.11	189.21	219.45	250.31	236.44
67	164.32	201.02	231.00	268.21	306.22	286.78	147.89	180.91	207.89	241.39	275.60	258.10
68	184.24	225.96	254.14	294.41	337.00	323.20	165.82	203.36	228.73	264.96	303.31	290.88
69	204.00	250.61	278.24	321.62	368.93	360.48	183.61	225.54	250.40	289.45	332.04	324.42
70	225.93	273.50	301.37	347.71	399.59	396.53	203.35	246.17	271.22	312.94	359.64	356.89
71	251.01	299.32	328.41	378.38	435.49	438.31	225.91	269.39	295.57	340.54	391.93	394.48
72	275.98	324.10	354.79	408.30	470.64	480.24	248.40	291.68	319.32	367.46	423.57	432.22
73	300.11	345.59	382.63	442.85	510.76	526.28	270.09	311.03	344.36	398.55	459.66	473.65
74	326.75	368.95	413.71	481.44	555.61	580.74	294.06	332.05	372.33	433.29	500.05	522.67
75	356.69	403.20	457.85	524.64	605.87	644.18	321.02	362.87	412.06	472.17	545.29	579.77
76	390.71	443.57	509.54	572.83	662.07	718.56	351.64	399.21	458.59	515.54	595.86	646.70
77	433.07	494.02	573.08	631.44	730.53	805.78	389.76	444.61	515.76	568.30	657.47	725.19
78	477.87	547.80	640.38	705.61	817.19	907.71	430.09	493.03	576.34	635.05	735.47	816.94
79	528.96	609.43	716.32	789.27	915.17	1,204.17	476.06	548.48	644.69	710.35	823.65	1,083.76

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 10 Years

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	47.30	50.32	58.08	63.25	66.40	71.24	10.52	13.08	14.65	15.95	16.75	17.60
36	47.27	50.55	58.47	63.67	66.85	71.28	10.74	13.28	14.86	16.17	16.99	17.85
37	47.58	51.16	59.25	64.53	67.75	71.87	11.01	13.58	15.18	16.53	17.36	18.19
38	47.71	51.67	59.88	64.63	67.96	71.98	11.43	13.99	15.55	16.78	17.64	18.60
39	47.91	52.19	60.52	64.81	68.17	72.32	11.77	14.31	15.89	17.01	17.88	18.97
40	47.87	52.35	60.75	64.64	67.97	72.38	11.94	14.49	16.04	17.06	17.96	19.18
41	48.26	52.87	61.48	65.04	68.35	73.15	12.14	14.70	16.29	17.24	18.11	19.51
42	48.44	53.01	61.87	65.13	68.37	73.64	12.19	14.78	16.40	17.25	18.11	19.68
43	49.07	53.98	62.59	67.20	70.51	74.87	12.32	14.91	16.53	17.76	18.64	19.99
44	49.48	54.73	63.04	68.92	72.26	75.80	12.36	14.91	16.56	18.11	19.00	20.14
45	50.40	56.03	64.12	71.26	74.70	77.49	12.50	15.03	16.73	18.59	19.49	20.45
46	51.12	57.26	65.22	73.28	76.83	78.85	12.56	15.14	16.84	18.91	19.86	20.60
47	51.96	58.61	66.57	75.45	79.22	80.43	12.67	15.26	16.99	19.25	20.22	20.77
48	53.77	60.91	69.39	79.20	83.67	83.36	13.02	15.61	17.37	19.81	20.93	21.07
49	55.53	63.51	72.72	82.93	88.02	86.20	13.40	16.14	17.90	20.42	21.61	21.41
50	56.89	65.56	75.61	86.10	91.71	88.37	13.76	16.57	18.34	20.90	22.17	21.62
51	58.71	68.01	79.19	90.03	96.17	91.22	14.28	17.19	18.99	21.60	22.91	22.02
52	60.18	70.00	82.43	93.49	100.14	93.49	14.77	17.77	19.57	22.21	23.53	22.30
53	61.87	72.72	86.22	97.44	104.18	96.12	15.31	18.57	20.44	23.10	24.36	22.90
54	63.26	75.16	89.60	100.96	107.69	98.26	15.77	19.29	21.24	23.94	25.10	23.45
55	64.86	77.94	93.26	104.87	111.60	100.72	16.27	20.10	22.12	24.90	26.00	24.15
56	67.30	81.82	98.06	110.15	116.99	104.44	16.90	21.15	23.33	26.19	27.26	25.18
57	69.63	85.73	102.67	115.34	122.31	107.98	17.46	22.14	24.45	27.48	28.55	26.22
58	72.57	89.94	106.76	120.63	128.43	112.35	18.10	23.21	25.55	28.88	30.19	27.51
59	76.32	95.28	112.14	127.41	135.97	117.96	18.78	24.38	26.86	30.52	32.08	29.09
60	81.00	101.84	118.90	135.83	145.18	124.98	19.58	25.69	28.41	32.45	34.33	31.01
61	86.68	109.81	127.19	146.04	156.25	133.53	20.49	27.21	30.27	34.75	36.98	33.28
62	92.97	118.35	136.04	157.01	168.16	142.69	21.48	28.77	32.20	37.16	39.81	35.66
63	102.20	130.22	149.56	172.91	184.64	155.79	23.25	31.21	35.19	40.67	43.62	38.97
64	112.03	142.63	163.91	189.75	202.06	169.50	25.24	33.93	38.40	44.47	47.67	42.40
65	122.54	155.66	179.16	207.60	220.57	183.92	27.55	37.03	41.93	48.58	52.09	46.02
66	141.25	178.72	206.17	239.13	253.68	210.15	31.92	42.81	48.30	56.01	60.03	52.56
67	155.64	195.96	226.62	263.13	278.99	229.43	35.57	47.62	53.29	61.89	66.29	57.35
68	174.09	214.91	249.10	288.55	309.98	258.57	40.28	53.86	58.90	68.79	74.25	64.63
69	192.12	234.54	272.48	314.95	339.97	288.39	45.36	60.49	64.99	75.91	82.10	72.09
70	211.93	253.24	294.83	340.19	367.10	317.25	51.30	67.12	71.11	82.75	89.36	79.28
71	234.38	275.06	320.99	369.82	397.83	350.67	58.36	74.82	78.36	90.71	97.60	87.64
72	256.45	296.14	346.45	398.70	427.01	384.19	65.80	82.61	85.64	98.57	105.55	96.05
73	277.53	318.27	373.66	432.44	457.15	421.03	73.53	90.07	93.40	107.10	113.49	105.25
74	300.70	342.83	404.12	470.28	491.18	464.60	82.21	98.16	101.92	116.64	122.30	116.14
75	326.75	377.93	447.47	512.73	530.29	515.35	91.95	109.23	113.65	127.33	132.26	128.83
76	356.39	418.93	498.33	560.22	575.49	574.85	102.90	121.99	127.16	139.32	143.60	143.71
77	393.55	469.27	560.92	618.06	632.73	644.63	116.14	137.45	143.48	153.98	157.79	161.15
78	432.86	522.32	627.36	691.27	707.61	726.17	130.03	153.67	160.54	172.60	176.21	181.54
79	477.83	582.02	702.41	773.96	794.58	963.35	145.54	171.78	179.52	193.72	197.44	240.82

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 10 Years

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	55.39	63.25	67.67	2.02	2.44	2.83	10.52	
36	55.67	63.67	67.73	2.03	2.45	2.84	10.74	
37	56.34	64.53	68.26	2.06	2.48	2.87	11.01	
38	56.34	64.63	68.37	2.07	2.49	2.88	11.43	
39	56.67	64.80	68.70	2.09	2.50	2.89	11.77	
40	56.87	64.62	68.75	2.10	2.51	2.90	11.94	
41	57.72	65.03	69.50	2.14	2.56	2.93	12.14	
42	58.40	65.13	69.96	2.17	2.58	2.95	12.19	
43	59.47	67.20	71.13	2.23	2.63	3.00	12.32	
44	60.29	68.92	72.02	2.28	2.67	3.03	12.36	
45	61.70	71.26	73.63	2.36	2.74	3.10	12.50	
46	63.05	73.26	74.91	2.44	2.82	3.19	12.56	
47	64.50	75.45	76.40	2.53	2.89	3.26	12.67	
48	67.01	79.18	79.20	2.67	3.03	3.40	13.02	
49	69.84	82.92	81.90	2.81	3.21	3.57	13.40	
50	72.03	86.10	83.95	2.91	3.36	3.72	13.76	
51	74.71	90.02	86.66	3.05	3.52	3.89	14.28	
52	76.84	93.49	88.80	3.17	3.66	4.05	14.77	
53	79.79	97.44	91.31	3.29	3.83	4.23	15.31	
54	82.43	100.96	93.34	3.40	4.00	4.40	15.77	
55	85.46	104.87	95.69	3.52	4.17	4.57	16.27	
56	89.68	110.15	99.22	3.71	4.42	4.82	16.90	
57	93.95	115.34	102.58	3.89	4.65	5.07	17.46	
58	98.51	120.63	106.72	4.11	4.91	5.31	18.10	
59	104.35	127.41	112.05	4.38	5.21	5.63	18.78	
60	111.51	135.83	118.72	4.71	5.61	6.02	19.58	
61	120.19	146.04	126.85	5.12	6.08	6.50	20.49	
62	129.50	157.01	135.55	5.58	6.60	7.01	21.48	
63	142.40	172.91	147.99	6.24	7.35	7.76	23.25	
64	155.88	189.75	161.01	6.97	8.15	8.56	25.24	
65	170.01	207.59	174.73	7.72	9.00	9.44	27.55	
66	195.07	239.13	199.63	9.04	10.46	10.93	31.92	
67	213.75	263.13	217.95	10.08	11.61	12.09	35.57	
68	234.12	290.27	245.63	11.35	13.04	13.52	40.28	
69	255.31	317.31	273.96	12.60	14.42	14.93	45.36	
70	275.51	342.30	301.39	13.99	15.71	16.23	51.30	
71	299.14	371.10	333.12	15.60	17.18	17.69	58.36	
72	321.98	398.70	364.99	17.23	18.57	19.09	65.80	
73	346.07	429.49	399.96	18.94	19.94	20.45	73.53	
74	372.80	464.31	441.37	20.90	21.46	21.99	82.21	
75	410.92	504.01	489.58	23.16	23.67	24.23	91.95	
76	455.42	549.32	546.10	25.79	26.33	26.91	102.90	
77	509.98	605.69	612.38	29.09	29.67	30.27	116.14	
78	567.39	678.32	689.87	32.68	33.29	33.93	130.03	
79	631.87	761.69	915.17	36.81	37.45	38.13	145.54	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Step-Rated

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	48.60	56.40	64.14	71.85	79.51	113.18
36	48.69	56.66	64.54	72.33	80.04	113.48
37	49.18	57.37	65.44	73.36	81.16	114.65
38	50.18	58.73	67.08	75.21	83.12	115.32
39	51.05	59.93	68.54	76.86	84.91	115.34
40	52.02	61.24	70.12	78.68	86.93	116.48
41	52.94	62.44	71.59	80.38	88.81	116.99
42	53.97	63.82	73.28	82.34	91.02	118.67
43	55.69	65.89	75.69	85.06	94.03	120.63
44	56.84	67.30	77.33	86.92	96.10	121.92
45	58.89	69.76	80.17	90.14	99.67	124.46
46	58.33	70.21	79.57	92.41	102.27	126.31
47	58.16	70.14	79.30	93.45	104.61	129.46
48	59.38	71.58	81.03	95.15	107.02	132.55
49	61.05	73.49	83.47	97.59	110.29	136.58
50	62.30	74.74	85.32	99.31	112.76	139.52
51	64.16	76.61	88.04	101.94	116.34	143.62
52	65.64	77.91	90.29	103.98	119.30	146.77
53	66.26	78.75	91.74	105.48	121.30	149.64
54	67.52	80.49	94.14	108.12	124.50	154.17
55	69.00	82.53	96.82	111.14	128.11	159.37
56	70.18	84.33	99.07	113.79	131.18	164.08
57	72.24	87.31	102.55	117.96	135.92	171.15
58	74.41	90.80	105.49	121.79	140.15	178.38
59	77.17	94.86	109.44	126.81	145.67	187.55
60	80.64	99.69	114.50	133.11	152.60	198.95
61	85.71	105.39	120.72	140.76	161.05	212.76
62	91.93	112.13	128.14	149.87	171.10	229.21
63	99.29	120.37	138.15	161.63	184.33	248.25
64	107.92	129.95	149.68	175.07	199.55	270.11
65	116.13	138.87	160.22	187.29	213.48	290.47
66	132.97	158.00	182.17	212.74	242.63	331.86
67	145.64	171.99	197.64	230.60	263.28	357.44
68	165.90	192.04	216.00	251.31	287.67	398.37
69	185.02	209.68	232.80	270.16	309.90	429.68
70	206.52	229.91	253.33	292.00	335.57	464.10
71	229.44	256.03	280.92	315.06	362.62	499.23
72	254.25	284.58	311.52	339.57	391.42	535.84
73	278.67	312.75	346.27	370.42	427.23	587.56
74	305.84	344.37	386.15	410.49	473.73	646.87
75	336.55	380.44	432.00	459.24	530.35	715.71
76	371.65	421.94	484.68	515.26	595.53	796.00
77	408.42	465.90	540.47	574.54	664.69	882.02
78	454.37	520.86	608.88	647.28	749.64	994.03
79	507.11	584.25	686.72	730.01	846.45	1,124.03

LTC04I NH, LTC04I ALF, LTC04I HHC					
Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Benefit Period					
2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
43.73	50.75	57.73	64.67	71.57	101.86
43.83	51.01	58.07	65.09	72.03	102.14
44.27	51.63	58.89	66.03	73.04	103.19
45.16	52.86	60.38	67.69	74.81	103.80
45.95	53.95	61.70	69.17	76.42	103.80
46.82	55.11	63.11	70.82	78.24	104.84
47.65	56.19	64.44	72.35	79.92	105.30
48.57	57.44	65.95	74.10	81.94	106.81
50.12	59.30	68.10	76.57	84.62	108.57
51.16	60.55	69.60	78.23	86.49	109.73
52.99	62.77	72.17	81.12	89.71	112.01
52.51	63.18	71.61	83.18	92.04	113.67
52.34	63.12	71.38	84.09	94.14	116.51
53.45	64.43	72.92	85.64	96.33	119.32
54.96	66.14	75.12	87.83	99.26	122.93
56.07	67.26	76.79	89.36	101.48	125.56
57.74	68.94	79.24	91.74	104.71	129.27
59.08	70.10	81.26	93.59	107.37	132.09
59.63	70.88	82.57	94.93	109.16	134.69
60.77	72.43	84.72	97.29	112.05	138.76
62.09	74.29	87.14	100.04	115.31	143.45
63.16	75.90	89.17	102.42	118.05	147.69
65.02	78.59	92.30	106.19	122.33	154.03
66.97	81.71	94.93	109.61	126.13	160.53
69.46	85.39	98.49	114.14	131.11	168.81
72.57	89.71	103.04	119.81	137.34	179.07
77.13	94.86	108.64	126.69	144.94	191.48
82.73	100.93	115.32	134.86	153.98	206.27
89.37	108.33	124.34	145.47	165.90	223.42
97.13	116.95	134.72	157.57	179.60	243.09
104.52	124.98	144.19	168.57	192.13	261.42
119.68	142.20	163.95	191.47	218.39	298.68
131.07	154.79	177.87	207.54	236.95	321.69
149.31	172.83	194.40	226.17	258.92	358.54
166.53	188.71	209.50	243.13	278.91	386.70
185.88	206.93	227.99	262.80	302.02	417.70
206.49	230.43	252.83	283.55	326.34	449.31
228.84	256.11	280.38	305.61	352.28	482.26
250.80	281.48	311.64	333.37	384.49	528.81
275.24	309.92	347.53	369.44	426.36	582.18
302.90	342.39	388.80	413.31	477.31	644.14
334.49	379.74	436.22	463.73	535.98	716.39
367.58	419.31	486.41	517.08	598.21	793.80
408.93	468.78	548.00	582.55	674.67	894.63
456.39	525.82	618.05	657.01	761.81	1,011.63

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Step-Rated

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	46.00	51.71	61.51	68.91	71.53	90.75	10.23	13.44	15.52	17.38	18.04	22.42
36	45.90	52.10	61.78	69.23	71.87	90.75	10.42	13.68	15.70	17.58	18.26	22.72
37	46.17	52.90	62.52	70.10	72.74	91.49	10.68	14.04	16.01	17.95	18.64	23.16
38	46.73	54.32	63.87	71.62	74.23	91.64	11.20	14.71	16.59	18.59	19.27	23.68
39	47.28	55.60	65.10	73.00	75.61	91.37	11.62	15.25	17.09	19.15	19.83	23.97
40	48.02	56.98	66.48	74.60	77.29	92.09	11.98	15.77	17.55	19.69	20.42	24.40
41	48.76	58.24	67.82	76.16	78.91	92.36	12.27	16.20	17.97	20.18	20.91	24.64
42	49.70	59.66	69.43	78.01	80.89	93.64	12.51	16.64	18.40	20.66	21.42	25.03
43	51.32	61.85	71.77	80.64	83.64	95.21	12.88	17.08	18.95	21.31	22.12	25.42
44	52.44	63.40	73.42	82.52	85.61	96.32	13.09	17.28	19.29	21.68	22.51	25.60
45	54.43	65.96	76.26	85.75	88.96	98.48	13.50	17.70	19.89	22.36	23.20	25.98
46	54.05	66.62	75.88	88.14	91.50	100.14	13.28	17.61	19.59	22.75	23.65	26.17
47	53.95	66.76	75.82	89.35	93.81	102.90	13.16	17.38	19.35	22.80	23.94	26.57
48	55.17	68.35	77.87	91.44	96.60	105.81	13.35	17.52	19.49	22.87	24.16	26.74
49	56.77	70.32	80.51	94.15	99.93	109.41	13.70	17.87	19.81	23.18	24.54	27.18
50	57.92	71.61	82.59	96.11	102.38	112.09	14.01	18.10	20.04	23.33	24.75	27.43
51	59.57	73.38	85.44	98.95	105.69	115.70	14.49	18.55	20.49	23.74	25.18	27.93
52	60.81	74.58	87.83	101.15	108.34	118.50	14.92	18.93	20.85	24.03	25.46	28.27
53	61.26	75.31	89.28	102.65	109.76	120.85	15.16	19.23	21.16	24.34	25.66	28.79
54	62.33	76.85	91.61	105.21	112.23	124.47	15.54	19.73	21.72	24.94	26.16	29.70
55	63.60	78.72	94.19	108.13	115.06	128.54	15.95	20.30	22.35	25.68	26.80	30.82
56	64.66	80.38	96.34	110.64	117.51	132.21	16.24	20.78	22.92	26.31	27.38	31.87
57	66.58	83.24	99.69	114.67	121.60	137.72	16.70	21.50	23.74	27.32	28.38	33.44
58	68.68	86.30	102.43	118.27	125.91	143.29	17.13	22.26	24.51	28.31	29.60	35.09
59	71.46	90.30	106.28	123.14	131.42	150.45	17.59	23.10	25.46	29.50	31.00	37.11
60	75.01	95.29	111.26	129.35	138.25	159.40	18.13	24.04	26.58	30.90	32.69	39.55
61	80.12	101.40	117.46	136.97	146.55	170.31	18.93	25.13	27.96	32.59	34.68	42.44
62	86.40	108.64	124.87	146.06	156.43	183.38	19.96	26.41	29.55	34.57	37.03	45.83
63	93.71	117.47	134.92	157.85	168.56	198.57	21.32	28.15	31.75	37.13	39.82	49.68
64	102.16	127.42	146.43	171.28	182.40	216.06	23.01	30.31	34.31	40.14	43.03	54.05
65	110.10	136.38	156.98	183.49	194.95	232.34	24.75	32.44	36.74	42.94	46.04	58.13
66	126.12	154.86	178.65	208.63	221.33	265.46	28.50	37.09	41.85	48.87	52.37	66.39
67	137.94	167.67	193.89	226.23	239.87	285.95	31.53	40.74	45.60	53.21	57.00	71.48
68	156.75	182.65	211.71	246.31	264.60	318.71	36.27	45.77	50.06	58.72	63.38	79.66
69	174.25	196.24	227.98	264.55	285.57	343.76	41.14	50.61	54.38	63.77	68.97	85.92
70	193.72	212.87	247.83	285.68	308.28	371.31	46.89	56.42	59.78	69.49	75.05	92.79
71	214.24	235.28	274.56	307.94	331.26	399.41	53.34	64.00	67.03	75.53	81.27	99.82
72	236.26	260.03	304.20	331.59	355.13	428.67	60.62	72.54	75.20	81.98	87.78	107.17
73	257.70	288.03	338.15	361.72	382.38	470.05	68.28	81.51	84.52	89.58	94.93	117.51
74	281.46	319.98	377.20	400.98	418.80	517.50	76.95	91.62	95.13	99.45	104.28	129.37
75	308.31	356.59	422.21	448.81	464.19	572.57	86.76	103.07	107.23	111.45	115.77	143.14
76	339.01	398.49	474.03	503.92	517.65	636.80	97.88	116.04	120.95	125.32	129.17	159.20
77	371.15	442.56	528.99	562.36	575.71	705.62	109.53	129.63	135.31	140.10	143.57	176.40
78	411.57	496.63	596.51	634.13	649.11	795.22	123.63	146.11	152.64	158.33	161.65	198.81
79	458.08	557.97	673.38	715.85	734.92	899.23	139.52	164.69	172.10	179.17	182.62	224.79

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Step-Rated

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC
Issue	Non Integrated - NH (3PL) Benefit Period			Non Integrated - ALF (3PL) Benefit Period			Non Integrated - HHC (3 PL) Benefit Period
Age	3 3 Yr	5 5 Yr	Lifetime Unlimited	2 2 Yr	3 3 Yr	4 4 Yr	2 2 Yr
18-35	56.92	68.91	86.20	3.52	4.50	5.39	18.38
36	57.38	69.23	86.23	3.57	4.57	5.44	18.86
37	58.26	70.10	86.90	3.61	4.64	5.48	19.32
38	59.24	71.62	87.05	3.69	4.76	5.58	20.34
39	60.38	72.98	86.79	3.77	4.87	5.69	21.23
40	61.90	74.58	87.48	3.87	5.00	5.77	21.99
41	63.59	76.14	87.75	4.00	5.11	5.86	22.65
42	65.74	78.01	88.96	4.07	5.15	5.88	22.87
43	68.14	80.64	90.45	4.07	5.24	5.97	22.50
44	69.84	82.52	91.52	4.03	5.18	5.89	21.82
45	72.64	85.75	93.57	4.01	5.13	5.81	21.23
46	73.36	88.12	95.13	4.03	5.11	5.78	20.70
47	73.47	89.35	97.74	4.06	5.08	5.73	20.30
48	75.20	91.42	100.52	4.22	5.24	5.88	20.56
49	77.32	94.14	103.95	4.35	5.39	6.00	20.76
50	78.68	96.11	106.48	4.48	5.54	6.14	21.19
51	80.60	98.93	109.92	4.65	5.72	6.31	21.79
52	81.87	101.15	112.56	4.81	5.85	6.48	22.39
53	82.63	102.65	114.81	4.91	5.97	6.59	22.80
54	84.28	105.21	118.24	5.02	6.12	6.73	23.25
55	86.32	108.13	122.13	5.14	6.27	6.87	23.73
56	88.11	110.64	125.60	5.32	6.48	7.07	24.23
57	91.22	114.67	130.83	5.52	6.70	7.30	24.77
58	94.52	118.27	136.12	5.73	6.95	7.52	25.27
59	98.89	123.14	142.92	6.02	7.24	7.83	25.80
60	104.34	129.35	151.42	6.37	7.67	8.22	26.45
61	110.99	136.97	161.79	6.87	8.15	8.71	27.47
62	118.87	146.06	174.20	7.52	8.79	9.33	28.96
63	128.46	157.85	188.64	8.32	9.64	10.18	31.01
64	139.25	171.28	205.24	9.19	10.53	11.06	33.29
65	148.96	183.47	220.73	10.14	11.53	12.09	36.19
66	169.02	208.63	252.18	11.66	13.09	13.69	41.19
67	182.88	226.23	271.64	12.87	14.31	14.90	45.42
68	198.98	247.78	302.76	14.38	15.59	16.16	51.03
69	213.61	266.53	326.55	15.73	16.60	17.19	56.61
70	231.59	287.46	352.75	17.16	17.73	18.31	62.93
71	255.88	309.00	379.42	18.53	19.09	19.65	69.30
72	282.72	331.59	407.25	19.95	20.49	21.07	76.16
73	313.19	359.25	446.54	21.79	22.36	22.94	84.62
74	347.96	395.89	491.63	23.91	24.48	25.08	94.05
75	387.73	441.18	543.95	26.34	26.92	27.55	104.55
76	433.20	494.11	604.96	29.36	29.97	30.63	117.12
77	480.96	551.10	670.32	32.64	33.29	33.96	130.30
78	539.48	622.25	755.47	36.43	37.11	37.82	144.95
79	605.76	704.50	854.26	40.76	41.47	42.22	161.18

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Step-Rated

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	64.51	74.84	85.11	93.03	104.13	131.18
36	64.69	75.28	85.76	93.89	105.07	131.67
37	65.34	76.22	86.94	95.31	106.70	133.03
38	66.93	78.33	89.48	96.74	108.47	133.81
39	68.06	79.91	91.40	97.50	109.38	133.97
40	69.64	81.79	93.15	98.90	110.90	135.30
41	70.84	81.95	93.83	99.67	111.68	136.04
42	72.19	82.66	95.20	101.20	113.27	137.99
43	71.52	84.25	96.71	102.86	115.03	140.26
44	69.87	83.30	95.19	104.02	116.24	141.92
45	69.01	82.69	94.09	106.08	118.52	144.88
46	67.98	81.82	92.73	107.70	120.38	147.20
47	67.31	81.19	91.79	108.17	121.08	149.85
48	68.80	82.95	93.89	110.26	124.01	153.59
49	69.77	83.99	95.40	111.54	126.04	156.09
50	70.78	84.91	96.92	112.81	128.09	158.49
51	71.86	85.80	98.60	114.17	130.30	160.86
52	73.58	87.33	101.21	116.56	133.73	164.52
53	74.34	88.35	102.92	118.35	136.09	167.89
54	75.20	89.65	104.85	120.42	138.68	171.72
55	76.86	91.93	107.84	123.79	142.69	177.51
56	78.23	94.00	110.44	126.85	146.23	182.91
57	80.53	97.33	114.32	131.50	151.51	190.80
58	82.95	101.21	117.60	135.77	156.23	198.85
59	85.39	104.97	121.10	140.32	161.19	207.54
60	89.23	110.31	126.70	147.30	168.87	220.15
61	94.14	115.76	132.59	154.61	176.89	233.68
62	100.97	123.16	140.74	164.61	187.93	251.75
63	109.96	133.30	153.00	178.99	204.14	274.92
64	118.62	142.84	164.52	192.43	219.34	296.89
65	129.79	155.21	179.07	209.33	238.59	324.65
66	147.50	175.26	202.07	235.98	269.14	368.11
67	161.68	190.94	219.42	256.01	292.29	401.89
68	181.36	209.95	236.13	274.74	314.49	435.50
69	200.84	227.61	252.69	293.25	336.38	466.41
70	220.64	245.63	270.65	311.97	358.51	495.83
71	243.16	271.35	297.72	333.91	384.31	529.10
72	265.12	296.74	324.84	354.08	408.15	558.74
73	288.20	323.45	358.11	383.09	441.83	607.65
74	316.29	356.14	399.35	424.53	489.93	668.98
75	345.18	390.19	443.08	471.01	543.95	734.07
76	381.18	432.76	497.11	528.47	610.80	816.41
77	422.51	481.97	559.10	594.35	687.61	912.43
78	470.04	538.82	629.88	669.60	775.49	1,028.30
79	520.22	599.36	704.48	748.89	868.34	1,153.09

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 50% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	58.05	67.35	76.61	83.74	93.73	118.07
36	58.23	67.77	77.16	84.49	94.56	118.51
37	58.81	68.58	78.24	85.79	96.03	119.73
38	60.23	70.50	80.54	87.07	97.62	120.44
39	61.26	71.94	82.27	87.75	98.44	120.57
40	62.67	73.60	83.83	89.02	99.81	121.78
41	63.76	73.75	84.46	89.71	100.50	122.44
42	64.96	74.40	85.68	91.08	101.97	124.20
43	64.35	75.82	87.02	92.59	103.52	126.25
44	62.89	74.95	85.68	93.62	104.62	127.73
45	62.09	74.41	84.69	95.47	106.68	130.38
46	61.20	73.63	83.45	96.93	108.33	132.47
47	60.58	73.06	82.62	97.33	108.97	134.86
48	61.93	74.66	84.50	99.23	111.62	138.26
49	62.81	75.59	85.85	100.38	113.43	140.50
50	63.70	76.41	87.23	101.52	115.28	142.64
51	64.67	77.22	88.75	102.75	117.28	144.78
52	66.23	78.58	91.09	104.92	120.36	148.07
53	66.90	79.53	92.64	106.50	122.47	151.11
54	67.69	80.68	94.36	108.37	124.80	154.56
55	69.16	82.74	97.05	111.43	128.44	159.77
56	70.41	84.61	99.40	114.17	131.60	164.63
57	72.48	87.60	102.89	118.37	136.36	171.71
58	74.65	91.09	105.83	122.19	140.60	178.95
59	76.86	94.49	108.99	126.30	145.09	186.80
60	80.31	99.27	114.02	132.58	151.97	198.15
61	84.71	104.19	119.32	139.16	159.20	210.31
62	90.87	110.85	126.67	148.13	169.13	226.56
63	98.97	119.97	137.70	161.10	183.72	247.42
64	106.76	128.55	148.08	173.20	197.42	267.20
65	116.81	139.69	161.16	188.40	214.73	292.18
66	132.75	157.74	181.86	212.38	242.25	331.31
67	145.51	171.84	197.47	230.41	263.06	361.70
68	163.22	188.95	212.52	247.26	283.05	391.96
69	180.76	204.83	227.41	263.91	302.75	419.76
70	198.59	221.08	243.58	280.77	322.67	446.26
71	218.85	244.22	267.95	300.52	345.87	476.20
72	238.62	267.06	292.36	318.67	367.33	502.87
73	259.38	291.10	322.30	344.77	397.64	546.89
74	284.65	320.52	359.41	382.07	440.94	602.09
75	310.67	351.17	398.77	423.91	489.55	660.66
76	343.07	389.47	447.41	475.62	549.72	734.76
77	380.26	433.76	503.18	534.91	618.84	821.18
78	423.04	484.94	566.89	602.64	697.93	925.48
79	468.19	539.42	634.03	674.00	781.51	1,037.79

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Step-Rated

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	61.06	68.62	81.62	89.23	93.68	105.19	13.58	17.83	20.59	22.51	23.63	25.99
36	60.98	69.22	82.09	89.86	94.35	105.30	13.85	18.18	20.86	22.82	23.98	26.37
37	61.33	70.28	83.06	91.08	95.63	106.16	14.18	18.66	21.27	23.33	24.50	26.87
38	62.33	72.45	85.19	92.13	96.87	106.33	14.93	19.61	22.13	23.91	25.15	27.48
39	63.04	74.14	86.81	92.60	97.40	106.13	15.49	20.33	22.79	24.30	25.55	27.84
40	64.28	76.10	88.31	93.77	98.61	106.96	16.04	21.07	23.32	24.76	26.05	28.34
41	65.25	76.45	88.89	94.43	99.24	107.39	16.41	21.26	23.56	25.03	26.29	28.65
42	66.48	77.27	90.19	95.88	100.66	108.88	16.74	21.55	23.91	25.40	26.66	29.10
43	65.90	79.07	91.70	97.52	102.32	110.70	16.54	21.84	24.22	25.77	27.05	29.56
44	64.46	78.47	90.39	98.76	103.55	112.12	16.10	21.38	23.75	25.95	27.22	29.79
45	63.78	78.19	89.49	100.92	105.79	114.63	15.81	20.98	23.35	26.32	27.59	30.25
46	62.98	77.63	88.43	102.71	107.70	116.70	15.47	20.53	22.83	26.51	27.84	30.49
47	62.44	77.27	87.77	103.42	108.59	119.10	15.23	20.12	22.40	26.39	27.71	30.75
48	63.93	79.20	90.23	105.95	111.94	122.60	15.47	20.30	22.58	26.50	28.00	30.99
49	64.88	80.36	92.02	107.61	114.21	125.03	15.65	20.42	22.64	26.49	28.04	31.06
50	65.79	81.35	93.82	109.19	116.30	127.33	15.92	20.56	22.76	26.50	28.11	31.16
51	66.71	82.18	95.70	110.82	118.38	129.58	16.23	20.77	22.95	26.59	28.20	31.28
52	68.17	83.61	98.45	113.38	121.44	132.84	16.73	21.22	23.38	26.94	28.54	31.69
53	68.73	84.49	100.16	115.16	123.14	135.59	17.01	21.57	23.74	27.31	28.79	32.30
54	69.42	85.59	102.04	117.18	125.00	138.64	17.31	21.97	24.19	27.78	29.13	33.09
55	70.84	87.68	104.91	120.44	128.16	143.18	17.77	22.61	24.89	28.60	29.85	34.33
56	72.07	89.61	107.39	123.34	130.99	147.39	18.10	23.17	25.55	29.33	30.53	35.53
57	74.22	92.79	111.13	127.82	135.55	153.52	18.62	23.96	26.47	30.45	31.64	37.27
58	76.56	96.20	114.19	131.84	140.36	159.73	19.09	24.82	27.33	31.56	32.99	39.11
59	79.07	99.92	117.60	136.26	145.42	166.48	19.46	25.57	28.17	32.64	34.30	41.06
60	83.00	105.45	123.11	143.13	152.99	176.39	20.06	26.60	29.42	34.20	36.17	43.76
61	88.00	111.38	129.01	150.44	160.96	187.07	20.80	27.60	30.71	35.79	38.09	46.62
62	94.90	119.32	137.15	160.42	171.82	201.41	21.92	29.01	32.46	37.97	40.67	50.34
63	103.78	130.09	149.41	174.81	186.67	219.91	23.61	31.18	35.16	41.12	44.10	55.01
64	112.29	140.06	160.95	188.27	200.49	237.48	25.30	33.32	37.71	44.12	47.30	59.41
65	123.05	152.43	175.45	205.08	217.88	259.67	27.66	36.26	41.06	47.99	51.45	64.97
66	139.89	171.78	198.16	231.43	245.51	294.46	31.61	41.15	46.43	54.21	58.09	73.65
67	153.14	186.14	215.25	251.16	266.30	321.52	35.00	45.23	50.62	59.07	63.28	80.37
68	171.36	199.68	231.45	269.27	289.27	348.42	39.65	50.04	54.72	64.19	69.29	87.09
69	189.14	213.01	247.46	287.16	309.98	373.14	44.65	54.93	59.03	69.22	74.86	93.27
70	206.96	227.43	264.78	305.22	329.36	396.70	50.10	60.28	63.86	74.24	80.18	99.14
71	227.06	249.35	290.99	326.36	351.08	423.31	56.53	67.83	71.04	80.05	86.13	105.80
72	246.35	271.15	317.20	345.76	370.31	446.99	63.21	75.64	78.41	85.48	91.54	111.75
73	266.51	297.88	349.71	374.09	395.46	486.12	70.62	84.30	87.41	92.65	98.17	121.52
74	291.08	330.92	390.09	414.69	433.12	535.19	79.58	94.76	98.39	102.85	107.85	133.79
75	316.21	365.74	433.03	460.32	476.09	587.26	88.98	105.71	109.98	114.31	118.74	146.81
76	347.70	408.71	486.18	516.84	530.93	653.13	100.39	119.02	124.06	128.53	132.48	163.28
77	383.95	457.82	547.24	581.75	595.56	729.95	113.30	134.10	139.98	144.94	148.52	182.48
78	425.76	513.76	617.08	655.99	671.50	822.64	127.90	151.15	157.91	163.79	167.22	205.66
79	469.93	572.40	690.80	734.36	753.92	922.49	143.13	168.94	176.55	183.81	187.34	230.61

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Step-Rated

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC
Issue	Non Integrated - NH (3PL) Benefit Period			Non Integrated - ALF (3PL) Benefit Period			Non Integrated - HHC (3 PL) Benefit Period
Age	3 3 Yr	5 5 Yr	Lifetime Unlimited	2 2 Yr	3 3 Yr	4 4 Yr	2 2 Yr
18-35	75.54	89.23	99.91	2.60	3.33	3.98	13.58
36	76.23	89.86	100.06	2.62	3.36	3.99	13.85
37	77.39	91.08	100.83	2.65	3.41	4.03	14.18
38	79.00	92.13	101.00	2.71	3.49	4.10	14.93
39	80.51	92.58	100.81	2.75	3.55	4.15	15.49
40	82.66	93.75	101.61	2.82	3.65	4.21	16.04
41	83.46	94.41	102.03	2.90	3.71	4.24	16.41
42	85.14	95.88	103.44	2.98	3.77	4.31	16.74
43	87.13	97.52	105.18	2.99	3.85	4.39	16.54
44	86.44	98.76	106.53	2.97	3.82	4.35	16.10
45	86.11	100.92	108.92	2.99	3.82	4.33	15.81
46	85.49	102.69	110.86	3.01	3.82	4.32	15.47
47	85.04	103.42	113.14	3.05	3.81	4.30	15.23
48	87.14	105.93	116.48	3.18	3.95	4.43	15.47
49	88.37	107.59	118.79	3.28	4.07	4.52	15.65
50	89.38	109.19	120.97	3.37	4.16	4.61	15.92
51	90.27	110.81	123.11	3.46	4.26	4.70	16.23
52	91.77	113.38	126.18	3.59	4.37	4.84	16.73
53	92.70	115.16	128.81	3.66	4.45	4.91	17.01
54	93.87	117.18	131.70	3.74	4.56	5.01	17.31
55	96.14	120.44	136.03	3.85	4.70	5.14	17.77
56	98.22	123.34	140.01	3.97	4.84	5.28	18.10
57	101.69	127.82	145.85	4.15	5.03	5.49	18.62
58	105.36	131.84	151.74	4.33	5.25	5.68	19.09
59	109.43	136.26	158.15	4.54	5.46	5.90	19.46
60	115.46	143.13	167.56	4.83	5.81	6.24	20.06
61	121.91	150.44	177.71	5.20	6.17	6.60	20.80
62	130.56	160.42	191.34	5.70	6.66	7.07	21.92
63	142.26	174.81	208.90	6.34	7.34	7.75	23.61
64	153.06	188.27	225.59	6.98	8.01	8.41	25.30
65	166.49	205.06	246.70	7.75	8.81	9.24	27.66
66	187.49	231.43	279.72	8.95	10.05	10.50	31.61
67	203.03	251.16	305.43	9.92	11.02	11.49	35.00
68	217.53	270.88	330.98	11.17	12.12	12.56	39.65
69	231.87	289.31	354.46	12.41	13.10	13.56	44.65
70	247.43	307.12	376.86	13.66	14.11	14.58	50.10
71	271.19	327.49	402.12	15.12	15.57	16.03	56.53
72	294.80	345.76	424.65	16.56	17.01	17.48	63.21
73	323.89	371.53	461.80	18.19	18.66	19.14	70.62
74	359.85	409.43	508.43	20.23	20.72	21.22	79.58
75	397.67	452.50	557.89	22.42	22.91	23.45	88.98
76	444.31	506.78	620.47	25.16	25.69	26.26	100.39
77	497.54	570.11	693.43	28.38	28.94	29.53	113.30
78	558.08	643.70	781.53	32.15	32.75	33.37	127.90
79	621.43	722.72	876.36	36.20	36.83	37.50	143.13

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Step-Rated

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	79.58	85.52	94.38	100.32	112.30	141.47
36	80.42	86.28	95.86	101.92	114.05	142.93
37	81.29	87.07	97.34	103.47	115.83	144.41
38	82.15	87.85	98.89	105.02	117.74	145.25
39	82.95	88.60	100.35	106.54	119.52	146.39
40	83.24	88.83	101.17	107.41	120.45	146.95
41	84.10	89.60	102.59	108.97	122.10	148.74
42	84.28	90.37	104.08	110.65	123.84	150.86
43	81.44	92.11	105.74	112.46	125.77	153.35
44	78.53	93.58	106.94	113.80	127.16	155.25
45	76.49	93.73	106.64	116.05	129.66	158.49
46	74.81	92.85	105.23	118.61	132.58	162.11
47	73.09	91.66	103.63	119.94	134.26	165.14
48	73.96	92.55	104.76	121.15	136.26	169.37
49	74.29	92.66	105.25	121.50	137.30	172.35
50	75.11	93.21	106.39	122.59	139.19	176.35
51	75.52	93.12	107.02	122.96	140.34	179.24
52	76.53	93.64	108.52	124.31	142.62	183.46
53	78.24	95.34	111.06	126.86	145.88	188.57
54	79.59	96.71	113.11	128.88	148.42	193.03
55	81.70	99.03	116.17	132.13	152.31	199.54
56	84.58	101.85	119.65	135.98	156.76	207.12
57	87.56	104.56	122.81	139.59	160.83	214.64
58	89.95	107.21	124.56	142.16	163.59	220.78
59	93.04	110.38	127.34	145.93	167.64	229.06
60	96.98	114.23	131.20	150.95	173.05	239.72
61	101.86	118.86	136.14	157.19	179.85	251.87
62	107.75	124.36	142.12	164.70	188.03	264.01
63	116.53	135.55	155.58	180.47	205.82	289.33
64	125.76	147.51	169.91	197.19	224.76	314.75
65	135.65	160.59	185.28	215.09	245.16	339.29
66	154.20	184.58	212.81	247.05	281.77	384.84
67	169.09	204.99	235.55	273.50	312.26	420.30
68	188.39	230.20	258.91	300.74	344.24	463.30
69	208.74	257.12	285.47	331.63	380.41	509.03
70	229.46	285.01	314.05	364.88	419.32	555.76
71	251.01	314.59	345.17	401.11	461.65	604.87
72	273.81	346.56	379.37	440.87	501.02	657.51
73	298.32	382.07	423.01	492.53	553.61	717.98
74	332.39	422.01	473.21	552.14	609.88	787.19
75	371.23	466.71	531.08	615.16	678.22	867.39
76	419.34	518.19	602.64	687.60	758.66	968.62
77	462.37	575.84	677.98	769.03	849.31	1,078.21
78	499.81	626.72	740.66	841.91	930.78	1,215.14
79	540.68	681.78	808.33	920.63	1,019.04	1,334.09

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 50% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	71.61	76.96	84.95	90.31	101.08	127.33
36	72.39	77.67	86.25	91.72	102.65	128.65
37	73.16	78.35	87.60	93.13	104.24	129.97
38	73.93	79.06	89.01	94.52	105.97	130.75
39	74.66	79.76	90.33	95.88	107.57	131.75
40	74.91	79.94	91.05	96.68	108.41	132.26
41	75.70	80.64	92.34	98.09	109.88	133.87
42	75.84	81.34	93.67	99.58	111.49	135.79
43	73.29	82.90	95.14	101.23	113.18	138.03
44	70.68	84.20	96.25	102.42	114.45	139.73
45	68.83	84.34	95.99	104.44	116.70	142.63
46	67.34	83.55	94.70	106.76	119.31	145.90
47	65.78	82.49	93.27	107.92	120.82	148.62
48	66.57	83.30	94.28	109.04	122.65	152.46
49	66.87	83.40	94.71	109.35	123.57	155.13
50	67.60	83.88	95.76	110.31	125.27	158.71
51	67.97	83.81	96.33	110.66	126.31	161.33
52	68.88	84.26	97.67	111.89	128.36	165.11
53	70.41	85.82	99.96	114.16	131.28	169.73
54	71.63	87.03	101.79	115.98	133.57	173.74
55	73.51	89.14	104.55	118.93	137.09	179.60
56	76.12	91.66	107.69	122.39	141.07	186.42
57	78.81	94.11	110.54	125.65	144.75	193.17
58	80.95	96.48	112.09	127.95	147.22	198.69
59	83.74	99.35	114.60	131.35	150.89	206.18
60	87.27	102.80	118.07	135.87	155.74	215.76
61	91.67	106.98	122.52	141.48	161.86	226.68
62	96.97	111.94	127.91	148.21	169.22	237.60
63	104.88	121.99	140.02	162.42	185.24	260.39
64	113.18	132.76	152.92	177.48	202.30	283.27
65	122.08	144.53	166.74	193.58	220.64	305.36
66	138.79	166.12	191.53	222.35	253.61	346.37
67	152.18	184.48	211.99	246.15	281.04	378.27
68	169.55	207.17	233.02	270.65	309.83	416.98
69	187.88	231.40	256.91	298.46	342.38	458.11
70	206.53	256.52	282.63	328.40	377.39	500.20
71	225.91	283.14	310.65	361.00	415.47	544.39
72	246.44	311.89	341.44	396.77	450.91	591.77
73	268.48	343.86	380.71	443.27	498.23	646.19
74	299.14	379.80	425.88	496.92	548.89	708.47
75	334.11	420.04	477.97	553.65	610.39	780.65
76	377.41	466.36	542.38	618.84	682.79	871.75
77	416.13	518.25	610.17	692.13	764.36	970.38
78	449.83	564.05	666.59	757.72	837.70	1,093.63
79	486.61	613.60	727.50	828.57	917.14	1,200.68

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Step-Rated

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	75.32	78.42	90.51	96.23	101.03	113.44	16.76	20.38	22.84	24.27	25.48	28.03
36	75.80	79.33	91.76	97.55	102.42	114.31	17.21	20.83	23.32	24.77	26.03	28.62
37	76.30	80.29	92.99	98.87	103.81	115.24	17.65	21.31	23.82	25.32	26.60	29.17
38	76.51	81.24	94.15	100.01	105.15	115.42	18.33	22.00	24.45	25.96	27.30	29.83
39	76.83	82.20	95.32	101.19	106.43	115.97	18.88	22.54	25.02	26.55	27.92	30.42
40	76.84	82.65	95.91	101.84	107.09	116.17	19.17	22.88	25.33	26.89	28.29	30.78
41	77.47	83.58	97.18	103.25	108.50	117.41	19.49	23.24	25.76	27.36	28.74	31.32
42	77.62	84.49	98.61	104.83	110.06	119.04	19.54	23.56	26.14	27.77	29.15	31.82
43	75.04	86.45	100.26	106.62	111.87	121.04	18.84	23.88	26.48	28.18	29.58	32.32
44	72.45	88.15	101.54	108.04	113.28	122.66	18.09	24.02	26.68	28.39	29.78	32.59
45	70.70	88.63	101.43	110.40	115.73	125.40	17.53	23.78	26.46	28.79	30.19	33.09
46	69.31	88.10	100.35	113.12	118.61	128.53	17.03	23.29	25.90	29.20	30.66	33.58
47	67.80	87.24	99.09	114.67	120.40	131.25	16.54	22.72	25.29	29.26	30.73	33.89
48	68.72	88.36	100.67	116.42	123.00	135.20	16.63	22.65	25.20	29.12	30.77	34.17
49	69.07	88.66	101.52	117.22	124.41	138.06	16.67	22.53	24.98	28.86	30.55	34.30
50	69.81	89.30	102.99	118.65	126.38	141.68	16.89	22.57	24.99	28.80	30.55	34.67
51	70.11	89.20	103.86	119.36	127.49	144.39	17.05	22.55	24.91	28.63	30.38	34.85
52	70.90	89.65	105.56	120.92	129.52	148.13	17.40	22.76	25.07	28.73	30.44	35.34
53	72.34	91.17	108.09	123.45	132.00	152.30	17.90	23.28	25.62	29.27	30.86	36.28
54	73.47	92.34	110.07	125.41	133.78	155.84	18.32	23.70	26.09	29.73	31.18	37.19
55	75.31	94.45	113.01	128.55	136.79	160.94	18.88	24.36	26.81	30.53	31.86	38.59
56	77.92	97.08	116.35	132.22	140.42	166.89	19.57	25.10	27.68	31.44	32.72	40.23
57	80.71	99.69	119.39	135.69	143.89	172.71	20.24	25.75	28.43	32.32	33.59	41.93
58	83.02	101.89	120.95	138.05	146.97	177.35	20.70	26.29	28.95	33.05	34.55	43.43
59	86.15	105.06	123.66	141.71	151.24	183.74	21.20	26.88	29.62	33.95	35.68	45.32
60	90.20	109.19	127.49	146.68	156.78	192.07	21.80	27.54	30.46	35.05	37.07	47.65
61	95.22	114.36	132.46	152.96	163.65	201.63	22.50	28.34	31.53	36.39	38.73	50.25
62	101.27	120.49	138.50	160.51	171.91	211.22	23.39	29.29	32.78	37.99	40.70	52.79
63	109.98	132.29	151.94	176.25	188.21	231.44	25.02	31.71	35.75	41.46	44.46	57.90
64	119.05	144.64	166.22	192.92	205.44	251.77	26.82	34.41	38.94	45.21	48.47	62.99
65	128.60	157.71	181.53	210.72	223.87	271.39	28.91	37.52	42.49	49.31	52.87	67.90
66	146.25	180.91	208.70	242.28	257.03	307.85	33.05	43.33	48.90	56.75	60.82	76.99
67	160.15	199.83	231.08	268.32	284.49	336.24	36.61	48.55	54.34	63.11	67.60	84.06
68	178.01	218.94	253.78	294.75	316.64	370.65	41.19	54.87	60.00	70.26	75.85	92.64
69	196.59	240.63	279.56	324.75	350.55	407.24	46.41	62.06	66.68	78.28	84.66	101.79
70	215.24	263.89	307.23	356.99	385.23	444.64	52.10	69.94	74.10	86.83	93.78	111.12
71	234.38	289.09	337.36	392.04	421.73	483.92	58.36	78.64	82.36	96.16	103.47	120.95
72	254.43	316.67	370.45	430.51	454.56	526.00	65.28	88.34	91.57	106.43	112.36	131.51
73	275.87	351.86	413.10	480.96	495.50	574.39	73.09	99.58	103.25	119.11	123.01	143.59
74	305.89	392.13	462.24	539.34	539.16	629.76	83.63	112.28	116.58	133.77	134.25	157.43
75	340.07	437.46	519.04	601.20	593.61	693.91	95.69	126.44	131.82	149.30	148.05	173.47
76	382.51	489.39	589.38	672.47	659.45	774.90	110.44	142.51	150.39	167.23	164.55	193.72
77	420.18	546.99	663.59	752.73	735.61	862.58	123.99	160.22	169.74	187.53	183.45	215.64
78	452.73	597.57	725.60	824.80	805.97	972.11	136.00	175.81	185.68	205.94	200.71	243.03
79	488.42	651.12	792.63	902.76	884.77	1,067.28	148.76	192.18	202.57	225.96	219.85	266.80

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Step-Rated

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC
Issue	Non Integrated - NH (3PL) Benefit Period			Non Integrated - ALF (3PL) Benefit Period			Non Integrated - HHC (3 PL) Benefit Period
Age	3 3 Yr	5 5 Yr	Lifetime Unlimited	2 2 Yr	3 3 Yr	4 4 Yr	2 2 Yr
18-35	86.32	96.23	107.75	3.21	3.80	4.42	16.76
36	87.37	97.55	108.61	3.26	3.85	4.46	17.21
37	88.42	98.87	109.46	3.30	3.89	4.51	17.65
38	88.60	100.01	109.64	3.32	3.92	4.53	18.33
39	89.26	101.17	110.16	3.35	3.94	4.55	18.88
40	89.78	101.82	110.35	3.37	3.96	4.57	19.17
41	91.25	103.22	111.55	3.44	4.05	4.64	19.49
42	93.09	104.83	113.09	3.48	4.12	4.71	19.54
43	95.26	106.62	114.99	3.40	4.21	4.80	18.84
44	97.11	108.04	116.54	3.34	4.30	4.88	18.09
45	97.60	110.40	119.15	3.31	4.33	4.91	17.53
46	97.01	113.10	122.10	3.31	4.33	4.90	17.03
47	96.01	114.67	124.68	3.31	4.30	4.85	16.54
48	97.23	116.40	128.44	3.41	4.40	4.94	16.63
49	97.49	117.20	131.17	3.49	4.49	4.99	16.67
50	98.12	118.65	134.60	3.57	4.57	5.06	16.89
51	97.98	119.34	137.18	3.64	4.62	5.10	17.05
52	98.40	120.92	140.70	3.74	4.69	5.19	17.40
53	100.04	123.45	144.68	3.85	4.80	5.30	17.90
54	101.27	125.41	148.04	3.95	4.92	5.41	18.32
55	103.57	128.55	152.91	4.09	5.06	5.54	18.88
56	106.41	132.22	158.54	4.30	5.25	5.72	19.57
57	109.24	135.69	164.08	4.51	5.41	5.89	20.24
58	111.60	138.05	168.48	4.70	5.56	6.02	20.70
59	115.06	141.71	174.55	4.95	5.74	6.21	21.20
60	119.57	146.68	182.45	5.25	6.02	6.46	21.80
61	125.17	152.96	191.54	5.63	6.33	6.77	22.50
62	131.84	160.51	200.66	6.08	6.72	7.13	23.39
63	144.66	176.25	219.86	6.72	7.47	7.88	25.02
64	158.07	192.92	239.16	7.40	8.27	8.68	26.82
65	172.26	210.70	257.83	8.10	9.12	9.56	28.91
66	197.46	242.28	292.44	9.36	10.58	11.06	33.05
67	217.96	268.32	319.42	10.37	11.83	12.33	36.61
68	238.51	296.51	352.11	11.60	13.29	13.77	41.19
69	261.94	327.18	386.85	12.90	14.79	15.32	46.41
70	287.10	359.21	422.42	14.21	16.38	16.91	52.10
71	314.40	393.39	459.71	15.60	18.06	18.59	58.36
72	344.29	430.51	499.71	17.10	19.86	20.42	65.28
73	382.59	477.67	545.65	18.82	22.04	22.61	73.09
74	426.41	532.50	598.27	21.26	24.55	25.15	83.63
75	475.66	590.98	659.22	24.11	27.40	28.11	95.69
76	532.03	659.38	736.15	27.68	30.76	31.83	110.44
77	594.45	737.67	819.42	31.06	34.58	35.81	123.99
78	649.13	809.35	923.52	34.18	38.09	39.24	136.00
79	706.89	888.46	1,013.91	37.62	41.90	43.02	148.76

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ, LTC04I-NTQ, LTC04I-AG-TQ, LTC04I-AG-NTQ

Premium Factors

Form:	LTC04I NFO1PL LTC04I NFO2PL LTC04I NFO3PL	Limited Pay Options			LTC04I ROPD	LTC04I ROPDC
Issue Age	Nonforfeiture Option	10 Pay	20 Pay	Pay to 65	Full Return Premium on Death	Return Premium on Death less Claims
18-35	1.21	3.83	2.40	1.74	1.77	1.60
36	1.21	3.81	2.39	1.78	1.79	1.61
37	1.21	3.79	2.37	1.82	1.81	1.63
38	1.21	3.78	2.36	1.83	1.82	1.63
39	1.21	3.76	2.35	1.85	1.84	1.65
40	1.20	3.74	2.33	1.89	1.86	1.66
41	1.20	3.71	2.31	1.95	1.88	1.67
42	1.20	3.68	2.29	2.01	1.90	1.69
43	1.20	3.64	2.27	2.08	1.93	1.72
44	1.20	3.60	2.24	2.16	1.97	1.74
45	1.19	3.55	2.21	2.21	2.01	1.77
46	1.19	3.50	2.19	2.30	2.05	1.81
47	1.19	3.45	2.16	2.37	2.10	1.85
48	1.19	3.39	2.13	2.38	2.16	1.90
49	1.19	3.34	2.10	2.39	2.23	1.95
50	1.18	3.28	2.08	2.41	2.29	2.00
51	1.18	3.22	2.06	2.45	2.36	2.06
52	1.18	3.16	2.04	2.51	2.43	2.11
53	1.18	3.10	2.02	2.61	2.49	2.16
54	1.18	3.05	2.00	2.75	2.56	2.22
55	1.17	2.99	1.98	2.99	2.65	2.29
56	1.17	2.94	1.96		2.75	2.37
57	1.17	2.88	1.93		2.87	2.47
58	1.17	2.84	1.88		3.01	2.59
59	1.16	2.79	1.83		3.19	2.73
60	1.16	2.73	1.78		3.39	2.89
61	1.15	2.67	1.72		3.63	3.09
62	1.15	2.60	1.65		3.90	3.32
63	1.15	2.51	1.59		4.22	3.58
64	1.15	2.42	1.54		4.59	3.89
65	1.14	2.33	1.48		5.01	4.23
66	1.14	2.23	1.43			
67	1.14	2.14	1.38			
68	1.14	2.06	1.32			
69	1.14	1.99	1.27			
70	1.14	1.91	1.22			
71	1.13	1.85	1.19			
72	1.13	1.79	1.16			
73	1.13	1.72	1.15			
74	1.12	1.66	1.15			
75	1.12	1.59	1.15			
76	1.11	1.53	1.15			
77	1.11	1.48	1.15			
78	1.11	1.43	1.15			
79	1.10	1.39	1.15			
80	1.10	1.36	1.15			
81	1.10	1.33	1.15			

Age 80+ is only for the Guaranteed Purchase Option.

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ, LTC04I-NTQ, LTC04I-AG-TQ, LTC04I-AG-NTQ

Premium Factors to apply by benefit period selected.**Restoration of Benefits**

Form: LTC04I ROB1PL, LTC04I ROB2PL, LTC04I ROB3PL

Benefit Period	Factor
2 year	1.04
3 Year	1.03
4 Year	1.02
5 Year	1.01
6 Year	1.01
Unlimited	1.00

Premium Factors applicable to the entire calculated premium.**Monthly HHC**

Form: LTC04I MHHC

Factor	1.1
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Survivorship & Spouse Waiver

Form: LTC04I SBWP

Factor	1.14
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Indemnity Coverage

Description	Factor	Form
NH Only	1.05	LTC04I NHIND-TQ
NH & ALF	1.15	LTC04I NHIND-TQ, LTC04I ALFIND-TQ
NH, ALF, & HHC	1.25	LTC04I NHIND-TQ, LTC04I ALFIND-TQ, LTC04I HHCIND-TQ

Spouse Benefit

Form: LTC04I SB1PL-TQ, LTC04I SB2PL-TQ, LTC04I SB3PL-TQ

Factor	1.6
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Mutual of Omaha Insurance Company
Policy Form: LTC04I -TQ, LTC04I-NTQ, LTC04I-AG-TQ, LTC04I-AG-NTQ

If Non Tax Qualified form LTC04I-NTQ or LTC04I-AG-NTQ is elected, premiums will be increased by 15%.

- 30% Spouse Discount for two insureds, or
- 15% Spouse Discount for two applications, but one insured, or
- 10% Two Person Household Discount

Premium Discount of 10% on LTC04I-AG-TQ or LTC04I-AG-NTQ forms for a Affinity Group/Employer Group Discount

To calculate premiums for a specific elimination period, apply the appropriate factor to the above premiums.

<u>Elim</u>	<u>Factor</u>	<u>Elim</u>	<u>Factor</u>
0 Day	1.40	90 Day	1.00
15 Day	1.30	100 Day	0.98
20 Day	1.27	180 Day	0.90
30 Day	1.25	365 Day	0.80
60 Day	1.09		

Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

<u>Elim</u>	<u>Factor</u>	<u>Elim</u>	<u>Factor</u>
15 Day	1.02	90 Day	1.08
20 Day	1.02	100 Day	1.09
30 Day	1.02	180 Day	1.13
60 Day	1.06	365 Day	1.16

To calculate premiums for a specific underwriting class, apply the appropriate factor to the above premiums.

<u>Class</u>	<u>Factor</u>	<u>Class</u>	<u>Factor</u>
Preferred	0.85	Class I	1.25
Select	1.00	Class II	1.50

To calculate premiums for a specific mode, apply the appropriate factor to the above premiums.

<u>Modal Loads</u>	<u>Factor</u>
Annual	1.000
Semi-Annual	0.510
Quarterly	0.260
Monthly/BSP	0.090
Other	1.08/# of payments

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

No Inflation

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue Age	Integrated NH, ALF, and HHC with 100% HHC (1PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	34.95	39.53	44.95	50.37	55.73	80.08
36	35.32	40.01	45.58	51.08	56.53	80.86
37	35.70	40.52	46.21	51.80	57.32	81.64
38	36.08	41.03	46.87	52.53	58.07	82.02
39	36.43	41.52	47.49	53.26	58.83	82.59
40	36.78	41.79	47.59	53.95	59.60	83.36
41	37.16	40.97	46.91	54.68	60.43	84.35
42	37.57	40.29	46.41	54.71	61.23	85.54
43	38.04	40.70	46.72	54.43	60.87	86.95
44	38.59	41.60	47.54	54.34	60.72	87.89
45	39.23	42.61	48.48	54.43	60.81	88.42
46	39.98	43.73	49.56	54.72	61.16	89.24
47	40.89	44.95	50.82	55.21	61.80	90.33
48	42.24	46.46	52.59	56.72	63.79	92.81
49	43.59	47.92	54.43	58.24	65.81	95.25
50	45.00	49.35	56.33	59.81	67.91	97.70
51	46.50	50.80	58.38	61.48	70.17	100.21
52	48.12	52.30	60.61	63.47	72.82	102.88
53	49.57	53.77	62.64	65.44	75.25	104.87
54	51.14	55.45	64.85	67.62	77.87	107.19
55	52.91	57.36	67.29	70.08	80.78	109.95
56	54.92	59.61	70.03	72.93	84.07	113.29
57	57.23	62.26	73.13	76.22	87.82	117.34
58	59.57	65.37	75.95	79.50	91.48	121.90
59	62.44	68.98	79.58	83.65	96.09	127.75
60	65.97	73.24	84.12	88.77	101.77	135.09
61	70.25	78.26	89.64	94.94	108.62	144.00
62	75.35	84.19	96.21	102.27	116.76	154.65
63	82.06	91.49	105.01	111.70	127.39	169.91
64	89.19	99.20	114.26	121.56	138.56	186.06
65	97.59	108.29	124.94	132.91	151.49	204.81
66	111.74	123.82	142.76	151.80	173.13	235.63
67	123.42	136.66	157.04	166.93	190.59	261.12
68	140.59	155.95	175.40	186.44	213.41	289.69
69	158.14	175.72	195.09	207.34	237.84	317.92
70	176.51	196.50	216.52	230.11	264.44	346.61
71	196.10	218.83	240.10	255.20	293.72	376.59
72	217.31	243.23	266.26	283.04	326.26	408.52
73	238.18	267.31	295.96	314.63	362.88	439.15
74	261.40	294.33	330.04	350.85	404.90	473.70
75	287.65	325.16	369.23	392.51	453.29	513.20
76	317.65	360.63	414.26	440.39	509.00	570.65
77	352.09	401.64	465.92	495.29	573.01	640.42
78	391.70	449.02	524.90	558.00	646.24	721.75
79	437.16	503.66	592.00	629.32	729.70	816.14
80	489.18	566.41	667.93	710.04	824.31	925.05
81	548.47	638.11	753.45	800.96	931.06	1,049.94

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue Age	Integrated NH, ALF, and HHC with 50% HHC (1PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	31.45	35.57	40.46	45.34	50.16	72.08
36	31.79	36.02	41.01	45.97	50.87	72.78
37	32.13	36.46	41.58	46.63	51.58	73.48
38	32.47	36.93	42.18	47.28	52.26	73.83
39	32.79	37.38	42.75	47.94	52.95	74.33
40	33.10	37.60	42.83	48.56	53.64	75.03
41	33.45	36.87	42.22	49.22	54.38	75.92
42	33.81	36.26	41.76	49.24	55.12	77.00
43	34.23	36.63	42.04	48.99	54.78	78.26
44	34.73	37.43	42.79	48.90	54.65	79.10
45	35.30	38.34	43.64	48.98	54.73	79.58
46	35.99	39.35	44.60	49.25	55.04	80.31
47	36.80	40.45	45.74	49.68	55.62	81.29
48	38.02	41.82	47.33	51.04	57.42	83.55
49	39.24	43.13	48.98	52.41	59.23	85.73
50	40.50	44.41	50.70	53.82	61.12	87.93
51	41.85	45.72	52.55	55.33	63.15	90.20
52	43.31	47.06	54.55	57.13	65.54	92.59
53	44.61	48.40	56.38	58.89	67.72	94.39
54	46.03	49.90	58.36	60.85	70.08	96.47
55	47.61	51.63	60.56	63.08	72.71	98.97
56	49.43	53.65	63.03	65.64	75.66	101.97
57	51.51	56.04	65.82	68.61	79.04	105.60
58	53.61	58.83	68.35	71.55	82.33	109.70
59	56.20	62.09	71.62	75.29	86.49	114.99
60	59.37	65.91	75.70	79.90	91.59	121.59
61	63.22	70.44	80.67	85.45	97.76	129.60
62	67.81	75.78	86.59	92.03	105.08	139.18
63	73.86	82.34	94.51	100.53	114.65	152.92
64	80.27	89.28	102.84	109.41	124.71	167.45
65	87.83	97.46	112.44	119.62	136.34	184.32
66	100.57	111.44	128.48	136.62	155.83	212.07
67	111.08	122.99	141.33	150.24	171.53	235.01
68	126.53	140.35	157.86	167.79	192.08	260.73
69	142.33	158.14	175.57	186.60	214.06	286.12
70	158.87	176.86	194.86	207.10	238.00	311.96
71	176.49	196.95	216.09	229.68	264.34	338.93
72	195.59	218.90	239.64	254.73	293.63	367.67
73	214.36	240.58	266.36	283.16	326.58	395.23
74	235.25	264.89	297.03	315.76	364.41	426.33
75	258.89	292.64	332.31	353.26	407.96	461.88
76	285.89	324.56	372.84	396.35	458.10	513.58
77	316.88	361.47	419.32	445.76	515.70	576.37
78	352.53	404.12	472.41	502.20	581.61	649.58
79	393.44	453.29	532.80	566.39	656.73	734.53
80	440.26	509.77	601.14	639.04	741.89	832.54
81	493.63	574.30	678.11	720.86	837.95	944.95

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

No Inflation

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	33.08	36.24	43.10	48.31	50.14	64.22	7.36	9.42	10.88	12.19	12.64	15.87
36	33.29	36.79	43.63	48.89	50.76	64.67	7.56	9.66	11.09	12.42	12.90	16.19
37	33.51	37.36	44.14	49.50	51.37	65.15	7.75	9.92	11.31	12.68	13.16	16.49
38	33.60	37.95	44.62	50.03	51.86	65.18	8.05	10.27	11.59	12.99	13.46	16.84
39	33.74	38.53	45.11	50.59	52.39	65.42	8.29	10.57	11.84	13.27	13.74	17.16
40	33.95	38.88	45.12	51.16	52.99	65.90	8.47	10.76	11.91	13.51	14.00	17.46
41	34.23	38.21	44.43	51.81	53.70	66.59	8.61	10.63	11.78	13.73	14.22	17.76
42	34.60	37.67	43.96	51.83	54.42	67.50	8.71	10.50	11.65	13.73	14.41	18.04
43	35.05	38.20	44.30	51.60	54.14	68.63	8.80	10.55	11.70	13.64	14.32	18.32
44	35.60	39.19	45.14	51.59	54.09	69.44	8.89	10.68	11.86	13.56	14.22	18.45
45	36.26	40.29	46.11	51.78	54.28	69.96	8.99	10.81	12.03	13.50	14.16	18.46
46	37.04	41.49	47.26	52.19	54.72	70.75	9.10	10.97	12.20	13.47	14.14	18.49
47	37.93	42.78	48.59	52.79	55.42	71.79	9.25	11.14	12.40	13.47	14.14	18.54
48	39.25	44.36	50.54	54.50	57.58	74.09	9.50	11.37	12.65	13.63	14.40	18.73
49	40.53	45.85	52.50	56.18	59.63	76.30	9.78	11.65	12.92	13.83	14.64	18.95
50	41.83	47.28	54.53	57.89	61.66	78.49	10.12	11.95	13.23	14.05	14.90	19.21
51	43.17	48.66	56.66	59.68	63.75	80.73	10.50	12.30	13.59	14.32	15.19	19.49
52	44.58	50.07	58.96	61.74	66.13	83.07	10.94	12.71	14.00	14.67	15.54	19.82
53	45.83	51.42	60.96	63.68	68.09	84.70	11.34	13.13	14.45	15.10	15.92	20.18
54	47.21	52.94	63.11	65.80	70.19	86.54	11.77	13.59	14.96	15.60	16.36	20.65
55	48.77	54.71	65.46	68.18	72.55	88.69	12.23	14.11	15.53	16.19	16.90	21.27
56	50.60	56.82	68.10	70.91	75.31	91.29	12.71	14.69	16.20	16.86	17.55	22.01
57	52.75	59.36	71.09	74.09	78.57	94.42	13.23	15.33	16.93	17.65	18.34	22.92
58	54.98	62.13	73.75	77.20	82.19	97.92	13.71	16.03	17.65	18.48	19.32	23.98
59	57.82	65.66	77.28	81.23	86.69	102.48	14.23	16.80	18.51	19.46	20.45	25.28
60	61.36	70.01	81.74	86.26	92.20	108.23	14.83	17.66	19.53	20.61	21.80	26.85
61	65.67	75.30	87.22	92.38	98.84	115.28	15.52	18.66	20.76	21.98	23.39	28.73
62	70.82	81.57	93.76	99.67	106.75	123.73	16.36	19.83	22.19	23.59	25.27	30.92
63	77.45	89.29	102.55	109.09	116.49	135.91	17.62	21.40	24.13	25.66	27.52	34.00
64	84.43	97.27	111.78	118.93	126.65	148.82	19.02	23.14	26.19	27.87	29.88	37.23
65	92.52	106.35	122.41	130.21	138.34	163.82	20.80	25.30	28.65	30.47	32.67	40.99
66	105.98	121.36	140.00	148.87	157.93	188.48	23.95	29.07	32.80	34.87	37.37	47.14
67	116.90	133.22	154.06	163.77	173.64	208.90	26.72	32.37	36.23	38.52	41.26	52.22
68	132.84	148.32	171.92	182.73	196.30	231.76	30.74	37.17	40.65	43.56	47.02	57.93
69	148.93	164.45	191.05	203.04	219.17	254.35	35.16	42.41	45.57	48.94	52.93	63.58
70	165.57	181.94	211.82	225.13	242.94	277.31	40.08	48.22	51.09	54.76	59.14	69.30
71	183.11	201.09	234.67	249.43	268.32	301.29	45.59	54.70	57.29	61.18	65.83	75.30
72	201.93	222.25	260.00	276.39	296.01	326.81	51.81	62.00	64.27	68.33	73.17	81.71
73	220.26	246.18	289.02	307.24	324.79	351.32	58.36	69.67	72.24	76.09	80.63	87.82
74	240.56	273.49	322.39	342.72	357.95	378.96	65.77	78.31	81.31	85.00	89.13	94.74
75	263.51	304.78	360.86	383.60	396.74	410.56	74.15	88.09	91.65	95.26	98.95	102.64
76	289.75	340.59	405.15	430.70	442.44	456.52	83.66	99.18	103.38	107.11	110.40	114.13
77	319.96	381.52	456.03	484.79	496.30	512.34	94.42	111.75	116.65	120.78	123.77	128.08
78	354.80	428.13	514.23	546.66	559.58	577.40	106.58	125.96	131.59	136.49	139.35	144.35
79	394.90	481.01	580.50	617.11	633.55	652.92	120.28	141.97	148.36	154.46	157.43	163.22
80	440.97	540.73	655.58	696.93	719.48	740.04	135.64	159.98	167.09	174.94	178.31	185.01
81	493.62	607.86	740.22	786.90	818.61	839.95	152.83	180.11	187.91	198.14	202.27	209.99

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

No Inflation

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	39.90	48.31	60.99	1.41	1.76	2.10	7.36	
36	40.52	48.89	61.45	1.43	1.78	2.12	7.56	
37	41.15	49.50	61.88	1.45	1.81	2.14	7.75	
38	41.38	50.03	61.91	1.46	1.83	2.15	8.05	
39	41.83	50.58	62.15	1.47	1.85	2.16	8.29	
40	42.23	51.15	62.60	1.49	1.86	2.15	8.47	
41	41.72	51.80	63.26	1.52	1.85	2.12	8.61	
42	41.50	51.83	64.13	1.55	1.84	2.10	8.71	
43	42.09	51.60	65.20	1.59	1.86	2.12	8.80	
44	43.17	51.59	65.97	1.64	1.91	2.17	8.89	
45	44.37	51.78	66.47	1.70	1.97	2.23	8.99	
46	45.69	52.18	67.21	1.77	2.04	2.31	9.10	
47	47.08	52.79	68.20	1.85	2.11	2.38	9.25	
48	48.81	54.49	70.38	1.95	2.21	2.48	9.50	
49	50.42	56.17	72.49	2.05	2.32	2.58	9.78	
50	51.95	57.89	74.57	2.14	2.42	2.68	10.12	
51	53.45	59.67	76.69	2.24	2.52	2.78	10.50	
52	54.96	61.74	78.91	2.35	2.62	2.90	10.94	
53	56.42	63.68	80.46	2.44	2.71	2.99	11.34	
54	58.06	65.80	82.21	2.54	2.82	3.10	11.77	
55	59.99	68.18	84.26	2.65	2.93	3.21	12.23	
56	62.28	70.91	86.72	2.79	3.07	3.35	12.71	
57	65.05	74.09	89.69	2.95	3.22	3.51	13.23	
58	68.05	77.20	93.02	3.11	3.39	3.67	13.71	
59	71.91	81.23	97.35	3.32	3.59	3.88	14.23	
60	76.66	86.26	102.82	3.57	3.86	4.14	14.83	
61	82.42	92.38	109.51	3.88	4.17	4.46	15.52	
62	89.25	99.67	117.54	4.25	4.55	4.83	16.36	
63	97.64	109.09	129.11	4.73	5.04	5.32	17.62	
64	106.30	118.93	141.37	5.25	5.56	5.84	19.02	
65	116.16	130.20	155.63	5.83	6.15	6.45	20.80	
66	132.46	148.87	179.05	6.78	7.10	7.42	23.95	
67	145.31	163.77	198.44	7.57	7.89	8.22	26.72	
68	161.58	183.82	220.17	8.66	9.00	9.33	30.74	
69	179.01	204.56	241.61	9.77	10.11	10.47	35.16	
70	197.94	226.53	263.45	10.93	11.29	11.66	40.08	
71	218.70	250.29	286.21	12.19	12.56	12.93	45.59	
72	241.64	276.39	310.48	13.57	13.94	14.33	51.81	
73	267.68	305.14	333.74	15.03	15.42	15.82	58.36	
74	297.40	338.37	360.01	16.72	17.12	17.54	65.77	
75	331.39	377.08	390.04	18.68	19.09	19.54	74.15	
76	370.26	422.32	433.69	20.97	21.41	21.88	83.66	
77	414.62	475.09	486.71	23.65	24.12	24.61	94.42	
78	465.07	536.42	548.54	26.79	27.29	27.81	106.58	
79	522.21	607.33	620.27	30.42	30.95	31.51	120.28	
80	586.65	688.85	703.04	34.60	35.18	35.77	135.64	
81	659.01	782.00	797.95	39.40	40.04	40.68	152.83	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Compound

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	60.02	69.64	79.20	88.72	98.19	139.76	54.01	62.67	71.29	79.86	88.37	125.79
36	60.59	70.50	80.31	90.00	99.59	141.19	54.53	63.47	72.26	80.99	89.63	127.09
37	61.20	71.39	81.43	91.28	100.99	142.66	55.08	64.24	73.28	82.16	90.88	128.40
38	62.44	73.08	83.47	93.58	103.43	143.49	56.19	65.77	75.12	84.22	93.09	129.16
39	64.01	75.14	85.94	96.37	106.46	144.61	57.61	67.65	77.36	86.73	95.81	130.15
40	65.23	76.79	87.93	98.65	108.99	146.05	58.70	69.10	79.13	88.80	98.10	131.45
41	66.89	78.90	90.46	101.57	112.21	147.83	60.21	71.00	81.42	91.42	100.98	133.05
42	68.19	80.64	92.60	104.04	115.01	149.95	61.37	72.58	83.34	93.63	103.53	134.96
43	69.94	82.75	95.05	106.82	118.08	151.48	62.94	74.48	85.53	96.15	106.27	136.35
44	71.50	84.65	97.26	109.33	120.87	153.35	64.34	76.17	87.54	98.40	108.79	138.02
45	73.61	87.20	100.22	112.68	124.58	155.58	66.24	78.46	90.21	101.41	112.13	140.01
46	73.03	87.90	99.62	115.70	128.04	158.14	65.74	79.10	89.65	104.14	115.23	142.32
47	72.35	87.27	98.66	116.26	130.14	161.07	65.11	78.53	88.80	104.62	117.12	144.95
48	73.99	89.20	100.96	118.57	133.35	165.16	66.60	80.29	90.87	106.71	120.03	148.67
49	75.10	90.40	102.69	120.06	135.67	168.02	67.61	81.37	92.40	108.05	122.10	151.23
50	76.76	92.08	105.11	122.35	138.92	171.89	69.08	82.87	94.60	110.10	125.02	154.69
51	78.53	93.76	107.76	124.77	142.40	175.80	70.68	84.39	96.99	112.29	128.17	158.23
52	80.47	95.50	110.67	127.46	146.24	179.91	72.42	85.93	99.61	114.73	131.62	161.91
53	81.34	96.67	112.62	129.50	148.91	183.71	73.20	87.02	101.37	116.54	134.01	165.35
54	82.34	98.16	114.80	131.85	151.84	188.02	74.11	88.34	103.31	118.65	136.65	169.22
55	83.59	99.98	117.29	134.64	155.19	193.06	75.22	89.99	105.56	121.19	139.69	173.77
56	85.13	102.30	120.18	138.04	159.13	199.05	76.62	92.07	108.17	124.25	143.21	179.16
57	87.04	105.20	123.57	142.14	163.77	206.23	78.34	94.69	111.22	127.94	147.39	185.60
58	89.05	108.66	126.24	145.75	167.72	213.47	80.14	97.79	113.61	131.18	150.94	192.11
59	92.35	113.52	130.97	151.75	174.32	224.45	83.12	102.18	117.87	136.59	156.91	202.02
60	96.50	119.30	137.02	159.30	182.63	238.09	86.85	107.36	123.31	143.38	164.36	214.29
61	101.86	125.26	143.47	167.30	191.41	252.87	91.67	112.74	129.12	150.58	172.27	227.57
62	109.26	133.27	152.29	178.12	203.36	272.42	98.32	119.95	137.06	160.28	183.01	245.16
63	118.99	144.24	165.56	193.69	220.90	297.49	107.10	129.81	149.00	174.32	198.80	267.73
64	128.43	154.65	178.13	208.34	237.48	321.45	115.59	139.19	160.33	187.52	213.74	289.30
65	140.53	168.05	193.88	226.64	258.32	351.50	126.48	151.24	174.49	203.98	232.49	316.34
66	159.79	189.87	218.91	255.65	291.57	398.78	143.82	170.88	197.01	230.08	262.43	358.92
67	175.26	206.98	237.84	277.50	316.83	430.14	157.73	186.27	214.05	249.76	285.15	387.12
68	196.83	227.85	256.27	298.17	341.30	472.64	177.14	205.06	230.64	268.34	307.19	425.38
69	219.81	249.11	276.57	320.95	368.17	510.48	197.84	224.19	248.90	288.85	331.36	459.42
70	241.82	269.21	296.63	341.92	392.93	543.43	217.65	242.30	266.96	307.73	353.64	489.11
71	264.74	295.42	324.14	363.53	418.40	576.04	238.26	265.88	291.72	327.18	376.55	518.44
72	291.20	325.93	356.79	388.91	448.30	613.70	262.09	293.33	321.12	350.01	403.46	552.34
73	316.78	355.52	393.63	421.08	485.65	667.91	285.10	319.97	354.26	378.96	437.07	601.12
74	345.05	388.52	435.65	463.12	534.47	729.80	310.53	349.65	392.08	416.80	481.02	656.82
75	376.82	425.96	483.69	514.19	593.81	801.36	339.15	383.36	435.33	462.77	534.43	721.22
76	412.95	468.82	538.54	572.51	661.70	884.45	371.66	421.93	484.69	515.26	595.53	795.99
77	454.20	518.12	601.04	638.92	739.18	980.86	408.78	466.30	540.92	575.03	665.25	882.76
78	501.38	574.75	671.87	714.24	827.19	1,096.86	451.24	517.27	604.68	642.82	744.46	987.18
79	555.19	639.65	751.84	799.24	926.72	1,230.61	499.67	575.68	676.66	719.32	834.05	1,107.56

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Compound

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL) Benefit Period						Non Integrated - Home Health Care (HHC) (2PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	56.80	63.86	75.95	85.10	88.33	112.07	12.64	16.59	19.16	21.47	22.28	27.69
36	57.11	64.83	76.87	86.14	89.43	112.92	12.97	17.03	19.53	21.88	22.73	28.27
37	57.44	65.82	77.79	87.22	90.51	113.84	13.29	17.47	19.92	22.34	23.19	28.81
38	58.15	67.59	79.47	89.11	92.37	114.02	13.93	18.30	20.64	23.13	23.98	29.47
39	59.28	69.72	81.63	91.53	94.80	114.56	14.57	19.12	21.43	24.02	24.87	30.05
40	60.21	71.45	83.36	93.54	96.91	115.46	15.02	19.78	22.01	24.69	25.60	30.59
41	61.62	73.59	85.69	96.23	99.71	116.70	15.50	20.47	22.71	25.50	26.42	31.13
42	62.80	75.39	87.73	98.57	102.21	118.32	15.81	21.02	23.26	26.11	27.07	31.63
43	64.44	77.67	90.12	101.27	105.03	119.56	16.18	21.45	23.80	26.76	27.77	31.92
44	65.96	79.75	92.35	103.80	107.68	121.15	16.47	21.73	24.26	27.27	28.31	32.19
45	68.04	82.46	95.32	107.19	111.20	123.10	16.87	22.12	24.87	27.96	29.01	32.48
46	67.66	83.40	95.00	110.35	114.55	125.38	16.62	22.05	24.52	28.48	29.61	32.76
47	67.11	83.05	94.33	111.16	116.71	128.01	16.37	21.63	24.07	28.37	29.79	33.05
48	68.75	85.16	97.03	113.93	120.37	131.84	16.64	21.83	24.29	28.49	30.11	33.32
49	69.83	86.50	99.04	115.82	122.93	134.59	16.85	21.98	24.37	28.52	30.19	33.43
50	71.35	88.22	101.75	118.41	126.13	138.10	17.26	22.30	24.69	28.74	30.49	33.79
51	72.91	89.81	104.58	121.12	129.37	141.61	17.73	22.70	25.08	29.05	30.82	34.18
52	74.55	91.43	107.66	123.99	132.80	145.26	18.29	23.21	25.56	29.46	31.21	34.65
53	75.20	92.45	109.60	126.01	134.74	148.37	18.61	23.61	25.98	29.88	31.50	35.34
54	76.01	93.72	111.72	128.30	136.86	151.79	18.95	24.06	26.48	30.42	31.90	36.23
55	77.05	95.36	114.10	130.99	139.38	155.72	19.32	24.59	27.07	31.10	32.47	37.34
56	78.43	97.51	116.87	134.22	142.55	160.39	19.70	25.21	27.80	31.91	33.22	38.66
57	80.23	100.30	120.12	138.16	146.52	165.94	20.12	25.90	28.61	32.91	34.20	40.29
58	82.19	103.27	122.59	141.54	150.68	171.48	20.49	26.64	29.34	33.88	35.42	41.99
59	85.51	108.06	127.18	147.36	157.27	180.04	21.05	27.65	30.46	35.30	37.10	44.41
60	89.76	114.04	133.15	154.79	165.45	190.76	21.69	28.77	31.81	36.98	39.12	47.33
61	95.22	120.52	139.60	162.79	174.17	202.42	22.50	29.87	33.23	38.73	41.22	50.45
62	102.69	129.12	148.41	173.59	185.92	217.95	23.72	31.39	35.12	41.09	44.01	54.47
63	112.30	140.77	161.68	189.16	201.99	237.96	25.55	33.74	38.04	44.49	47.72	59.53
64	121.58	151.64	174.26	203.84	217.07	257.12	27.39	36.07	40.83	47.77	51.21	64.33
65	133.23	165.03	189.96	222.04	235.90	281.15	29.95	39.26	44.46	51.96	55.71	70.35
66	151.55	186.09	214.68	250.71	265.97	319.00	34.25	44.58	50.30	58.72	62.93	79.78
67	166.00	201.77	233.33	272.25	288.66	344.11	37.94	49.03	54.87	64.04	68.59	86.02
68	185.98	216.70	251.18	292.24	313.94	378.13	43.04	54.31	59.39	69.66	75.20	94.51
69	207.01	233.13	270.84	314.30	339.27	408.40	48.87	60.12	64.60	75.76	81.93	102.08
70	226.83	249.26	290.19	334.52	360.98	434.78	54.91	66.06	69.99	81.37	87.88	108.66
71	247.20	271.47	316.80	355.31	382.22	460.86	61.55	73.85	77.34	87.15	93.77	115.18
72	270.59	297.82	348.40	379.77	406.73	490.96	69.43	83.08	86.12	93.89	100.54	122.74
73	292.95	327.42	384.40	411.19	434.68	534.33	77.62	92.66	96.08	101.83	107.91	133.58
74	317.54	361.01	425.55	452.39	472.49	583.85	86.82	103.37	107.33	112.20	117.65	145.95
75	345.20	399.26	472.73	502.52	519.73	641.09	97.14	115.40	120.06	124.79	129.62	160.27
76	376.68	442.77	526.70	559.91	575.17	707.56	108.76	128.93	134.39	139.24	143.52	176.89
77	412.75	492.16	588.28	625.38	640.23	784.70	121.80	144.16	150.48	155.81	159.66	196.17
78	454.14	548.01	658.21	699.72	716.26	877.49	136.42	161.23	168.44	174.71	178.37	219.37
79	501.52	610.88	737.24	783.73	804.61	984.50	152.76	180.30	188.42	196.16	199.94	246.11

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Compound

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	70.29	85.10	106.44	2.42	3.10	3.71	12.64	
36	71.39	86.14	107.30	2.45	3.14	3.74	12.97	
37	72.49	87.22	108.13	2.49	3.19	3.77	13.29	
38	73.71	89.11	108.31	2.53	3.26	3.82	13.93	
39	75.70	91.51	108.83	2.58	3.34	3.90	14.57	
40	77.61	93.52	109.68	2.64	3.42	3.97	15.02	
41	80.35	96.21	110.87	2.74	3.57	4.09	15.50	
42	83.06	98.57	112.40	2.81	3.68	4.19	15.81	
43	85.58	101.27	113.59	2.92	3.78	4.31	16.18	
44	87.85	103.80	115.11	3.04	3.89	4.44	16.47	
45	90.81	107.19	116.96	3.19	4.03	4.61	16.87	
46	91.84	110.32	119.10	3.23	4.10	4.64	16.62	
47	91.40	111.16	121.60	3.27	4.10	4.62	16.37	
48	93.71	113.91	125.25	3.42	4.24	4.76	16.64	
49	95.12	115.80	127.87	3.53	4.38	4.87	16.85	
50	96.94	118.41	131.19	3.65	4.52	5.00	17.26	
51	98.66	121.09	134.54	3.78	4.65	5.13	17.73	
52	100.36	123.99	137.98	3.93	4.78	5.30	18.29	
53	101.44	126.01	140.95	4.00	4.87	5.38	18.61	
54	102.78	128.30	144.20	4.09	4.99	5.49	18.95	
55	104.56	130.99	147.94	4.19	5.11	5.60	19.32	
56	106.88	134.22	152.36	4.32	5.27	5.75	19.70	
57	109.91	138.16	157.64	4.49	5.44	5.93	20.12	
58	113.11	141.54	162.90	4.65	5.63	6.10	20.49	
59	118.35	147.36	171.04	4.91	5.91	6.39	21.05	
60	124.87	154.79	181.21	5.22	6.29	6.74	21.69	
61	131.92	162.79	192.30	5.63	6.67	7.14	22.50	
62	141.27	173.59	207.04	6.16	7.20	7.65	23.72	
63	153.94	189.16	226.05	6.86	7.95	8.39	25.55	
64	165.72	203.84	244.25	7.56	8.67	9.10	27.39	
65	180.26	222.02	267.10	8.40	9.54	10.01	29.95	
66	203.11	250.71	303.04	9.70	10.89	11.38	34.25	
67	220.08	272.25	326.89	10.75	11.95	12.45	37.94	
68	236.08	293.98	359.21	12.12	13.15	13.63	43.04	
69	253.78	316.65	387.95	13.58	14.33	14.84	48.87	
70	271.18	336.60	413.04	14.97	15.47	15.97	54.91	
71	295.25	356.54	437.79	16.46	16.96	17.46	61.55	
72	323.80	379.77	466.42	18.18	18.68	19.20	69.43	
73	356.01	408.38	507.60	19.99	20.51	21.04	77.62	
74	392.57	446.65	554.65	22.07	22.60	23.15	86.82	
75	434.12	493.97	609.03	24.47	25.01	25.60	97.14	
76	481.34	549.02	672.17	27.26	27.83	28.44	108.76	
77	534.86	612.87	745.44	30.51	31.11	31.75	121.80	
78	595.29	686.62	833.63	34.29	34.93	35.60	136.42	
79	663.21	771.31	935.27	38.63	39.31	40.02	152.76	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Compound

Form: LTC04I NH, LTC04I ALF, LTC04I HHC							LTC04I NH, LTC04I ALF, LTC04I HHC						
Issue Age	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)						Unlimited
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	
18-35	87.28	101.26	115.15	125.86	140.89	177.48	78.54	91.12	103.65	113.29	126.80	159.74	
36	88.10	102.52	116.79	127.86	143.09	179.31	79.30	92.29	105.08	115.06	128.78	161.40	
37	88.98	103.80	118.40	129.80	145.32	181.17	80.08	93.40	106.55	116.83	130.78	163.05	
38	91.15	106.68	121.86	131.75	147.71	182.22	82.03	96.01	109.68	118.58	132.95	164.03	
39	93.31	109.55	125.29	133.66	149.94	183.65	83.98	98.62	112.78	120.29	134.95	165.28	
40	95.47	112.12	127.69	135.57	152.03	185.48	85.92	100.90	114.92	122.03	136.83	166.94	
41	97.75	113.09	129.49	137.55	154.11	187.74	87.99	101.78	116.55	123.81	138.69	168.97	
42	98.66	112.96	130.11	138.31	154.80	188.58	88.78	101.67	117.09	124.48	139.36	169.74	
43	97.26	114.58	131.53	139.89	156.44	190.76	87.52	103.12	118.35	125.92	140.79	171.70	
44	94.73	112.93	129.05	141.02	157.58	192.40	85.25	101.61	116.16	126.92	141.83	173.17	
45	92.63	111.00	126.29	142.39	159.09	194.47	83.35	99.88	113.68	128.15	143.19	175.01	
46	90.95	109.46	124.06	144.08	161.05	196.92	81.87	98.50	111.64	129.68	144.93	177.22	
47	89.75	108.25	122.39	144.22	161.44	199.80	80.77	97.42	110.16	129.78	145.29	179.82	
48	91.42	110.22	124.76	146.51	164.78	204.08	82.29	99.21	112.28	131.86	148.32	183.71	
49	92.55	111.40	126.54	147.94	167.18	207.04	83.31	100.27	113.87	133.14	150.46	186.35	
50	94.20	113.01	129.00	150.15	170.49	210.95	84.78	101.70	116.10	135.12	153.44	189.85	
51	96.50	115.21	132.41	153.32	174.98	216.01	86.85	103.69	119.18	137.98	157.49	194.42	
52	98.47	116.86	135.43	155.97	178.95	220.15	88.62	105.15	121.89	140.39	161.06	198.13	
53	99.65	118.44	137.98	158.65	182.44	225.07	89.68	106.61	124.19	142.77	164.18	202.58	
54	101.00	120.41	140.82	161.74	186.25	230.64	90.91	108.36	126.73	145.54	167.62	207.58	
55	102.66	122.79	144.05	165.36	190.61	237.11	92.38	110.53	129.64	148.84	171.56	213.42	
56	104.69	125.80	147.79	169.76	195.69	244.78	94.22	113.22	133.02	152.79	176.11	220.32	
57	107.17	129.53	152.15	175.01	201.65	253.93	96.46	116.59	136.94	157.54	181.49	228.52	
58	109.79	133.96	155.64	179.70	206.77	263.18	98.80	120.56	140.07	161.73	186.09	236.85	
59	113.22	139.18	160.57	186.06	213.72	275.18	101.91	125.28	144.51	167.46	192.37	247.69	
60	117.66	145.45	167.06	194.21	222.65	290.27	105.89	130.89	150.33	174.81	200.38	261.26	
61	124.34	152.90	175.14	204.22	233.65	308.67	111.90	137.62	157.61	183.81	210.29	277.80	
62	133.37	162.68	185.90	217.43	248.23	332.54	120.02	146.43	167.31	195.66	223.40	299.27	
63	144.43	175.08	200.95	235.10	268.12	361.09	129.99	157.57	180.86	211.59	241.31	324.97	
64	156.08	187.94	216.48	253.20	288.61	390.65	140.47	169.15	194.84	227.89	259.76	351.58	
65	169.81	203.05	234.27	273.86	312.14	424.72	152.82	182.75	210.84	246.47	280.93	382.25	
66	192.19	228.37	263.30	307.49	350.70	479.66	172.98	205.54	236.96	276.74	315.65	431.71	
67	209.81	247.79	284.74	332.22	379.31	521.54	188.84	223.00	256.26	299.00	341.38	469.39	
68	233.38	270.16	303.86	353.54	404.69	560.42	210.04	243.14	273.47	318.18	364.24	504.38	
69	254.61	288.54	320.35	371.75	426.44	591.27	229.15	259.67	288.29	334.57	383.80	532.13	
70	277.12	308.51	339.94	391.83	450.29	622.77	249.43	277.67	305.93	352.65	405.27	560.51	
71	298.07	332.62	364.95	409.31	471.09	648.58	268.26	299.36	328.46	368.38	423.97	583.72	
72	319.45	357.55	391.40	426.64	491.79	673.24	287.52	321.78	352.27	383.97	442.60	605.92	
73	345.36	387.60	429.14	459.07	529.47	728.17	310.82	348.84	386.22	413.15	476.51	655.36	
74	373.80	420.89	471.96	501.72	579.01	790.61	336.41	378.79	424.75	451.54	521.11	711.56	
75	405.59	458.48	520.61	553.44	639.14	862.53	365.03	412.62	468.56	498.10	575.22	776.28	
76	444.71	504.88	579.96	616.55	712.60	952.48	400.25	454.38	521.98	554.89	641.34	857.22	
77	485.88	554.26	642.97	683.50	790.75	1,049.29	437.29	498.83	578.66	615.15	711.67	944.35	
78	532.71	610.67	713.86	758.88	878.89	1,165.41	479.44	549.60	642.48	682.99	790.99	1,048.88	
79	585.79	674.90	793.28	843.29	977.80	1,298.44	527.21	607.41	713.95	758.96	880.02	1,168.60	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Compound

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	82.61	92.85	110.43	120.72	126.75	142.32	18.38	24.13	27.86	30.45	31.97	35.16
36	83.04	94.26	111.79	122.38	128.49	143.40	18.86	24.76	28.41	31.08	32.65	35.91
37	83.52	95.71	113.11	124.03	130.23	144.57	19.32	25.41	28.97	31.77	33.37	36.59
38	84.88	98.66	116.02	125.46	131.92	144.80	20.34	26.71	30.13	32.57	34.25	37.42
39	86.42	101.63	119.01	126.95	133.52	145.49	21.23	27.87	31.24	33.31	35.02	38.16
40	88.12	104.32	121.06	128.55	135.17	146.63	21.99	28.88	31.97	33.94	35.71	38.85
41	90.05	105.49	122.66	130.32	136.95	148.20	22.65	29.34	32.51	34.54	36.28	39.54
42	90.86	105.61	123.26	131.04	137.57	148.81	22.87	29.45	32.67	34.71	36.44	39.78
43	89.62	107.54	124.71	132.62	139.16	150.56	22.50	29.70	32.94	35.05	36.79	40.20
44	87.39	106.38	122.54	133.89	140.38	152.01	21.82	28.99	32.19	35.18	36.91	40.39
45	85.61	104.96	120.12	135.46	142.00	153.87	21.23	28.16	31.34	35.33	37.04	40.60
46	84.26	103.86	118.30	137.41	144.08	156.13	20.70	27.46	30.54	35.47	37.24	40.79
47	83.25	103.03	117.02	137.89	144.78	158.80	20.30	26.83	29.86	35.19	36.95	41.00
48	84.95	105.23	119.90	140.78	148.74	162.91	20.56	26.97	30.01	35.21	37.20	41.18
49	86.05	106.59	122.05	142.73	151.49	165.84	20.76	27.08	30.04	35.14	37.20	41.20
50	87.57	108.27	124.88	145.33	154.80	169.48	21.19	27.37	30.30	35.27	37.42	41.47
51	89.59	110.36	128.50	148.82	158.96	174.01	21.79	27.90	30.82	35.70	37.87	42.00
52	91.22	111.88	131.74	151.72	162.51	177.75	22.39	28.40	31.28	36.05	38.19	42.40
53	92.13	113.26	134.28	154.39	165.08	181.77	22.80	28.92	31.83	36.61	38.60	43.30
54	93.24	114.96	137.04	157.38	167.88	186.20	23.25	29.51	32.49	37.31	39.13	44.44
55	94.63	117.12	140.13	160.88	171.19	191.25	23.73	30.21	33.25	38.20	39.88	45.86
56	96.45	119.91	143.72	165.06	175.30	197.24	24.23	31.00	34.19	39.24	40.85	47.54
57	98.78	123.50	147.90	170.12	180.41	204.32	24.77	31.89	35.22	40.53	42.11	49.61
58	101.33	127.32	151.13	174.50	185.78	211.41	25.27	32.85	36.17	41.77	43.67	51.77
59	104.84	132.48	155.93	180.67	192.82	220.74	25.80	33.90	37.35	43.28	45.49	54.44
60	109.43	139.03	162.33	188.72	201.72	232.57	26.45	35.07	38.78	45.09	47.69	57.70
61	116.24	147.12	170.41	198.72	212.61	247.09	27.47	36.46	40.56	47.28	50.31	61.58
62	125.35	157.61	181.17	211.90	226.95	266.05	28.96	38.32	42.88	50.15	53.72	66.49
63	136.31	170.87	196.24	229.60	245.18	288.83	31.01	40.95	46.18	54.01	57.92	72.26
64	147.75	184.29	211.78	247.72	263.80	312.48	33.29	43.84	49.62	58.05	62.24	78.17
65	160.98	199.42	229.53	268.29	285.05	339.72	36.19	47.44	53.72	62.78	67.32	85.00
66	182.29	223.83	258.21	301.55	319.91	383.69	41.19	53.62	60.50	70.63	75.70	95.96
67	198.73	241.55	279.34	325.93	345.57	417.24	45.42	58.69	65.69	76.66	82.11	104.30
68	220.51	256.95	297.83	346.51	372.24	448.35	51.03	64.39	70.42	82.60	89.16	112.07
69	239.78	270.03	313.71	364.04	392.96	473.03	56.61	69.64	74.83	87.75	94.90	118.24
70	259.94	285.65	332.56	383.35	413.68	498.25	62.93	75.71	80.21	93.25	100.70	124.52
71	278.33	305.66	356.70	400.05	430.35	518.89	69.30	83.14	87.08	98.13	105.58	129.69
72	296.84	326.71	382.20	416.62	446.19	538.59	76.16	91.14	94.48	103.00	110.29	134.65
73	319.38	356.96	419.08	448.29	473.89	582.55	84.62	101.02	104.75	111.02	117.65	145.63
74	344.00	391.09	461.02	490.09	511.87	632.50	94.05	111.98	116.27	121.55	127.46	158.12
75	371.55	429.74	508.81	540.88	559.40	690.03	104.55	124.21	129.23	134.32	139.52	172.50
76	405.65	476.83	567.21	602.98	619.42	761.98	117.12	138.85	144.73	149.95	154.56	190.50
77	441.54	526.50	629.32	669.01	684.89	839.44	130.30	154.22	160.98	166.68	170.80	209.85
78	482.53	582.26	699.35	743.46	761.03	932.33	144.95	171.31	178.96	185.63	189.52	233.08
79	529.17	644.55	777.87	826.93	848.96	1,038.77	161.18	190.24	198.80	206.98	210.96	259.68

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Compound

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	102.20	120.72	135.17	3.52	4.50	5.39	18.38	
36	103.82	122.38	136.26	3.57	4.57	5.44	18.86	
37	105.40	124.03	137.32	3.61	4.64	5.48	19.32	
38	107.59	125.46	137.55	3.69	4.76	5.58	20.34	
39	110.36	126.92	138.20	3.77	4.87	5.69	21.23	
40	113.32	128.52	139.29	3.87	5.00	5.77	21.99	
41	115.18	130.29	140.80	4.00	5.11	5.86	22.65	
42	116.36	131.04	141.37	4.07	5.15	5.88	22.87	
43	118.49	132.62	143.04	4.07	5.24	5.97	22.50	
44	117.19	133.89	144.43	4.03	5.18	5.89	21.82	
45	115.58	135.46	146.20	4.01	5.13	5.81	21.23	
46	114.37	137.39	148.31	4.03	5.11	5.78	20.70	
47	113.38	137.89	150.85	4.06	5.08	5.73	20.30	
48	115.79	140.76	154.77	4.22	5.24	5.88	20.56	
49	117.21	142.70	157.57	4.35	5.39	6.00	20.76	
50	118.97	145.33	161.00	4.48	5.54	6.14	21.19	
51	121.22	148.80	165.32	4.65	5.72	6.31	21.79	
52	122.80	151.72	168.84	4.81	5.85	6.48	22.39	
53	124.28	154.39	172.68	4.91	5.97	6.59	22.80	
54	126.08	157.38	176.88	5.02	6.12	6.73	23.25	
55	128.42	160.88	181.70	5.14	6.27	6.87	23.73	
56	131.44	165.06	187.37	5.32	6.48	7.07	24.23	
57	135.34	170.12	194.10	5.52	6.70	7.30	24.77	
58	139.45	174.50	200.83	5.73	6.95	7.52	25.27	
59	145.10	180.67	209.70	6.02	7.24	7.83	25.80	
60	152.24	188.72	220.93	6.37	7.67	8.22	26.45	
61	161.03	198.72	234.73	6.87	8.15	8.71	27.47	
62	172.45	211.90	252.74	7.52	8.79	9.33	28.96	
63	186.85	229.60	274.38	8.32	9.64	10.18	31.01	
64	201.40	247.72	296.83	9.19	10.53	11.06	33.29	
65	217.81	268.27	322.75	10.14	11.53	12.09	36.19	
66	244.30	301.55	364.49	11.66	13.09	13.69	41.19	
67	263.47	325.93	396.36	12.87	14.31	14.90	45.42	
68	279.92	348.58	425.91	14.38	15.59	16.16	51.03	
69	293.94	366.77	449.36	15.73	16.60	17.19	56.61	
70	310.77	385.74	473.34	17.16	17.73	18.31	62.93	
71	332.42	401.43	492.92	18.53	19.09	19.65	69.30	
72	355.21	416.62	511.67	19.95	20.49	21.07	76.16	
73	388.14	445.22	553.40	21.79	22.36	22.94	84.62	
74	425.28	483.87	600.88	23.91	24.48	25.08	94.05	
75	467.26	531.68	655.52	26.34	26.92	27.55	104.55	
76	518.36	591.25	723.88	29.36	29.97	30.63	117.12	
77	572.18	655.62	797.45	32.64	33.29	33.96	130.30	
78	632.50	729.53	885.73	36.43	37.11	37.82	144.95	
79	699.76	813.82	986.82	40.76	41.47	42.22	161.18	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	117.68	126.47	139.57	148.36	166.07	209.20	105.90	113.81	125.63	133.54	149.47	188.29
36	118.93	127.58	141.76	150.72	168.66	211.36	107.04	114.86	127.55	135.63	151.79	190.25
37	120.21	128.76	143.95	153.01	171.29	213.55	108.19	115.87	129.54	137.72	154.15	192.20
38	121.49	129.91	146.24	155.30	174.12	214.79	109.33	116.91	131.62	139.77	156.71	193.34
39	122.67	131.02	148.39	157.55	176.74	216.48	110.41	117.95	133.58	141.79	159.07	194.83
40	123.85	132.16	150.51	159.81	179.20	218.63	111.45	118.93	135.46	143.85	161.29	196.78
41	124.61	132.76	152.01	161.47	180.92	220.39	112.17	119.48	136.82	145.34	162.81	198.35
42	123.85	132.80	152.95	162.60	181.99	221.70	111.45	119.53	137.65	146.34	163.83	199.55
43	118.69	134.24	154.09	163.89	183.28	223.49	106.80	120.81	138.66	147.53	164.94	201.16
44	114.19	136.06	155.48	165.46	184.89	225.74	102.76	122.42	139.95	148.91	166.41	203.17
45	110.28	135.13	153.75	167.31	186.93	228.50	99.23	121.59	138.40	150.57	168.25	205.64
46	106.94	132.73	150.42	169.55	189.52	231.73	96.27	119.43	135.37	152.60	170.54	208.55
47	103.78	130.14	147.13	170.28	190.61	234.46	93.40	117.11	132.43	153.23	171.54	211.01
48	105.19	131.64	149.00	172.32	193.81	240.90	94.69	118.49	134.10	155.09	174.45	216.85
49	106.06	132.29	150.26	173.46	196.02	246.07	95.47	119.07	135.22	156.11	176.41	221.47
50	106.95	132.73	151.51	174.57	198.21	251.13	96.26	119.45	136.37	157.09	178.39	226.01
51	108.44	133.71	153.66	176.56	201.51	257.37	97.59	120.34	138.32	158.90	181.37	231.65
52	110.10	134.72	156.12	178.84	205.19	263.95	99.10	121.22	140.51	160.98	184.67	237.54
53	111.56	135.93	158.36	180.88	208.00	268.87	100.40	122.36	142.53	162.78	187.18	242.00
54	113.69	138.16	161.58	184.11	212.02	275.76	102.33	124.33	145.41	165.68	190.81	248.19
55	115.65	140.19	164.45	187.04	215.60	282.46	104.07	126.18	148.01	168.36	194.06	254.24
56	119.18	143.51	168.60	191.61	220.88	291.85	107.26	129.16	151.74	172.46	198.79	262.69
57	123.62	147.61	173.38	197.06	227.05	303.03	111.26	132.87	156.05	177.39	204.35	272.71
58	128.08	152.64	177.35	202.42	232.92	314.35	115.26	137.37	159.60	182.18	209.62	282.90
59	134.25	159.27	183.74	210.58	241.89	330.52	120.83	143.36	165.36	189.53	217.73	297.50
60	141.18	166.30	191.00	219.75	251.93	348.98	127.05	149.65	171.88	197.79	226.73	314.10
61	148.93	173.78	199.05	229.83	262.95	368.26	134.03	156.41	179.13	206.86	236.66	331.42
62	158.99	183.50	209.70	243.01	277.45	389.56	143.08	165.17	188.73	218.68	249.69	350.58
63	170.68	198.55	227.89	264.35	301.49	423.81	153.63	178.69	205.11	237.92	271.33	381.42
64	181.95	213.42	245.82	285.29	325.19	455.39	163.75	192.08	221.25	256.78	292.68	409.84
65	194.20	229.90	265.25	307.93	350.98	485.75	174.78	206.91	238.72	277.14	315.88	437.17
66	217.89	260.82	300.71	349.09	398.15	543.80	196.11	234.74	270.63	314.18	358.36	489.44
67	233.26	282.79	324.96	377.31	430.79	579.83	209.94	254.50	292.45	339.59	387.71	521.85
68	255.87	312.66	351.66	408.46	467.55	629.26	230.28	281.39	316.49	367.60	420.82	566.34
69	278.33	342.83	380.62	442.17	507.22	678.70	250.50	308.53	342.54	397.94	456.51	610.82
70	298.30	370.51	408.26	474.35	545.12	722.49	268.49	333.48	367.42	426.91	490.61	650.26
71	319.64	400.61	439.55	510.79	587.89	770.26	287.68	360.56	395.60	459.71	529.08	693.24
72	343.35	434.57	475.72	552.83	628.26	824.50	309.03	391.10	428.16	497.54	565.43	742.06
73	367.53	470.70	521.15	606.80	682.05	884.55	330.77	423.64	469.03	546.10	613.82	796.10
74	404.77	513.90	576.25	672.36	742.68	958.59	364.28	462.50	518.62	605.12	668.41	862.73
75	446.68	561.57	639.02	740.19	816.07	1,043.69	402.02	505.41	575.12	666.18	734.46	939.32
76	494.34	610.87	710.42	810.58	894.35	1,141.87	444.92	549.77	639.39	729.52	804.92	1,027.67
77	538.17	670.24	789.13	895.11	988.54	1,254.97	484.35	603.20	710.20	805.59	889.67	1,129.45
78	573.55	719.19	849.93	966.12	1,068.11	1,394.42	516.20	647.28	764.94	869.51	961.29	1,254.99
79	612.18	771.94	915.22	1,042.36	1,153.79	1,510.49	550.96	694.74	823.70	938.13	1,038.41	1,359.45

Mutual of Omaha Insurance Company

Policy Form: LTC04I-TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL) Benefit Period						Non Integrated - Home Health Care (HHC) (2PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	111.39	115.97	133.85	142.30	149.40	167.75	24.78	30.14	33.77	35.89	37.68	41.45
36	112.09	117.31	135.70	144.25	151.46	169.03	25.46	30.81	34.48	36.64	38.49	42.33
37	112.83	118.73	137.52	146.20	153.51	170.41	26.10	31.52	35.22	37.44	39.33	43.13
38	113.14	120.14	139.23	147.89	155.50	170.68	27.11	32.53	36.16	38.39	40.37	44.11
39	113.61	121.56	140.95	149.64	157.38	171.49	27.91	33.34	37.01	39.26	41.28	44.99
40	114.32	122.97	142.70	151.52	159.34	172.84	28.52	34.04	37.68	40.00	42.09	45.79
41	114.79	123.84	143.99	152.98	160.76	173.97	28.87	34.44	38.16	40.54	42.59	46.41
42	114.06	124.15	144.91	154.05	161.73	174.94	28.71	34.62	38.41	40.81	42.84	46.76
43	109.36	125.99	146.11	155.38	163.03	176.39	27.46	34.80	38.59	41.06	43.11	47.10
44	105.34	128.17	147.63	157.09	164.71	178.35	26.30	34.93	38.79	41.27	43.30	47.39
45	101.93	127.77	146.23	159.17	166.85	180.80	25.27	34.28	38.15	41.51	43.52	47.70
46	99.07	125.93	143.44	161.70	169.55	183.73	24.34	33.30	37.03	41.74	43.83	48.01
47	96.26	123.86	140.68	162.81	170.94	186.35	23.48	32.25	35.90	41.55	43.63	48.12
48	97.75	125.69	143.20	165.59	174.95	192.30	23.66	32.21	35.84	41.41	43.76	48.60
49	98.61	126.57	144.93	167.35	177.62	197.10	23.79	32.16	35.67	41.20	43.61	48.96
50	99.42	127.17	146.67	168.96	179.97	201.76	24.05	32.14	35.58	41.01	43.50	49.37
51	100.67	128.08	149.14	171.38	183.07	207.33	24.49	32.38	35.77	41.11	43.62	50.05
52	102.00	128.97	151.87	173.97	186.34	213.11	25.03	32.74	36.06	41.34	43.79	50.84
53	103.14	129.99	154.11	176.01	188.20	217.15	25.52	33.19	36.53	41.74	44.00	51.72
54	104.96	131.91	157.25	179.16	191.11	222.63	26.17	33.86	37.28	42.48	44.54	53.13
55	106.60	133.71	159.98	181.97	193.64	227.83	26.73	34.48	37.95	43.21	45.11	54.63
56	109.80	136.79	163.95	186.31	197.87	235.17	27.58	35.37	39.00	44.30	46.11	56.69
57	113.94	140.74	168.55	191.56	203.14	243.83	28.58	36.35	40.14	45.63	47.42	59.20
58	118.21	145.08	172.21	196.56	209.27	252.52	29.48	37.43	41.21	47.05	49.19	61.83
59	124.31	151.60	178.43	204.48	218.23	265.13	30.59	38.79	42.74	48.99	51.48	65.39
60	131.31	158.96	185.60	213.53	228.24	279.61	31.74	40.10	44.34	51.02	53.97	69.37
61	139.22	167.20	193.67	223.63	239.27	294.79	32.90	41.43	46.10	53.21	56.62	73.47
62	149.43	177.79	204.36	236.84	253.66	311.67	34.52	43.22	48.37	56.05	60.05	77.89
63	161.10	193.78	222.55	258.18	275.69	339.00	36.65	46.44	52.37	60.73	65.13	84.81
64	172.24	209.27	240.49	279.12	297.24	364.26	38.80	49.78	56.35	65.41	70.13	91.13
65	184.11	225.79	259.88	301.68	320.51	388.53	41.39	53.71	60.83	70.59	75.69	97.22
66	206.66	255.64	294.90	342.36	363.19	435.00	46.70	61.23	69.09	80.19	85.94	108.80
67	220.94	275.67	318.80	370.17	392.48	463.87	50.50	66.98	74.97	87.07	93.26	115.96
68	241.77	297.37	344.68	400.33	430.06	503.43	55.95	74.52	81.50	95.43	103.01	125.83
69	262.12	320.85	372.74	433.00	467.40	542.98	61.88	82.74	88.91	104.37	112.88	135.72
70	279.81	343.06	399.40	464.08	500.80	578.04	67.74	90.92	96.33	112.88	121.91	144.46
71	298.47	368.14	429.61	499.24	537.05	616.25	74.31	100.14	104.88	122.45	131.76	154.02
72	319.05	397.09	464.54	539.84	570.01	659.59	81.86	110.77	114.83	133.46	140.90	164.90
73	339.87	433.50	508.93	592.54	610.46	707.65	90.05	122.68	127.21	146.75	151.55	176.90
74	372.50	477.51	562.89	656.78	656.56	766.88	101.84	136.73	141.97	162.89	163.48	191.71
75	409.20	526.38	624.54	723.39	714.26	834.95	115.14	152.14	158.62	179.64	178.14	208.73
76	450.92	576.93	694.80	792.75	777.40	913.50	130.20	168.00	177.29	197.15	193.98	228.37
77	489.06	636.66	772.37	876.13	856.20	1,003.98	144.32	186.48	197.57	218.28	213.52	250.99
78	519.52	685.73	832.66	946.49	924.88	1,115.54	156.06	201.75	213.07	236.32	230.32	278.88
79	553.00	737.22	897.44	1,022.14	1,001.76	1,208.41	168.43	217.59	229.36	255.84	248.93	302.08

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	127.65	142.30	159.34	4.75	5.62	6.53	24.78	
36	129.20	144.25	160.62	4.82	5.69	6.60	25.46	
37	130.75	146.20	161.86	4.88	5.76	6.67	26.10	
38	131.02	147.89	162.13	4.92	5.79	6.70	27.11	
39	131.99	149.60	162.91	4.95	5.83	6.73	27.91	
40	133.58	151.49	164.18	5.02	5.89	6.80	28.52	
41	135.21	152.95	165.29	5.10	6.00	6.87	28.87	
42	136.79	154.05	166.19	5.11	6.05	6.92	28.71	
43	138.82	155.38	167.58	4.96	6.13	6.99	27.46	
44	141.19	157.09	169.45	4.85	6.25	7.10	26.30	
45	140.71	159.17	171.78	4.78	6.25	7.07	25.27	
46	138.68	161.67	174.53	4.73	6.19	7.01	24.34	
47	136.31	162.81	177.01	4.70	6.11	6.89	23.48	
48	138.29	165.56	182.69	4.86	6.26	7.03	23.66	
49	139.19	167.32	187.27	4.99	6.40	7.12	23.79	
50	139.73	168.96	191.67	5.09	6.51	7.21	24.05	
51	140.69	171.36	196.97	5.22	6.63	7.32	24.49	
52	141.57	173.97	202.43	5.38	6.75	7.47	25.03	
53	142.63	176.01	206.29	5.49	6.85	7.56	25.52	
54	144.67	179.16	211.49	5.65	7.03	7.72	26.17	
55	146.61	181.97	216.45	5.79	7.16	7.85	26.73	
56	149.94	186.31	223.40	6.05	7.39	8.07	27.58	
57	154.23	191.56	231.64	6.37	7.63	8.32	28.58	
58	158.90	196.56	239.88	6.69	7.92	8.57	29.48	
59	166.03	204.48	251.87	7.14	8.29	8.96	30.59	
60	174.06	213.53	265.61	7.64	8.76	9.40	31.74	
61	183.01	223.63	280.05	8.23	9.26	9.90	32.90	
62	194.53	236.84	296.07	8.97	9.92	10.53	34.52	
63	211.90	258.18	322.04	9.84	10.94	11.55	36.65	
64	228.70	279.12	346.02	10.71	11.96	12.56	38.80	
65	246.61	301.65	369.12	11.60	13.06	13.69	41.39	
66	279.02	342.36	413.23	13.22	14.96	15.63	46.70	
67	300.69	370.17	440.66	14.31	16.33	17.01	50.50	
68	323.95	402.72	478.23	15.76	18.04	18.71	55.95	
69	349.25	436.25	515.80	17.20	19.72	20.43	61.88	
70	373.23	466.97	549.14	18.47	21.29	21.99	67.74	
71	400.37	500.96	585.41	19.87	22.99	23.67	74.31	
72	431.73	539.84	626.63	21.44	24.91	25.60	81.86	
73	471.36	588.49	672.24	23.19	27.15	27.86	90.05	
74	519.26	648.45	728.54	25.89	29.89	30.62	101.84	
75	572.33	711.10	793.21	29.01	32.97	33.82	115.14	
76	627.19	777.32	867.81	32.63	36.27	37.52	130.20	
77	691.90	858.60	953.76	36.15	40.25	41.68	144.32	
78	744.90	928.76	1,059.78	39.23	43.71	45.03	156.06	
79	800.37	1,005.94	1,147.98	42.60	47.44	48.71	168.43	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Simple

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue Age	Integrated NH, ALF, and HHC with 100% HHC (1PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	61.97	71.90	81.77	91.61	101.37	144.04
36	62.56	72.79	82.91	92.92	102.82	145.53
37	63.18	73.70	84.06	94.23	104.26	147.03
38	64.77	75.82	86.60	97.08	107.30	147.89
39	66.02	77.51	88.65	99.41	109.82	149.05
40	67.60	79.59	91.13	102.26	112.98	150.53
41	69.29	81.73	93.71	105.20	116.23	152.37
42	70.62	83.50	95.89	107.74	119.08	154.54
43	72.40	85.65	98.41	110.58	122.23	156.16
44	74.36	88.03	101.16	113.70	125.71	159.06
45	76.53	90.67	104.19	117.14	129.51	161.41
46	75.79	91.22	103.38	120.07	133.09	164.10
47	75.10	90.58	102.41	120.67	135.08	167.18
48	77.29	93.17	105.47	123.85	139.30	172.52
49	78.98	95.07	107.99	126.25	142.67	176.69
50	81.25	97.47	111.25	129.50	147.04	181.93
51	83.15	99.28	114.09	132.11	150.78	186.14
52	85.76	101.78	117.95	135.85	155.86	191.75
53	86.72	103.08	120.08	138.07	158.77	195.87
54	88.38	105.36	123.22	141.52	162.97	201.81
55	89.76	107.36	125.94	144.58	166.65	207.31
56	92.03	110.59	129.93	149.24	172.03	215.19
57	94.74	114.50	134.49	154.71	178.25	224.47
58	96.98	118.33	137.48	158.73	182.65	232.48
59	100.57	123.63	142.63	165.27	189.84	244.43
60	105.10	129.92	149.22	173.48	198.89	259.29
61	111.00	136.49	156.34	182.30	208.57	275.54
62	119.05	145.21	165.95	194.09	221.59	296.84
63	128.83	156.18	179.26	209.72	239.18	322.11
64	140.03	168.61	194.21	227.15	258.92	350.47
65	152.24	182.05	210.04	245.53	279.85	380.79
66	173.20	205.80	237.28	277.10	316.03	432.25
67	190.07	224.47	257.94	300.95	343.61	472.45
68	213.70	247.38	278.23	323.73	370.56	513.15
69	238.79	270.62	300.45	348.66	399.95	554.55
70	264.77	294.75	324.78	374.36	430.21	595.00
71	290.23	323.87	355.35	398.54	458.69	631.51
72	319.45	357.55	391.40	426.64	491.79	673.24
73	347.74	390.27	432.10	462.24	533.12	733.19
74	381.64	429.72	481.86	512.24	591.15	807.20
75	417.09	471.48	535.38	569.14	657.27	887.00
76	457.42	519.31	596.53	634.16	732.96	979.69
77	492.93	562.30	652.29	693.41	802.21	1,064.50
78	540.55	619.65	724.36	770.04	891.81	1,182.55
79	590.17	679.94	799.20	849.58	985.10	1,308.13

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue Age	Integrated NH, ALF, and HHC with 50% HHC (1PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	55.76	64.71	73.60	82.46	91.24	129.64
36	56.31	65.53	74.60	83.62	92.54	130.99
37	56.86	66.32	75.65	84.82	93.83	132.33
38	58.29	68.23	77.94	87.38	96.57	133.12
39	59.43	69.78	79.80	89.47	98.84	134.14
40	60.84	71.62	82.02	92.05	101.69	135.49
41	62.37	73.56	84.34	94.69	104.60	137.13
42	63.55	75.16	86.30	96.97	107.20	139.10
43	65.15	77.09	88.55	99.54	110.00	140.56
44	66.92	79.21	91.06	102.33	113.14	143.16
45	68.86	81.58	93.79	105.42	116.57	145.26
46	68.23	82.08	93.04	108.07	119.77	147.69
47	67.59	81.51	92.17	108.59	121.57	150.46
48	69.56	83.87	94.92	111.47	125.38	155.30
49	71.10	85.57	97.17	113.63	128.40	159.03
50	73.12	87.71	100.13	116.53	132.33	163.73
51	74.84	89.35	102.70	118.90	135.71	167.54
52	77.19	91.58	106.16	122.28	140.28	172.57
53	78.05	92.78	108.08	124.25	142.88	176.30
54	79.55	94.81	110.89	127.35	146.67	181.63
55	80.77	96.63	113.35	130.13	150.00	186.60
56	82.83	99.54	116.94	134.32	154.82	193.69
57	85.27	103.06	121.05	139.26	160.43	202.01
58	87.28	106.49	123.73	142.86	164.38	209.22
59	90.52	111.28	128.36	148.75	170.88	220.01
60	94.58	116.92	134.29	156.15	178.99	233.38
61	99.89	122.85	140.69	164.08	187.72	247.98
62	107.14	130.71	149.35	174.65	199.42	267.14
63	115.96	140.56	161.33	188.75	215.26	289.89
64	126.02	151.75	174.80	204.45	233.04	315.41
65	137.01	163.84	189.03	220.98	251.86	342.70
66	155.88	185.22	213.54	249.39	284.45	389.04
67	171.06	202.01	232.14	270.86	309.25	425.21
68	192.33	222.63	250.41	291.34	333.52	461.84
69	214.92	243.54	270.39	313.79	359.96	499.08
70	238.31	265.29	292.29	336.93	387.20	535.52
71	261.21	291.49	319.81	358.68	412.81	568.36
72	287.52	321.78	352.27	383.97	442.60	605.92
73	312.97	351.25	388.89	416.00	479.79	659.88
74	343.47	386.74	433.66	461.01	532.04	726.48
75	375.39	424.33	481.85	512.23	591.54	798.30
76	411.68	467.37	536.89	570.74	659.66	881.72
77	443.63	506.06	587.05	624.06	721.98	958.04
78	486.49	557.69	651.93	693.04	802.62	1,064.30
79	531.14	611.94	719.28	764.63	886.59	1,177.33

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Simple

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	58.65	65.93	78.42	87.87	91.20	115.50	13.05	17.13	19.79	22.16	23.00	28.54
36	58.96	66.93	79.37	88.94	92.33	116.38	13.39	17.58	20.17	22.59	23.46	29.14
37	59.30	67.96	80.31	90.04	93.44	117.33	13.71	18.04	20.57	23.06	23.94	29.70
38	60.32	70.12	82.45	92.45	95.82	117.52	14.45	18.98	21.42	24.00	24.88	30.37
39	61.15	71.91	84.21	94.42	97.79	118.08	15.02	19.72	22.11	24.77	25.65	30.97
40	62.40	74.05	86.40	96.96	100.45	119.00	15.57	20.50	22.81	25.60	26.54	31.53
41	63.83	76.24	88.77	99.67	103.28	120.28	16.05	21.20	23.53	26.41	27.36	32.09
42	65.04	78.07	90.84	102.08	105.83	121.95	16.37	21.77	24.08	27.04	28.03	32.60
43	66.71	80.39	93.31	104.84	108.72	123.25	16.75	22.20	24.64	27.71	28.75	32.91
44	68.60	82.93	96.06	107.95	111.99	125.67	17.13	22.60	25.24	28.36	29.44	33.39
45	70.73	85.73	99.09	111.44	115.60	127.71	17.54	23.00	25.85	29.06	30.15	33.70
46	70.22	86.55	98.58	114.51	119.07	130.11	17.25	22.88	25.45	29.56	30.78	34.00
47	69.66	86.21	97.92	115.38	121.14	132.87	16.99	22.45	24.99	29.44	30.92	34.31
48	71.82	88.96	101.35	119.01	125.74	137.72	17.38	22.80	25.37	29.76	31.45	34.81
49	73.44	90.96	104.16	121.80	129.28	141.53	17.72	23.11	25.63	29.99	31.74	35.16
50	75.52	93.38	107.70	125.33	133.50	146.17	18.27	23.60	26.13	30.42	32.27	35.77
51	77.20	95.10	110.73	128.24	136.98	149.94	18.78	24.04	26.56	30.76	32.64	36.19
52	79.45	97.44	114.74	132.14	141.54	154.82	19.50	24.73	27.25	31.40	33.26	36.93
53	80.18	98.57	116.86	134.36	143.66	158.19	19.84	25.17	27.70	31.86	33.59	37.68
54	81.59	100.59	119.91	137.71	146.90	162.92	20.34	25.82	28.42	32.65	34.24	38.88
55	82.74	102.40	122.52	140.66	149.67	167.21	20.75	26.41	29.07	33.40	34.86	40.10
56	84.79	105.42	126.35	145.10	154.11	173.39	21.30	27.25	30.06	34.50	35.91	41.80
57	87.32	109.17	130.74	150.38	159.48	180.61	21.90	28.19	31.14	35.82	37.23	43.85
58	89.51	112.47	133.50	154.14	164.10	186.75	22.32	29.02	31.95	36.90	38.57	45.73
59	93.13	117.68	138.51	160.49	171.27	196.07	22.92	30.11	33.18	38.45	40.40	48.36
60	97.75	124.19	145.00	168.58	180.18	207.75	23.63	31.33	34.64	40.28	42.60	51.54
61	103.76	131.33	152.12	177.39	189.79	220.57	24.52	32.54	36.21	42.21	44.91	54.97
62	111.90	140.69	161.72	189.15	202.59	237.49	25.85	34.20	38.27	44.77	47.96	59.35
63	121.60	152.42	175.06	204.82	218.71	257.65	27.66	36.53	41.19	48.18	51.67	64.46
64	132.56	165.33	190.00	222.24	236.67	280.34	29.86	39.33	44.52	52.08	55.84	70.13
65	144.33	178.79	205.79	240.54	255.56	304.58	32.45	42.53	48.16	56.29	60.35	76.21
66	164.27	201.71	232.69	271.75	288.29	345.77	37.12	48.32	54.52	63.65	68.22	86.48
67	180.03	218.82	253.05	295.26	313.05	377.97	41.15	53.17	59.51	69.45	74.39	94.49
68	201.92	235.28	272.71	317.28	340.85	410.54	46.72	58.96	64.48	75.64	81.64	102.61
69	224.88	253.26	294.23	341.43	368.56	443.65	53.09	65.31	70.18	82.30	89.01	110.89
70	248.36	272.91	317.73	366.26	395.24	476.03	60.12	72.33	76.64	89.09	96.21	118.97
71	271.00	297.61	347.31	389.53	419.03	505.24	67.47	80.96	84.79	95.54	102.80	126.27
72	296.84	326.71	382.20	416.62	446.19	538.59	76.16	91.14	94.48	103.00	110.29	134.65
73	321.58	359.42	421.97	451.38	477.16	586.56	85.21	101.72	105.47	111.79	118.46	146.63
74	351.22	399.30	470.69	500.37	522.61	645.77	96.02	114.33	118.71	124.10	130.13	161.43
75	382.09	441.93	523.25	556.22	575.27	709.60	107.52	127.73	132.89	138.13	143.48	177.40
76	417.24	490.45	583.42	620.21	637.11	783.76	120.47	142.82	148.87	154.24	158.98	195.94
77	447.94	534.13	638.44	678.71	694.82	851.61	132.19	156.45	163.31	169.09	173.28	212.89
78	489.62	590.82	709.64	754.39	772.22	946.04	147.08	173.82	181.59	188.36	192.30	236.51
79	533.12	649.36	783.68	833.10	855.29	1,046.52	162.38	191.66	200.29	208.52	212.53	261.61

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Simple

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	72.57	87.87	109.71	2.50	3.20	3.83	13.05	
36	73.71	88.94	110.59	2.53	3.25	3.86	13.39	
37	74.84	90.04	111.45	2.57	3.30	3.89	13.71	
38	76.47	92.45	111.63	2.62	3.38	3.97	14.45	
39	78.09	94.40	112.16	2.66	3.45	4.02	15.02	
40	80.44	96.94	113.05	2.74	3.55	4.12	15.57	
41	83.24	99.65	114.27	2.83	3.70	4.24	16.05	
42	86.01	102.08	115.85	2.91	3.81	4.34	16.37	
43	88.58	104.84	117.10	3.03	3.91	4.47	16.75	
44	91.36	107.95	119.40	3.16	4.04	4.62	17.13	
45	94.41	111.44	121.34	3.32	4.19	4.79	17.54	
46	95.31	114.49	123.60	3.36	4.26	4.82	17.25	
47	94.87	115.38	126.22	3.40	4.25	4.80	16.99	
48	97.89	118.99	130.84	3.57	4.43	4.97	17.38	
49	100.03	121.78	134.47	3.71	4.60	5.12	17.72	
50	102.60	125.33	138.86	3.86	4.78	5.29	18.27	
51	104.46	128.22	142.45	4.01	4.92	5.43	18.78	
52	106.96	132.14	147.06	4.19	5.10	5.64	19.50	
53	108.16	134.36	150.28	4.27	5.19	5.73	19.84	
54	110.32	137.71	154.77	4.39	5.36	5.89	20.34	
55	112.28	140.66	158.87	4.50	5.48	6.01	20.75	
56	115.55	145.10	164.72	4.68	5.70	6.22	21.30	
57	119.63	150.38	171.58	4.88	5.92	6.46	21.90	
58	123.18	154.14	177.40	5.06	6.14	6.64	22.32	
59	128.88	160.49	186.27	5.35	6.43	6.95	22.92	
60	135.99	168.58	197.35	5.69	6.85	7.34	23.63	
61	143.75	177.39	209.54	6.13	7.27	7.78	24.52	
62	153.94	189.15	225.61	6.72	7.85	8.33	25.85	
63	166.68	204.82	244.76	7.43	8.60	9.08	27.66	
64	180.68	222.24	266.30	8.24	9.45	9.93	29.86	
65	195.28	240.52	289.36	9.09	10.34	10.84	32.45	
66	220.16	271.75	328.46	10.51	11.80	12.33	37.12	
67	238.68	295.26	359.05	11.66	12.96	13.50	41.15	
68	256.31	319.18	389.99	13.16	14.28	14.80	46.72	
69	275.68	343.99	421.45	14.75	15.57	16.12	53.09	
70	296.91	368.54	452.24	16.40	16.94	17.49	60.12	
71	323.68	390.87	479.95	18.04	18.59	19.14	67.47	
72	355.21	416.62	511.67	19.95	20.49	21.07	76.16	
73	390.81	448.29	557.22	21.94	22.51	23.10	85.21	
74	434.20	494.02	613.48	24.41	25.00	25.61	96.02	
75	480.52	546.77	674.12	27.09	27.68	28.33	107.52	
76	533.17	608.14	744.56	30.20	30.83	31.51	120.47	
77	580.47	665.13	809.01	33.11	33.77	34.45	132.19	
78	641.80	740.26	898.75	36.97	37.66	38.38	147.08	
79	704.98	819.90	994.19	41.07	41.78	42.54	162.38	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 20 Years

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	62.21	68.31	75.38	82.08	91.88	140.33	55.98	61.47	67.85	73.88	82.69	126.31
36	62.87	68.91	76.56	83.38	93.31	141.70	56.59	62.03	68.89	75.04	83.98	127.55
37	63.19	69.15	77.31	84.17	94.23	142.29	56.87	62.23	69.57	75.76	84.80	128.07
38	63.86	69.64	78.39	84.60	94.85	144.50	57.47	62.67	70.56	76.14	85.37	130.07
39	64.48	70.12	79.41	85.06	95.42	144.46	58.04	63.12	71.49	76.55	85.88	130.01
40	65.10	70.63	80.44	85.58	95.96	144.71	58.59	63.56	72.39	77.03	86.37	130.24
41	65.40	70.75	81.01	85.69	96.01	144.58	58.87	63.67	72.91	77.13	86.40	130.13
42	65.75	70.87	81.63	85.92	96.17	144.86	59.17	63.79	73.46	77.33	86.57	130.39
43	66.57	71.88	82.52	88.60	99.09	148.19	59.90	64.70	74.25	79.76	89.17	133.39
44	67.15	72.72	83.11	90.87	101.54	150.97	60.43	65.43	74.80	81.78	91.39	135.87
45	67.87	73.75	83.91	93.23	104.16	154.05	61.07	66.36	75.53	83.91	93.75	138.64
46	68.77	75.22	85.24	95.77	107.04	157.44	61.90	67.68	76.71	86.19	96.33	141.69
47	70.33	77.31	87.41	99.08	110.91	162.12	63.30	69.57	78.67	89.16	99.81	145.90
48	72.23	79.62	90.12	102.87	115.70	168.51	65.01	71.67	81.11	92.59	104.15	151.69
49	74.54	82.85	94.10	107.30	121.25	175.82	67.10	74.56	84.68	96.57	109.12	158.25
50	76.50	85.53	97.63	111.19	126.26	182.13	68.85	76.97	87.87	100.06	113.63	163.91
51	79.05	88.75	102.00	115.94	132.32	189.63	71.15	79.88	91.81	104.34	119.10	170.68
52	81.32	91.54	106.08	120.32	138.04	196.32	73.19	82.36	95.47	108.30	124.24	176.68
53	83.28	94.64	110.25	124.60	143.28	202.75	74.94	85.18	99.23	112.13	128.95	182.48
54	85.92	98.70	115.43	130.08	149.79	210.58	77.33	88.82	103.88	117.05	134.81	189.53
55	88.36	102.61	120.37	135.35	156.02	216.38	79.51	92.36	108.33	121.83	140.43	194.76
56	91.17	107.14	125.87	141.40	163.00	223.26	82.05	96.43	113.28	127.27	146.69	200.95
57	94.43	112.40	132.02	148.32	170.89	231.48	84.99	101.17	118.82	133.51	153.81	208.32
58	98.29	118.29	137.43	155.28	178.68	241.25	88.46	106.45	123.68	139.75	160.81	217.11
59	103.03	125.12	144.35	164.01	188.40	253.66	92.73	112.62	129.91	147.62	169.58	228.31
60	108.19	132.36	152.03	173.66	199.10	267.44	97.37	119.12	136.81	156.31	179.18	240.71
61	115.21	141.79	162.41	186.47	213.34	286.00	103.68	127.62	146.16	167.83	192.01	257.39
62	123.84	152.93	174.76	201.68	230.26	308.11	111.45	137.65	157.29	181.49	207.23	277.29
63	135.56	167.04	191.73	221.65	252.78	336.47	122.02	150.34	172.56	199.48	227.50	302.82
64	148.15	182.11	209.75	242.80	276.76	366.10	133.34	163.90	188.79	218.53	249.09	329.48
65	163.06	199.95	230.69	267.33	304.70	400.31	146.75	179.95	207.61	240.60	274.23	360.28
66	187.87	230.04	265.22	307.61	350.83	457.35	169.09	207.04	238.69	276.85	315.78	411.63
67	207.63	254.01	291.89	338.90	386.93	500.06	186.87	228.60	262.69	305.01	348.24	450.06
68	231.38	283.77	319.16	369.72	423.20	560.11	208.24	255.38	287.24	332.74	380.91	504.11
69	254.61	312.78	347.26	401.40	460.44	620.86	229.15	281.49	312.51	361.25	414.41	558.76
70	282.42	341.88	376.71	434.64	499.48	684.02	254.19	307.71	339.02	391.18	449.54	615.63
71	309.84	369.47	405.39	467.06	537.56	746.63	278.85	332.53	364.85	420.35	483.79	671.98
72	339.00	398.11	435.80	501.53	578.11	806.18	305.12	358.28	392.23	451.37	520.30	725.57
73	364.42	419.65	464.62	537.74	620.21	862.15	327.97	377.68	418.16	483.95	558.16	775.94
74	392.10	442.74	496.46	577.73	666.73	911.60	352.88	398.46	446.80	519.95	600.05	820.45
75	422.85	477.99	542.77	621.95	718.25	967.37	380.57	430.18	488.50	559.75	646.43	870.64
76	457.42	519.31	596.53	670.63	775.11	1,030.37	411.68	467.37	536.89	603.56	697.60	927.32
77	496.45	566.31	656.95	723.85	837.44	1,101.09	446.80	509.67	591.24	651.46	753.68	990.96
78	544.46	624.14	729.61	803.93	931.06	1,223.32	490.02	561.73	656.65	723.54	837.95	1,100.99
79	594.54	684.98	805.12	887.12	1,028.62	1,353.45	535.08	616.47	724.61	798.41	925.76	1,218.11

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 20 Years

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL) Benefit Period						Non Integrated - Home Health Care (HHC) (2PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	58.88	62.63	72.29	78.73	82.66	112.53	13.10	16.28	18.24	19.86	20.85	27.80
36	59.26	63.36	73.29	79.81	83.79	113.32	13.46	16.64	18.62	20.27	21.29	28.38
37	59.31	63.76	73.86	80.43	84.45	113.55	13.72	16.93	18.92	20.60	21.64	28.74
38	59.47	64.40	74.64	80.56	84.71	114.83	14.25	17.44	19.39	20.91	21.99	29.68
39	59.72	65.05	75.43	80.79	84.97	114.44	14.67	17.84	19.80	21.20	22.29	30.02
40	60.09	65.72	76.26	81.14	85.33	114.40	14.99	18.19	20.14	21.42	22.54	30.31
41	60.24	65.99	76.73	81.19	85.32	114.13	15.15	18.35	20.34	21.52	22.60	30.45
42	60.55	66.26	77.33	81.41	85.47	114.31	15.24	18.48	20.50	21.56	22.64	30.55
43	61.34	67.47	78.24	84.00	88.14	116.96	15.40	18.63	20.66	22.20	23.31	31.23
44	61.94	68.51	78.91	86.27	90.46	119.27	15.47	18.67	20.73	22.67	23.78	31.69
45	62.73	69.74	79.81	88.69	92.98	121.89	15.55	18.71	20.82	23.13	24.25	32.16
46	63.71	71.36	81.29	91.33	95.77	124.83	15.65	18.87	20.98	23.57	24.75	32.62
47	65.24	73.58	83.57	94.73	99.46	128.85	15.91	19.16	21.33	24.17	25.38	33.27
48	67.12	76.02	86.61	98.85	104.44	134.51	16.25	19.48	21.68	24.72	26.12	34.00
49	69.31	79.27	90.76	103.52	109.87	140.83	16.72	20.14	22.34	25.49	26.98	34.98
50	71.11	81.95	94.51	107.62	114.64	146.32	17.20	20.71	22.93	26.12	27.71	35.80
51	73.39	85.02	98.99	112.54	120.21	152.75	17.85	21.49	23.74	27.00	28.64	36.87
52	75.34	87.63	103.19	117.04	125.36	158.50	18.49	22.25	24.50	27.81	29.46	37.81
53	76.99	90.50	107.29	121.25	129.65	163.74	19.05	23.11	25.43	28.75	30.31	39.00
54	79.31	94.23	112.33	126.57	135.02	170.01	19.77	24.19	26.63	30.01	31.47	40.57
55	81.45	97.87	117.10	131.68	140.13	174.53	20.42	25.24	27.78	31.27	32.64	41.85
56	84.00	102.12	122.40	137.48	146.02	179.90	21.10	26.40	29.12	32.69	34.03	43.36
57	87.04	107.16	128.34	144.17	152.89	186.26	21.83	27.68	30.56	34.35	35.69	45.22
58	90.72	112.43	133.45	150.79	160.53	193.80	22.62	29.01	31.94	36.10	37.74	47.45
59	95.40	119.10	140.17	159.26	169.97	203.47	23.48	30.47	33.57	38.15	40.10	50.19
60	100.63	126.53	147.73	168.75	180.37	214.28	24.32	31.92	35.30	40.32	42.65	53.16
61	107.70	136.43	158.02	181.44	194.13	228.95	25.45	33.81	37.61	43.17	45.94	57.06
62	116.39	148.17	170.31	196.56	210.52	246.51	26.89	36.02	40.31	46.52	49.83	61.60
63	127.95	163.03	187.24	216.47	231.15	269.14	29.11	39.07	44.06	50.92	54.61	67.33
64	140.25	178.56	205.20	237.55	252.97	292.84	31.59	42.48	48.08	55.67	59.68	73.26
65	154.59	196.37	226.02	261.90	278.25	320.20	34.75	46.71	52.90	61.29	65.71	80.12
66	178.19	225.47	260.10	301.67	320.03	365.85	40.27	54.01	60.94	70.66	75.73	91.50
67	196.66	247.61	286.35	332.48	352.52	400.06	44.95	60.17	67.34	78.20	83.76	100.01
68	218.62	269.88	312.83	362.36	389.27	448.10	50.59	67.63	73.97	86.38	93.24	112.00
69	239.78	292.72	340.07	393.07	424.30	496.71	56.61	75.49	81.11	94.75	102.47	124.15
70	264.91	316.55	368.53	425.23	458.87	547.25	64.13	83.89	88.89	103.43	111.71	136.76
71	289.31	339.52	396.22	456.50	491.07	597.34	72.03	92.36	96.73	111.97	120.48	149.29
72	315.01	363.77	425.55	489.75	524.51	644.94	80.82	101.48	105.19	121.08	129.65	161.24
73	337.00	386.47	453.73	525.11	555.11	689.73	89.29	109.37	113.41	130.05	137.81	172.42
74	360.84	411.39	484.95	564.34	589.42	729.29	98.66	117.80	122.31	139.96	146.77	182.31
75	387.36	448.03	530.46	607.83	628.65	773.90	109.00	129.49	134.73	150.94	156.79	193.47
76	417.24	490.45	583.42	655.87	673.75	824.29	120.47	142.82	148.87	163.11	168.12	206.07
77	451.14	537.94	643.00	708.51	725.33	880.88	133.13	157.57	164.48	176.52	180.89	220.21
78	493.17	595.10	714.78	787.59	806.21	978.65	148.15	175.08	182.91	196.65	200.77	244.66
79	537.06	654.17	789.48	869.91	893.08	1,082.77	163.58	193.08	201.77	217.73	221.92	270.68

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 20 Years

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	68.94	78.73	106.88	2.51	3.04	3.53	13.10	
36	69.78	79.81	107.68	2.55	3.07	3.56	13.46	
37	70.22	80.43	107.85	2.57	3.09	3.58	13.72	
38	70.23	80.56	109.07	2.58	3.10	3.59	14.25	
39	70.64	80.77	108.71	2.60	3.12	3.60	14.67	
40	71.38	81.12	108.67	2.64	3.15	3.63	14.99	
41	72.05	81.17	108.44	2.68	3.20	3.66	15.15	
42	73.00	81.41	108.59	2.71	3.23	3.69	15.24	
43	74.34	84.00	111.12	2.78	3.29	3.74	15.40	
44	75.47	86.27	113.32	2.85	3.34	3.79	15.47	
45	76.80	88.69	115.81	2.94	3.41	3.86	15.55	
46	78.59	91.32	118.58	3.04	3.51	3.97	15.65	
47	80.98	94.73	122.39	3.18	3.63	4.09	15.91	
48	83.65	98.84	127.79	3.33	3.79	4.25	16.25	
49	87.17	103.50	133.81	3.51	4.01	4.46	16.72	
50	90.04	107.62	139.00	3.64	4.19	4.64	17.20	
51	93.38	112.52	145.12	3.81	4.40	4.86	17.85	
52	96.19	117.04	150.56	3.97	4.59	5.08	18.49	
53	99.30	121.25	155.55	4.10	4.77	5.26	19.05	
54	103.34	126.57	161.50	4.27	5.02	5.52	19.77	
55	107.31	131.68	165.82	4.43	5.24	5.74	20.42	
56	111.94	137.48	170.89	4.63	5.52	6.02	21.10	
57	117.43	144.17	176.95	4.87	5.81	6.34	21.83	
58	123.14	150.79	184.10	5.13	6.13	6.64	22.62	
59	130.43	159.26	193.29	5.48	6.51	7.04	23.48	
60	138.54	168.75	203.55	5.85	6.98	7.48	24.32	
61	149.33	181.44	217.49	6.36	7.56	8.08	25.45	
62	162.12	196.56	234.17	6.99	8.26	8.77	26.89	
63	178.27	216.47	255.67	7.81	9.20	9.71	29.11	
64	195.14	237.55	278.17	8.72	10.21	10.72	31.59	
65	214.48	261.88	304.20	9.74	11.36	11.91	34.75	
66	246.09	301.67	347.54	11.40	13.19	13.79	40.27	
67	270.08	332.48	380.04	12.73	14.66	15.28	44.95	
68	294.01	364.53	425.68	14.25	16.38	16.98	50.59	
69	318.64	396.02	471.84	15.73	18.00	18.64	56.61	
70	344.38	427.88	519.90	17.49	19.64	20.29	64.13	
71	369.25	458.07	567.45	19.26	21.21	21.83	72.03	
72	395.50	489.75	612.71	21.17	22.82	23.45	80.82	
73	420.23	521.52	655.22	23.00	24.21	24.84	89.29	
74	447.36	557.18	692.83	25.08	25.75	26.38	98.66	
75	487.14	597.50	735.21	27.46	28.06	28.72	109.00	
76	533.17	643.11	783.07	30.20	30.83	31.51	120.47	
77	584.61	694.33	836.81	33.35	34.01	34.70	133.13	
78	646.45	772.84	929.74	37.24	37.93	38.66	148.15	
79	710.21	856.12	1,028.62	41.37	42.09	42.85	163.58	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 10 Years

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	49.98	54.88	60.56	65.94	73.81	88.85	44.97	49.38	54.51	59.36	66.43	79.97
36	50.15	54.97	61.08	66.52	74.44	89.13	45.14	49.49	54.96	59.86	66.99	80.23
37	50.69	55.48	62.02	67.53	75.60	90.06	45.62	49.92	55.81	60.78	68.04	81.05
38	51.23	55.87	62.89	67.87	76.09	90.58	46.11	50.28	56.60	61.08	68.49	81.54
39	51.73	56.25	63.71	68.24	76.55	91.29	46.56	50.64	57.35	61.41	68.90	82.16
40	51.86	56.26	64.08	68.17	76.45	91.55	46.67	50.63	57.67	61.36	68.80	82.40
41	52.40	56.68	64.90	68.65	76.92	92.67	47.16	51.01	58.41	61.79	69.22	83.40
42	52.60	56.70	65.30	68.74	76.94	93.32	47.33	51.03	58.77	61.86	69.26	84.00
43	53.26	57.51	66.01	70.88	79.27	94.86	47.92	51.76	59.40	63.81	71.34	85.39
44	53.64	58.10	66.39	72.59	81.12	95.94	48.27	52.27	59.76	65.33	73.01	86.35
45	54.53	59.26	67.42	74.91	83.69	97.94	49.07	53.32	60.69	67.42	75.33	88.14
46	55.17	60.35	68.39	76.83	85.88	99.46	49.67	54.30	61.55	69.16	77.29	89.51
47	56.02	61.58	69.62	78.92	88.34	101.20	50.42	55.42	62.66	71.01	79.50	91.08
48	57.87	63.79	72.20	82.42	92.70	104.44	52.09	57.42	64.98	74.18	83.44	94.01
49	59.72	66.37	75.39	85.96	97.14	107.61	53.76	59.74	67.84	77.37	87.43	96.86
50	61.20	68.43	78.10	88.96	101.01	110.00	55.08	61.58	70.30	80.05	90.90	98.99
51	63.24	71.00	81.60	92.75	105.86	113.23	56.92	63.90	73.45	83.47	95.28	101.92
52	64.96	73.12	84.74	96.11	110.27	115.79	58.47	65.79	76.27	86.51	99.25	104.21
53	66.92	76.05	88.59	100.13	115.14	119.02	60.22	68.45	79.74	90.11	103.62	107.12
54	68.53	78.72	92.07	103.75	119.48	121.71	61.68	70.84	82.85	93.36	107.52	109.55
55	70.37	81.72	95.86	107.80	124.26	124.87	63.32	73.55	86.28	97.03	111.84	112.40
56	73.04	85.84	100.84	113.29	130.60	129.62	65.74	77.26	90.76	101.97	117.53	116.67
57	75.54	89.92	105.62	118.65	136.71	134.19	67.99	80.94	95.06	106.81	123.04	120.77
58	78.63	94.63	109.95	124.22	142.94	139.85	70.77	85.16	98.94	111.80	128.65	125.86
59	82.42	100.10	115.48	131.21	150.72	147.05	74.18	90.10	103.93	118.09	135.66	132.36
60	87.08	106.54	122.36	139.78	160.25	155.98	78.37	95.87	110.12	125.81	144.22	140.40
61	92.73	114.12	130.72	150.09	171.71	166.81	83.45	102.72	117.64	135.09	154.55	150.12
62	98.92	122.15	139.60	161.10	183.93	178.34	89.02	109.95	125.64	144.97	165.53	160.50
63	108.29	133.43	153.15	177.05	201.92	194.76	97.47	120.09	137.83	159.34	181.72	175.28
64	118.34	145.46	167.55	193.94	221.07	211.91	106.51	130.92	150.80	174.56	198.97	190.71
65	129.25	158.50	182.86	211.91	241.53	229.94	116.33	142.64	164.57	190.72	217.38	206.95
66	148.92	182.35	210.24	243.84	278.10	262.70	134.03	164.11	189.21	219.45	250.31	236.44
67	164.32	201.02	231.00	268.21	306.22	286.78	147.89	180.91	207.89	241.39	275.60	258.10
68	184.24	225.96	254.14	294.41	337.00	323.20	165.82	203.36	228.73	264.96	303.31	290.88
69	204.00	250.61	278.24	321.62	368.93	360.48	183.61	225.54	250.40	289.45	332.04	324.42
70	225.93	273.50	301.37	347.71	399.59	396.53	203.35	246.17	271.22	312.94	359.64	356.89
71	251.01	299.32	328.41	378.38	435.49	438.31	225.91	269.39	295.57	340.54	391.93	394.48
72	275.98	324.10	354.79	408.30	470.64	480.24	248.40	291.68	319.32	367.46	423.57	432.22
73	300.11	345.59	382.63	442.85	510.76	526.28	270.09	311.03	344.36	398.55	459.66	473.65
74	326.75	368.95	413.71	481.44	555.61	580.74	294.06	332.05	372.33	433.29	500.05	522.67
75	356.69	403.20	457.85	524.64	605.87	644.18	321.02	362.87	412.06	472.17	545.29	579.77
76	390.71	443.57	509.54	572.83	662.07	718.56	351.64	399.21	458.59	515.54	595.86	646.70
77	433.07	494.02	573.08	631.44	730.53	805.78	389.76	444.61	515.76	568.30	657.47	725.19
78	477.87	547.80	640.38	705.61	817.19	907.71	430.09	493.03	576.34	635.05	735.47	816.94
79	528.96	609.43	716.32	789.27	915.17	1,204.17	476.06	548.48	644.69	710.35	823.65	1,083.76

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 10 Years

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	47.30	50.32	58.08	63.25	66.40	71.24	10.52	13.08	14.65	15.95	16.75	17.60
36	47.27	50.55	58.47	63.67	66.85	71.28	10.74	13.28	14.86	16.17	16.99	17.85
37	47.58	51.16	59.25	64.53	67.75	71.87	11.01	13.58	15.18	16.53	17.36	18.19
38	47.71	51.67	59.88	64.63	67.96	71.98	11.43	13.99	15.55	16.78	17.64	18.60
39	47.91	52.19	60.52	64.81	68.17	72.32	11.77	14.31	15.89	17.01	17.88	18.97
40	47.87	52.35	60.75	64.64	67.97	72.38	11.94	14.49	16.04	17.06	17.96	19.18
41	48.26	52.87	61.48	65.04	68.35	73.15	12.14	14.70	16.29	17.24	18.11	19.51
42	48.44	53.01	61.87	65.13	68.37	73.64	12.19	14.78	16.40	17.25	18.11	19.68
43	49.07	53.98	62.59	67.20	70.51	74.87	12.32	14.91	16.53	17.76	18.64	19.99
44	49.48	54.73	63.04	68.92	72.26	75.80	12.36	14.91	16.56	18.11	19.00	20.14
45	50.40	56.03	64.12	71.26	74.70	77.49	12.50	15.03	16.73	18.59	19.49	20.45
46	51.12	57.26	65.22	73.28	76.83	78.85	12.56	15.14	16.84	18.91	19.86	20.60
47	51.96	58.61	66.57	75.45	79.22	80.43	12.67	15.26	16.99	19.25	20.22	20.77
48	53.77	60.91	69.39	79.20	83.67	83.36	13.02	15.61	17.37	19.81	20.93	21.07
49	55.53	63.51	72.72	82.93	88.02	86.20	13.40	16.14	17.90	20.42	21.61	21.41
50	56.89	65.56	75.61	86.10	91.71	88.37	13.76	16.57	18.34	20.90	22.17	21.62
51	58.71	68.01	79.19	90.03	96.17	91.22	14.28	17.19	18.99	21.60	22.91	22.02
52	60.18	70.00	82.43	93.49	100.14	93.49	14.77	17.77	19.57	22.21	23.53	22.30
53	61.87	72.72	86.22	97.44	104.18	96.12	15.31	18.57	20.44	23.10	24.36	22.90
54	63.26	75.16	89.60	100.96	107.69	98.26	15.77	19.29	21.24	23.94	25.10	23.45
55	64.86	77.94	93.26	104.87	111.60	100.72	16.27	20.10	22.12	24.90	26.00	24.15
56	67.30	81.82	98.06	110.15	116.99	104.44	16.90	21.15	23.33	26.19	27.26	25.18
57	69.63	85.73	102.67	115.34	122.31	107.98	17.46	22.14	24.45	27.48	28.55	26.22
58	72.57	89.94	106.76	120.63	128.43	112.35	18.10	23.21	25.55	28.88	30.19	27.51
59	76.32	95.28	112.14	127.41	135.97	117.96	18.78	24.38	26.86	30.52	32.08	29.09
60	81.00	101.84	118.90	135.83	145.18	124.98	19.58	25.69	28.41	32.45	34.33	31.01
61	86.68	109.81	127.19	146.04	156.25	133.53	20.49	27.21	30.27	34.75	36.98	33.28
62	92.97	118.35	136.04	157.01	168.16	142.69	21.48	28.77	32.20	37.16	39.81	35.66
63	102.20	130.22	149.56	172.91	184.64	155.79	23.25	31.21	35.19	40.67	43.62	38.97
64	112.03	142.63	163.91	189.75	202.06	169.50	25.24	33.93	38.40	44.47	47.67	42.40
65	122.54	155.66	179.16	207.60	220.57	183.92	27.55	37.03	41.93	48.58	52.09	46.02
66	141.25	178.72	206.17	239.13	253.68	210.15	31.92	42.81	48.30	56.01	60.03	52.56
67	155.64	195.96	226.62	263.13	278.99	229.43	35.57	47.62	53.29	61.89	66.29	57.35
68	174.09	214.91	249.10	288.55	309.98	258.57	40.28	53.86	58.90	68.79	74.25	64.63
69	192.12	234.54	272.48	314.95	339.97	288.39	45.36	60.49	64.99	75.91	82.10	72.09
70	211.93	253.24	294.83	340.19	367.10	317.25	51.30	67.12	71.11	82.75	89.36	79.28
71	234.38	275.06	320.99	369.82	397.83	350.67	58.36	74.82	78.36	90.71	97.60	87.64
72	256.45	296.14	346.45	398.70	427.01	384.19	65.80	82.61	85.64	98.57	105.55	96.05
73	277.53	318.27	373.66	432.44	457.15	421.03	73.53	90.07	93.40	107.10	113.49	105.25
74	300.70	342.83	404.12	470.28	491.18	464.60	82.21	98.16	101.92	116.64	122.30	116.14
75	326.75	377.93	447.47	512.73	530.29	515.35	91.95	109.23	113.65	127.33	132.26	128.83
76	356.39	418.93	498.33	560.22	575.49	574.85	102.90	121.99	127.16	139.32	143.60	143.71
77	393.55	469.27	560.92	618.06	632.73	644.63	116.14	137.45	143.48	153.98	157.79	161.15
78	432.86	522.32	627.36	691.27	707.61	726.17	130.03	153.67	160.54	172.60	176.21	181.54
79	477.83	582.02	702.41	773.96	794.58	963.35	145.54	171.78	179.52	193.72	197.44	240.82

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 10 Years

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	55.39	63.25	67.67	2.02	2.44	2.83	10.52	
36	55.67	63.67	67.73	2.03	2.45	2.84	10.74	
37	56.34	64.53	68.26	2.06	2.48	2.87	11.01	
38	56.34	64.63	68.37	2.07	2.49	2.88	11.43	
39	56.67	64.80	68.70	2.09	2.50	2.89	11.77	
40	56.87	64.62	68.75	2.10	2.51	2.90	11.94	
41	57.72	65.03	69.50	2.14	2.56	2.93	12.14	
42	58.40	65.13	69.96	2.17	2.58	2.95	12.19	
43	59.47	67.20	71.13	2.23	2.63	3.00	12.32	
44	60.29	68.92	72.02	2.28	2.67	3.03	12.36	
45	61.70	71.26	73.63	2.36	2.74	3.10	12.50	
46	63.05	73.26	74.91	2.44	2.82	3.19	12.56	
47	64.50	75.45	76.40	2.53	2.89	3.26	12.67	
48	67.01	79.18	79.20	2.67	3.03	3.40	13.02	
49	69.84	82.92	81.90	2.81	3.21	3.57	13.40	
50	72.03	86.10	83.95	2.91	3.36	3.72	13.76	
51	74.71	90.02	86.66	3.05	3.52	3.89	14.28	
52	76.84	93.49	88.80	3.17	3.66	4.05	14.77	
53	79.79	97.44	91.31	3.29	3.83	4.23	15.31	
54	82.43	100.96	93.34	3.40	4.00	4.40	15.77	
55	85.46	104.87	95.69	3.52	4.17	4.57	16.27	
56	89.68	110.15	99.22	3.71	4.42	4.82	16.90	
57	93.95	115.34	102.58	3.89	4.65	5.07	17.46	
58	98.51	120.63	106.72	4.11	4.91	5.31	18.10	
59	104.35	127.41	112.05	4.38	5.21	5.63	18.78	
60	111.51	135.83	118.72	4.71	5.61	6.02	19.58	
61	120.19	146.04	126.85	5.12	6.08	6.50	20.49	
62	129.50	157.01	135.55	5.58	6.60	7.01	21.48	
63	142.40	172.91	147.99	6.24	7.35	7.76	23.25	
64	155.88	189.75	161.01	6.97	8.15	8.56	25.24	
65	170.01	207.59	174.73	7.72	9.00	9.44	27.55	
66	195.07	239.13	199.63	9.04	10.46	10.93	31.92	
67	213.75	263.13	217.95	10.08	11.61	12.09	35.57	
68	234.12	290.27	245.63	11.35	13.04	13.52	40.28	
69	255.31	317.31	273.96	12.60	14.42	14.93	45.36	
70	275.51	342.30	301.39	13.99	15.71	16.23	51.30	
71	299.14	371.10	333.12	15.60	17.18	17.69	58.36	
72	321.98	398.70	364.99	17.23	18.57	19.09	65.80	
73	346.07	429.49	399.96	18.94	19.94	20.45	73.53	
74	372.80	464.31	441.37	20.90	21.46	21.99	82.21	
75	410.92	504.01	489.58	23.16	23.67	24.23	91.95	
76	455.42	549.32	546.10	25.79	26.33	26.91	102.90	
77	509.98	605.69	612.38	29.09	29.67	30.27	116.14	
78	567.39	678.32	689.87	32.68	33.29	33.93	130.03	
79	631.87	761.69	915.17	36.81	37.45	38.13	145.54	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Step-Rated

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2	3	4	5	6	Lifetime	2	3	4	5	6	Lifetime
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	48.60	56.40	64.14	71.85	79.51	113.18	43.73	50.75	57.73	64.67	71.57	101.86
36	48.69	56.66	64.54	72.33	80.04	113.48	43.83	51.01	58.07	65.09	72.03	102.14
37	49.18	57.37	65.44	73.36	81.16	114.65	44.27	51.63	58.89	66.03	73.04	103.19
38	50.18	58.73	67.08	75.21	83.12	115.32	45.16	52.86	60.38	67.69	74.81	103.80
39	51.05	59.93	68.54	76.86	84.91	115.34	45.95	53.95	61.70	69.17	76.42	103.80
40	52.02	61.24	70.12	78.68	86.93	116.48	46.82	55.11	63.11	70.82	78.24	104.84
41	52.94	62.44	71.59	80.38	88.81	116.99	47.65	56.19	64.44	72.35	79.92	105.30
42	53.97	63.82	73.28	82.34	91.02	118.67	48.57	57.44	65.95	74.10	81.94	106.81
43	55.69	65.89	75.69	85.06	94.03	120.63	50.12	59.30	68.10	76.57	84.62	108.57
44	56.84	67.30	77.33	86.92	96.10	121.92	51.16	60.55	69.60	78.23	86.49	109.73
45	58.89	69.76	80.17	90.14	99.67	124.46	52.99	62.77	72.17	81.12	89.71	112.01
46	58.33	70.21	79.57	92.41	102.27	126.31	52.51	63.18	71.61	83.18	92.04	113.67
47	58.16	70.14	79.30	93.45	104.61	129.46	52.34	63.12	71.38	84.09	94.14	116.51
48	59.38	71.58	81.03	95.15	107.02	132.55	53.45	64.43	72.92	85.64	96.33	119.32
49	61.05	73.49	83.47	97.59	110.29	136.58	54.96	66.14	75.12	87.83	99.26	122.93
50	62.30	74.74	85.32	99.31	112.76	139.52	56.07	67.26	76.79	89.36	101.48	125.56
51	64.16	76.61	88.04	101.94	116.34	143.62	57.74	68.94	79.24	91.74	104.71	129.27
52	65.64	77.91	90.29	103.98	119.30	146.77	59.08	70.10	81.26	93.59	107.37	132.09
53	66.26	78.75	91.74	105.48	121.30	149.64	59.63	70.88	82.57	94.93	109.16	134.69
54	67.52	80.49	94.14	108.12	124.50	154.17	60.77	72.43	84.72	97.29	112.05	138.76
55	69.00	82.53	96.82	111.14	128.11	159.37	62.09	74.29	87.14	100.04	115.31	143.45
56	70.18	84.33	99.07	113.79	131.18	164.08	63.16	75.90	89.17	102.42	118.05	147.69
57	72.24	87.31	102.55	117.96	135.92	171.15	65.02	78.59	92.30	106.19	122.33	154.03
58	74.41	90.80	105.49	121.79	140.15	178.38	66.97	81.71	94.93	109.61	126.13	160.53
59	77.17	94.86	109.44	126.81	145.67	187.55	69.46	85.39	98.49	114.14	131.11	168.81
60	80.64	99.69	114.50	133.11	152.60	198.95	72.57	89.71	103.04	119.81	137.34	179.07
61	85.71	105.39	120.72	140.76	161.05	212.76	77.13	94.86	108.64	126.69	144.94	191.48
62	91.93	112.13	128.14	149.87	171.10	229.21	82.73	100.93	115.32	134.86	153.98	206.27
63	99.29	120.37	138.15	161.63	184.33	248.25	89.37	108.33	124.34	145.47	165.90	223.42
64	107.92	129.95	149.68	175.07	199.55	270.11	97.13	116.95	134.72	157.57	179.60	243.09
65	116.13	138.87	160.22	187.29	213.48	290.47	104.52	124.98	144.19	168.57	192.13	261.42
66	132.97	158.00	182.17	212.74	242.63	331.86	119.68	142.20	163.95	191.47	218.39	298.68
67	145.64	171.99	197.64	230.60	263.28	357.44	131.07	154.79	177.87	207.54	236.95	321.69
68	165.90	192.04	216.00	251.31	287.67	398.37	149.31	172.83	194.40	226.17	258.92	358.54
69	185.02	209.68	232.80	270.16	309.90	429.68	166.53	188.71	209.50	243.13	278.91	386.70
70	206.52	229.91	253.33	292.00	335.57	464.10	185.88	206.93	227.99	262.80	302.02	417.70
71	229.44	256.03	280.92	315.06	362.62	499.23	206.49	230.43	252.83	283.55	326.34	449.31
72	254.25	284.58	311.52	339.57	391.42	535.84	228.84	256.11	280.38	305.61	352.28	482.26
73	278.67	312.75	346.27	370.42	427.23	587.56	250.80	281.48	311.64	333.37	384.49	528.81
74	305.84	344.37	386.15	410.49	473.73	646.87	275.24	309.92	347.53	369.44	426.36	582.18
75	336.55	380.44	432.00	459.24	530.35	715.71	302.90	342.39	388.80	413.31	477.31	644.14
76	371.65	421.94	484.68	515.26	595.53	796.00	334.49	379.74	436.22	463.73	535.98	716.39
77	408.42	465.90	540.47	574.54	664.69	882.02	367.58	419.31	486.41	517.08	598.21	793.80
78	454.37	520.86	608.88	647.28	749.64	994.03	408.93	468.78	548.00	582.55	674.67	894.63
79	507.11	584.25	686.72	730.01	846.45	1,124.03	456.39	525.82	618.05	657.01	761.81	1,011.63

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Step-Rated

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	46.00	51.71	61.51	68.91	71.53	90.75	10.23	13.44	15.52	17.38	18.04	22.42
36	45.90	52.10	61.78	69.23	71.87	90.75	10.42	13.68	15.70	17.58	18.26	22.72
37	46.17	52.90	62.52	70.10	72.74	91.49	10.68	14.04	16.01	17.95	18.64	23.16
38	46.73	54.32	63.87	71.62	74.23	91.64	11.20	14.71	16.59	18.59	19.27	23.68
39	47.28	55.60	65.10	73.00	75.61	91.37	11.62	15.25	17.09	19.15	19.83	23.97
40	48.02	56.98	66.48	74.60	77.29	92.09	11.98	15.77	17.55	19.69	20.42	24.40
41	48.76	58.24	67.82	76.16	78.91	92.36	12.27	16.20	17.97	20.18	20.91	24.64
42	49.70	59.66	69.43	78.01	80.89	93.64	12.51	16.64	18.40	20.66	21.42	25.03
43	51.32	61.85	71.77	80.64	83.64	95.21	12.88	17.08	18.95	21.31	22.12	25.42
44	52.44	63.40	73.42	82.52	85.61	96.32	13.09	17.28	19.29	21.68	22.51	25.60
45	54.43	65.96	76.26	85.75	88.96	98.48	13.50	17.70	19.89	22.36	23.20	25.98
46	54.05	66.62	75.88	88.14	91.50	100.14	13.28	17.61	19.59	22.75	23.65	26.17
47	53.95	66.76	75.82	89.35	93.81	102.90	13.16	17.38	19.35	22.80	23.94	26.57
48	55.17	68.35	77.87	91.44	96.60	105.81	13.35	17.52	19.49	22.87	24.16	26.74
49	56.77	70.32	80.51	94.15	99.93	109.41	13.70	17.87	19.81	23.18	24.54	27.18
50	57.92	71.61	82.59	96.11	102.38	112.09	14.01	18.10	20.04	23.33	24.75	27.43
51	59.57	73.38	85.44	98.95	105.69	115.70	14.49	18.55	20.49	23.74	25.18	27.93
52	60.81	74.58	87.83	101.15	108.34	118.50	14.92	18.93	20.85	24.03	25.46	28.27
53	61.26	75.31	89.28	102.65	109.76	120.85	15.16	19.23	21.16	24.34	25.66	28.79
54	62.33	76.85	91.61	105.21	112.23	124.47	15.54	19.73	21.72	24.94	26.16	29.70
55	63.60	78.72	94.19	108.13	115.06	128.54	15.95	20.30	22.35	25.68	26.80	30.82
56	64.66	80.38	96.34	110.64	117.51	132.21	16.24	20.78	22.92	26.31	27.38	31.87
57	66.58	83.24	99.69	114.67	121.60	137.72	16.70	21.50	23.74	27.32	28.38	33.44
58	68.68	86.30	102.43	118.27	125.91	143.29	17.13	22.26	24.51	28.31	29.60	35.09
59	71.46	90.30	106.28	123.14	131.42	150.45	17.59	23.10	25.46	29.50	31.00	37.11
60	75.01	95.29	111.26	129.35	138.25	159.40	18.13	24.04	26.58	30.90	32.69	39.55
61	80.12	101.40	117.46	136.97	146.55	170.31	18.93	25.13	27.96	32.59	34.68	42.44
62	86.40	108.64	124.87	146.06	156.43	183.38	19.96	26.41	29.55	34.57	37.03	45.83
63	93.71	117.47	134.92	157.85	168.56	198.57	21.32	28.15	31.75	37.13	39.82	49.68
64	102.16	127.42	146.43	171.28	182.40	216.06	23.01	30.31	34.31	40.14	43.03	54.05
65	110.10	136.38	156.98	183.49	194.95	232.34	24.75	32.44	36.74	42.94	46.04	58.13
66	126.12	154.86	178.65	208.63	221.33	265.46	28.50	37.09	41.85	48.87	52.37	66.39
67	137.94	167.67	193.89	226.23	239.87	285.95	31.53	40.74	45.60	53.21	57.00	71.48
68	156.75	182.65	211.71	246.31	264.60	318.71	36.27	45.77	50.06	58.72	63.38	79.66
69	174.25	196.24	227.98	264.55	285.57	343.76	41.14	50.61	54.38	63.77	68.97	85.92
70	193.72	212.87	247.83	285.68	308.28	371.31	46.89	56.42	59.78	69.49	75.05	92.79
71	214.24	235.28	274.56	307.94	331.26	399.41	53.34	64.00	67.03	75.53	81.27	99.82
72	236.26	260.03	304.20	331.59	355.13	428.67	60.62	72.54	75.20	81.98	87.78	107.17
73	257.70	288.03	338.15	361.72	382.38	470.05	68.28	81.51	84.52	89.58	94.93	117.51
74	281.46	319.98	377.20	400.98	418.80	517.50	76.95	91.62	95.13	99.45	104.28	129.37
75	308.31	356.59	422.21	448.81	464.19	572.57	86.76	103.07	107.23	111.45	115.77	143.14
76	339.01	398.49	474.03	503.92	517.65	636.80	97.88	116.04	120.95	125.32	129.17	159.20
77	371.15	442.56	528.99	562.36	575.71	705.62	109.53	129.63	135.31	140.10	143.57	176.40
78	411.57	496.63	596.51	634.13	649.11	795.22	123.63	146.11	152.64	158.33	161.65	198.81
79	458.08	557.97	673.38	715.85	734.92	899.23	139.52	164.69	172.10	179.17	182.62	224.79

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Step-Rated

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC
Issue	Non Integrated - NH (3PL) Benefit Period			Non Integrated - ALF (3PL) Benefit Period			Non Integrated - HHC (3 PL) Benefit Period
Age	3 3 Yr	5 5 Yr	Lifetime Unlimited	2 2 Yr	3 3 Yr	4 4 Yr	2 2 Yr
18-35	56.92	68.91	86.20	3.52	4.50	5.39	18.38
36	57.38	69.23	86.23	3.57	4.57	5.44	18.86
37	58.26	70.10	86.90	3.61	4.64	5.48	19.32
38	59.24	71.62	87.05	3.69	4.76	5.58	20.34
39	60.38	72.98	86.79	3.77	4.87	5.69	21.23
40	61.90	74.58	87.48	3.87	5.00	5.77	21.99
41	63.59	76.14	87.75	4.00	5.11	5.86	22.65
42	65.74	78.01	88.96	4.07	5.15	5.88	22.87
43	68.14	80.64	90.45	4.07	5.24	5.97	22.50
44	69.84	82.52	91.52	4.03	5.18	5.89	21.82
45	72.64	85.75	93.57	4.01	5.13	5.81	21.23
46	73.36	88.12	95.13	4.03	5.11	5.78	20.70
47	73.47	89.35	97.74	4.06	5.08	5.73	20.30
48	75.20	91.42	100.52	4.22	5.24	5.88	20.56
49	77.32	94.14	103.95	4.35	5.39	6.00	20.76
50	78.68	96.11	106.48	4.48	5.54	6.14	21.19
51	80.60	98.93	109.92	4.65	5.72	6.31	21.79
52	81.87	101.15	112.56	4.81	5.85	6.48	22.39
53	82.63	102.65	114.81	4.91	5.97	6.59	22.80
54	84.28	105.21	118.24	5.02	6.12	6.73	23.25
55	86.32	108.13	122.13	5.14	6.27	6.87	23.73
56	88.11	110.64	125.60	5.32	6.48	7.07	24.23
57	91.22	114.67	130.83	5.52	6.70	7.30	24.77
58	94.52	118.27	136.12	5.73	6.95	7.52	25.27
59	98.89	123.14	142.92	6.02	7.24	7.83	25.80
60	104.34	129.35	151.42	6.37	7.67	8.22	26.45
61	110.99	136.97	161.79	6.87	8.15	8.71	27.47
62	118.87	146.06	174.20	7.52	8.79	9.33	28.96
63	128.46	157.85	188.64	8.32	9.64	10.18	31.01
64	139.25	171.28	205.24	9.19	10.53	11.06	33.29
65	148.96	183.47	220.73	10.14	11.53	12.09	36.19
66	169.02	208.63	252.18	11.66	13.09	13.69	41.19
67	182.88	226.23	271.64	12.87	14.31	14.90	45.42
68	198.98	247.78	302.76	14.38	15.59	16.16	51.03
69	213.61	266.53	326.55	15.73	16.60	17.19	56.61
70	231.59	287.46	352.75	17.16	17.73	18.31	62.93
71	255.88	309.00	379.42	18.53	19.09	19.65	69.30
72	282.72	331.59	407.25	19.95	20.49	21.07	76.16
73	313.19	359.25	446.54	21.79	22.36	22.94	84.62
74	347.96	395.89	491.63	23.91	24.48	25.08	94.05
75	387.73	441.18	543.95	26.34	26.92	27.55	104.55
76	433.20	494.11	604.96	29.36	29.97	30.63	117.12
77	480.96	551.10	670.32	32.64	33.29	33.96	130.30
78	539.48	622.25	755.47	36.43	37.11	37.82	144.95
79	605.76	704.50	854.26	40.76	41.47	42.22	161.18

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Step-Rated

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	64.51	74.84	85.11	93.03	104.13	131.18
36	64.69	75.28	85.76	93.89	105.07	131.67
37	65.34	76.22	86.94	95.31	106.70	133.03
38	66.93	78.33	89.48	96.74	108.47	133.81
39	68.06	79.91	91.40	97.50	109.38	133.97
40	69.64	81.79	93.15	98.90	110.90	135.30
41	70.84	81.95	93.83	99.67	111.68	136.04
42	72.19	82.66	95.20	101.20	113.27	137.99
43	71.52	84.25	96.71	102.86	115.03	140.26
44	69.87	83.30	95.19	104.02	116.24	141.92
45	69.01	82.69	94.09	106.08	118.52	144.88
46	67.98	81.82	92.73	107.70	120.38	147.20
47	67.31	81.19	91.79	108.17	121.08	149.85
48	68.80	82.95	93.89	110.26	124.01	153.59
49	69.77	83.99	95.40	111.54	126.04	156.09
50	70.78	84.91	96.92	112.81	128.09	158.49
51	71.86	85.80	98.60	114.17	130.30	160.86
52	73.58	87.33	101.21	116.56	133.73	164.52
53	74.34	88.35	102.92	118.35	136.09	167.89
54	75.20	89.65	104.85	120.42	138.68	171.72
55	76.86	91.93	107.84	123.79	142.69	177.51
56	78.23	94.00	110.44	126.85	146.23	182.91
57	80.53	97.33	114.32	131.50	151.51	190.80
58	82.95	101.21	117.60	135.77	156.23	198.85
59	85.39	104.97	121.10	140.32	161.19	207.54
60	89.23	110.31	126.70	147.30	168.87	220.15
61	94.14	115.76	132.59	154.61	176.89	233.68
62	100.97	123.16	140.74	164.61	187.93	251.75
63	109.96	133.30	153.00	178.99	204.14	274.92
64	118.62	142.84	164.52	192.43	219.34	296.89
65	129.79	155.21	179.07	209.33	238.59	324.65
66	147.50	175.26	202.07	235.98	269.14	368.11
67	161.68	190.94	219.42	256.01	292.29	401.89
68	181.36	209.95	236.13	274.74	314.49	435.50
69	200.84	227.61	252.69	293.25	336.38	466.41
70	220.64	245.63	270.65	311.97	358.51	495.83
71	243.16	271.35	297.72	333.91	384.31	529.10
72	265.12	296.74	324.84	354.08	408.15	558.74
73	288.20	323.45	358.11	383.09	441.83	607.65
74	316.29	356.14	399.35	424.53	489.93	668.98
75	345.18	390.19	443.08	471.01	543.95	734.07
76	381.18	432.76	497.11	528.47	610.80	816.41
77	422.51	481.97	559.10	594.35	687.61	912.43
78	470.04	538.82	629.88	669.60	775.49	1,028.30
79	520.22	599.36	704.48	748.89	868.34	1,153.09

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 50% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	58.05	67.35	76.61	83.74	93.73	118.07
36	58.23	67.77	77.16	84.49	94.56	118.51
37	58.81	68.58	78.24	85.79	96.03	119.73
38	60.23	70.50	80.54	87.07	97.62	120.44
39	61.26	71.94	82.27	87.75	98.44	120.57
40	62.67	73.60	83.83	89.02	99.81	121.78
41	63.76	73.75	84.46	89.71	100.50	122.44
42	64.96	74.40	85.68	91.08	101.97	124.20
43	64.35	75.82	87.02	92.59	103.52	126.25
44	62.89	74.95	85.68	93.62	104.62	127.73
45	62.09	74.41	84.69	95.47	106.68	130.38
46	61.20	73.63	83.45	96.93	108.33	132.47
47	60.58	73.06	82.62	97.33	108.97	134.86
48	61.93	74.66	84.50	99.23	111.62	138.26
49	62.81	75.59	85.85	100.38	113.43	140.50
50	63.70	76.41	87.23	101.52	115.28	142.64
51	64.67	77.22	88.75	102.75	117.28	144.78
52	66.23	78.58	91.09	104.92	120.36	148.07
53	66.90	79.53	92.64	106.50	122.47	151.11
54	67.69	80.68	94.36	108.37	124.80	154.56
55	69.16	82.74	97.05	111.43	128.44	159.77
56	70.41	84.61	99.40	114.17	131.60	164.63
57	72.48	87.60	102.89	118.37	136.36	171.71
58	74.65	91.09	105.83	122.19	140.60	178.95
59	76.86	94.49	108.99	126.30	145.09	186.80
60	80.31	99.27	114.02	132.58	151.97	198.15
61	84.71	104.19	119.32	139.16	159.20	210.31
62	90.87	110.85	126.67	148.13	169.13	226.56
63	98.97	119.97	137.70	161.10	183.72	247.42
64	106.76	128.55	148.08	173.20	197.42	267.20
65	116.81	139.69	161.16	188.40	214.73	292.18
66	132.75	157.74	181.86	212.38	242.25	331.31
67	145.51	171.84	197.47	230.41	263.06	361.70
68	163.22	188.95	212.52	247.26	283.05	391.96
69	180.76	204.83	227.41	263.91	302.75	419.76
70	198.59	221.08	243.58	280.77	322.67	446.26
71	218.85	244.22	267.95	300.52	345.87	476.20
72	238.62	267.06	292.36	318.67	367.33	502.87
73	259.38	291.10	322.30	344.77	397.64	546.89
74	284.65	320.52	359.41	382.07	440.94	602.09
75	310.67	351.17	398.77	423.91	489.55	660.66
76	343.07	389.47	447.41	475.62	549.72	734.76
77	380.26	433.76	503.18	534.91	618.84	821.18
78	423.04	484.94	566.89	602.64	697.93	925.48
79	468.19	539.42	634.03	674.00	781.51	1,037.79

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Step-Rated

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	61.06	68.62	81.62	89.23	93.68	105.19	13.58	17.83	20.59	22.51	23.63	25.99
36	60.98	69.22	82.09	89.86	94.35	105.30	13.85	18.18	20.86	22.82	23.98	26.37
37	61.33	70.28	83.06	91.08	95.63	106.16	14.18	18.66	21.27	23.33	24.50	26.87
38	62.33	72.45	85.19	92.13	96.87	106.33	14.93	19.61	22.13	23.91	25.15	27.48
39	63.04	74.14	86.81	92.60	97.40	106.13	15.49	20.33	22.79	24.30	25.55	27.84
40	64.28	76.10	88.31	93.77	98.61	106.96	16.04	21.07	23.32	24.76	26.05	28.34
41	65.25	76.45	88.89	94.43	99.24	107.39	16.41	21.26	23.56	25.03	26.29	28.65
42	66.48	77.27	90.19	95.88	100.66	108.88	16.74	21.55	23.91	25.40	26.66	29.10
43	65.90	79.07	91.70	97.52	102.32	110.70	16.54	21.84	24.22	25.77	27.05	29.56
44	64.46	78.47	90.39	98.76	103.55	112.12	16.10	21.38	23.75	25.95	27.22	29.79
45	63.78	78.19	89.49	100.92	105.79	114.63	15.81	20.98	23.35	26.32	27.59	30.25
46	62.98	77.63	88.43	102.71	107.70	116.70	15.47	20.53	22.83	26.51	27.84	30.49
47	62.44	77.27	87.77	103.42	108.59	119.10	15.23	20.12	22.40	26.39	27.71	30.75
48	63.93	79.20	90.23	105.95	111.94	122.60	15.47	20.30	22.58	26.50	28.00	30.99
49	64.88	80.36	92.02	107.61	114.21	125.03	15.65	20.42	22.64	26.49	28.04	31.06
50	65.79	81.35	93.82	109.19	116.30	127.33	15.92	20.56	22.76	26.50	28.11	31.16
51	66.71	82.18	95.70	110.82	118.38	129.58	16.23	20.77	22.95	26.59	28.20	31.28
52	68.17	83.61	98.45	113.38	121.44	132.84	16.73	21.22	23.38	26.94	28.54	31.69
53	68.73	84.49	100.16	115.16	123.14	135.59	17.01	21.57	23.74	27.31	28.79	32.30
54	69.42	85.59	102.04	117.18	125.00	138.64	17.31	21.97	24.19	27.78	29.13	33.09
55	70.84	87.68	104.91	120.44	128.16	143.18	17.77	22.61	24.89	28.60	29.85	34.33
56	72.07	89.61	107.39	123.34	130.99	147.39	18.10	23.17	25.55	29.33	30.53	35.53
57	74.22	92.79	111.13	127.82	135.55	153.52	18.62	23.96	26.47	30.45	31.64	37.27
58	76.56	96.20	114.19	131.84	140.36	159.73	19.09	24.82	27.33	31.56	32.99	39.11
59	79.07	99.92	117.60	136.26	145.42	166.48	19.46	25.57	28.17	32.64	34.30	41.06
60	83.00	105.45	123.11	143.13	152.99	176.39	20.06	26.60	29.42	34.20	36.17	43.76
61	88.00	111.38	129.01	150.44	160.96	187.07	20.80	27.60	30.71	35.79	38.09	46.62
62	94.90	119.32	137.15	160.42	171.82	201.41	21.92	29.01	32.46	37.97	40.67	50.34
63	103.78	130.09	149.41	174.81	186.67	219.91	23.61	31.18	35.16	41.12	44.10	55.01
64	112.29	140.06	160.95	188.27	200.49	237.48	25.30	33.32	37.71	44.12	47.30	59.41
65	123.05	152.43	175.45	205.08	217.88	259.67	27.66	36.26	41.06	47.99	51.45	64.97
66	139.89	171.78	198.16	231.43	245.51	294.46	31.61	41.15	46.43	54.21	58.09	73.65
67	153.14	186.14	215.25	251.16	266.30	321.52	35.00	45.23	50.62	59.07	63.28	80.37
68	171.36	199.68	231.45	269.27	289.27	348.42	39.65	50.04	54.72	64.19	69.29	87.09
69	189.14	213.01	247.46	287.16	309.98	373.14	44.65	54.93	59.03	69.22	74.86	93.27
70	206.96	227.43	264.78	305.22	329.36	396.70	50.10	60.28	63.86	74.24	80.18	99.14
71	227.06	249.35	290.99	326.36	351.08	423.31	56.53	67.83	71.04	80.05	86.13	105.80
72	246.35	271.15	317.20	345.76	370.31	446.99	63.21	75.64	78.41	85.48	91.54	111.75
73	266.51	297.88	349.71	374.09	395.46	486.12	70.62	84.30	87.41	92.65	98.17	121.52
74	291.08	330.92	390.09	414.69	433.12	535.19	79.58	94.76	98.39	102.85	107.85	133.79
75	316.21	365.74	433.03	460.32	476.09	587.26	88.98	105.71	109.98	114.31	118.74	146.81
76	347.70	408.71	486.18	516.84	530.93	653.13	100.39	119.02	124.06	128.53	132.48	163.28
77	383.95	457.82	547.24	581.75	595.56	729.95	113.30	134.10	139.98	144.94	148.52	182.48
78	425.76	513.76	617.08	655.99	671.50	822.64	127.90	151.15	157.91	163.79	167.22	205.66
79	469.93	572.40	690.80	734.36	753.92	922.49	143.13	168.94	176.55	183.81	187.34	230.61

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Step-Rated

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC
Issue	Non Integrated - NH (3PL) Benefit Period			Non Integrated - ALF (3PL) Benefit Period			Non Integrated - HHC (3 PL) Benefit Period
Age	3 3 Yr	5 5 Yr	Lifetime Unlimited	2 2 Yr	3 3 Yr	4 4 Yr	2 2 Yr
18-35	75.54	89.23	99.91	2.60	3.33	3.98	13.58
36	76.23	89.86	100.06	2.62	3.36	3.99	13.85
37	77.39	91.08	100.83	2.65	3.41	4.03	14.18
38	79.00	92.13	101.00	2.71	3.49	4.10	14.93
39	80.51	92.58	100.81	2.75	3.55	4.15	15.49
40	82.66	93.75	101.61	2.82	3.65	4.21	16.04
41	83.46	94.41	102.03	2.90	3.71	4.24	16.41
42	85.14	95.88	103.44	2.98	3.77	4.31	16.74
43	87.13	97.52	105.18	2.99	3.85	4.39	16.54
44	86.44	98.76	106.53	2.97	3.82	4.35	16.10
45	86.11	100.92	108.92	2.99	3.82	4.33	15.81
46	85.49	102.69	110.86	3.01	3.82	4.32	15.47
47	85.04	103.42	113.14	3.05	3.81	4.30	15.23
48	87.14	105.93	116.48	3.18	3.95	4.43	15.47
49	88.37	107.59	118.79	3.28	4.07	4.52	15.65
50	89.38	109.19	120.97	3.37	4.16	4.61	15.92
51	90.27	110.81	123.11	3.46	4.26	4.70	16.23
52	91.77	113.38	126.18	3.59	4.37	4.84	16.73
53	92.70	115.16	128.81	3.66	4.45	4.91	17.01
54	93.87	117.18	131.70	3.74	4.56	5.01	17.31
55	96.14	120.44	136.03	3.85	4.70	5.14	17.77
56	98.22	123.34	140.01	3.97	4.84	5.28	18.10
57	101.69	127.82	145.85	4.15	5.03	5.49	18.62
58	105.36	131.84	151.74	4.33	5.25	5.68	19.09
59	109.43	136.26	158.15	4.54	5.46	5.90	19.46
60	115.46	143.13	167.56	4.83	5.81	6.24	20.06
61	121.91	150.44	177.71	5.20	6.17	6.60	20.80
62	130.56	160.42	191.34	5.70	6.66	7.07	21.92
63	142.26	174.81	208.90	6.34	7.34	7.75	23.61
64	153.06	188.27	225.59	6.98	8.01	8.41	25.30
65	166.49	205.06	246.70	7.75	8.81	9.24	27.66
66	187.49	231.43	279.72	8.95	10.05	10.50	31.61
67	203.03	251.16	305.43	9.92	11.02	11.49	35.00
68	217.53	270.88	330.98	11.17	12.12	12.56	39.65
69	231.87	289.31	354.46	12.41	13.10	13.56	44.65
70	247.43	307.12	376.86	13.66	14.11	14.58	50.10
71	271.19	327.49	402.12	15.12	15.57	16.03	56.53
72	294.80	345.76	424.65	16.56	17.01	17.48	63.21
73	323.89	371.53	461.80	18.19	18.66	19.14	70.62
74	359.85	409.43	508.43	20.23	20.72	21.22	79.58
75	397.67	452.50	557.89	22.42	22.91	23.45	88.98
76	444.31	506.78	620.47	25.16	25.69	26.26	100.39
77	497.54	570.11	693.43	28.38	28.94	29.53	113.30
78	558.08	643.70	781.53	32.15	32.75	33.37	127.90
79	621.43	722.72	876.36	36.20	36.83	37.50	143.13

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Step-Rated

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	79.58	85.52	94.38	100.32	112.30	141.47
36	80.42	86.28	95.86	101.92	114.05	142.93
37	81.29	87.07	97.34	103.47	115.83	144.41
38	82.15	87.85	98.89	105.02	117.74	145.25
39	82.95	88.60	100.35	106.54	119.52	146.39
40	83.24	88.83	101.17	107.41	120.45	146.95
41	84.10	89.60	102.59	108.97	122.10	148.74
42	84.28	90.37	104.08	110.65	123.84	150.86
43	81.44	92.11	105.74	112.46	125.77	153.35
44	78.53	93.58	106.94	113.80	127.16	155.25
45	76.49	93.73	106.64	116.05	129.66	158.49
46	74.81	92.85	105.23	118.61	132.58	162.11
47	73.09	91.66	103.63	119.94	134.26	165.14
48	73.96	92.55	104.76	121.15	136.26	169.37
49	74.29	92.66	105.25	121.50	137.30	172.35
50	75.11	93.21	106.39	122.59	139.19	176.35
51	75.52	93.12	107.02	122.96	140.34	179.24
52	76.53	93.64	108.52	124.31	142.62	183.46
53	78.24	95.34	111.06	126.86	145.88	188.57
54	79.59	96.71	113.11	128.88	148.42	193.03
55	81.70	99.03	116.17	132.13	152.31	199.54
56	84.58	101.85	119.65	135.98	156.76	207.12
57	87.56	104.56	122.81	139.59	160.83	214.64
58	89.95	107.21	124.56	142.16	163.59	220.78
59	93.04	110.38	127.34	145.93	167.64	229.06
60	96.98	114.23	131.20	150.95	173.05	239.72
61	101.86	118.86	136.14	157.19	179.85	251.87
62	107.75	124.36	142.12	164.70	188.03	264.01
63	116.53	135.55	155.58	180.47	205.82	289.33
64	125.76	147.51	169.91	197.19	224.76	314.75
65	135.65	160.59	185.28	215.09	245.16	339.29
66	154.20	184.58	212.81	247.05	281.77	384.84
67	169.09	204.99	235.55	273.50	312.26	420.30
68	188.39	230.20	258.91	300.74	344.24	463.30
69	208.74	257.12	285.47	331.63	380.41	509.03
70	229.46	285.01	314.05	364.88	419.32	555.76
71	251.01	314.59	345.17	401.11	461.65	604.87
72	273.81	346.56	379.37	440.87	501.02	657.51
73	298.32	382.07	423.01	492.53	553.61	717.98
74	332.39	422.01	473.21	552.14	609.88	787.19
75	371.23	466.71	531.08	615.16	678.22	867.39
76	419.34	518.19	602.64	687.60	758.66	968.62
77	462.37	575.84	677.98	769.03	849.31	1,078.21
78	499.81	626.72	740.66	841.91	930.78	1,215.14
79	540.68	681.78	808.33	920.63	1,019.04	1,334.09

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 50% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	71.61	76.96	84.95	90.31	101.08	127.33
36	72.39	77.67	86.25	91.72	102.65	128.65
37	73.16	78.35	87.60	93.13	104.24	129.97
38	73.93	79.06	89.01	94.52	105.97	130.75
39	74.66	79.76	90.33	95.88	107.57	131.75
40	74.91	79.94	91.05	96.68	108.41	132.26
41	75.70	80.64	92.34	98.09	109.88	133.87
42	75.84	81.34	93.67	99.58	111.49	135.79
43	73.29	82.90	95.14	101.23	113.18	138.03
44	70.68	84.20	96.25	102.42	114.45	139.73
45	68.83	84.34	95.99	104.44	116.70	142.63
46	67.34	83.55	94.70	106.76	119.31	145.90
47	65.78	82.49	93.27	107.92	120.82	148.62
48	66.57	83.30	94.28	109.04	122.65	152.46
49	66.87	83.40	94.71	109.35	123.57	155.13
50	67.60	83.88	95.76	110.31	125.27	158.71
51	67.97	83.81	96.33	110.66	126.31	161.33
52	68.88	84.26	97.67	111.89	128.36	165.11
53	70.41	85.82	99.96	114.16	131.28	169.73
54	71.63	87.03	101.79	115.98	133.57	173.74
55	73.51	89.14	104.55	118.93	137.09	179.60
56	76.12	91.66	107.69	122.39	141.07	186.42
57	78.81	94.11	110.54	125.65	144.75	193.17
58	80.95	96.48	112.09	127.95	147.22	198.69
59	83.74	99.35	114.60	131.35	150.89	206.18
60	87.27	102.80	118.07	135.87	155.74	215.76
61	91.67	106.98	122.52	141.48	161.86	226.68
62	96.97	111.94	127.91	148.21	169.22	237.60
63	104.88	121.99	140.02	162.42	185.24	260.39
64	113.18	132.76	152.92	177.48	202.30	283.27
65	122.08	144.53	166.74	193.58	220.64	305.36
66	138.79	166.12	191.53	222.35	253.61	346.37
67	152.18	184.48	211.99	246.15	281.04	378.27
68	169.55	207.17	233.02	270.65	309.83	416.98
69	187.88	231.40	256.91	298.46	342.38	458.11
70	206.53	256.52	282.63	328.40	377.39	500.20
71	225.91	283.14	310.65	361.00	415.47	544.39
72	246.44	311.89	341.44	396.77	450.91	591.77
73	268.48	343.86	380.71	443.27	498.23	646.19
74	299.14	379.80	425.88	496.92	548.89	708.47
75	334.11	420.04	477.97	553.65	610.39	780.65
76	377.41	466.36	542.38	618.84	682.79	871.75
77	416.13	518.25	610.17	692.13	764.36	970.38
78	449.83	564.05	666.59	757.72	837.70	1,093.63
79	486.61	613.60	727.50	828.57	917.14	1,200.68

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Step-Rated

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	75.32	78.42	90.51	96.23	101.03	113.44	16.76	20.38	22.84	24.27	25.48	28.03
36	75.80	79.33	91.76	97.55	102.42	114.31	17.21	20.83	23.32	24.77	26.03	28.62
37	76.30	80.29	92.99	98.87	103.81	115.24	17.65	21.31	23.82	25.32	26.60	29.17
38	76.51	81.24	94.15	100.01	105.15	115.42	18.33	22.00	24.45	25.96	27.30	29.83
39	76.83	82.20	95.32	101.19	106.43	115.97	18.88	22.54	25.02	26.55	27.92	30.42
40	76.84	82.65	95.91	101.84	107.09	116.17	19.17	22.88	25.33	26.89	28.29	30.78
41	77.47	83.58	97.18	103.25	108.50	117.41	19.49	23.24	25.76	27.36	28.74	31.32
42	77.62	84.49	98.61	104.83	110.06	119.04	19.54	23.56	26.14	27.77	29.15	31.82
43	75.04	86.45	100.26	106.62	111.87	121.04	18.84	23.88	26.48	28.18	29.58	32.32
44	72.45	88.15	101.54	108.04	113.28	122.66	18.09	24.02	26.68	28.39	29.78	32.59
45	70.70	88.63	101.43	110.40	115.73	125.40	17.53	23.78	26.46	28.79	30.19	33.09
46	69.31	88.10	100.35	113.12	118.61	128.53	17.03	23.29	25.90	29.20	30.66	33.58
47	67.80	87.24	99.09	114.67	120.40	131.25	16.54	22.72	25.29	29.26	30.73	33.89
48	68.72	88.36	100.67	116.42	123.00	135.20	16.63	22.65	25.20	29.12	30.77	34.17
49	69.07	88.66	101.52	117.22	124.41	138.06	16.67	22.53	24.98	28.86	30.55	34.30
50	69.81	89.30	102.99	118.65	126.38	141.68	16.89	22.57	24.99	28.80	30.55	34.67
51	70.11	89.20	103.86	119.36	127.49	144.39	17.05	22.55	24.91	28.63	30.38	34.85
52	70.90	89.65	105.56	120.92	129.52	148.13	17.40	22.76	25.07	28.73	30.44	35.34
53	72.34	91.17	108.09	123.45	132.00	152.30	17.90	23.28	25.62	29.27	30.86	36.28
54	73.47	92.34	110.07	125.41	133.78	155.84	18.32	23.70	26.09	29.73	31.18	37.19
55	75.31	94.45	113.01	128.55	136.79	160.94	18.88	24.36	26.81	30.53	31.86	38.59
56	77.92	97.08	116.35	132.22	140.42	166.89	19.57	25.10	27.68	31.44	32.72	40.23
57	80.71	99.69	119.39	135.69	143.89	172.71	20.24	25.75	28.43	32.32	33.59	41.93
58	83.02	101.89	120.95	138.05	146.97	177.35	20.70	26.29	28.95	33.05	34.55	43.43
59	86.15	105.06	123.66	141.71	151.24	183.74	21.20	26.88	29.62	33.95	35.68	45.32
60	90.20	109.19	127.49	146.68	156.78	192.07	21.80	27.54	30.46	35.05	37.07	47.65
61	95.22	114.36	132.46	152.96	163.65	201.63	22.50	28.34	31.53	36.39	38.73	50.25
62	101.27	120.49	138.50	160.51	171.91	211.22	23.39	29.29	32.78	37.99	40.70	52.79
63	109.98	132.29	151.94	176.25	188.21	231.44	25.02	31.71	35.75	41.46	44.46	57.90
64	119.05	144.64	166.22	192.92	205.44	251.77	26.82	34.41	38.94	45.21	48.47	62.99
65	128.60	157.71	181.53	210.72	223.87	271.39	28.91	37.52	42.49	49.31	52.87	67.90
66	146.25	180.91	208.70	242.28	257.03	307.85	33.05	43.33	48.90	56.75	60.82	76.99
67	160.15	199.83	231.08	268.32	284.49	336.24	36.61	48.55	54.34	63.11	67.60	84.06
68	178.01	218.94	253.78	294.75	316.64	370.65	41.19	54.87	60.00	70.26	75.85	92.64
69	196.59	240.63	279.56	324.75	350.55	407.24	46.41	62.06	66.68	78.28	84.66	101.79
70	215.24	263.89	307.23	356.99	385.23	444.64	52.10	69.94	74.10	86.83	93.78	111.12
71	234.38	289.09	337.36	392.04	421.73	483.92	58.36	78.64	82.36	96.16	103.47	120.95
72	254.43	316.67	370.45	430.51	454.56	526.00	65.28	88.34	91.57	106.43	112.36	131.51
73	275.87	351.86	413.10	480.96	495.50	574.39	73.09	99.58	103.25	119.11	123.01	143.59
74	305.89	392.13	462.24	539.34	539.16	629.76	83.63	112.28	116.58	133.77	134.25	157.43
75	340.07	437.46	519.04	601.20	593.61	693.91	95.69	126.44	131.82	149.30	148.05	173.47
76	382.51	489.39	589.38	672.47	659.45	774.90	110.44	142.51	150.39	167.23	164.55	193.72
77	420.18	546.99	663.59	752.73	735.61	862.58	123.99	160.22	169.74	187.53	183.45	215.64
78	452.73	597.57	725.60	824.80	805.97	972.11	136.00	175.81	185.68	205.94	200.71	243.03
79	488.42	651.12	792.63	902.76	884.77	1,067.28	148.76	192.18	202.57	225.96	219.85	266.80

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Step-Rated

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC
Issue	Non Integrated - NH (3PL) Benefit Period			Non Integrated - ALF (3PL) Benefit Period			Non Integrated - HHC (3 PL) Benefit Period
Age	3 3 Yr	5 5 Yr	Lifetime Unlimited	2 2 Yr	3 3 Yr	4 4 Yr	2 2 Yr
18-35	86.32	96.23	107.75	3.21	3.80	4.42	16.76
36	87.37	97.55	108.61	3.26	3.85	4.46	17.21
37	88.42	98.87	109.46	3.30	3.89	4.51	17.65
38	88.60	100.01	109.64	3.32	3.92	4.53	18.33
39	89.26	101.17	110.16	3.35	3.94	4.55	18.88
40	89.78	101.82	110.35	3.37	3.96	4.57	19.17
41	91.25	103.22	111.55	3.44	4.05	4.64	19.49
42	93.09	104.83	113.09	3.48	4.12	4.71	19.54
43	95.26	106.62	114.99	3.40	4.21	4.80	18.84
44	97.11	108.04	116.54	3.34	4.30	4.88	18.09
45	97.60	110.40	119.15	3.31	4.33	4.91	17.53
46	97.01	113.10	122.10	3.31	4.33	4.90	17.03
47	96.01	114.67	124.68	3.31	4.30	4.85	16.54
48	97.23	116.40	128.44	3.41	4.40	4.94	16.63
49	97.49	117.20	131.17	3.49	4.49	4.99	16.67
50	98.12	118.65	134.60	3.57	4.57	5.06	16.89
51	97.98	119.34	137.18	3.64	4.62	5.10	17.05
52	98.40	120.92	140.70	3.74	4.69	5.19	17.40
53	100.04	123.45	144.68	3.85	4.80	5.30	17.90
54	101.27	125.41	148.04	3.95	4.92	5.41	18.32
55	103.57	128.55	152.91	4.09	5.06	5.54	18.88
56	106.41	132.22	158.54	4.30	5.25	5.72	19.57
57	109.24	135.69	164.08	4.51	5.41	5.89	20.24
58	111.60	138.05	168.48	4.70	5.56	6.02	20.70
59	115.06	141.71	174.55	4.95	5.74	6.21	21.20
60	119.57	146.68	182.45	5.25	6.02	6.46	21.80
61	125.17	152.96	191.54	5.63	6.33	6.77	22.50
62	131.84	160.51	200.66	6.08	6.72	7.13	23.39
63	144.66	176.25	219.86	6.72	7.47	7.88	25.02
64	158.07	192.92	239.16	7.40	8.27	8.68	26.82
65	172.26	210.70	257.83	8.10	9.12	9.56	28.91
66	197.46	242.28	292.44	9.36	10.58	11.06	33.05
67	217.96	268.32	319.42	10.37	11.83	12.33	36.61
68	238.51	296.51	352.11	11.60	13.29	13.77	41.19
69	261.94	327.18	386.85	12.90	14.79	15.32	46.41
70	287.10	359.21	422.42	14.21	16.38	16.91	52.10
71	314.40	393.39	459.71	15.60	18.06	18.59	58.36
72	344.29	430.51	499.71	17.10	19.86	20.42	65.28
73	382.59	477.67	545.65	18.82	22.04	22.61	73.09
74	426.41	532.50	598.27	21.26	24.55	25.15	83.63
75	475.66	590.98	659.22	24.11	27.40	28.11	95.69
76	532.03	659.38	736.15	27.68	30.76	31.83	110.44
77	594.45	737.67	819.42	31.06	34.58	35.81	123.99
78	649.13	809.35	923.52	34.18	38.09	39.24	136.00
79	706.89	888.46	1,013.91	37.62	41.90	43.02	148.76

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ, LTC04I-NTQ, LTC04I-AG-TQ, LTC04I-AG-NTQ

Premium Factors

Form:	LTC04I NFO1PL LTC04I NFO2PL LTC04I NFO3PL	Limited Pay Options			LTC04I ROPD	LTC04I ROPDC
Issue Age	Nonforfeiture Option	10 Pay	20 Pay	Pay to 65	Full Return Premium on Death	Return Premium on Death less Claims
18-35	1.21	3.83	2.40	1.74	1.77	1.60
36	1.21	3.81	2.39	1.78	1.79	1.61
37	1.21	3.79	2.37	1.82	1.81	1.63
38	1.21	3.78	2.36	1.83	1.82	1.63
39	1.21	3.76	2.35	1.85	1.84	1.65
40	1.20	3.74	2.33	1.89	1.86	1.66
41	1.20	3.71	2.31	1.95	1.88	1.67
42	1.20	3.68	2.29	2.01	1.90	1.69
43	1.20	3.64	2.27	2.08	1.93	1.72
44	1.20	3.60	2.24	2.16	1.97	1.74
45	1.19	3.55	2.21	2.21	2.01	1.77
46	1.19	3.50	2.19	2.30	2.05	1.81
47	1.19	3.45	2.16	2.37	2.10	1.85
48	1.19	3.39	2.13	2.38	2.16	1.90
49	1.19	3.34	2.10	2.39	2.23	1.95
50	1.18	3.28	2.08	2.41	2.29	2.00
51	1.18	3.22	2.06	2.45	2.36	2.06
52	1.18	3.16	2.04	2.51	2.43	2.11
53	1.18	3.10	2.02	2.61	2.49	2.16
54	1.18	3.05	2.00	2.75	2.56	2.22
55	1.17	2.99	1.98	2.99	2.65	2.29
56	1.17	2.94	1.96		2.75	2.37
57	1.17	2.88	1.93		2.87	2.47
58	1.17	2.84	1.88		3.01	2.59
59	1.16	2.79	1.83		3.19	2.73
60	1.16	2.73	1.78		3.39	2.89
61	1.15	2.67	1.72		3.63	3.09
62	1.15	2.60	1.65		3.90	3.32
63	1.15	2.51	1.59		4.22	3.58
64	1.15	2.42	1.54		4.59	3.89
65	1.14	2.33	1.48		5.01	4.23
66	1.14	2.23	1.43			
67	1.14	2.14	1.38			
68	1.14	2.06	1.32			
69	1.14	1.99	1.27			
70	1.14	1.91	1.22			
71	1.13	1.85	1.19			
72	1.13	1.79	1.16			
73	1.13	1.72	1.15			
74	1.12	1.66	1.15			
75	1.12	1.59	1.15			
76	1.11	1.53	1.15			
77	1.11	1.48	1.15			
78	1.11	1.43	1.15			
79	1.10	1.39	1.15			
80	1.10	1.36	1.15			
81	1.10	1.33	1.15			

Age 80+ is only for the Guaranteed Purchase Option.

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ, LTC04I-NTQ, LTC04I-AG-TQ, LTC04I-AG-NTQ

Premium Factors to apply by benefit period selected.**Restoration of Benefits**

Form: LTC04I ROB1PL, LTC04I ROB2PL, LTC04I ROB3PL

Benefit Period	Factor
2 year	1.04
3 Year	1.03
4 Year	1.02
5 Year	1.01
6 Year	1.01
Unlimited	1.00

Premium Factors applicable to the entire calculated premium.**Monthly HHC**

Form: LTC04I MHHC

Factor	1.1
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Survivorship & Spouse Waiver

Form: LTC04I SBWP

Factor	1.14
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Indemnity Coverage

Description	Factor	Form
NH Only	1.05	LTC04I NHIND-TQ
NH & ALF	1.15	LTC04I NHIND-TQ, LTC04I ALFIND-TQ
NH, ALF, & HHC	1.25	LTC04I NHIND-TQ, LTC04I ALFIND-TQ, LTC04I HHCIND-TQ

Spouse Benefit

Form: LTC04I SB1PL-TQ, LTC04I SB2PL-TQ, LTC04I SB3PL-TQ

Factor	1.6
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Mutual of Omaha Insurance Company
Policy Form: LTC04I -TQ, LTC04I-NTQ, LTC04I-AG-TQ, LTC04I-AG-NTQ

If Non Tax Qualified form LTC04I-NTQ or LTC04I-AG-NTQ is elected, premiums will be increased by 15%.

- 30% Spouse Discount for two insureds, or
- 15% Spouse Discount for two applications, but one insured, or
- 10% Two Person Household Discount

Premium Discount of 10% on LTC04I-AG-TQ or LTC04I-AG-NTQ forms for a Affinity Group/Employer Group Discount

To calculate premiums for a specific elimination period, apply the appropriate factor to the above premiums.

<u>Elim</u>	<u>Factor</u>	<u>Elim</u>	<u>Factor</u>
0 Day	1.40	90 Day	1.00
15 Day	1.30	100 Day	0.98
20 Day	1.27	180 Day	0.90
30 Day	1.25	365 Day	0.80
60 Day	1.09		

Additional Elim factors for zero day elim on HHC (used in conjunction with the above factors)

<u>Elim</u>	<u>Factor</u>	<u>Elim</u>	<u>Factor</u>
15 Day	1.02	90 Day	1.08
20 Day	1.02	100 Day	1.09
30 Day	1.02	180 Day	1.13
60 Day	1.06	365 Day	1.16

To calculate premiums for a specific underwriting class, apply the appropriate factor to the above premiums.

<u>Class</u>	<u>Factor</u>	<u>Class</u>	<u>Factor</u>
Preferred	0.85	Class I	1.25
Select	1.00	Class II	1.50

To calculate premiums for a specific mode, apply the appropriate factor to the above premiums.

<u>Modal Loads</u>	<u>Factor</u>
Annual	1.000
Semi-Annual	0.510
Quarterly	0.260
Monthly/BSP	0.090
Other	1.08/# of payments

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA Certification of Compliance - revised 06-08-2015.pdf VA Readability Certification - revised 06-08-2015.pdf
Item Status:	Received & Acknowledged
Status Date:	06/08/2015

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum - LTC04I.pdf Actuarial Certification - LTC04I.pdf Exhibit 1 - LTC04I.pdf Exhibit 2 - LTC04I (VA).pdf Exhibit 3A - LTC04I.pdf Exhibit 3B - LTC04I.pdf Exhibit 3C - LTC04I.pdf Exhibit 4 - LTC04I.pdf Exhibit 5 - LTC04I.pdf Exhibit 6 - LTC04I.pdf Exhibit 7 - LTC04I.pdf Exhibit 8 - LTC04I.pdf Exhibit 9 - LTC04I.pdf
Item Status:	Received & Acknowledged
Status Date:	01/02/2014

Satisfied - Item:	Current Rates
Comments:	
Attachment(s):	LTC04I Premium Rates - Original.pdf
Item Status:	Received & Acknowledged
Status Date:	01/02/2014

Satisfied - Item:	Premium Notification Letter
Comments:	
Attachment(s):	Premium Notification Letter.pdf
Item Status:	Received & Acknowledged
Status Date:	06/08/2015

Satisfied - Item:	Response and Exhibits
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State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Comments:	
Attachment(s):	Exhibit 8 (nat'l - rev).pdf Exhibit 8 (VA).pdf Exhibit 10 (Nat'l).pdf Exhibit 11 (LTC04I).pdf VA Response (LTC04I) - 01-15-2013.pdf Exhibit 6 (nat'l - rev).pdf Exhibit 6 (VA).pdf Exhibit 7 (nat'l - rev).pdf Exhibit 7 (VA).pdf
Item Status:	Received & Acknowledged
Status Date:	01/02/2014
Satisfied - Item:	Attachment 1 (08/28/2013 Response)
Comments:	
Attachment(s):	Attachment 1 - Mortality (LTC04I).pdf
Item Status:	Received & Acknowledged
Status Date:	01/02/2014
Satisfied - Item:	Attachment 2 (08/28/2013 Response)
Comments:	
Attachment(s):	Attachment 2 - Sample Rate Increases by Cell.pdf
Item Status:	Received & Acknowledged
Status Date:	01/02/2014
Satisfied - Item:	Attachment 3 (08/28/2013 Response)
Comments:	
Attachment(s):	Attachment 3 - Assumption Comparison.pdf
Item Status:	Received & Acknowledged
Status Date:	01/02/2014
Satisfied - Item:	Exhibit 7 - revised (08/28/2013 Response)
Comments:	
Attachment(s):	Exhibit 7 (LTC04I - National-rev).pdf
Item Status:	Received & Acknowledged
Status Date:	01/02/2014
Satisfied - Item:	LTC Rate Summary Form
Comments:	

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Attachment(s):	Rate Summary Form (Part 1 - VA).pdf VA Increase Summary (revised 06-03-2015).pdf
Item Status:	Received & Acknowledged
Status Date:	06/08/2015
Satisfied - Item:	Cover Letter (includes statement of variability)
Comments:	
Attachment(s):	Cover Letter (LTC04I).pdf
Item Status:	Received & Acknowledged
Status Date:	01/23/2014
Satisfied - Item:	Schedule of Benefits
Comments:	
Attachment(s):	Schedule of Benefits (LTC04I).pdf
Item Status:	Received & Acknowledged
Status Date:	01/23/2014
Satisfied - Item:	Legal Review and Analysis
Comments:	
Attachment(s):	Legal Review and Analysis.pdf
Item Status:	Received & Acknowledged
Status Date:	04/07/2015
Satisfied - Item:	Revised Sample Notification Letter
Comments:	
Attachment(s):	Sample Notification Letter (rev).pdf
Item Status:	Received & Acknowledged
Status Date:	04/07/2015
Satisfied - Item:	Policy Adjustment Offer
Comments:	
Attachment(s):	Policy Adjustment Offer.pdf
Item Status:	Received & Acknowledged
Status Date:	04/07/2015
Satisfied - Item:	Sample Notification Letter (2nd Revision)
Comments:	

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Attachment(s):	Sample Notification Letter (rev 04-16-2014).pdf
Item Status:	Received & Acknowledged
Status Date:	04/07/2015

Satisfied - Item:	Sample Notification Letter (3rd Revision)
Comments:	
Attachment(s):	Sample Notification Letter (3rd revision - 04-18-2014).pdf
Item Status:	Received & Acknowledged
Status Date:	04/07/2015

Satisfied - Item:	Proposed Rate Increase Amounts by Cell
Comments:	
Attachment(s):	LTC04I - Rate Increase Amounts by Cell.pdf
Item Status:	Received & Acknowledged
Status Date:	04/07/2015

Satisfied - Item:	Sample Notification Letter (revised 03-19-2015)
Comments:	
Attachment(s):	Sample Notification Letter (rev 03-19-2015).pdf
Item Status:	Received & Acknowledged
Status Date:	04/07/2015

Satisfied - Item:	Sample Policy Schedule
Comments:	
Attachment(s):	Policy Schedule LTC04I (sample).pdf
Item Status:	Received & Acknowledged
Status Date:	04/07/2015

Satisfied - Item:	03/30/2015 Response - Additional Exhibits
Comments:	
Attachment(s):	Sample VA Nonforfeiture Notification Letter.pdf Sample Confirmation Letter with SBP and Endorsement.pdf
Item Status:	Received & Acknowledged
Status Date:	04/07/2015

Satisfied - Item:	04/14/2015 Response - Additional Exhibits
Comments:	

State:	Virginia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.003 Other		
Product Name:	Mutual of Omaha - 2013 Rate Increase (LTC04I)		
Project Name/Number:	2013 - LTC04I/		

Attachment(s):	CNF Letter.pdf Sample Confirmation Letter with SBP and Endorsement.pdf
Item Status:	Received & Acknowledged
Status Date:	06/08/2015

Satisfied - Item:	Sample Notification Letter - Revised 05/05/2015
Comments:	
Attachment(s):	Sample Notification Letter (rev 05-05-2015).pdf
Item Status:	Received & Acknowledged
Status Date:	06/08/2015

Satisfied - Item:	Sample Notification Letter - Revised 06/03/2015
Comments:	
Attachment(s):	Sample Notification Letter (rev 06-03-2015).pdf
Item Status:	Received & Acknowledged
Status Date:	06/08/2015

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability.pdf
Item Status:	Received & Acknowledged
Status Date:	06/08/2015

Satisfied - Item:	Sample Notification Letter - Revised 06/05/2015
Comments:	
Attachment(s):	Sample Notification Letter (rev 06-05-2015).pdf
Item Status:	Received & Acknowledged
Status Date:	06/08/2015

VIRGINIA

The Company has reviewed the enclosed forms and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

Mutual of Omaha Insurance Company

Name of Company

A handwritten signature in black ink, reading "Daniel J. Kennelly". The signature is written in a cursive style with a large, stylized "D" and "K".

Daniel J. Kennelly

Vice President, Chief Compliance and Ethics Officer

Mutual of Omaha Insurance Company

Date: June 8, 2015

Form No: Rider 0NX1M

Premium Notification Letter ML12047

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

Name and Address of Insurer **Mutual of Omaha Insurance Company**
Mutual of Omaha Plaza, Omaha, NE 68175

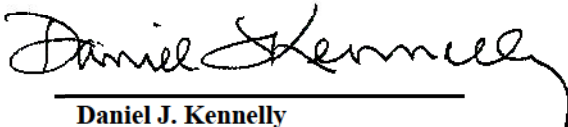
I hereby certify that the Flesch reading ease score for each form listed is as shown below. The type size of each form is 12-point type, one-point leaded.

The entire text of the forms was tested.

<u>FORM NUMBER</u>	<u>TITLE OF FORM</u>	<u>SENTENCES</u>	<u>WORDS</u>	<u>SYLLABLES</u>	<u>FLESCH SCORE</u>
ONX1M	Long-Term Care Endorsement	10	193	333	45.6
ML12047	Premium Notification Letter	46	964	1555	49.1

I also certify that the forms listed are in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

June 8, 2015
Date


Daniel J. Kennelly
Vice President, Chief Compliance and Ethics Officer
Mutual of Omaha Insurance Company

Mutual of Omaha Insurance Company

Mutual of Omaha Plaza, Omaha, NE 68175

ACTUARIAL JUSTIFICATION OF PREMIUM RATES Policy Series LTC04I

1. PURPOSE OF FILING

This is a rate increase filing for the above captioned Long-Term Care policy forms. The purpose of this filing is to demonstrate that the anticipated loss ratio of these forms meets the minimum requirements of this state. This rate filing is not intended to be used for any other purposes.

2. SCOPE OF FILING

This filing applies to the above captioned Long-Term Care policy forms. Policy Series LTC04I includes policy forms LTC04I-TQ, LTC04I-NTQ, LTC04I-AG-TQ and LTC04I-AG-NTQ. These forms provide daily benefits for long term treatment in various settings, as summarized in Exhibit 1, when the insured meets policy benefit qualification requirements. There are three maximum benefit options:

- One Maximum Lifetime Benefit – Nursing Home, Assisted Living Facility, and Home Health Care integrated
- Two Maximum Lifetime Benefits – Nursing Home and Assisted Living Facility integrated; Home Health Care not integrated
- Three Maximum Lifetime Benefits – Nursing Home, Assisted Living Facility, and Home Health Care not integrated

These forms are individual, guaranteed renewable policies with issue age premiums. These policies were sold by agents and brokers from 2004 through 2009 to adults age 18 through 79. These policies were fully underwritten with four underwriting classifications, Preferred, Select, Class I and Class II. Preferred rates are 85% of Select rates. Class I rates are 125% of Select rates, and the Class II rates are 150% of the Select rates.

The proposed rate increase applies to in-force policies only as these forms are no longer being marketed, except in California.

The number of policyholders and the annualized inforce premium, as of March 31, 2012, are displayed in Exhibit 2. Exhibit 2 also shows the average annual premium before and after the proposed rate increase.

3. REASON FOR RATE INCREASE REQUEST

These policies were filed under rate certification with the moderately adverse triggers. Exhibit 3 includes the original assumptions for Claim Costs, Mortality, Lapses, and Moderately Adverse Experience.

A rate increase is necessary at this time due to higher anticipated future and lifetime loss ratios. The higher loss ratios are a result of a combination of lower lapse rates and longer claim continuance affecting higher inflation and longer benefit periods. The Moderately Adverse Conditions that triggered are displayed below:

- Lapse Rates – 25% lower than expected lapse rates; and
- Lapse Rates and Morbidity Combined – produce loss ratios 10% higher than expected.

Justification for the Lapse Rate trigger is shown in Exhibit 4, which shows the actual to expected analysis of the lapse rates. Justification for the Combined Lapse Rate and Morbidity trigger is included in Exhibit 8.

Mutual of Omaha has been evaluating this LTCi block and updating assumptions based on our experience as well as the LTCi industry experience. For the forms specified above, experience has been worse than original pricing. Morbidity claim costs, lapse rates and mortality rates have had the most significant deviation from pricing. The combined effect of changing the underlying claim costs to better reflect actual company experience, as well as industry data, updating the mortality rates and persistency assumptions resulted in the need for a rate increase. The current premium levels are inadequate and, therefore, Mutual of Omaha is requesting a rate increase in order to maintain the viability and financial stability of the policy forms. Implementing a necessary rate increase earlier reduces the amount of the rate increase.

4. RATE INCREASE HISTORY

These forms have not received any previous rate increases, either in your state or on a nationwide basis.

5. PROJECTION ASSUMPTIONS

Original pricing assumptions are displayed in Exhibit 3A. A comparison of the original pricing assumptions to the revised assumptions is displayed in Exhibit 3C. The updated assumptions are summarized below:

Interest

A 4.5% effective annual rate of interest, the valuation interest rate originally filed with these forms, has been assumed for accumulating historical experience and for discounting projected future experience.

Distribution

Mutual of Omaha has included its actual demographic and policy distributions in exhibit 3B. Our revised assumptions reflect the actual policies that were sold, rather than the original pricing assumptions shown in 3A.

Lapse Rates

Mutual of Omaha reviews its persistency assumptions on a yearly basis to monitor for any changes in lapse rates. As the experience develops, we continue to see ultimate lapse assumptions decrease, especially as we gain experience in later durations. As such, the persistency assumptions were also revised, based on the actual experience of the affected blocks. Exhibit 3A displays the original pricing assumptions, which includes the lapse assumptions. Exhibit 4 contains our actual experience and revised assumptions. Please note that these policies' experience was used up through duration 7, due to the age of the block. A summary has been included below.

Duration	Actual	Pricing	Revised	Actual/Pricing	Actual/Revised
1	5.8%	6.1%	5.1%	95.2%	114.2%
2	4.0%	5.2%	4.0%	75.6%	98.9%
3	2.8%	4.3%	2.8%	64.4%	99.8%
4	2.5%	3.7%	2.1%	67.7%	121.2%
5	2.0%	3.0%	1.6%	68.3%	130.7%
6	1.6%	2.0%	1.4%	79.0%	113.6%
7	1.1%	2.0%	1.1%	53.0%	93.9%

Note: The lapse analysis is based on the LTCi business of Mutual of Omaha and its affiliates.

Morbidity

The Milliman 2009 claim costs now serve as the basic morbidity table. Milliman claim costs are created from data contributed by LTC insurance companies that agreed to provide claim datasets. The datasets consisted of nearly 12 million life years of exposure and nearly \$7 billion of incurred claims. In 2011, Mutual of Omaha performed a comprehensive claim study on the policy forms mentioned in this filing and made adjustments based on the additional findings. Milliman reviewed our actual experience and compared it against their expected industry experience, as updated in 2009. The 2009 update included almost four times the experience when compared against the previously used 2002 study. The next page contains our key findings.

1. Overall, Mutual of Omaha's claim costs closely aligned with Milliman 2009 claim costs. Mutual of Omaha's incidence is less than Milliman, but severity was worse. Because our experience closely aligns with these expected claim costs, we updated our assumptions to reflect them.

<u>Duration</u>	<u>Active Exposure</u>	<u>Actual Incurred Claims</u>	<u>Expected Incurred Claims</u>	<u>Actual/Expected Incurred Claims</u>
4	55,221	22,378,228	25,190,177	89%
5	44,933	22,302,455	24,711,207	90%
6	30,443	18,387,579	19,620,068	94%
7	19,464	12,541,249	14,223,110	88%
8	11,434	9,700,514	9,150,531	106%
9	5,906	5,533,457	4,839,499	114%
10	2,658	1,442,709	2,266,544	64%

2. The Milliman 2009 Guidelines also reflected a significant increase over the Milliman 2003 Guidelines in expected claim costs for longer benefit periods, both in incidence and severity. Mutual of Omaha's experience followed the industry trend. Shorter benefit period claim costs did not experience much of an increase and reflected that the increase in continuance was mainly offset with the decrease in incidence and utilization.
3. Based upon our 3rd party review, we now include exposure adjustments, to account for individuals who are on claim already and thus cannot claim again, and benefit exhaust adjustments, for individuals who have used the full benefit as defined by their policy. These adjustments more accurately project our claims stream.
4. Policies without an inflation rider contain a rider known as Guaranteed Purchase Option (GPO). Our experience indicates that this provision has significant anti-selection, which is consistent with the industry. We applied an A/E factor to account for the anti-selection we are experiencing.
5. We do not assume any morbidity improvement.

Mortality

Mortality rates have been updated from the 1983 GAM to the Annuity 2000 Basic table, weighted by gender to obtain a unisex rate. The gender weighting varies based on issue age and attained age. Mortality improvement of 0.5% per year was assumed from 2000 to the policy's issue year, e.g. for a policy issued in 2004, 4 years of mortality improvement is assumed. Future mortality improvement was not assumed. In addition, the following underwriting selection factors were applied in the first 10 policy years.

<u>Policy Year</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10+</u>
<u>Mortality Factor</u>	0.4	0.45	0.5	0.55	0.6	0.65	0.75	0.85	0.95	1.0

Exhibit 5 contains an actual to expected analysis of our mortality.

Rate increase

Projected future earned premiums that include the proposed rate increase amounts, as noted in Section 9, assume a January 1, 2013, effective date.

6. POLICY RESERVES

The valuation basis for contract reserves which generates the net valuation premium for renewal years is: one-year preliminary term using pricing claim costs @ 4.5%. For policies issued prior to January 1, 2005, the 1983 GAM mortality table with gender weighted by expected distribution by issue age with selection factors grading from 0.20 to 1.00 over 10 years was used. For policies issued on and after January 1, 2005, the 1994 GAM mortality table with gender weighted by expected distribution by issue age with selection factors grading from 0.40 to 1.00 over 10 years was used. Terminations, other than mortality, do not exceed:

Policies Issued Prior to January 1, 2005

- a) For policy year one through four, the lesser of 80% of the voluntary lapse rate used in the calculation of gross premiums and 8%;
- b) For policy years five and later, the lesser of 100% of the voluntary lapse rate used in the calculation of gross premiums and 4%.

Policies Issued On and After January 1, 2005

- a) For policy year one, the lesser of 80% of the voluntary lapse rate used in the calculation of gross premiums and 6%;
- b) For policy years two through four, the lesser of 80% of the voluntary lapse rate used in the calculation of gross premiums and 4%;
- c) For policy years five and later, the lesser of 100% of the voluntary lapse rate used in the calculation of gross premiums and 2%.

7. HISTORICAL EXPERIENCE

The nationwide experience since inception through March 31, 2012, is shown in Exhibit 6.

8. PROJECTED FUTURE AND LIFETIME EXPERIENCE

The lifetime anticipated loss ratio is defined as the present value of the historical and projected future incurred claims divided by the present value of the historical and projected future earned premiums. The lifetime experience, which has been projected using the assumptions described in Section 5, is shown in Exhibit 7. It illustrates that:

$$\begin{array}{lcl} \text{Accumulated value of incurred claims} & > & 58\% \times \text{original premium} + 85\% \times \text{increased premium.} \\ \$396,536,675 & > & \$288,025,356 [(0.58 \times \$425,768,929) + (0.85 \times \$48,328,679)] \end{array}$$

The above demonstrates that the Dual Loss Ratio Test has been satisfied.

9. SUMMARY OF PROPOSED RATE INCREASE

We plan to implement the proposed rate increase, as summarized below:

- The average proposed rate increase is 18.7%, ranging from a minimum rate increase of 0% to a maximum rate increase of 38%.
- The premiums for the base policy will be increased by the percentages mentioned above, based on issue age, benefit period, and inflation option.
- These premiums were set by the following process:
 - Calculate the premium necessary to achieve the original filed loss ratio, based on the updated assumptions previously outlined.
 - Calculate the currently sold premium (LTC09M product), for the same base benefits, adjusting for any benefit differences.
 - Calculate 138% of the current premium.
 - Take the minimum premium from the three steps above.
- The factors for the remaining riders will not change; however, the increase to the base policy will result in the same increase percentage for the premium for these riders.
- In general, higher inflation types, longer benefit periods and younger issue ages result in higher increase percentages. See Exhibit 9 for a summary of the requested increases by various splits.

The proposed effective date of this rate increase is January 1, 2013, subject to your state's approval.

Policyholders will be given the following options in an effort to reduce the impact of the proposed rate increase:

- Decrease their benefit period.
- Increase their elimination period.
- Reduce their maximum daily benefit.
- Reduce their inflation option.
- Accept the nonforfeiture option, if the rate increase trigger has been met.



Mary Swanson, FSA, MAAA
Product Performance Director
Mutual of Omaha Insurance Company
Mutual of Omaha Plaza
Omaha, NE 68175

Phone: (402) 351-5414
E-Mail: mary.swanson@mutualofomaha.com

June 15, 2012

Attachments:

Attachment A – Actuarial Certification

Exhibit 1 – Benefit Summary
Exhibit 2 – Policies In-Force, Annualized Premium and Average Annual Premium
Exhibit 3A – Original Pricing Assumptions
Exhibit 3B – Current Distribution
Exhibit 3C – Assumption Comparison
Exhibit 4 – Actual to Expected (Lapse Rates)
Exhibit 5 – Actual to Expected (Mortality Rates)
Exhibit 6 – Historical Experience
Exhibit 7 – Lifetime Experience Projection (Dual Loss Ratio Test)
Exhibit 8 – Actual to Expected (Lapse Rates and Morbidity Combined)
Exhibit 9 – Rate Increase Splits

Proposed Rates (Calculated rates may vary slightly due to rounding)

Actuarial Certification
for
Long-Term Care Policy Series LTC04I

I, Mary Swanson, am a Product Performance Director of Mutual of Omaha Insurance Company and a member of the American Academy of Actuaries. I meet the Academy's qualification standards for rendering this opinion and am familiar with the requirements for filing long-term care insurance premiums.

Attached are:

1. Premium rate schedules to be used for renewals of the specified policy forms and associated riders.
2. An actuarial memorandum, which provides:
 - a) the assumptions on which this certification is based;
 - b) the adjustments to prior assumptions with an explanation of the reasons previous assumptions were not realized;
 - c) a lifetime projection of the prior premium rate schedules and incurred claims plus future expected premiums and claims which demonstrates that the revised premium rate schedule meets the loss ratios standards and necessary details of this state; and
 - d) disclosure of the manner in which reserves have been recognized.

If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated.

The premium rate filing is in compliance with your state's Long-Term Care rate stabilization regulations.

I have reviewed and taken into consideration the policy design and coverage provided.

I have reviewed and taken into consideration the current underwriting and claims adjudication processes.

The contract reserve basis was filed in the initial product filing and there are no anticipated changes.

In forming my opinion, I have used actuarial assumptions and actuarial methods and such tests of the actuarial calculations as I considered necessary. Based on these assumptions, this premium rate filing is in compliance with the filing requirements and the loss ratio standards of this state.

Renewal premium rate schedules are not greater than the new business premium rates of Form LTC09M, the LTCi form currently marketed by Mutual of Omaha on an individual basis, except for differences attributable to benefits.



Mary Swanson, FSA, MAAA
Product Performance Director
Mutual of Omaha Insurance Company
Mutual of Omaha Plaza
Omaha, NE 68175

(402) 351-5414

Mary.Swanson@mutualofomaha.com

June 15, 2012

Policy Series LTC04I - National Benefit Description
(does not reflect state variations)

Benefits	Benefit Description
TQ/NTQ	TQ or NTQ - Daily Benefits
BASIC POLICY BENEFITS	
Confined Care	Nursing Home Confinement
	Nursing Home Bed Reservation - 31 days/year
	Nursing Home Ambulance
	Assisted Living Facility (ALF)
	ALF Bed Reservation - 31 days/year
Other Features	Care Coordination - includes Patient Advocacy
	Alternate Care
	Hospice Care (facilities & at home)
	Respite Care - up to 31 days/yr
	International Travel Benefit (up to max lifetime benefit of 31 days)
	Restoration of Benefits (180 days, and able to perform all ADLs); can be restored multiple times.
	Waiver of Premium - After EP is met
Home Health Care	Home Health Care
	Adult Day Care (included in the Home Health Care Benefit)
	Homemaker Services (included in the Home Health Care Benefit)
	Personal Care (included in the Home Health Care Benefit)
	Caregiver Training - up to 15 X HHC MDB for life
	Informal Caregiver Benefit - up to 25% of HHC MDB
	Durable Medical Equipment - up to 30 X HHC MDB for life
	Medical Alert System - up to 30 X HHC MDB for life
	Home Modifications - up to 60 X HHC MDB for life
AVAILABLE OPTIONS	
Inflation Options	NH / ALF Indemnity (TQ ONLY)
	NH / ALF / HHC Indemnity
	Monthly Home Health Care
	Guaranteed Purchase Option (default)
	Compound Inflation Prot.- 3%, 4% or 5%
Spousal Benefits	20-Year Comp Inflation - 5%
	Simple Inflation Protection 5%
Return of Premium	Spouse Benefit (TQ ONLY)
	Spouse WOP/Survivorship
Nonforfeiture	ROP At Death Less Claims
Benefit Multipliers	Nonforfeiture - Shortened benefit period
	Contingent Nonforfeiture
Elimination	2, 3, 4, 5, 6 years or Unlimited
Waiver of Elim Pd for HHC	0, 15, 20, 30, 60, 90, 100, 180 or 365 SERVICE days
Payment Options	Option if EP is other than 0 days
	10-Pay
	To Age 65
	Lifetime
	PRD
Issue Ages	List Bill
Daily Benefit Options	
Nursing Home	\$100-\$400 / day
Assisted Living Facility	Built into base -100% of NH MDB
Home Health Care	Must be at least 50% of the NH MDB and cannot exceed it.
Discounts	18-79
Impaired Rate Classes	Preferred: 15%
	Spouse: 30%
	Married: 15%
	Two Person Households: 10%
	Associations: 10%
	Employee Paid: 10%
	Class I = 1.25; Class II = 1.50

Policies In-Force as of 03/31/2012, Annualized Premium and Average Annual Premium

Policy Series LTC04I

State	In-Force	Annualized Premium	Average Annual Premium		
			Before Increase	Increase Amount	After Increase
National	14,374	29,696,202	2,066	18.7%	2,452
Virginia	716	1,404,961	1,962	18.7%	2,329

Original Pricing Assumptions

Policy Series LTC04I

I. Claim Costs

Claims costs were developed from the 2002 Milliman U.S.A. Long Term Care Guidelines based on government studies, experience of clients, and the expertise and judgement of Milliman actuaries. Some adjustments were made to these claim costs based on Mutual of Omaha Company experience.

II. Mortality

The mortality assumption is based on the 1983 GAM, which separates the expected mortality between Males and Females. The uni-sex mortality assumption assumes a distribution of males and females based on expected issues. In addition, the following underwriting selection factors were applied in the first 10 policy years.

Policy Year	1	2	3	4	5	6	7	8	9	10+
Mortality Factor	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	0.95	1.0

III. Lapses

Policy Year	Issue Ages				
	18-44	45-54	55-64	65-74	75+
1	10.0%	7.0%	6.0%	5.5%	6.5%
2	8.0%	6.0%	5.0%	5.0%	5.5%
3	6.0%	5.0%	4.0%	4.5%	4.5%
4	4.0%	4.0%	3.5%	4.0%	3.5%
5	3.0%	3.0%	3.0%	3.0%	3.0%
6+	2.0%	2.0%	2.0%	2.0%	2.0%

The lapse rates were reduced for the Return of Premium option and the limited pay options. For the limited pay options, the lapse rates grade to zero by the end of the premium paying period.

IV. Distribution

Demographics

Expected Distribution by number of Policies Sold:

Issue Age	Policy Count
18 - 39	1%
40 - 44	2%
45 - 49	8%
50 - 54	15%
55 - 59	21%
60 - 64	27%
65 - 69	18%
70 - 74	6%
75 +	2%

by Marital Status	
Married	Single
65%	35%

by Underwriting Class			
Preferred	Select	Class I	Class II
30%	70%	0%	0%

Benefits

Expected Distribution by Number of Policies Sold:

by Elimination Period			
0 day	30 day	60 day	90 day
20%	20%	10%	50%

by Benefit Period			
2 Year	3 Year	5 Year	Unlimited
6%	19%	8%	67%

by Inflation Option	
GPO	5% Compound
35%	65%

Options

a) Monthly Home Care	0%
b) Indemnity Benefits	0%
c) Restoration of Benefits	100%
d) Spouse Benefit	0%
e) Spouse Waiver of Premium and Survivorship Benefit Option	0%
f) Simple Inflation Protection Option	0%
g) Compound Inflation Protection Option	65%
h) Compound Inflation Protection – 10 Year or 20 Year Option	0%
i) Step-Rated Compound Inflation Protection	0%
j) Guarantee Purchase Benefit Option	35%
k) Full Return of Premium at Death Benefit	0%
l) Return of Premium at Death Less Claims Benefit	0%
m) Non-Forfeiture Benefit - Shortened Benefit Period	0%
n) Contingent Nonforfeiture Benefit	100%
o) 10-Year Premium Payment Option	3%
p) 20-Year Premium Payment Option	2%
q) To-Age-65 Premium Payment Option	2%
r) Non-Taxed Qualified	0%
s) Association Group or Employer Paid Discounts	0%

V. Investment Rates

Investment returns on assets are assumed to be 5.5% in all policy years.

VI. Distribution Expenses

Distribution expenses will not be higher than the following commissions and the sales/marketing expenses (or actuarial equivalent):

a) Commissions

Policy Year	Issue Ages				
	18-44	46-64	65-69	70-74	75-79
1	85%	85%	80%	65%	60%
2-5	13%	13%	13%	13%	13%
6+	6%	6%	6%	6%	6%

A bonus is payable in the first policy year and is expected to be on average 45% of the first year commissions.

b) Sales / Marketing: 8.5% of first year premium

VII. Expenses other than distribution expenses

Maintenance: \$48 per policy per year
 Other expenses: 7.25% of all premiums
 Claims adjudication: \$500 per initial claim, \$85 per month while on claim
 Underwriting:

Issue Age	18-44	45-49	50-54	55-69	70 - 74	75-79
Cost per placed case	\$75	\$80	\$85	\$130	\$301	\$440

VIII. Moderately Adverse Experience

Moderately Adverse Experience would result in a loss ratio that is no greater than a 10% increase in the expected loss ratio.

A loss ratio would increase by 10% if one of the following occurred:

- a) Morbidity
10% higher than expected morbidity
- b) Mortality
10% lower than expected mortality
- c) Lapses
25% lower than expected lapses
- d) Other
A combination of changes in the above assumptions or a distribution different than expected would also cause the loss ratio to increase by 10% or more.

Current Distribution

Policy Series LTC04I

Demographics

Actual Distribution by number of Policies Sold:

Issue Age	Policy Count
18 - 39	2%
40 - 44	3%
45 - 49	6%
50 - 54	13%
55 - 59	23%
60 - 64	30%
65 - 69	16%
70 - 74	5%
75 +	2%

by Marital Status	
Married	Single
76%	24%

By UW Class			
Preferred	Select	ClassI	ClassII
24%	63%	12%	1%

Benefits

Actual Distribution by Number of Policies Sold:

By Elim Period				
0 Day	20/30 Day	60 Day	90 Day	>90 Day
3%	7%	5%	80%	5%

By Benefit Period					
2 Year	3 Year	4 Year	5 Year	6/8 Year	Lifetime
6%	24%	4%	32%	0%	34%

By Inflation Type	
Type	Policy Count
None/GPO	40%
3% Compound	0%
5% Simple	17%
4% Compound	0%
5% Compound for 10 Years	0%
5% Compound for 20 Years	18%
5% Compound	25%

Assumption Comparison

Policy Series LTC04I

	Original Pricing	Revised Assumption
Lapses	Ultimate lapse rate of 2% - Rates vary by age	Ultimate Lapse of 2% Single - No Infl, 1.5% Single - Infl, 1.0% Married - No Infl, 0.75% Married - Infl, Rates vary by Age/Infl
Morbidity	2002 Milliman U.S.A. Long Term Care Guidelines	2009 Milliman U.S.A. Long Term Care Guidelines
Mortality	1983 GAM - Selection 0.2 to 1.00	Annuity 2000 - Selection from 0.4 to 1.00
Demographics	See Exhibit 3A	See Exhibit 3B

Actual to Expected Analysis - Lapse Rates

Exhibit 4

Actual Lapse Rates (excludes policies with ROP)

Pricing Lapse Rates shown in BLUE.

Revised Assumptions are shown in RED.

Green numbers indicate <100 Exposures

Non-Inflation

Single

Duration	<50	<50	<50	50-54	50-54	50-54	55-59	55-59	55-59	60-64	60-64	60-64	65-69	65-69	65-69	70-74	70-74	70-74	75-79	75-79	75-79	Combined	Combined	Combined
1	32.2%	7.0%	15.0%	19.8%	7.0%	12.0%	11.6%	6.0%	9.0%	11.7%	6.0%	10.0%	6.8%	5.5%	7.0%	9.7%	5.5%	9.0%	12.3%	6.5%	10.0%	12.3%	6.0%	9.5%
2	15.0%	6.0%	12.0%	10.1%	6.0%	10.0%	6.9%	5.0%	7.0%	7.3%	5.0%	7.5%	6.2%	5.0%	5.5%	9.5%	5.0%	7.0%	4.6%	5.5%	6.0%	7.7%	5.2%	7.2%
3	9.9%	5.0%	10.0%	6.3%	5.0%	4.5%	3.1%	4.0%	4.5%	4.8%	4.0%	4.5%	4.7%	4.5%	5.0%	8.1%	4.5%	5.0%	3.7%	4.5%	4.0%	5.2%	4.4%	4.9%
4	16.3%	4.0%	8.0%	1.6%	4.0%	4.0%	4.1%	3.5%	4.0%	4.5%	3.5%	3.5%	3.9%	4.0%	4.0%	5.1%	4.0%	4.0%	5.5%	3.5%	4.0%	4.7%	3.8%	4.0%
5	10.2%	3.0%	6.0%	4.0%	3.0%	3.5%	4.8%	3.0%	3.5%	6.0%	3.0%	3.0%	2.8%	3.0%	3.0%	1.9%	3.0%	3.5%	4.3%	3.0%	3.5%	4.4%	3.0%	3.3%
6	14.7%	2.0%	4.0%	1.5%	2.0%	3.0%	2.5%	2.0%	3.0%	1.9%	2.0%	2.5%	2.6%	2.0%	3.0%	2.8%	2.0%	3.0%	0.0%	2.0%	3.0%	2.7%	2.0%	2.9%
7	17.4%	2.0%	3.0%	0.0%	2.0%	2.0%	2.9%	2.0%	2.0%	3.1%	2.0%	2.0%	2.9%	2.0%	2.0%	0.0%	2.0%	2.0%	0.0%	2.0%	2.0%	2.8%	2.0%	2.0%
8	4.0%	2.0%	2.5%	1.5%	2.0%	2.0%	1.9%	2.0%	2.0%	2.0%	2.0%	2.0%	1.8%	2.0%	2.0%	2.4%	2.0%	2.0%	3.7%	2.0%	2.0%	2.4%	2.0%	2.0%
9+	4.2%	2.0%	2.0%	3.2%	2.0%	2.0%	1.9%	2.0%	2.0%	1.8%	2.0%	2.0%	1.5%	2.0%	2.0%	2.4%	2.0%	2.0%	4.2%	2.0%	2.0%	2.4%	2.0%	2.0%

Non-Inflation

Married

Duration	<50	<50	<50	50-54	50-54	50-54	55-59	55-59	55-59	60-64	60-64	60-64	65-69	65-69	65-69	70-74	70-74	70-74	75-79	75-79	75-79	Combined	Combined	Combined
1	16.7%	7.0%	14.0%	9.4%	7.0%	7.0%	5.6%	6.0%	4.5%	5.0%	6.0%	4.5%	4.5%	5.5%	4.0%	8.1%	5.5%	7.0%	11.0%	6.5%	7.0%	6.6%	6.0%	5.5%
2	11.2%	6.0%	12.0%	6.3%	6.0%	6.5%	4.5%	5.0%	4.5%	4.2%	5.0%	4.5%	3.9%	5.0%	3.5%	6.0%	5.0%	6.0%	5.2%	5.5%	4.0%	4.9%	5.1%	5.0%
3	8.6%	5.0%	8.0%	3.5%	5.0%	4.5%	2.6%	4.0%	3.5%	3.4%	4.0%	3.0%	2.3%	4.5%	2.5%	4.3%	4.5%	4.0%	3.7%	4.5%	3.0%	3.3%	4.3%	3.4%
4	7.0%	4.0%	4.0%	8.2%	4.0%	3.0%	2.7%	3.5%	3.0%	2.6%	3.5%	2.5%	2.5%	4.0%	2.0%	3.2%	4.0%	2.5%	7.5%	3.5%	2.5%	3.5%	3.7%	2.6%
5	5.9%	3.0%	3.5%	2.4%	3.0%	2.5%	2.4%	3.0%	2.0%	2.6%	3.0%	2.0%	2.2%	3.0%	1.5%	2.1%	3.0%	2.0%	1.7%	3.0%	2.0%	2.5%	3.0%	2.0%
6	6.6%	2.0%	2.5%	2.6%	2.0%	1.5%	1.8%	2.0%	1.5%	1.4%	2.0%	1.5%	1.7%	2.0%	1.5%	1.5%	2.0%	1.5%	1.4%	2.0%	1.5%	1.9%	2.0%	1.6%
7	4.1%	2.0%	2.0%	2.7%	2.0%	1.0%	0.6%	2.0%	1.0%	0.3%	2.0%	1.0%	0.0%	2.0%	1.0%	2.4%	2.0%	1.0%	0.0%	2.0%	1.5%	0.8%	2.0%	1.1%
8	2.2%	2.0%	1.0%	1.1%	2.0%	1.0%	0.8%	2.0%	1.0%	1.3%	2.0%	1.0%	1.1%	2.0%	1.0%	1.2%	2.0%	1.0%	1.9%	2.0%	1.5%	1.2%	2.0%	1.0%
9+	1.2%	2.0%	1.0%	1.0%	2.0%	1.0%	1.2%	2.0%	1.0%	0.9%	2.0%	1.0%	1.1%	2.0%	1.0%	1.4%	2.0%	1.0%	2.6%	2.0%	1.5%	1.2%	2.0%	1.0%

Inflation

Single

Duration	<50	<50	<50	50-54	50-54	50-54	55-59	55-59	55-59	60-64	60-64	60-64	65-69	65-69	65-69	70-74	70-74	70-74	75-79	75-79	75-79	Combined	Combined	Combined
1	17.8%	7.0%	12.0%	8.2%	7.0%	8.0%	7.5%	6.0%	8.0%	5.0%	6.0%	5.0%	6.4%	5.5%	8.0%	9.7%	5.5%	7.0%	5.3%	6.5%	6.0%	7.7%	6.2%	7.4%
2	10.7%	6.0%	10.0%	5.4%	6.0%	4.5%	3.9%	5.0%	4.0%	4.6%	5.0%	4.5%	4.6%	5.0%	5.0%	1.7%	5.0%	4.0%	0.0%	5.5%	3.5%	5.1%	5.3%	5.0%
3	4.7%	5.0%	8.0%	4.9%	5.0%	4.0%	3.2%	4.0%	3.0%	2.0%	4.0%	2.5%	3.2%	4.5%	4.0%	5.6%	4.5%	3.5%	8.9%	4.5%	2.5%	3.4%	4.3%	3.7%
4	6.2%	4.0%	6.5%	4.0%	4.0%	3.5%	2.0%	3.5%	2.0%	2.8%	3.5%	2.0%	3.3%	4.0%	3.5%	3.0%	4.0%	2.5%	0.0%	3.5%	2.0%	3.2%	3.7%	2.9%
5	3.2%	3.0%	4.0%	4.2%	3.0%	3.0%	2.0%	3.0%	1.5%	1.9%	3.0%	2.0%	0.8%	3.0%	1.5%	0.0%	3.0%	1.0%	0.0%	3.0%	1.5%	2.3%	3.0%	2.1%
6	0.9%	2.0%	4.0%	3.2%	2.0%	2.5%	0.7%	2.0%	1.5%	1.7%	2.0%	1.5%	1.3%	2.0%	1.0%	2.8%	2.0%	1.0%	0.0%	2.0%	1.0%	1.5%	2.0%	1.8%
7	2.3%	2.0%	2.5%	0.0%	2.0%	2.0%	1.5%	2.0%	1.5%	0.6%	2.0%	1.0%	1.6%	2.0%	1.0%	6.2%	2.0%	1.0%	0.0%	2.0%	1.0%	1.2%	2.0%	1.4%
8	2.1%	2.0%	1.5%	1.5%	2.0%	1.5%	1.3%	2.0%	1.5%	1.2%	2.0%	1.0%	1.4%	2.0%	1.0%	1.0%	2.0%	1.0%	2.6%	2.0%	1.0%	1.4%	2.0%	1.2%
9+	1.2%	2.0%	1.5%	3.2%	2.0%	1.0%	1.3%	2.0%	1.0%	0.6%	2.0%	1.0%	1.0%	2.0%	1.0%	0.5%	2.0%	1.0%	1.9%	2.0%	1.0%	1.1%	2.0%	1.0%

Inflation

Married

Duration	<50	<50	<50	50-54	50-54	50-54	55-59	55-59	55-59	60-64	60-64	60-64	65-69	65-69	65-69	70-74	70-74	70-74	75-79	75-79	75-79	Combined	Combined	Combined
1	10.4%	7.0%	8.0%	5.3%	7.0%	5.0%	3.6%	6.0%	3.5%	3.9%	6.0%	3.5%	4.2%	5.5%	3.5%	6.2%	5.5%	5.5%	3.5%	6.5%	3.5%	4.7%	6.2%	4.2%
2	6.4%	6.0%	6.0%	3.7%	6.0%	4.0%	2.4%	5.0%	3.0%	2.2%	5.0%	2.5%	2.9%	5.0%	3.0%	4.5%	5.0%	4.0%	5.4%	5.5%	3.0%	3.7%	5.2%	3.2%
3	3.9%	5.0%	4.0%	2.5%	5.0%	2.5%	1.3%	4.0%	1.5%	2.5%	4.0%	2.0%	1.9%	4.5%	2.0%	2.0%	4.5%	2.5%	0.0%	4.5%	2.0%	2.2%	4.3%	2.2%
4	3.0%	4.0%	2.5%	1.6%	4.0%	1.5%	1.5%	3.5%	1.5%	1.5%	3.5%	1.0%	2.2%	4.0%	1.5%	1.9%	4.0%	2.0%	0.0%	3.5%	1.5%	1.8%	3.7%	1.5%
5	3.0%	3.0%	1.0%	1.0%	3.0%	1.0%	1.4%	3.0%	1.0%	1.2%	3.0%	1.0%	1.9%	3.0%	1.5%	2.8%	3.0%	1.5%	0.0%	3.0%	1.5%	1.5%	3.0%	1.1%
6	3.3%	2.0%	1.0%	1.1%	2.0%	1.0%	1.1%	2.0%	1.0%	1.0%	2.0%	1.0%	1.1%	2.0%	1.0%	2.7%	2.0%	1.0%	0.0%	2.0%	1.0%	1.3%	2.0%	1.0%
7	1.8%	2.0%	0.9%	1.3%	2.0%	0.9%	0.3%	2.0%	0.9%	1.2%	2.0%	0.9%	0.0%	2.0%	0.9%	0.0%	2.0%	0.9%	0.0%	2.0%	0.9%	0.8%	2.0%	0.9%
8	0.5%	2.0%	0.8%	0.9%	2.0%	0.8%	0.1%	2.0%	0.8%	0.7%	2.0%	0.8%	0.6%	2.0%	0.8%	0.6%	2.0%	0.8%	0.0%	2.0%	0.8%	0.6%	2.0%	0.8%
9+	3.0%	2.0%	0.8%	0.5%	2.0%	0.8%	0.3%	2.0%	0.8%	0.4%	2.0%	0.8%	0.6%	2.0%	0.8%	0.0%	2.0%	0.8%	0.0%	2.0%	0.8%	0.5%	2.0%	0.8%

Total

Total

Duration	<50	<50	<50	50-54	50-54	50-54	55-59	55-59	55-59	60-64	60-64	60-64	65-69	65-69	65-69	70-74	70-74	70-74	75-79	75-79	75-79	Combined	Combined	Combined
1	13.3%	7.0%	9.7%	6.6%	7.0%	5.8%	4.6%	6.0%	4.4%	4.6%	6.0%	4.2%	4.8%	5.5%	4.4%	7.9%	5.5%	6.9%	10.0%	6.5%	7.3%	5.8%	6.1%	5.1%
2	7.9%	6.0%	7.6%	4.5%	6.0%	4.6%	3.0%	5.0%	3.1%	3.2%	5.0%	3.4%	3.7%	5.0%	3.6%	5.9%	5.0%	5.5%	4.7%	5.5%	4.4%	4.0%	5.2%	4.0%
3	4.8%	5.0%	5.2%	3.1%	5.0%	3.0%	1.8%	4.0%	2.1%	2.8%	4.0%	2.4%	2.5%	4.5%	2.7%	4.6%	4.5%	3.8%	3.6%	4.5%	3.2%	2.8%	4.3%	2.8%
4	4.3%	4.0%	3.4%	2.8%	4.0%	2.1%	1.9%	3.5%	1.9%	2.1%	3.5%	1.7%	2.7%	4.0%	2.2%	3.3%	4.0%	2.7%	5.7%	3.5%	2.8%	2.5%	3.7%	2.1%
5	3.7%	3.0%	1.9%	1.8%	3.0%	1.6%	1.8%	3.0%	1.3%	1.9%	3.0%	1.5%	2.0%	3.0%	1.7%	2.0%	3.0%	2.2%	2.3%	3.0%	2.4%	2.0%	3.0%	1.6%
6	4.0%	2.0%	1.9%	1.6%	2.0%	1.4%	1.2%	2.0%	1.2%	1.3%	2.0%	1.3%	1.6%	2.0%	1.5%	2.1%	2.0%	1.8%	0.7%	2.0%	1.9%	1.6%	2.0%	1.4%
7	3.3%	2.0%	1.5%	1.2%	2.0%	1.1%	0.7%	2.0%	1.1%	1.0%	2.0%	1.0%	0.6%	2.0%	1.1%	1.6%	2.0%	1.3%	0.0%	2.0%	1.6%	1.1%	2.0%	1.1%
8	1.3%	2.0%	1.1%	1.1%	2.0%	1.0%	0.5%	2.0%	1.0%	1.1%	2.0%	1.0%	1.1%	2.0%	1.1%	1.5%	2.0%	1.3%	2.5%	2.0%	1.6%	1.0%	2.0%	1.1%
9+	2.5%	2.0%	1.0%	1.1%	2.0%	0.9%	0.7%	2.0%	0.9%	0.7%	2.0%	1.0%	1.0%	2.0%	1.1%	1.4%	2.0%	1.3%	3.1%	2.0%	1.6%	1.0%	2.0%	1.1%

Actual to Expected Analysis - Mortality Rates

Duration	Total Lives	Actual Deaths	Pricing Expected	Revised Expected	Pricing Actual to Expected	Revised Actual to Expected
1	74,039	268	222	349	120.9%	77%
2	62,628	382	305	361	125.1%	106%
3	57,847	476	414	409	114.9%	116%
4	54,444	522	532	464	98.1%	113%
5	51,813	583	663	528	87.9%	111%
6	49,255	622	806	596	77.2%	104%
7	43,745	647	918	689	70.4%	94%
8	32,801	653	872	663	74.9%	99%
9	21,957	470	672	546	70.0%	86%
10	13,555	363	470	385	77.2%	94%
11	6,896	192	254	210	75.7%	92%
12	3,278	113	130	108	86.7%	104%
13	923	20	40	34	49.6%	59%
Grand Total	473,181	5,311	6,299	5,341	84.3%	99%

1. The above analysis was completed in 2011, using data through year end 2010. We utilized the generation of policies (sold between 1997 and 2004) prior to the policy for this filing to complete the analysis.
2. The Pricing expected shown above is the 1983 GAM with selection factors. The Revised assumptions reflect our most recent assumption of the Annuity 2000 table with selection factors applied. The Annuity 2000 table also includes 0.5% per year of mortality improvement up until the year of issue - no future improvement is assumed.

Nationwide Experience as of 03/31/2012

Policy Series LTC04I

Incurred Year	Earned Premium	Claims Paid on Incurred	Claim Reserve	Incurred Claims	Incurred Loss Ratio
2004	201,295	0	0	0	0.0%
2005	3,270,515	0	0	0	0.0%
2006	9,188,821	518,888	0	518,888	5.6%
2007	15,283,201	124,856	0	124,856	0.8%
2008	20,226,328	374,567	169,112	543,679	2.7%
2009	24,038,602	194,028	180,345	374,373	1.6%
2010	26,247,837	589,359	1,307,213	1,896,571	7.2%
2011	27,447,548	358,461	2,003,390	2,361,851	8.6%
Total	125,904,147	2,160,158	3,660,060	5,820,218	4.6%

Lifetime Experience (Nationwide) as of 03/31/2012

Policy Series LTC041

Year	Non-Interest Adjusted			Interest Adjusted		
	Original Premium	Increased Premium	Incurred Claims	Original Premium	Increased Premium	Incurred Claims
2004	201,295	0	0	276,966	0	0
2005	3,270,515	0	0	4,306,188	0	0
2006	9,188,821	0	518,888	11,577,647	0	653,784
2007	15,283,201	0	124,856	18,427,166	0	150,540
2008	20,226,328	0	543,679	23,336,998	0	627,293
2009	24,038,602	0	374,373	26,541,219	0	413,348
2010	26,247,837	0	1,896,571	27,732,491	0	2,003,847
2011	<u>27,447,548</u>	<u>0</u>	<u>2,361,851</u>	<u>27,751,255</u>	<u>0</u>	<u>2,387,984</u>
Total	125,904,147	0	5,820,218	139,949,930	0	6,236,797
2012	26,859,624	0	3,020,786	25,987,393	0	2,922,690
2013	26,039,323	4,843,314	3,785,108	24,108,832	4,484,243	3,504,490
2014	25,304,856	4,706,703	4,597,213	22,419,921	4,170,105	4,073,097
2015	24,509,845	4,558,831	5,478,863	20,780,428	3,865,160	4,645,199
2016	23,578,820	4,385,660	6,422,835	19,130,207	3,558,219	5,211,040
2017	22,637,699	4,210,612	7,442,748	17,575,740	3,269,088	5,778,494
2018	21,667,925	4,030,234	8,550,556	16,098,387	2,994,300	6,352,715
2019	20,744,428	3,858,464	9,774,450	14,748,580	2,743,236	6,949,301
2020	19,855,780	3,693,175	11,140,471	13,508,882	2,512,652	7,579,420
2021	18,946,446	3,524,039	12,646,745	12,335,135	2,294,335	8,233,698
2022	18,074,551	3,361,867	14,300,228	11,260,752	2,094,500	8,909,285
2023	17,213,288	3,201,672	16,122,309	10,262,364	1,908,800	9,611,935
2024	16,338,357	3,038,934	18,130,358	9,321,283	1,733,759	10,343,646
2025	15,451,659	2,874,009	20,268,684	8,435,797	1,569,058	11,065,641
2026	14,563,246	2,708,764	22,482,542	7,608,392	1,415,161	11,745,733
2027	13,668,219	2,542,289	24,764,022	6,833,298	1,270,993	12,380,540
2028	12,778,877	2,376,871	27,123,166	6,113,569	1,137,124	12,976,050
2029	11,894,659	2,212,407	29,546,952	5,445,501	1,012,863	13,526,908
2030	11,021,098	2,049,924	31,993,876	4,828,302	898,064	14,016,398
2031	10,157,099	1,889,220	34,355,992	4,258,170	792,020	14,403,093
2032	9,318,452	1,733,232	36,492,433	3,738,357	695,334	14,639,957
2033	8,505,708	1,582,062	38,363,660	3,265,361	607,357	14,727,896
2034	7,721,638	1,436,225	39,965,557	2,836,703	527,627	14,682,170
2035	6,970,473	1,296,508	41,270,753	2,450,475	455,788	14,508,767
2036	6,255,756	1,163,571	42,183,078	2,104,513	391,439	14,190,905
2037	5,580,131	1,037,904	42,599,633	1,796,387	334,128	13,713,913
2038	4,948,937	920,502	42,590,052	1,524,583	283,572	13,120,410
2039	4,362,252	811,379	42,199,741	1,285,978	239,192	12,440,354
2040	3,821,226	710,748	41,450,882	1,077,977	200,504	11,693,390
2041	3,326,214	618,676	40,362,860	897,926	167,014	10,896,130
2042	2,876,955	535,114	38,902,886	743,203	138,236	10,049,765
2043	2,472,711	459,924	37,169,543	611,267	113,696	9,188,508
2044	2,111,439	392,728	35,233,367	499,482	92,904	8,334,809
2045	1,791,278	333,178	33,158,977	405,498	75,423	7,506,307
2046	1,509,950	280,851	30,996,135	327,093	60,839	6,714,543
2047	1,264,575	235,211	28,739,784	262,142	48,758	5,957,665
2048	1,052,555	195,775	26,423,107	208,796	38,836	5,241,556
2049	870,515	161,916	24,138,672	165,248	30,736	4,582,193
2050	715,443	133,072	21,901,882	129,963	24,173	3,978,553
2051	584,214	108,664	19,795,473	101,555	18,889	3,441,069
2052	474,054	88,174	17,722,009	78,857	14,667	2,947,977
2053	382,462	71,138	15,648,900	60,881	11,324	2,491,028
2054	306,803	57,065	13,773,959	46,735	8,693	2,098,154
2055	244,785	45,530	12,082,138	35,682	6,637	1,761,189
2056	194,089	36,101	10,567,995	27,074	5,036	1,474,140
2057	152,965	28,452	9,138,332	20,418	3,798	1,219,822
2058	119,871	22,296	7,729,179	15,312	2,848	987,295
2059	93,465	17,385	6,514,835	11,425	2,125	796,344
2060	72,343	13,456	5,608,495	8,462	1,574	656,035
2061	55,644	10,350	4,602,091	6,228	1,159	515,133
2062	42,454	7,897	3,932,374	4,547	846	421,214
2063	32,168	5,983	3,165,491	3,297	613	324,469
2064	24,154	4,493	2,581,041	2,369	441	253,169
2065	17,964	3,341	1,987,664	1,686	314	186,570
2066	13,249	2,464	1,548,618	1,190	221	139,100
2067	9,633	1,792	1,266,702	828	154	108,878
2068	6,907	1,285	986,319	568	106	81,127
Total	449,609,232	78,631,427	1,134,742,518	285,818,999	48,328,679	390,299,878
Grand Total	575,513,379	78,631,427	1,140,562,736	425,768,929	48,328,679	396,536,675

Minimum Required Loss Ratios	58%	85%
Minimum PV Incurred Claims	246,945,979	41,079,377
Dual Loss Ratio Test Met	396,536,675	>
		288,025,356

Actual to Expected Analysis (Lapse Rates and Morbidity Combined)

Nationwide Experience (as of 03/31/2012)

Policy Series LTC04I

	Actual					Original Pricing				
	Earned Premium w/o Increase	Earned Premium With Increase	Incurred Claims	Loss Ratio w/o Increase	Loss Ratio With Increase	Earned Premium	Incurred Claims	Loss Ratio	A/E w/o Increase	A/E With Increase
Past Experience (2004 - 2011)	125,904,147	125,904,147	5,820,218	4.6%	4.6%	113,510,696	4,734,826	4.2%	1.108	1.108
Anticipated Experience	449,609,232	528,240,660	1,134,742,518	252.4%	214.8%	318,947,069	635,871,208	199.4%	1.266	1.077
Lifetime Experience	575,513,379	654,144,807	1,140,562,736	198.2%	174.4%	432,457,765	640,606,034	148.1%	1.338	1.177
Past Experience @ 4.5%	139,949,930	139,949,930	6,236,797	4.5%	4.5%	126,500,567	5,102,876	4.0%	1.105	1.105
Anticipated Experience @ 4.5%	285,818,999	334,147,678	390,299,878	136.6%	116.8%	213,404,843	232,373,979	108.9%	1.254	1.073
Lifetime Experience @ 4.5%	425,768,929	474,097,608	396,536,675	93.1%	83.6%	339,905,410	237,476,855	69.9%	1.333	1.197

Note: The Earned Premium with Increase includes the proposed rate adjustments described in Section 9 of the Actuarial Memorandum.

Policy Series LTC04I

Issue Age Band	PHs	% of PHs	Avg Increase
<40	170	1%	34%
40-44	291	2%	35%
45-49	826	6%	30%
50-54	1,865	13%	26%
55-59	3,595	25%	23%
60-64	4,426	31%	18%
65-69	2,387	17%	14%
70-74	624	4%	7%
75-79	190	1%	2%
80+		0%	0%
Grand Total	14,374	100%	18.7%

Rate Increase	PHs	% of PHs	Avg Increase
0%	3,513	24%	0%
0%-4.99%	403	3%	3%
5%-9.99%	999	7%	8%
10%-14.99%	1,818	13%	13%
15%-19.99%	2,296	16%	17%
20%-24.99%	1,188	8%	22%
25%-29.99%	554	4%	27%
30%-34.99%	278	2%	33%
35%-38%	3,325	23%	38%
Total	14,374	100%	18.7%

Inflation Type	PHs	% of PHs	Avg Increase
None/GPO	5,291	37%	5%
3.0% Compound	44	0%	19%
4.0% Compound	85	1%	13%
5.0% Simple	2,576	18%	23%
5.0% - 10 Yrs	3	0%	7%
5.0% - 20 Yrs	2,703	19%	22%
5.0% Compound	3,672	26%	27%
Grand Total	14,374	100%	18.7%

Benefit Period	PHs	% of PHs	Avg Increase
2 Year	690	5%	1%
3 Year	3,110	22%	6%
4 Year	691	5%	9%
5 Year	4,677	33%	15%
6 Year	10	0%	22%
Lifetime	5,196	36%	31%
Grand Total	14,374	100%	18.7%

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

No Inflation

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC							LTC04I NH, LTC04I ALF, LTC04I HHC						
	Integrated NH, ALF, and HHC with 100% HHC (1PL)							Integrated NH, ALF, and HHC with 50% HHC (1PL)						
Issue Age	Benefit Period							Benefit Period						
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited		2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	
18-35	34.95	37.56	41.45	44.06	49.32	62.13		31.45	33.80	37.31	39.66	44.39	55.92	
36	35.32	37.89	42.10	44.76	50.09	62.77		31.79	34.11	37.88	40.28	45.08	56.50	
37	35.70	38.24	42.75	45.44	50.87	63.42		32.13	34.41	38.47	40.90	45.78	57.08	
38	36.08	38.58	43.43	46.12	51.71	63.79		32.47	34.72	39.09	41.51	46.54	57.42	
39	36.43	38.91	44.07	46.79	52.49	64.29		32.79	35.03	39.67	42.11	47.24	57.86	
40	36.78	39.25	44.70	47.46	53.22	64.93		33.10	35.32	40.23	42.72	47.90	58.44	
41	37.16	39.59	45.33	48.15	53.95	65.72		33.45	35.63	40.80	43.34	48.55	59.15	
42	37.57	39.93	45.99	48.89	54.72	66.66		33.81	35.94	41.39	44.00	49.26	60.00	
43	38.04	40.70	46.72	49.69	55.57	67.76		34.23	36.63	42.04	44.73	50.01	60.99	
44	38.59	41.60	47.54	50.59	56.53	69.02		34.73	37.43	42.79	45.53	50.88	62.12	
45	39.23	42.61	48.48	51.59	57.64	70.46		35.30	38.34	43.64	46.43	51.88	63.41	
46	39.98	43.73	49.56	52.73	58.94	72.07		35.99	39.35	44.60	47.46	53.04	64.86	
47	40.89	44.95	50.82	54.02	60.47	73.87		36.80	40.45	45.74	48.61	54.42	66.48	
48	42.24	46.46	52.59	55.80	62.76	76.23		38.02	41.82	47.33	50.22	56.49	68.62	
49	43.59	47.92	54.43	57.59	65.08	78.55		39.24	43.13	48.98	51.83	58.57	70.70	
50	45.00	49.35	56.33	59.43	67.48	80.88		40.50	44.41	50.70	53.48	60.73	72.79	
51	46.50	50.80	58.38	61.37	70.04	83.26		41.85	45.72	52.55	55.23	63.04	74.94	
52	48.12	52.30	60.61	63.47	72.82	85.77		43.31	47.06	54.55	57.13	65.54	77.19	
53	49.57	53.77	62.64	65.44	75.25	88.16		44.61	48.40	56.38	58.89	67.72	79.35	
54	51.14	55.45	64.85	67.62	77.87	90.83		46.03	49.90	58.36	60.85	70.08	81.75	
55	52.91	57.36	67.29	70.08	80.78	93.89		47.61	51.63	60.56	63.08	72.71	84.51	
56	54.92	59.61	70.03	72.93	84.07	97.46		49.43	53.65	63.03	65.64	75.66	87.72	
57	57.23	62.26	73.13	76.22	87.82	101.66		51.51	56.04	65.82	68.61	79.04	91.49	
58	59.57	65.37	75.95	79.50	91.48	105.95		53.61	58.83	68.35	71.55	82.33	95.35	
59	62.44	68.98	79.58	83.65	96.09	111.40		56.20	62.09	71.62	75.29	86.49	100.27	
60	65.97	73.24	84.12	88.77	101.77	118.17		59.37	65.91	75.70	79.90	91.59	106.36	
61	70.25	78.26	89.64	94.94	108.62	126.37		63.22	70.44	80.67	85.45	97.76	113.73	
62	75.35	84.19	96.21	102.27	116.76	136.14		67.81	75.78	86.59	92.03	105.08	122.52	
63	82.06	91.49	105.01	111.70	127.39	148.67		73.86	82.34	94.51	100.53	114.65	133.80	
64	89.19	99.20	114.26	121.56	138.56	161.76		80.27	89.28	102.84	109.41	124.71	145.58	
65	97.59	108.29	124.94	132.91	151.49	176.88		87.83	97.46	112.44	119.62	136.34	159.19	
66	111.74	123.82	142.76	151.80	173.13	202.08		100.57	111.44	128.48	136.62	155.83	181.88	
67	123.42	136.66	157.04	166.93	190.59	222.31		111.08	122.99	141.33	150.24	171.53	200.08	
68	140.59	155.95	175.40	186.44	213.41	250.54		126.53	140.35	157.86	167.79	192.08	225.49	
69	158.14	175.72	195.09	207.34	237.84	279.44		142.33	158.14	175.57	186.60	214.06	251.49	
70	176.51	196.50	216.52	230.11	264.44	309.79		158.87	176.86	194.86	207.10	238.00	278.82	
71	196.10	218.83	240.10	255.20	293.72	342.43		176.49	196.95	216.09	229.68	264.34	308.19	
72	217.31	243.23	266.26	283.04	326.26	378.14		195.59	218.90	239.64	254.73	293.63	340.33	
73	238.18	267.31	295.96	314.63	362.88	416.22		214.36	240.58	266.36	283.16	326.58	374.60	
74	261.40	294.33	330.04	350.85	404.90	460.02		235.25	264.89	297.03	315.76	364.41	414.02	
75	287.65	325.16	369.23	392.51	453.29	511.01		258.89	292.64	332.31	353.26	407.96	459.91	
76	317.65	360.63	414.26	440.39	509.00	570.65		285.89	324.56	372.84	396.35	458.10	513.58	
77	352.09	401.64	465.92	495.29	573.01	640.42		316.88	361.47	419.32	445.76	515.70	576.37	
78	391.70	449.02	524.90	558.00	646.24	721.75		352.53	404.12	472.41	502.20	581.61	649.58	
79	437.16	503.66	592.00	629.32	729.70	816.14		393.44	453.29	532.80	566.39	656.73	734.53	
80	489.18	566.41	667.93	710.04	824.31	925.05		440.26	509.77	601.14	639.04	741.89	832.54	
81	548.47	638.11	753.45	800.96	931.06	1,049.94		493.63	574.30	678.11	720.86	837.95	944.95	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

No Inflation

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	33.08	34.44	39.75	42.26	44.37	49.82	7.36	8.95	10.03	10.66	11.19	12.31
36	33.29	34.84	40.30	42.84	44.98	50.20	7.56	9.15	10.24	10.88	11.43	12.57
37	33.51	35.26	40.84	43.42	45.59	50.61	7.75	9.36	10.46	11.12	11.68	12.81
38	33.60	35.68	41.35	43.92	46.18	50.69	8.05	9.66	10.74	11.40	11.99	13.10
39	33.74	36.10	41.86	44.44	46.74	50.93	8.29	9.90	10.99	11.66	12.26	13.36
40	33.95	36.52	42.38	45.00	47.32	51.33	8.47	10.11	11.19	11.88	12.50	13.60
41	34.23	36.93	42.94	45.62	47.94	51.88	8.61	10.27	11.38	12.09	12.70	13.84
42	34.60	37.33	43.57	46.32	48.63	52.60	8.71	10.41	11.55	12.27	12.88	14.06
43	35.05	38.20	44.30	47.11	49.43	53.48	8.80	10.55	11.70	12.45	13.07	14.28
44	35.60	39.19	45.14	48.03	50.36	54.53	8.89	10.68	11.86	12.62	13.24	14.49
45	36.26	40.29	46.11	49.08	51.45	55.75	8.99	10.81	12.03	12.80	13.42	14.71
46	37.04	41.49	47.26	50.29	52.73	57.14	9.10	10.97	12.20	12.98	13.63	14.93
47	37.93	42.78	48.59	51.65	54.23	58.71	9.25	11.14	12.40	13.18	13.84	15.16
48	39.25	44.36	50.54	53.62	56.65	60.85	9.50	11.37	12.65	13.41	14.17	15.38
49	40.53	45.85	52.50	55.56	58.97	62.92	9.78	11.65	12.92	13.68	14.48	15.63
50	41.83	47.28	54.53	57.52	61.27	64.98	10.12	11.95	13.23	13.96	14.81	15.90
51	43.17	48.66	56.66	59.57	63.63	67.07	10.50	12.30	13.59	14.29	15.16	16.19
52	44.58	50.07	58.96	61.74	66.13	69.25	10.94	12.71	14.00	14.67	15.54	16.52
53	45.83	51.42	60.96	63.68	68.09	71.20	11.34	13.13	14.45	15.10	15.92	16.96
54	47.21	52.94	63.11	65.80	70.19	73.33	11.77	13.59	14.96	15.60	16.36	17.50
55	48.77	54.71	65.46	68.18	72.55	75.73	12.23	14.11	15.53	16.19	16.90	18.16
56	50.60	56.82	68.10	70.91	75.31	78.53	12.71	14.69	16.20	16.86	17.55	18.93
57	52.75	59.36	71.09	74.09	78.57	81.80	13.23	15.33	16.93	17.65	18.34	19.86
58	54.98	62.13	73.75	77.20	82.19	85.11	13.71	16.03	17.65	18.48	19.32	20.84
59	57.82	65.66	77.28	81.23	86.69	89.36	14.23	16.80	18.51	19.46	20.45	22.04
60	61.36	70.01	81.74	86.26	92.20	94.68	14.83	17.66	19.53	20.61	21.80	23.49
61	65.67	75.30	87.22	92.38	98.84	101.16	15.52	18.66	20.76	21.98	23.39	25.21
62	70.82	81.57	93.76	99.67	106.75	108.92	16.36	19.83	22.19	23.59	25.27	27.22
63	77.45	89.29	102.55	109.09	116.49	118.92	17.62	21.40	24.13	25.66	27.52	29.75
64	84.43	97.27	111.78	118.93	126.65	129.39	19.02	23.14	26.19	27.87	29.88	32.37
65	92.52	106.35	122.41	130.21	138.34	141.48	20.80	25.30	28.65	30.47	32.67	35.40
66	105.98	121.36	140.00	148.87	157.93	161.65	23.95	29.07	32.80	34.87	37.37	40.43
67	116.90	133.22	154.06	163.77	173.64	177.85	26.72	32.37	36.23	38.52	41.26	44.46
68	132.84	148.32	171.92	182.73	196.30	200.44	30.74	37.17	40.65	43.56	47.02	50.10
69	148.93	164.45	191.05	203.04	219.17	223.56	35.16	42.41	45.57	48.94	52.93	55.88
70	165.57	181.94	211.82	225.13	242.94	247.85	40.08	48.22	51.09	54.76	59.14	61.94
71	183.11	201.09	234.67	249.43	268.32	273.96	45.59	54.70	57.29	61.18	65.83	68.47
72	201.93	222.25	260.00	276.39	296.01	302.51	51.81	62.00	64.27	68.33	73.17	75.63
73	220.26	246.18	289.02	307.24	324.79	332.98	58.36	69.67	72.24	76.09	80.63	83.24
74	240.56	273.49	322.39	342.72	357.95	368.02	65.77	78.31	81.31	85.00	89.13	92.00
75	263.51	304.78	360.86	383.60	396.74	408.81	74.15	88.09	91.65	95.26	98.95	102.20
76	289.75	340.59	405.15	430.70	442.44	456.52	83.66	99.18	103.38	107.11	110.40	114.13
77	319.96	381.52	456.03	484.79	496.30	512.34	94.42	111.75	116.65	120.78	123.77	128.08
78	354.80	428.13	514.23	546.66	559.58	577.40	106.58	125.96	131.59	136.49	139.35	144.35
79	394.90	481.01	580.50	617.11	633.55	652.92	120.28	141.97	148.36	154.46	157.43	163.22
80	440.97	540.73	655.58	696.93	719.48	740.04	135.64	159.98	167.09	174.94	178.31	185.01
81	493.62	607.86	740.22	786.90	818.61	839.95	152.83	180.11	187.91	198.14	202.27	209.99

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

No Inflation

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	37.91	42.26	47.32	1.41	1.67	1.94	7.36	
36	38.37	42.84	47.70	1.43	1.69	1.96	7.56	
37	38.83	43.42	48.07	1.45	1.71	1.98	7.75	
38	38.91	43.92	48.15	1.46	1.72	1.99	8.05	
39	39.20	44.43	48.38	1.47	1.73	2.00	8.29	
40	39.67	44.99	48.76	1.49	1.75	2.02	8.47	
41	40.32	45.61	49.29	1.52	1.79	2.05	8.61	
42	41.13	46.32	49.97	1.55	1.82	2.08	8.71	
43	42.09	47.11	50.81	1.59	1.86	2.12	8.80	
44	43.17	48.03	51.81	1.64	1.91	2.17	8.89	
45	44.37	49.08	52.97	1.70	1.97	2.23	8.99	
46	45.69	50.28	54.28	1.77	2.04	2.31	9.10	
47	47.08	51.65	55.77	1.85	2.11	2.38	9.25	
48	48.81	53.61	57.81	1.95	2.21	2.48	9.50	
49	50.42	55.55	59.78	2.05	2.32	2.58	9.78	
50	51.95	57.52	61.73	2.14	2.42	2.68	10.12	
51	53.45	59.56	63.72	2.24	2.52	2.78	10.50	
52	54.96	61.74	65.78	2.35	2.62	2.90	10.94	
53	56.42	63.68	67.64	2.44	2.71	2.99	11.34	
54	58.06	65.80	69.66	2.54	2.82	3.10	11.77	
55	59.99	68.18	71.95	2.65	2.93	3.21	12.23	
56	62.28	70.91	74.60	2.79	3.07	3.35	12.71	
57	65.05	74.09	77.71	2.95	3.22	3.51	13.23	
58	68.05	77.20	80.85	3.11	3.39	3.67	13.71	
59	71.91	81.23	84.89	3.32	3.59	3.88	14.23	
60	76.66	86.26	89.94	3.57	3.86	4.14	14.83	
61	82.42	92.38	96.10	3.88	4.17	4.46	15.52	
62	89.25	99.67	103.47	4.25	4.55	4.83	16.36	
63	97.64	109.09	112.97	4.73	5.04	5.32	17.62	
64	106.30	118.93	122.91	5.25	5.56	5.84	19.02	
65	116.16	130.20	134.41	5.83	6.15	6.45	20.80	
66	132.46	148.87	153.56	6.78	7.10	7.42	23.95	
67	145.31	163.77	168.95	7.57	7.89	8.22	26.72	
68	161.58	183.82	190.41	8.66	9.00	9.33	30.74	
69	179.01	204.56	212.37	9.77	10.11	10.47	35.16	
70	197.94	226.53	235.46	10.93	11.29	11.66	40.08	
71	218.70	250.29	260.25	12.19	12.56	12.93	45.59	
72	241.64	276.39	287.39	13.57	13.94	14.33	51.81	
73	267.68	305.14	316.32	15.03	15.42	15.82	58.36	
74	297.40	338.37	349.62	16.72	17.12	17.54	65.77	
75	331.39	377.08	388.37	18.68	19.09	19.54	74.15	
76	370.26	422.32	433.69	20.97	21.41	21.88	83.66	
77	414.62	475.09	486.71	23.65	24.12	24.61	94.42	
78	465.07	536.42	548.54	26.79	27.29	27.81	106.58	
79	522.21	607.33	620.27	30.42	30.95	31.51	120.28	
80	586.65	688.85	703.04	34.60	35.18	35.77	135.64	
81	659.01	782.00	797.95	39.40	40.04	40.68	152.83	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Compound

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	56.97	61.22	67.56	71.82	80.39	101.27	51.26	55.09	60.82	64.65	72.36	91.15
36	57.57	61.76	68.62	72.96	81.65	102.32	51.82	55.60	61.74	65.66	73.48	92.10
37	58.19	62.33	69.68	74.07	82.92	103.37	52.37	56.09	62.71	66.67	74.62	93.04
38	58.81	62.89	70.79	75.18	84.29	103.98	52.93	56.59	63.72	67.66	75.86	93.59
39	59.38	63.42	71.83	76.27	85.56	104.79	53.45	57.10	64.66	68.64	77.00	94.31
40	59.95	63.98	72.86	77.36	86.75	105.84	53.95	57.57	65.57	69.63	78.08	95.26
41	60.57	64.53	73.89	78.48	87.94	107.12	54.52	58.08	66.50	70.64	79.14	96.41
42	61.24	65.09	74.96	79.69	89.19	108.66	55.11	58.58	67.47	71.72	80.29	97.80
43	61.62	65.93	75.69	80.50	90.02	109.77	55.45	59.34	68.10	72.46	81.02	98.80
44	62.13	66.98	76.54	81.45	91.01	111.12	55.92	60.26	68.89	73.30	81.92	100.01
45	62.77	68.18	77.57	82.54	92.22	112.74	56.48	61.34	69.82	74.29	83.01	101.46
46	63.57	69.53	78.80	83.84	93.71	114.59	57.22	62.57	70.91	75.46	84.33	103.13
47	64.61	71.02	80.30	85.35	95.54	116.71	58.14	63.91	72.27	76.80	85.98	105.04
48	66.32	72.94	82.57	87.61	98.53	119.68	59.69	65.66	74.31	78.85	88.69	107.73
49	67.56	74.28	84.37	89.26	100.87	121.75	60.82	66.85	75.92	80.34	90.78	109.59
50	69.30	76.00	86.75	91.52	103.92	124.56	62.37	68.39	78.08	82.36	93.52	112.10
51	71.15	77.72	89.32	93.90	107.16	127.39	64.03	69.95	80.40	84.50	96.45	114.66
52	73.14	79.50	92.13	96.47	110.69	130.37	65.83	71.53	82.92	86.84	99.62	117.33
53	74.85	81.19	94.59	98.81	113.63	133.12	67.36	73.08	85.13	88.92	102.26	119.82
54	76.71	83.18	97.28	101.43	116.81	136.25	69.05	74.85	87.54	91.28	105.12	122.63
55	78.84	85.47	100.26	104.42	120.36	139.90	70.94	76.93	90.23	93.99	108.34	125.92
56	81.28	88.22	103.64	107.94	124.42	144.24	73.16	79.40	93.28	97.15	111.98	129.83
57	84.13	91.52	107.50	112.04	129.10	149.44	75.72	82.38	96.76	100.86	116.19	134.49
58	86.97	95.44	110.89	116.07	133.56	154.69	78.27	85.89	99.79	104.46	120.20	139.21
59	91.16	100.71	116.19	122.13	140.29	162.64	82.05	90.65	104.57	109.92	126.28	146.39
60	96.32	106.93	122.82	129.60	148.58	172.53	86.68	96.23	110.52	116.65	133.72	155.29
61	101.86	113.48	129.98	137.66	157.50	183.24	91.67	102.14	116.97	123.90	141.75	164.91
62	109.26	122.08	139.50	148.29	169.30	197.40	98.32	109.88	125.56	133.44	152.37	177.65
63	118.99	132.66	152.26	161.97	184.72	215.57	107.10	119.39	137.04	145.77	166.24	194.01
64	128.43	142.85	164.53	175.05	199.53	232.93	115.59	128.56	148.09	157.55	179.58	209.64
65	140.53	155.94	179.91	191.39	218.15	254.71	126.48	140.34	161.91	172.25	196.33	229.23
66	159.79	177.06	204.15	217.07	247.58	288.97	143.82	159.36	183.73	195.37	222.84	260.09
67	175.26	194.06	223.00	237.04	270.64	315.68	157.73	174.65	200.69	213.34	243.57	284.11
68	196.83	218.33	245.56	261.02	298.77	350.76	177.14	196.49	221.00	234.91	268.91	315.69
69	219.81	244.25	271.18	288.20	330.60	388.42	197.84	219.81	244.04	259.37	297.54	349.57
70	241.82	269.21	296.63	315.25	362.28	424.41	217.65	242.30	266.96	283.73	326.06	381.98
71	264.74	295.42	324.14	344.52	396.52	462.28	238.26	265.88	291.72	310.07	356.86	416.06
72	291.20	325.93	356.79	379.27	437.19	506.71	262.09	293.33	321.12	341.34	393.46	456.04
73	316.78	355.52	393.63	418.46	482.63	553.57	285.10	319.97	354.26	376.60	434.35	498.22
74	345.05	388.52	435.65	463.12	534.47	607.23	310.53	349.65	392.08	416.80	481.02	546.51
75	376.82	425.96	483.69	514.19	593.81	669.42	339.15	383.36	435.33	462.77	534.43	602.48
76	412.95	468.82	538.54	572.51	661.70	741.85	371.66	421.93	484.69	515.26	595.53	667.65
77	454.20	518.12	601.04	638.92	739.18	826.14	408.78	466.30	540.92	575.03	665.25	743.52
78	501.38	574.75	671.87	714.24	827.19	923.84	451.24	517.27	604.68	642.82	744.46	831.46
79	555.19	639.65	751.84	799.24	926.72	1,036.50	499.67	575.68	676.66	719.32	834.05	932.85

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Compound

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	53.92	56.14	64.79	68.88	72.32	81.21	12.00	14.59	16.35	17.38	18.24	20.07
36	54.26	56.79	65.69	69.83	73.32	81.83	12.32	14.91	16.69	17.73	18.63	20.49
37	54.62	57.47	66.57	70.77	74.31	82.49	12.63	15.26	17.05	18.13	19.04	20.88
38	54.77	58.16	67.40	71.59	75.27	82.62	13.12	15.75	17.51	18.58	19.54	21.35
39	55.00	58.84	68.23	72.44	76.19	83.02	13.51	16.14	17.91	19.01	19.98	21.78
40	55.34	59.53	69.08	73.35	77.13	83.67	13.81	16.48	18.24	19.36	20.38	22.17
41	55.79	60.20	69.99	74.36	78.14	84.56	14.03	16.74	18.55	19.71	20.70	22.56
42	56.40	60.85	71.02	75.50	79.27	85.74	14.20	16.97	18.83	20.00	20.99	22.92
43	56.78	61.88	71.77	76.32	80.08	86.64	14.26	17.09	18.95	20.17	21.17	23.13
44	57.32	63.10	72.68	77.33	81.08	87.79	14.31	17.19	19.09	20.32	21.32	23.33
45	58.02	64.46	73.78	78.53	82.32	89.20	14.38	17.30	19.25	20.48	21.47	23.54
46	58.89	65.97	75.14	79.96	83.84	90.85	14.47	17.44	19.40	20.64	21.67	23.74
47	59.93	67.59	76.77	81.61	85.68	92.76	14.62	17.60	19.59	20.82	21.87	23.95
48	61.62	69.65	79.35	84.18	88.94	95.53	14.92	17.85	19.86	21.05	22.25	24.15
49	62.82	71.07	81.38	86.12	91.40	97.53	15.16	18.06	20.03	21.20	22.44	24.23
50	64.42	72.81	83.98	88.58	94.36	100.07	15.58	18.40	20.37	21.50	22.81	24.49
51	66.05	74.45	86.69	91.14	97.35	102.62	16.07	18.82	20.79	21.86	23.19	24.77
52	67.76	76.11	89.62	93.84	100.52	105.26	16.63	19.32	21.28	22.30	23.62	25.11
53	69.20	77.64	92.05	96.16	102.82	107.51	17.12	19.83	21.82	22.80	24.04	25.61
54	70.82	79.41	94.67	98.70	105.29	110.00	17.66	20.39	22.44	23.40	24.54	26.25
55	72.67	81.52	97.54	101.59	108.10	112.84	18.22	21.02	23.14	24.12	25.18	27.06
56	74.89	84.09	100.79	104.95	111.46	116.22	18.81	21.74	23.98	24.95	25.97	28.02
57	77.54	87.26	104.50	108.91	115.50	120.25	19.45	22.54	24.89	25.95	26.96	29.19
58	80.27	90.71	107.68	112.71	120.00	124.26	20.02	23.40	25.77	26.98	28.21	30.43
59	84.42	95.86	112.83	118.60	126.57	130.47	20.78	24.53	27.02	28.41	29.86	32.18
60	89.59	102.21	119.34	125.94	134.61	138.23	21.65	25.78	28.51	30.09	31.83	34.30
61	95.22	109.19	126.47	133.95	143.32	146.68	22.50	27.06	30.10	31.87	33.92	36.55
62	102.69	118.28	135.95	144.52	154.79	157.93	23.72	28.75	32.18	34.21	36.64	39.47
63	112.30	129.47	148.70	158.18	168.91	172.43	25.55	31.03	34.99	37.21	39.90	43.14
64	121.58	140.07	160.96	171.26	182.38	186.32	27.39	33.32	37.71	40.13	43.03	46.61
65	133.23	153.14	176.27	187.50	199.21	203.73	29.95	36.43	41.26	43.88	47.04	50.98
66	151.55	173.54	200.20	212.88	225.84	231.16	34.25	41.57	46.90	49.86	53.44	57.81
67	166.00	189.17	218.77	232.55	246.57	252.55	37.94	45.97	51.45	54.70	58.59	63.13
68	185.98	207.65	240.69	255.82	274.82	280.62	43.04	52.04	56.91	60.98	65.83	70.14
69	207.01	228.59	265.56	282.23	304.65	310.75	48.87	58.95	63.34	68.03	73.57	77.67
70	226.83	249.26	290.19	308.43	332.83	339.55	54.91	66.06	69.99	75.02	81.02	84.86
71	247.20	271.47	316.80	336.73	362.23	369.85	61.55	73.85	77.34	82.59	88.87	92.43
72	270.59	297.82	348.40	370.36	396.65	405.36	69.43	83.08	86.12	91.56	98.05	101.34
73	292.95	327.42	384.40	408.63	431.97	442.86	77.62	92.66	96.08	101.20	107.24	110.71
74	317.54	361.01	425.55	452.39	472.49	485.79	86.82	103.37	107.33	112.20	117.65	121.44
75	345.20	399.26	472.73	502.52	519.73	535.54	97.14	115.40	120.06	124.79	129.62	133.88
76	376.68	442.77	526.70	559.91	575.17	593.48	108.76	128.93	134.39	139.24	143.52	148.37
77	412.75	492.16	588.28	625.38	640.23	660.92	121.80	144.16	150.48	155.81	159.66	165.22
78	454.14	548.01	658.21	699.72	716.26	739.07	136.42	161.23	168.44	174.71	178.37	184.77
79	501.52	610.88	737.24	783.73	804.61	829.21	152.76	180.30	188.42	196.16	199.94	207.29

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Compound

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	61.79	68.88	77.13	2.30	2.72	3.16	12.00	
36	62.54	69.83	77.75	2.33	2.75	3.19	12.32	
37	63.29	70.77	78.35	2.36	2.79	3.23	12.63	
38	63.42	71.59	78.48	2.38	2.80	3.24	13.12	
39	63.90	72.42	78.86	2.40	2.82	3.26	13.51	
40	64.66	73.33	79.48	2.43	2.85	3.29	13.81	
41	65.72	74.34	80.34	2.48	2.92	3.34	14.03	
42	67.04	75.50	81.45	2.53	2.97	3.39	14.20	
43	68.19	76.32	82.31	2.58	3.01	3.43	14.26	
44	69.50	77.33	83.41	2.64	3.08	3.49	14.31	
45	70.99	78.53	84.75	2.72	3.15	3.57	14.38	
46	72.65	79.95	86.31	2.81	3.24	3.67	14.47	
47	74.39	81.61	88.12	2.92	3.33	3.76	14.62	
48	76.63	84.17	90.76	3.06	3.47	3.89	14.92	
49	78.15	86.10	92.66	3.18	3.60	4.00	15.16	
50	80.00	88.58	95.06	3.30	3.73	4.13	15.58	
51	81.78	91.13	97.49	3.43	3.86	4.25	16.07	
52	83.54	93.84	99.99	3.57	3.98	4.41	16.63	
53	85.19	96.16	102.14	3.68	4.09	4.51	17.12	
54	87.09	98.70	104.49	3.81	4.23	4.65	17.66	
55	89.39	101.59	107.21	3.95	4.37	4.78	18.22	
56	92.17	104.95	110.41	4.13	4.54	4.96	18.81	
57	95.62	108.91	114.23	4.34	4.73	5.16	19.45	
58	99.35	112.71	118.04	4.54	4.95	5.36	20.02	
59	104.99	118.60	123.94	4.85	5.24	5.66	20.78	
60	111.92	125.94	131.31	5.21	5.64	6.04	21.65	
61	119.51	133.95	139.35	5.63	6.05	6.47	22.50	
62	129.41	144.52	150.03	6.16	6.60	7.00	23.72	
63	141.58	158.18	163.81	6.86	7.31	7.71	25.55	
64	153.07	171.26	176.99	7.56	8.01	8.41	27.39	
65	167.27	187.49	193.55	8.40	8.86	9.29	29.95	
66	189.42	212.88	219.59	9.70	10.15	10.61	34.25	
67	206.34	232.55	239.91	10.75	11.20	11.67	37.94	
68	226.21	257.35	266.57	12.12	12.60	13.06	43.04	
69	248.82	284.34	295.19	13.58	14.05	14.55	48.87	
70	271.18	310.35	322.58	14.97	15.47	15.97	54.91	
71	295.25	337.89	351.34	16.46	16.96	17.46	61.55	
72	323.80	370.36	385.10	18.18	18.68	19.20	69.43	
73	356.01	405.84	420.71	19.99	20.51	21.04	77.62	
74	392.57	446.65	461.50	22.07	22.60	23.15	86.82	
75	434.12	493.97	508.76	24.47	25.01	25.60	97.14	
76	481.34	549.02	563.80	27.26	27.83	28.44	108.76	
77	534.86	612.87	627.86	30.51	31.11	31.75	121.80	
78	595.29	686.62	702.13	34.29	34.93	35.60	136.42	
79	663.21	771.31	787.74	38.63	39.31	40.02	152.76	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Compound

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	72.35	77.75	85.80	91.20	102.09	128.61	65.10	69.97	77.23	82.10	91.89	115.75
36	73.11	78.43	87.15	92.65	103.69	129.93	65.81	70.61	78.41	83.38	93.32	116.96
37	73.90	79.16	88.49	94.06	105.30	131.28	66.51	71.23	79.63	84.66	94.76	118.16
38	74.69	79.86	89.90	95.47	107.04	132.05	67.21	71.87	80.92	85.93	96.34	118.86
39	75.41	80.54	91.22	96.86	108.65	133.08	67.88	72.51	82.12	87.17	97.79	119.77
40	76.13	81.25	92.53	98.24	110.17	134.41	68.52	73.11	83.28	88.43	99.15	120.97
41	76.92	81.95	93.83	99.67	111.68	136.04	69.24	73.75	84.46	89.71	100.50	122.44
42	77.02	81.86	94.28	100.22	112.18	136.65	69.31	73.68	84.85	90.20	100.98	123.00
43	77.60	83.03	95.31	101.37	113.36	138.23	69.83	74.73	85.76	91.25	102.02	124.42
44	77.95	84.03	96.03	102.19	114.19	139.42	70.15	75.61	86.44	91.97	102.78	125.48
45	78.46	85.22	96.96	103.18	115.28	140.92	70.60	76.68	87.28	92.86	103.76	126.82
46	79.16	86.59	98.13	104.41	116.70	142.70	71.26	77.91	88.31	93.97	105.02	128.42
47	80.14	88.10	99.61	105.88	118.52	144.79	72.13	79.28	89.65	95.28	106.66	130.30
48	81.95	90.13	102.02	108.25	121.75	147.89	73.76	81.13	91.82	97.43	109.59	133.12
49	83.26	91.53	103.96	110.00	124.30	150.03	74.95	82.38	93.55	99.00	111.87	135.04
50	85.05	93.27	106.46	112.32	127.54	152.86	76.55	83.93	95.82	101.08	114.78	137.57
51	87.42	95.50	109.75	115.38	131.68	156.53	78.68	85.95	98.79	103.83	118.52	140.89
52	89.50	97.28	112.73	118.05	135.45	159.53	80.56	87.53	101.46	106.26	121.90	143.57
53	91.70	99.47	115.88	121.06	139.21	163.10	82.53	89.54	104.30	108.95	125.28	146.80
54	94.10	102.03	119.32	124.42	143.28	167.13	84.70	91.82	107.38	111.96	128.95	150.42
55	96.83	104.97	123.14	128.25	147.83	171.82	87.13	94.48	110.82	115.44	133.06	154.65
56	99.95	108.49	127.45	132.73	153.01	177.38	89.96	97.64	114.71	119.46	137.70	159.65
57	103.59	112.69	132.37	137.96	158.95	184.00	93.23	101.43	119.13	124.18	143.06	165.60
58	107.23	117.67	136.71	143.10	164.66	190.71	96.50	105.89	123.03	128.79	148.19	171.63
59	111.77	123.47	142.45	149.73	172.00	199.41	100.60	111.14	128.20	134.77	154.82	179.48
60	117.43	130.37	149.73	158.01	181.15	210.34	105.68	117.32	134.75	142.22	163.03	189.32
61	124.34	138.52	158.66	168.04	192.26	223.67	111.90	124.68	142.79	151.25	173.04	201.30
62	133.37	149.02	170.29	181.02	206.67	240.97	120.02	134.13	153.26	162.89	185.99	216.86
63	144.43	161.02	184.82	196.59	224.21	261.66	129.99	144.92	166.34	176.93	201.78	235.49
64	156.08	173.60	199.96	212.73	242.48	283.08	140.47	156.24	179.97	191.47	218.24	254.77
65	169.81	188.42	217.40	231.26	263.59	307.77	152.82	169.58	195.65	208.14	237.23	276.99
66	192.19	212.97	245.55	261.10	297.78	347.58	172.98	191.68	220.99	234.99	268.03	312.83
67	209.81	232.32	266.97	283.78	324.00	377.93	188.84	209.08	240.26	255.41	291.60	340.14
68	233.38	258.88	291.16	309.49	354.26	415.90	210.04	232.98	262.05	278.53	318.85	374.31
69	254.61	282.91	314.09	333.82	382.92	449.90	229.15	254.61	282.67	300.43	344.64	404.90
70	277.12	308.51	339.94	361.27	415.17	486.37	249.43	277.67	305.93	325.15	373.66	437.75
71	298.07	332.62	364.95	387.90	446.45	520.49	268.26	299.36	328.46	349.11	401.80	468.45
72	319.45	357.55	391.40	416.07	479.60	555.87	287.52	321.78	352.27	374.45	431.64	500.29
73	345.36	387.60	429.14	456.21	526.18	603.52	310.82	348.84	386.22	410.58	473.54	543.17
74	373.80	420.89	471.96	501.72	579.01	657.83	336.41	378.79	424.75	451.54	521.11	592.05
75	405.59	458.48	520.61	553.44	639.14	720.52	365.03	412.62	468.56	498.10	575.22	648.47
76	444.71	504.88	579.96	616.55	712.60	798.91	400.25	454.38	521.98	554.89	641.34	719.01
77	485.88	554.26	642.97	683.50	790.75	883.78	437.29	498.83	578.66	615.15	711.67	795.39
78	532.71	610.67	713.86	758.88	878.89	981.58	479.44	549.60	642.48	682.99	790.99	883.43
79	585.79	674.90	793.28	843.29	977.80	1,093.63	527.21	607.41	713.95	758.96	880.02	984.27

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Compound

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	68.48	71.29	82.28	87.48	91.85	103.13	15.24	18.53	20.76	22.07	23.16	25.48
36	68.91	72.12	83.42	88.68	93.11	103.91	15.65	18.94	21.20	22.52	23.66	26.02
37	69.37	72.99	84.54	89.88	94.37	104.76	16.04	19.38	21.65	23.02	24.18	26.52
38	69.55	73.86	85.59	90.91	95.59	104.93	16.66	20.00	22.23	23.60	24.82	27.12
39	69.84	74.73	86.65	91.99	96.75	105.43	17.16	20.49	22.75	24.14	25.38	27.66
40	70.28	75.60	87.73	93.15	97.95	106.25	17.53	20.93	23.16	24.59	25.88	28.15
41	70.86	76.45	88.89	94.43	99.24	107.39	17.82	21.26	23.56	25.03	26.29	28.65
42	70.93	76.53	89.32	94.96	99.69	107.83	17.86	21.34	23.68	25.15	26.40	28.82
43	71.50	77.93	90.37	96.10	100.84	109.10	17.95	21.52	23.87	25.40	26.66	29.13
44	71.91	79.16	91.18	97.02	101.73	110.15	17.96	21.57	23.96	25.49	26.74	29.27
45	72.52	80.58	92.22	98.16	102.90	111.50	17.98	21.62	24.06	25.60	26.84	29.42
46	73.34	82.15	93.57	99.57	104.41	113.14	18.02	21.72	24.16	25.70	26.99	29.56
47	74.34	83.85	95.24	101.23	106.29	115.07	18.13	21.83	24.30	25.83	27.13	29.71
48	76.15	86.06	98.05	104.02	109.90	118.05	18.43	22.06	24.54	26.02	27.49	29.84
49	77.41	87.57	100.28	106.12	112.63	120.18	18.68	22.25	24.68	26.13	27.66	29.85
50	79.06	89.36	103.06	108.71	115.80	122.81	19.13	22.59	25.00	26.38	27.99	30.05
51	81.16	91.48	106.52	111.99	119.62	126.09	19.74	23.12	25.55	26.87	28.50	30.44
52	82.92	93.13	109.67	114.84	123.00	128.81	20.35	23.64	26.04	27.29	28.90	30.73
53	84.79	95.13	112.78	117.81	125.97	131.72	20.98	24.29	26.73	27.94	29.45	31.38
54	86.87	97.41	116.12	121.07	129.15	134.93	21.66	25.01	27.53	28.70	30.10	32.20
55	89.25	100.12	119.79	124.77	132.77	138.59	22.38	25.82	28.42	29.63	30.93	33.23
56	92.09	103.41	123.94	129.06	137.06	142.92	23.13	26.74	29.48	30.69	31.94	34.45
57	95.48	107.44	128.67	134.10	142.21	148.06	23.95	27.75	30.64	31.95	33.20	35.95
58	98.96	111.83	132.75	138.96	147.94	153.20	24.68	28.85	31.77	33.26	34.78	37.51
59	103.50	117.53	138.33	145.40	155.18	159.95	25.47	30.07	33.13	34.83	36.61	39.45
60	109.22	124.62	145.50	153.54	164.12	168.53	26.40	31.43	34.76	36.69	38.80	41.81
61	116.24	133.28	154.38	163.51	174.95	179.05	27.47	33.03	36.75	38.90	41.40	44.62
62	125.35	144.38	165.96	176.42	188.95	192.79	28.96	35.10	39.28	41.75	44.73	48.18
63	136.31	157.15	180.49	192.00	205.02	209.30	31.01	37.66	42.47	45.16	48.44	52.36
64	147.75	170.22	195.62	208.13	221.64	226.43	33.29	40.50	45.83	48.77	52.29	56.65
65	160.98	185.05	212.99	226.57	240.71	246.18	36.19	44.02	49.85	53.02	56.85	61.60
66	182.29	208.74	240.80	256.06	271.64	278.04	41.19	50.00	56.42	59.98	64.28	69.54
67	198.73	226.47	261.90	278.41	295.19	302.35	45.42	55.03	61.59	65.48	70.14	75.58
68	220.51	246.21	285.39	303.33	325.86	332.73	51.03	61.70	67.48	72.31	78.05	83.17
69	239.98	264.76	307.59	326.89	352.86	359.93	56.61	68.28	73.37	78.79	85.22	89.97
70	259.94	285.65	332.56	353.45	381.42	389.12	62.93	75.71	80.21	85.97	92.85	97.25
71	278.33	305.66	356.70	379.13	407.85	416.42	69.30	83.14	87.08	92.99	100.06	104.07
72	296.84	326.71	382.20	406.29	435.13	444.69	76.16	91.14	94.48	100.45	107.56	111.18
73	319.38	356.96	419.08	445.50	470.95	482.82	84.62	101.02	104.75	110.33	116.91	120.70
74	344.00	391.09	461.02	490.09	511.87	526.27	94.05	111.98	116.27	121.55	127.46	131.56
75	371.55	429.74	508.81	540.88	559.40	576.42	104.55	124.21	129.23	134.32	139.52	144.10
76	405.65	476.83	567.21	602.98	619.42	639.13	117.12	138.85	144.73	149.95	154.56	159.78
77	441.54	526.50	629.32	669.01	684.89	707.03	130.30	154.22	160.98	166.68	170.80	176.75
78	482.53	582.26	699.35	743.46	761.03	785.26	144.95	171.31	178.96	185.63	189.52	196.32
79	529.17	644.55	777.87	826.93	848.96	874.91	161.18	190.24	198.80	206.98	210.96	218.71

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Compound

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	78.47	87.48	97.95	2.92	3.46	4.02	15.24	
36	79.43	88.68	98.74	2.96	3.50	4.06	15.65	
37	80.38	89.88	99.50	3.00	3.54	4.10	16.04	
38	80.54	90.91	99.67	3.02	3.56	4.12	16.66	
39	81.14	91.97	100.15	3.04	3.58	4.14	17.16	
40	82.12	93.13	100.93	3.08	3.62	4.18	17.53	
41	83.46	94.41	102.03	3.15	3.71	4.24	17.82	
42	84.32	94.96	102.44	3.18	3.73	4.26	17.86	
43	85.86	96.10	103.65	3.24	3.79	4.32	17.95	
44	87.20	97.02	104.66	3.31	3.86	4.38	17.96	
45	88.74	98.16	105.94	3.40	3.94	4.46	17.98	
46	90.47	99.55	107.47	3.50	4.04	4.57	18.02	
47	92.28	101.23	109.31	3.63	4.14	4.66	18.13	
48	94.69	104.00	112.15	3.78	4.29	4.81	18.43	
49	96.30	106.10	114.18	3.92	4.43	4.93	18.68	
50	98.19	108.71	116.67	4.04	4.57	5.07	19.13	
51	100.49	111.97	119.79	4.21	4.74	5.23	19.74	
52	102.23	114.84	122.35	4.37	4.87	5.39	20.35	
53	104.38	117.81	125.13	4.51	5.01	5.53	20.98	
54	106.83	121.07	128.17	4.67	5.19	5.70	21.66	
55	109.78	124.77	131.67	4.85	5.36	5.87	22.38	
56	113.35	129.06	135.77	5.08	5.59	6.10	23.13	
57	117.74	134.10	140.66	5.34	5.83	6.35	23.95	
58	122.49	138.96	145.53	5.60	6.10	6.61	24.68	
59	128.72	145.40	151.95	5.94	6.43	6.95	25.47	
60	136.45	153.54	160.09	6.35	6.87	7.37	26.40	
61	145.88	163.51	170.10	6.87	7.38	7.89	27.47	
62	157.97	176.42	183.14	7.52	8.05	8.55	28.96	
63	171.85	192.00	198.83	8.32	8.87	9.36	31.01	
64	186.03	208.13	215.09	9.19	9.73	10.22	33.29	
65	202.12	226.55	233.87	10.14	10.70	11.22	36.19	
66	227.83	256.06	264.12	11.66	12.21	12.76	41.19	
67	247.03	278.41	287.22	12.87	13.41	13.97	45.42	
68	268.22	305.14	316.08	14.38	14.94	15.49	51.03	
69	288.21	329.34	341.92	15.73	16.28	16.86	56.61	
70	310.77	355.65	369.67	17.16	17.73	18.31	62.93	
71	332.42	380.44	395.58	18.53	19.09	19.65	69.30	
72	355.21	406.29	422.46	19.95	20.49	21.07	76.16	
73	388.14	442.45	458.66	21.79	22.36	22.94	84.62	
74	425.28	483.87	499.96	23.91	24.48	25.08	94.05	
75	467.26	531.68	547.60	26.34	26.92	27.55	104.55	
76	518.36	591.25	607.17	29.36	29.97	30.63	117.12	
77	572.18	655.62	671.66	32.64	33.29	33.96	130.30	
78	632.50	729.53	746.01	36.43	37.11	37.82	144.95	
79	699.76	813.82	831.16	40.76	41.47	42.22	161.18	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound

LTC04I NH, LTC04I ALF, LTC04I HHC							LTC04I NH, LTC04I ALF, LTC04I HHC						
Integrated NH, ALF, and HHC with 100% HHC (1PL)							Integrated NH, ALF, and HHC with 50% HHC (1PL)						
Issue Age	Benefit Period						Benefit Period						
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	
18-35	85.28	91.65	101.14	107.51	120.34	151.60	76.74	82.47	91.04	96.77	108.31	136.44	
36	86.18	92.45	102.72	109.21	122.22	153.16	77.57	83.23	92.43	98.28	110.00	137.86	
37	87.11	93.31	104.31	110.87	124.12	154.74	78.40	83.96	93.87	99.80	111.70	139.28	
38	88.04	94.14	105.97	112.53	126.17	155.65	79.23	84.72	95.38	101.28	113.56	140.10	
39	88.89	94.94	107.53	114.17	128.08	156.87	80.01	85.47	96.79	102.75	115.27	141.18	
40	89.74	95.77	109.07	115.80	129.86	158.43	80.76	86.18	98.16	104.24	116.88	142.59	
41	90.30	96.20	110.15	117.00	131.10	159.70	81.28	86.58	99.14	105.32	117.98	143.73	
42	90.54	96.23	110.84	117.82	131.88	160.65	81.48	86.62	99.75	106.04	118.72	144.60	
43	90.92	97.27	111.66	118.76	132.81	161.95	81.81	87.55	100.48	106.90	119.52	145.77	
44	91.46	98.59	112.67	119.90	133.98	163.58	82.31	88.71	101.41	107.91	120.59	147.22	
45	92.19	100.13	113.93	121.24	135.45	165.58	82.96	90.10	102.55	109.11	121.92	149.01	
46	93.15	101.89	115.47	122.86	137.33	167.92	83.86	91.69	103.92	110.58	123.58	151.12	
47	94.05	103.39	116.89	124.25	139.08	169.90	84.64	93.04	105.20	111.80	125.17	152.90	
48	96.73	106.39	120.43	127.78	143.72	174.57	87.07	95.77	108.39	115.00	129.36	157.14	
49	98.95	108.78	123.56	130.73	147.73	178.31	89.07	97.91	111.18	117.65	132.95	160.49	
50	101.25	111.04	126.74	133.72	151.83	181.98	91.13	99.92	114.08	120.33	136.64	163.78	
51	104.16	113.79	130.77	137.47	156.89	186.50	93.74	102.41	117.71	123.72	141.21	167.87	
52	107.31	116.63	135.16	141.54	162.39	191.27	96.58	104.94	121.65	127.40	146.15	172.13	
53	109.55	118.83	138.43	144.62	166.30	194.83	98.59	106.96	124.60	130.15	149.66	175.36	
54	112.51	121.99	142.67	148.76	171.31	199.83	101.27	109.78	128.39	133.87	154.18	179.85	
55	115.34	125.04	146.69	152.77	176.10	204.68	103.79	112.55	132.02	137.51	158.51	184.23	
56	119.18	129.35	151.97	158.26	182.43	211.49	107.26	116.42	136.78	142.44	164.18	190.35	
57	123.62	134.48	157.96	164.64	189.69	219.59	111.26	121.05	142.17	148.20	170.73	197.62	
58	128.08	140.55	163.29	170.93	196.68	227.79	115.26	126.48	146.95	153.83	177.01	205.00	
59	134.25	148.31	171.10	179.85	206.59	239.51	120.83	133.49	153.98	161.87	185.95	215.58	
60	141.18	156.73	180.02	189.97	217.79	252.88	127.05	141.05	162.00	170.99	196.00	227.61	
61	148.93	165.91	190.04	201.27	230.27	267.90	134.03	149.33	171.02	181.15	207.25	241.11	
62	158.99	177.64	203.00	215.79	246.36	287.26	143.08	159.90	182.70	194.18	221.72	258.52	
63	170.68	190.30	218.42	232.34	264.97	309.23	153.63	171.27	196.58	209.10	238.47	278.30	
64	181.95	202.37	233.09	247.98	282.66	329.99	163.75	182.13	209.79	223.20	254.41	296.98	
65	194.20	215.50	248.63	264.49	301.47	351.99	174.78	193.95	223.76	238.04	271.32	316.79	
66	217.89	241.45	278.38	296.01	337.60	394.06	196.11	217.31	250.54	266.41	303.87	354.67	
67	233.26	258.29	296.81	315.50	360.22	420.17	209.94	232.45	267.11	283.95	324.19	378.15	
68	255.87	283.83	319.23	339.32	388.41	455.98	230.28	255.44	287.31	305.38	349.59	410.39	
69	278.33	309.27	343.36	364.92	418.60	491.81	250.50	278.33	309.00	328.42	376.75	442.62	
70	298.30	332.09	365.92	388.89	446.90	523.55	268.49	298.89	329.31	350.00	402.22	471.21	
71	319.64	356.69	391.36	415.98	478.76	558.16	287.68	321.03	352.23	374.38	430.87	502.35	
72	343.35	384.30	420.69	447.20	515.49	597.46	309.03	345.86	378.63	402.47	463.94	537.72	
73	366.80	411.66	455.78	484.53	558.84	640.98	330.11	370.49	410.19	436.07	502.93	576.88	
74	394.71	444.44	498.36	529.78	611.40	694.63	355.23	399.98	448.52	476.80	550.26	625.17	
75	425.72	481.24	546.46	580.91	670.87	756.29	383.16	433.11	491.82	522.82	603.78	680.67	
76	460.59	522.91	600.68	638.57	738.05	827.44	414.54	470.61	540.62	574.71	664.25	744.69	
77	499.97	570.33	661.61	703.31	813.67	909.40	449.97	513.29	595.43	632.98	732.29	818.45	
78	548.38	628.63	734.86	781.20	904.74	1,010.45	493.54	565.77	661.37	703.08	814.25	909.41	
79	598.91	690.01	811.04	862.17	999.69	1,118.11	539.01	621.01	729.94	775.95	899.72	1,006.31	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL) Benefit Period						Non Integrated - Home Health Care (HHC) (2PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	80.72	84.03	96.99	103.11	108.26	121.56	17.96	21.84	24.47	26.01	27.30	30.04
36	81.23	85.01	98.33	104.53	109.75	122.49	18.45	22.33	24.99	26.55	27.89	30.67
37	81.76	86.03	99.65	105.94	111.24	123.49	18.91	22.84	25.52	27.13	28.50	31.26
38	81.98	87.06	100.89	107.16	112.68	123.68	19.64	23.57	26.21	27.82	29.26	31.96
39	82.33	88.08	102.14	108.43	114.05	124.27	20.23	24.16	26.82	28.45	29.91	32.60
40	82.84	89.11	103.41	109.80	115.46	125.25	20.67	24.67	27.30	28.99	30.50	33.18
41	83.18	89.74	104.34	110.86	116.49	126.07	20.92	24.96	27.65	29.38	30.86	33.63
42	83.39	89.97	105.00	111.63	117.20	126.77	20.99	25.09	27.84	29.57	31.04	33.88
43	83.77	91.30	105.88	112.59	118.14	127.82	21.03	25.21	27.96	29.76	31.24	34.13
44	84.37	92.88	106.98	113.83	119.35	129.24	21.07	25.31	28.11	29.91	31.38	34.34
45	85.21	94.68	108.36	115.34	120.91	131.01	21.13	25.40	28.27	30.08	31.54	34.57
46	86.30	96.67	110.12	117.18	122.86	133.14	21.20	25.56	28.43	30.24	31.76	34.79
47	87.24	98.39	111.76	118.80	124.73	135.03	21.28	25.62	28.52	30.31	31.83	34.87
48	89.88	101.58	115.74	122.79	129.73	139.35	21.76	26.04	28.97	30.71	32.45	35.22
49	92.00	104.08	119.18	126.12	133.86	142.83	22.20	26.45	29.33	31.05	32.87	35.48
50	94.12	106.38	122.69	129.42	137.86	146.21	22.77	26.89	29.77	31.41	33.32	35.78
51	96.70	109.00	126.92	133.44	142.53	150.24	23.52	27.55	30.44	32.01	33.96	36.27
52	99.41	111.66	131.48	137.68	147.47	154.43	24.40	28.34	31.22	32.71	34.65	36.84
53	101.28	113.64	134.72	140.73	150.48	157.35	25.06	29.02	31.93	33.37	35.18	37.48
54	103.86	116.47	138.84	144.76	154.42	161.33	25.89	29.90	32.91	34.32	35.99	38.50
55	106.32	119.27	142.70	148.63	158.16	165.09	26.66	30.76	33.86	35.29	36.84	39.59
56	109.80	123.30	147.78	153.87	163.42	170.41	27.58	31.88	35.15	36.59	38.08	41.08
57	113.94	128.22	153.55	160.03	169.71	176.69	28.58	33.11	36.57	38.12	39.61	42.90
58	118.21	133.58	158.56	165.98	176.71	182.99	29.48	34.46	37.95	39.73	41.54	44.81
59	124.31	141.17	166.15	174.64	186.38	192.12	30.59	36.12	39.80	41.84	43.97	47.39
60	131.31	149.82	174.92	184.60	197.31	202.62	31.74	37.79	41.79	44.11	46.65	50.27
61	139.22	159.64	184.91	195.85	209.54	214.46	32.90	39.56	44.01	46.60	49.59	53.45
62	149.43	172.11	197.83	210.30	225.24	229.82	34.52	41.84	46.82	49.77	53.32	57.43
63	161.10	185.72	213.30	226.91	242.30	247.35	36.65	44.51	50.19	53.37	57.24	61.88
64	172.24	198.43	228.03	242.62	258.37	263.96	38.80	47.21	53.43	56.85	60.96	66.03
65	184.11	211.64	243.60	259.12	275.30	281.55	41.39	50.35	57.01	60.64	65.01	70.45
66	206.66	236.65	273.00	290.30	307.96	315.22	46.70	56.69	63.96	68.00	72.87	78.84
67	220.94	251.79	291.17	309.53	328.18	336.14	50.50	61.18	68.47	72.80	77.98	84.03
68	241.77	269.94	312.89	332.57	357.27	364.80	55.95	67.65	73.98	79.28	85.58	91.18
69	262.12	289.43	336.25	357.35	385.74	393.47	61.88	74.64	80.20	86.13	93.16	98.35
70	279.81	307.48	357.98	380.47	410.57	418.87	67.74	81.49	86.34	92.54	99.95	104.68
71	298.47	327.78	382.51	406.57	437.36	446.55	74.31	89.16	93.38	99.72	107.30	111.61
72	319.05	351.16	410.80	436.70	467.70	477.97	81.86	97.96	101.55	107.96	115.61	119.50
73	339.20	379.12	445.09	473.15	500.18	512.79	89.87	107.29	111.25	117.18	124.17	128.19
74	363.25	412.97	486.81	517.51	540.50	555.71	99.31	118.25	122.78	128.35	134.59	138.92
75	389.99	451.07	534.07	567.73	587.18	605.04	109.74	130.37	135.64	140.98	146.45	151.26
76	420.14	493.86	587.47	624.52	641.54	661.95	121.31	143.81	149.90	155.31	160.08	165.49
77	454.34	541.76	647.56	688.40	704.75	727.52	134.08	158.69	165.64	171.51	175.75	181.87
78	496.72	599.38	719.92	765.32	783.41	808.36	149.21	176.34	184.23	191.09	195.09	202.09
79	541.01	658.98	795.29	845.44	867.96	894.50	164.78	194.50	203.25	211.61	215.68	223.61

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	92.50	103.11	115.46	3.44	4.07	4.73	17.96	
36	93.62	104.53	116.39	3.49	4.12	4.78	18.45	
37	94.75	105.94	117.29	3.54	4.17	4.83	18.91	
38	94.94	107.16	117.49	3.56	4.20	4.86	19.64	
39	95.65	108.41	118.05	3.59	4.22	4.88	20.23	
40	96.79	109.78	118.97	3.64	4.27	4.93	20.67	
41	97.98	110.83	119.77	3.69	4.35	4.98	20.92	
42	99.12	111.63	120.43	3.74	4.39	5.01	20.99	
43	100.60	112.59	121.44	3.80	4.45	5.07	21.03	
44	102.31	113.83	122.79	3.89	4.53	5.14	21.07	
45	104.27	115.34	124.48	4.00	4.63	5.24	21.13	
46	106.46	117.15	126.47	4.12	4.75	5.38	21.20	
47	108.28	118.80	128.27	4.26	4.85	5.47	21.28	
48	111.77	122.77	132.38	4.47	5.06	5.68	21.76	
49	114.45	126.10	135.70	4.65	5.27	5.86	22.20	
50	116.89	129.42	138.89	4.82	5.45	6.03	22.77	
51	119.73	133.41	142.73	5.02	5.64	6.23	23.52	
52	122.56	137.68	146.69	5.24	5.84	6.47	24.40	
53	124.69	140.73	149.48	5.39	5.99	6.61	25.06	
54	127.73	144.76	153.25	5.59	6.20	6.82	25.89	
55	130.78	148.63	156.85	5.78	6.39	7.00	26.66	
56	135.15	153.87	161.88	6.05	6.66	7.27	27.58	
57	140.51	160.03	167.85	6.37	6.96	7.58	28.58	
58	146.31	165.98	173.83	6.69	7.29	7.89	29.48	
59	154.61	174.64	182.51	7.14	7.72	8.34	30.59	
60	164.05	184.60	192.47	7.64	8.26	8.86	31.74	
61	174.73	195.85	203.73	8.23	8.84	9.46	32.90	
62	188.32	210.30	218.32	8.97	9.60	10.19	34.52	
63	203.09	226.91	234.98	9.84	10.48	11.07	36.65	
64	216.85	242.62	250.74	10.71	11.34	11.91	38.80	
65	231.16	259.10	267.48	11.60	12.24	12.84	41.39	
66	258.30	290.30	299.44	13.22	13.85	14.47	46.70	
67	274.64	309.53	319.32	14.31	14.91	15.54	50.50	
68	294.08	334.55	346.55	15.76	16.38	16.98	55.95	
69	315.06	360.03	373.77	17.20	17.79	18.43	61.88	
70	334.52	382.84	397.93	18.47	19.08	19.71	67.74	
71	356.48	407.97	424.21	19.87	20.47	21.08	74.31	
72	381.79	436.70	454.08	21.44	22.03	22.64	81.86	
73	412.23	469.92	487.13	23.15	23.75	24.36	89.87	
74	449.07	510.94	527.93	25.25	25.85	26.49	99.31	
75	490.46	558.08	574.79	27.65	28.25	28.92	109.74	
76	536.88	612.36	628.85	30.41	31.04	31.73	121.31	
77	588.76	674.63	691.13	33.58	34.25	34.95	134.08	
78	651.10	750.99	767.96	37.51	38.21	38.93	149.21	
79	715.43	832.04	849.77	41.68	42.40	43.17	164.78	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Simple

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	58.72	63.10	69.64	74.02	82.86	104.38	52.84	56.78	62.68	66.63	74.58	93.95
36	59.34	63.66	70.73	75.20	84.15	105.45	53.41	57.30	63.64	67.67	75.73	94.92
37	59.98	64.24	71.82	76.34	85.46	106.55	53.98	57.81	64.63	68.71	76.91	95.89
38	60.61	64.81	72.96	77.48	86.87	107.17	54.55	58.33	65.67	69.74	78.19	96.47
39	61.20	65.37	74.04	78.61	88.18	108.01	55.09	58.85	66.65	70.74	79.36	97.20
40	61.79	65.94	75.10	79.73	89.41	109.08	55.61	59.34	67.59	71.77	80.47	98.18
41	62.43	66.51	76.15	80.89	90.64	110.41	56.20	59.86	68.54	72.81	81.56	99.37
42	63.12	67.08	77.26	82.14	91.93	111.99	56.80	60.38	69.54	73.92	82.76	100.80
43	63.53	67.97	78.02	82.98	92.80	113.16	57.16	61.17	70.21	74.70	83.52	101.85
44	64.45	69.47	79.39	84.49	94.41	115.26	58.00	62.51	71.46	76.04	84.97	103.74
45	65.12	70.73	80.48	85.64	95.68	116.96	58.60	63.64	72.44	77.07	86.12	105.26
46	65.97	72.15	81.77	87.00	97.25	118.92	59.38	64.93	73.59	78.31	87.52	107.02
47	67.06	73.72	83.34	88.59	99.17	121.15	60.35	66.34	75.01	79.72	89.25	109.03
48	69.27	76.19	86.25	91.51	102.93	125.02	62.35	68.58	77.62	82.36	92.64	112.54
49	71.05	78.11	88.72	93.87	106.08	128.04	63.96	70.30	79.84	84.48	95.47	115.24
50	73.35	80.44	91.82	96.87	109.99	131.83	66.02	72.39	82.64	87.17	98.99	118.65
51	75.33	82.30	94.58	99.42	113.46	134.88	67.80	74.07	85.13	89.47	102.12	121.40
52	77.95	84.73	98.19	102.82	117.97	138.95	70.16	76.24	88.37	92.55	106.17	125.05
53	79.81	86.57	100.85	105.36	121.15	141.94	71.82	77.92	90.77	94.81	109.03	127.75
54	82.34	89.27	104.41	108.87	125.37	146.24	74.11	80.34	93.96	97.97	112.83	131.62
55	84.66	91.78	107.66	112.13	129.25	150.22	76.18	82.61	96.90	100.93	116.34	135.22
56	87.87	95.38	112.05	116.69	134.51	155.94	79.09	85.84	100.85	105.02	121.06	140.35
57	91.57	99.62	117.01	121.95	140.51	162.66	82.42	89.66	105.31	109.78	126.46	146.38
58	94.72	103.94	120.76	126.41	145.45	168.46	85.24	93.54	108.68	113.76	130.90	151.61
59	99.28	109.68	126.53	133.00	152.78	177.13	89.36	98.72	113.88	119.71	137.52	159.43
60	104.89	116.45	133.75	141.14	161.81	187.89	94.40	104.80	120.36	127.04	145.63	169.11
61	111.00	123.65	141.63	150.01	171.62	199.66	99.89	111.30	127.46	135.01	154.46	179.69
62	119.05	133.02	152.01	161.59	184.48	215.10	107.14	119.73	136.81	145.41	166.03	193.58
63	128.83	143.64	164.87	175.37	200.00	233.41	115.96	129.27	148.38	157.83	180.00	210.07
64	140.03	155.74	179.39	190.85	217.54	253.96	126.02	140.17	161.46	171.77	195.79	228.56
65	152.24	168.93	194.91	207.34	236.32	275.93	137.01	152.04	175.41	186.61	212.69	248.34
66	173.20	191.92	221.28	235.29	268.35	313.22	155.88	172.73	199.14	211.76	241.54	281.91
67	190.07	210.46	241.84	257.07	293.51	342.36	171.06	189.40	217.65	231.37	264.16	308.12
68	213.70	237.04	266.61	283.39	324.38	380.82	192.33	213.33	239.95	255.04	291.96	342.74
69	238.79	265.34	294.59	313.08	359.14	421.95	214.92	238.79	265.11	281.77	323.23	379.75
70	264.77	294.75	324.78	345.17	396.66	464.69	238.31	265.29	292.29	310.65	357.00	418.23
71	290.23	323.87	355.35	377.70	434.71	506.80	261.21	291.49	319.81	339.93	391.22	456.12
72	319.45	357.55	391.40	416.07	479.60	555.87	287.52	321.78	352.27	374.45	431.64	500.29
73	347.74	390.27	432.10	459.36	529.80	607.68	312.97	351.25	388.89	413.41	476.81	546.92
74	381.64	429.72	481.86	512.24	591.15	671.63	343.47	386.74	433.66	461.01	532.04	604.47
75	417.09	471.48	535.38	569.14	657.27	740.96	375.39	424.33	481.85	512.23	591.54	666.87
76	457.42	519.31	596.53	634.16	732.96	821.74	411.68	467.37	536.89	570.74	659.66	739.56
77	492.93	562.30	652.29	693.41	802.21	896.59	443.63	506.06	587.05	624.06	721.98	806.92
78	540.55	619.65	724.36	770.04	891.81	996.02	486.49	557.69	651.93	693.04	802.62	896.42
79	590.17	679.94	799.20	849.58	985.10	1,101.79	531.14	611.94	719.28	764.63	886.59	991.62

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Simple

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	55.57	57.86	66.78	71.00	74.54	83.70	12.36	15.04	16.85	17.91	18.80	20.68
36	55.93	58.53	67.70	71.97	75.57	84.34	12.70	15.37	17.20	18.28	19.20	21.12
37	56.30	59.24	68.61	72.95	76.59	85.02	13.02	15.72	17.57	18.68	19.62	21.52
38	56.45	59.94	69.47	73.79	77.58	85.16	13.52	16.23	18.04	19.15	20.14	22.01
39	56.68	60.65	70.32	74.66	78.52	85.56	13.93	16.63	18.46	19.59	20.60	22.44
40	57.04	61.35	71.20	75.60	79.50	86.23	14.23	16.98	18.80	19.96	21.00	22.85
41	57.51	62.04	72.14	76.64	80.54	87.16	14.46	17.25	19.12	20.31	21.34	23.25
42	58.13	62.71	73.20	77.82	81.70	88.37	14.63	17.49	19.40	20.61	21.64	23.62
43	58.53	63.79	73.98	78.67	82.55	89.31	14.70	17.62	19.54	20.79	21.83	23.85
44	59.45	65.45	75.38	80.21	84.10	91.07	14.85	17.84	19.81	21.08	22.11	24.20
45	60.19	66.88	76.54	81.47	85.41	92.55	14.92	17.94	19.97	21.25	22.28	24.42
46	61.12	68.46	77.98	82.98	87.00	94.28	15.02	18.10	20.13	21.42	22.49	24.63
47	62.21	70.16	79.69	84.71	88.94	96.28	15.17	18.27	20.34	21.62	22.70	24.86
48	64.37	72.75	82.89	87.94	92.91	99.79	15.58	18.65	20.75	21.99	23.24	25.22
49	66.06	74.74	85.58	90.56	96.12	102.56	15.94	18.99	21.06	22.30	23.60	25.48
50	68.18	77.07	88.88	93.76	99.87	105.92	16.50	19.48	21.56	22.75	24.14	25.92
51	69.94	78.83	91.79	96.50	103.08	108.65	17.01	19.93	22.02	23.15	24.56	26.23
52	72.22	81.11	95.52	100.02	107.13	112.19	17.72	20.59	22.68	23.77	25.17	26.76
53	73.79	82.79	98.15	102.52	109.62	114.63	18.26	21.14	23.26	24.31	25.63	27.31
54	76.01	85.23	101.61	105.94	113.01	118.06	18.95	21.88	24.09	25.12	26.34	28.18
55	78.03	87.54	104.74	109.09	116.08	121.17	19.57	22.58	24.85	25.90	27.04	29.06
56	80.96	90.91	108.96	113.46	120.50	125.65	20.34	23.50	25.92	26.98	28.08	30.29
57	84.40	94.98	113.74	118.54	125.71	130.88	21.17	24.53	27.09	28.24	29.34	31.78
58	87.42	98.79	117.26	122.75	130.68	135.32	21.80	25.49	28.06	29.38	30.72	33.14
59	91.93	104.40	122.88	129.16	137.84	142.08	22.63	26.71	29.43	30.94	32.52	35.04
60	97.56	111.32	129.97	137.15	146.60	150.54	23.58	28.08	31.05	32.77	34.66	37.35
61	103.76	118.97	137.81	145.96	156.17	159.83	24.52	29.48	32.80	34.73	36.96	39.83
62	111.90	128.88	148.14	157.48	168.67	172.09	25.85	31.33	35.06	37.27	39.93	43.01
63	121.60	140.19	161.00	171.27	182.89	186.70	27.66	33.60	37.88	40.29	43.21	46.71
64	132.56	152.71	175.49	186.72	198.84	203.14	29.86	36.33	41.12	43.76	46.91	50.82
65	144.33	165.91	190.96	203.13	215.81	220.71	32.45	39.47	44.69	47.53	50.97	55.22
66	164.27	188.11	217.00	230.75	244.79	250.56	37.12	45.06	50.84	54.05	57.92	62.67
67	180.03	205.16	237.25	252.21	267.41	273.89	41.15	49.85	55.79	59.32	63.54	68.47
68	201.92	225.45	261.32	277.75	298.38	304.67	46.72	56.50	61.79	66.21	71.47	76.15
69	224.88	248.32	288.49	306.59	330.95	337.58	53.09	64.04	68.81	73.90	79.92	84.38
70	248.36	272.91	317.73	337.70	364.41	371.78	60.12	72.33	76.64	82.14	88.71	92.91
71	271.00	297.61	347.31	369.16	397.11	405.46	67.47	80.96	84.79	90.55	97.43	101.34
72	296.84	326.71	382.20	406.29	435.13	444.69	76.16	91.14	94.48	100.45	107.56	111.18
73	321.58	359.42	421.97	448.57	474.19	486.15	85.21	101.72	105.47	111.09	117.72	121.53
74	351.22	399.30	470.69	500.37	522.61	537.31	96.02	114.33	118.71	124.10	130.13	134.32
75	382.09	441.93	523.25	556.22	575.27	592.77	107.52	127.73	132.89	138.13	143.48	148.19
76	417.24	490.45	583.42	620.21	637.11	657.39	120.47	142.82	148.87	154.24	158.98	164.35
77	447.94	534.13	638.44	678.71	694.82	717.28	132.19	156.45	163.31	169.09	173.28	179.31
78	489.62	590.82	709.64	754.39	772.22	796.81	147.08	173.82	181.59	188.36	192.30	199.20
79	533.12	649.36	783.68	833.10	855.29	881.44	162.38	191.66	200.29	208.52	212.53	220.35

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Simple

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	63.69	71.00	79.50	2.37	2.81	3.26	12.36	
36	64.46	71.97	80.14	2.40	2.84	3.29	13.39	
37	65.23	72.95	80.76	2.44	2.87	3.33	13.71	
38	65.37	73.79	80.89	2.45	2.89	3.34	14.45	
39	65.86	74.64	81.28	2.47	2.91	3.36	15.02	
40	66.65	75.58	81.92	2.50	2.94	3.39	15.57	
41	67.74	76.62	82.81	2.55	3.01	3.44	16.05	
42	69.10	77.82	83.95	2.60	3.06	3.49	16.37	
43	70.29	78.67	84.85	2.66	3.11	3.54	16.75	
44	72.09	80.21	86.52	2.74	3.19	3.62	17.13	
45	73.65	81.47	87.93	2.82	3.27	3.70	17.54	
46	75.39	82.96	89.56	2.92	3.37	3.81	17.25	
47	77.21	84.71	91.46	3.03	3.46	3.90	16.99	
48	80.05	87.92	94.81	3.20	3.62	4.07	17.38	
49	82.18	90.55	97.44	3.34	3.78	4.21	17.72	
50	84.68	93.76	100.62	3.49	3.94	4.37	18.27	
51	86.59	96.49	103.23	3.63	4.08	4.50	18.78	
52	89.04	100.02	106.56	3.81	4.24	4.70	19.50	
53	90.84	102.52	108.90	3.93	4.36	4.81	19.84	
54	93.48	105.94	112.15	4.09	4.54	4.99	20.34	
55	95.98	109.09	115.12	4.24	4.69	5.14	20.75	
56	99.65	113.46	119.36	4.46	4.91	5.36	21.30	
57	104.08	118.54	124.34	4.72	5.15	5.62	21.90	
58	108.20	122.75	128.55	4.94	5.39	5.84	22.32	
59	114.34	129.16	134.98	5.28	5.71	6.17	22.92	
60	121.89	137.15	143.00	5.68	6.14	6.58	23.63	
61	130.22	145.96	151.84	6.13	6.59	7.05	24.52	
62	141.02	157.48	163.48	6.72	7.19	7.63	25.85	
63	153.29	171.27	177.36	7.43	7.91	8.35	27.66	
64	166.89	186.72	192.97	8.24	8.73	9.17	29.86	
65	181.21	203.11	209.68	9.09	9.59	10.06	32.45	
66	205.31	230.75	238.02	10.51	11.01	11.50	37.12	
67	223.78	252.21	260.18	11.66	12.15	12.66	41.15	
68	245.60	279.41	289.42	13.16	13.68	14.18	46.72	
69	270.31	308.89	320.68	14.75	15.27	15.81	53.09	
70	296.91	339.80	353.19	16.40	16.94	17.49	60.12	
71	323.68	370.43	385.17	18.04	18.59	19.14	67.47	
72	355.21	406.29	422.46	19.95	20.49	21.07	76.16	
73	390.81	445.50	461.83	21.94	22.51	23.10	85.21	
74	434.20	494.02	510.45	24.41	25.00	25.61	96.02	
75	480.52	546.77	563.14	27.09	27.68	28.33	107.52	
76	533.17	608.14	624.51	30.20	30.83	31.51	120.47	
77	580.47	665.13	681.39	33.11	33.77	34.45	132.19	
78	641.80	740.26	756.99	36.97	37.66	38.38	147.08	
79	704.98	819.90	837.36	41.07	41.78	42.54	162.38	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 20 Years

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue Age	Integrated NH, ALF, and HHC with 100% HHC (1PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	62.21	66.86	73.78	78.43	87.79	110.59
36	62.87	67.44	74.94	79.67	89.16	111.73
37	63.19	67.68	75.67	80.43	90.04	112.25
38	63.86	68.29	76.87	81.63	91.53	112.91
39	64.48	68.87	78.00	82.82	92.91	113.79
40	65.10	69.47	79.12	84.00	94.20	114.93
41	65.40	69.68	79.78	84.74	94.95	115.67
42	65.75	69.88	80.48	85.56	95.76	116.66
43	66.57	71.23	81.76	86.96	97.25	118.58
44	67.15	72.38	82.72	88.03	98.36	120.09
45	67.87	73.72	83.87	89.25	99.72	121.90
46	68.77	75.22	85.24	90.70	101.38	123.96
47	70.33	77.31	87.41	92.91	104.01	127.06
48	72.23	79.45	89.93	95.42	107.32	130.35
49	74.54	81.94	93.08	98.48	111.29	134.32
50	76.50	83.90	95.76	101.03	114.72	137.50
51	79.05	86.36	99.25	104.33	119.07	141.54
52	81.32	88.39	102.43	107.26	123.07	144.95
53	83.28	90.33	105.24	109.94	126.42	148.11
54	85.92	93.16	108.95	113.60	130.82	152.59
55	88.36	95.79	112.37	117.03	134.90	156.80
56	91.17	98.95	116.25	121.06	139.56	161.78
57	94.43	102.73	120.66	125.76	144.90	167.74
58	98.29	107.86	125.32	131.18	150.94	174.82
59	103.03	113.82	131.31	138.02	158.55	183.81
60	108.19	120.11	137.96	145.58	166.90	193.80
61	115.21	128.35	147.01	155.70	178.14	207.25
62	123.57	138.07	157.78	167.72	191.49	223.27
63	134.58	150.04	172.22	183.19	208.92	243.82
64	146.27	162.69	187.39	199.36	227.24	265.29
65	160.05	177.60	204.90	217.97	248.44	290.08
66	183.25	203.06	234.13	248.95	283.93	331.41
67	201.17	222.76	255.98	272.10	310.66	362.37
68	227.76	252.64	284.15	302.03	345.72	405.87
69	254.61	282.91	314.09	333.82	382.92	449.90
70	282.42	314.40	346.43	368.18	423.10	495.66
71	309.84	345.75	379.36	403.22	464.08	541.04
72	339.00	379.44	415.37	441.54	508.97	589.90
73	364.42	408.98	452.82	481.38	555.21	636.82
74	392.10	441.50	495.06	526.28	607.35	690.03
75	422.85	477.99	542.77	576.99	666.34	751.18
76	457.42	519.31	596.53	634.16	732.96	821.74
77	496.45	566.31	656.95	698.36	807.94	902.99
78	544.46	624.14	729.61	775.62	898.27	1,003.23
79	594.54	684.98	805.12	855.88	992.39	1,109.95

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue Age	Integrated NH, ALF, and HHC with 50% HHC (1PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	55.98	60.16	66.41	70.59	79.01	99.54
36	56.59	60.72	67.43	71.70	80.24	100.57
37	56.87	60.91	68.09	72.39	81.03	101.03
38	57.47	61.45	69.19	73.47	82.38	101.63
39	58.04	62.00	70.22	74.53	83.61	102.41
40	58.59	62.52	71.21	75.61	84.78	103.44
41	58.87	62.71	71.81	76.28	85.45	104.10
42	59.17	62.90	72.43	77.00	86.21	105.00
43	59.90	64.10	73.57	78.28	87.52	106.73
44	60.43	65.13	74.45	79.22	88.53	108.09
45	61.07	66.33	75.50	80.32	89.75	109.70
46	61.90	67.68	76.71	81.63	91.23	111.56
47	63.30	69.57	78.67	83.61	93.60	114.35
48	65.01	71.51	80.93	85.88	96.60	117.34
49	67.10	73.75	83.76	88.63	100.15	120.90
50	68.85	75.50	86.19	90.92	103.24	123.74
51	71.15	77.72	89.34	93.89	107.17	127.40
52	73.19	79.53	92.19	96.55	110.76	130.45
53	74.94	81.31	94.72	98.94	113.77	133.31
54	77.33	83.83	98.04	102.23	117.73	137.34
55	79.51	86.22	101.14	105.34	121.43	141.13
56	82.05	89.06	104.63	108.96	125.60	145.62
57	84.99	92.47	108.60	113.21	130.42	150.96
58	88.46	97.07	112.78	118.06	135.84	157.33
59	92.73	102.45	118.17	124.23	142.71	165.45
60	97.37	108.09	124.15	131.04	150.21	174.43
61	103.68	115.52	132.30	140.14	160.33	186.52
62	111.21	124.28	142.01	150.93	172.33	200.93
63	121.13	135.04	155.00	164.87	188.03	219.43
64	131.64	146.42	168.66	179.43	204.52	238.75
65	144.04	159.83	184.40	196.18	223.60	261.07
66	164.93	182.76	210.71	224.06	255.56	298.28
67	181.06	200.47	230.37	244.89	279.59	326.13
68	204.98	227.37	255.73	271.82	311.17	365.29
69	229.15	254.61	282.67	300.43	344.64	404.90
70	254.19	282.98	311.78	331.36	380.80	446.11
71	278.85	311.18	341.42	362.89	417.66	486.94
72	305.12	341.48	373.84	397.38	458.06	530.91
73	327.97	368.09	407.53	433.23	499.67	573.14
74	352.88	397.34	445.55	473.64	546.62	621.03
75	380.57	430.18	488.50	519.29	599.70	676.07
76	411.68	467.37	536.89	570.74	659.66	739.56
77	446.80	509.67	591.24	628.52	727.14	812.68
78	490.02	561.73	656.65	698.06	808.44	902.92
79	535.08	616.47	724.61	770.29	893.15	998.96

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 20 Years

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	58.88	61.30	70.76	75.22	78.98	88.68	13.10	15.93	17.85	18.97	19.92	21.91
36	59.26	62.02	71.73	76.26	80.06	89.36	13.46	16.29	18.23	19.37	20.35	22.37
37	59.31	62.41	72.29	76.85	80.69	89.58	13.72	16.57	18.51	19.68	20.67	22.67
38	59.47	63.15	73.19	77.74	81.74	89.72	14.25	17.10	19.01	20.18	21.22	23.19
39	59.72	63.90	74.09	78.66	82.73	90.15	14.67	17.52	19.45	20.64	21.70	23.65
40	60.09	64.64	75.01	79.65	83.76	90.85	14.99	17.89	19.81	21.03	22.13	24.07
41	60.24	65.00	75.57	80.29	84.37	91.31	15.15	18.08	20.03	21.28	22.35	24.36
42	60.55	65.33	76.25	81.06	85.10	92.05	15.24	18.22	20.21	21.47	22.54	24.61
43	61.34	66.85	77.53	82.44	86.50	93.59	15.40	18.46	20.48	21.79	22.87	24.99
44	61.94	68.19	78.54	83.57	87.63	94.88	15.47	18.58	20.64	21.96	23.04	25.21
45	62.73	69.70	79.77	84.91	89.01	96.45	15.55	18.70	20.81	22.14	23.22	25.45
46	63.71	71.36	81.29	86.50	90.70	98.28	15.65	18.87	20.98	22.33	23.44	25.68
47	65.24	73.58	83.57	88.84	93.28	100.98	15.91	19.16	21.33	22.67	23.80	26.08
48	67.12	75.86	86.42	91.69	96.87	104.05	16.25	19.44	21.63	22.93	24.23	26.30
49	69.31	78.40	89.78	95.01	100.84	107.59	16.72	19.92	22.09	23.39	24.76	26.73
50	71.11	80.38	92.70	97.78	104.16	110.47	17.20	20.32	22.49	23.73	25.18	27.03
51	73.39	82.72	96.32	101.27	108.17	114.02	17.85	20.91	23.10	24.29	25.77	27.52
52	75.34	84.62	99.64	104.34	111.76	117.03	18.49	21.48	23.66	24.79	26.26	27.92
53	76.99	86.39	102.41	106.98	114.39	119.62	19.05	22.06	24.28	25.37	26.75	28.49
54	79.31	88.94	106.02	110.54	117.92	123.19	19.77	22.83	25.13	26.21	27.48	29.40
55	81.45	91.37	109.32	113.86	121.16	126.47	20.42	23.56	25.94	27.04	28.22	30.33
56	84.00	94.32	113.05	117.71	125.01	130.36	21.10	24.39	26.89	27.99	29.13	31.42
57	87.04	97.94	117.30	122.25	129.64	134.97	21.83	25.29	27.93	29.12	30.26	32.77
58	90.72	102.51	121.69	127.38	135.61	140.43	22.62	26.45	29.12	30.49	31.88	34.39
59	95.40	108.34	127.51	134.03	143.04	147.44	23.48	27.72	30.54	32.11	33.74	36.37
60	100.63	114.82	134.05	141.47	151.21	155.28	24.32	28.96	32.03	33.80	35.75	38.52
61	107.70	123.49	143.04	151.50	162.10	165.90	25.45	30.60	34.05	36.05	38.36	41.34
62	116.14	133.77	153.77	163.46	175.07	178.63	26.83	32.52	36.39	38.69	41.44	44.64
63	127.02	146.44	168.18	178.91	191.04	195.03	28.90	35.10	39.57	42.08	45.13	48.79
64	138.47	159.52	183.32	195.05	207.71	212.20	31.19	37.95	42.95	45.71	49.00	53.09
65	151.73	174.41	200.75	213.54	226.88	232.03	34.11	41.49	46.99	49.97	53.58	58.06
66	173.81	199.03	229.60	244.15	259.01	265.11	39.28	47.67	53.79	57.19	61.29	66.31
67	190.55	217.15	251.12	266.95	283.03	289.90	43.55	52.76	59.05	62.79	67.25	72.47
68	215.20	240.28	278.51	296.02	318.01	324.71	49.80	60.22	65.85	70.57	76.17	81.16
69	239.78	264.76	307.59	326.89	352.86	359.93	56.61	68.28	73.37	78.79	85.22	89.97
70	264.91	291.10	338.91	360.21	388.70	396.56	64.13	77.15	81.74	87.62	94.62	99.10
71	289.31	317.72	370.78	394.10	423.95	432.86	72.03	86.43	90.52	96.66	104.01	108.18
72	315.01	346.71	405.60	431.17	461.78	471.92	80.82	96.72	100.26	106.59	114.15	117.98
73	337.00	376.66	442.20	470.08	496.93	509.46	89.29	106.60	110.53	116.42	123.36	127.36
74	360.84	410.24	483.59	514.08	536.93	552.03	98.66	117.47	121.97	127.50	133.70	138.00
75	387.36	448.03	530.46	563.89	583.21	600.95	109.00	129.49	134.73	140.03	145.46	150.23
76	417.24	490.45	583.42	620.21	637.11	657.39	120.47	142.82	148.87	154.24	158.98	164.35
77	451.14	537.94	643.00	683.55	699.78	722.40	133.13	157.57	164.48	170.30	174.52	180.59
78	493.17	595.10	714.78	759.86	777.82	802.59	148.15	175.08	182.91	189.72	193.70	200.65
79	537.06	654.17	789.48	839.27	861.63	887.97	163.58	193.08	201.77	210.07	214.10	221.98

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 20 Years

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	67.48	75.22	84.23	2.51	2.97	3.45	13.10	
36	68.30	76.26	84.91	2.55	3.01	3.49	13.46	
37	68.73	76.85	85.08	2.57	3.03	3.50	13.72	
38	68.87	77.74	85.23	2.58	3.04	3.52	14.25	
39	69.38	78.64	85.63	2.60	3.06	3.54	14.67	
40	70.22	79.63	86.31	2.64	3.10	3.58	14.99	
41	70.96	80.27	86.75	2.68	3.15	3.61	15.15	
42	71.98	81.06	87.45	2.71	3.19	3.64	15.24	
43	73.66	82.44	88.92	2.78	3.26	3.71	15.40	
44	75.12	83.57	90.15	2.85	3.32	3.78	15.47	
45	76.76	84.91	91.64	2.94	3.41	3.86	15.55	
46	78.59	86.48	93.36	3.04	3.51	3.97	15.65	
47	80.98	88.84	95.92	3.18	3.63	4.09	15.91	
48	83.47	91.67	98.86	3.33	3.78	4.24	16.25	
49	86.22	94.99	102.22	3.51	3.97	4.41	16.72	
50	88.32	97.78	104.94	3.64	4.11	4.56	17.20	
51	90.87	101.25	108.32	3.81	4.28	4.73	17.85	
52	92.88	104.34	111.17	3.97	4.43	4.90	18.49	
53	94.79	106.98	113.64	4.10	4.55	5.02	19.05	
54	97.54	110.54	117.03	4.27	4.74	5.21	19.77	
55	100.18	113.86	120.16	4.43	4.89	5.36	20.42	
56	103.38	117.71	123.84	4.63	5.10	5.56	21.10	
57	107.33	122.25	128.22	4.87	5.31	5.79	21.83	
58	112.28	127.38	133.40	5.13	5.59	6.06	22.62	
59	118.65	134.03	140.07	5.48	5.92	6.40	23.48	
60	125.72	141.47	147.50	5.85	6.33	6.79	24.32	
61	135.17	151.50	157.60	6.36	6.84	7.31	25.45	
62	146.37	163.46	169.69	6.97	7.46	7.92	26.83	
63	160.13	178.91	185.27	7.76	8.27	8.72	28.90	
64	174.33	195.05	201.57	8.61	9.12	9.58	31.19	
65	190.50	213.53	220.43	9.56	10.09	10.58	34.11	
66	217.23	244.15	251.84	11.12	11.64	12.17	39.28	
67	236.86	266.95	275.39	12.34	12.86	13.40	43.55	
68	261.76	297.79	308.46	14.03	14.58	15.11	49.80	
69	288.21	329.34	341.92	15.73	16.28	16.86	56.61	
70	316.70	362.45	376.74	17.49	18.06	18.66	64.13	
71	345.55	395.46	411.20	19.26	19.84	20.43	72.03	
72	376.96	431.17	448.33	21.17	21.75	22.35	80.82	
73	409.55	466.86	483.97	23.00	23.59	24.20	89.29	
74	446.10	507.56	524.43	25.08	25.68	26.31	98.66	
75	487.14	554.31	570.90	27.46	28.06	28.72	109.00	
76	533.17	608.14	624.51	30.20	30.83	31.51	120.47	
77	584.61	669.88	686.26	33.35	34.01	34.70	133.13	
78	646.45	745.62	762.47	37.24	37.93	38.66	148.15	
79	710.21	825.97	843.57	41.37	42.09	42.85	163.58	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 10 Years

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	49.98	53.71	59.27	63.01	70.53	88.85	44.97	48.33	53.35	56.71	63.48	79.97
36	50.15	53.80	59.78	63.56	71.13	89.13	45.14	48.44	53.79	57.20	64.01	80.23
37	50.69	54.30	60.71	64.52	72.24	90.06	45.62	48.86	54.63	58.08	65.01	81.05
38	51.23	54.78	61.67	65.49	73.43	90.58	46.11	49.30	55.51	58.94	66.09	81.54
39	51.73	55.25	62.58	66.44	74.54	91.29	46.56	49.74	56.33	59.80	67.08	82.16
40	51.86	55.34	63.03	66.92	75.04	91.55	46.67	49.80	56.72	60.24	67.54	82.40
41	52.40	55.82	63.92	67.89	76.07	92.67	47.16	50.24	57.53	61.11	68.46	83.40
42	52.60	55.90	64.39	68.45	76.61	93.32	47.33	50.32	57.95	61.60	68.96	84.00
43	53.26	56.98	65.41	69.57	77.80	94.86	47.92	51.28	58.86	62.62	70.01	85.39
44	53.64	57.82	66.08	70.32	78.58	95.94	48.27	52.03	59.48	63.29	70.72	86.35
45	54.53	59.23	67.39	71.71	80.12	97.94	49.07	53.29	60.66	64.54	72.11	88.14
46	55.17	60.35	68.39	72.77	81.34	99.46	49.67	54.30	61.55	65.49	73.20	89.51
47	56.02	61.58	69.62	74.01	82.84	101.20	50.42	55.42	62.66	66.60	74.56	91.08
48	57.87	63.65	72.05	76.45	85.98	104.44	52.09	57.29	64.84	68.80	77.39	94.01
49	59.72	65.65	74.57	78.90	89.16	107.61	53.76	59.09	67.10	71.01	80.24	96.86
50	61.20	67.12	76.61	80.82	91.77	110.00	55.08	60.40	68.95	72.73	82.59	98.99
51	63.24	69.09	79.40	83.46	95.25	113.23	56.92	62.18	71.47	75.11	85.73	101.92
52	64.96	70.61	81.82	85.68	98.31	115.79	58.47	63.53	73.64	77.13	88.48	104.21
53	66.92	72.59	84.56	88.34	101.59	119.02	60.22	65.34	76.11	79.50	91.42	107.12
54	68.53	74.30	86.90	90.61	104.35	121.71	61.68	66.87	78.20	81.54	93.91	109.55
55	70.37	76.29	89.50	93.21	107.44	124.87	63.32	68.67	80.54	83.90	96.70	112.40
56	73.04	79.28	93.14	97.00	111.81	129.62	65.74	71.35	83.83	87.30	100.63	116.67
57	75.54	82.18	96.53	100.61	115.92	134.19	67.99	73.97	86.88	90.57	104.33	120.77
58	78.63	86.29	100.25	104.94	120.75	139.85	70.77	77.66	90.22	94.45	108.68	125.86
59	82.42	91.05	105.05	110.42	126.84	147.05	74.18	81.96	94.54	99.38	114.17	132.36
60	87.08	96.68	111.04	117.18	134.34	155.98	78.37	87.00	99.92	105.47	120.90	140.40
61	92.73	103.30	118.32	125.32	143.38	166.81	83.45	92.98	106.48	112.79	129.04	150.12
62	98.71	110.29	126.04	133.97	152.96	178.34	88.83	99.27	113.43	120.56	137.65	160.50
63	107.50	119.85	137.56	146.33	166.88	194.76	96.76	107.87	123.81	131.69	150.19	175.28
64	116.84	129.95	149.68	159.24	181.51	211.91	105.15	116.96	134.72	143.33	163.37	190.71
65	126.87	140.78	162.42	172.78	196.94	229.94	114.18	126.70	146.17	155.51	177.24	206.95
66	145.26	160.97	185.59	197.34	225.07	262.70	130.74	144.87	167.02	177.61	202.58	236.44
67	159.21	176.29	202.58	215.34	245.86	286.78	143.29	158.66	182.32	193.81	221.27	258.10
68	181.36	201.18	226.27	240.51	275.30	323.20	163.22	181.05	203.64	216.45	247.78	290.88
69	204.00	226.68	251.67	267.47	306.81	360.48	183.61	204.00	226.49	240.71	276.14	324.42
70	225.93	251.52	277.15	294.54	338.48	396.53	203.35	226.38	249.42	265.09	304.64	356.89
71	251.01	280.10	307.33	326.66	375.96	438.31	225.91	252.10	276.60	293.99	338.36	394.48
72	275.98	308.90	338.15	359.46	414.35	480.24	248.40	278.00	304.34	323.51	372.91	432.22
73	300.11	336.81	372.91	396.43	457.23	524.44	270.09	303.13	335.61	356.78	411.49	472.00
74	326.75	367.91	412.55	438.56	506.13	575.03	294.06	331.11	371.29	394.70	455.51	517.53
75	356.69	403.20	457.85	486.71	562.08	633.65	321.02	362.87	412.06	438.04	505.87	570.29
76	390.71	443.57	509.54	541.68	626.07	701.90	351.64	399.21	458.59	487.51	563.46	631.70
77	433.07	494.02	573.08	609.21	704.80	787.72	389.76	444.61	515.76	548.28	634.31	708.94
78	477.87	547.80	640.38	680.76	788.41	880.54	430.09	493.03	576.34	612.68	709.56	792.49
79	528.96	609.43	716.32	761.48	882.94	987.53	476.06	548.48	644.69	685.33	794.64	888.78

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 10 Years

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	47.30	49.25	56.84	60.43	63.45	71.24	10.52	12.80	14.34	15.24	16.00	17.60
36	47.27	49.47	57.23	60.83	63.87	71.28	10.74	12.99	14.54	15.45	16.23	17.85
37	47.58	50.07	57.99	61.66	64.74	71.87	11.01	13.29	14.85	15.79	16.59	18.19
38	47.71	50.67	58.72	62.37	65.58	71.98	11.43	13.72	15.25	16.19	17.03	18.60
39	47.91	51.26	59.44	63.10	66.37	72.32	11.77	14.06	15.61	16.56	17.41	18.97
40	47.87	51.49	59.76	63.45	66.72	72.38	11.94	14.26	15.78	16.75	17.63	19.18
41	48.26	52.07	60.55	64.32	67.60	73.15	12.14	14.48	16.05	17.05	17.91	19.51
42	48.44	52.26	61.00	64.85	68.08	73.64	12.19	14.57	16.17	17.18	18.03	19.68
43	49.07	53.48	62.02	65.95	69.20	74.87	12.32	14.77	16.38	17.43	18.30	19.99
44	49.48	54.47	62.74	66.76	70.00	75.80	12.36	14.85	16.49	17.54	18.40	20.14
45	50.40	56.00	64.09	68.22	71.52	77.49	12.50	15.03	16.72	17.79	18.65	20.45
46	51.12	57.26	65.22	69.40	72.77	78.85	12.56	15.14	16.84	17.91	18.81	20.60
47	51.96	58.61	66.57	70.76	74.30	80.43	12.67	15.26	16.99	18.06	18.96	20.77
48	53.77	60.77	69.24	73.46	77.61	83.36	13.02	15.58	17.33	18.37	19.41	21.07
49	55.53	62.81	71.93	76.12	80.79	86.20	13.40	15.96	17.70	18.74	19.84	21.41
50	56.89	64.30	74.16	78.23	83.33	88.37	13.76	16.25	17.99	18.99	20.14	21.62
51	58.71	66.18	77.06	81.02	86.54	91.22	14.28	16.73	18.48	19.43	20.62	22.02
52	60.18	67.59	79.60	83.35	89.28	93.49	14.77	17.16	18.90	19.80	20.98	22.30
53	61.87	69.42	82.30	85.97	91.92	96.12	15.31	17.73	19.51	20.39	21.49	22.90
54	63.26	70.94	84.57	88.17	94.05	98.26	15.77	18.21	20.05	20.90	21.92	23.45
55	64.86	72.76	87.06	90.68	96.49	100.72	16.27	18.77	20.65	21.53	22.48	24.15
56	67.30	75.57	90.57	94.31	100.16	104.44	16.90	19.54	21.55	22.42	23.34	25.18
57	69.63	78.36	93.84	97.80	103.71	107.98	17.46	20.24	22.35	23.30	24.21	26.22
58	72.57	82.01	97.35	101.90	108.49	112.35	18.10	21.16	23.30	24.39	25.50	27.51
59	76.32	86.67	102.01	107.22	114.43	117.96	18.78	22.18	24.43	25.69	26.99	29.09
60	81.00	92.41	107.90	113.86	121.70	124.98	19.58	23.31	25.78	27.21	28.78	31.01
61	86.68	99.40	115.13	121.94	130.47	133.53	20.49	24.63	27.40	29.01	30.87	33.28
62	92.77	106.86	122.83	130.57	139.84	142.69	21.43	25.98	29.07	30.90	33.10	35.66
63	101.46	116.97	134.34	142.91	152.60	155.79	23.08	28.03	31.61	33.61	36.05	38.97
64	110.60	127.42	146.43	155.80	165.91	169.50	24.92	30.31	34.31	36.51	39.14	42.40
65	120.28	138.26	159.13	169.27	179.84	183.92	27.04	32.89	37.25	39.61	42.47	46.02
66	137.77	157.77	182.00	193.53	205.31	210.15	31.14	37.79	42.64	45.33	48.58	52.56
67	150.80	171.85	198.74	211.26	224.00	229.43	34.47	41.76	46.74	49.69	53.23	57.35
68	171.36	191.33	221.78	235.72	253.23	258.57	39.65	47.95	52.44	56.19	60.66	64.63
69	192.12	212.14	246.45	261.92	282.73	288.39	45.36	54.71	58.79	63.13	68.28	72.09
70	211.93	232.88	271.13	288.17	310.96	317.25	51.30	61.72	65.40	70.09	75.70	79.28
71	234.38	257.40	300.38	319.27	343.45	350.67	58.36	70.02	73.33	78.31	84.26	87.64
72	256.45	282.26	330.20	351.02	375.93	384.19	65.80	78.74	81.62	86.78	92.93	96.05
73	277.53	310.19	364.17	387.12	409.24	419.55	73.53	87.78	91.02	95.87	101.59	104.88
74	300.70	341.86	402.99	428.40	447.44	460.03	82.21	97.89	101.64	106.25	111.41	115.00
75	326.75	377.93	447.47	475.66	491.96	506.92	91.95	109.23	113.65	118.12	122.70	126.73
76	356.39	418.93	498.33	529.76	544.20	561.52	102.90	121.99	127.16	131.75	135.79	140.38
77	393.55	469.27	560.92	596.29	610.45	630.18	116.14	137.45	143.48	148.56	152.24	157.54
78	432.86	522.32	627.36	666.93	682.69	704.43	130.03	153.67	160.54	166.52	170.01	176.11
79	477.83	582.02	702.41	746.70	766.60	790.03	145.54	171.78	179.52	186.90	190.49	197.50

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 10 Years

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	54.21	60.43	67.67	2.02	2.39	2.77	10.52	
36	54.49	60.83	67.73	2.03	2.40	2.78	10.74	
37	55.14	61.66	68.26	2.06	2.43	2.81	11.01	
38	55.25	62.37	68.37	2.07	2.44	2.83	11.43	
39	55.66	63.09	68.70	2.09	2.46	2.84	11.77	
40	55.93	63.44	68.75	2.10	2.47	2.85	11.94	
41	56.85	64.31	69.50	2.14	2.52	2.89	12.14	
42	57.58	64.85	69.96	2.17	2.55	2.91	12.19	
43	58.93	65.95	71.13	2.23	2.60	2.97	12.32	
44	60.01	66.76	72.02	2.28	2.65	3.02	12.36	
45	61.67	68.22	73.63	2.36	2.74	3.10	12.50	
46	63.05	69.39	74.91	2.44	2.82	3.19	12.56	
47	64.50	70.76	76.40	2.53	2.89	3.26	12.67	
48	66.87	73.45	79.20	2.67	3.03	3.40	13.02	
49	69.08	76.10	81.90	2.81	3.18	3.53	13.40	
50	70.65	78.23	83.95	2.91	3.29	3.64	13.76	
51	72.69	81.00	86.66	3.05	3.43	3.78	14.28	
52	74.20	83.35	88.80	3.17	3.54	3.92	14.77	
53	76.17	85.97	91.31	3.29	3.66	4.04	15.31	
54	77.80	88.17	93.34	3.40	3.78	4.15	15.77	
55	79.79	90.68	95.69	3.52	3.90	4.27	16.27	
56	82.83	94.31	99.22	3.71	4.08	4.46	16.90	
57	85.87	97.80	102.58	3.89	4.25	4.63	17.46	
58	89.83	101.90	106.72	4.11	4.47	4.84	18.10	
59	94.92	107.22	112.05	4.38	4.74	5.12	18.78	
60	101.19	113.86	118.72	4.71	5.10	5.46	19.58	
61	108.79	121.94	126.85	5.12	5.50	5.89	20.49	
62	116.92	130.57	135.55	5.57	5.96	6.33	21.43	
63	127.91	142.91	147.99	6.20	6.60	6.97	23.08	
64	139.25	155.80	161.01	6.88	7.28	7.65	24.92	
65	151.01	169.26	174.73	7.58	8.00	8.39	27.04	
66	172.20	193.53	199.63	8.81	9.23	9.65	31.14	
67	187.45	211.26	217.95	9.77	10.18	10.60	34.47	
68	208.44	237.13	245.63	11.17	11.61	12.04	39.65	
69	230.92	263.88	273.96	12.60	13.04	13.51	45.36	
70	253.36	289.96	301.39	13.99	14.45	14.92	51.30	
71	279.94	320.37	333.12	15.60	16.08	16.55	58.36	
72	306.88	351.02	364.99	17.23	17.70	18.20	65.80	
73	337.28	384.48	398.56	18.94	19.43	19.93	73.53	
74	371.75	422.96	437.03	20.90	21.40	21.93	82.21	
75	410.92	467.58	481.58	23.16	23.67	24.23	91.95	
76	455.42	519.45	533.44	25.79	26.33	26.91	102.90	
77	509.98	584.36	598.65	29.09	29.67	30.27	116.14	
78	567.39	654.43	669.22	32.68	33.29	33.93	130.03	
79	631.87	734.87	750.53	36.81	37.45	38.13	145.54	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Step-Rated

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	46.13	49.58	54.71	58.16	65.10	82.01
36	46.27	49.64	55.15	58.64	65.62	82.23
37	46.77	50.09	56.00	59.53	66.64	83.08
38	47.26	50.54	56.89	60.42	67.74	83.56
39	47.36	50.58	57.29	60.83	68.24	83.58
40	47.81	51.03	58.11	61.70	69.19	84.41
41	47.94	51.07	58.48	62.11	69.60	84.78
42	48.47	51.51	59.33	63.07	70.59	85.99
43	49.07	52.50	60.27	64.10	71.69	87.41
44	49.40	53.25	60.85	64.76	72.36	88.35
45	50.21	54.54	62.05	66.04	73.78	90.19
46	50.77	55.54	62.94	66.97	74.85	91.53
47	51.93	57.09	64.54	68.61	76.80	93.81
48	53.22	58.54	66.26	70.31	79.08	96.05
49	54.92	60.38	68.58	72.56	82.00	98.97
50	56.25	61.69	70.41	74.29	84.35	101.10
51	58.13	63.50	72.98	76.71	87.55	104.08
52	59.67	64.85	75.16	78.70	90.30	106.35
53	60.97	66.14	77.05	80.49	92.56	108.44
54	62.90	68.20	79.77	83.17	95.78	111.72
55	65.08	70.55	82.77	86.20	99.36	115.48
56	67.00	72.72	85.44	88.97	102.57	118.90
57	69.82	75.96	89.22	92.99	107.14	124.03
58	72.68	79.75	92.66	96.99	111.61	129.26
59	76.18	84.16	97.09	102.05	117.23	135.91
60	80.48	89.35	102.63	108.30	124.16	144.17
61	85.71	95.48	109.36	115.83	132.52	154.17
62	91.93	102.71	117.38	124.77	142.45	166.09
63	99.29	110.70	127.06	135.16	154.14	179.89
64	107.92	120.03	138.25	147.09	167.66	195.73
65	116.13	128.87	148.68	158.16	180.27	210.49
66	132.97	147.35	169.88	180.64	206.02	240.48
67	145.64	161.26	185.31	196.98	224.90	262.33
68	165.90	184.02	206.97	220.00	251.82	295.64
69	185.02	205.59	228.26	242.59	278.27	326.94
70	206.52	229.91	253.33	269.23	309.39	362.45
71	229.44	256.03	280.92	298.58	343.65	400.64
72	254.25	284.58	311.52	331.16	381.72	442.42
73	278.67	312.75	346.27	368.12	424.57	486.98
74	305.84	344.37	386.15	410.49	473.73	538.22
75	336.55	380.44	432.00	459.24	530.35	597.88
76	371.65	421.94	484.68	515.26	595.53	667.66
77	408.42	465.90	540.47	574.54	664.69	742.89
78	454.37	520.86	608.88	647.28	749.64	837.23
79	507.11	584.25	686.72	730.01	846.45	946.72

LTC04I NH, LTC04I ALF, LTC04I HHC					
Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Benefit Period					
2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
41.51	44.62	49.25	52.35	58.59	73.81
41.64	44.68	49.62	52.77	59.05	74.02
42.09	45.08	50.40	53.58	59.97	74.77
42.54	45.48	51.21	54.38	60.97	75.22
42.63	45.54	51.57	54.74	61.41	75.22
43.03	45.92	52.30	55.54	62.27	75.97
43.15	45.96	52.63	55.91	62.63	76.30
43.61	46.36	53.39	56.76	63.55	77.40
44.16	47.25	54.23	57.70	64.51	78.68
44.45	47.91	54.77	58.28	65.13	79.51
45.18	49.08	55.86	59.43	66.41	81.16
45.71	49.97	56.64	60.27	67.36	82.37
46.74	51.37	58.09	61.73	69.11	84.43
47.91	52.69	59.64	63.28	71.18	86.46
49.44	54.34	61.71	65.31	73.80	89.08
50.63	55.51	63.38	66.85	75.91	90.99
52.31	57.15	65.69	69.04	78.80	93.68
53.70	58.35	67.64	70.84	81.27	95.72
54.87	59.53	69.35	72.43	83.30	97.60
56.62	61.38	71.78	74.85	86.20	100.55
58.56	63.50	74.49	77.59	89.43	103.95
60.30	65.45	76.90	80.08	92.31	107.02
62.84	68.37	80.30	83.70	96.43	111.62
65.40	71.77	83.39	87.29	100.44	116.33
68.56	75.75	87.38	91.85	105.52	122.33
72.43	80.41	92.35	97.48	111.74	129.76
77.13	85.94	98.42	104.25	119.27	138.75
82.73	92.45	105.64	112.28	128.20	149.47
89.37	99.63	114.36	121.64	138.73	161.90
97.13	108.03	124.44	132.39	150.90	176.15
104.52	115.98	133.80	142.35	162.24	189.44
119.68	132.61	152.89	162.58	185.44	216.44
131.07	145.13	166.77	177.28	202.41	236.09
149.31	165.61	186.27	197.99	226.65	266.08
166.53	185.02	205.42	218.32	250.45	294.24
185.88	206.93	227.99	242.31	278.46	326.22
206.49	230.43	252.83	268.73	309.28	360.58
228.84	256.11	280.38	298.03	343.55	398.19
250.80	281.48	311.64	331.30	382.10	438.28
275.24	309.92	347.53	369.44	426.36	484.40
302.90	342.39	388.80	413.31	477.31	538.09
334.49	379.74	436.22	463.73	535.98	600.89
367.58	419.31	486.41	517.08	598.21	668.59
408.93	468.78	548.00	582.55	674.67	753.51
456.39	525.82	618.05	657.01	761.81	852.05

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Step-Rated

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	43.67	45.46	52.47	55.78	58.57	65.76	9.72	11.81	13.24	14.07	14.77	16.25
36	43.61	45.64	52.79	56.12	58.92	65.76	9.90	11.99	13.41	14.25	14.97	16.47
37	43.90	46.19	53.50	56.88	59.72	66.30	10.15	12.26	13.70	14.57	15.30	16.78
38	44.02	46.74	54.17	57.54	60.50	66.40	10.55	12.65	14.07	14.93	15.71	17.16
39	43.86	46.93	54.42	57.77	60.76	66.21	10.78	12.87	14.29	15.16	15.94	17.37
40	44.14	47.48	55.09	58.50	61.52	66.73	11.01	13.14	14.55	15.44	16.25	17.68
41	44.16	47.64	55.39	58.85	61.84	66.93	11.11	13.25	14.68	15.60	16.38	17.85
42	44.63	48.16	56.21	59.75	62.73	67.85	11.24	13.43	14.90	15.83	16.62	18.14
43	45.21	49.28	57.15	60.77	63.76	68.99	11.35	13.61	15.09	16.06	16.86	18.42
44	45.57	50.16	57.78	61.48	64.46	69.80	11.38	13.67	15.18	16.15	16.95	18.55
45	46.41	51.57	59.02	62.82	65.86	71.36	11.51	13.84	15.40	16.38	17.18	18.83
46	47.04	52.69	60.02	63.87	66.97	72.57	11.56	13.93	15.49	16.48	17.31	18.96
47	48.17	54.33	61.71	65.60	68.87	74.56	11.75	14.15	15.75	16.74	17.58	19.25
48	49.46	55.89	63.68	67.56	71.38	76.67	11.97	14.33	15.94	16.90	17.85	19.38
49	51.07	57.77	66.15	70.01	74.30	79.28	12.32	14.68	16.28	17.24	18.24	19.69
50	52.29	59.10	68.16	71.90	76.59	81.23	12.65	14.94	16.54	17.45	18.51	19.88
51	53.96	60.83	70.83	74.46	79.54	83.84	13.13	15.38	16.99	17.86	18.95	20.24
52	55.28	62.09	73.11	76.56	82.00	85.87	13.57	15.76	17.36	18.19	19.27	20.48
53	56.37	63.25	74.98	78.33	83.75	87.58	13.95	16.15	17.77	18.57	19.58	20.86
54	58.07	65.12	77.63	80.93	86.33	90.20	14.48	16.72	18.40	19.19	20.12	21.53
55	59.99	67.29	80.52	83.86	89.24	93.15	15.04	17.36	19.10	19.91	20.79	22.34
56	61.73	69.32	83.08	86.51	91.88	95.81	15.51	17.92	19.76	20.57	21.41	23.09
57	64.36	72.42	86.73	90.39	95.86	99.80	16.14	18.70	20.65	21.53	22.37	24.23
58	67.08	75.80	89.98	94.18	100.27	103.83	16.73	19.56	21.53	22.55	23.57	25.42
59	70.54	80.11	94.28	99.10	105.76	109.02	17.36	20.50	22.58	23.74	24.95	26.89
60	74.86	85.41	99.72	105.24	112.48	115.51	18.09	21.55	23.83	25.14	26.60	28.66
61	80.12	91.87	106.41	112.70	120.58	123.42	18.93	22.77	25.33	26.82	28.54	30.76
62	86.40	99.52	114.39	121.60	130.24	132.88	19.96	24.19	27.07	28.78	30.83	33.21
63	93.71	108.04	124.09	132.00	140.95	143.89	21.32	25.89	29.20	31.05	33.30	36.00
64	102.16	117.70	135.25	143.91	153.25	156.56	23.01	28.00	31.69	33.72	36.15	39.17
65	110.10	126.56	145.67	154.95	164.62	168.36	24.75	30.11	34.09	36.26	38.88	42.13
66	126.12	144.42	166.60	177.16	187.94	192.36	28.50	34.59	39.03	41.50	44.47	48.11
67	137.94	157.20	181.79	193.25	204.90	209.86	31.53	38.20	42.75	45.45	48.69	52.46
68	156.75	175.02	202.87	215.62	231.63	236.52	36.27	43.86	47.97	51.40	55.48	59.12
69	174.25	192.41	223.53	237.56	256.43	261.57	41.14	49.62	53.32	57.26	61.93	65.38
70	193.72	212.87	247.83	263.40	284.24	289.98	46.89	56.42	59.78	64.07	69.19	72.47
71	214.24	235.28	274.56	291.83	313.93	320.53	53.34	64.00	67.03	71.58	77.02	80.11
72	236.26	260.03	304.20	323.38	346.33	353.94	60.62	72.54	75.20	79.95	85.61	88.49
73	257.70	288.03	338.15	359.47	380.00	389.59	68.28	81.51	84.52	89.03	94.34	97.39
74	281.46	319.98	377.20	400.98	418.80	430.58	76.95	91.62	95.13	99.45	104.28	107.64
75	308.31	356.59	422.21	448.81	464.19	478.31	86.76	103.07	107.23	111.45	115.77	119.57
76	339.01	398.49	474.03	503.92	517.65	534.13	97.88	116.04	120.95	125.32	129.17	133.53
77	371.15	442.56	528.99	562.36	575.71	594.31	109.53	129.63	135.31	140.10	143.57	148.57
78	411.57	496.63	596.51	634.13	649.11	669.78	123.63	146.11	152.64	158.33	161.65	167.45
79	458.08	557.97	673.38	715.85	734.92	757.39	139.52	164.69	172.10	179.17	182.62	189.34

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Step-Rated

Form:	LTC04I NH			LTC04I ALF				LTC04I HHC	
Issue	Non Integrated - NH (3PL) Benefit Period			Non Integrated - ALF (3PL) Benefit Period				Non Integrated - HHC (3 PL) Benefit Period	
Age	3 3 Yr	5 5 Yr	Lifetime Unlimited	2 2 Yr	3 3 Yr	4 4 Yr	5 5 Yr	2 2 Yr	
18-35	50.04	55.78	62.46	1.86	2.20	2.56		9.72	
36	50.26	56.12	62.49	1.87	2.21	2.57		9.90	
37	50.87	56.88	62.97	1.90	2.24	2.59		10.15	
38	50.97	57.54	63.08	1.91	2.25	2.61		10.55	
39	50.96	57.76	62.89	1.91	2.25	2.60		10.78	
40	51.57	58.49	63.39	1.94	2.28	2.63		11.01	
41	52.01	58.84	63.58	1.96	2.31	2.64		11.11	
42	53.06	59.75	64.46	2.00	2.35	2.68		11.24	
43	54.30	60.77	65.54	2.05	2.40	2.73		11.35	
44	55.26	61.48	66.32	2.10	2.44	2.78		11.38	
45	56.79	62.82	67.80	2.18	2.52	2.85		11.51	
46	58.03	63.86	68.94	2.25	2.59	2.93		11.56	
47	59.79	65.60	70.83	2.35	2.68	3.02		11.75	
48	61.50	67.55	72.84	2.46	2.78	3.12		11.97	
49	63.53	69.99	75.32	2.58	2.92	3.25		12.32	
50	64.94	71.90	77.16	2.68	3.03	3.35		12.65	
51	66.81	74.45	79.65	2.80	3.15	3.48		13.13	
52	68.15	76.56	81.57	2.91	3.25	3.60		13.57	
53	69.40	78.33	83.20	3.00	3.33	3.68		13.95	
54	71.41	80.93	85.68	3.12	3.47	3.81		14.48	
55	73.79	83.86	88.50	3.26	3.60	3.95		15.04	
56	75.98	86.51	91.01	3.40	3.75	4.09		15.51	
57	79.36	90.39	94.81	3.60	3.93	4.28		16.14	
58	83.02	94.18	98.64	3.79	4.14	4.48		16.73	
59	87.73	99.10	103.57	4.05	4.38	4.73		17.36	
60	93.53	105.24	109.73	4.36	4.71	5.05		18.09	
61	100.55	112.70	117.24	4.73	5.09	5.44		18.93	
62	108.89	121.60	126.23	5.19	5.55	5.89		19.96	
63	118.14	132.00	136.69	5.72	6.10	6.44		21.32	
64	128.62	143.91	148.72	6.35	6.73	7.07		23.01	
65	138.23	154.94	159.95	6.94	7.32	7.68		24.75	
66	157.63	177.16	182.74	8.07	8.45	8.83		28.50	
67	171.47	193.25	199.36	8.93	9.31	9.70		31.53	
68	190.66	216.91	224.68	10.22	10.62	11.01		36.27	
69	209.44	239.34	248.47	11.43	11.83	12.25		41.14	
70	231.59	265.04	275.49	12.79	13.21	13.64		46.89	
71	255.88	292.84	304.49	14.26	14.70	15.13		53.34	
72	282.72	323.38	336.25	15.88	16.31	16.77		60.62	
73	313.19	357.01	370.09	17.59	18.04	18.51		68.28	
74	347.96	395.89	409.06	19.56	20.03	20.52		76.95	
75	387.73	441.18	454.39	21.86	22.34	22.86		86.76	
76	433.20	494.11	507.42	24.53	25.05	25.60		97.88	
77	480.96	551.10	564.58	27.43	27.98	28.55		109.53	
78	539.48	622.25	636.31	31.08	31.66	32.26		123.63	
79	605.76	704.50	719.51	35.29	35.90	36.55		139.52	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Step-Rated

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2	3	4	5	6	Lifetime	2	3	4	5	6	Lifetime
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	53.47	57.47	63.42	67.41	75.46	95.06	48.12	51.71	57.08	60.68	67.92	85.56
36	53.69	57.59	63.99	68.04	76.14	95.41	48.32	51.85	57.58	61.23	68.52	85.88
37	54.26	58.12	64.98	69.07	77.32	96.40	48.84	52.30	58.47	62.17	69.59	86.76
38	54.84	58.64	66.01	70.10	78.60	96.96	49.35	52.77	59.42	63.10	70.74	87.28
39	55.01	58.75	66.55	70.65	79.26	97.08	49.51	52.90	59.90	63.59	71.33	87.37
40	55.54	59.27	67.50	71.66	80.36	98.04	49.98	53.33	60.75	64.51	72.33	88.24
41	55.74	59.39	68.00	72.23	80.93	98.58	50.18	53.45	61.20	65.01	72.83	88.73
42	56.36	59.90	68.99	73.34	82.08	99.99	50.72	53.91	62.09	66.00	73.89	90.00
43	57.06	61.05	70.08	74.54	83.36	101.64	51.35	54.95	63.06	67.10	75.02	91.49
44	57.50	61.98	70.83	75.38	84.23	102.84	51.75	55.77	63.76	67.84	75.81	92.56
45	58.45	63.49	72.24	76.87	85.88	104.99	52.60	57.13	65.02	69.18	77.30	94.48
46	59.17	64.72	73.35	78.04	87.23	106.66	53.27	58.24	66.01	70.24	78.50	95.99
47	60.11	66.08	74.71	79.41	88.89	108.59	54.10	59.46	67.24	71.46	80.00	97.73
48	61.67	67.83	76.78	81.47	91.63	111.30	55.51	61.06	69.10	73.32	82.48	100.19
49	62.77	69.00	78.38	82.93	93.72	113.11	56.51	62.11	70.53	74.64	84.34	101.81
50	63.90	70.08	79.99	84.39	95.82	114.85	57.51	63.06	71.99	75.94	86.24	103.36
51	65.10	71.12	81.73	85.92	98.06	116.56	58.59	64.01	73.57	77.32	88.26	104.92
52	66.89	72.70	84.25	88.22	101.22	119.22	60.20	65.41	75.82	79.41	91.10	107.29
53	68.41	74.20	86.44	90.31	103.85	121.66	61.56	66.79	77.80	81.27	93.45	109.50
54	70.06	75.97	88.84	92.64	106.68	124.44	63.06	68.36	79.95	83.36	96.01	112.00
55	72.49	78.58	92.19	96.01	110.67	128.63	65.23	70.73	82.97	86.42	99.61	115.78
56	74.69	81.07	95.24	99.18	114.34	132.55	67.22	72.96	85.72	89.27	102.90	119.30
57	77.83	84.67	99.46	103.66	119.44	138.26	70.05	76.21	89.52	93.31	107.49	124.43
58	81.02	88.90	103.29	108.12	124.41	144.09	72.91	80.01	92.96	97.31	111.97	129.68
59	84.29	93.12	107.43	112.93	129.72	150.39	75.87	83.82	96.69	101.64	116.76	135.36
60	89.06	98.87	113.56	119.84	137.39	159.53	80.15	88.98	102.20	107.87	123.65	143.59
61	94.14	104.87	120.12	127.22	145.55	169.34	84.71	94.39	108.10	114.50	131.00	152.40
62	100.97	112.81	128.92	137.04	156.46	182.43	90.87	101.55	116.03	123.32	140.81	164.18
63	109.96	122.60	140.71	149.68	170.70	199.22	98.97	110.34	126.64	134.71	153.63	179.29
64	118.62	131.94	151.97	161.67	184.28	215.14	106.76	118.74	136.78	145.52	165.86	193.62
65	129.79	144.03	166.17	176.77	201.48	235.25	116.81	129.62	149.55	159.09	181.33	211.72
66	147.50	163.44	188.44	200.38	228.53	266.75	132.75	147.10	169.59	180.34	205.70	240.08
67	161.68	179.02	205.72	218.68	249.67	291.23	145.51	161.12	185.14	196.81	224.70	262.10
68	181.36	201.18	226.27	240.51	275.30	323.20	163.22	181.05	203.64	216.45	247.78	290.88
69	200.84	223.16	247.76	263.32	302.06	354.89	180.76	200.84	222.97	236.98	271.86	319.39
70	220.64	245.63	270.65	287.64	330.55	387.24	198.59	221.08	243.58	258.88	297.50	348.53
71	243.16	271.35	297.72	316.45	364.21	424.61	218.85	244.22	267.95	284.80	327.78	382.16
72	265.12	296.74	324.84	345.31	398.04	461.33	238.62	267.06	292.36	310.77	358.23	415.20
73	288.20	323.45	358.11	380.70	439.08	503.63	259.38	291.10	322.30	342.62	395.16	453.27
74	316.29	356.14	399.35	424.53	489.93	556.62	284.65	320.52	359.41	382.07	440.94	500.96
75	345.18	390.19	443.08	471.01	543.95	613.21	310.67	351.17	398.77	423.91	489.55	551.89
76	381.18	432.76	497.11	528.47	610.80	684.78	343.07	389.47	447.41	475.62	549.72	616.30
77	422.51	481.97	559.10	594.35	687.61	768.50	380.26	433.76	503.18	534.91	618.84	691.64
78	470.04	538.82	629.88	669.60	775.49	866.10	423.04	484.94	566.89	602.64	697.93	779.50
79	520.22	599.36	704.48	748.89	868.34	971.21	468.19	539.42	634.03	674.00	781.51	874.09

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Step-Rated

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	50.61	52.69	60.82	64.66	67.89	76.22	11.26	13.69	15.35	16.31	17.12	18.83
36	50.60	52.96	61.26	65.12	68.37	76.30	11.49	13.91	15.56	16.54	17.37	19.11
37	50.94	53.60	62.08	66.00	69.30	76.93	11.78	14.23	15.90	16.90	17.75	19.47
38	51.07	54.23	62.85	66.76	70.19	77.05	12.24	14.68	16.32	17.33	18.22	19.91
39	50.95	54.51	63.21	67.10	70.58	76.90	12.52	14.95	16.59	17.61	18.51	20.17
40	51.26	55.15	63.99	67.95	71.45	77.51	12.79	15.27	16.90	17.94	18.88	20.54
41	51.35	55.40	64.41	68.43	71.91	77.82	12.92	15.41	17.07	18.14	19.05	20.76
42	51.90	56.00	65.36	69.48	72.95	78.90	13.07	15.62	17.33	18.41	19.32	21.09
43	52.58	57.30	66.45	70.67	74.15	80.22	13.20	15.83	17.55	18.68	19.61	21.42
44	53.04	58.39	67.26	71.56	75.04	81.25	13.25	15.91	17.67	18.80	19.73	21.59
45	54.03	60.03	68.70	73.13	76.66	83.07	13.40	16.11	17.92	19.07	20.00	21.92
46	54.82	61.41	69.94	74.43	78.04	84.57	13.47	16.24	18.06	19.21	20.17	22.10
47	55.76	62.89	71.43	75.93	79.72	86.30	13.60	16.38	18.23	19.37	20.34	22.29
48	57.31	64.77	73.79	78.29	82.71	88.84	13.87	16.60	18.47	19.58	20.69	22.45
49	58.36	66.02	75.60	80.01	84.92	90.60	14.08	16.78	18.60	19.70	20.85	22.51
50	59.40	67.14	77.43	81.68	87.00	92.27	14.37	16.97	18.79	19.82	21.03	22.58
51	60.44	68.12	79.32	83.40	89.08	93.90	14.70	17.22	19.03	20.01	21.22	22.67
52	61.97	69.60	81.95	85.82	91.92	96.26	15.21	17.67	19.46	20.39	21.60	22.96
53	63.25	70.96	84.12	87.88	93.96	98.26	15.65	18.12	19.94	20.84	21.97	23.40
54	64.68	72.53	86.46	90.15	96.16	100.46	16.12	18.62	20.50	21.37	22.41	23.98
55	66.81	74.95	89.68	93.41	99.39	103.75	16.76	19.33	21.28	22.18	23.15	24.88
56	68.82	77.28	92.62	96.44	102.42	106.80	17.29	19.98	22.03	22.93	23.87	25.74
57	71.74	80.73	96.68	100.76	106.86	111.25	17.99	20.85	23.02	24.00	24.94	27.01
58	74.77	84.50	100.30	104.99	111.78	115.75	18.65	21.80	24.00	25.13	26.28	28.34
59	78.06	88.64	104.33	109.66	117.03	120.64	19.21	22.68	24.99	26.27	27.61	29.75
60	82.84	94.51	110.35	116.45	124.47	127.82	20.02	23.84	26.37	27.82	29.43	31.71
61	88.00	100.90	116.87	123.79	132.45	135.55	20.80	25.00	27.82	29.45	31.34	33.78
62	94.90	109.30	125.64	133.56	143.05	145.95	21.92	26.57	29.73	31.61	33.86	36.47
63	103.78	119.65	137.42	146.18	156.10	159.35	23.61	28.68	32.33	34.38	36.88	39.87
64	112.29	129.37	148.67	158.18	168.44	172.09	25.30	30.78	34.83	37.07	39.74	43.05
65	123.05	141.45	162.81	173.18	183.99	188.17	27.66	33.65	38.10	40.53	43.45	47.08
66	139.89	160.20	184.80	196.51	208.47	213.38	31.61	38.37	43.30	46.03	49.33	53.37
67	153.14	174.52	201.82	214.54	227.47	232.98	35.00	42.40	47.46	50.46	54.05	58.24
68	171.36	191.33	221.78	235.72	253.23	258.57	39.65	47.95	52.44	56.19	60.66	64.63
69	189.14	208.85	242.63	257.86	278.35	283.92	44.65	53.86	57.87	62.15	67.22	70.97
70	206.96	227.43	264.78	281.41	303.68	309.81	50.10	60.28	63.86	68.45	73.93	77.43
71	227.06	249.35	290.99	309.29	332.72	339.71	56.53	67.83	71.04	75.86	81.63	84.90
72	246.35	271.15	317.20	337.20	361.13	369.06	63.21	75.64	78.41	83.36	89.27	92.27
73	266.51	297.88	349.71	371.76	393.00	402.91	70.62	84.30	87.41	92.07	97.56	100.72
74	291.08	330.92	390.09	414.69	433.12	445.30	79.58	94.76	98.39	102.85	107.85	111.32
75	316.21	365.74	433.03	460.32	476.09	490.57	88.98	105.71	109.98	114.31	118.74	122.64
76	347.70	408.71	486.18	516.84	530.93	547.82	100.39	119.02	124.06	128.53	132.48	136.96
77	383.95	457.82	547.24	581.75	595.56	614.81	113.30	134.10	139.98	144.94	148.52	153.70
78	425.76	513.76	617.08	655.99	671.50	692.88	127.90	151.15	157.91	163.79	167.22	173.22
79	469.93	572.40	690.80	734.36	753.92	776.97	143.13	168.94	176.55	183.81	187.34	194.23

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Step-Rated

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC
Issue	Non Integrated - NH (3PL) Benefit Period			Non Integrated - ALF (3PL) Benefit Period			Non Integrated - HHC (3 PL) Benefit Period
Age	3 3 Yr	5 5 Yr	Lifetime Unlimited	2 2 Yr	3 3 Yr	4 4 Yr	2 2 Yr
18-35	58.00	64.66	72.40	2.16	2.56	2.97	11.26
36	58.32	65.12	72.50	2.17	2.57	2.98	11.49
37	59.02	66.00	73.07	2.20	2.60	3.01	11.78
38	59.14	66.76	73.19	2.22	2.61	3.02	12.24
39	59.19	67.09	73.05	2.22	2.61	3.02	12.52
40	59.90	67.93	73.63	2.25	2.64	3.05	12.79
41	60.48	68.42	73.94	2.28	2.69	3.08	12.92
42	61.70	69.48	74.96	2.33	2.73	3.12	13.07
43	63.14	70.67	76.22	2.39	2.79	3.18	13.20
44	64.32	71.56	77.20	2.44	2.85	3.23	13.25
45	66.11	73.13	78.93	2.53	2.94	3.32	13.40
46	67.62	74.41	80.33	2.62	3.02	3.42	13.47
47	69.21	75.93	81.98	2.72	3.10	3.50	13.60
48	71.26	78.27	84.40	2.85	3.23	3.62	13.87
49	72.60	79.99	86.08	2.95	3.34	3.72	14.08
50	73.77	81.68	87.66	3.04	3.44	3.81	14.37
51	74.83	83.38	89.21	3.14	3.53	3.89	14.70
52	76.39	85.82	91.43	3.27	3.64	4.03	15.21
53	77.86	87.88	93.34	3.37	3.74	4.13	15.65
54	79.54	90.15	95.43	3.48	3.86	4.25	16.12
55	82.19	93.41	98.57	3.63	4.01	4.40	16.76
56	84.70	96.44	101.46	3.79	4.18	4.56	17.29
57	88.47	100.76	105.69	4.01	4.38	4.77	17.99
58	92.55	104.99	109.96	4.23	4.61	4.99	18.65
59	97.08	109.66	114.60	4.48	4.85	5.24	19.21
60	103.49	116.45	121.42	4.82	5.21	5.59	20.02
61	110.44	123.79	128.77	5.20	5.59	5.98	20.80
62	119.60	133.56	138.65	5.70	6.10	6.47	21.92
63	130.84	146.18	151.38	6.34	6.75	7.13	23.61
64	141.38	158.18	163.47	6.98	7.39	7.77	25.30
65	154.49	173.17	178.77	7.75	8.18	8.58	27.66
66	174.85	196.51	202.70	8.95	9.37	9.79	31.61
67	190.36	214.54	221.32	9.92	10.34	10.77	35.00
68	208.44	237.13	245.63	11.17	11.61	12.04	39.65
69	227.34	259.79	269.71	12.41	12.84	13.30	44.65
70	247.43	283.16	294.33	13.66	14.11	14.58	50.10
71	271.19	310.36	322.71	15.12	15.57	16.03	56.53
72	294.80	337.20	350.62	16.56	17.01	17.48	63.21
73	323.89	369.22	382.75	18.19	18.66	19.14	70.62
74	359.85	409.43	423.04	20.23	20.72	21.22	79.58
75	397.67	452.50	466.04	22.42	22.91	23.45	88.98
76	444.31	506.78	520.43	25.16	25.69	26.26	100.39
77	497.54	570.11	584.05	28.38	28.94	29.53	113.30
78	558.08	643.70	658.25	32.15	32.75	33.37	127.90
79	621.43	722.72	738.12	36.20	36.83	37.50	143.13

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Step-Rated

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	57.67	61.97	68.39	72.70	81.38	102.51
36	58.28	62.52	69.47	73.85	82.65	103.57
37	58.91	63.10	70.54	74.98	83.94	104.64
38	59.53	63.66	71.66	76.10	85.32	105.25
39	60.11	64.20	72.72	77.20	86.61	106.08
40	60.32	64.37	73.31	77.83	87.28	106.49
41	60.94	64.93	74.34	78.97	88.48	107.78
42	61.61	65.49	75.42	80.18	89.74	109.32
43	62.39	66.75	76.62	81.49	91.13	111.13
44	62.90	67.81	77.49	82.46	92.14	112.50
45	63.94	69.45	79.02	84.09	93.95	114.85
46	65.17	71.28	80.78	85.95	96.07	117.47
47	66.24	72.82	82.33	87.51	97.96	119.67
48	68.01	74.80	84.67	89.84	101.04	122.73
49	69.31	76.19	86.54	91.57	103.48	124.89
50	71.10	77.97	89.00	93.90	106.62	127.79
51	72.54	79.25	91.07	95.74	109.26	129.89
52	74.59	81.07	93.95	98.38	112.87	132.94
53	76.83	83.34	97.09	101.43	116.64	136.65
54	78.76	85.39	99.87	104.13	119.92	139.88
55	81.48	88.33	103.63	107.92	124.40	144.59
56	84.58	91.80	107.85	112.31	129.47	150.09
57	87.56	95.26	111.89	116.62	134.36	155.54
58	89.95	98.71	114.68	120.05	138.13	159.98
59	93.04	102.78	118.57	124.64	143.17	165.99
60	96.98	107.66	123.66	130.49	149.60	173.71
61	101.86	113.48	129.98	137.66	157.50	183.24
62	107.75	120.39	137.58	146.25	166.97	194.68
63	116.53	129.92	149.11	158.61	180.89	211.11
64	125.76	139.87	161.11	171.40	195.37	228.08
65	135.65	150.52	173.67	184.74	210.57	245.86
66	154.20	170.87	197.01	209.48	238.92	278.87
67	169.09	187.22	215.14	228.69	261.11	304.56
68	188.39	208.97	235.04	249.83	285.97	335.72
69	208.74	231.95	257.52	273.69	313.95	368.86
70	229.46	255.45	281.48	299.14	343.77	402.73
71	251.01	280.10	307.33	326.66	375.96	438.31
72	273.81	306.47	335.49	356.63	411.09	476.46
73	297.73	334.14	369.95	393.29	453.60	520.28
74	324.14	364.97	409.25	435.05	502.08	570.42
75	353.81	399.95	454.15	482.79	557.55	628.54
76	390.71	443.57	509.54	541.68	626.07	701.90
77	429.55	490.00	568.42	604.25	699.07	781.31
78	477.87	547.80	640.38	680.76	788.41	880.54
79	528.96	609.43	716.32	761.48	882.94	987.53

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 50% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	51.89	55.77	61.56	65.44	73.24	92.27
36	52.45	56.28	62.50	66.46	74.38	93.23
37	53.01	56.78	63.48	67.49	75.54	94.18
38	53.58	57.29	64.50	68.49	76.79	94.74
39	54.10	57.80	65.46	69.48	77.95	95.47
40	54.28	57.92	65.98	70.06	78.56	95.84
41	54.86	58.43	66.91	71.08	79.62	97.01
42	55.45	58.94	67.88	72.16	80.79	98.40
43	56.14	60.07	68.95	73.36	82.02	100.02
44	56.61	61.01	69.75	74.21	82.93	101.26
45	57.54	62.49	71.13	75.68	84.56	103.36
46	58.66	64.14	72.70	77.36	86.46	105.72
47	59.62	65.53	74.10	78.75	88.16	107.70
48	61.21	67.33	76.20	80.85	90.95	110.48
49	62.39	68.58	77.88	82.41	93.13	112.41
50	63.99	70.17	80.11	84.50	95.95	115.01
51	65.29	71.32	81.98	86.16	98.34	116.91
52	67.13	72.94	84.55	88.55	101.59	119.64
53	69.15	75.02	87.39	91.28	104.97	122.99
54	70.89	76.85	89.87	93.71	107.92	125.90
55	73.32	79.51	93.26	97.14	111.97	130.15
56	76.12	82.62	97.07	101.09	116.52	135.09
57	78.81	85.74	100.70	104.97	120.93	139.98
58	80.95	88.83	103.21	108.04	124.32	143.98
59	83.74	92.51	106.71	112.18	128.87	149.40
60	87.27	96.89	111.28	117.45	134.64	156.35
61	91.67	102.14	116.97	123.90	141.75	164.91
62	96.97	108.37	123.82	131.60	150.26	175.20
63	104.88	116.92	134.20	142.75	162.80	190.00
64	113.18	125.88	145.00	154.27	175.84	205.27
65	122.08	135.47	156.29	166.27	189.51	221.27
66	138.79	153.79	177.30	188.54	215.05	250.99
67	152.18	168.50	193.62	205.83	235.00	274.11
68	169.55	188.07	211.53	224.84	257.39	302.16
69	187.88	208.74	231.75	246.31	282.56	331.97
70	206.53	229.92	253.32	269.23	309.40	362.47
71	225.91	252.10	276.60	293.99	338.36	394.48
72	246.44	275.81	301.95	320.96	369.97	428.82
73	267.95	300.73	332.95	353.95	408.23	468.25
74	291.71	328.46	368.32	391.54	451.87	513.38
75	318.43	359.95	408.74	434.51	501.79	565.69
76	351.64	399.21	458.59	487.51	563.46	631.70
77	386.59	440.99	511.57	543.83	629.15	703.17
78	430.09	493.03	576.34	612.68	709.56	792.49
79	476.06	548.48	644.69	685.33	794.64	888.78

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Step-Rated

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	54.58	56.83	65.59	69.73	73.21	82.20	12.14	14.77	16.55	17.59	18.46	20.31
36	54.93	57.49	66.50	70.69	74.22	82.83	12.47	15.10	16.90	17.95	18.86	20.74
37	55.29	58.18	67.39	71.64	75.22	83.51	12.79	15.44	17.26	18.35	19.27	21.14
38	55.44	58.87	68.23	72.47	76.20	83.64	13.28	15.94	17.72	18.81	19.78	21.62
39	55.67	59.57	69.07	73.33	77.12	84.03	13.68	16.34	18.13	19.24	20.23	22.04
40	55.68	59.89	69.50	73.80	77.60	84.18	13.89	16.58	18.35	19.48	20.50	22.30
41	56.14	60.57	70.42	74.82	78.62	85.08	14.12	16.84	18.66	19.83	20.83	22.70
42	56.74	61.22	71.45	75.96	79.75	86.26	14.28	17.07	18.94	20.12	21.12	23.06
43	57.48	62.65	72.65	77.26	81.07	87.71	14.43	17.30	19.19	20.42	21.43	23.42
44	58.03	63.88	73.58	78.29	82.09	88.88	14.49	17.41	19.33	20.57	21.58	23.62
45	59.10	65.67	75.16	80.00	83.86	90.87	14.65	17.62	19.61	20.86	21.87	23.98
46	60.38	67.63	77.03	81.97	85.95	93.14	14.83	17.88	19.89	21.16	22.22	24.34
47	61.45	69.30	78.72	83.67	87.85	95.11	14.99	18.05	20.09	21.35	22.42	24.56
48	63.19	71.42	81.37	86.33	91.21	97.97	15.30	18.31	20.37	21.59	22.81	24.76
49	64.44	72.90	83.48	88.34	93.76	100.04	15.55	18.52	20.54	21.75	23.02	24.85
50	66.09	74.70	86.16	90.88	96.81	102.67	15.99	18.88	20.90	22.06	23.40	25.12
51	67.35	75.91	88.39	92.93	99.26	104.63	16.38	19.19	21.20	22.29	23.65	25.26
52	69.10	77.61	91.39	95.70	102.50	107.34	16.96	19.70	21.70	22.74	24.09	25.61
53	71.04	79.70	94.49	98.70	105.54	110.36	17.58	20.35	22.40	23.41	24.68	26.29
54	72.70	81.53	97.19	101.33	108.09	112.93	18.13	20.93	23.04	24.02	25.19	26.95
55	75.11	84.25	100.81	105.00	111.73	116.62	18.83	21.73	23.92	24.93	26.03	27.97
56	77.92	87.50	104.87	109.20	115.98	120.94	19.57	22.62	24.95	25.96	27.03	29.15
57	80.71	90.82	108.77	113.36	120.21	125.15	20.24	23.45	25.90	27.00	28.06	30.39
58	83.02	93.82	111.36	116.57	124.11	128.52	20.70	24.21	26.65	27.90	29.17	31.47
59	86.15	97.83	115.15	121.03	129.17	133.15	21.20	25.03	27.58	29.00	30.47	32.84
60	90.20	102.91	120.16	126.80	135.53	139.18	21.80	25.96	28.71	30.30	32.05	34.53
61	95.22	109.19	126.47	133.95	143.32	146.68	22.50	27.06	30.10	31.87	33.92	36.55
62	101.27	116.65	134.08	142.53	152.65	155.76	23.39	28.36	31.73	33.73	36.14	38.92
63	109.98	126.79	145.62	154.91	165.42	168.87	25.02	30.39	34.26	36.44	39.08	42.25
64	119.05	137.15	157.61	167.69	178.58	182.44	26.82	32.63	36.93	39.30	42.13	45.64
65	128.60	147.83	170.15	180.99	192.29	196.66	28.91	35.17	39.82	42.35	45.41	49.21
66	146.25	167.48	193.20	205.44	217.94	223.08	33.05	40.12	45.26	48.12	51.57	55.79
67	160.15	182.51	211.06	224.36	237.89	243.65	36.61	44.35	49.64	52.77	56.53	60.91
68	178.01	198.75	230.37	244.86	263.04	268.59	41.19	49.81	54.47	58.37	63.01	67.13
69	196.59	217.07	252.19	268.01	289.30	295.10	46.41	55.98	60.15	64.60	69.87	73.76
70	215.24	236.52	275.37	292.67	315.82	322.21	52.10	62.69	66.42	71.19	76.88	80.52
71	234.38	257.40	300.38	319.27	343.45	350.67	58.36	70.02	73.33	78.31	84.26	87.64
72	254.43	280.04	327.60	348.25	372.97	381.16	65.28	78.12	80.98	86.10	92.19	95.29
73	275.33	307.73	361.28	384.05	405.99	416.23	72.95	87.09	90.30	95.11	100.79	104.05
74	298.29	339.13	399.76	424.97	443.86	456.34	81.55	97.10	100.82	105.40	110.52	114.08
75	324.12	374.88	443.86	471.83	487.99	502.84	91.20	108.35	112.73	117.17	121.71	125.71
76	356.39	418.93	498.33	529.76	544.20	561.52	102.90	121.99	127.16	131.75	135.79	140.38
77	390.35	465.45	556.36	591.44	605.49	625.05	115.19	136.34	142.31	147.35	151.00	156.26
78	432.86	522.32	627.36	666.93	682.69	704.43	130.03	153.67	160.54	166.52	170.01	176.11
79	477.83	582.02	702.41	746.70	766.60	790.03	145.54	171.78	179.52	186.90	190.49	197.50

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Step-Rated

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC
Issue	Non Integrated - NH (3PL) Benefit Period			Non Integrated - ALF (3PL) Benefit Period			Non Integrated - HHC (3 PL) Benefit Period
Age	3 3 Yr	5 5 Yr	Lifetime Unlimited	2 2 Yr	3 3 Yr	4 4 Yr	2 2 Yr
18-35	62.55	69.73	78.08	2.33	2.76	3.20	12.14
36	63.31	70.69	78.71	2.36	2.79	3.23	12.47
37	64.07	71.64	79.32	2.39	2.82	3.27	12.79
38	64.20	72.47	79.45	2.41	2.84	3.28	13.28
39	64.68	73.31	79.83	2.43	2.85	3.30	13.68
40	65.06	73.78	79.97	2.44	2.87	3.31	13.89
41	66.12	74.80	80.84	2.49	2.94	3.36	14.12
42	67.45	75.96	81.95	2.54	2.98	3.41	14.28
43	69.03	77.26	83.33	2.61	3.05	3.48	14.43
44	70.37	78.29	84.45	2.67	3.11	3.54	14.49
45	72.32	80.00	86.34	2.77	3.21	3.63	14.65
46	74.47	81.96	88.48	2.89	3.33	3.77	14.83
47	76.27	83.67	90.35	3.00	3.42	3.86	14.99
48	78.58	86.31	93.07	3.14	3.56	3.99	15.30
49	80.17	88.32	95.05	3.26	3.69	4.10	15.55
50	82.08	90.88	97.53	3.38	3.82	4.23	15.99
51	83.38	92.91	99.40	3.49	3.93	4.34	16.38
52	85.19	95.70	101.96	3.64	4.06	4.50	16.96
53	87.45	98.70	104.84	3.78	4.20	4.63	17.58
54	89.41	101.33	107.28	3.91	4.34	4.77	18.13
55	92.38	105.00	110.80	4.08	4.51	4.94	18.83
56	95.91	109.20	114.88	4.30	4.73	5.16	19.57
57	99.53	113.36	118.90	4.51	4.93	5.37	20.24
58	102.76	116.57	122.08	4.70	5.12	5.54	20.70
59	107.15	121.03	126.49	4.95	5.35	5.78	21.20
60	112.69	126.80	132.21	5.25	5.67	6.09	21.80
61	119.51	133.95	139.35	5.63	6.05	6.47	22.50
62	127.63	142.53	147.96	6.08	6.51	6.91	23.39
63	138.65	154.91	160.42	6.72	7.16	7.55	25.02
64	149.88	167.69	173.30	7.40	7.84	8.23	26.82
65	161.46	180.98	186.83	8.10	8.55	8.97	28.91
66	182.79	205.44	211.91	9.36	9.80	10.24	33.05
67	199.07	224.36	231.46	10.37	10.81	11.26	36.61
68	216.52	246.32	255.15	11.60	12.06	12.50	41.19
69	236.29	270.02	280.33	12.90	13.35	13.82	46.41
70	257.32	294.49	306.10	14.21	14.68	15.16	52.10
71	279.94	320.37	333.12	15.60	16.08	16.55	58.36
72	304.47	348.25	362.11	17.10	17.56	18.06	65.28
73	334.60	381.43	395.40	18.79	19.28	19.78	72.95
74	368.78	419.58	433.53	20.73	21.23	21.75	81.55
75	407.61	463.81	477.70	22.98	23.48	24.03	91.20
76	455.42	519.45	533.44	25.79	26.33	26.91	102.90
77	505.84	579.61	593.79	28.85	29.43	30.02	115.19
78	567.39	654.43	669.22	32.68	33.29	33.93	130.03
79	631.87	734.87	750.53	36.81	37.45	38.13	145.54

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ, LTC04I-NTQ, LTC04I-AG-TQ, LTC04I-AG-NTQ
Premium Factors

Form:	LTC04I NFO1PL LTC04I NFO2PL LTC04I NFO3PL	Limited Pay Options			LTC04I ROPD	LTC04I ROPDC
Issue Age	Nonforfeiture Option	10 Pay	20 Pay	Pay to 65	Full Return Premium on Death	Return Premium on Death less Claims
18-35	1.21	3.83	2.40	1.74	1.77	1.60
36	1.21	3.81	2.39	1.78	1.79	1.61
37	1.21	3.79	2.37	1.82	1.81	1.63
38	1.21	3.78	2.36	1.83	1.82	1.63
39	1.21	3.76	2.35	1.85	1.84	1.65
40	1.20	3.74	2.33	1.89	1.86	1.66
41	1.20	3.71	2.31	1.95	1.88	1.67
42	1.20	3.68	2.29	2.01	1.90	1.69
43	1.20	3.64	2.27	2.08	1.93	1.72
44	1.20	3.60	2.24	2.16	1.97	1.74
45	1.19	3.55	2.21	2.21	2.01	1.77
46	1.19	3.50	2.19	2.30	2.05	1.81
47	1.19	3.45	2.16	2.37	2.10	1.85
48	1.19	3.39	2.13	2.38	2.16	1.90
49	1.19	3.34	2.10	2.39	2.23	1.95
50	1.18	3.28	2.08	2.41	2.29	2.00
51	1.18	3.22	2.06	2.45	2.36	2.06
52	1.18	3.16	2.04	2.51	2.43	2.11
53	1.18	3.10	2.02	2.61	2.49	2.16
54	1.18	3.05	2.00	2.75	2.56	2.22
55	1.17	2.99	1.98	2.99	2.65	2.29
56	1.17	2.94	1.96		2.75	2.37
57	1.17	2.88	1.93		2.87	2.47
58	1.17	2.84	1.88		3.01	2.59
59	1.16	2.79	1.83		3.19	2.73
60	1.16	2.73	1.78		3.39	2.89
61	1.15	2.67	1.72		3.63	3.09
62	1.15	2.60	1.65		3.90	3.32
63	1.15	2.51	1.59		4.22	3.58
64	1.15	2.42	1.54		4.59	3.89
65	1.14	2.33	1.48		5.01	4.23
66	1.14	2.23	1.43			
67	1.14	2.14	1.38			
68	1.14	2.06	1.32			
69	1.14	1.99	1.27			
70	1.14	1.91	1.22			
71	1.13	1.85	1.19			
72	1.13	1.79	1.16			
73	1.13	1.72	1.15			
74	1.12	1.66	1.15			
75	1.12	1.59	1.15			
76	1.11	1.53	1.15			
77	1.11	1.48	1.15			
78	1.11	1.43	1.15			
79	1.10	1.39	1.15			
80	1.10	1.36	1.15			
81	1.10	1.33	1.15			

Age 80+ is only for the Guaranteed Purchase Option.

MUTUAL of OMAHA INSURANCE COMPANY
 UNITED of OMAHA LIFE INSURANCE COMPANY
 Mutual of Omaha Plaza
 Omaha, NE 68175
 402 342 7600
 mutualofomaha.com



<Month, Year>

Policyholder Name
 Address
 City, State, ZIP

Thank you for choosing [Mutual of Omaha Insurance Company] [United of Omaha Life Insurance Company] as your long-term care insurance provider . Your long-term care insurance policy from [Mutual of Omaha Insurance Company] [United of Omaha Life Insurance Company] continues to provide valuable coverage that may help you pay for long-term care services. However, **due to the ever increasing cost of services and the low interest rate environment**, the premiums received from this long-term care policy form no longer support expected claims. Therefore, the premium for this coverage is being adjusted. An adjustment is being applied to every person in your state with the same policy form, issue age and benefit options. The following represents the premium change for your coverage.

Insert for all states except CA and NY

POLICY/CERTIFICATE NUMBER	CURRENT [MODE] PREMIUM	NEW [MODE] PREMIUM	INCREASE AMOUNT	EFFECTIVE DATE
XXXXXX-XX	\$0,000.00	\$0,000.00	\$000.00	00/00/00

Insert for CA and NY

POLICY/CERTIFICATE NUMBER	CURRENT [MODE] PREMIUM	NEW [MODE] PREMIUM	INCREASE AMOUNT	PERCENT INCREASE	EFFECTIVE DATE
XXXXXX-XX	\$0,000.00	\$0,000.00	\$000.00	0%	00/00/00

Please keep this notification of the change in premium for your Policy/Certificate with your other important insurance documents. Send no money now as a new premium notice will be sent to you prior to the effective date shown above. If you pay premium through electronic funds transfer or payroll deduction, the organization that processes your payment will be notified of the new premium amount.

Insert Paragraph A – Waiver of Premium

Since your premium currently is being waived, you will not be immediately impacted by the rate adjustment. However, when the waiver is removed, your new premium will be the amount shown above.

Insert Paragraph B – Rate Guarantee

Since the policy you purchased contains a rate guarantee benefit, you will not be immediately impacted by the rate adjustment. The effective date for your rate adjustment is shown above.

Insert Paragraph C – Benefit Multiplier/Elimination Period Change Offer

We know an increase in premium is never welcomed news. Adjusting the current benefits of your policy can help keep your premium similar to what you currently pay. The enclosed Policy Adjustment Offer provides the details. To accept this offer, simply sign the form and return it to us in the enclosed envelope.

Insert Paragraph D – No Offer

We know an increase in premium is never welcomed news. Adjusting the current benefits of your policy can help keep your premium similar to what you currently pay.

Insert Paragraph E – Shared Care

Please note that your current policy includes a Shared Care Benefit. If you wish to retain the Shared Care Benefit, any changes you may elect to make to your policy benefits must also be made to your spouse's policy.

If you wish to keep your policy as it is now at the new premium shown above, you do not need to do anything. If you wish to explore additional options to help reduce your premium, contact:

Customer Care Center <Agent of record/DO>
1-XXX-XXX-XXXX

Insert Paragraph F – Non-forfeiture Shortened Benefit Period

Of course, you always have the option to forgo your policy altogether. If you elect to do so, your non-forfeiture benefit will provide you with a paid-up policy with reduced benefits. See your policy or contact the Customer Care Center at the phone number above for additional details.

We hope you'll take a moment to consider the reason you purchased a long-term care insurance policy from [Mutual of Omaha Insurance Company] [United of Omaha Life Insurance Company] and why it's more important than ever to have this valuable protection. With our history of financial strength and our commitment to serving our customers, you can be confident we'll be there when you need us, just as we have for over a century.

Signature

QUESTIONS?

Call toll free 1-XXX-XXX-XXXX

We'll be glad to help you Monday – Friday, 7 a.m. to 5:00 p.m. Central Time.

Please keep this notification with your other important insurance documents.

Actual to Expected Analysis (Lapse Rates and Morbidity Combined)

Nationwide Experience
(as of 09/30/2012)

Policy Series LTC04I

	Actual						Original Pricing				
	Earned Premium	Incurred Claims		Loss Ratio		Earned Premium	Incurred Claims	Loss Ratio			
2004	201,295	0		0.0%		201,295	678	0.3%	0.000		
2005	3,270,515	0		0.0%		3,255,242	29,150	0.9%	0.000		
2006	9,188,821	270,755		2.9%		8,853,199	133,405	1.5%	1.955		
2007	15,283,201	120,310		0.8%		14,196,847	310,791	2.2%	0.360		
2008	20,226,328	574,910		2.8%		18,451,520	547,123	3.0%	0.959		
2009	24,038,602	408,453		1.7%		21,610,695	851,654	3.9%	0.431		
2010	26,247,837	1,717,353		6.5%		23,172,965	1,219,240	5.3%	1.244		
2011	27,447,548	2,475,332		9.0%		23,768,933	1,642,785	6.9%	1.305		
Total	125,904,147	5,567,113		4.4%		113,510,696	4,734,826	4.2%	1.060		
	Revised						Original Pricing			A/E	A/E
	Earned Premium w/o Increase	Earned Premium w/Increase	Incurred Claims w/o Increase	Incurred Claims w/Increase	Loss Ratio w/o Increase	Loss Ratio w/Increase	Earned Premium	Incurred Claims	Loss Ratio	w/o Increase	w/Increase
2012	26,593,819	26,593,819	2,864,740	2,864,740	10.8%	10.8%	22,658,646	2,098,465	9.3%	1.163	1.163
2013	25,766,645	27,314,875	3,745,903	3,753,401	14.5%	13.7%	21,660,656	2,591,260	12.0%	1.215	1.149
2014	25,033,048	27,936,297	4,560,184	4,571,577	18.2%	16.4%	20,755,091	3,121,736	15.0%	1.211	1.088
2015	24,244,556	27,253,781	5,441,217	5,456,026	22.4%	20.0%	19,880,840	3,706,307	18.6%	1.204	1.074
2016	23,325,191	26,283,567	6,385,762	6,403,931	27.4%	24.4%	18,939,490	4,329,487	22.9%	1.198	1.066
2017	22,394,728	25,240,295	7,404,534	7,426,174	33.1%	29.4%	17,962,657	4,998,416	27.8%	1.188	1.057
2018	21,436,418	24,164,493	8,511,071	8,536,591	39.7%	35.3%	17,006,390	5,739,200	33.7%	1.177	1.047
2019	20,524,848	23,144,547	9,733,286	9,763,207	47.4%	42.2%	16,047,380	6,571,931	41.0%	1.158	1.030
2020	19,648,122	22,171,412	11,098,238	11,133,167	56.5%	50.2%	15,077,691	7,485,895	49.6%	1.138	1.011
2021	18,753,963	21,179,167	12,604,276	12,644,903	67.2%	59.7%	14,137,786	8,471,335	59.9%	1.122	0.996
2022	17,898,625	20,231,634	14,257,888	14,304,999	79.7%	70.7%	13,242,106	9,523,547	71.9%	1.108	0.983
2023	17,048,211	19,288,700	16,081,650	16,136,111	94.3%	83.7%	12,376,522	10,641,422	86.0%	1.097	0.973
2024	16,184,249	18,329,179	18,091,981	18,154,729	111.8%	99.0%	11,528,190	11,843,183	102.7%	1.088	0.964
2025	15,308,835	17,356,117	20,236,882	20,308,628	132.2%	117.0%	10,686,770	13,157,365	123.1%	1.074	0.950
2026	14,431,661	16,378,775	22,461,908	22,543,220	155.6%	137.6%	9,824,732	14,469,631	147.3%	1.057	0.935
2027	13,547,856	15,391,846	24,755,753	24,847,157	182.7%	161.4%	8,977,990	15,749,661	175.4%	1.042	0.920
2028	12,669,649	14,410,146	27,132,643	27,234,710	214.2%	189.0%	8,171,920	17,029,887	208.4%	1.028	0.907
2029	11,796,527	13,432,295	29,578,872	29,692,192	250.7%	221.1%	7,401,662	18,303,506	247.3%	1.014	0.894
2030	10,933,867	12,464,457	32,052,608	32,177,586	293.1%	258.2%	6,677,418	19,562,230	293.0%	1.001	0.881
2031	10,080,479	11,504,829	34,444,985	34,581,621	341.7%	300.6%	6,009,081	20,743,735	345.2%	0.990	0.871
2032	9,251,958	10,572,179	36,612,112	36,759,948	395.7%	347.7%	5,391,784	21,782,267	404.0%	0.980	0.861
2033	8,448,891	9,666,794	38,515,034	38,673,474	455.9%	400.1%	4,818,966	22,669,328	470.4%	0.969	0.850
2034	7,673,954	8,791,615	40,153,549	40,321,838	523.2%	458.6%	4,283,337	23,413,292	546.6%	0.957	0.839
2035	6,931,273	7,951,409	41,500,278	41,677,585	598.7%	524.2%	3,785,316	24,005,451	634.2%	0.944	0.827
2036	6,224,326	7,150,167	42,455,444	42,640,497	682.1%	596.4%	3,325,554	24,375,432	733.0%	0.931	0.814
2037	5,555,719	6,390,883	42,915,950	43,106,950	772.5%	674.5%	2,904,537	24,474,063	842.6%	0.917	0.800
2038	4,930,779	5,680,087	42,944,110	43,139,320	870.9%	759.5%	2,521,413	24,325,639	964.8%	0.903	0.787
2039	4,349,574	5,017,848	42,592,982	42,790,722	979.2%	852.8%	2,175,655	23,983,522	1102.4%	0.888	0.774
2040	3,813,199	4,405,559	41,885,612	42,084,325	1098.4%	955.3%	1,865,989	23,481,185	1258.4%	0.873	0.759
2041	3,322,062	3,843,878	40,831,611	41,029,587	1229.1%	1067.4%	1,590,486	22,794,085	1433.2%	0.858	0.745
2042	2,875,962	3,332,734	39,393,894	39,589,114	1369.8%	1187.9%	1,347,227	21,917,852	1626.9%	0.842	0.730
2043	2,474,189	2,871,503	37,662,422	37,853,155	1522.2%	1318.2%	1,133,957	20,893,630	1842.5%	0.826	0.715
2044	2,114,812	2,458,164	35,724,514	35,909,237	1689.3%	1460.8%	948,579	19,790,997	2086.4%	0.810	0.700
2045	1,796,000	2,090,790	33,645,180	33,822,829	1873.3%	1617.7%	788,504	18,643,553	2364.4%	0.792	0.684
2046	1,515,540	1,766,990	31,470,954	31,640,687	2076.6%	1790.7%	651,132	17,430,225	2676.9%	0.776	0.669
2047	1,270,664	1,483,729	29,188,889	29,349,646	2297.1%	1978.1%	534,213	16,147,146	3022.6%	0.760	0.654
2048	1,058,798	1,238,209	26,829,784	26,980,634	2534.0%	2179.0%	435,472	14,796,391	3397.8%	0.746	0.641
2049	876,656	1,026,715	24,507,410	24,647,906	2795.6%	2400.7%	352,910	13,466,492	3815.8%	0.733	0.629
2050	721,277	845,966	22,241,626	22,371,572	3083.6%	2644.5%	284,205	12,197,764	4291.9%	0.718	0.616
2051	589,643	692,541	20,090,788	20,210,476	3407.3%	2918.3%	227,231	10,959,827	4823.2%	0.706	0.605
2052	479,010	563,362	17,984,713	18,093,912	3754.6%	3211.8%	180,448	9,749,646	5403.0%	0.695	0.594
2053	386,904	455,618	15,870,131	15,968,242	4101.8%	3504.7%	140,713	8,406,550	5974.3%	0.687	0.587
2054	310,692	366,304	13,953,751	14,041,445	4491.2%	3833.3%	100,402	6,443,110	6417.3%	0.700	0.597
2055	248,095	292,820	12,241,352	12,319,471	4934.1%	4207.2%	64,976	4,409,664	6786.6%	0.727	0.620
2056	196,868	232,581	10,706,072	10,775,429	5438.2%	4633.0%	39,743	2,838,359	7141.8%	0.761	0.649
2057	155,276	183,594	9,253,776	9,314,556	5959.6%	5073.4%	20,908	1,547,838	7403.3%	0.805	0.685
2058	121,794	144,107	7,814,220	7,865,958	6415.9%	5458.4%	8,249	625,185	7578.9%	0.847	0.720
2059	95,021	112,494	6,572,206	6,616,060	6916.6%	5881.3%	2,144	164,514	7671.5%	0.902	0.767
2060	73,590	87,154	5,670,256	5,708,451	7705.2%	6549.9%	0	0	0.0%	0.000	0.000
2061	56,606	67,053	4,656,714	4,688,221	8226.6%	6991.8%	0	0	0.0%	0.000	0.000
2062	43,208	51,187	3,958,899	3,985,963	9162.3%	7787.1%	0	0	0.0%	0.000	0.000
2063	32,760	38,807	3,171,568	3,193,271	9681.4%	8228.6%	0	0	0.0%	0.000	0.000
2064	24,643	29,188	2,574,371	2,592,053	10446.8%	8880.5%	0	0	0.0%	0.000	0.000
2065	18,353	21,730	1,996,395	2,010,029	10878.0%	9249.9%	0	0	0.0%	0.000	0.000
2066	13,535	16,015	1,567,580	1,578,295	11581.4%	9855.4%	0	0	0.0%	0.000	0.000
2067	9,855	11,650	1,279,907	1,288,751	12987.3%	11062.7%	0	0	0.0%	0.000	0.000
2068	7,085	8,363	1,000,403	1,007,316	14120.1%	12044.5%	0	0	0.0%	0.000	0.000
Total	445,689,867	500,030,015	1,142,878,839	1,148,181,593	256.4%	229.6%	318,947,069	635,871,208	199.4%	1.286	1.152
	Revised						Original Pricing			A/E	A/E
	Earned Premium w/o Increase	Earned Premium w/Increase	Incurred Claims w/o Increase	Incurred Claims w/Increase	Loss Ratio w/o Increase	Loss Ratio w/Increase	Earned Premium	Incurred Claims	Loss Ratio	w/o Increase	With Increase
Past Experience (2004 - 2011)	125,904,147	125,904,147	5,567,113	5,567,113	4.4%	4.4%	113,510,696	4,734,826	4.2%	1.060	1.060
Anticipated Experience	445,689,867	500,030,015	1,142,878,839	1,148,181,593	256.4%	229.6%	318,947,069	635,871,208	199.4%	1.286	1.152
Lifetime Experience	571,594,014	625,934,162	1,148,445,952	1,153,748,706	200.9%	184.3%	432,457,765	640,606,034	148.1%	1.356	1.244
Past Experience @ 4.5%	143,064,154	143,064,154	6,049,403	6,049,403	4.2%	4.2%	129,315,510	5,216,428	4.0%	1.048	1.048
Anticipated Experience @ 4.5%	289,385,690	322,077,086	400,632,667	402,313,816	138.4%	124.9%	218,153,617	237,544,861	108.9%	1.271	1.147
Lifetime Experience @ 4.5%	432,449,844	465,141,240	406,682,070	408,363,219	94.0%	87.8%	347,469,126	242,761,289	69.9%	1.346	1.257

Note: The Earned Premium with Increase includes the proposed rate adjustments described in Section 9 of the Actuarial Memorandum.

Actual to Expected Analysis (Lapse Rates and Morbidity Combined)

Virginia Experience
(as of 09/30/2012)

Policy Series LTC04I

	Actual						Original Pricing			Actual to Expected	
	Earned Premium	Incurred Claims		Loss Ratio			Earned Premium	Incurred Claims	Loss Ratio		
2004	38,312	0		0.0%			38,312	129	0.3%		0.000
2005	366,753	0		0.0%			363,718	3,885	1.1%		0.000
2006	788,294	0		0.0%			749,131	12,799	1.7%		0.000
2007	1,058,127	0		0.0%			965,046	25,387	2.6%		0.000
2008	1,234,573	8,515		0.7%			1,087,903	39,886	3.7%		0.188
2009	1,359,491	309,416		22.8%			1,169,070	57,767	4.9%		4.606
2010	1,430,069	8,614		0.6%			1,209,728	79,166	6.5%		0.092
2011	1,405,761	146,578		10.4%			1,156,295	102,197	8.8%		1.180
Total	7,681,380	473,124		6.2%			6,739,201	321,217	4.8%		1.292
	Revised						Original Pricing				
	Earned Premium w/o Increase	Earned Premium w/Increase	Incurred Claims w/o Increase	Incurred Claims w/Increase	Loss Ratio w/o Increase	Loss Ratio w/Increase	Earned Premium	Incurred Claims	Loss Ratio	A/E w/o Increase	A/E w/Increase
2012	1,362,052	1,362,052	158,334	158,334	11.6%	11.6%	1,105,454	126,872	11.5%	1.013	1.013
2013	1,319,702	1,395,403	205,511	205,893	15.6%	14.8%	1,060,022	153,369	14.5%	1.076	1.020
2014	1,281,503	1,424,768	248,727	249,309	19.4%	17.5%	1,016,394	181,898	17.9%	1.085	0.978
2015	1,239,625	1,388,099	295,348	296,105	23.8%	21.3%	970,298	213,656	22.0%	1.082	0.969
2016	1,192,458	1,338,715	345,226	346,154	29.0%	25.9%	919,485	247,276	26.9%	1.077	0.961
2017	1,142,917	1,283,498	398,799	399,904	34.9%	31.2%	867,871	283,255	32.6%	1.069	0.955
2018	1,092,273	1,226,902	456,625	457,927	41.8%	37.3%	821,202	324,246	39.5%	1.059	0.945
2019	1,044,438	1,173,782	520,262	521,788	49.8%	44.5%	773,256	370,590	47.9%	1.039	0.928
2020	998,326	1,122,855	591,085	592,866	59.2%	52.8%	724,142	420,681	58.1%	1.019	0.909
2021	951,722	1,071,369	668,960	671,031	70.3%	62.6%	677,535	473,263	69.9%	1.006	0.897
2022	906,490	1,021,499	754,014	756,415	83.2%	74.0%	634,121	529,094	83.4%	0.997	0.887
2023	861,415	971,715	847,301	850,074	98.4%	87.5%	591,293	588,388	99.5%	0.988	0.879
2024	815,727	921,160	949,793	952,987	116.4%	103.5%	548,837	653,141	119.0%	0.978	0.869
2025	769,852	870,346	1,058,040	1,061,686	137.4%	122.0%	505,693	723,659	143.1%	0.960	0.852
2026	723,908	819,336	1,168,889	1,173,010	161.5%	143.2%	461,354	789,887	171.2%	0.943	0.836
2027	677,898	768,147	1,282,024	1,286,644	189.1%	167.5%	418,932	851,726	203.3%	0.930	0.824
2028	632,238	717,273	1,398,157	1,403,300	221.1%	195.6%	380,587	915,765	240.6%	0.919	0.813
2029	587,124	666,914	1,517,046	1,522,741	258.4%	228.3%	343,775	980,409	285.2%	0.906	0.801
2030	542,837	617,392	1,636,823	1,643,091	301.5%	266.1%	309,143	1,043,536	337.6%	0.893	0.788
2031	499,270	568,560	1,750,387	1,757,219	350.6%	309.1%	277,541	1,098,857	395.9%	0.885	0.781
2032	457,107	521,238	1,850,575	1,857,942	404.8%	356.4%	248,214	1,143,961	460.9%	0.878	0.773
2033	416,426	475,504	1,935,625	1,943,491	464.8%	408.7%	220,756	1,180,672	534.8%	0.869	0.764
2034	377,368	431,512	2,006,844	2,015,169	531.8%	467.0%	195,203	1,212,045	620.9%	0.856	0.752
2035	340,116	389,477	2,064,014	2,072,757	606.9%	532.2%	171,588	1,235,782	720.2%	0.843	0.739
2036	304,809	349,558	2,101,375	2,110,468	689.4%	603.8%	149,915	1,244,234	830.0%	0.831	0.727
2037	271,535	311,855	2,114,604	2,123,958	778.8%	681.1%	130,221	1,236,673	949.7%	0.820	0.717
2038	240,613	276,765	2,107,379	2,116,914	875.8%	764.9%	112,421	1,217,972	1083.4%	0.808	0.706
2039	211,973	244,201	2,083,043	2,092,683	982.7%	857.0%	96,465	1,193,192	1236.9%	0.794	0.693
2040	185,642	214,205	2,043,536	2,053,213	1100.8%	958.5%	82,275	1,162,370	1412.8%	0.779	0.678
2041	161,608	186,771	1,988,701	1,998,334	1230.6%	1069.9%	69,721	1,120,301	1606.8%	0.766	0.666
2042	139,842	161,877	1,916,699	1,926,196	1370.6%	1189.9%	58,707	1,067,926	1819.1%	0.753	0.654
2043	120,286	139,465	1,831,640	1,840,924	1522.7%	1320.0%	49,127	1,009,780	2055.4%	0.741	0.642
2044	102,830	119,420	1,737,073	1,746,071	1689.3%	1462.1%	40,860	951,558	2328.8%	0.725	0.628
2045	87,368	101,629	1,637,536	1,646,204	1874.3%	1619.8%	33,767	892,946	2644.4%	0.709	0.613
2046	73,780	85,964	1,533,947	1,542,246	2079.1%	1794.1%	27,710	829,401	2993.1%	0.695	0.599
2047	61,922	72,264	1,425,221	1,433,096	2301.6%	1983.2%	22,592	761,200	3369.3%	0.683	0.589
2048	51,664	60,391	1,312,205	1,319,609	2539.9%	2185.1%	18,311	689,909	3767.6%	0.674	0.580
2049	42,842	50,157	1,201,083	1,207,994	2803.5%	2408.4%	14,758	624,255	4229.9%	0.663	0.569
2050	35,311	41,406	1,092,016	1,098,418	3092.5%	2652.8%	11,817	563,956	4772.4%	0.648	0.556
2051	28,921	33,964	989,908	995,826	3422.8%	2932.0%	9,380	503,680	5369.8%	0.637	0.546
2052	23,542	27,688	888,374	893,787	3773.5%	3228.0%	7,395	442,930	5989.3%	0.630	0.539
2053	19,058	22,446	784,899	789,766	4118.6%	3518.6%	5,480	355,405	6485.2%	0.635	0.543
2054	15,338	18,089	692,543	696,908	4515.1%	3852.6%	3,478	236,490	6798.8%	0.664	0.567
2055	12,273	14,492	609,597	613,499	4967.1%	4233.5%	1,860	130,856	7036.1%	0.706	0.602
2056	9,756	11,533	536,409	539,894	5498.0%	4681.2%	1,104	81,651	7397.1%	0.743	0.633
2057	7,709	9,122	463,761	466,813	6016.1%	5117.6%	512	38,971	7604.3%	0.791	0.673
2058	6,054	7,170	391,403	393,998	6465.4%	5495.3%	97	7,418	7671.5%	0.843	0.716
2059	4,725	5,600	333,027	335,257	7048.1%	5986.7%	0	0	0.0%	0.000	0.000
2060	3,660	4,340	288,192	290,142	7873.7%	6684.9%	0	0	0.0%	0.000	0.000
2061	2,814	3,338	236,975	238,585	8420.4%	7146.8%	0	0	0.0%	0.000	0.000
2062	2,145	2,544	202,236	203,625	9430.2%	8003.0%	0	0	0.0%	0.000	0.000
2063	1,623	1,926	162,020	163,134	9983.9%	8472.0%	0	0	0.0%	0.000	0.000
2064	1,217	1,444	131,421	132,328	10797.2%	9163.2%	0	0	0.0%	0.000	0.000
2065	904	1,072	100,962	101,655	11167.0%	9478.8%	0	0	0.0%	0.000	0.000
2066	664	787	80,109	80,660	12064.6%	10248.0%	0	0	0.0%	0.000	0.000
2067	481	570	65,454	65,910	13595.3%	11559.2%	0	0	0.0%	0.000	0.000
2068	344	407	50,297	50,647	14609.7%	12440.6%	0	0	0.0%	0.000	0.000
Total	22,466,047	25,129,978	57,242,055	57,504,604	254.8%	228.8%	15,190,673	32,105,101	211.3%	1.206	1.083
	Earned Premium w/o Increase	Earned Premium w/Increase	Incurred Claims w/o Increase	Incurred Claims w/Increase	Loss Ratio w/o Increase	Loss Ratio w/Increase	Earned Premium	Incurred Claims	Loss Ratio	A/E w/o Increase	A/E With Increase
Past Experience (2004 - 2011)	7,681,380	7,681,380	473,124	473,124	6.2%	6.2%	6,739,201	321,217	4.8%	1.292	1.292
Anticipated Experience	22,466,047	25,129,978	57,242,055	57,504,604	254.8%	228.8%	15,190,673	32,105,101	211.3%	1.206	1.083
Lifetime Experience	30,147,427	32,811,358	57,715,178	57,977,728	191.4%	176.7%	21,929,874	32,426,318	147.9%	1.295	1.195
Past Experience @ 4.5%	8,855,132	8,855,132	520,076	520,076	5.9%	5.9%	7,802,136	356,564	4.6%	1.285	1.285
Anticipated Experience @ 4.5%	14,661,386	16,267,565	20,314,353	20,397,888	138.6%	125.4%	10,476,681	12,391,807	118.3%	1.171	1.060
Lifetime Experience @ 4.5%	23,516,518	25,122,697	20,834,429	20,917,964	88.6%	83.3%	18,278,817	12,748,371	69.7%	1.270	1.194

Note: The Earned Premium with Increase includes the proposed rate adjustments described in Section 9 of the Actuarial Memorandum.

Actual to Expected Analysis (Lapse Rates and Morbidity Combined)

Nationwide Experience
(as of 09/30/2012)

Policy Series LTC04I

Incurred Year	Actual			Original Pricing			A/E
	Earned Premium @ Proposed Rate Level	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	
2004	238,937	0	0.0%	201,295	678	0.3%	0.000
2005	3,882,101	0	0.0%	3,255,242	29,150	0.9%	0.000
2006	10,907,131	270,755	2.5%	8,853,199	133,405	1.5%	1.647
2007	18,141,160	120,310	0.7%	14,196,847	310,791	2.2%	0.303
2008	24,008,651	574,910	2.4%	18,451,520	547,123	3.0%	0.808
2009	28,533,821	408,453	1.4%	21,610,695	851,654	3.9%	0.363
2010	31,156,183	1,717,353	5.5%	23,172,965	1,219,240	5.3%	1.048
2011	32,580,239	2,475,332	7.6%	23,768,933	1,642,785	6.9%	1.099
Total	149,448,222	5,567,113	3.7%	113,510,696	4,734,826	4.2%	0.893
Incurred Year	Revised			Original Pricing			A/E
	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	
2012	31,566,863	2,864,740	9.1%	22,658,646	2,098,465	9.3%	0.980
2013	30,585,007	3,745,903	12.2%	21,660,656	2,591,260	12.0%	1.024
2014	29,714,228	4,560,184	15.3%	20,755,091	3,121,736	15.0%	1.020
2015	28,778,288	5,441,217	18.9%	19,880,840	3,706,307	18.6%	1.014
2016	27,687,001	6,385,762	23.1%	18,939,490	4,329,487	22.9%	1.009
2017	26,582,543	7,404,534	27.9%	17,962,657	4,998,416	27.8%	1.001
2018	25,445,028	8,511,071	33.4%	17,006,390	5,739,200	33.7%	0.991
2019	24,362,995	9,733,286	40.0%	16,047,380	6,571,931	41.0%	0.976
2020	23,322,320	11,098,238	47.6%	15,077,691	7,485,895	49.6%	0.958
2021	22,260,954	12,604,276	56.6%	14,137,786	8,471,335	59.9%	0.945
2022	21,245,668	14,257,888	67.1%	13,242,106	9,523,547	71.9%	0.933
2023	20,236,227	16,081,650	79.5%	12,376,522	10,641,422	86.0%	0.924
2024	19,210,703	18,091,981	94.2%	11,528,190	11,843,183	102.7%	0.917
2025	18,171,587	20,236,882	111.4%	10,686,770	13,157,365	123.1%	0.905
2026	17,130,381	22,461,908	131.1%	9,824,732	14,469,631	147.3%	0.890
2027	16,081,306	24,755,753	153.9%	8,977,990	15,749,661	175.4%	0.878
2028	15,038,873	27,132,643	180.4%	8,171,920	17,029,887	208.4%	0.866
2029	14,002,478	29,578,872	211.2%	7,401,662	18,303,506	247.3%	0.854
2030	12,978,500	32,052,608	247.0%	6,677,418	19,562,230	293.0%	0.843
2031	11,965,529	34,444,985	287.9%	6,009,081	20,743,735	345.2%	0.834
2032	10,982,075	36,612,112	333.4%	5,391,784	21,782,267	404.0%	0.825
2033	10,028,833	38,515,034	384.0%	4,818,966	22,669,328	470.4%	0.816
2034	9,108,984	40,153,549	440.8%	4,283,337	23,413,292	546.6%	0.806
2035	8,227,422	41,500,278	504.4%	3,785,316	24,005,451	634.2%	0.795
2036	7,388,274	42,455,444	574.6%	3,325,554	24,375,432	733.0%	0.784
2037	6,594,639	42,915,950	650.8%	2,904,537	24,474,063	842.6%	0.772
2038	5,852,835	42,944,110	733.7%	2,521,413	24,325,639	964.8%	0.761
2039	5,162,944	42,592,982	825.0%	2,175,655	23,983,522	1102.4%	0.748
2040	4,526,267	41,885,612	925.4%	1,865,989	23,481,185	1258.4%	0.735
2041	3,943,288	40,831,611	1035.5%	1,590,486	22,794,085	1433.2%	0.723
2042	3,413,767	39,393,894	1154.0%	1,347,227	21,917,852	1626.9%	0.709
2043	2,936,862	37,662,422	1282.4%	1,133,957	20,893,630	1842.5%	0.696
2044	2,510,281	35,724,514	1423.1%	948,579	19,790,997	2086.4%	0.682
2045	2,131,851	33,645,180	1578.2%	788,504	18,643,553	2364.4%	0.667
2046	1,798,946	31,470,954	1749.4%	651,132	17,430,225	2676.9%	0.654
2047	1,508,279	29,188,889	1935.2%	534,213	16,147,146	3022.6%	0.640
2048	1,256,793	26,829,784	2134.8%	435,472	14,796,391	3397.8%	0.628
2049	1,040,591	24,507,410	2355.1%	352,910	13,466,492	3815.8%	0.617
2050	856,156	22,241,626	2597.8%	284,205	12,197,764	4291.9%	0.605
2051	699,906	20,090,788	2870.5%	227,231	10,959,827	4823.2%	0.595
2052	568,585	17,984,713	3163.1%	180,448	9,749,646	5403.0%	0.585
2053	459,255	15,870,131	3455.6%	140,713	8,406,550	5974.3%	0.578
2054	368,792	13,953,751	3783.6%	100,402	6,443,110	6417.3%	0.590
2055	294,489	12,241,352	4156.8%	64,976	4,409,664	6786.6%	0.612
2056	233,682	10,706,072	4581.5%	39,743	2,838,359	7141.8%	0.642
2057	184,312	9,253,776	5020.7%	20,908	1,547,838	7403.3%	0.678
2058	144,570	7,814,220	5405.2%	8,249	625,185	7578.9%	0.713
2059	112,790	6,572,206	5827.0%	2,144	164,514	7671.5%	0.760
2060	87,352	5,670,256	6491.3%	0	0	0.0%	0.000
2061	67,191	4,656,714	6930.6%	0	0	0.0%	0.000
2062	51,288	3,958,899	7718.9%	0	0	0.0%	0.000
2063	38,886	3,171,568	8156.2%	0	0	0.0%	0.000
2064	29,251	2,574,371	8801.0%	0	0	0.0%	0.000
2065	21,785	1,996,395	9164.3%	0	0	0.0%	0.000
2066	16,066	1,567,580	9756.9%	0	0	0.0%	0.000
2067	11,698	1,279,907	10941.3%	0	0	0.0%	0.000
2068	8,410	1,000,403	11895.6%	0	0	0.0%	0.000
Total	529,033,872	1,142,878,839	216.0%	318,947,069	635,871,208	199.4%	1.084
Past Experience	Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	A/E
	Anticipated Experience	Lifetime Experience					
Past Experience	149,448,222	5,567,113	3.7%	113,510,696	4,734,826	4.2%	0.893
Anticipated Experience	529,033,872	1,142,878,839	216.0%	318,947,069	635,871,208	199.4%	1.084
Lifetime Experience	678,482,095	1,148,445,952	169.3%	432,457,765	640,606,034	148.1%	1.143
Past Experience @ 4.5%	169,817,151	6,049,403	3.6%	129,315,510	5,216,428	4.0%	0.883
Anticipated Experience @ 4.5%	343,500,814	400,632,667	116.6%	218,153,617	237,544,861	108.9%	1.071
Lifetime Experience @ 4.5%	513,317,964	406,682,070	79.2%	347,469,126	242,761,289	69.9%	1.134

Form LTC04I - Rate Increase Status by State

State	Overall Increase Requested	Overall Increase Approved	Status	Comments
Alabama	18.7%	18.7%	approved	
Alaska	18.7%	18.7%	approved	
Arizona	18.7%	18.7%	approved	
Arkansas	18.7%		pending approval	
California	18.7%		pending approval	
Colorado	18.7%		pending filing	
Connecticut	18.7%		pending approval	
Delaware	16.4%		pending filing	
District of Columbia	18.7%		pending approval	
Florida	18.7%		pending filing	
Georgia	18.7%	15.0%	approved	GA increase ranges from 0% to 24% (15% overall) - Additional increase to be filed next year
Hawaii	18.7%		pending filing	
Idaho	18.7%	18.7%	approved	
Illinois	18.7%		pending approval	
Indiana	18.7%		pending approval	
Iowa	18.7%	15.2%	approved	IA increase ranges from 0% to 18% (15.2% overall) - Additional increase to be filed next year
Kansas	18.7%		pending approval	
Kentucky	18.7%	18.7%	approved	
Louisiana	18.7%		pending approval	
Maine	18.7%		pending filing	
Maryland	18.7%	12.4%	approved	MD increase ranges from 0% to 15% (12.4% overall) - Additional increase to be filed next year
Massachusetts	18.7%		pending filing	
Michigan	18.7%	18.7%	approved	
Minnesota	18.7%		pending approval	
Mississippi	14.9%	14.9%	approved	MS increase ranges from 0% to 25% (14.9% overall) - Additional increase to be filed next year (MS has a 25% max annual increase regulation)
Missouri	18.7%		pending approval	
Montana	18.7%	18.7%	approved	1st year increase range: 0%-25% (14.9% overall); 2nd year increase range: 0%-10.4% (3.3% overall) - both increases approved by MT SID
Nebraska	18.7%	18.7%	approved	
Nevada	18.7%	12.0%	approved	NV increase ranges from 0% to 20% (12.0% overall) - Additional increase to be filed next year
New Hampshire	18.7%	18.7%	approved	
New Jersey	18.7%		pending approval	
New Mexico	18.7%		pending filing	
New York	18.7%		pending filing	
North Carolina	18.7%		pending approval	
North Dakota	18.7%	16.1%	approved	ND increase ranges from 0% to 18% (16.1% overall) - Additional increase to be filed next year
Ohio	18.7%	18.7%	approved	
Oklahoma	18.7%	16.4%	approved	OK increase ranges from 0% to 25% (16.4% overall) - Additional increase to be filed next year
Oregon	18.7%		pending approval	
Pennsylvania	18.7%	11.1%	approved	PA increase ranges from 0% to 15% (11.1% overall) - Additional increase to be filed next year
Puerto Rico	18.7%		pending approval	
Rhode Island	18.7%		pending filing	
South Carolina	18.7%	18.7%	approved	SC increase is capped at 20% for the 1st year, and remaining increase will be implemented on 02/01/2014 (2-year increase approved)
South Dakota	18.7%	18.7%	approved	
Tennessee	18.7%	18.7%	approved	
Texas	18.7%		pending approval	
Utah	18.7%		pending approval	
Vermont	18.7%		pending approval	
Virgin Islands	18.7%		pending approval	
Virginia	18.7%		pending approval	
Washington	18.7%		pending filing	
West Virginia	18.7%		pending filing	
Wisconsin	18.7%	18.7%	approved	
Wyoming	18.7%	18.7%	approved	

This is in response to your objection letter dated November 29, 2012, regarding the above captioned filing. I apologize for the delay in responding to your letter.

Item 1

Justification for all assumptions used to support the requested rate increase is included in Exhibit 4 (lapse rate actual to expected), Exhibit 5 (mortality rate actual to expected) and Exhibit 8 (actual to expected of the lapse rate and morbidity changes).

Item 2

An actual to expected analysis based on the assumptions and projections used in the original pricing are displayed in Exhibit 8, which was originally attached to the Actuarial Memorandum. Exhibit has been expanded to show each year, both historical and projected, as opposed to just a summary of the historical and projected experience that was displayed in the original Exhibit 8.

Item 3

Exhibit 8 displays the anticipated loss ratio where the numerator is equal to the anticipated incurred claims, and the denominator is equal to the anticipated earned premium. Policy reserves are not included in the incurred claims.

Item 4

The lifetime loss ratio anticipated in the original filing calculated using paid claims and earned premium was 60.5%. On an incurred claims basis, which matches the method shown in the projection exhibit, the original loss ratio was 68.4%. The 69.9% number shown in the projection exhibit is different due to the use of actual historical experience over multiple years whereas the original exhibit was only for one year of new business.

Item 5

Exhibits 6, 7, and 8 have been prepared based on Virginia only experience. The experience data is through September 30, 2012, which is the most recent available data.

Item 6

The Virginia approved rates are the same as the nationwide premiums. In light of this, The nationwide experience displayed in Exhibit 8 is using the Virginia approved rates.

Item 7

Exhibits 6, 7, and 8 have been updated with experience data through September 30, 2012, which is the most recent available data.

Item 8

A general summary of the differences in assumptions is shown in Exhibit 3C. A more detailed actual to expected analysis of the lapse assumption is shown in Exhibit 4. A more detailed actual to expected analysis of the mortality is shown in Exhibit 5. For a more detailed comparison of the morbidity assumptions, please see Attachment 1 – Claim Cost Comparison. Please note that this file contains proprietary information and we request that it be kept confidential.

Item 9

The lifetime loss ratio where the historical premium component is restated to what it would have been if proposed premium had been charged (collected) since the forms introduction is displayed in Exhibit 10.

Item 10

The requested rate increase has been (or will be, there are a few states pending submission) filed in all states where this form has been approved. The requested rate increase for Virginia is the same increase amount that has been requested in all states. The status of this rate increase, by state, is displayed in Exhibit 11.

Item 11

There is a 10% increase to morbidity built-in as an adverse margin that is included in the projection to ensure that future rate increases will not be needed presuming the experience develops as projected.

Item 12

Providing enough information to recreate the projection would require supplying a significant amount of proprietary information, including Milliman Claim Cost Guidelines information. For more details on how the incurred claims are calculated for a sample cell see Attachment 2 – Sample Claim Cost Calculation. Please note that this file contains proprietary information and we request that it be kept confidential.

Items 13 & 14

It is the intent of the company not to request any further rate increases if the proposed rate increase is approved and the experience develops as projected, as stated in the Actuarial Certification, “If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated.”

Item 15

The company intends to provide a 60-day notification of the rate increase to all insureds, regardless of the increase amount. Insureds receiving an increase of more than 35% will receive a 60-day notification of the rate increase, and insureds receiving a rate increase less than 35% will also receive a 60-day notification of the rate increase.

Item 16

The Rate/Rule Schedule section of this filing has been revised as summarized below:

- Each form has been listed separately, stating the amount of the proposed rate increase and attaching the proposed rate;
- The Rate Action has been changed to “Revised”; and
- The Previous Filing Number has been included.

Please note that the previous filing was not submitted via SERFF. The Virginia submission number for the previous filing, i.e., the original form and rate filing, was 007 0000022296.

We hope that this additional information will allow you to continue your review of our submission and we look forward to a favorable response.

Sincerely,

Jeff LaFond

Nationwide Experience as of 09/30/2012

Policy Series LTC04I

Incurred Year	Earned Premium	Claims Paid on Incurred	Claim Reserve	Incurred Claims	Incurred Loss Ratio
2004	201,295	0	0	0	0.0%
2005	3,270,515	0	0	0	0.0%
2006	9,188,821	270,755	0	270,755	2.9%
2007	15,283,201	120,310	0	120,310	0.8%
2008	20,226,328	411,021	163,889	574,910	2.8%
2009	24,038,602	228,302	180,151	408,453	1.7%
2010	26,247,837	662,459	1,054,894	1,717,353	6.5%
2011	27,447,548	688,305	1,787,027	2,475,332	9.0%
Total	125,904,147	2,381,152	3,185,961	5,567,113	4.4%

Virginia Experience as of 09/30/2012

Policy Series LTC04I

Incurred Year	Earned Premium	Claims Paid on Incurred	Claim Reserve	Incurred Claims	Incurred Loss Ratio
2004	38,312	0	0	0	0.0%
2005	366,753	0	0	0	0.0%
2006	788,294	0	0	0	0.0%
2007	1,058,127	0	0	0	0.0%
2008	1,234,573	8,515	0	8,515	0.7%
2009	1,359,491	129,265	180,151	309,416	22.8%
2010	1,430,069	8,614	0	8,614	0.6%
2011	1,405,761	43,900	102,678	146,578	10.4%
Total	7,681,380	190,295	282,829	473,124	6.2%

Lifetime Experience (Nationwide) as of 09/30/2012

Policy Series LTC041

Year	Non-Interest Adjusted			Interest Adjusted		
	Original Premium	Increased Premium	Incurred Claims	Original Premium	Increased Premium	Incurred Claims
2004	201,295	0	0	283,129	0	0
2005	3,270,515	0	0	4,402,011	0	0
2006	9,188,821	0	270,755	11,835,278	0	348,735
2007	15,283,201	0	120,310	18,837,215	0	148,288
2008	20,226,328	0	574,910	23,856,303	0	678,088
2009	24,038,602	0	408,453	27,131,825	0	461,011
2010	26,247,837	0	1,717,353	28,349,606	0	1,854,868
2011	<u>27,447,548</u>	<u>0</u>	<u>2,475,332</u>	<u>28,368,787</u>	<u>0</u>	<u>2,558,413</u>
Total	125,904,147	0	5,567,113	143,064,154	0	6,049,403
2012	26,593,819	0	2,864,740	26,302,779	0	2,833,389
2013	25,766,645	1,548,230	3,745,903	24,387,232	1,465,346	3,545,367
2014	25,033,048	2,903,249	4,560,184	22,672,640	2,629,497	4,130,197
2015	24,244,556	3,009,225	5,441,217	21,012,914	2,608,115	4,715,938
2016	23,325,191	2,958,376	6,385,762	19,345,545	2,453,630	5,296,250
2017	22,394,728	2,845,566	7,404,534	17,774,004	2,258,438	5,876,750
2018	21,436,418	2,728,075	8,511,071	16,280,787	2,071,951	6,464,090
2019	20,524,848	2,619,699	9,733,286	14,917,184	1,903,962	7,074,022
2020	19,648,122	2,523,290	11,098,238	13,665,063	1,754,922	7,718,709
2021	18,753,963	2,425,204	12,604,276	12,481,517	1,614,071	8,388,653
2022	17,898,625	2,333,010	14,257,888	11,399,287	1,485,849	9,080,572
2023	17,048,211	2,240,488	16,081,650	10,390,120	1,365,477	9,801,044
2024	16,184,249	2,144,930	18,091,981	9,438,826	1,250,946	10,551,436
2025	15,308,835	2,047,283	20,236,882	8,543,804	1,142,581	11,294,129
2026	14,431,661	1,947,115	22,461,908	7,707,423	1,039,883	11,996,084
2027	13,547,856	1,843,990	24,755,753	6,923,842	942,399	12,651,812
2028	12,669,649	1,740,497	27,132,643	6,196,192	851,204	13,269,433
2029	11,796,527	1,635,768	29,578,872	5,520,751	765,536	13,842,853
2030	10,933,867	1,530,590	32,052,608	4,896,677	685,467	14,354,599
2031	10,080,479	1,424,350	34,444,985	4,320,088	610,419	14,761,735
2032	9,251,958	1,320,221	36,612,112	3,794,275	541,429	15,014,812
2033	8,448,891	1,217,903	38,515,034	3,315,725	477,960	15,115,034
2034	7,673,954	1,117,661	40,153,549	2,881,919	419,732	15,079,484
2035	6,931,273	1,020,135	41,500,278	2,490,917	366,610	14,914,107
2036	6,224,326	925,841	42,455,444	2,140,535	318,395	14,600,353
2037	5,555,719	835,163	42,915,950	1,828,327	274,843	14,123,177
2038	4,930,779	749,308	42,944,110	1,552,791	235,970	13,523,870
2039	4,349,574	668,274	42,592,982	1,310,774	201,389	12,835,687
2040	3,813,199	592,360	41,885,612	1,099,649	170,825	12,078,963
2041	3,322,062	521,816	40,831,611	916,761	144,001	11,267,953
2042	2,875,962	456,772	39,393,894	759,478	120,624	10,403,060
2043	2,474,189	397,314	37,662,422	625,243	100,404	9,517,528
2044	2,114,812	343,352	35,724,514	511,412	83,031	8,639,050
2045	1,796,000	294,791	33,645,180	415,613	68,218	7,785,853
2046	1,515,540	251,450	31,470,954	335,610	55,683	6,969,104
2047	1,270,664	213,065	29,188,889	269,266	45,150	6,185,408
2048	1,058,798	179,411	26,829,784	214,708	36,382	5,440,661
2049	876,656	150,058	24,507,410	170,117	29,119	4,755,713
2050	721,277	124,689	22,241,626	133,938	23,154	4,130,175
2051	589,643	102,898	20,090,788	104,779	18,285	3,570,118
2052	479,010	84,352	17,984,713	81,454	14,344	3,058,249
2053	386,904	68,714	15,870,131	62,959	11,181	2,582,460
2054	310,692	55,611	13,953,751	48,380	8,660	2,172,840
2055	248,095	44,724	12,241,352	36,969	6,664	1,824,105
2056	196,868	35,714	10,706,072	28,072	5,093	1,526,632
2057	155,276	28,319	9,253,776	21,188	3,864	1,262,719
2058	121,794	22,313	7,814,220	15,904	2,914	1,020,369
2059	95,021	17,473	6,572,206	11,873	2,183	821,233
2060	73,590	13,564	5,670,256	8,800	1,622	678,019
2061	56,606	10,447	4,656,714	6,477	1,195	532,847
2062	43,208	7,978	3,958,899	4,731	874	433,492
2063	32,760	6,047	3,171,568	3,433	634	332,326
2064	24,643	4,545	2,574,371	2,471	456	258,134
2065	18,353	3,378	1,996,395	1,761	324	191,560
2066	13,535	2,479	1,567,580	1,243	228	143,937
2067	9,855	1,794	1,279,907	866	158	112,461
2068	7,085	1,278	1,000,403	596	107	84,117
Total	445,689,867	54,340,148	1,142,878,839	289,385,690	32,691,396	400,632,667
Grand Total	571,594,014	54,340,148	1,148,445,952	432,449,844	32,691,396	406,682,070
Minimum Required Loss Ratios						
				58%	85%	
Minimum PV Incurred Claims				250,820,909	27,787,687	278,608,596
Dual Loss Ratio Test Met				406,682,070	>	278,608,596

Lifetime Experience (Virginia) as of 09/30/2012

Policy Series LTC04I

Year	Non-Interest Adjusted			Interest Adjusted		
	Original Premium	Increased Premium	Incurred Claims	Original Premium	Increased Premium	Incurred Claims
2004	38,312	0	0	53,887	0	0
2005	366,753	0	0	493,638	0	0
2006	788,294	0	0	1,015,329	0	0
2007	1,058,127	0	0	1,304,188	0	0
2008	1,234,573	0	8,515	1,456,139	0	10,043
2009	1,359,491	0	309,416	1,534,427	0	349,231
2010	1,430,069	0	8,614	1,544,580	0	9,304
2011	<u>1,405,761</u>	<u>0</u>	<u>146,578</u>	<u>1,452,943</u>	<u>0</u>	<u>151,498</u>
Total	7,681,380	0	473,124	8,855,132	0	520,076
2012	1,362,052	0	158,334	1,347,146	0	156,601
2013	1,319,702	75,701	205,511	1,249,052	71,648	194,509
2014	1,281,503	143,265	248,727	1,160,668	129,757	225,274
2015	1,239,625	148,474	295,348	1,074,391	128,683	255,980
2016	1,192,458	146,258	345,226	989,006	121,304	286,325
2017	1,142,917	140,581	398,799	907,098	111,575	316,514
2018	1,092,273	134,629	456,625	829,573	102,250	346,803
2019	1,044,438	129,344	520,262	759,084	94,005	378,119
2020	998,326	124,529	591,085	694,325	86,609	411,093
2021	951,722	119,647	668,960	633,410	79,630	445,220
2022	906,490	115,008	754,014	577,326	73,247	480,217
2023	861,415	110,300	847,301	524,994	67,223	516,392
2024	815,727	105,433	949,793	475,741	61,490	553,929
2025	769,852	100,495	1,058,040	429,651	56,086	590,488
2026	723,908	95,427	1,168,889	386,613	50,964	624,261
2027	677,898	90,249	1,282,024	346,450	46,123	655,198
2028	632,238	85,035	1,398,157	309,201	41,587	683,780
2029	587,124	79,790	1,517,046	274,773	37,341	709,974
2030	542,837	74,555	1,636,823	243,107	33,389	733,043
2031	499,270	69,289	1,750,387	213,967	29,695	750,145
2032	457,107	64,132	1,850,575	187,462	26,301	758,930
2033	416,426	59,078	1,935,625	163,424	23,185	759,626
2034	377,368	54,145	2,006,844	141,719	20,334	753,661
2035	340,116	49,362	2,064,014	122,229	17,739	741,752
2036	304,809	44,750	2,101,375	104,823	15,389	722,659
2037	271,535	40,320	2,114,604	89,359	13,269	695,893
2038	240,613	36,151	2,107,379	75,773	11,385	663,652
2039	211,973	32,228	2,083,043	63,879	9,712	627,739
2040	185,642	28,562	2,043,536	53,536	8,237	589,314
2041	161,608	25,163	1,988,701	44,597	6,944	548,805
2042	139,842	22,035	1,916,699	36,929	5,819	506,158
2043	120,286	19,179	1,831,640	30,397	4,847	462,867
2044	102,830	16,590	1,737,073	24,867	4,012	420,066
2045	87,368	14,261	1,637,536	20,218	3,300	378,943
2046	73,780	12,183	1,533,947	16,338	2,698	339,686
2047	61,922	10,342	1,425,221	13,122	2,192	302,018
2048	51,664	8,726	1,312,205	10,477	1,770	266,095
2049	42,842	7,315	1,201,083	8,314	1,420	233,073
2050	35,311	6,094	1,092,016	6,557	1,132	202,783
2051	28,921	5,043	989,908	5,139	896	175,906
2052	23,542	4,146	888,374	4,003	705	151,066
2053	19,058	3,388	784,899	3,101	551	127,722
2054	15,338	2,751	692,543	2,388	428	107,841
2055	12,273	2,219	609,597	1,829	331	90,837
2056	9,756	1,777	536,409	1,391	253	76,489
2057	7,709	1,413	463,761	1,052	193	63,282
2058	6,054	1,116	391,403	790	146	51,109
2059	4,725	875	333,027	590	109	41,614
2060	3,660	680	288,192	438	81	34,460
2061	2,814	524	236,975	322	60	27,116
2062	2,145	400	202,236	235	44	22,144
2063	1,623	303	162,020	170	32	16,977
2064	1,217	227	131,421	122	23	13,178
2065	904	168	100,962	87	16	9,688
2066	664	123	80,109	61	11	7,356
2067	481	89	65,454	42	8	5,751
2068	344	63	50,297	29	5	4,229
Total	22,466,047	2,663,930	57,242,055	14,661,386	1,606,180	20,314,353
Grand Total	30,147,427	2,663,930	57,715,178	23,516,518	1,606,180	20,834,429

Minimum Required Loss Ratios	58%	85%
Minimum PV Incurred Claims	13,639,580	1,365,253
Dual Loss Ratio Test Met	20,834,429	>

Policy Form LTC04I - Mortality

Duration	# of Deaths	Exposures	Mortality
1	13	16,551	0.00079
2	29	14,943	0.00194
3	45	13,380	0.00336
4	58	10,694	0.00542
5	53	8,253	0.00642
6	57	5,694	0.01001
7	31	2,564	0.01209
8	19	1,958	0.00970
9	1	75	0.01333
Total	306		

Issue Age	Inflation Type	Benefit Period	Rate Increase	Current LR	Pricing LR
55	No Inflation	3 Year	0.0%	50.9%	58.3%
55	5% Compound	3 Year	12.1%	94.9%	84.7%
60	5% Compound	3 Year	6.1%	81.8%	77.1%
60	5% Compound	Lifetime	38.0%	116.8%	83.9%

	Original Pricing Assumptions	Proposed Assumptions	Impact on Premiums	Weight
Mortality	1983 GAM - Selection 0.2 to 1.00	Annuity 2000 - Selection from 0.4 to 1.00	7.6%	40.9%
Lapse	Ultimate lapse rate of 2% - Rates vary by age	Ultimate Lapse of 2% Single - No Infl, 1.5% Single - Infl, 1.0% Married - No Infl, 0.75% Married - Infl, Rates vary by Age/Infl	1.5%	8.3%
Morbidity	2002 Milliman U.S.A. Long Term Care Guidelines	2009 Milliman U.S.A. Long Term Care Guidelines	9.5%	50.8%
Total			18.6%	100.0%

Lifetime Experience (Nationwide) as of 09/30/2012

Policy Series LTC04I

Non-Interest Adjusted					Interest Adjusted		
Year	In-Force	Original Premium	Increased Premium	Incurred Claims	Original Premium	Increased Premium	Incurred Claims
2004	508	201,295	0	0	283,129	0	0
2005	3,484	3,270,515	0	0	4,402,011	0	0
2006	7,225	9,188,821	0	270,755	11,835,278	0	348,735
2007	9,683	15,283,201	0	120,310	18,837,215	0	148,288
2008	11,719	20,226,328	0	574,910	23,856,303	0	678,088
2009	13,043	24,038,602	0	408,453	27,131,825	0	461,011
2010	13,444	26,247,837	0	1,717,353	28,349,606	0	1,854,868
2011	13,604	27,447,548	0	2,475,332	28,368,787	0	2,558,413
Total		125,904,147	0	5,567,113	143,064,154	0	6,049,403
2012	13,224	26,593,819	0	2,864,740	26,302,779	0	2,833,389
2013	12,855	25,766,645	1,548,230	3,745,903	24,387,232	1,465,346	3,545,367
2014	12,530	25,033,048	2,903,249	4,560,184	22,672,640	2,629,497	4,130,197
2015	12,223	24,244,556	3,009,225	5,441,217	21,012,914	2,608,115	4,715,938
2016	11,918	23,325,191	2,958,376	6,385,762	19,345,545	2,453,630	5,296,250
2017	11,609	22,394,728	2,845,566	7,404,534	17,774,004	2,258,438	5,876,750
2018	11,292	21,436,418	2,728,075	8,511,071	16,280,787	2,071,951	6,464,090
2019	10,964	20,524,848	2,619,699	9,733,286	14,917,184	1,903,962	7,074,022
2020	10,627	19,648,122	2,523,290	11,098,238	13,665,063	1,754,922	7,718,709
2021	10,280	18,753,963	2,425,204	12,604,276	12,481,517	1,614,071	8,388,653
2022	9,922	17,898,625	2,333,010	14,257,888	11,399,287	1,485,849	9,080,572
2023	9,555	17,048,211	2,240,488	16,081,650	10,390,120	1,365,477	9,801,044
2024	9,179	16,184,249	2,144,930	18,091,981	9,438,826	1,250,946	10,551,436
2025	8,793	15,308,835	2,047,283	20,236,882	8,543,804	1,142,581	11,294,129
2026	8,400	14,431,661	1,947,115	22,461,908	7,707,423	1,039,883	11,996,084
2027	7,998	13,547,856	1,843,990	24,755,753	6,923,842	942,399	12,651,812
2028	7,591	12,669,649	1,740,497	27,132,643	6,196,192	851,204	13,269,433
2029	7,178	11,796,527	1,635,768	29,578,872	5,520,751	765,536	13,842,853
2030	6,761	10,933,867	1,530,590	32,052,608	4,896,677	685,467	14,354,599
2031	6,343	10,080,479	1,424,350	34,444,985	4,320,088	610,419	14,761,735
2032	5,925	9,251,958	1,320,221	36,612,112	3,794,275	541,429	15,014,812
2033	5,509	8,448,891	1,217,903	38,515,034	3,315,725	477,960	15,115,034
2034	5,098	7,673,954	1,117,661	40,153,549	2,881,919	419,732	15,079,484
2035	4,695	6,931,273	1,020,135	41,500,278	2,490,917	366,610	14,914,107
2036	4,300	6,224,326	925,841	42,455,444	2,140,535	318,395	14,600,353
2037	3,918	5,555,719	835,163	42,915,950	1,828,327	274,843	14,123,177
2038	3,551	4,930,779	749,308	42,944,110	1,552,791	235,970	13,523,870
2039	3,200	4,349,574	668,274	42,592,982	1,310,774	201,389	12,835,687
2040	2,867	3,813,199	592,360	41,885,612	1,099,649	170,825	12,078,963
2041	2,554	3,322,062	521,816	40,831,611	916,761	144,001	11,267,953
2042	2,261	2,875,962	456,772	39,393,894	759,478	120,624	10,403,060
2043	1,991	2,474,189	397,314	37,662,422	625,243	100,404	9,517,528
2044	1,743	2,114,812	343,352	35,724,514	511,412	83,031	8,639,050
2045	1,516	1,796,000	294,791	33,645,180	415,613	68,218	7,785,853
2046	1,312	1,515,540	251,450	31,470,954	335,610	55,683	6,969,104
2047	1,128	1,270,664	213,065	29,188,889	269,266	45,150	6,185,408
2048	965	1,058,798	179,411	26,829,784	214,708	36,382	5,440,661
2049	820	876,656	150,058	24,507,410	170,117	29,119	4,755,713
2050	693	721,277	124,689	22,241,626	133,938	23,154	4,130,175
2051	583	589,643	102,898	20,090,788	104,779	18,285	3,570,118
2052	487	479,010	84,352	17,984,713	81,454	14,344	3,058,249
2053	405	386,904	68,714	15,870,131	62,959	11,181	2,582,460
2054	335	310,692	55,611	13,953,751	48,380	8,660	2,172,840
2055	275	248,095	44,724	12,241,352	36,969	6,664	1,824,105
2056	225	196,868	35,714	10,706,072	28,072	5,093	1,526,632
2057	183	155,276	28,319	9,253,776	21,188	3,864	1,262,719
2058	148	121,794	22,313	7,814,220	15,904	2,914	1,020,369
2059	119	95,021	17,473	6,572,206	11,873	2,183	821,233
2060	95	73,590	13,564	5,670,256	8,800	1,622	678,019
2061	75	56,606	10,447	4,656,714	6,477	1,195	532,847
2062	59	43,208	7,978	3,958,899	4,731	874	433,492
2063	47	32,760	6,047	3,171,568	3,433	634	332,326
2064	36	24,643	4,545	2,574,371	2,471	456	258,134
2065	28	18,353	3,378	1,996,395	1,761	324	191,560
2066	21	13,535	2,479	1,567,580	1,243	228	143,937
2067	16	9,855	1,794	1,279,907	866	158	112,461
2068	12	7,085	1,278	1,000,403	596	107	84,117
Total		445,689,867	54,340,148	1,142,878,839	289,385,690	32,691,396	400,632,667
Grand Total		571,594,014	54,340,148	1,148,445,952	432,449,844	32,691,396	406,682,070

Minimum Required Loss Ratios	58%	85%	
Minimum PV Incurred Claims	250,820,909	27,787,687	278,608,596
Dual Loss Ratio Test Met	406,682,070	>	278,608,596

Health Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Reset Form

Company Name and NAIC Number:	Mutual of Omaha Insurance Company (71412)
SERFF Tracking Number:	MUTA-128319004
Effective Date:	May 1, 2014
(Projected) Number of Insureds Affected:	716
New Rates	
Average Annual Premium Per Member:	n/a

Revised Rates

Average Annual Premium Per Member:	2,329
Average Requested Percentage Rate Change Per Member:	18.7%
Minimum Requested Percentage Rate Change Per Member:	0.0%
Maximum Requested Percentage Rate Change Per Member:	38.0%

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
LTC04I-TQ LTC04I-NTQ LTC04I-AG-TQ LTC04I-AG-NTQ	LTCI and LTCII LTCI and LTCII LTCI and LTCII LTCI and LTCII

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

Due to insureds both keeping their policies longer and staying on claim longer than originally assumed, combined with the cost of services continuing to increase, premiums will be increased in order to support future claim costs.



Long Term Care Group, Inc.

5 Commonwealth Road
Natick, MA 01760
(508) 651-8800
(508) 651-8804 FAX

February 10, 2004

Bureau of Insurance
State Corporation Commission
1300 E. Main Street
P.O. Box 1157
Richmond, VA 23219

Re: **Mutual of Omaha Insurance Company**

FEIN # 47-0246511

NAIC # 71412

INDIVIDUAL ACCIDENT AND HEALTH INSURANCE

Long Term Care Insurance Policy LTC04I-[AG]-TQ-VA, et al. (See enclosed Attachment A)

Dear Sir or Madam:

Purpose. On behalf of Mutual of Omaha Insurance Company, we at Long Term Care Group, Inc. are submitting the long term care forms cited in Attachment A to this letter for your review and approval. A letter of filing authorization from Mutual of Omaha Insurance Company is attached.

In order to allow for more flexibility and to expedite the forms approval process now and in the future, we are submitting the policy in a matrix format. Each provision or module has been assigned its own form number. If any change is to be made to any policy form in the future, we will file only that module with the applicable change rather than submitting to you an entire document including language that has been previously reviewed and approved by your department. Other forms not filed in the matrix format will be filed in their entirety should a change make a future filing necessary.

The first module identifier in the policy will serve as the overall identifier for that form. For example, we list LTC04I-TQ as the policy form identifier in the subject area of this letter, and that same identifier serves as the module identifier for the first page of the policy. The "AG" will appear in the policy identifier at time of issue only if the policy is marketed through a sponsoring group.

Coverage is guaranteed renewable and will be customized to provide either tax qualified or non-tax qualified long term care insurance. When issued as policy form LTC04I-TQ-VA or LTC04I-AG-TQ-VA, the policy is intended to be tax qualified long term care insurance and will be modified to include all modules necessary to comply with the Health Insurance Portability and Accountability Act of 1996. Coverage will be provided for skilled, intermediate and custodial care, while the insured is confined in a nursing home or assisted living facility or at home. When issued as non-tax qualified insurance policy form LTC04I-NTQ-VA or LTC04I-AG-NTQ-VA, this policy provides the same benefits as the tax qualified policy form; however, under the NTQ policies, the insured may qualify for benefits if he meets the medical necessity trigger. While the NTQ policies also include the same benefit triggers as the TQ policies, the TQ policies do not include a medical necessity benefit trigger. Any module that includes the parenthetical "(NTQ)" indicates that the module will be included in the non-tax qualified coverage only. Similarly, any module that includes the parenthetical "(TQ)" indicates that the module will be included in the tax-qualified coverage only.

February 10, 2004

Submitted Materials. The following items are included, as required:

- a) Rates and Actuarial Certification; b) Readability Certification.

Variability of Forms. Any language that appears within brackets in the forms is variable for one of the following reasons: 1) it is specimen data and a placeholder that will be replaced with actual data at issue; 2) it is bracketed within the context of this letter's explanation of availability, options and uses; or 3) it will appear only at such time in the future that a benefit may be added subsequent to the original effective date of the policy. Not all of the modules filed will appear in every issued version of the policy. With respect to benefits, modules will be included or excluded in accordance with the information provided in this letter. With respect to non-benefit related provisions, modules for features that are not available and do not apply will not appear.

Benefit Provisions. It is our intent with this modular format filing for the policy to be able to develop different benefit packages to meet various insureds' needs. Each policy will be issued with the core modules for the following benefits: the Nursing Home Benefit, Assisted Living Facility Benefit, Hospice Care Benefit, Respite Care Benefit, Home Health Care Benefit, facility-based Bed Reservation Benefit, Care Coordination Services, International Travel Benefit, Waiver of Premium Benefit and an Alternate Care Benefit with Care Coordination. The following "ancillary" benefits will be available if the insured uses the voluntary Care Coordination Services: Caregiver Training Benefit, Durable Medical Equipment Benefit, Home Modification Benefit, Informal Caregiver Benefit for Homemaker Services and a Medical Alert System Benefit. The other various modules may be packaged in a variety of combinations. All optional benefit modules may not always be included; however, the 5% Compound Inflation Protection and Nonforfeiture Benefit-Shortened Period will always be offered to each applicant.

The Respite Care Benefit, the Hospice Care Benefit, the Caregiver Training Benefit, the Durable Medical Equipment Benefit, the Home Modification Benefit, the Medical Alert System Benefit, and Care Coordination Services are not subject to an elimination period and cannot be used to satisfy the elimination period.

Some or all of the following optional benefits may be offered under both tax qualified and non-tax qualified coverage: Nonforfeiture Benefit – Shortened Benefit Period; Monthly Home Care Benefit; Spouse Waiver of Premium and Survivorship Benefit; 5% Simple Inflation Protection; 3%, 4% or 5% Compound Inflation Protection; 5% Compound Inflation Protection-10 Year; 5% Compound Inflation Protection-20 Year; 3%, 4% or 5% Step-Rated Compound Inflation Protection; Guaranteed Purchase Option; Restoration of Benefits; Full Return of Premium at Death Benefit; Return of Premium At Death Less Claims Benefit; Christian Science Provider feature; 10-Year Premium Payment Option; 20-Year Premium Payment Option and a To-Age-65 Premium Payment Period Option. An applicant may not elect more than one of the inflation protection features.

In terms of benefit combination requirements and limitations:

The Spouse Benefit; Nursing Home Indemnity Payment Benefit; Assisted Living Facility Indemnity Payment Benefit; and Home Health Care Indemnity Payment Benefit may be made available under the tax-qualified coverage only.

February 10, 2004

An applicant may not elect both: the Nursing Home Benefit and the Nursing Home Indemnity Payment Benefit; the Assisted Living Facility Benefit and the Assisted Living Facility Indemnity Payment Benefit; or any combination of the Home Health Care Benefit, Home Health Care Indemnity Payment Benefit and the Monthly Home Health Care Benefit.

The Contingent Nonforfeiture Benefit will be included in the policy of any insured who does not elect the Nonforfeiture Benefit-Shortened Benefit Period.

These plans will be issued to insureds ages 18-79. The policies may be packaged to provide the following benefits:

- ***Comprehensive One Maximum Lifetime Benefit.*** This coverage provides a single benefit pool for facility-based care and home health care. Applicants may choose lifetime maximums equal to are 2, 3, 4, 5 or 6-year periods multiplied by the nursing home maximum daily benefit amount selected or an Unlimited plan. The nursing home maximum daily benefit amounts range from \$50-\$400 in \$10 increments. The Home Health Care maximum daily benefit is the applicant's choice of 50% or 100% of the nursing home maximum daily benefit amount. The assisted living facility maximum daily benefit is 100% of the Nursing Home Maximum Daily Benefit amount. 0, 15, 20, 30, 60, 90, 100, 180 and 365 days may be made available.
- ***Simplified One Maximum Lifetime Benefit.*** This coverage provides a single benefit pool for facility-based care and home health care. Applicants may choose lifetime maximums equal to 3 or 5-year periods multiplied by the nursing home maximum daily benefit amount selected or an Unlimited plan. The maximum daily benefit amounts range from \$50-\$400 in \$10 increments. The Home Health Care maximum daily benefit and the assisted living facility maximum daily benefit is 100% of the nursing home maximum daily benefit amount. Elimination periods of 30 and 90 days are available. This coverage is available under a tax-qualified plan only and several of the optional benefits will not be offered.
- ***Comprehensive Two Maximum Lifetime Benefits.*** This coverage provides separate benefit pools for facility-based care and home health care. Applicants may choose lifetime maximums for each pool equal to are 2, 3, 4, 5 or 6-year periods multiplied by the maximum daily benefit amount selected for each pool or an Unlimited plan. The maximum daily benefit amounts for both pools range from \$50-\$400 in \$10 increments. Home health care benefits must be at least 50% of the nursing home maximum daily benefit amount selected. Elimination periods of 0, 15, 20, 30, 60, 90, 100, 180 and 365 days may be made available.
- ***Comprehensive Three Maximum Lifetime Benefits.*** The policy provides separate benefit pools for nursing home, assisted living facility and home health care. Applicants may choose lifetime maximums for each pool equal to 3, or 5 -year periods multiplied by the maximum daily benefit amount selected for each pool or an Unlimited plan. Elimination periods of 0, 15, 20, 30, 60, 90, 100, 180 and 365 may be made available for each pool of benefits.

In addition, certain plans may be issued on a limited basis to members of sponsoring groups. These plans will be issued to insureds ages 18-79, except that for groups larger than 10,000 or more persons, the upper limit of the issue age is age 84. Under these plans, for any applicant age 80 and over, the lifetime maximum available is a period of six years and the zero-day elimination period is not available. In every other way, the plans are the same as those described above.

Mutual of Omaha Insurance Company
FEIN # 47-0246511 NAIC # 71412
INDIVIDUAL ACCIDENT AND HEALTH INSURANCE
Long Term Care Insurance Policy LTC04I-[AG]-TQ-VA, et al

February 10, 2004

Underwriting. Coverage is medically underwritten based on information provided in the application and from other sources, such as attending physician statements, copies of medical records and assessments of functional capacity.

Marketing Method. The submitted policy forms will be marketed through agents.

Additional Forms. A Suitability Personal Worksheet and Potential Rate Disclosure form have been enclosed for your review and approval. We request your department's permission to use the following form, previously approved by your department, in connection with this policy filing:

<u>Form Number</u>	<u>Description</u>	<u>Date of Approval</u>
M18301-44	Replacement Notice	6/13/1997

Similar Group Filing Submitted. For your department's planning purposes, please note that we have also submitted today, on behalf of Mutual of Omaha Insurance Company, a group insurance filing very similar to this individual filing.

We trust that you will find our filing to be in order and hope that you will be able to grant your Department's approval to this submission. A stamped return mail envelope is enclosed for your reply. Our fax number is (508) 651-8804. If you have any questions or would like to discuss any of the materials included in this submission, please feel free to call me toll free at 1-888-312-5824, extension 22. You may also send an email to smantle@ltcg.com.

We look forward to hearing from you.

Sincerely,



Sheryll Mantle, FLMI, ACS
Compliance Analyst

ENCLOSURES

Mutual of Omaha Insurance Company
Long Term Care Service Office
P.O. Box 5710
Hopkins, MN 55343-5710

[1-888-302-8279]

[Policy Owner: **John Q. Public**]

Insured:

[John Q. Public]

Issue Age: **[57]**

[Spouse:

Suzy R. Public]

[Group: ABC Association]

Policy Number: [12345]

Original Policy Effective Date: **[January 1, 2004]**

Schedule Effective Date: **[January 1, 2004]**

[Rate Classification

Preferred/Select/Class I/Class II]

[Group Discount]

[10%]

[[Spouse] [Two-Person Household] Discount][30%][15%][10%]]

Policy Schedule Print Date: **[01/01/05]**

ONE MAXIMUM BENEFIT AMOUNT POLICY SCHEDULE 1

Your Elimination Period: [0, 30, 60, 90, 180 or 365 days of covered service]

Your Maximum Lifetime Benefit: [Product of 730, 1095, 1460 or 1825 X NH MDB OR Unlimited]

Benefits Provided by Your Policy (Deducted From Your Maximum Lifetime Benefit When Paid)	
NURSING HOME BENEFITS	
[Nursing Home Maximum Daily Benefit (NH MDB)] OR [Nursing Home Indemnity Maximum Daily Benefit (NH MDB)]	[Up to [\$ 50 - \$ 400] each day] OR [[\$50 - \$400] each day]
Nursing Home Ambulance Benefit	Nursing Home Ambulance Benefit Round Trip Maximum – 2 X NH MDB Nursing Home Ambulance Maximum Annual Benefit – 4 X NH MDB
Nursing Home Bed Reservation Benefit	Up to NH MDB; Up to 31 days in a Calendar Year
ASSISTED LIVING FACILITY BENEFITS	
[Assisted Living Facility Maximum Daily Benefit (ALF MDB)] OR [Assisted Living Facility Indemnity Maximum Daily Benefit]	[Up to [\$ 50 - \$ 400] each day] OR [[\$50 - \$400] each day]
Assisted Living Facility Bed Reservation Benefit	Up to ALF MDB; Up to 31 days in a Calendar Year
HOME HEALTH CARE BENEFITS	
[Home Health Care Maximum Daily Benefit (HHC MDB)] OR [Home Health Care Indemnity Maximum Daily Benefit (HHC MDB)] OR [Monthly Home Health Care Benefit]	[Up to [50%][100%] of NH MDB each day] OR [[50%][100%] of NH MDB each day] OR [Monthly Benefit: 31 X HHC MDB]
OTHER POLICY BENEFITS	
Respite Care Benefit	Pays for respite care up to the NH MDB each day A Respite Care Maximum Annual Benefit of 31 Days in a Calendar Year
Hospice Care Benefit	Pays for hospice care up to the NH MDB each day hospice care is received in a Nursing Home or Hospice Facility Pays for hospice care up to the ALF MDB each day hospice care is received in an Assisted Living Facility Pays for hospice care up to the HHC MDB each day hospice care is received in your Home or the community Hospice Care Benefits reduce your Maximum Lifetime Benefit, depending on where care is received.
Restoration of Benefits	Included
International Travel Benefit	Up to a maximum lifetime benefit of 31 X NH MDB
Waiver of Premium	Included
CARE COORDINATION BENEFITS	
Care Coordination Services	<i>THIS IS THE ONLY BENEFIT NOT DEDUCTED FROM YOUR POLICY'S MAXIMUM LIFETIME BENEFIT.</i>
Alternate Care Benefit	As approved by Your Care Coordinator; subject to Your Policy's Maximum Lifetime Benefit

ADDITIONAL HOME HEALTH CARE BENEFITS AVAILABLE WITH CARE COORDINATION
IF YOU CHOOSE TO FOLLOW THE PLAN OF CARE DEVELOPED BY ONE OF OUR CARE COORDINATORS
IN ACCORDANCE WITH THE CARE COORDINATION BENEFITS, WE WILL PROVIDE THE FOLLOWING
ADDITIONAL BENEFITS. SEE THE POLICY FOR FURTHER DETAILS.

Caregiver Training Benefit	Caregiver Training Maximum Lifetime Benefit of 15 X HHC MDB	
Durable Medical Equipment Benefit	Durable Medical Equipment Maximum Lifetime Benefit of 30 X HHC MDB	
Home Modification Benefit	Home Modification Maximum Lifetime Benefit of 60 X HHC MDB	
Informal Caregiver Benefit for Homemaker Services	Daily Benefit Equals 25% of HHC MDB	
Medical Alert System Benefit	Medical Alert System Maximum Installation Benefit: 1 X HHC MDB Medical Alert System Maximum Monthly Benefit: 0.5 X HHC MDB each month Medical Alert System Maximum Lifetime Benefit: 30 X HHC MDB	
OPTIONAL BENEFITS YOU HAVE CHOSEN		Your Premium
[Spouse Benefit Spouse Benefit Percentage -- 60%]	[Included]	[\$XX.XX]
[Spouse Waiver of Premium and Survivorship Benefit]	[Included]	[\$XX.XX]
[Simple Inflation Protection - 5%]	[Included]	[\$XX.XX]
[Compound Inflation Protection [3%] [4%][5%]]	[Included]	[\$XX.XX]
[Compound Inflation Protection -- 20-Year - 5%]	[Included]	[\$XX.XX]
[Guaranteed Purchase Option]	[Included]	[\$XX.XX]
[Full Return of Premium at Death Benefit]	[Included]	[\$XX.XX]
[Return of Premium at Death Less Claims Benefit]	[Included]	[\$XX.XX]
[Nonforfeiture Benefit -- Shortened Benefit Period]	[Included]	[\$XX.XX]
[Contingent Nonforfeiture Benefit]	[Included]	[\$00.00]
[Christian Science Providers]	[Included]	[\$00.00]
[10-Year Premium Payment Option]	[Included]	[\$XX.XX]
[To-Age-65 Premium Payment Option]	[Included]	[\$XX.XX]
[Waiver of Elimination Period for Home Health Care Benefits]	[Included]	[\$XX.XX]
BASIC POLICY COVERAGE PREMIUM		[\$XXX.XX]
ANNUAL TOTAL PREMIUM		[\$XXX.XX]
PREMIUM MODE		[Annual, SemiAnnual, Quarterly, Monthly]
YOUR TOTAL POLICY MODAL PREMIUM		[\$XXX.XX]

IF YOU ELECT TO PAY PREMIUMS OTHER THAN ANNUALLY, THE TOTAL AMOUNT OF THE PREMIUMS YOU PAY EACH YEAR WILL BE GREATER THAN THE ANNUAL PREMIUM BECAUSE THE COSTS ASSOCIATED WITH ADMINISTERING YOUR COVERAGE WILL BE GREATER.

[Non-]Tax Qualified

The policy is [not] intended to be a tax qualified long-term care insurance contract under §7702B(b) of the Internal Revenue Code of 1986, as amended. For additional information concerning the tax status of premiums paid and benefits received under the policy, you should consult your professional tax advisor.

TWO MAXIMUM BENEFIT AMOUNTS POLICY SCHEDULE 1

Your Confinement Benefits Elimination Period: [0, 30, 60, 90, 180 or 365 days of covered service]

Your Confinement Maximum Lifetime Benefit: [Product of 730, 1095, 1460 or 1825 X NH MDB OR Unlimited]

NURSING HOME BENEFITS: Benefits Provided by Your Policy which are Deducted From Your Confinement Maximum Lifetime Benefit When Paid	
[Nursing Home Maximum Daily Benefit (NH MDB)] OR [Nursing Home Indemnity Maximum Daily Benefit (NH MDB)]	[Up to [\$ 50 - \$ 400] each day] OR [[\$ 50 - \$ 400] each day]
Nursing Home Ambulance Benefit	Nursing Home Ambulance Benefit Round Trip Maximum - 2 X NH MDB Nursing Home Ambulance Maximum Annual Benefit - 4 X NH MDB
Nursing Home Bed Reservation Benefit	Up to NH MDB; Up to 31 days in a Calendar Year
International Travel Benefit	Up to a maximum lifetime benefit of 31 X NH MDB
ASSISTED LIVING FACILITY BENEFITS	
[Assisted Living Facility Maximum Daily Benefit (ALF MDB)] OR [Assisted Living Facility Indemnity Maximum Daily Benefit]	[[100%] of NH MDB each day] OR [[100%] of NH MDB each day]
Assisted Living Facility Bed Reservation Benefit	Up to ALF MDB; Up to 31 days in a Calendar Year
Respite Care Benefit	Pays for respite care up to the NH MDB each day Pays up to a maximum benefit of a total of 31 days of respite care in a calendar year.

Your Home Health Care Benefits Elimination Period: [0, 30, 60, 90, 180 or 365 days of covered service]

Your Home Health Care Maximum Lifetime Benefit: [Product of 730, 1095, 1460 or 1825 X HHC MDB OR Unlimited]

HOME HEALTH CARE BENEFITS: Benefits Provided by Your Policy which are Deducted From Your Home Health Care Maximum Lifetime Benefit When Paid	
[Home Health Care Maximum Daily Benefit (HHC MDB)] OR [Home Health Care Indemnity Maximum Daily Benefit (HHC MDB)] OR [Monthly Home Health Care Benefit]	[[\$ 50 - \$ 400] each day] OR [[\$ 50 - \$ 400] each day] OR [Monthly Benefit: 31 X HHC MDB]
ADDITIONAL HOME HEALTH CARE BENEFITS AVAILABLE WITH CARE COORDINATION IF YOU CHOOSE TO FOLLOW THE PLAN OF CARE DEVELOPED BY ONE OF OUR CARE COORDINATORS IN ACCORDANCE WITH THE CARE COORDINATION BENEFITS, WE WILL PROVIDE THE FOLLOWING ADDITIONAL BENEFITS. SEE THE POLICY FOR FURTHER DETAILS.	
Caregiver Training Benefit	Caregiver Training Maximum Lifetime Benefit of 15 X HHC MDB
Durable Medical Equipment Benefit	Durable Medical Equipment Maximum Lifetime Benefit of 30 X HHC MDB
Home Modification Benefit	Home Modification Maximum Lifetime Benefit of 60 X HHC MDB
Informal Caregiver Benefit for Homemaker Services	Daily Benefit Equals 25% of HHC MDB
Medical Alert System Benefit	Medical Alert System Maximum Installation Benefit: 1 X HHC MDB Medical Alert System Maximum Monthly Benefit: 0.5 X HHC MDB each month Medical Alert System Maximum Lifetime Benefit: 30 X HHC MDB

OTHER POLICY BENEFITS		
Hospice Care Benefit	Pays for hospice care up to the NH MDB each day hospice care is received in a Nursing Home or Hospice Facility Pays for hospice care up to the ALF MDB each day hospice care is received in an Assisted Living Facility Pays for hospice care up to the HHC MDB each day hospice care is received in your Home or the community Hospice Care Benefits reduce your appropriate lifetime maximum, depending on where care is received.	
Restoration of Benefits	Included	
Waiver of Premium	Included	
CARE COORDINATION BENEFITS		
Care Coordination Services	THIS IS THE ONLY BENEFIT NOT DEDUCTED FROM YOUR POLICY'S MAXIMUM LIFETIME BENEFITS.	
Alternate Care Benefit	As approved by your Care Coordinator. Benefits paid under Alternate Care Benefit reduce your appropriate lifetime maximum, depending on where care is received.	
OPTIONAL BENEFITS YOU HAVE CHOSEN		
[Spouse Benefit -- 60%]	[Included]	[\$ xxx.xx]
[Spouse Waiver of Premium and Survivorship Benefit]	[Included]	[\$ xxx.xx]
[Simple Inflation Protection - 5%]	[Included]	[\$ xxx.xx]
[Compound Inflation Protection -- [3%] [4%][5%]]	[Included]	[\$ xxx.xx]
[Compound Inflation Protection -- 20 Year - 5%]	[Included]	[\$ xxx.xx]
[Guaranteed Purchase Option]	[Included]	[\$ xxx.xx]
[Full Return of Premium at Death Benefit]	[Included]	[\$ xxx.xx]
[Return of Premium at Death Less Claims Benefit]	[Included]	[\$XX.XX]
[Nonforfeiture Benefit -- Shortened Benefit Period]	[Included]	[\$ xxx.xx]
[Contingent Nonforfeiture Benefit]	[Included]	[\$00.00]
[Christian Science Providers]	[Included]	\$00.00
[10-Year Premium Payment Option]	[Included]	[\$ xxx.xx]
[To-Age-65 Premium Payment Option]	[Included]	[\$ xxx.xx]
BASIC POLICY COVERAGE PREMIUM		[\$XXX.XX]
ANNUAL TOTAL PREMIUM		[\$XXX.XX]
PREMIUM MODE		[Annual, SemiAnnual, Quarterly, Monthly]
YOUR TOTAL POLICY MODAL PREMIUM		[\$XXX.XX]

IF YOU ELECT TO PAY PREMIUMS OTHER THAN ANNUALLY, THE TOTAL AMOUNT OF THE PREMIUMS YOU PAY EACH YEAR WILL BE GREATER THAN THE ANNUAL PREMIUM BECAUSE THE COSTS ASSOCIATED WITH ADMINISTERING YOUR COVERAGE WILL BE GREATER.

[Non-]Tax Qualified

The policy is [not] intended to be a tax qualified long-term care insurance contract under §7702B(b) of the Internal Revenue Code of 1986, as amended. For additional information concerning the tax status of premiums paid and benefits received under the policy, you should consult your professional tax advisor.

ONE MAXIMUM BENEFIT AMOUNT POLICY SCHEDULE 2

Your Elimination Period: [0, 15, 20, 30, 60, 90, 100, 180 or 365 days of covered service]

Your Maximum Lifetime Benefit: [Product of 730, 1095, 1460, 1825 or 2190 X NH MDB OR Unlimited]

Benefits Provided by Your Policy (Deducted From Your Maximum Lifetime Benefit When Paid)	
NURSING HOME BENEFITS	
[Nursing Home Maximum Daily Benefit (NH MDB)] OR [Nursing Home Indemnity Maximum Daily Benefit (NH MDB)]	[Up to \$ 50 - \$ 400] each day OR [[\$ 50 - \$ 400] each day]
Nursing Home Ambulance Benefit	Nursing Home Ambulance Benefit Round Trip Maximum – 2 X NH MDB Nursing Home Ambulance Maximum Annual Benefit – 4 X NH MDB
Nursing Home Bed Reservation Benefit	Up to NH MDB; Up to 31 days in a Calendar Year
ASSISTED LIVING FACILITY BENEFITS	
[Assisted Living Facility Maximum Daily Benefit (ALF MDB)] OR [Assisted Living Facility Indemnity Maximum Daily Benefit]	[Up to \$ 50 - \$ 400] each day OR [[\$50 - \$400] each day]
Assisted Living Facility Bed Reservation Benefit	Up to ALF MDB; Up to 31 days in a Calendar Year
HOME HEALTH CARE BENEFITS	
[Home Health Care Maximum Daily Benefit (HHC MDB)] OR [Home Health Care Indemnity Maximum Daily Benefit (HHC MDB)] OR [Monthly Home Health Care Benefit]	[Up to [50%][100%] of NH MDB each day] OR [[50%][100%] of NH MDB each day] OR [Monthly Benefit: 31 X HHC MDB]
OTHER POLICY BENEFITS	
Respite Care Benefit	Pays for respite care up to the NH MDB each day A Respite Care Maximum Annual Benefit of 31 Days in a Calendar Year
Hospice Care Benefit	Pays for hospice care up to the NH MDB each day hospice care is received in a Nursing Home or Hospice Facility Pays for hospice care up to the ALF MDB each day hospice care is received in an Assisted Living Facility Pays for hospice care up to the HHC MDB each day hospice care is received in your Home or the community Hospice Care Benefits reduce your Maximum Lifetime Benefit, depending on where care is received.
International Travel Benefit	Up to a maximum lifetime benefit of 31 X NH MDB
Waiver of Premium	Included
CARE COORDINATION BENEFITS	
Care Coordination Services	THIS IS THE ONLY BENEFIT NOT DEDUCTED FROM YOUR POLICY'S MAXIMUM LIFETIME BENEFITS.
Alternate Care Benefit	As approved by Your Care Coordinator; subject to Your Policy's Maximum Lifetime Benefit

ADDITIONAL BENEFITS AVAILABLE WITH CARE COORDINATION		
IF YOU ELECT TO JOIN THE PLAN OF CARE COVERED BY THIS POLICY, CARE COORDINATORS IN YOUR AREA WILL BE AVAILABLE TO ASSIST YOU WITH PREVENTING THE FOLLOWING ADDITIONAL BENEFITS SET FORTH IN THE POLICY FUND RATHER THAN:		
Caregiver Training Benefit	Caregiver Training Maximum Lifetime Benefit of 15 X HHC MDB	
Durable Medical Equipment Benefit	Durable Medical Equipment Maximum Lifetime Benefit of 30 X HHC MDB	
Home Modification Benefit	Home Modification Maximum Lifetime Benefit of 60 X HHC MDB	
Informal Caregiver Benefit for Homemaker Services	Daily Benefit Equals 25% of HHC MDB	
Medical Alert System Benefit	Medical Alert System Maximum Installation Benefit: Up to 1 X HHC MDB	
	Medical Alert System Maximum Monthly Benefit: Up to 0.5 X HHC MDB each month	
	Medical Alert System Maximum Lifetime Benefit: Up to 30 X HHC MDB	
ADDITIONAL BENEFITS YOU HAVE CHOSEN		Your Premium
[Spouse Benefit -- 60%]	[Included]	[\$ xxx.xx]
[Spouse Waiver of Premium and Survivorship Benefit]	[Included]	[\$ xxx.xx]
[Restoration of Benefits]	[Included]	[\$ xxx.xx]
[Simple Inflation Protection- 5%]	[Included]	[\$ xxx.xx]
[Compound Inflation Protection -- [3%] [4%][5%]]	[Included]	[\$ xxx.xx]
[Compound Inflation Protection -- 10 Year - 5%]	[Included]	[\$ xxx.xx]
[Compound Inflation Protection -- 20 Year - 5%]	[Included]	[\$ xxx.xx]
[Step-Rated Compound Inflation Protection -- [3%][4%][5%]]	[Included]	[\$ xxx.xx]
[Guaranteed Purchase Option]	[Included]	[\$ xxx.xx]
[Full Return of Premium at Death Benefit]	[Included]	[\$ xxx.xx]
[Return of Premium at Death Less Claims Benefit]	[Included]	[\$XX.XX]
[Nonforfeiture Benefit -- Shortened Benefit Period]	[Included]	[\$ xxx.xx] [\$00.00]
[Contingent Nonforfeiture Benefit]	[Included]	
[Christian Science Providers]	[Included]	\$00.00
[10-Year Premium Payment Option]	[Included]	[\$ xxx.xx]
[20-Year Premium Payment Option]	[Included]	[\$ xxx.xx]
[To-Age-65 Premium Payment Option]	[Included]	[\$ xxx.xx]
[Waiver of Elimination Period for Home Health Care Benefits]	[Included]	[\$XX.XX]
BASIC POLICY COVERAGE PREMIUM		[\$XXX.XX]
ANNUAL TOTAL PREMIUM		[\$XXX.XX]
PREMIUM MODE		[Annual, Semi-Annual, Quarterly, Monthly]
YOUR TOTAL POLICY MODAL PREMIUM		[\$XXX.XX]

IF YOU ELECT TO PAY PREMIUMS OTHER THAN ANNUALLY, THE TOTAL AMOUNT OF THE PREMIUMS YOU PAY EACH YEAR WILL BE GREATER THAN THE ANNUAL PREMIUM BECAUSE THE COSTS ASSOCIATED WITH ADMINISTERING YOUR COVERAGE WILL BE GREATER.

[Non-Tax Qualified]

The policy is [not] intended to be a tax qualified long-term care insurance contract under §7702B(b) of the Internal Revenue Code of 1986, as amended. For additional information concerning the tax status of premiums paid and benefits received under the policy, you should consult your professional tax advisor.

TWO MAXIMUM BENEFIT AMOUNTS POLICY SCHEDULE 2

Your Confinement Benefits Elimination Period: [0, 15, 20, 30, 60, 90, 100, 180 or 365 days of covered service]
Your Confinement Maximum Lifetime Benefit: [Product of 730, 1095, 1460, 1825 or 2190 X NH MDB OR Unlimited]

NURSING HOME BENEFITS: Benefits Provided by Your Policy which are Deducted From Your Confinement Maximum Lifetime Benefit When Paid	
[Nursing Home Maximum Daily Benefit (NH MDB)] OR [Nursing Home Indemnity Maximum Daily Benefit (NH MDB)]	[Up to [\$ 50 - \$ 400] each day] OR [[\$ 50 - \$ 400] each day]
Nursing Home Ambulance Benefit	Nursing Home Ambulance Benefit Round Trip Maximum – 2 X NH MDB Nursing Home Ambulance Maximum Annual Benefit – 4 X NH MDB
Nursing Home Bed Reservation Benefit	Up to NH MDB; Up to 31 days in a Calendar Year
International Travel Benefit	Up to a maximum lifetime benefit of 31 X NH MDB
ASSISTED LIVING FACILITY BENEFITS	
[Assisted Living Facility Maximum Daily Benefit (ALF MDB)] OR [Assisted Living Facility Indemnity Maximum Daily Benefit]	[[100%] of NH MDB each day] OR [[100%] of NH MDB each day]
Assisted Living Facility Bed Reservation Benefit	Up to ALF MDB; Up to 31 days in a Calendar Year
Respite Care Benefit	Pays for respite care up to the NH MDB each day Pays up to a maximum benefit of a total of 31 days of respite care in a calendar year.

Your Home Health Care Benefits Elimination Period: [0, 15, 20, 30, 60, 90, 100, 180 or 365 days of covered service]

Your Home Health Care Maximum Lifetime Benefit: [Product of 730, 1095, 1460, 1825 or 2190 X HHC MDB OR Unlimited]

HOME HEALTH CARE AND ADULT DAY CARE BENEFITS: Benefits Provided by Your Policy which are Deducted From Your Home Health Care Maximum Lifetime Benefit When Paid	
[Home Health Care Maximum Daily Benefit (HHC MDB)] OR [Home Health Care Indemnity Maximum Daily Benefit (HHC MDB)] OR [Monthly Home Health Care Benefit]	[[\$ 50 - \$ 400] each day] OR [[\$ 50 - \$ 400] each day] OR [Monthly Benefit: 31 X HHC MDB]
ADDITIONAL HOME HEALTH CARE BENEFITS AVAILABLE WITH CARE COORDINATION IF YOU CHOOSE TO FOLLOW THE PLAN OF CARE ESTABLISHED BY ONE OF OUR CARE COORDINATORS IN ACCORDANCE WITH THE CARE COORDINATION STANDARDS, WE WILL PROVIDE THE FOLLOWING ADDITIONAL BENEFITS. SEE THE POLICY FOR FURTHER DETAILS.	
Caregiver Training Benefit	Caregiver Training Maximum Lifetime Benefit of 15 X HHC MDB
Durable Medical Equipment Benefit	Durable Medical Equipment Maximum Lifetime Benefit of 30 X HHC MDB
Home Modification Benefit	Home Modification Maximum Lifetime Benefit of 60 X HHC MDB
Informal Caregiver Benefit for Homemaker Services	Daily Benefit Equals 25% of HHC MDB
Medical Alert System Benefit	Medical Alert System Maximum Installation Benefit: Up to 1 X HHC MDB Medical Alert System Maximum Monthly Benefit: Up to 0.5 X HHC MDB each month Medical Alert System Maximum Lifetime Benefit: Up to 30 X HHC MDB

OTHER POLICY BENEFITS		
Waiver of Premium	Included	
Hospice Care Benefit	<p>Pays for hospice care up to the NH MDB each day hospice care is received in a Nursing Home or Hospice Facility</p> <p>Pays for hospice care up to the ALF MDB each day hospice care is received in an Assisted Living Facility</p> <p>Pays for hospice care up to the HHC MDB each day hospice care is received in your Home or the community</p> <p>Hospice Care Benefits reduce your appropriate lifetime maximum, depending on where care is received.</p>	
CARE COORDINATION BENEFITS		
Care Coordination Services	THIS IS THE ONLY BENEFIT NOT DEDUCTED FROM YOUR POLICY'S MAXIMUM LIFETIME BENEFITS.	
Alternate Care Benefit	As approved by Your Care Coordinator. Benefits paid under Alternate Care Benefit reduce Your appropriate lifetime maximum, depending on where care is received.	
OPTIONAL BENEFITS YOU HAVE CHOSEN		
[Spouse Benefit -- 60%]	[Included]	[\$ xxx.xx]
[Spouse Waiver of Premium and Survivorship Benefit]	[Included]	[\$ xxx.xx]
[Restoration of Benefits]	[Included]	[\$ xxx.xx]
[Simple Inflation Protection - 5%]	[Included]	[\$ xxx.xx]
[Compound Inflation Protection – [3%] [4%][5%]]	[Included]	[\$ xxx.xx]
[Compound Inflation Protection – 10 Year - 5%]	[Included]	[\$ xxx.xx]
[Compound Inflation Protection – 20 Year - 5%]	[Included]	[\$ xxx.xx]
[Step-Rated Compound Inflation Protection – [3%][4%][5%]]	[Included]	[\$ xxx.xx]
[Guaranteed Purchase Option]	[Included]	[\$ xxx.xx]
[Full Return of Premium at Death Benefit]	[Included]	[\$ xxx.xx]
[Return of Premium at Death Less Claims Benefit]	[Included]	[\$XX.XX]
[Nonforfeiture Benefit – Shortened Benefit Period]	[Included]	[\$ xxx.xx]
[Contingent Nonforfeiture Benefit]	[Included]	[\$00.00]
[Christian Science Providers]	[Included]	[\$00.00]
[10-Year Premium Payment Option]	[Included]	[\$ xxx.xx]
[20-Year Premium Payment Option]	[Included]	[\$ xxx.xx]
[To-Age-65 Premium Payment Option]	[Included]	[\$ xxx.xx]
BASIC POLICY COVERAGE PREMIUM		[\$XXX.XX]
ANNUAL TOTAL PREMIUM		[\$XXX.XX]
PREMIUM MODE		[Annual, Semi-Annual, Quarterly, Monthly]
YOUR TOTAL POLICY MODAL PREMIUM		[\$XXX.XX]

IF YOU ELECT TO PAY PREMIUMS OTHER THAN ANNUALLY, THE TOTAL AMOUNT OF THE PREMIUMS YOU PAY EACH YEAR WILL BE GREATER THAN THE ANNUAL PREMIUM BECAUSE THE COSTS ASSOCIATED WITH ADMINISTERING YOUR COVERAGE WILL BE GREATER.

[Non-]Tax Qualified

The policy is [not] intended to be a tax qualified long-term care insurance contract under §7702B(b) of the Internal Revenue Code of 1986, as amended. For additional information concerning the tax status of premiums paid and benefits received under the policy, you should consult your professional tax advisor.

THREE MAXIMUM BENEFIT AMOUNTS POLICY SCHEDULE 2

Your Nursing Home Benefits Elimination Period: [0, 15, 20, 30, 60, 90, 100, 180 or 365 days of covered service]

Your Nursing Home Maximum Lifetime Benefit: [Product of 1095 or 1825 X NH MDB OR Unlimited]

NURSING HOME BENEFITS: Benefits Provided by Your Policy which are Deducted From Your Nursing Home Maximum Lifetime Benefit When Paid	
[Nursing Home Maximum Daily Benefit (NH MDB)]	[Up to [\$ 50 - \$ 400] each day]
[Nursing Home Indemnity Maximum Daily Benefit (NH MDB)]	[[\$ 50 - \$ 400] each day]
Nursing Home Ambulance Benefit	Nursing Home Ambulance Benefit Round Trip Maximum - 2 X NH MDB Nursing Home Ambulance Maximum Annual Benefit - 4 X NH MDB
Nursing Home Bed Reservation Benefit	Up to NH MDB; Up to 31 days in a Calendar Year
Respite Care Benefit	Pays for respite care up to the NH MDB each day A Respite Care Maximum Annual Benefit of 31 Days in a Calendar Year
International Travel Benefit	Up to a maximum lifetime benefit of 31 X NH MDB

Your Assisted Living Facility Benefits Elimination Period: [0, 15, 20, 30, 60, 90, 100, 180 or 365 days of covered service]

Your Assisted Living Facility Maximum Lifetime Benefit: [Product of 730, 1095 or 1460 X ALF MDB]

ASSISTED LIVING FACILITY BENEFITS: Benefits Provided by Your Policy which are Deducted From Your Assisted Living Facility Maximum Lifetime Benefit When Paid	
[Assisted Living Facility Maximum Daily Benefit (ALF MDB)]	[[\$ 50 - \$ 400] each day]
OR	OR
[Assisted Living Facility Indemnity Maximum Daily Benefit]	[[\$ 50 - \$ 400] each day]
Assisted Living Facility Bed Reservation Benefit	Up to ALF MDB; Up to 31 days in a Calendar Year

Your Home Health Care Benefits Elimination Period: [0, 15, 20, 30, 60, 90, 100, 180 or 365 days of covered service]

Your Home Health Care Maximum Lifetime Benefit: [Product of 730 X HHC MDB]

HOME HEALTH CARE BENEFITS: Benefits Provided by Your Policy which are Deducted From Your Home Health Care Maximum Lifetime Benefit When Paid	
[Home Health Care Maximum Daily Benefit (HHC MDB)]	[[\$ 50 - \$ 400] each day]
OR	OR
[Home Health Care Indemnity Maximum Daily Benefit (HHC MDB)]	[[\$ 50 - \$ 400] each day]
OR	OR
[Monthly Home Health Care Benefit]	[Monthly Benefit: 31 X HHC MDB]
ADDITIONAL HOME HEALTH CARE BENEFITS AVAILABLE WITH CARE COORDINATION TO BE CHARGED TO POLICYHOLDERS' OUT-OF-POCKET EXPENDITURES BY ONE OF OUR CARE COORDINATORS IN ACCORDANCE WITH THE CARE COORDINATION PROGRAM WE WILL PROVIDE THE FOLLOWING ADDITIONAL BENEFITS. SEE THE POLICY FOR FURTHER DETAILS.	
Caregiver Training Benefit	Caregiver Training Maximum Lifetime Benefit of 15 X HHC MDB
Durable Medical Equipment Benefit	Durable Medical Equipment Maximum Lifetime Benefit of 30 X HHC MDB
Home Modification Benefit	Home Modification Maximum Lifetime Benefit of 60 X HHC MDB
Informal Caregiver Benefit for Homemaker Services	Daily Benefit Equals 25% of HHC MDB

Medical Alert System Benefit	Medical Alert System Maximum Installation Benefit: Up to 1 X HHC MDB Medical Alert System Maximum Monthly Benefit: Up to 0.5 X HHC MDB each month Medical Alert System Maximum Lifetime Benefit: Up to 30 X HHC MDB
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OTHER POLICY BENEFITS	
Hospice Care Benefit	Pays for hospice care up to the NH MDB each day hospice care is received in a Nursing Home or Hospice Facility Pays for hospice care up to the ALF MDB each day hospice care is received in an Assisted Living Facility Pays for hospice care up to the HHC MDB each day hospice care is received in your Home or the community Hospice Care Benefits reduce your appropriate lifetime maximum, depending on where care is received.
Waiver of Premium	Included

CARE COORDINATION BENEFITS	
Care Coordination Services	<i>THIS IS THE ONLY BENEFIT NOT DEDUCTED FROM YOUR POLICY'S MAXIMUM LIFETIME BENEFITS.</i>
Alternate Care Benefit	As approved by Your Care Coordinator. Benefits paid under Alternate Care Benefit reduce Your appropriate lifetime maximum, depending on where care is received.

PERSONAL BENEFITS YOU HAVE CHOSEN		Your Premium
[Spouse Benefit - 60%]	[Included]	[\$ xxx.xx]
[Spouse Waiver of Premium and Survivorship Benefit]	[Included]	[\$ xxx.xx]
[Restoration of Benefits]	[Included]	[\$ xxx.xx]
[Simple Inflation Protection - 5%]	[Included]	[\$ xxx.xx]
[Compound Inflation Protection – [3%] [4%][5%]]	[Included]	[\$ xxx.xx]
[Compound Inflation Protection – 10 Year - 5%]	[Included]	[\$ xxx.xx]
[Compound Inflation Protection – 20 Year - 5%]	[Included]	[\$ xxx.xx]
[Step-Rated Compound Inflation Protection – [3%][4%][5%]]	[Included]	[\$ xxx.xx]
[Guaranteed Purchase Option]	[Included]	[\$ xxx.xx]
[Full Return of Premium at Death Benefit]	[Included]	[\$ xxx.xx]
[Return of Premium at Death Less Claims Benefit]	[Included]	[\$XX.XX]
[Nonforfeiture Benefit – Shortened Benefit Period]	[Included]	[\$ xxx.xx]
[Contingent Nonforfeiture Benefit]	[Included]	[\$00.00]
[Christian Science Providers]	[Included]	[\$00.00]
[10-Year Premium Payment Option]	[Included]	[\$ xxx.xx]
[20-Year Premium Payment Option]	[Included]	[\$ xxx.xx]
[To-Age-65 Premium Payment Option]	[Included]	[\$ xxx.xx]

POLICY COVERAGE ADDITION	
ANNUAL PREMIUM	
PREMIUM MODE	
YOUR TOTAL POLICY MODAL PREMIUM	[\$xxxx]

IF YOU ELECT TO PAY PREMIUMS OTHER THAN ANNUALLY, THE TOTAL AMOUNT OF THE PREMIUMS YOU PAY EACH YEAR WILL BE GREATER THAN THE ANNUAL PREMIUM BECAUSE THE COSTS ASSOCIATED WITH ADMINISTERING YOUR COVERAGE WILL BE GREATER.

[Non-]Tax Qualified

The policy is [not] intended to be a tax qualified long-term care insurance contract under §7702B(b) of the Internal Revenue Code of 1986, as amended. For additional information concerning the tax status of premiums paid and benefits received under the policy, you should consult your professional tax advisor.

SIMPLIFIED ONE MAXIMUM BENEFIT AMOUNT POLICY SCHEDULE 1 and 2

Your Elimination Period: [30, 90 days of covered service]

Your Maximum Lifetime Benefit: [Product of 1095 or 1825 X NH MDB OR Unlimited]

Benefits Provided by Your Policy (Deducted From Your Maximum Lifetime Benefit When Paid)	
NURSING HOME BENEFITS	
Nursing Home Maximum Daily Benefit (NH MDB)	[Up to \$ 50 - \$ 400] each day
Nursing Home Ambulance Benefit	Nursing Home Ambulance Benefit Round Trip Maximum – 2 X NH MDB
Nursing Home Bed Reservation Benefit	Nursing Home Ambulance Maximum Annual Benefit – 4 X NH MDB Up to NH MDB; Up to 31 days in a Calendar Year
ASSISTED LIVING FACILITY BENEFITS	
Assisted Living Facility Maximum Daily Benefit (ALF MDB)	[[100%] of NH MDB each day]
Assisted Living Facility Bed Reservation Benefit	Up to ALF MDB; Up to 31 days in a Calendar Year
HOME HEALTH CARE BENEFITS	
Home Health Care Maximum Daily Benefit (HHC MDB)	[100%] of NH MDB each day
OTHER POLICY BENEFITS	
Hospice Care Benefit	Pays for hospice care up to the NH MDB each day hospice care is received in a Nursing Home or Hospice Facility Pays for hospice care up to the ALF MDB each day hospice care is received in an Assisted Living Facility Pays for hospice care up to the HHC MDB each day hospice care is received in your Home or the community Hospice Care Benefits reduce your Maximum Lifetime Benefit, depending on where care is received.
International Travel Benefit	Up to a maximum lifetime benefit of 31 X NH MDB
Restoration of Benefits	Included
Respite Care Benefit	Pays for respite care up to the NH MDB each day A Respite Care Maximum Annual Benefit of Up to 31 days in a Calendar Year
Waiver of Premium	Included
CARE COORDINATION BENEFITS	
Care Coordination Services	THIS IS THE ONLY BENEFIT NOT DEDUCTED FROM YOUR POLICY'S MAXIMUM LIFETIME BENEFIT.
Alternate Care Benefit	As approved by Your Care Coordinator; subject to Your Policy's Maximum Lifetime Benefit
ADDITIONAL HOME HEALTH CARE BENEFITS AVAILABLE WITH CARE COORDINATION IF YOU CHOOSE TO FOLLOW THE PLAN OF CARE DEVELOPED BY YOUR CARE COORDINATOR IN COMPLIANCE WITH THE CARE COORDINATION BENEFITS, WE WILL PROVIDE THE FOLLOWING ADDITIONAL BENEFITS SEE THE POLICY FOR FURTHER DETAILS	
Caregiver Training Benefit	Caregiver Training Maximum Lifetime Benefit of 15 X HHC MDB
Durable Medical Equipment Benefit	Durable Medical Equipment Maximum Lifetime Benefit of 30 X HHC MDB
Home Modification Benefit	Home Modification Maximum Lifetime Benefit of 60 X HHC MDB
Informal Caregiver Benefit for Homemaker Services	Daily Benefit Equals 25% of HHC MDB
Medical Alert System Benefit	Medical Alert System Maximum Installation Benefit: Up to 1 X HHC MDB Medical Alert System Maximum Monthly Benefit: Up to 0.5 X HHC MDB each month Medical Alert System Maximum Lifetime Benefit: Up to 30 X HHC MDB

PERSONAL USE SELECTS YOU HAVE CHOSEN		YOUR PREMIUM
[Spouse Waiver of Premium and Survivorship Benefit]	[Included]	[\$ xxx.xx]
[Simple Inflation Protection - 5%]	[Included]	[\$ xxx.xx]
[Compound Inflation Protection [3%] [4%][5%]]	[Included]	[\$ xxx.xx]
[Compound Inflation Protection – 20 Year [- 5%]	[Included]	[\$ xxx.xx]
[Guaranteed Purchase Option]	[Included]	[\$ xxx.xx]
[Nonforfeiture Benefit – Shortened Benefit Period]	[Included]	[\$ xxx.xx]
[Contingent Nonforfeiture Benefit]	[Included]	[\$00.00]
[Christian Science Providers]	[Included]	[\$00.00]
[10-Year Premium Payment Option]	[Included]	[\$ xxx.xx]
[To-Age-65 Premium Payment Option]	[Included]	[\$ xxx.xx]
BASIC POLICY COVERAGE PREMIUM		[\$XXX.XX]
ANNUAL TOTAL PREMIUM		[\$XXX.XX]
PREMIUM MODE		[Annual, Semi-Annual, Quarterly, Monthly]
YOUR TOTAL POLICY MODAL PREMIUM		[\$XXX.XX]

IF YOU ELECT TO PAY PREMIUMS OTHER THAN ANNUALLY, THE TOTAL AMOUNT OF THE PREMIUMS YOU PAY EACH YEAR WILL BE GREATER THAN THE ANNUAL PREMIUM BECAUSE THE COSTS ASSOCIATED WITH ADMINISTERING YOUR COVERAGE WILL BE GREATER.

Tax Qualified

The policy is intended to be a tax qualified long-term care insurance contract under §7702B(b) of the Internal Revenue Code of 1986, as amended. For additional information concerning the tax status of premiums paid and benefits received under the policy, you should consult your professional tax advisor.

Thank you for the opportunity to explain why Mutual of Omaha Insurance Company (“Mutual of Omaha”) believes that the confidential protections set forth in Va. Code Ann. § 38.2-221.1 should be extended to certain documents it provided in response to an inquiry from the State Corporation Commission’s Bureau of Insurance (“BOI”) in connection with Mutual of Omaha’s request for a premium rate increase for its LTC04I policies (“Policies”).

Mutual of Omaha submitted a request to the BOI for a rate increase for the Policies on August 1, 2012 (“Initial Request”). Mutual of Omaha did not request confidential treatment for any information submitted in the Initial Request. The BOI disapproved the Initial Request on November 29, 2012 in an Objection Letter. The Objection Letter contained 16 itemized concerns and questions with an instruction that a review of the filing would be continued upon receipt of the information requested by the BOI. On January 15, 2013 Mutual of Omaha submitted to the BOI responses to each of the 16 itemized concerns and questions (“Supplemental Information”).

Item 8 of the Supplement Information referenced an enclosed Attachment 1, which contained a Claim Cost Comparison. Mutual of Omaha specifically noted that this information was proprietary and requested that it be kept confidential. Attachment 1 contains non-public claims cost data and analysis which Mutual of Omaha purchased from a third party consultant. Mutual of Omaha is under a contractual obligation to keep this data confidential. In addition, item 12 of the Supplemental Response referenced an enclosed Attachment 2, which contained a Sample Claim Cost Calculation. Mutual of Omaha specifically noted that this information was proprietary and requested that it be kept confidential. Attachment 2 contains a subset of the non-public, proprietary claims cost data from Attachment 1 which Mutual of Omaha purchased from a third party consultant along with other historical data not publically available.

The BOI sent a second Objection Letter to Mutual of Omaha on January 23, 2014 stating that the process for granting confidential treatment to insurer information had changed and that there is nothing in the Code that supports long term care rate filings could be confidential or proprietary. In a further telephone conversation with a representative from the BOI, we were informed that the BOI is now only granting insurers confidential treatment of requested documents in the context of market conduct examinations.

To be clear, Mutual of Omaha has not requested that its long term care premium rates be kept confidential. In fact, Mutual of Omaha did not seek confidential status for any of the information filed in its Initial Request. However, in the course of exercising its general regulatory powers for regulating and approving rate increases pursuant to Va. Code Ann. § 38.2-200, the consulting actuary for the BOI made an inquiry to Mutual of Omaha for information which Mutual of Omaha deemed proprietary and confidential. Pursuant to Va. Code Ann. § 38.2-211.1, information provided in response to an inquiry by the BOI is eligible for confidential treatment. Mutual of Omaha provided this proprietary and confidential data to the BOI with the belief that this data would receive the protections of confidential data set forth in Va. Code Ann. § 38.2-221.2.

Va. Code Ann. § 38.2-221.1 states, in pertinent part, that confidential information submitted to the Commissioner by insurers may be deemed confidential and be excluded from and not subject to subpoena or public inspection if submitted during the course of (1) a market conduct examination, or (2) inspection request, or (3) inquiry pursuant to Va. Code Ann. § 38.2-200. Va. Code Ann. § 38.2-200 provides broad general powers to the Commission to regulate insurance within the Commonwealth. The BOI cannot limit the eligibility for confidential treatment of insurer data to the context of market conduct examinations only. The rules of statutory interpretation argue against reading any legislative enactment in a manner that will make a portion of it useless. *Doss v. James*, 494 S.E.2d 441 (1997). Rather, every act of the legislature should be read so as to give a reasonable effect to every word. *Id.* Therefore, Attachments 1 and 2 which were provided by Mutual of Omaha in response to an inquiry by the BOI should be eligible for confidential treatment as expressly provided by Va. Code Ann. §38.2-221.2.

Pursuant to Va. Code Ann. § 38.2-211.1, Mutual of Omaha meets the requirements for confidential treatment of Attachments 1 and 2 to its Supplemental Information because (i) it invoked its request for exclusion of public disclosure, in writing, upon submission of Attachments 1 and 2 to the Commissioner, (ii) it identified to the Commissioner that Attachments 1 and 2 provided in the Supplemental Information were confidential and proprietary, and (iii) it has provided a reasonable explanation why the information should be kept confidential. In fact, allowing public access to Attachments 1 and 2 would provide competitors of Mutual of Omaha with information which Mutual of Omaha had to hire and pay a consultant to prepare and analyze. In contrast, there is no benefit to the public to be gained by making Attachments 1 and 2 available to consumers. The Policies are no longer offered for sale so the information in Attachments 1 and 2 would not aid a consumer in making a choice whether to purchase the policies nor is there any benefit to existing Policy owners. The only parties that would gain from accessing the information in Attachments 1 and 2 are Mutual of Omaha's competitors. Therefore, the benefits of granting confidential status for Attachments 1 and 2 vastly outweigh the benefits to consumers (or lack thereof) by denying confidential status.

As the BOI has noted and as has been our experience, up until recently, the BOI granted confidential and proprietary status to rate filings when requested by insurers pursuant to Va. Code Ann. § 38.2-221.2 (our confidential request in connection with a rate increase filing in May 2013 was approved). We had no notice of the BOI's change of position and submitted proprietary and confidential information on the belief that confidential status would be available. We find no change to this law that would support a change to the BOI's interpretation. In fact, the general instructions that are displayed for Virginia in SERFF relating to filing submissions state the following:

Filings become public: At Submission
Confidentiality requests are: Allowed [emphasis added]

Further, the footnote in the SERFF filing instructions specifically references Va. Code Ann. § 38.2-221.2. Because we have been granted confidential status for filings under Va. Code Ann. § 38.2-221.2 in connection with prior rate filings, we believed that this

option remained available for the rate filings for the Policies. If the BOI now interprets Va. Code Ann. § 38.2-221.2 to apply in the context of market conduct examinations, the SERFF instructions are extremely misleading and have caused Mutual of Omaha to rely on such assurances, to its detriment.

We believe that Mutual of Omaha has met all of the statutory requirements under Va. Code Ann. §38.2-221.2 for obtaining the confidential treatment it requested for Attachments 1 and 2 to the Supplemental Information. We respectfully request that the BOI reconsider its decision in light of the information provided herein and as clearly provided in the statute and grant Mutual of Omaha confidential treatment for Attachments 1 and 2.

MUTUAL of OMAHA INSURANCE COMPANY
UNITED of OMAHA LIFE INSURANCE COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175
402 342 7600
mutualofomaha.com



<Month, Year>

**Univita Rate Review will display two separate letter heads,
Mutual and United with the MN Address**

Policyholder Name
Address
City, State, ZIP

Thank you for choosing [Mutual of Omaha Insurance Company] [United of Omaha Life Insurance Company] as your long-term care insurance provider. Your long-term care insurance policy from [Mutual of Omaha Insurance Company] [United of Omaha Life Insurance Company] continues to provide valuable coverage that may help you pay for long-term care services. **Due to insureds both keeping their policies longer and staying on claim longer than originally assumed, combined with the cost of services continuing to increase, premiums are required to be increased in order to support future claim costs.** Therefore, the premium for this coverage is being adjusted. An adjustment is being applied to every person in your state with the same policy form, issue age and benefit options. The following represents the premium change for your coverage.

POLICY/CERTIFICATE NUMBER	CURRENT [MODE] PREMIUM	NEW [MODE] PREMIUM	INCREASE AMOUNT	EFFECTIVE DATE
XXXXXX-XX	\$0,000.00	\$0,000.00	\$000.00	00/00/00

Please keep this notification of the change in premium for your Policy/Certificate with your other important insurance documents. Send no money now as a new premium notice will be sent to you prior to the effective date shown above. If you pay premium through electronic funds transfer or payroll deduction, the organization that processes your payment will be notified of the new premium amount. If you have paid premium beyond the effective date listed above you will be billed for any additional premium due.

Insert Paragraph A – Waiver of Premium

Since your premium currently is being waived, you will not be immediately impacted by the rate adjustment. However, when the waiver is removed, your new premium will be the amount shown above.

Insert Paragraph B – Rate Guarantee

Since the policy you purchased contains a rate guarantee benefit, you will not be immediately impacted by the rate adjustment. The effective date for your rate adjustment is shown above.

Insert Paragraph C – Benefit Multiplier/Elimination Period Change Offer

We know an increase in premium is never welcomed news. Adjusting the current benefits of your policy can help keep your premium similar to what you currently pay. The enclosed Policy Adjustment Offer provides the details. To accept this offer, simply sign the form and return it to us in the enclosed envelope.

Insert Paragraph D – No Offer

We know an increase in premium is never welcomed news. To keep your premiums similar to what you currently pay, you may be able to reduce your current benefits or remove riders that may be attached to your policy.

Insert Paragraph E – Shared Care

Please note that your current policy includes a Shared Care Benefit. If you wish to retain the Shared Care Benefit, any changes you may elect to make to your policy benefits must also be made to your spouse's policy.

If you wish to keep your policy as it is now at the new premium shown above, you do not need to do anything. If you wish to explore additional options to help reduce your premium, contact:

Customer Care Center <Agent of record/DO>
1-XXX-XXX-XXXX

Insert Paragraph F – Non-forfeiture Shortened Benefit Period

Of course, you always have the option to forgo your policy altogether. If you elect to do so, your non-forfeiture benefit will provide you with a paid-up policy with reduced benefits. See your policy or contact the Customer Care Center at the phone number above for additional details.

We hope you'll take a moment to consider the reason you purchased a long-term care insurance policy from [Mutual of Omaha Insurance Company] [United of Omaha Life Insurance Company] and why it's more important than ever to have this valuable protection. With our history of financial strength and our commitment to serving our customers, you can be confident we'll be there when you need us, just as we have for over a century.

Sincerely,

Signature Block

QUESTIONS?

Call toll free 1-800-921-9334

We'll be glad to help you Monday – Friday, 7:00 a.m. to 5:00 p.m. Central Time.

Please keep this notification with your other important insurance documents.

MUTUAL OF OMAHA INSURANCE COMPANY

POLICY ADJUSTMENT OFFER

<Benefit Multiplier> <Elimination Period> Change Option

In an effort to help keep your premium similar to what you currently pay, you have the option to adjust your policy's <benefit multiplier> <elimination period>. <The benefit multiplier is used to calculate the benefit amount and is not intended to represent the time for which benefits are payable.> <The elimination period is the waiting period before your policy begins paying benefits.> Listed below are the details of your policy reflecting the current rate adjustment (NEW PREMIUM) and the option to <decrease your benefit multiplier> <increase your elimination period> (ADJUSTMENT OPTION).

INSTRUCTIONS:

- If you wish to exercise the Adjustment Option, <which DECREASES the Benefit Multiplier of your policy> <which INCREASES the elimination Period of your policy>, please return this form in the enclosed envelope within 60 days of the offer's post mark or call us at 1-XXX-XXX-XXXX. Please be aware that if we receive this form after X days, your Adjustment Option will not be effective until your next renewal due date, unless you request otherwise.
- If you wish to keep your policy exactly as it is now at the NEW monthly premium listed below, You DO NOT need to send this form back to us.

REQUEST FOR CHANGE IN <BENEFIT MULTIPLIER> <ELIMINATION PERIOD>
(Keep this with your policy)

Policy/Certificate Number: XXXXXX-XX

Effective Date: XX/XX/XXXX

	NEW PREMIUM	ADJUSTMENT OPTION
<Benefit> <Elimination> Period	XXXXXX	XXXXXX
Monthly Premium	\$000.00	\$000.00

I request that my <Benefit Multiplier be decreased> <Elimination Period be increased> and my premium be adjusted as reflected in the Adjustment Option above. I acknowledge that I will not be able to <increase my Benefit Multiplier> <decrease my Elimination Period> on this coverage at any time in the future.

Signature
John Doe

Date



REQUEST FOR CHANGE IN <BENEFIT MULTIPLIER> <ELIMINATION PERIOD>
(Return this portion to us)

Policy/Certificate Number: XXXXXX-XX

Effective Date: XX/XX/XXXX

	NEW PREMIUM	ADJUSTMENT OPTION
<Benefit Multiplier> <Elimination Period>	XXXXXX	XXXXXX
Monthly Premium	\$000.00	\$000.00

I request that my <Benefit Multiplier be decreased> <Elimination Period be increased> and my premium adjusted as reflected in the Adjustment Option above. I acknowledge that I will not be able to <increase my Benefit Multiplier> <decrease my Elimination Period> on this coverage at any time in the future.

Signature
John Doe
ML12047

Date

Shared Care Applicable

MUTUAL of OMAHA INSURANCE COMPANY
UNITED of OMAHA LIFE INSURANCE COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175
402 342 7600
mutualofomaha.com



<Month, Year>

**Univita Rate Review will display two separate letter heads,
Mutual and United with the MN Address**

Policyholder Name

Address

City, State, ZIP

Thank you for choosing [Mutual of Omaha Insurance Company] [United of Omaha Life Insurance Company] as your long-term care insurance provider. Your long-term care insurance policy from [Mutual of Omaha Insurance Company] [United of Omaha Life Insurance Company] continues to provide valuable coverage that may help you pay for long-term care services. Please keep in mind that your policy is guaranteed renewable for life. Your policy will be kept in force as long as you pay the required premiums. **Due to insureds both keeping their policies longer and staying on claim longer than originally assumed, combined with the cost of services continuing to increase, premiums are required to be increased in order to support future claim costs.** Therefore, the premium for this coverage is being adjusted. An adjustment is being applied to every person in your state with the same policy form, issue age and benefit options. Please note that premium rates may increase again in the future. The following represents the premium change for your coverage.

POLICY/CERTIFICATE NUMBER	CURRENT [MODE] PREMIUM	NEW [MODE] PREMIUM	INCREASE AMOUNT	EFFECTIVE DATE
XXXXXX-XX	\$0,000.00	\$0,000.00	\$000.00	00/00/00

Please keep this notification of the change in premium for your Policy/Certificate with your other important insurance documents. Send no money now as a new premium notice will be sent to you prior to the effective date shown above. If you pay premium through electronic funds transfer or payroll deduction, the organization that processes your payment will be notified of the new premium amount. If you have paid premium beyond the effective date listed above you will be billed for any additional premium due.

Insert Paragraph A – Waiver of Premium

Since your premium currently is being waived, you will not be immediately impacted by the rate adjustment. However, when the waiver is removed, your new premium will be the amount shown above.

Insert Paragraph B – Rate Guarantee

Since the policy you purchased contains a rate guarantee benefit, you will not be immediately impacted by the rate adjustment. The effective date for your rate adjustment is shown above.

Insert Paragraph C – Benefit Multiplier/Elimination Period Change Offer

We know an increase in premium is never welcomed news. Adjusting the current benefits of your policy can help keep your premium similar to what you currently pay. The enclosed Policy Adjustment Offer provides the details. To accept this offer, simply sign the form and return it to us in the enclosed envelope.

Insert Paragraph D – No Offer

We know an increase in premium is never welcomed news. To keep your premiums similar to what you currently pay, you may be able to reduce your current benefits or remove riders that may be attached to your policy.

Insert Paragraph E – Shared Care

Please note that your current policy includes a Shared Care Benefit. If you wish to retain the Shared Care Benefit, any changes you may elect to make to your policy benefits must also be made to your spouse's policy.

If you wish to keep your policy as it is now at the new premium shown above, you do not need to do anything. If you wish to explore additional options to help reduce your premium, contact:

Customer Care Center <Agent of record/DO>
1-XXX-XXX-XXXX

Insert Paragraph F – Non-forfeiture Shortened Benefit Period [Contingent Nonforfeiture Benefit]

Of course, you always have the option to forgo your policy altogether. If you elect to do so, the non-forfeiture benefit will provide you with a paid-up policy with reduced benefits. See your policy or contact the Customer Care Center at the phone number above for additional details.

We hope you'll take a moment to consider the reason you purchased a long-term care insurance policy from [Mutual of Omaha Insurance Company] [United of Omaha Life Insurance Company] and why it's more important than ever to have this valuable protection. With our history of financial strength and our commitment to serving our customers, you can be confident we'll be there when you need us, just as we have for over a century.

Sincerely,

Signature Block

QUESTIONS?

Call toll free 1-800-921-9334

We'll be glad to help you Monday – Friday, 7:00 a.m. to 5:00 p.m. Central Time.

Please keep this notification with your other important insurance documents.

MUTUAL of OMAHA INSURANCE COMPANY
UNITED of OMAHA LIFE INSURANCE COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175
402 342 7600
mutualofomaha.com



<Month, Year>

**Univita Rate Review will display two separate letter heads,
Mutual and United with the MN Address**

Policyholder Name

Address

City, State, ZIP

Thank you for choosing [Mutual of Omaha Insurance Company] [United of Omaha Life Insurance Company] as your long-term care insurance provider. Your long-term care insurance policy from [Mutual of Omaha Insurance Company] [United of Omaha Life Insurance Company] continues to provide valuable coverage that may help you pay for long-term care services. Please keep in mind that your policy is guaranteed renewable for life. Your policy will be kept in force as long as you pay the required premiums. **Due to insureds both keeping their policies longer and staying on claim longer than originally assumed, combined with the cost of services continuing to increase, premiums are required to be increased in order to support future claim costs.** Therefore, the premium for this coverage is being adjusted. An adjustment is being applied to every person in your state with the same policy form, issue age and benefit options. Please note that premium rates may increase again in the future. The following represents the premium change for your coverage.

POLICY/CERTIFICATE NUMBER	CURRENT [MODE] PREMIUM	NEW [MODE] PREMIUM	INCREASE AMOUNT	PERCENT INCREASE	EFFECTIVE DATE
XXXXXX-XX	\$0,000.00	\$0,000.00	\$000.00	0%	00/00/00

Please keep this notification of the change in premium for your Policy/Certificate with your other important insurance documents. Send no money now as a new premium notice will be sent to you prior to the effective date shown above. If you pay premium through electronic funds transfer or payroll deduction, the organization that processes your payment will be notified of the new premium amount. If you have paid premium beyond the effective date listed above you will be billed for any additional premium due.

Insert Paragraph A – Waiver of Premium

Since your premium currently is being waived, you will not be immediately impacted by the rate adjustment. However, when the waiver is removed, your new premium will be the amount shown above.

Insert Paragraph B – Rate Guarantee

Since the policy you purchased contains a rate guarantee benefit, you will not be immediately impacted by the rate adjustment. The effective date for your rate adjustment is shown above.

Insert Paragraph C – Benefit Multiplier/Elimination Period Change Offer

We know an increase in premium is never welcomed news. Adjusting the current benefits of your policy can help keep your premium similar to what you currently pay. The enclosed Policy Adjustment Offer provides the details. To accept this offer, simply sign the form and return it to us in the enclosed envelope.

Insert Paragraph D – No Offer

We know an increase in premium is never welcomed news. To keep your premiums similar to what you currently pay, you may be able to reduce your current benefits or remove riders that may be attached to your policy.

Insert Paragraph E – Shared Care

Please note that your current policy includes a Shared Care Benefit. If you wish to retain the Shared Care Benefit, any changes you may elect to make to your policy benefits must also be made to your spouse's policy.

If you wish to keep your policy as it is now at the new premium shown above, you do not need to do anything. If you wish to explore additional options to help reduce your premium, contact:

Customer Care Center <Agent of record/DO>
1-XXX-XXX-XXXX

Insert Paragraph F – Non-forfeiture Shortened Benefit Period [Contingent Nonforfeiture Benefit]

Of course, you always have the option to forgo your policy altogether. If you elect to do so, the non-forfeiture benefit will provide you with a paid-up policy with reduced benefits. See your policy or contact the Customer Care Center at the phone number above for additional details.

We hope you'll take a moment to consider the reason you purchased a long-term care insurance policy from [Mutual of Omaha Insurance Company] [United of Omaha Life Insurance Company] and why it's more important than ever to have this valuable protection. With our history of financial strength and our commitment to serving our customers, you can be confident we'll be there when you need us, just as we have for over a century.

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We'll be glad to help you Monday – Friday, 7:00 a.m. to 5:00 p.m. Central Time.

Please keep this notification with your other important insurance documents.

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	18	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	18	No Inflation	0.0%	Lifetime	3	5.2%
LTC04I	VA	18	No Inflation	0.0%	Lifetime	4	8.4%
LTC04I	VA	18	No Inflation	0.0%	Lifetime	5	14.3%
LTC04I	VA	18	No Inflation	0.0%	Lifetime	6	13.0%
LTC04I	VA	18	No Inflation	0.0%	Lifetime	Lifetime	28.9%
LTC04I	VA	18	Compound	3.0%	Lifetime	2	5.3%
LTC04I	VA	18	Compound	3.0%	Lifetime	3	13.8%
LTC04I	VA	18	Compound	3.0%	Lifetime	4	17.2%
LTC04I	VA	18	Compound	3.0%	Lifetime	5	23.5%
LTC04I	VA	18	Compound	3.0%	Lifetime	6	22.1%
LTC04I	VA	18	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	18	Compound	4.0%	Lifetime	2	20.6%
LTC04I	VA	18	Compound	4.0%	Lifetime	3	30.2%
LTC04I	VA	18	Compound	4.0%	Lifetime	4	34.2%
LTC04I	VA	18	Compound	4.0%	Lifetime	5	38.0%
LTC04I	VA	18	Compound	4.0%	Lifetime	6	38.0%
LTC04I	VA	18	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	18	Compound	5.0%	Lifetime	2	38.0%
LTC04I	VA	18	Compound	5.0%	Lifetime	3	38.0%
LTC04I	VA	18	Compound	5.0%	Lifetime	4	38.0%
LTC04I	VA	18	Compound	5.0%	Lifetime	5	38.0%
LTC04I	VA	18	Compound	5.0%	Lifetime	6	38.0%
LTC04I	VA	18	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	18	Simple	5.0%	Lifetime	2	5.5%
LTC04I	VA	18	Simple	5.0%	Lifetime	3	14.0%
LTC04I	VA	18	Simple	5.0%	Lifetime	4	17.4%
LTC04I	VA	18	Simple	5.0%	Lifetime	5	23.8%
LTC04I	VA	18	Simple	5.0%	Lifetime	6	22.3%
LTC04I	VA	18	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	18	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	18	Compound	5.0%	10 Years	3	2.2%
LTC04I	VA	18	Compound	5.0%	10 Years	4	2.2%
LTC04I	VA	18	Compound	5.0%	10 Years	5	4.7%
LTC04I	VA	18	Compound	5.0%	10 Years	6	4.7%
LTC04I	VA	18	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	18	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	18	Compound	5.0%	20 Years	3	2.2%
LTC04I	VA	18	Compound	5.0%	20 Years	4	2.2%
LTC04I	VA	18	Compound	5.0%	20 Years	5	4.7%
LTC04I	VA	18	Compound	5.0%	20 Years	6	4.7%
LTC04I	VA	18	Compound	5.0%	20 Years	Lifetime	26.9%
LTC04I	VA	19	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	19	No Inflation	0.0%	Lifetime	3	5.2%
LTC04I	VA	19	No Inflation	0.0%	Lifetime	4	8.4%
LTC04I	VA	19	No Inflation	0.0%	Lifetime	5	14.3%
LTC04I	VA	19	No Inflation	0.0%	Lifetime	6	13.0%
LTC04I	VA	19	No Inflation	0.0%	Lifetime	Lifetime	28.9%
LTC04I	VA	19	Compound	3.0%	Lifetime	2	5.3%
LTC04I	VA	19	Compound	3.0%	Lifetime	3	13.8%
LTC04I	VA	19	Compound	3.0%	Lifetime	4	17.2%
LTC04I	VA	19	Compound	3.0%	Lifetime	5	23.5%
LTC04I	VA	19	Compound	3.0%	Lifetime	6	22.1%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	19	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	19	Compound	4.0%	Lifetime	2	20.6%
LTC04I	VA	19	Compound	4.0%	Lifetime	3	30.2%
LTC04I	VA	19	Compound	4.0%	Lifetime	4	34.2%
LTC04I	VA	19	Compound	4.0%	Lifetime	5	38.0%
LTC04I	VA	19	Compound	4.0%	Lifetime	6	38.0%
LTC04I	VA	19	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	19	Compound	5.0%	Lifetime	2	38.0%
LTC04I	VA	19	Compound	5.0%	Lifetime	3	38.0%
LTC04I	VA	19	Compound	5.0%	Lifetime	4	38.0%
LTC04I	VA	19	Compound	5.0%	Lifetime	5	38.0%
LTC04I	VA	19	Compound	5.0%	Lifetime	6	38.0%
LTC04I	VA	19	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	19	Simple	5.0%	Lifetime	2	5.5%
LTC04I	VA	19	Simple	5.0%	Lifetime	3	14.0%
LTC04I	VA	19	Simple	5.0%	Lifetime	4	17.4%
LTC04I	VA	19	Simple	5.0%	Lifetime	5	23.8%
LTC04I	VA	19	Simple	5.0%	Lifetime	6	22.3%
LTC04I	VA	19	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	19	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	19	Compound	5.0%	10 Years	3	2.2%
LTC04I	VA	19	Compound	5.0%	10 Years	4	2.2%
LTC04I	VA	19	Compound	5.0%	10 Years	5	4.7%
LTC04I	VA	19	Compound	5.0%	10 Years	6	4.7%
LTC04I	VA	19	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	19	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	19	Compound	5.0%	20 Years	3	2.2%
LTC04I	VA	19	Compound	5.0%	20 Years	4	2.2%
LTC04I	VA	19	Compound	5.0%	20 Years	5	4.7%
LTC04I	VA	19	Compound	5.0%	20 Years	6	4.7%
LTC04I	VA	19	Compound	5.0%	20 Years	Lifetime	26.9%
LTC04I	VA	20	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	20	No Inflation	0.0%	Lifetime	3	5.2%
LTC04I	VA	20	No Inflation	0.0%	Lifetime	4	8.4%
LTC04I	VA	20	No Inflation	0.0%	Lifetime	5	14.3%
LTC04I	VA	20	No Inflation	0.0%	Lifetime	6	13.0%
LTC04I	VA	20	No Inflation	0.0%	Lifetime	Lifetime	28.9%
LTC04I	VA	20	Compound	3.0%	Lifetime	2	5.3%
LTC04I	VA	20	Compound	3.0%	Lifetime	3	13.8%
LTC04I	VA	20	Compound	3.0%	Lifetime	4	17.2%
LTC04I	VA	20	Compound	3.0%	Lifetime	5	23.5%
LTC04I	VA	20	Compound	3.0%	Lifetime	6	22.1%
LTC04I	VA	20	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	20	Compound	4.0%	Lifetime	2	20.6%
LTC04I	VA	20	Compound	4.0%	Lifetime	3	30.2%
LTC04I	VA	20	Compound	4.0%	Lifetime	4	34.2%
LTC04I	VA	20	Compound	4.0%	Lifetime	5	38.0%
LTC04I	VA	20	Compound	4.0%	Lifetime	6	38.0%
LTC04I	VA	20	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	20	Compound	5.0%	Lifetime	2	38.0%
LTC04I	VA	20	Compound	5.0%	Lifetime	3	38.0%
LTC04I	VA	20	Compound	5.0%	Lifetime	4	38.0%
LTC04I	VA	20	Compound	5.0%	Lifetime	5	38.0%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	20	Compound	5.0%	Lifetime	6	38.0%
LTC04I	VA	20	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	20	Simple	5.0%	Lifetime	2	5.5%
LTC04I	VA	20	Simple	5.0%	Lifetime	3	14.0%
LTC04I	VA	20	Simple	5.0%	Lifetime	4	17.4%
LTC04I	VA	20	Simple	5.0%	Lifetime	5	23.8%
LTC04I	VA	20	Simple	5.0%	Lifetime	6	22.3%
LTC04I	VA	20	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	20	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	20	Compound	5.0%	10 Years	3	2.2%
LTC04I	VA	20	Compound	5.0%	10 Years	4	2.2%
LTC04I	VA	20	Compound	5.0%	10 Years	5	4.7%
LTC04I	VA	20	Compound	5.0%	10 Years	6	4.7%
LTC04I	VA	20	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	20	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	20	Compound	5.0%	20 Years	3	2.2%
LTC04I	VA	20	Compound	5.0%	20 Years	4	2.2%
LTC04I	VA	20	Compound	5.0%	20 Years	5	4.7%
LTC04I	VA	20	Compound	5.0%	20 Years	6	4.7%
LTC04I	VA	20	Compound	5.0%	20 Years	Lifetime	26.9%
LTC04I	VA	21	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	21	No Inflation	0.0%	Lifetime	3	5.2%
LTC04I	VA	21	No Inflation	0.0%	Lifetime	4	8.4%
LTC04I	VA	21	No Inflation	0.0%	Lifetime	5	14.3%
LTC04I	VA	21	No Inflation	0.0%	Lifetime	6	13.0%
LTC04I	VA	21	No Inflation	0.0%	Lifetime	Lifetime	28.9%
LTC04I	VA	21	Compound	3.0%	Lifetime	2	5.3%
LTC04I	VA	21	Compound	3.0%	Lifetime	3	13.8%
LTC04I	VA	21	Compound	3.0%	Lifetime	4	17.2%
LTC04I	VA	21	Compound	3.0%	Lifetime	5	23.5%
LTC04I	VA	21	Compound	3.0%	Lifetime	6	22.1%
LTC04I	VA	21	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	21	Compound	4.0%	Lifetime	2	20.6%
LTC04I	VA	21	Compound	4.0%	Lifetime	3	30.2%
LTC04I	VA	21	Compound	4.0%	Lifetime	4	34.2%
LTC04I	VA	21	Compound	4.0%	Lifetime	5	38.0%
LTC04I	VA	21	Compound	4.0%	Lifetime	6	38.0%
LTC04I	VA	21	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	21	Compound	5.0%	Lifetime	2	38.0%
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LTC04I	VA	21	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	21	Simple	5.0%	Lifetime	2	5.5%
LTC04I	VA	21	Simple	5.0%	Lifetime	3	14.0%
LTC04I	VA	21	Simple	5.0%	Lifetime	4	17.4%
LTC04I	VA	21	Simple	5.0%	Lifetime	5	23.8%
LTC04I	VA	21	Simple	5.0%	Lifetime	6	22.3%
LTC04I	VA	21	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	21	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	21	Compound	5.0%	10 Years	3	2.2%
LTC04I	VA	21	Compound	5.0%	10 Years	4	2.2%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	21	Compound	5.0%	10 Years	5	4.7%
LTC04I	VA	21	Compound	5.0%	10 Years	6	4.7%
LTC04I	VA	21	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	21	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	21	Compound	5.0%	20 Years	3	2.2%
LTC04I	VA	21	Compound	5.0%	20 Years	4	2.2%
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LTC04I	VA	21	Compound	5.0%	20 Years	6	4.7%
LTC04I	VA	21	Compound	5.0%	20 Years	Lifetime	26.9%
LTC04I	VA	22	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	22	No Inflation	0.0%	Lifetime	3	5.2%
LTC04I	VA	22	No Inflation	0.0%	Lifetime	4	8.4%
LTC04I	VA	22	No Inflation	0.0%	Lifetime	5	14.3%
LTC04I	VA	22	No Inflation	0.0%	Lifetime	6	13.0%
LTC04I	VA	22	No Inflation	0.0%	Lifetime	Lifetime	28.9%
LTC04I	VA	22	Compound	3.0%	Lifetime	2	5.3%
LTC04I	VA	22	Compound	3.0%	Lifetime	3	13.8%
LTC04I	VA	22	Compound	3.0%	Lifetime	4	17.2%
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LTC04I	VA	22	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	22	Compound	4.0%	Lifetime	2	20.6%
LTC04I	VA	22	Compound	4.0%	Lifetime	3	30.2%
LTC04I	VA	22	Compound	4.0%	Lifetime	4	34.2%
LTC04I	VA	22	Compound	4.0%	Lifetime	5	38.0%
LTC04I	VA	22	Compound	4.0%	Lifetime	6	38.0%
LTC04I	VA	22	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	22	Compound	5.0%	Lifetime	2	38.0%
LTC04I	VA	22	Compound	5.0%	Lifetime	3	38.0%
LTC04I	VA	22	Compound	5.0%	Lifetime	4	38.0%
LTC04I	VA	22	Compound	5.0%	Lifetime	5	38.0%
LTC04I	VA	22	Compound	5.0%	Lifetime	6	38.0%
LTC04I	VA	22	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	22	Simple	5.0%	Lifetime	2	5.5%
LTC04I	VA	22	Simple	5.0%	Lifetime	3	14.0%
LTC04I	VA	22	Simple	5.0%	Lifetime	4	17.4%
LTC04I	VA	22	Simple	5.0%	Lifetime	5	23.8%
LTC04I	VA	22	Simple	5.0%	Lifetime	6	22.3%
LTC04I	VA	22	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	22	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	22	Compound	5.0%	10 Years	3	2.2%
LTC04I	VA	22	Compound	5.0%	10 Years	4	2.2%
LTC04I	VA	22	Compound	5.0%	10 Years	5	4.7%
LTC04I	VA	22	Compound	5.0%	10 Years	6	4.7%
LTC04I	VA	22	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	22	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	22	Compound	5.0%	20 Years	3	2.2%
LTC04I	VA	22	Compound	5.0%	20 Years	4	2.2%
LTC04I	VA	22	Compound	5.0%	20 Years	5	4.7%
LTC04I	VA	22	Compound	5.0%	20 Years	6	4.7%
LTC04I	VA	22	Compound	5.0%	20 Years	Lifetime	26.9%
LTC04I	VA	23	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	23	No Inflation	0.0%	Lifetime	3	5.2%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	23	No Inflation	0.0%	Lifetime	4	8.4%
LTC04I	VA	23	No Inflation	0.0%	Lifetime	5	14.3%
LTC04I	VA	23	No Inflation	0.0%	Lifetime	6	13.0%
LTC04I	VA	23	No Inflation	0.0%	Lifetime	Lifetime	28.9%
LTC04I	VA	23	Compound	3.0%	Lifetime	2	5.3%
LTC04I	VA	23	Compound	3.0%	Lifetime	3	13.8%
LTC04I	VA	23	Compound	3.0%	Lifetime	4	17.2%
LTC04I	VA	23	Compound	3.0%	Lifetime	5	23.5%
LTC04I	VA	23	Compound	3.0%	Lifetime	6	22.1%
LTC04I	VA	23	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	23	Compound	4.0%	Lifetime	2	20.6%
LTC04I	VA	23	Compound	4.0%	Lifetime	3	30.2%
LTC04I	VA	23	Compound	4.0%	Lifetime	4	34.2%
LTC04I	VA	23	Compound	4.0%	Lifetime	5	38.0%
LTC04I	VA	23	Compound	4.0%	Lifetime	6	38.0%
LTC04I	VA	23	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	23	Compound	5.0%	Lifetime	2	38.0%
LTC04I	VA	23	Compound	5.0%	Lifetime	3	38.0%
LTC04I	VA	23	Compound	5.0%	Lifetime	4	38.0%
LTC04I	VA	23	Compound	5.0%	Lifetime	5	38.0%
LTC04I	VA	23	Compound	5.0%	Lifetime	6	38.0%
LTC04I	VA	23	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	23	Simple	5.0%	Lifetime	2	5.5%
LTC04I	VA	23	Simple	5.0%	Lifetime	3	14.0%
LTC04I	VA	23	Simple	5.0%	Lifetime	4	17.4%
LTC04I	VA	23	Simple	5.0%	Lifetime	5	23.8%
LTC04I	VA	23	Simple	5.0%	Lifetime	6	22.3%
LTC04I	VA	23	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	23	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	23	Compound	5.0%	10 Years	3	2.2%
LTC04I	VA	23	Compound	5.0%	10 Years	4	2.2%
LTC04I	VA	23	Compound	5.0%	10 Years	5	4.7%
LTC04I	VA	23	Compound	5.0%	10 Years	6	4.7%
LTC04I	VA	23	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	23	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	23	Compound	5.0%	20 Years	3	2.2%
LTC04I	VA	23	Compound	5.0%	20 Years	4	2.2%
LTC04I	VA	23	Compound	5.0%	20 Years	5	4.7%
LTC04I	VA	23	Compound	5.0%	20 Years	6	4.7%
LTC04I	VA	23	Compound	5.0%	20 Years	Lifetime	26.9%
LTC04I	VA	24	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	24	No Inflation	0.0%	Lifetime	3	5.2%
LTC04I	VA	24	No Inflation	0.0%	Lifetime	4	8.4%
LTC04I	VA	24	No Inflation	0.0%	Lifetime	5	14.3%
LTC04I	VA	24	No Inflation	0.0%	Lifetime	6	13.0%
LTC04I	VA	24	No Inflation	0.0%	Lifetime	Lifetime	28.9%
LTC04I	VA	24	Compound	3.0%	Lifetime	2	5.3%
LTC04I	VA	24	Compound	3.0%	Lifetime	3	13.8%
LTC04I	VA	24	Compound	3.0%	Lifetime	4	17.2%
LTC04I	VA	24	Compound	3.0%	Lifetime	5	23.5%
LTC04I	VA	24	Compound	3.0%	Lifetime	6	22.1%
LTC04I	VA	24	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	24	Compound	4.0%	Lifetime	2	20.6%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	24	Compound	4.0%	Lifetime	3	30.2%
LTC04I	VA	24	Compound	4.0%	Lifetime	4	34.2%
LTC04I	VA	24	Compound	4.0%	Lifetime	5	38.0%
LTC04I	VA	24	Compound	4.0%	Lifetime	6	38.0%
LTC04I	VA	24	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	24	Compound	5.0%	Lifetime	2	38.0%
LTC04I	VA	24	Compound	5.0%	Lifetime	3	38.0%
LTC04I	VA	24	Compound	5.0%	Lifetime	4	38.0%
LTC04I	VA	24	Compound	5.0%	Lifetime	5	38.0%
LTC04I	VA	24	Compound	5.0%	Lifetime	6	38.0%
LTC04I	VA	24	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	24	Simple	5.0%	Lifetime	2	5.5%
LTC04I	VA	24	Simple	5.0%	Lifetime	3	14.0%
LTC04I	VA	24	Simple	5.0%	Lifetime	4	17.4%
LTC04I	VA	24	Simple	5.0%	Lifetime	5	23.8%
LTC04I	VA	24	Simple	5.0%	Lifetime	6	22.3%
LTC04I	VA	24	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	24	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	24	Compound	5.0%	10 Years	3	2.2%
LTC04I	VA	24	Compound	5.0%	10 Years	4	2.2%
LTC04I	VA	24	Compound	5.0%	10 Years	5	4.7%
LTC04I	VA	24	Compound	5.0%	10 Years	6	4.7%
LTC04I	VA	24	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	24	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	24	Compound	5.0%	20 Years	3	2.2%
LTC04I	VA	24	Compound	5.0%	20 Years	4	2.2%
LTC04I	VA	24	Compound	5.0%	20 Years	5	4.7%
LTC04I	VA	24	Compound	5.0%	20 Years	6	4.7%
LTC04I	VA	24	Compound	5.0%	20 Years	Lifetime	26.9%
LTC04I	VA	25	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	25	No Inflation	0.0%	Lifetime	3	5.2%
LTC04I	VA	25	No Inflation	0.0%	Lifetime	4	8.4%
LTC04I	VA	25	No Inflation	0.0%	Lifetime	5	14.3%
LTC04I	VA	25	No Inflation	0.0%	Lifetime	6	13.0%
LTC04I	VA	25	No Inflation	0.0%	Lifetime	Lifetime	28.9%
LTC04I	VA	25	Compound	3.0%	Lifetime	2	5.3%
LTC04I	VA	25	Compound	3.0%	Lifetime	3	13.8%
LTC04I	VA	25	Compound	3.0%	Lifetime	4	17.2%
LTC04I	VA	25	Compound	3.0%	Lifetime	5	23.5%
LTC04I	VA	25	Compound	3.0%	Lifetime	6	22.1%
LTC04I	VA	25	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	25	Compound	4.0%	Lifetime	2	20.6%
LTC04I	VA	25	Compound	4.0%	Lifetime	3	30.2%
LTC04I	VA	25	Compound	4.0%	Lifetime	4	34.2%
LTC04I	VA	25	Compound	4.0%	Lifetime	5	38.0%
LTC04I	VA	25	Compound	4.0%	Lifetime	6	38.0%
LTC04I	VA	25	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	25	Compound	5.0%	Lifetime	2	38.0%
LTC04I	VA	25	Compound	5.0%	Lifetime	3	38.0%
LTC04I	VA	25	Compound	5.0%	Lifetime	4	38.0%
LTC04I	VA	25	Compound	5.0%	Lifetime	5	38.0%
LTC04I	VA	25	Compound	5.0%	Lifetime	6	38.0%
LTC04I	VA	25	Compound	5.0%	Lifetime	Lifetime	38.0%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	25	Simple	5.0%	Lifetime	2	5.5%
LTC04I	VA	25	Simple	5.0%	Lifetime	3	14.0%
LTC04I	VA	25	Simple	5.0%	Lifetime	4	17.4%
LTC04I	VA	25	Simple	5.0%	Lifetime	5	23.8%
LTC04I	VA	25	Simple	5.0%	Lifetime	6	22.3%
LTC04I	VA	25	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	25	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	25	Compound	5.0%	10 Years	3	2.2%
LTC04I	VA	25	Compound	5.0%	10 Years	4	2.2%
LTC04I	VA	25	Compound	5.0%	10 Years	5	4.7%
LTC04I	VA	25	Compound	5.0%	10 Years	6	4.7%
LTC04I	VA	25	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	25	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	25	Compound	5.0%	20 Years	3	2.2%
LTC04I	VA	25	Compound	5.0%	20 Years	4	2.2%
LTC04I	VA	25	Compound	5.0%	20 Years	5	4.7%
LTC04I	VA	25	Compound	5.0%	20 Years	6	4.7%
LTC04I	VA	25	Compound	5.0%	20 Years	Lifetime	26.9%
LTC04I	VA	26	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	26	No Inflation	0.0%	Lifetime	3	5.2%
LTC04I	VA	26	No Inflation	0.0%	Lifetime	4	8.4%
LTC04I	VA	26	No Inflation	0.0%	Lifetime	5	14.3%
LTC04I	VA	26	No Inflation	0.0%	Lifetime	6	13.0%
LTC04I	VA	26	No Inflation	0.0%	Lifetime	Lifetime	28.9%
LTC04I	VA	26	Compound	3.0%	Lifetime	2	5.3%
LTC04I	VA	26	Compound	3.0%	Lifetime	3	13.8%
LTC04I	VA	26	Compound	3.0%	Lifetime	4	17.2%
LTC04I	VA	26	Compound	3.0%	Lifetime	5	23.5%
LTC04I	VA	26	Compound	3.0%	Lifetime	6	22.1%
LTC04I	VA	26	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	26	Compound	4.0%	Lifetime	2	20.6%
LTC04I	VA	26	Compound	4.0%	Lifetime	3	30.2%
LTC04I	VA	26	Compound	4.0%	Lifetime	4	34.2%
LTC04I	VA	26	Compound	4.0%	Lifetime	5	38.0%
LTC04I	VA	26	Compound	4.0%	Lifetime	6	38.0%
LTC04I	VA	26	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	26	Compound	5.0%	Lifetime	2	38.0%
LTC04I	VA	26	Compound	5.0%	Lifetime	3	38.0%
LTC04I	VA	26	Compound	5.0%	Lifetime	4	38.0%
LTC04I	VA	26	Compound	5.0%	Lifetime	5	38.0%
LTC04I	VA	26	Compound	5.0%	Lifetime	6	38.0%
LTC04I	VA	26	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	26	Simple	5.0%	Lifetime	2	5.5%
LTC04I	VA	26	Simple	5.0%	Lifetime	3	14.0%
LTC04I	VA	26	Simple	5.0%	Lifetime	4	17.4%
LTC04I	VA	26	Simple	5.0%	Lifetime	5	23.8%
LTC04I	VA	26	Simple	5.0%	Lifetime	6	22.3%
LTC04I	VA	26	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	26	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	26	Compound	5.0%	10 Years	3	2.2%
LTC04I	VA	26	Compound	5.0%	10 Years	4	2.2%
LTC04I	VA	26	Compound	5.0%	10 Years	5	4.7%
LTC04I	VA	26	Compound	5.0%	10 Years	6	4.7%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	26	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	26	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	26	Compound	5.0%	20 Years	3	2.2%
LTC04I	VA	26	Compound	5.0%	20 Years	4	2.2%
LTC04I	VA	26	Compound	5.0%	20 Years	5	4.7%
LTC04I	VA	26	Compound	5.0%	20 Years	6	4.7%
LTC04I	VA	26	Compound	5.0%	20 Years	Lifetime	26.9%
LTC04I	VA	27	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	27	No Inflation	0.0%	Lifetime	3	5.2%
LTC04I	VA	27	No Inflation	0.0%	Lifetime	4	8.4%
LTC04I	VA	27	No Inflation	0.0%	Lifetime	5	14.3%
LTC04I	VA	27	No Inflation	0.0%	Lifetime	6	13.0%
LTC04I	VA	27	No Inflation	0.0%	Lifetime	Lifetime	28.9%
LTC04I	VA	27	Compound	3.0%	Lifetime	2	5.3%
LTC04I	VA	27	Compound	3.0%	Lifetime	3	13.8%
LTC04I	VA	27	Compound	3.0%	Lifetime	4	17.2%
LTC04I	VA	27	Compound	3.0%	Lifetime	5	23.5%
LTC04I	VA	27	Compound	3.0%	Lifetime	6	22.1%
LTC04I	VA	27	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	27	Compound	4.0%	Lifetime	2	20.6%
LTC04I	VA	27	Compound	4.0%	Lifetime	3	30.2%
LTC04I	VA	27	Compound	4.0%	Lifetime	4	34.2%
LTC04I	VA	27	Compound	4.0%	Lifetime	5	38.0%
LTC04I	VA	27	Compound	4.0%	Lifetime	6	38.0%
LTC04I	VA	27	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	27	Compound	5.0%	Lifetime	2	38.0%
LTC04I	VA	27	Compound	5.0%	Lifetime	3	38.0%
LTC04I	VA	27	Compound	5.0%	Lifetime	4	38.0%
LTC04I	VA	27	Compound	5.0%	Lifetime	5	38.0%
LTC04I	VA	27	Compound	5.0%	Lifetime	6	38.0%
LTC04I	VA	27	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	27	Simple	5.0%	Lifetime	2	5.5%
LTC04I	VA	27	Simple	5.0%	Lifetime	3	14.0%
LTC04I	VA	27	Simple	5.0%	Lifetime	4	17.4%
LTC04I	VA	27	Simple	5.0%	Lifetime	5	23.8%
LTC04I	VA	27	Simple	5.0%	Lifetime	6	22.3%
LTC04I	VA	27	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	27	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	27	Compound	5.0%	10 Years	3	2.2%
LTC04I	VA	27	Compound	5.0%	10 Years	4	2.2%
LTC04I	VA	27	Compound	5.0%	10 Years	5	4.7%
LTC04I	VA	27	Compound	5.0%	10 Years	6	4.7%
LTC04I	VA	27	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	27	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	27	Compound	5.0%	20 Years	3	2.2%
LTC04I	VA	27	Compound	5.0%	20 Years	4	2.2%
LTC04I	VA	27	Compound	5.0%	20 Years	5	4.7%
LTC04I	VA	27	Compound	5.0%	20 Years	6	4.7%
LTC04I	VA	27	Compound	5.0%	20 Years	Lifetime	26.9%
LTC04I	VA	28	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	28	No Inflation	0.0%	Lifetime	3	5.2%
LTC04I	VA	28	No Inflation	0.0%	Lifetime	4	8.4%
LTC04I	VA	28	No Inflation	0.0%	Lifetime	5	14.3%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	28	No Inflation	0.0%	Lifetime	6	13.0%
LTC04I	VA	28	No Inflation	0.0%	Lifetime	Lifetime	28.9%
LTC04I	VA	28	Compound	3.0%	Lifetime	2	5.3%
LTC04I	VA	28	Compound	3.0%	Lifetime	3	13.8%
LTC04I	VA	28	Compound	3.0%	Lifetime	4	17.2%
LTC04I	VA	28	Compound	3.0%	Lifetime	5	23.5%
LTC04I	VA	28	Compound	3.0%	Lifetime	6	22.1%
LTC04I	VA	28	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	28	Compound	4.0%	Lifetime	2	20.6%
LTC04I	VA	28	Compound	4.0%	Lifetime	3	30.2%
LTC04I	VA	28	Compound	4.0%	Lifetime	4	34.2%
LTC04I	VA	28	Compound	4.0%	Lifetime	5	38.0%
LTC04I	VA	28	Compound	4.0%	Lifetime	6	38.0%
LTC04I	VA	28	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	28	Compound	5.0%	Lifetime	2	38.0%
LTC04I	VA	28	Compound	5.0%	Lifetime	3	38.0%
LTC04I	VA	28	Compound	5.0%	Lifetime	4	38.0%
LTC04I	VA	28	Compound	5.0%	Lifetime	5	38.0%
LTC04I	VA	28	Compound	5.0%	Lifetime	6	38.0%
LTC04I	VA	28	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	28	Simple	5.0%	Lifetime	2	5.5%
LTC04I	VA	28	Simple	5.0%	Lifetime	3	14.0%
LTC04I	VA	28	Simple	5.0%	Lifetime	4	17.4%
LTC04I	VA	28	Simple	5.0%	Lifetime	5	23.8%
LTC04I	VA	28	Simple	5.0%	Lifetime	6	22.3%
LTC04I	VA	28	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	28	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	28	Compound	5.0%	10 Years	3	2.2%
LTC04I	VA	28	Compound	5.0%	10 Years	4	2.2%
LTC04I	VA	28	Compound	5.0%	10 Years	5	4.7%
LTC04I	VA	28	Compound	5.0%	10 Years	6	4.7%
LTC04I	VA	28	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	28	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	28	Compound	5.0%	20 Years	3	2.2%
LTC04I	VA	28	Compound	5.0%	20 Years	4	2.2%
LTC04I	VA	28	Compound	5.0%	20 Years	5	4.7%
LTC04I	VA	28	Compound	5.0%	20 Years	6	4.7%
LTC04I	VA	28	Compound	5.0%	20 Years	Lifetime	26.9%
LTC04I	VA	29	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	29	No Inflation	0.0%	Lifetime	3	5.2%
LTC04I	VA	29	No Inflation	0.0%	Lifetime	4	8.4%
LTC04I	VA	29	No Inflation	0.0%	Lifetime	5	14.3%
LTC04I	VA	29	No Inflation	0.0%	Lifetime	6	13.0%
LTC04I	VA	29	No Inflation	0.0%	Lifetime	Lifetime	28.9%
LTC04I	VA	29	Compound	3.0%	Lifetime	2	5.3%
LTC04I	VA	29	Compound	3.0%	Lifetime	3	13.8%
LTC04I	VA	29	Compound	3.0%	Lifetime	4	17.2%
LTC04I	VA	29	Compound	3.0%	Lifetime	5	23.5%
LTC04I	VA	29	Compound	3.0%	Lifetime	6	22.1%
LTC04I	VA	29	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	29	Compound	4.0%	Lifetime	2	20.6%
LTC04I	VA	29	Compound	4.0%	Lifetime	3	30.2%
LTC04I	VA	29	Compound	4.0%	Lifetime	4	34.2%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	29	Compound	4.0%	Lifetime	5	38.0%
LTC04I	VA	29	Compound	4.0%	Lifetime	6	38.0%
LTC04I	VA	29	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	29	Compound	5.0%	Lifetime	2	38.0%
LTC04I	VA	29	Compound	5.0%	Lifetime	3	38.0%
LTC04I	VA	29	Compound	5.0%	Lifetime	4	38.0%
LTC04I	VA	29	Compound	5.0%	Lifetime	5	38.0%
LTC04I	VA	29	Compound	5.0%	Lifetime	6	38.0%
LTC04I	VA	29	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	29	Simple	5.0%	Lifetime	2	5.5%
LTC04I	VA	29	Simple	5.0%	Lifetime	3	14.0%
LTC04I	VA	29	Simple	5.0%	Lifetime	4	17.4%
LTC04I	VA	29	Simple	5.0%	Lifetime	5	23.8%
LTC04I	VA	29	Simple	5.0%	Lifetime	6	22.3%
LTC04I	VA	29	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	29	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	29	Compound	5.0%	10 Years	3	2.2%
LTC04I	VA	29	Compound	5.0%	10 Years	4	2.2%
LTC04I	VA	29	Compound	5.0%	10 Years	5	4.7%
LTC04I	VA	29	Compound	5.0%	10 Years	6	4.7%
LTC04I	VA	29	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	29	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	29	Compound	5.0%	20 Years	3	2.2%
LTC04I	VA	29	Compound	5.0%	20 Years	4	2.2%
LTC04I	VA	29	Compound	5.0%	20 Years	5	4.7%
LTC04I	VA	29	Compound	5.0%	20 Years	6	4.7%
LTC04I	VA	29	Compound	5.0%	20 Years	Lifetime	26.9%
LTC04I	VA	30	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	30	No Inflation	0.0%	Lifetime	3	5.2%
LTC04I	VA	30	No Inflation	0.0%	Lifetime	4	8.4%
LTC04I	VA	30	No Inflation	0.0%	Lifetime	5	14.3%
LTC04I	VA	30	No Inflation	0.0%	Lifetime	6	13.0%
LTC04I	VA	30	No Inflation	0.0%	Lifetime	Lifetime	28.9%
LTC04I	VA	30	Compound	3.0%	Lifetime	2	5.3%
LTC04I	VA	30	Compound	3.0%	Lifetime	3	13.8%
LTC04I	VA	30	Compound	3.0%	Lifetime	4	17.2%
LTC04I	VA	30	Compound	3.0%	Lifetime	5	23.5%
LTC04I	VA	30	Compound	3.0%	Lifetime	6	22.1%
LTC04I	VA	30	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	30	Compound	4.0%	Lifetime	2	20.6%
LTC04I	VA	30	Compound	4.0%	Lifetime	3	30.2%
LTC04I	VA	30	Compound	4.0%	Lifetime	4	34.2%
LTC04I	VA	30	Compound	4.0%	Lifetime	5	38.0%
LTC04I	VA	30	Compound	4.0%	Lifetime	6	38.0%
LTC04I	VA	30	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	30	Compound	5.0%	Lifetime	2	38.0%
LTC04I	VA	30	Compound	5.0%	Lifetime	3	38.0%
LTC04I	VA	30	Compound	5.0%	Lifetime	4	38.0%
LTC04I	VA	30	Compound	5.0%	Lifetime	5	38.0%
LTC04I	VA	30	Compound	5.0%	Lifetime	6	38.0%
LTC04I	VA	30	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	30	Simple	5.0%	Lifetime	2	5.5%
LTC04I	VA	30	Simple	5.0%	Lifetime	3	14.0%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	30	Simple	5.0%	Lifetime	4	17.4%
LTC04I	VA	30	Simple	5.0%	Lifetime	5	23.8%
LTC04I	VA	30	Simple	5.0%	Lifetime	6	22.3%
LTC04I	VA	30	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	30	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	30	Compound	5.0%	10 Years	3	2.2%
LTC04I	VA	30	Compound	5.0%	10 Years	4	2.2%
LTC04I	VA	30	Compound	5.0%	10 Years	5	4.7%
LTC04I	VA	30	Compound	5.0%	10 Years	6	4.7%
LTC04I	VA	30	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	30	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	30	Compound	5.0%	20 Years	3	2.2%
LTC04I	VA	30	Compound	5.0%	20 Years	4	2.2%
LTC04I	VA	30	Compound	5.0%	20 Years	5	4.7%
LTC04I	VA	30	Compound	5.0%	20 Years	6	4.7%
LTC04I	VA	30	Compound	5.0%	20 Years	Lifetime	26.9%
LTC04I	VA	31	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	31	No Inflation	0.0%	Lifetime	3	5.2%
LTC04I	VA	31	No Inflation	0.0%	Lifetime	4	8.4%
LTC04I	VA	31	No Inflation	0.0%	Lifetime	5	14.3%
LTC04I	VA	31	No Inflation	0.0%	Lifetime	6	13.0%
LTC04I	VA	31	No Inflation	0.0%	Lifetime	Lifetime	28.9%
LTC04I	VA	31	Compound	3.0%	Lifetime	2	5.3%
LTC04I	VA	31	Compound	3.0%	Lifetime	3	13.8%
LTC04I	VA	31	Compound	3.0%	Lifetime	4	17.2%
LTC04I	VA	31	Compound	3.0%	Lifetime	5	23.5%
LTC04I	VA	31	Compound	3.0%	Lifetime	6	22.1%
LTC04I	VA	31	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	31	Compound	4.0%	Lifetime	2	20.6%
LTC04I	VA	31	Compound	4.0%	Lifetime	3	30.2%
LTC04I	VA	31	Compound	4.0%	Lifetime	4	34.2%
LTC04I	VA	31	Compound	4.0%	Lifetime	5	38.0%
LTC04I	VA	31	Compound	4.0%	Lifetime	6	38.0%
LTC04I	VA	31	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	31	Compound	5.0%	Lifetime	2	38.0%
LTC04I	VA	31	Compound	5.0%	Lifetime	3	38.0%
LTC04I	VA	31	Compound	5.0%	Lifetime	4	38.0%
LTC04I	VA	31	Compound	5.0%	Lifetime	5	38.0%
LTC04I	VA	31	Compound	5.0%	Lifetime	6	38.0%
LTC04I	VA	31	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	31	Simple	5.0%	Lifetime	2	5.5%
LTC04I	VA	31	Simple	5.0%	Lifetime	3	14.0%
LTC04I	VA	31	Simple	5.0%	Lifetime	4	17.4%
LTC04I	VA	31	Simple	5.0%	Lifetime	5	23.8%
LTC04I	VA	31	Simple	5.0%	Lifetime	6	22.3%
LTC04I	VA	31	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	31	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	31	Compound	5.0%	10 Years	3	2.2%
LTC04I	VA	31	Compound	5.0%	10 Years	4	2.2%
LTC04I	VA	31	Compound	5.0%	10 Years	5	4.7%
LTC04I	VA	31	Compound	5.0%	10 Years	6	4.7%
LTC04I	VA	31	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	31	Compound	5.0%	20 Years	2	0.0%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	31	Compound	5.0%	20 Years	3	2.2%
LTC04I	VA	31	Compound	5.0%	20 Years	4	2.2%
LTC04I	VA	31	Compound	5.0%	20 Years	5	4.7%
LTC04I	VA	31	Compound	5.0%	20 Years	6	4.7%
LTC04I	VA	31	Compound	5.0%	20 Years	Lifetime	26.9%
LTC04I	VA	32	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	32	No Inflation	0.0%	Lifetime	3	5.2%
LTC04I	VA	32	No Inflation	0.0%	Lifetime	4	8.4%
LTC04I	VA	32	No Inflation	0.0%	Lifetime	5	14.3%
LTC04I	VA	32	No Inflation	0.0%	Lifetime	6	13.0%
LTC04I	VA	32	No Inflation	0.0%	Lifetime	Lifetime	28.9%
LTC04I	VA	32	Compound	3.0%	Lifetime	2	5.3%
LTC04I	VA	32	Compound	3.0%	Lifetime	3	13.8%
LTC04I	VA	32	Compound	3.0%	Lifetime	4	17.2%
LTC04I	VA	32	Compound	3.0%	Lifetime	5	23.5%
LTC04I	VA	32	Compound	3.0%	Lifetime	6	22.1%
LTC04I	VA	32	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	32	Compound	4.0%	Lifetime	2	20.6%
LTC04I	VA	32	Compound	4.0%	Lifetime	3	30.2%
LTC04I	VA	32	Compound	4.0%	Lifetime	4	34.2%
LTC04I	VA	32	Compound	4.0%	Lifetime	5	38.0%
LTC04I	VA	32	Compound	4.0%	Lifetime	6	38.0%
LTC04I	VA	32	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	32	Compound	5.0%	Lifetime	2	38.0%
LTC04I	VA	32	Compound	5.0%	Lifetime	3	38.0%
LTC04I	VA	32	Compound	5.0%	Lifetime	4	38.0%
LTC04I	VA	32	Compound	5.0%	Lifetime	5	38.0%
LTC04I	VA	32	Compound	5.0%	Lifetime	6	38.0%
LTC04I	VA	32	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	32	Simple	5.0%	Lifetime	2	5.5%
LTC04I	VA	32	Simple	5.0%	Lifetime	3	14.0%
LTC04I	VA	32	Simple	5.0%	Lifetime	4	17.4%
LTC04I	VA	32	Simple	5.0%	Lifetime	5	23.8%
LTC04I	VA	32	Simple	5.0%	Lifetime	6	22.3%
LTC04I	VA	32	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	32	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	32	Compound	5.0%	10 Years	3	2.2%
LTC04I	VA	32	Compound	5.0%	10 Years	4	2.2%
LTC04I	VA	32	Compound	5.0%	10 Years	5	4.7%
LTC04I	VA	32	Compound	5.0%	10 Years	6	4.7%
LTC04I	VA	32	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	32	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	32	Compound	5.0%	20 Years	3	2.2%
LTC04I	VA	32	Compound	5.0%	20 Years	4	2.2%
LTC04I	VA	32	Compound	5.0%	20 Years	5	4.7%
LTC04I	VA	32	Compound	5.0%	20 Years	6	4.7%
LTC04I	VA	32	Compound	5.0%	20 Years	Lifetime	26.9%
LTC04I	VA	33	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	33	No Inflation	0.0%	Lifetime	3	5.2%
LTC04I	VA	33	No Inflation	0.0%	Lifetime	4	8.4%
LTC04I	VA	33	No Inflation	0.0%	Lifetime	5	14.3%
LTC04I	VA	33	No Inflation	0.0%	Lifetime	6	13.0%
LTC04I	VA	33	No Inflation	0.0%	Lifetime	Lifetime	28.9%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	33	Compound	3.0%	Lifetime	2	5.3%
LTC04I	VA	33	Compound	3.0%	Lifetime	3	13.8%
LTC04I	VA	33	Compound	3.0%	Lifetime	4	17.2%
LTC04I	VA	33	Compound	3.0%	Lifetime	5	23.5%
LTC04I	VA	33	Compound	3.0%	Lifetime	6	22.1%
LTC04I	VA	33	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	33	Compound	4.0%	Lifetime	2	20.6%
LTC04I	VA	33	Compound	4.0%	Lifetime	3	30.2%
LTC04I	VA	33	Compound	4.0%	Lifetime	4	34.2%
LTC04I	VA	33	Compound	4.0%	Lifetime	5	38.0%
LTC04I	VA	33	Compound	4.0%	Lifetime	6	38.0%
LTC04I	VA	33	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	33	Compound	5.0%	Lifetime	2	38.0%
LTC04I	VA	33	Compound	5.0%	Lifetime	3	38.0%
LTC04I	VA	33	Compound	5.0%	Lifetime	4	38.0%
LTC04I	VA	33	Compound	5.0%	Lifetime	5	38.0%
LTC04I	VA	33	Compound	5.0%	Lifetime	6	38.0%
LTC04I	VA	33	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	33	Simple	5.0%	Lifetime	2	5.5%
LTC04I	VA	33	Simple	5.0%	Lifetime	3	14.0%
LTC04I	VA	33	Simple	5.0%	Lifetime	4	17.4%
LTC04I	VA	33	Simple	5.0%	Lifetime	5	23.8%
LTC04I	VA	33	Simple	5.0%	Lifetime	6	22.3%
LTC04I	VA	33	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	33	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	33	Compound	5.0%	10 Years	3	2.2%
LTC04I	VA	33	Compound	5.0%	10 Years	4	2.2%
LTC04I	VA	33	Compound	5.0%	10 Years	5	4.7%
LTC04I	VA	33	Compound	5.0%	10 Years	6	4.7%
LTC04I	VA	33	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	33	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	33	Compound	5.0%	20 Years	3	2.2%
LTC04I	VA	33	Compound	5.0%	20 Years	4	2.2%
LTC04I	VA	33	Compound	5.0%	20 Years	5	4.7%
LTC04I	VA	33	Compound	5.0%	20 Years	6	4.7%
LTC04I	VA	33	Compound	5.0%	20 Years	Lifetime	26.9%
LTC04I	VA	34	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	34	No Inflation	0.0%	Lifetime	3	5.2%
LTC04I	VA	34	No Inflation	0.0%	Lifetime	4	8.4%
LTC04I	VA	34	No Inflation	0.0%	Lifetime	5	14.3%
LTC04I	VA	34	No Inflation	0.0%	Lifetime	6	13.0%
LTC04I	VA	34	No Inflation	0.0%	Lifetime	Lifetime	28.9%
LTC04I	VA	34	Compound	3.0%	Lifetime	2	5.3%
LTC04I	VA	34	Compound	3.0%	Lifetime	3	13.8%
LTC04I	VA	34	Compound	3.0%	Lifetime	4	17.2%
LTC04I	VA	34	Compound	3.0%	Lifetime	5	23.5%
LTC04I	VA	34	Compound	3.0%	Lifetime	6	22.1%
LTC04I	VA	34	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	34	Compound	4.0%	Lifetime	2	20.6%
LTC04I	VA	34	Compound	4.0%	Lifetime	3	30.2%
LTC04I	VA	34	Compound	4.0%	Lifetime	4	34.2%
LTC04I	VA	34	Compound	4.0%	Lifetime	5	38.0%
LTC04I	VA	34	Compound	4.0%	Lifetime	6	38.0%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	34	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	34	Compound	5.0%	Lifetime	2	38.0%
LTC04I	VA	34	Compound	5.0%	Lifetime	3	38.0%
LTC04I	VA	34	Compound	5.0%	Lifetime	4	38.0%
LTC04I	VA	34	Compound	5.0%	Lifetime	5	38.0%
LTC04I	VA	34	Compound	5.0%	Lifetime	6	38.0%
LTC04I	VA	34	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	34	Simple	5.0%	Lifetime	2	5.5%
LTC04I	VA	34	Simple	5.0%	Lifetime	3	14.0%
LTC04I	VA	34	Simple	5.0%	Lifetime	4	17.4%
LTC04I	VA	34	Simple	5.0%	Lifetime	5	23.8%
LTC04I	VA	34	Simple	5.0%	Lifetime	6	22.3%
LTC04I	VA	34	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	34	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	34	Compound	5.0%	10 Years	3	2.2%
LTC04I	VA	34	Compound	5.0%	10 Years	4	2.2%
LTC04I	VA	34	Compound	5.0%	10 Years	5	4.7%
LTC04I	VA	34	Compound	5.0%	10 Years	6	4.7%
LTC04I	VA	34	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	34	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	34	Compound	5.0%	20 Years	3	2.2%
LTC04I	VA	34	Compound	5.0%	20 Years	4	2.2%
LTC04I	VA	34	Compound	5.0%	20 Years	5	4.7%
LTC04I	VA	34	Compound	5.0%	20 Years	6	4.7%
LTC04I	VA	34	Compound	5.0%	20 Years	Lifetime	26.9%
LTC04I	VA	35	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	35	No Inflation	0.0%	Lifetime	3	5.2%
LTC04I	VA	35	No Inflation	0.0%	Lifetime	4	8.4%
LTC04I	VA	35	No Inflation	0.0%	Lifetime	5	14.3%
LTC04I	VA	35	No Inflation	0.0%	Lifetime	6	13.0%
LTC04I	VA	35	No Inflation	0.0%	Lifetime	Lifetime	28.9%
LTC04I	VA	35	Compound	3.0%	Lifetime	2	5.3%
LTC04I	VA	35	Compound	3.0%	Lifetime	3	13.8%
LTC04I	VA	35	Compound	3.0%	Lifetime	4	17.2%
LTC04I	VA	35	Compound	3.0%	Lifetime	5	23.5%
LTC04I	VA	35	Compound	3.0%	Lifetime	6	22.1%
LTC04I	VA	35	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	35	Compound	4.0%	Lifetime	2	20.6%
LTC04I	VA	35	Compound	4.0%	Lifetime	3	30.2%
LTC04I	VA	35	Compound	4.0%	Lifetime	4	34.2%
LTC04I	VA	35	Compound	4.0%	Lifetime	5	38.0%
LTC04I	VA	35	Compound	4.0%	Lifetime	6	38.0%
LTC04I	VA	35	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	35	Compound	5.0%	Lifetime	2	38.0%
LTC04I	VA	35	Compound	5.0%	Lifetime	3	38.0%
LTC04I	VA	35	Compound	5.0%	Lifetime	4	38.0%
LTC04I	VA	35	Compound	5.0%	Lifetime	5	38.0%
LTC04I	VA	35	Compound	5.0%	Lifetime	6	38.0%
LTC04I	VA	35	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	35	Simple	5.0%	Lifetime	2	5.5%
LTC04I	VA	35	Simple	5.0%	Lifetime	3	14.0%
LTC04I	VA	35	Simple	5.0%	Lifetime	4	17.4%
LTC04I	VA	35	Simple	5.0%	Lifetime	5	23.8%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	35	Simple	5.0%	Lifetime	6	22.3%
LTC04I	VA	35	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	35	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	35	Compound	5.0%	10 Years	3	2.2%
LTC04I	VA	35	Compound	5.0%	10 Years	4	2.2%
LTC04I	VA	35	Compound	5.0%	10 Years	5	4.7%
LTC04I	VA	35	Compound	5.0%	10 Years	6	4.7%
LTC04I	VA	35	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	35	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	35	Compound	5.0%	20 Years	3	2.2%
LTC04I	VA	35	Compound	5.0%	20 Years	4	2.2%
LTC04I	VA	35	Compound	5.0%	20 Years	5	4.7%
LTC04I	VA	35	Compound	5.0%	20 Years	6	4.7%
LTC04I	VA	35	Compound	5.0%	20 Years	Lifetime	26.9%
LTC04I	VA	36	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	36	No Inflation	0.0%	Lifetime	3	5.6%
LTC04I	VA	36	No Inflation	0.0%	Lifetime	4	8.3%
LTC04I	VA	36	No Inflation	0.0%	Lifetime	5	14.1%
LTC04I	VA	36	No Inflation	0.0%	Lifetime	6	12.9%
LTC04I	VA	36	No Inflation	0.0%	Lifetime	Lifetime	28.8%
LTC04I	VA	36	Compound	3.0%	Lifetime	2	5.2%
LTC04I	VA	36	Compound	3.0%	Lifetime	3	14.2%
LTC04I	VA	36	Compound	3.0%	Lifetime	4	17.0%
LTC04I	VA	36	Compound	3.0%	Lifetime	5	23.4%
LTC04I	VA	36	Compound	3.0%	Lifetime	6	22.0%
LTC04I	VA	36	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	36	Compound	4.0%	Lifetime	2	20.5%
LTC04I	VA	36	Compound	4.0%	Lifetime	3	30.7%
LTC04I	VA	36	Compound	4.0%	Lifetime	4	34.0%
LTC04I	VA	36	Compound	4.0%	Lifetime	5	38.0%
LTC04I	VA	36	Compound	4.0%	Lifetime	6	38.0%
LTC04I	VA	36	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	36	Compound	5.0%	Lifetime	2	38.0%
LTC04I	VA	36	Compound	5.0%	Lifetime	3	38.0%
LTC04I	VA	36	Compound	5.0%	Lifetime	4	38.0%
LTC04I	VA	36	Compound	5.0%	Lifetime	5	38.0%
LTC04I	VA	36	Compound	5.0%	Lifetime	6	38.0%
LTC04I	VA	36	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	36	Simple	5.0%	Lifetime	2	5.4%
LTC04I	VA	36	Simple	5.0%	Lifetime	3	14.4%
LTC04I	VA	36	Simple	5.0%	Lifetime	4	17.2%
LTC04I	VA	36	Simple	5.0%	Lifetime	5	23.6%
LTC04I	VA	36	Simple	5.0%	Lifetime	6	22.2%
LTC04I	VA	36	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	36	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	36	Compound	5.0%	10 Years	3	2.2%
LTC04I	VA	36	Compound	5.0%	10 Years	4	2.2%
LTC04I	VA	36	Compound	5.0%	10 Years	5	4.7%
LTC04I	VA	36	Compound	5.0%	10 Years	6	4.7%
LTC04I	VA	36	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	36	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	36	Compound	5.0%	20 Years	3	2.2%
LTC04I	VA	36	Compound	5.0%	20 Years	4	2.2%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	36	Compound	5.0%	20 Years	5	4.7%
LTC04I	VA	36	Compound	5.0%	20 Years	6	4.7%
LTC04I	VA	36	Compound	5.0%	20 Years	Lifetime	26.8%
LTC04I	VA	37	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	37	No Inflation	0.0%	Lifetime	3	6.0%
LTC04I	VA	37	No Inflation	0.0%	Lifetime	4	8.1%
LTC04I	VA	37	No Inflation	0.0%	Lifetime	5	14.0%
LTC04I	VA	37	No Inflation	0.0%	Lifetime	6	12.7%
LTC04I	VA	37	No Inflation	0.0%	Lifetime	Lifetime	28.7%
LTC04I	VA	37	Compound	3.0%	Lifetime	2	5.2%
LTC04I	VA	37	Compound	3.0%	Lifetime	3	14.5%
LTC04I	VA	37	Compound	3.0%	Lifetime	4	16.9%
LTC04I	VA	37	Compound	3.0%	Lifetime	5	23.2%
LTC04I	VA	37	Compound	3.0%	Lifetime	6	21.8%
LTC04I	VA	37	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	37	Compound	4.0%	Lifetime	2	20.4%
LTC04I	VA	37	Compound	4.0%	Lifetime	3	31.1%
LTC04I	VA	37	Compound	4.0%	Lifetime	4	33.8%
LTC04I	VA	37	Compound	4.0%	Lifetime	5	38.0%
LTC04I	VA	37	Compound	4.0%	Lifetime	6	38.0%
LTC04I	VA	37	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	37	Compound	5.0%	Lifetime	2	38.0%
LTC04I	VA	37	Compound	5.0%	Lifetime	3	38.0%
LTC04I	VA	37	Compound	5.0%	Lifetime	4	38.0%
LTC04I	VA	37	Compound	5.0%	Lifetime	5	38.0%
LTC04I	VA	37	Compound	5.0%	Lifetime	6	38.0%
LTC04I	VA	37	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	37	Simple	5.0%	Lifetime	2	5.3%
LTC04I	VA	37	Simple	5.0%	Lifetime	3	14.7%
LTC04I	VA	37	Simple	5.0%	Lifetime	4	17.0%
LTC04I	VA	37	Simple	5.0%	Lifetime	5	23.4%
LTC04I	VA	37	Simple	5.0%	Lifetime	6	22.0%
LTC04I	VA	37	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	37	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	37	Compound	5.0%	10 Years	3	2.2%
LTC04I	VA	37	Compound	5.0%	10 Years	4	2.2%
LTC04I	VA	37	Compound	5.0%	10 Years	5	4.7%
LTC04I	VA	37	Compound	5.0%	10 Years	6	4.7%
LTC04I	VA	37	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	37	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	37	Compound	5.0%	20 Years	3	2.2%
LTC04I	VA	37	Compound	5.0%	20 Years	4	2.2%
LTC04I	VA	37	Compound	5.0%	20 Years	5	4.7%
LTC04I	VA	37	Compound	5.0%	20 Years	6	4.7%
LTC04I	VA	37	Compound	5.0%	20 Years	Lifetime	26.8%
LTC04I	VA	38	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	38	No Inflation	0.0%	Lifetime	3	6.4%
LTC04I	VA	38	No Inflation	0.0%	Lifetime	4	7.9%
LTC04I	VA	38	No Inflation	0.0%	Lifetime	5	13.9%
LTC04I	VA	38	No Inflation	0.0%	Lifetime	6	12.3%
LTC04I	VA	38	No Inflation	0.0%	Lifetime	Lifetime	28.6%
LTC04I	VA	38	Compound	3.0%	Lifetime	2	6.2%
LTC04I	VA	38	Compound	3.0%	Lifetime	3	16.2%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	38	Compound	3.0%	Lifetime	4	17.9%
LTC04I	VA	38	Compound	3.0%	Lifetime	5	24.5%
LTC04I	VA	38	Compound	3.0%	Lifetime	6	22.7%
LTC04I	VA	38	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	38	Compound	4.0%	Lifetime	2	22.0%
LTC04I	VA	38	Compound	4.0%	Lifetime	3	33.6%
LTC04I	VA	38	Compound	4.0%	Lifetime	4	35.5%
LTC04I	VA	38	Compound	4.0%	Lifetime	5	38.0%
LTC04I	VA	38	Compound	4.0%	Lifetime	6	38.0%
LTC04I	VA	38	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	38	Compound	5.0%	Lifetime	2	38.0%
LTC04I	VA	38	Compound	5.0%	Lifetime	3	38.0%
LTC04I	VA	38	Compound	5.0%	Lifetime	4	38.0%
LTC04I	VA	38	Compound	5.0%	Lifetime	5	38.0%
LTC04I	VA	38	Compound	5.0%	Lifetime	6	38.0%
LTC04I	VA	38	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	38	Simple	5.0%	Lifetime	2	6.9%
LTC04I	VA	38	Simple	5.0%	Lifetime	3	17.0%
LTC04I	VA	38	Simple	5.0%	Lifetime	4	18.7%
LTC04I	VA	38	Simple	5.0%	Lifetime	5	25.3%
LTC04I	VA	38	Simple	5.0%	Lifetime	6	23.5%
LTC04I	VA	38	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	38	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	38	Compound	5.0%	10 Years	3	2.0%
LTC04I	VA	38	Compound	5.0%	10 Years	4	2.0%
LTC04I	VA	38	Compound	5.0%	10 Years	5	3.6%
LTC04I	VA	38	Compound	5.0%	10 Years	6	3.6%
LTC04I	VA	38	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	38	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	38	Compound	5.0%	20 Years	3	2.0%
LTC04I	VA	38	Compound	5.0%	20 Years	4	2.0%
LTC04I	VA	38	Compound	5.0%	20 Years	5	3.6%
LTC04I	VA	38	Compound	5.0%	20 Years	6	3.6%
LTC04I	VA	38	Compound	5.0%	20 Years	Lifetime	28.0%
LTC04I	VA	39	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	39	No Inflation	0.0%	Lifetime	3	6.7%
LTC04I	VA	39	No Inflation	0.0%	Lifetime	4	7.8%
LTC04I	VA	39	No Inflation	0.0%	Lifetime	5	13.8%
LTC04I	VA	39	No Inflation	0.0%	Lifetime	6	12.1%
LTC04I	VA	39	No Inflation	0.0%	Lifetime	Lifetime	28.5%
LTC04I	VA	39	Compound	3.0%	Lifetime	2	7.8%
LTC04I	VA	39	Compound	3.0%	Lifetime	3	18.5%
LTC04I	VA	39	Compound	3.0%	Lifetime	4	19.6%
LTC04I	VA	39	Compound	3.0%	Lifetime	5	26.4%
LTC04I	VA	39	Compound	3.0%	Lifetime	6	24.4%
LTC04I	VA	39	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	39	Compound	4.0%	Lifetime	2	23.7%
LTC04I	VA	39	Compound	4.0%	Lifetime	3	36.0%
LTC04I	VA	39	Compound	4.0%	Lifetime	4	37.3%
LTC04I	VA	39	Compound	4.0%	Lifetime	5	38.0%
LTC04I	VA	39	Compound	4.0%	Lifetime	6	38.0%
LTC04I	VA	39	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	39	Compound	5.0%	Lifetime	2	38.0%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	39	Compound	5.0%	Lifetime	3	38.0%
LTC04I	VA	39	Compound	5.0%	Lifetime	4	38.0%
LTC04I	VA	39	Compound	5.0%	Lifetime	5	38.0%
LTC04I	VA	39	Compound	5.0%	Lifetime	6	38.0%
LTC04I	VA	39	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	39	Simple	5.0%	Lifetime	2	7.9%
LTC04I	VA	39	Simple	5.0%	Lifetime	3	18.6%
LTC04I	VA	39	Simple	5.0%	Lifetime	4	19.7%
LTC04I	VA	39	Simple	5.0%	Lifetime	5	26.5%
LTC04I	VA	39	Simple	5.0%	Lifetime	6	24.5%
LTC04I	VA	39	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	39	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	39	Compound	5.0%	10 Years	3	1.8%
LTC04I	VA	39	Compound	5.0%	10 Years	4	1.8%
LTC04I	VA	39	Compound	5.0%	10 Years	5	2.7%
LTC04I	VA	39	Compound	5.0%	10 Years	6	2.7%
LTC04I	VA	39	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	39	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	39	Compound	5.0%	20 Years	3	1.8%
LTC04I	VA	39	Compound	5.0%	20 Years	4	1.8%
LTC04I	VA	39	Compound	5.0%	20 Years	5	2.7%
LTC04I	VA	39	Compound	5.0%	20 Years	6	2.7%
LTC04I	VA	39	Compound	5.0%	20 Years	Lifetime	26.9%
LTC04I	VA	40	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	40	No Inflation	0.0%	Lifetime	3	6.5%
LTC04I	VA	40	No Inflation	0.0%	Lifetime	4	6.5%
LTC04I	VA	40	No Inflation	0.0%	Lifetime	5	13.7%
LTC04I	VA	40	No Inflation	0.0%	Lifetime	6	12.0%
LTC04I	VA	40	No Inflation	0.0%	Lifetime	Lifetime	28.4%
LTC04I	VA	40	Compound	3.0%	Lifetime	2	8.8%
LTC04I	VA	40	Compound	3.0%	Lifetime	3	20.0%
LTC04I	VA	40	Compound	3.0%	Lifetime	4	20.7%
LTC04I	VA	40	Compound	3.0%	Lifetime	5	27.5%
LTC04I	VA	40	Compound	3.0%	Lifetime	6	25.6%
LTC04I	VA	40	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	40	Compound	4.0%	Lifetime	2	25.4%
LTC04I	VA	40	Compound	4.0%	Lifetime	3	38.0%
LTC04I	VA	40	Compound	4.0%	Lifetime	4	38.0%
LTC04I	VA	40	Compound	4.0%	Lifetime	5	38.0%
LTC04I	VA	40	Compound	4.0%	Lifetime	6	38.0%
LTC04I	VA	40	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	40	Compound	5.0%	Lifetime	2	38.0%
LTC04I	VA	40	Compound	5.0%	Lifetime	3	38.0%
LTC04I	VA	40	Compound	5.0%	Lifetime	4	38.0%
LTC04I	VA	40	Compound	5.0%	Lifetime	5	38.0%
LTC04I	VA	40	Compound	5.0%	Lifetime	6	38.0%
LTC04I	VA	40	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	40	Simple	5.0%	Lifetime	2	9.4%
LTC04I	VA	40	Simple	5.0%	Lifetime	3	20.7%
LTC04I	VA	40	Simple	5.0%	Lifetime	4	21.4%
LTC04I	VA	40	Simple	5.0%	Lifetime	5	28.3%
LTC04I	VA	40	Simple	5.0%	Lifetime	6	26.4%
LTC04I	VA	40	Simple	5.0%	Lifetime	Lifetime	38.0%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	40	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	40	Compound	5.0%	10 Years	3	1.7%
LTC04I	VA	40	Compound	5.0%	10 Years	4	1.7%
LTC04I	VA	40	Compound	5.0%	10 Years	5	1.9%
LTC04I	VA	40	Compound	5.0%	10 Years	6	1.9%
LTC04I	VA	40	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	40	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	40	Compound	5.0%	20 Years	3	1.7%
LTC04I	VA	40	Compound	5.0%	20 Years	4	1.7%
LTC04I	VA	40	Compound	5.0%	20 Years	5	1.9%
LTC04I	VA	40	Compound	5.0%	20 Years	6	1.9%
LTC04I	VA	40	Compound	5.0%	20 Years	Lifetime	25.9%
LTC04I	VA	41	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	41	No Inflation	0.0%	Lifetime	3	3.5%
LTC04I	VA	41	No Inflation	0.0%	Lifetime	4	3.5%
LTC04I	VA	41	No Inflation	0.0%	Lifetime	5	13.6%
LTC04I	VA	41	No Inflation	0.0%	Lifetime	6	12.0%
LTC04I	VA	41	No Inflation	0.0%	Lifetime	Lifetime	28.3%
LTC04I	VA	41	Compound	3.0%	Lifetime	2	10.4%
LTC04I	VA	41	Compound	3.0%	Lifetime	3	22.3%
LTC04I	VA	41	Compound	3.0%	Lifetime	4	22.4%
LTC04I	VA	41	Compound	3.0%	Lifetime	5	29.4%
LTC04I	VA	41	Compound	3.0%	Lifetime	6	27.6%
LTC04I	VA	41	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	41	Compound	4.0%	Lifetime	2	27.1%
LTC04I	VA	41	Compound	4.0%	Lifetime	3	38.0%
LTC04I	VA	41	Compound	4.0%	Lifetime	4	38.0%
LTC04I	VA	41	Compound	4.0%	Lifetime	5	38.0%
LTC04I	VA	41	Compound	4.0%	Lifetime	6	38.0%
LTC04I	VA	41	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	41	Compound	5.0%	Lifetime	2	38.0%
LTC04I	VA	41	Compound	5.0%	Lifetime	3	38.0%
LTC04I	VA	41	Compound	5.0%	Lifetime	4	38.0%
LTC04I	VA	41	Compound	5.0%	Lifetime	5	38.0%
LTC04I	VA	41	Compound	5.0%	Lifetime	6	38.0%
LTC04I	VA	41	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	41	Simple	5.0%	Lifetime	2	11.0%
LTC04I	VA	41	Simple	5.0%	Lifetime	3	22.9%
LTC04I	VA	41	Simple	5.0%	Lifetime	4	23.1%
LTC04I	VA	41	Simple	5.0%	Lifetime	5	30.1%
LTC04I	VA	41	Simple	5.0%	Lifetime	6	28.2%
LTC04I	VA	41	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	41	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	41	Compound	5.0%	10 Years	3	1.5%
LTC04I	VA	41	Compound	5.0%	10 Years	4	1.5%
LTC04I	VA	41	Compound	5.0%	10 Years	5	1.1%
LTC04I	VA	41	Compound	5.0%	10 Years	6	1.1%
LTC04I	VA	41	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	41	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	41	Compound	5.0%	20 Years	3	1.5%
LTC04I	VA	41	Compound	5.0%	20 Years	4	1.5%
LTC04I	VA	41	Compound	5.0%	20 Years	5	1.1%
LTC04I	VA	41	Compound	5.0%	20 Years	6	1.1%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	41	Compound	5.0%	20 Years	Lifetime	25.0%
LTC04I	VA	42	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	42	No Inflation	0.0%	Lifetime	3	0.9%
LTC04I	VA	42	No Inflation	0.0%	Lifetime	4	0.9%
LTC04I	VA	42	No Inflation	0.0%	Lifetime	5	11.9%
LTC04I	VA	42	No Inflation	0.0%	Lifetime	6	11.9%
LTC04I	VA	42	No Inflation	0.0%	Lifetime	Lifetime	28.3%
LTC04I	VA	42	Compound	3.0%	Lifetime	2	11.4%
LTC04I	VA	42	Compound	3.0%	Lifetime	3	23.9%
LTC04I	VA	42	Compound	3.0%	Lifetime	4	23.5%
LTC04I	VA	42	Compound	3.0%	Lifetime	5	30.6%
LTC04I	VA	42	Compound	3.0%	Lifetime	6	28.9%
LTC04I	VA	42	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	42	Compound	4.0%	Lifetime	2	28.1%
LTC04I	VA	42	Compound	4.0%	Lifetime	3	38.0%
LTC04I	VA	42	Compound	4.0%	Lifetime	4	38.0%
LTC04I	VA	42	Compound	4.0%	Lifetime	5	38.0%
LTC04I	VA	42	Compound	4.0%	Lifetime	6	38.0%
LTC04I	VA	42	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	42	Compound	5.0%	Lifetime	2	36.8%
LTC04I	VA	42	Compound	5.0%	Lifetime	3	38.0%
LTC04I	VA	42	Compound	5.0%	Lifetime	4	38.0%
LTC04I	VA	42	Compound	5.0%	Lifetime	5	38.0%
LTC04I	VA	42	Compound	5.0%	Lifetime	6	38.0%
LTC04I	VA	42	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	42	Simple	5.0%	Lifetime	2	11.9%
LTC04I	VA	42	Simple	5.0%	Lifetime	3	24.5%
LTC04I	VA	42	Simple	5.0%	Lifetime	4	24.1%
LTC04I	VA	42	Simple	5.0%	Lifetime	5	31.2%
LTC04I	VA	42	Simple	5.0%	Lifetime	6	29.5%
LTC04I	VA	42	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	42	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	42	Compound	5.0%	10 Years	3	1.4%
LTC04I	VA	42	Compound	5.0%	10 Years	4	1.4%
LTC04I	VA	42	Compound	5.0%	10 Years	5	0.4%
LTC04I	VA	42	Compound	5.0%	10 Years	6	0.4%
LTC04I	VA	42	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	42	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	42	Compound	5.0%	20 Years	3	1.4%
LTC04I	VA	42	Compound	5.0%	20 Years	4	1.4%
LTC04I	VA	42	Compound	5.0%	20 Years	5	0.4%
LTC04I	VA	42	Compound	5.0%	20 Years	6	0.4%
LTC04I	VA	42	Compound	5.0%	20 Years	Lifetime	24.2%
LTC04I	VA	43	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	43	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	43	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	43	No Inflation	0.0%	Lifetime	5	9.5%
LTC04I	VA	43	No Inflation	0.0%	Lifetime	6	9.5%
LTC04I	VA	43	No Inflation	0.0%	Lifetime	Lifetime	28.3%
LTC04I	VA	43	Compound	3.0%	Lifetime	2	13.5%
LTC04I	VA	43	Compound	3.0%	Lifetime	3	25.5%
LTC04I	VA	43	Compound	3.0%	Lifetime	4	25.6%
LTC04I	VA	43	Compound	3.0%	Lifetime	5	32.7%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	43	Compound	3.0%	Lifetime	6	31.2%
LTC04I	VA	43	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	43	Compound	4.0%	Lifetime	2	25.3%
LTC04I	VA	43	Compound	4.0%	Lifetime	3	38.0%
LTC04I	VA	43	Compound	4.0%	Lifetime	4	38.0%
LTC04I	VA	43	Compound	4.0%	Lifetime	5	38.0%
LTC04I	VA	43	Compound	4.0%	Lifetime	6	38.0%
LTC04I	VA	43	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	43	Compound	5.0%	Lifetime	2	30.5%
LTC04I	VA	43	Compound	5.0%	Lifetime	3	38.0%
LTC04I	VA	43	Compound	5.0%	Lifetime	4	38.0%
LTC04I	VA	43	Compound	5.0%	Lifetime	5	38.0%
LTC04I	VA	43	Compound	5.0%	Lifetime	6	38.0%
LTC04I	VA	43	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	43	Simple	5.0%	Lifetime	2	14.0%
LTC04I	VA	43	Simple	5.0%	Lifetime	3	26.0%
LTC04I	VA	43	Simple	5.0%	Lifetime	4	26.1%
LTC04I	VA	43	Simple	5.0%	Lifetime	5	33.3%
LTC04I	VA	43	Simple	5.0%	Lifetime	6	31.7%
LTC04I	VA	43	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	43	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	43	Compound	5.0%	10 Years	3	0.9%
LTC04I	VA	43	Compound	5.0%	10 Years	4	0.9%
LTC04I	VA	43	Compound	5.0%	10 Years	5	1.9%
LTC04I	VA	43	Compound	5.0%	10 Years	6	1.9%
LTC04I	VA	43	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	43	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	43	Compound	5.0%	20 Years	3	0.9%
LTC04I	VA	43	Compound	5.0%	20 Years	4	0.9%
LTC04I	VA	43	Compound	5.0%	20 Years	5	1.9%
LTC04I	VA	43	Compound	5.0%	20 Years	6	1.9%
LTC04I	VA	43	Compound	5.0%	20 Years	Lifetime	25.0%
LTC04I	VA	44	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	44	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	44	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	44	No Inflation	0.0%	Lifetime	5	7.4%
LTC04I	VA	44	No Inflation	0.0%	Lifetime	6	7.4%
LTC04I	VA	44	No Inflation	0.0%	Lifetime	Lifetime	27.3%
LTC04I	VA	44	Compound	3.0%	Lifetime	2	15.1%
LTC04I	VA	44	Compound	3.0%	Lifetime	3	26.4%
LTC04I	VA	44	Compound	3.0%	Lifetime	4	27.1%
LTC04I	VA	44	Compound	3.0%	Lifetime	5	34.2%
LTC04I	VA	44	Compound	3.0%	Lifetime	6	32.8%
LTC04I	VA	44	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	44	Compound	4.0%	Lifetime	2	21.5%
LTC04I	VA	44	Compound	4.0%	Lifetime	3	34.4%
LTC04I	VA	44	Compound	4.0%	Lifetime	4	34.4%
LTC04I	VA	44	Compound	4.0%	Lifetime	5	38.0%
LTC04I	VA	44	Compound	4.0%	Lifetime	6	38.0%
LTC04I	VA	44	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	44	Compound	5.0%	Lifetime	2	24.9%
LTC04I	VA	44	Compound	5.0%	Lifetime	3	38.0%
LTC04I	VA	44	Compound	5.0%	Lifetime	4	38.0%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	44	Compound	5.0%	Lifetime	5	38.0%
LTC04I	VA	44	Compound	5.0%	Lifetime	6	38.0%
LTC04I	VA	44	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	44	Simple	5.0%	Lifetime	2	15.4%
LTC04I	VA	44	Simple	5.0%	Lifetime	3	26.7%
LTC04I	VA	44	Simple	5.0%	Lifetime	4	27.4%
LTC04I	VA	44	Simple	5.0%	Lifetime	5	34.6%
LTC04I	VA	44	Simple	5.0%	Lifetime	6	33.2%
LTC04I	VA	44	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	44	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	44	Compound	5.0%	10 Years	3	0.5%
LTC04I	VA	44	Compound	5.0%	10 Years	4	0.5%
LTC04I	VA	44	Compound	5.0%	10 Years	5	3.2%
LTC04I	VA	44	Compound	5.0%	10 Years	6	3.2%
LTC04I	VA	44	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	44	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	44	Compound	5.0%	20 Years	3	0.5%
LTC04I	VA	44	Compound	5.0%	20 Years	4	0.5%
LTC04I	VA	44	Compound	5.0%	20 Years	5	3.2%
LTC04I	VA	44	Compound	5.0%	20 Years	6	3.2%
LTC04I	VA	44	Compound	5.0%	20 Years	Lifetime	25.7%
LTC04I	VA	45	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	45	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	45	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	45	No Inflation	0.0%	Lifetime	5	5.5%
LTC04I	VA	45	No Inflation	0.0%	Lifetime	6	5.5%
LTC04I	VA	45	No Inflation	0.0%	Lifetime	Lifetime	25.5%
LTC04I	VA	45	Compound	3.0%	Lifetime	2	17.3%
LTC04I	VA	45	Compound	3.0%	Lifetime	3	27.9%
LTC04I	VA	45	Compound	3.0%	Lifetime	4	29.2%
LTC04I	VA	45	Compound	3.0%	Lifetime	5	36.5%
LTC04I	VA	45	Compound	3.0%	Lifetime	6	35.1%
LTC04I	VA	45	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	45	Compound	4.0%	Lifetime	2	18.1%
LTC04I	VA	45	Compound	4.0%	Lifetime	3	30.3%
LTC04I	VA	45	Compound	4.0%	Lifetime	4	30.3%
LTC04I	VA	45	Compound	4.0%	Lifetime	5	38.0%
LTC04I	VA	45	Compound	4.0%	Lifetime	6	38.0%
LTC04I	VA	45	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	45	Compound	5.0%	Lifetime	2	19.6%
LTC04I	VA	45	Compound	5.0%	Lifetime	3	35.0%
LTC04I	VA	45	Compound	5.0%	Lifetime	4	35.0%
LTC04I	VA	45	Compound	5.0%	Lifetime	5	38.0%
LTC04I	VA	45	Compound	5.0%	Lifetime	6	38.0%
LTC04I	VA	45	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	45	Simple	5.0%	Lifetime	2	17.5%
LTC04I	VA	45	Simple	5.0%	Lifetime	3	28.2%
LTC04I	VA	45	Simple	5.0%	Lifetime	4	29.5%
LTC04I	VA	45	Simple	5.0%	Lifetime	5	36.8%
LTC04I	VA	45	Simple	5.0%	Lifetime	6	35.4%
LTC04I	VA	45	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	45	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	45	Compound	5.0%	10 Years	3	0.0%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	45	Compound	5.0%	10 Years	4	0.0%
LTC04I	VA	45	Compound	5.0%	10 Years	5	4.5%
LTC04I	VA	45	Compound	5.0%	10 Years	6	4.5%
LTC04I	VA	45	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	45	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	45	Compound	5.0%	20 Years	3	0.0%
LTC04I	VA	45	Compound	5.0%	20 Years	4	0.0%
LTC04I	VA	45	Compound	5.0%	20 Years	5	4.5%
LTC04I	VA	45	Compound	5.0%	20 Years	6	4.5%
LTC04I	VA	45	Compound	5.0%	20 Years	Lifetime	26.4%
LTC04I	VA	46	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	46	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	46	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	46	No Inflation	0.0%	Lifetime	5	3.8%
LTC04I	VA	46	No Inflation	0.0%	Lifetime	6	3.8%
LTC04I	VA	46	No Inflation	0.0%	Lifetime	Lifetime	23.8%
LTC04I	VA	46	Compound	3.0%	Lifetime	2	14.9%
LTC04I	VA	46	Compound	3.0%	Lifetime	3	26.4%
LTC04I	VA	46	Compound	3.0%	Lifetime	4	26.4%
LTC04I	VA	46	Compound	3.0%	Lifetime	5	38.0%
LTC04I	VA	46	Compound	3.0%	Lifetime	6	36.6%
LTC04I	VA	46	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	46	Compound	4.0%	Lifetime	2	14.9%
LTC04I	VA	46	Compound	4.0%	Lifetime	3	26.4%
LTC04I	VA	46	Compound	4.0%	Lifetime	4	26.4%
LTC04I	VA	46	Compound	4.0%	Lifetime	5	38.0%
LTC04I	VA	46	Compound	4.0%	Lifetime	6	38.0%
LTC04I	VA	46	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	46	Compound	5.0%	Lifetime	2	14.8%
LTC04I	VA	46	Compound	5.0%	Lifetime	3	30.3%
LTC04I	VA	46	Compound	5.0%	Lifetime	4	30.3%
LTC04I	VA	46	Compound	5.0%	Lifetime	5	38.0%
LTC04I	VA	46	Compound	5.0%	Lifetime	6	38.0%
LTC04I	VA	46	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	46	Simple	5.0%	Lifetime	2	14.9%
LTC04I	VA	46	Simple	5.0%	Lifetime	3	26.4%
LTC04I	VA	46	Simple	5.0%	Lifetime	4	26.4%
LTC04I	VA	46	Simple	5.0%	Lifetime	5	38.0%
LTC04I	VA	46	Simple	5.0%	Lifetime	6	36.9%
LTC04I	VA	46	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	46	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	46	Compound	5.0%	10 Years	3	0.0%
LTC04I	VA	46	Compound	5.0%	10 Years	4	0.0%
LTC04I	VA	46	Compound	5.0%	10 Years	5	5.6%
LTC04I	VA	46	Compound	5.0%	10 Years	6	5.6%
LTC04I	VA	46	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	46	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	46	Compound	5.0%	20 Years	3	0.0%
LTC04I	VA	46	Compound	5.0%	20 Years	4	0.0%
LTC04I	VA	46	Compound	5.0%	20 Years	5	5.6%
LTC04I	VA	46	Compound	5.0%	20 Years	6	5.6%
LTC04I	VA	46	Compound	5.0%	20 Years	Lifetime	27.0%
LTC04I	VA	47	No Inflation	0.0%	Lifetime	2	0.0%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	47	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	47	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	47	No Inflation	0.0%	Lifetime	5	2.2%
LTC04I	VA	47	No Inflation	0.0%	Lifetime	6	2.2%
LTC04I	VA	47	No Inflation	0.0%	Lifetime	Lifetime	22.3%
LTC04I	VA	47	Compound	3.0%	Lifetime	2	12.0%
LTC04I	VA	47	Compound	3.0%	Lifetime	3	22.9%
LTC04I	VA	47	Compound	3.0%	Lifetime	4	22.9%
LTC04I	VA	47	Compound	3.0%	Lifetime	5	36.2%
LTC04I	VA	47	Compound	3.0%	Lifetime	6	36.2%
LTC04I	VA	47	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	47	Compound	4.0%	Lifetime	2	12.0%
LTC04I	VA	47	Compound	4.0%	Lifetime	3	22.9%
LTC04I	VA	47	Compound	4.0%	Lifetime	4	22.9%
LTC04I	VA	47	Compound	4.0%	Lifetime	5	36.2%
LTC04I	VA	47	Compound	4.0%	Lifetime	6	36.2%
LTC04I	VA	47	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	47	Compound	5.0%	Lifetime	2	10.3%
LTC04I	VA	47	Compound	5.0%	Lifetime	3	25.9%
LTC04I	VA	47	Compound	5.0%	Lifetime	4	25.9%
LTC04I	VA	47	Compound	5.0%	Lifetime	5	37.1%
LTC04I	VA	47	Compound	5.0%	Lifetime	6	37.1%
LTC04I	VA	47	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	47	Simple	5.0%	Lifetime	2	12.0%
LTC04I	VA	47	Simple	5.0%	Lifetime	3	22.9%
LTC04I	VA	47	Simple	5.0%	Lifetime	4	22.9%
LTC04I	VA	47	Simple	5.0%	Lifetime	5	36.2%
LTC04I	VA	47	Simple	5.0%	Lifetime	6	36.2%
LTC04I	VA	47	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	47	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	47	Compound	5.0%	10 Years	3	0.0%
LTC04I	VA	47	Compound	5.0%	10 Years	4	0.0%
LTC04I	VA	47	Compound	5.0%	10 Years	5	6.6%
LTC04I	VA	47	Compound	5.0%	10 Years	6	6.6%
LTC04I	VA	47	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	47	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	47	Compound	5.0%	20 Years	3	0.0%
LTC04I	VA	47	Compound	5.0%	20 Years	4	0.0%
LTC04I	VA	47	Compound	5.0%	20 Years	5	6.6%
LTC04I	VA	47	Compound	5.0%	20 Years	6	6.6%
LTC04I	VA	47	Compound	5.0%	20 Years	Lifetime	27.6%
LTC04I	VA	48	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	48	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	48	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	48	No Inflation	0.0%	Lifetime	5	1.6%
LTC04I	VA	48	No Inflation	0.0%	Lifetime	6	1.6%
LTC04I	VA	48	No Inflation	0.0%	Lifetime	Lifetime	21.8%
LTC04I	VA	48	Compound	3.0%	Lifetime	2	11.6%
LTC04I	VA	48	Compound	3.0%	Lifetime	3	22.3%
LTC04I	VA	48	Compound	3.0%	Lifetime	4	22.3%
LTC04I	VA	48	Compound	3.0%	Lifetime	5	35.3%
LTC04I	VA	48	Compound	3.0%	Lifetime	6	35.3%
LTC04I	VA	48	Compound	3.0%	Lifetime	Lifetime	38.0%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	48	Compound	4.0%	Lifetime	2	11.6%
LTC04I	VA	48	Compound	4.0%	Lifetime	3	22.3%
LTC04I	VA	48	Compound	4.0%	Lifetime	4	22.3%
LTC04I	VA	48	Compound	4.0%	Lifetime	5	35.3%
LTC04I	VA	48	Compound	4.0%	Lifetime	6	35.3%
LTC04I	VA	48	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	48	Compound	5.0%	Lifetime	2	8.8%
LTC04I	VA	48	Compound	5.0%	Lifetime	3	23.7%
LTC04I	VA	48	Compound	5.0%	Lifetime	4	23.7%
LTC04I	VA	48	Compound	5.0%	Lifetime	5	34.9%
LTC04I	VA	48	Compound	5.0%	Lifetime	6	34.9%
LTC04I	VA	48	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	48	Simple	5.0%	Lifetime	2	11.6%
LTC04I	VA	48	Simple	5.0%	Lifetime	3	22.3%
LTC04I	VA	48	Simple	5.0%	Lifetime	4	22.3%
LTC04I	VA	48	Simple	5.0%	Lifetime	5	35.3%
LTC04I	VA	48	Simple	5.0%	Lifetime	6	35.3%
LTC04I	VA	48	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	48	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	48	Compound	5.0%	10 Years	3	0.2%
LTC04I	VA	48	Compound	5.0%	10 Years	4	0.2%
LTC04I	VA	48	Compound	5.0%	10 Years	5	7.8%
LTC04I	VA	48	Compound	5.0%	10 Years	6	7.8%
LTC04I	VA	48	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	48	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	48	Compound	5.0%	20 Years	3	0.2%
LTC04I	VA	48	Compound	5.0%	20 Years	4	0.2%
LTC04I	VA	48	Compound	5.0%	20 Years	5	7.8%
LTC04I	VA	48	Compound	5.0%	20 Years	6	7.8%
LTC04I	VA	48	Compound	5.0%	20 Years	Lifetime	29.3%
LTC04I	VA	49	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	49	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	49	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	49	No Inflation	0.0%	Lifetime	5	1.1%
LTC04I	VA	49	No Inflation	0.0%	Lifetime	6	1.1%
LTC04I	VA	49	No Inflation	0.0%	Lifetime	Lifetime	21.3%
LTC04I	VA	49	Compound	3.0%	Lifetime	2	11.2%
LTC04I	VA	49	Compound	3.0%	Lifetime	3	21.7%
LTC04I	VA	49	Compound	3.0%	Lifetime	4	21.7%
LTC04I	VA	49	Compound	3.0%	Lifetime	5	34.5%
LTC04I	VA	49	Compound	3.0%	Lifetime	6	34.5%
LTC04I	VA	49	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	49	Compound	4.0%	Lifetime	2	11.2%
LTC04I	VA	49	Compound	4.0%	Lifetime	3	21.7%
LTC04I	VA	49	Compound	4.0%	Lifetime	4	21.7%
LTC04I	VA	49	Compound	4.0%	Lifetime	5	34.5%
LTC04I	VA	49	Compound	4.0%	Lifetime	6	34.5%
LTC04I	VA	49	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	49	Compound	5.0%	Lifetime	2	7.2%
LTC04I	VA	49	Compound	5.0%	Lifetime	3	21.6%
LTC04I	VA	49	Compound	5.0%	Lifetime	4	21.6%
LTC04I	VA	49	Compound	5.0%	Lifetime	5	32.7%
LTC04I	VA	49	Compound	5.0%	Lifetime	6	32.7%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	49	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	49	Simple	5.0%	Lifetime	2	11.2%
LTC04I	VA	49	Simple	5.0%	Lifetime	3	21.7%
LTC04I	VA	49	Simple	5.0%	Lifetime	4	21.7%
LTC04I	VA	49	Simple	5.0%	Lifetime	5	34.5%
LTC04I	VA	49	Simple	5.0%	Lifetime	6	34.5%
LTC04I	VA	49	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	49	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	49	Compound	5.0%	10 Years	3	1.1%
LTC04I	VA	49	Compound	5.0%	10 Years	4	1.1%
LTC04I	VA	49	Compound	5.0%	10 Years	5	9.0%
LTC04I	VA	49	Compound	5.0%	10 Years	6	9.0%
LTC04I	VA	49	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	49	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	49	Compound	5.0%	20 Years	3	1.1%
LTC04I	VA	49	Compound	5.0%	20 Years	4	1.1%
LTC04I	VA	49	Compound	5.0%	20 Years	5	9.0%
LTC04I	VA	49	Compound	5.0%	20 Years	6	9.0%
LTC04I	VA	49	Compound	5.0%	20 Years	Lifetime	30.9%
LTC04I	VA	50	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	50	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	50	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	50	No Inflation	0.0%	Lifetime	5	0.6%
LTC04I	VA	50	No Inflation	0.0%	Lifetime	6	0.6%
LTC04I	VA	50	No Inflation	0.0%	Lifetime	Lifetime	20.8%
LTC04I	VA	50	Compound	3.0%	Lifetime	2	10.8%
LTC04I	VA	50	Compound	3.0%	Lifetime	3	21.2%
LTC04I	VA	50	Compound	3.0%	Lifetime	4	21.2%
LTC04I	VA	50	Compound	3.0%	Lifetime	5	33.7%
LTC04I	VA	50	Compound	3.0%	Lifetime	6	33.7%
LTC04I	VA	50	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	50	Compound	4.0%	Lifetime	2	10.8%
LTC04I	VA	50	Compound	4.0%	Lifetime	3	21.2%
LTC04I	VA	50	Compound	4.0%	Lifetime	4	21.2%
LTC04I	VA	50	Compound	4.0%	Lifetime	5	33.7%
LTC04I	VA	50	Compound	4.0%	Lifetime	6	33.7%
LTC04I	VA	50	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	50	Compound	5.0%	Lifetime	2	5.6%
LTC04I	VA	50	Compound	5.0%	Lifetime	3	19.5%
LTC04I	VA	50	Compound	5.0%	Lifetime	4	19.5%
LTC04I	VA	50	Compound	5.0%	Lifetime	5	30.6%
LTC04I	VA	50	Compound	5.0%	Lifetime	6	30.6%
LTC04I	VA	50	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	50	Simple	5.0%	Lifetime	2	10.8%
LTC04I	VA	50	Simple	5.0%	Lifetime	3	21.2%
LTC04I	VA	50	Simple	5.0%	Lifetime	4	21.2%
LTC04I	VA	50	Simple	5.0%	Lifetime	5	33.7%
LTC04I	VA	50	Simple	5.0%	Lifetime	6	33.7%
LTC04I	VA	50	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	50	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	50	Compound	5.0%	10 Years	3	2.0%
LTC04I	VA	50	Compound	5.0%	10 Years	4	2.0%
LTC04I	VA	50	Compound	5.0%	10 Years	5	10.1%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	50	Compound	5.0%	10 Years	6	10.1%
LTC04I	VA	50	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	50	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	50	Compound	5.0%	20 Years	3	2.0%
LTC04I	VA	50	Compound	5.0%	20 Years	4	2.0%
LTC04I	VA	50	Compound	5.0%	20 Years	5	10.1%
LTC04I	VA	50	Compound	5.0%	20 Years	6	10.1%
LTC04I	VA	50	Compound	5.0%	20 Years	Lifetime	32.5%
LTC04I	VA	51	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	51	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	51	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	51	No Inflation	0.0%	Lifetime	5	0.2%
LTC04I	VA	51	No Inflation	0.0%	Lifetime	6	0.2%
LTC04I	VA	51	No Inflation	0.0%	Lifetime	Lifetime	20.4%
LTC04I	VA	51	Compound	3.0%	Lifetime	2	10.4%
LTC04I	VA	51	Compound	3.0%	Lifetime	3	20.6%
LTC04I	VA	51	Compound	3.0%	Lifetime	4	20.6%
LTC04I	VA	51	Compound	3.0%	Lifetime	5	32.9%
LTC04I	VA	51	Compound	3.0%	Lifetime	6	32.9%
LTC04I	VA	51	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	51	Compound	4.0%	Lifetime	2	10.4%
LTC04I	VA	51	Compound	4.0%	Lifetime	3	20.6%
LTC04I	VA	51	Compound	4.0%	Lifetime	4	20.6%
LTC04I	VA	51	Compound	4.0%	Lifetime	5	32.9%
LTC04I	VA	51	Compound	4.0%	Lifetime	6	32.9%
LTC04I	VA	51	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	51	Compound	5.0%	Lifetime	2	4.1%
LTC04I	VA	51	Compound	5.0%	Lifetime	3	17.5%
LTC04I	VA	51	Compound	5.0%	Lifetime	4	17.5%
LTC04I	VA	51	Compound	5.0%	Lifetime	5	28.4%
LTC04I	VA	51	Compound	5.0%	Lifetime	6	28.4%
LTC04I	VA	51	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	51	Simple	5.0%	Lifetime	2	10.4%
LTC04I	VA	51	Simple	5.0%	Lifetime	3	20.6%
LTC04I	VA	51	Simple	5.0%	Lifetime	4	20.6%
LTC04I	VA	51	Simple	5.0%	Lifetime	5	32.9%
LTC04I	VA	51	Simple	5.0%	Lifetime	6	32.9%
LTC04I	VA	51	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	51	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	51	Compound	5.0%	10 Years	3	2.8%
LTC04I	VA	51	Compound	5.0%	10 Years	4	2.8%
LTC04I	VA	51	Compound	5.0%	10 Years	5	11.1%
LTC04I	VA	51	Compound	5.0%	10 Years	6	11.1%
LTC04I	VA	51	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	51	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	51	Compound	5.0%	20 Years	3	2.8%
LTC04I	VA	51	Compound	5.0%	20 Years	4	2.8%
LTC04I	VA	51	Compound	5.0%	20 Years	5	11.1%
LTC04I	VA	51	Compound	5.0%	20 Years	6	11.1%
LTC04I	VA	51	Compound	5.0%	20 Years	Lifetime	34.0%
LTC04I	VA	52	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	52	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	52	No Inflation	0.0%	Lifetime	4	0.0%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	52	No Inflation	0.0%	Lifetime	5	0.0%
LTC04I	VA	52	No Inflation	0.0%	Lifetime	6	0.0%
LTC04I	VA	52	No Inflation	0.0%	Lifetime	Lifetime	20.0%
LTC04I	VA	52	Compound	3.0%	Lifetime	2	10.0%
LTC04I	VA	52	Compound	3.0%	Lifetime	3	20.1%
LTC04I	VA	52	Compound	3.0%	Lifetime	4	20.1%
LTC04I	VA	52	Compound	3.0%	Lifetime	5	32.1%
LTC04I	VA	52	Compound	3.0%	Lifetime	6	32.1%
LTC04I	VA	52	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	52	Compound	4.0%	Lifetime	2	10.0%
LTC04I	VA	52	Compound	4.0%	Lifetime	3	20.1%
LTC04I	VA	52	Compound	4.0%	Lifetime	4	20.1%
LTC04I	VA	52	Compound	4.0%	Lifetime	5	32.1%
LTC04I	VA	52	Compound	4.0%	Lifetime	6	32.1%
LTC04I	VA	52	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	52	Compound	5.0%	Lifetime	2	2.6%
LTC04I	VA	52	Compound	5.0%	Lifetime	3	15.5%
LTC04I	VA	52	Compound	5.0%	Lifetime	4	15.5%
LTC04I	VA	52	Compound	5.0%	Lifetime	5	26.4%
LTC04I	VA	52	Compound	5.0%	Lifetime	6	26.4%
LTC04I	VA	52	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	52	Simple	5.0%	Lifetime	2	10.0%
LTC04I	VA	52	Simple	5.0%	Lifetime	3	20.1%
LTC04I	VA	52	Simple	5.0%	Lifetime	4	20.1%
LTC04I	VA	52	Simple	5.0%	Lifetime	5	32.1%
LTC04I	VA	52	Simple	5.0%	Lifetime	6	32.1%
LTC04I	VA	52	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	52	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	52	Compound	5.0%	10 Years	3	3.6%
LTC04I	VA	52	Compound	5.0%	10 Years	4	3.6%
LTC04I	VA	52	Compound	5.0%	10 Years	5	12.2%
LTC04I	VA	52	Compound	5.0%	10 Years	6	12.2%
LTC04I	VA	52	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	52	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	52	Compound	5.0%	20 Years	3	3.6%
LTC04I	VA	52	Compound	5.0%	20 Years	4	3.6%
LTC04I	VA	52	Compound	5.0%	20 Years	5	12.2%
LTC04I	VA	52	Compound	5.0%	20 Years	6	12.2%
LTC04I	VA	52	Compound	5.0%	20 Years	Lifetime	35.4%
LTC04I	VA	53	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	53	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	53	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	53	No Inflation	0.0%	Lifetime	5	0.0%
LTC04I	VA	53	No Inflation	0.0%	Lifetime	6	0.0%
LTC04I	VA	53	No Inflation	0.0%	Lifetime	Lifetime	19.0%
LTC04I	VA	53	Compound	3.0%	Lifetime	2	8.7%
LTC04I	VA	53	Compound	3.0%	Lifetime	3	19.1%
LTC04I	VA	53	Compound	3.0%	Lifetime	4	19.1%
LTC04I	VA	53	Compound	3.0%	Lifetime	5	31.1%
LTC04I	VA	53	Compound	3.0%	Lifetime	6	31.1%
LTC04I	VA	53	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	53	Compound	4.0%	Lifetime	2	8.7%
LTC04I	VA	53	Compound	4.0%	Lifetime	3	19.1%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	53	Compound	4.0%	Lifetime	4	19.1%
LTC04I	VA	53	Compound	4.0%	Lifetime	5	31.1%
LTC04I	VA	53	Compound	4.0%	Lifetime	6	31.1%
LTC04I	VA	53	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	53	Compound	5.0%	Lifetime	2	1.8%
LTC04I	VA	53	Compound	5.0%	Lifetime	3	14.4%
LTC04I	VA	53	Compound	5.0%	Lifetime	4	14.4%
LTC04I	VA	53	Compound	5.0%	Lifetime	5	25.1%
LTC04I	VA	53	Compound	5.0%	Lifetime	6	25.1%
LTC04I	VA	53	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	53	Simple	5.0%	Lifetime	2	8.7%
LTC04I	VA	53	Simple	5.0%	Lifetime	3	19.1%
LTC04I	VA	53	Simple	5.0%	Lifetime	4	19.1%
LTC04I	VA	53	Simple	5.0%	Lifetime	5	31.1%
LTC04I	VA	53	Simple	5.0%	Lifetime	6	31.1%
LTC04I	VA	53	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	53	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	53	Compound	5.0%	10 Years	3	4.8%
LTC04I	VA	53	Compound	5.0%	10 Years	4	4.8%
LTC04I	VA	53	Compound	5.0%	10 Years	5	13.3%
LTC04I	VA	53	Compound	5.0%	10 Years	6	13.3%
LTC04I	VA	53	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	53	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	53	Compound	5.0%	20 Years	3	4.8%
LTC04I	VA	53	Compound	5.0%	20 Years	4	4.8%
LTC04I	VA	53	Compound	5.0%	20 Years	5	13.3%
LTC04I	VA	53	Compound	5.0%	20 Years	6	13.3%
LTC04I	VA	53	Compound	5.0%	20 Years	Lifetime	36.9%
LTC04I	VA	54	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	54	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	54	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	54	No Inflation	0.0%	Lifetime	5	0.0%
LTC04I	VA	54	No Inflation	0.0%	Lifetime	6	0.0%
LTC04I	VA	54	No Inflation	0.0%	Lifetime	Lifetime	18.0%
LTC04I	VA	54	Compound	3.0%	Lifetime	2	7.3%
LTC04I	VA	54	Compound	3.0%	Lifetime	3	18.0%
LTC04I	VA	54	Compound	3.0%	Lifetime	4	18.0%
LTC04I	VA	54	Compound	3.0%	Lifetime	5	30.0%
LTC04I	VA	54	Compound	3.0%	Lifetime	6	30.0%
LTC04I	VA	54	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	54	Compound	4.0%	Lifetime	2	7.3%
LTC04I	VA	54	Compound	4.0%	Lifetime	3	18.0%
LTC04I	VA	54	Compound	4.0%	Lifetime	4	18.0%
LTC04I	VA	54	Compound	4.0%	Lifetime	5	30.0%
LTC04I	VA	54	Compound	4.0%	Lifetime	6	30.0%
LTC04I	VA	54	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	54	Compound	5.0%	Lifetime	2	1.1%
LTC04I	VA	54	Compound	5.0%	Lifetime	3	13.3%
LTC04I	VA	54	Compound	5.0%	Lifetime	4	13.3%
LTC04I	VA	54	Compound	5.0%	Lifetime	5	23.8%
LTC04I	VA	54	Compound	5.0%	Lifetime	6	23.8%
LTC04I	VA	54	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	54	Simple	5.0%	Lifetime	2	7.3%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	54	Simple	5.0%	Lifetime	3	18.0%
LTC04I	VA	54	Simple	5.0%	Lifetime	4	18.0%
LTC04I	VA	54	Simple	5.0%	Lifetime	5	30.0%
LTC04I	VA	54	Simple	5.0%	Lifetime	6	30.0%
LTC04I	VA	54	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	54	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	54	Compound	5.0%	10 Years	3	5.9%
LTC04I	VA	54	Compound	5.0%	10 Years	4	5.9%
LTC04I	VA	54	Compound	5.0%	10 Years	5	14.5%
LTC04I	VA	54	Compound	5.0%	10 Years	6	14.5%
LTC04I	VA	54	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	54	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	54	Compound	5.0%	20 Years	3	5.9%
LTC04I	VA	54	Compound	5.0%	20 Years	4	5.9%
LTC04I	VA	54	Compound	5.0%	20 Years	5	14.5%
LTC04I	VA	54	Compound	5.0%	20 Years	6	14.5%
LTC04I	VA	54	Compound	5.0%	20 Years	Lifetime	38.0%
LTC04I	VA	55	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	55	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	55	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	55	No Inflation	0.0%	Lifetime	5	0.0%
LTC04I	VA	55	No Inflation	0.0%	Lifetime	6	0.0%
LTC04I	VA	55	No Inflation	0.0%	Lifetime	Lifetime	17.1%
LTC04I	VA	55	Compound	3.0%	Lifetime	2	6.0%
LTC04I	VA	55	Compound	3.0%	Lifetime	3	17.0%
LTC04I	VA	55	Compound	3.0%	Lifetime	4	17.0%
LTC04I	VA	55	Compound	3.0%	Lifetime	5	28.9%
LTC04I	VA	55	Compound	3.0%	Lifetime	6	28.9%
LTC04I	VA	55	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	55	Compound	4.0%	Lifetime	2	6.0%
LTC04I	VA	55	Compound	4.0%	Lifetime	3	17.0%
LTC04I	VA	55	Compound	4.0%	Lifetime	4	17.0%
LTC04I	VA	55	Compound	4.0%	Lifetime	5	28.9%
LTC04I	VA	55	Compound	4.0%	Lifetime	6	28.9%
LTC04I	VA	55	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	55	Compound	5.0%	Lifetime	2	0.3%
LTC04I	VA	55	Compound	5.0%	Lifetime	3	12.1%
LTC04I	VA	55	Compound	5.0%	Lifetime	4	12.1%
LTC04I	VA	55	Compound	5.0%	Lifetime	5	22.4%
LTC04I	VA	55	Compound	5.0%	Lifetime	6	22.4%
LTC04I	VA	55	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	55	Simple	5.0%	Lifetime	2	6.0%
LTC04I	VA	55	Simple	5.0%	Lifetime	3	17.0%
LTC04I	VA	55	Simple	5.0%	Lifetime	4	17.0%
LTC04I	VA	55	Simple	5.0%	Lifetime	5	28.9%
LTC04I	VA	55	Simple	5.0%	Lifetime	6	28.9%
LTC04I	VA	55	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	55	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	55	Compound	5.0%	10 Years	3	7.1%
LTC04I	VA	55	Compound	5.0%	10 Years	4	7.1%
LTC04I	VA	55	Compound	5.0%	10 Years	5	15.7%
LTC04I	VA	55	Compound	5.0%	10 Years	6	15.7%
LTC04I	VA	55	Compound	5.0%	10 Years	Lifetime	0.0%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	55	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	55	Compound	5.0%	20 Years	3	7.1%
LTC04I	VA	55	Compound	5.0%	20 Years	4	7.1%
LTC04I	VA	55	Compound	5.0%	20 Years	5	15.7%
LTC04I	VA	55	Compound	5.0%	20 Years	6	15.7%
LTC04I	VA	55	Compound	5.0%	20 Years	Lifetime	38.0%
LTC04I	VA	56	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	56	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	56	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	56	No Inflation	0.0%	Lifetime	5	0.0%
LTC04I	VA	56	No Inflation	0.0%	Lifetime	6	0.0%
LTC04I	VA	56	No Inflation	0.0%	Lifetime	Lifetime	16.2%
LTC04I	VA	56	Compound	3.0%	Lifetime	2	4.7%
LTC04I	VA	56	Compound	3.0%	Lifetime	3	16.0%
LTC04I	VA	56	Compound	3.0%	Lifetime	4	16.0%
LTC04I	VA	56	Compound	3.0%	Lifetime	5	27.9%
LTC04I	VA	56	Compound	3.0%	Lifetime	6	27.9%
LTC04I	VA	56	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	56	Compound	4.0%	Lifetime	2	4.7%
LTC04I	VA	56	Compound	4.0%	Lifetime	3	16.0%
LTC04I	VA	56	Compound	4.0%	Lifetime	4	16.0%
LTC04I	VA	56	Compound	4.0%	Lifetime	5	27.9%
LTC04I	VA	56	Compound	4.0%	Lifetime	6	27.9%
LTC04I	VA	56	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	56	Compound	5.0%	Lifetime	2	0.0%
LTC04I	VA	56	Compound	5.0%	Lifetime	3	10.9%
LTC04I	VA	56	Compound	5.0%	Lifetime	4	10.9%
LTC04I	VA	56	Compound	5.0%	Lifetime	5	21.1%
LTC04I	VA	56	Compound	5.0%	Lifetime	6	21.1%
LTC04I	VA	56	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	56	Simple	5.0%	Lifetime	2	4.7%
LTC04I	VA	56	Simple	5.0%	Lifetime	3	16.0%
LTC04I	VA	56	Simple	5.0%	Lifetime	4	16.0%
LTC04I	VA	56	Simple	5.0%	Lifetime	5	27.9%
LTC04I	VA	56	Simple	5.0%	Lifetime	6	27.9%
LTC04I	VA	56	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	56	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	56	Compound	5.0%	10 Years	3	8.3%
LTC04I	VA	56	Compound	5.0%	10 Years	4	8.3%
LTC04I	VA	56	Compound	5.0%	10 Years	5	16.8%
LTC04I	VA	56	Compound	5.0%	10 Years	6	16.8%
LTC04I	VA	56	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	56	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	56	Compound	5.0%	20 Years	3	8.3%
LTC04I	VA	56	Compound	5.0%	20 Years	4	8.3%
LTC04I	VA	56	Compound	5.0%	20 Years	5	16.8%
LTC04I	VA	56	Compound	5.0%	20 Years	6	16.8%
LTC04I	VA	56	Compound	5.0%	20 Years	Lifetime	38.0%
LTC04I	VA	57	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	57	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	57	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	57	No Inflation	0.0%	Lifetime	5	0.0%
LTC04I	VA	57	No Inflation	0.0%	Lifetime	6	0.0%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	57	No Inflation	0.0%	Lifetime	Lifetime	15.4%
LTC04I	VA	57	Compound	3.0%	Lifetime	2	3.5%
LTC04I	VA	57	Compound	3.0%	Lifetime	3	14.9%
LTC04I	VA	57	Compound	3.0%	Lifetime	4	14.9%
LTC04I	VA	57	Compound	3.0%	Lifetime	5	26.9%
LTC04I	VA	57	Compound	3.0%	Lifetime	6	26.9%
LTC04I	VA	57	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	57	Compound	4.0%	Lifetime	2	3.5%
LTC04I	VA	57	Compound	4.0%	Lifetime	3	14.9%
LTC04I	VA	57	Compound	4.0%	Lifetime	4	14.9%
LTC04I	VA	57	Compound	4.0%	Lifetime	5	26.9%
LTC04I	VA	57	Compound	4.0%	Lifetime	6	26.9%
LTC04I	VA	57	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	57	Compound	5.0%	Lifetime	2	0.0%
LTC04I	VA	57	Compound	5.0%	Lifetime	3	9.8%
LTC04I	VA	57	Compound	5.0%	Lifetime	4	9.8%
LTC04I	VA	57	Compound	5.0%	Lifetime	5	19.7%
LTC04I	VA	57	Compound	5.0%	Lifetime	6	19.7%
LTC04I	VA	57	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	57	Simple	5.0%	Lifetime	2	3.5%
LTC04I	VA	57	Simple	5.0%	Lifetime	3	14.9%
LTC04I	VA	57	Simple	5.0%	Lifetime	4	14.9%
LTC04I	VA	57	Simple	5.0%	Lifetime	5	26.9%
LTC04I	VA	57	Simple	5.0%	Lifetime	6	26.9%
LTC04I	VA	57	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	57	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	57	Compound	5.0%	10 Years	3	9.4%
LTC04I	VA	57	Compound	5.0%	10 Years	4	9.4%
LTC04I	VA	57	Compound	5.0%	10 Years	5	17.9%
LTC04I	VA	57	Compound	5.0%	10 Years	6	17.9%
LTC04I	VA	57	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	57	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	57	Compound	5.0%	20 Years	3	9.4%
LTC04I	VA	57	Compound	5.0%	20 Years	4	9.4%
LTC04I	VA	57	Compound	5.0%	20 Years	5	17.9%
LTC04I	VA	57	Compound	5.0%	20 Years	6	17.9%
LTC04I	VA	57	Compound	5.0%	20 Years	Lifetime	38.0%
LTC04I	VA	58	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	58	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	58	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	58	No Inflation	0.0%	Lifetime	5	0.0%
LTC04I	VA	58	No Inflation	0.0%	Lifetime	6	0.0%
LTC04I	VA	58	No Inflation	0.0%	Lifetime	Lifetime	15.1%
LTC04I	VA	58	Compound	3.0%	Lifetime	2	2.4%
LTC04I	VA	58	Compound	3.0%	Lifetime	3	13.8%
LTC04I	VA	58	Compound	3.0%	Lifetime	4	13.8%
LTC04I	VA	58	Compound	3.0%	Lifetime	5	25.6%
LTC04I	VA	58	Compound	3.0%	Lifetime	6	25.6%
LTC04I	VA	58	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	58	Compound	4.0%	Lifetime	2	2.4%
LTC04I	VA	58	Compound	4.0%	Lifetime	3	13.8%
LTC04I	VA	58	Compound	4.0%	Lifetime	4	13.8%
LTC04I	VA	58	Compound	4.0%	Lifetime	5	25.6%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	58	Compound	4.0%	Lifetime	6	25.6%
LTC04I	VA	58	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	58	Compound	5.0%	Lifetime	2	0.0%
LTC04I	VA	58	Compound	5.0%	Lifetime	3	8.6%
LTC04I	VA	58	Compound	5.0%	Lifetime	4	8.6%
LTC04I	VA	58	Compound	5.0%	Lifetime	5	18.4%
LTC04I	VA	58	Compound	5.0%	Lifetime	6	18.4%
LTC04I	VA	58	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	58	Simple	5.0%	Lifetime	2	2.4%
LTC04I	VA	58	Simple	5.0%	Lifetime	3	13.8%
LTC04I	VA	58	Simple	5.0%	Lifetime	4	13.8%
LTC04I	VA	58	Simple	5.0%	Lifetime	5	25.6%
LTC04I	VA	58	Simple	5.0%	Lifetime	6	25.6%
LTC04I	VA	58	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	58	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	58	Compound	5.0%	10 Years	3	9.7%
LTC04I	VA	58	Compound	5.0%	10 Years	4	9.7%
LTC04I	VA	58	Compound	5.0%	10 Years	5	18.4%
LTC04I	VA	58	Compound	5.0%	10 Years	6	18.4%
LTC04I	VA	58	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	58	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	58	Compound	5.0%	20 Years	3	9.7%
LTC04I	VA	58	Compound	5.0%	20 Years	4	9.7%
LTC04I	VA	58	Compound	5.0%	20 Years	5	18.4%
LTC04I	VA	58	Compound	5.0%	20 Years	6	18.4%
LTC04I	VA	58	Compound	5.0%	20 Years	Lifetime	38.0%
LTC04I	VA	59	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	59	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	59	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	59	No Inflation	0.0%	Lifetime	5	0.0%
LTC04I	VA	59	No Inflation	0.0%	Lifetime	6	0.0%
LTC04I	VA	59	No Inflation	0.0%	Lifetime	Lifetime	14.7%
LTC04I	VA	59	Compound	3.0%	Lifetime	2	1.3%
LTC04I	VA	59	Compound	3.0%	Lifetime	3	12.7%
LTC04I	VA	59	Compound	3.0%	Lifetime	4	12.7%
LTC04I	VA	59	Compound	3.0%	Lifetime	5	24.3%
LTC04I	VA	59	Compound	3.0%	Lifetime	6	24.3%
LTC04I	VA	59	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	59	Compound	4.0%	Lifetime	2	1.3%
LTC04I	VA	59	Compound	4.0%	Lifetime	3	12.7%
LTC04I	VA	59	Compound	4.0%	Lifetime	4	12.7%
LTC04I	VA	59	Compound	4.0%	Lifetime	5	24.3%
LTC04I	VA	59	Compound	4.0%	Lifetime	6	24.3%
LTC04I	VA	59	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	59	Compound	5.0%	Lifetime	2	0.0%
LTC04I	VA	59	Compound	5.0%	Lifetime	3	7.4%
LTC04I	VA	59	Compound	5.0%	Lifetime	4	7.4%
LTC04I	VA	59	Compound	5.0%	Lifetime	5	17.1%
LTC04I	VA	59	Compound	5.0%	Lifetime	6	17.1%
LTC04I	VA	59	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	59	Simple	5.0%	Lifetime	2	1.3%
LTC04I	VA	59	Simple	5.0%	Lifetime	3	12.7%
LTC04I	VA	59	Simple	5.0%	Lifetime	4	12.7%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	59	Simple	5.0%	Lifetime	5	24.3%
LTC04I	VA	59	Simple	5.0%	Lifetime	6	24.3%
LTC04I	VA	59	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	59	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	59	Compound	5.0%	10 Years	3	9.9%
LTC04I	VA	59	Compound	5.0%	10 Years	4	9.9%
LTC04I	VA	59	Compound	5.0%	10 Years	5	18.8%
LTC04I	VA	59	Compound	5.0%	10 Years	6	18.8%
LTC04I	VA	59	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	59	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	59	Compound	5.0%	20 Years	3	9.9%
LTC04I	VA	59	Compound	5.0%	20 Years	4	9.9%
LTC04I	VA	59	Compound	5.0%	20 Years	5	18.8%
LTC04I	VA	59	Compound	5.0%	20 Years	6	18.8%
LTC04I	VA	59	Compound	5.0%	20 Years	Lifetime	38.0%
LTC04I	VA	60	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	60	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	60	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	60	No Inflation	0.0%	Lifetime	5	0.0%
LTC04I	VA	60	No Inflation	0.0%	Lifetime	6	0.0%
LTC04I	VA	60	No Inflation	0.0%	Lifetime	Lifetime	14.3%
LTC04I	VA	60	Compound	3.0%	Lifetime	2	0.2%
LTC04I	VA	60	Compound	3.0%	Lifetime	3	11.6%
LTC04I	VA	60	Compound	3.0%	Lifetime	4	11.6%
LTC04I	VA	60	Compound	3.0%	Lifetime	5	22.9%
LTC04I	VA	60	Compound	3.0%	Lifetime	6	22.9%
LTC04I	VA	60	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	60	Compound	4.0%	Lifetime	2	0.2%
LTC04I	VA	60	Compound	4.0%	Lifetime	3	11.6%
LTC04I	VA	60	Compound	4.0%	Lifetime	4	11.6%
LTC04I	VA	60	Compound	4.0%	Lifetime	5	22.9%
LTC04I	VA	60	Compound	4.0%	Lifetime	6	22.9%
LTC04I	VA	60	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	60	Compound	5.0%	Lifetime	2	0.0%
LTC04I	VA	60	Compound	5.0%	Lifetime	3	6.1%
LTC04I	VA	60	Compound	5.0%	Lifetime	4	6.1%
LTC04I	VA	60	Compound	5.0%	Lifetime	5	15.7%
LTC04I	VA	60	Compound	5.0%	Lifetime	6	15.7%
LTC04I	VA	60	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	60	Simple	5.0%	Lifetime	2	0.2%
LTC04I	VA	60	Simple	5.0%	Lifetime	3	11.6%
LTC04I	VA	60	Simple	5.0%	Lifetime	4	11.6%
LTC04I	VA	60	Simple	5.0%	Lifetime	5	22.9%
LTC04I	VA	60	Simple	5.0%	Lifetime	6	22.9%
LTC04I	VA	60	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	60	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	60	Compound	5.0%	10 Years	3	10.2%
LTC04I	VA	60	Compound	5.0%	10 Years	4	10.2%
LTC04I	VA	60	Compound	5.0%	10 Years	5	19.3%
LTC04I	VA	60	Compound	5.0%	10 Years	6	19.3%
LTC04I	VA	60	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	60	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	60	Compound	5.0%	20 Years	3	10.2%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	60	Compound	5.0%	20 Years	4	10.2%
LTC04I	VA	60	Compound	5.0%	20 Years	5	19.3%
LTC04I	VA	60	Compound	5.0%	20 Years	6	19.3%
LTC04I	VA	60	Compound	5.0%	20 Years	Lifetime	38.0%
LTC04I	VA	61	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	61	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	61	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	61	No Inflation	0.0%	Lifetime	5	0.0%
LTC04I	VA	61	No Inflation	0.0%	Lifetime	6	0.0%
LTC04I	VA	61	No Inflation	0.0%	Lifetime	Lifetime	14.0%
LTC04I	VA	61	Compound	3.0%	Lifetime	2	0.0%
LTC04I	VA	61	Compound	3.0%	Lifetime	3	10.4%
LTC04I	VA	61	Compound	3.0%	Lifetime	4	10.4%
LTC04I	VA	61	Compound	3.0%	Lifetime	5	21.5%
LTC04I	VA	61	Compound	3.0%	Lifetime	6	21.5%
LTC04I	VA	61	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	61	Compound	4.0%	Lifetime	2	0.0%
LTC04I	VA	61	Compound	4.0%	Lifetime	3	10.4%
LTC04I	VA	61	Compound	4.0%	Lifetime	4	10.4%
LTC04I	VA	61	Compound	4.0%	Lifetime	5	21.5%
LTC04I	VA	61	Compound	4.0%	Lifetime	6	21.5%
LTC04I	VA	61	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	61	Compound	5.0%	Lifetime	2	0.0%
LTC04I	VA	61	Compound	5.0%	Lifetime	3	4.7%
LTC04I	VA	61	Compound	5.0%	Lifetime	4	4.7%
LTC04I	VA	61	Compound	5.0%	Lifetime	5	14.2%
LTC04I	VA	61	Compound	5.0%	Lifetime	6	14.2%
LTC04I	VA	61	Compound	5.0%	Lifetime	Lifetime	37.5%
LTC04I	VA	61	Simple	5.0%	Lifetime	2	0.0%
LTC04I	VA	61	Simple	5.0%	Lifetime	3	10.4%
LTC04I	VA	61	Simple	5.0%	Lifetime	4	10.4%
LTC04I	VA	61	Simple	5.0%	Lifetime	5	21.5%
LTC04I	VA	61	Simple	5.0%	Lifetime	6	21.5%
LTC04I	VA	61	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	61	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	61	Compound	5.0%	10 Years	3	10.5%
LTC04I	VA	61	Compound	5.0%	10 Years	4	10.5%
LTC04I	VA	61	Compound	5.0%	10 Years	5	19.8%
LTC04I	VA	61	Compound	5.0%	10 Years	6	19.8%
LTC04I	VA	61	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	61	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	61	Compound	5.0%	20 Years	3	10.5%
LTC04I	VA	61	Compound	5.0%	20 Years	4	10.5%
LTC04I	VA	61	Compound	5.0%	20 Years	5	19.8%
LTC04I	VA	61	Compound	5.0%	20 Years	6	19.8%
LTC04I	VA	61	Compound	5.0%	20 Years	Lifetime	38.0%
LTC04I	VA	62	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	62	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	62	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	62	No Inflation	0.0%	Lifetime	5	0.0%
LTC04I	VA	62	No Inflation	0.0%	Lifetime	6	0.0%
LTC04I	VA	62	No Inflation	0.0%	Lifetime	Lifetime	13.6%
LTC04I	VA	62	Compound	3.0%	Lifetime	2	0.0%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	62	Compound	3.0%	Lifetime	3	9.2%
LTC04I	VA	62	Compound	3.0%	Lifetime	4	9.2%
LTC04I	VA	62	Compound	3.0%	Lifetime	5	20.1%
LTC04I	VA	62	Compound	3.0%	Lifetime	6	20.1%
LTC04I	VA	62	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	62	Compound	4.0%	Lifetime	2	0.0%
LTC04I	VA	62	Compound	4.0%	Lifetime	3	9.2%
LTC04I	VA	62	Compound	4.0%	Lifetime	4	9.2%
LTC04I	VA	62	Compound	4.0%	Lifetime	5	20.1%
LTC04I	VA	62	Compound	4.0%	Lifetime	6	20.1%
LTC04I	VA	62	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	62	Compound	5.0%	Lifetime	2	0.0%
LTC04I	VA	62	Compound	5.0%	Lifetime	3	3.3%
LTC04I	VA	62	Compound	5.0%	Lifetime	4	3.3%
LTC04I	VA	62	Compound	5.0%	Lifetime	5	12.6%
LTC04I	VA	62	Compound	5.0%	Lifetime	6	12.6%
LTC04I	VA	62	Compound	5.0%	Lifetime	Lifetime	35.6%
LTC04I	VA	62	Simple	5.0%	Lifetime	2	0.0%
LTC04I	VA	62	Simple	5.0%	Lifetime	3	9.2%
LTC04I	VA	62	Simple	5.0%	Lifetime	4	9.2%
LTC04I	VA	62	Simple	5.0%	Lifetime	5	20.1%
LTC04I	VA	62	Simple	5.0%	Lifetime	6	20.1%
LTC04I	VA	62	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	62	Compound	5.0%	10 Years	2	0.2%
LTC04I	VA	62	Compound	5.0%	10 Years	3	10.8%
LTC04I	VA	62	Compound	5.0%	10 Years	4	10.8%
LTC04I	VA	62	Compound	5.0%	10 Years	5	20.2%
LTC04I	VA	62	Compound	5.0%	10 Years	6	20.2%
LTC04I	VA	62	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	62	Compound	5.0%	20 Years	2	0.2%
LTC04I	VA	62	Compound	5.0%	20 Years	3	10.8%
LTC04I	VA	62	Compound	5.0%	20 Years	4	10.8%
LTC04I	VA	62	Compound	5.0%	20 Years	5	20.2%
LTC04I	VA	62	Compound	5.0%	20 Years	6	20.2%
LTC04I	VA	62	Compound	5.0%	20 Years	Lifetime	38.0%
LTC04I	VA	63	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	63	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	63	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	63	No Inflation	0.0%	Lifetime	5	0.0%
LTC04I	VA	63	No Inflation	0.0%	Lifetime	6	0.0%
LTC04I	VA	63	No Inflation	0.0%	Lifetime	Lifetime	14.3%
LTC04I	VA	63	Compound	3.0%	Lifetime	2	0.0%
LTC04I	VA	63	Compound	3.0%	Lifetime	3	8.7%
LTC04I	VA	63	Compound	3.0%	Lifetime	4	8.7%
LTC04I	VA	63	Compound	3.0%	Lifetime	5	19.6%
LTC04I	VA	63	Compound	3.0%	Lifetime	6	19.6%
LTC04I	VA	63	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	63	Compound	4.0%	Lifetime	2	0.0%
LTC04I	VA	63	Compound	4.0%	Lifetime	3	8.7%
LTC04I	VA	63	Compound	4.0%	Lifetime	4	8.7%
LTC04I	VA	63	Compound	4.0%	Lifetime	5	19.6%
LTC04I	VA	63	Compound	4.0%	Lifetime	6	19.6%
LTC04I	VA	63	Compound	4.0%	Lifetime	Lifetime	38.0%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	63	Compound	5.0%	Lifetime	2	0.0%
LTC04I	VA	63	Compound	5.0%	Lifetime	3	4.3%
LTC04I	VA	63	Compound	5.0%	Lifetime	4	4.3%
LTC04I	VA	63	Compound	5.0%	Lifetime	5	13.8%
LTC04I	VA	63	Compound	5.0%	Lifetime	6	13.8%
LTC04I	VA	63	Compound	5.0%	Lifetime	Lifetime	37.1%
LTC04I	VA	63	Simple	5.0%	Lifetime	2	0.0%
LTC04I	VA	63	Simple	5.0%	Lifetime	3	8.7%
LTC04I	VA	63	Simple	5.0%	Lifetime	4	8.7%
LTC04I	VA	63	Simple	5.0%	Lifetime	5	19.6%
LTC04I	VA	63	Simple	5.0%	Lifetime	6	19.6%
LTC04I	VA	63	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	63	Compound	5.0%	10 Years	2	0.7%
LTC04I	VA	63	Compound	5.0%	10 Years	3	11.3%
LTC04I	VA	63	Compound	5.0%	10 Years	4	11.3%
LTC04I	VA	63	Compound	5.0%	10 Years	5	21.0%
LTC04I	VA	63	Compound	5.0%	10 Years	6	21.0%
LTC04I	VA	63	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	63	Compound	5.0%	20 Years	2	0.7%
LTC04I	VA	63	Compound	5.0%	20 Years	3	11.3%
LTC04I	VA	63	Compound	5.0%	20 Years	4	11.3%
LTC04I	VA	63	Compound	5.0%	20 Years	5	21.0%
LTC04I	VA	63	Compound	5.0%	20 Years	6	21.0%
LTC04I	VA	63	Compound	5.0%	20 Years	Lifetime	38.0%
LTC04I	VA	64	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	64	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	64	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	64	No Inflation	0.0%	Lifetime	5	0.0%
LTC04I	VA	64	No Inflation	0.0%	Lifetime	6	0.0%
LTC04I	VA	64	No Inflation	0.0%	Lifetime	Lifetime	15.0%
LTC04I	VA	64	Compound	3.0%	Lifetime	2	0.0%
LTC04I	VA	64	Compound	3.0%	Lifetime	3	8.3%
LTC04I	VA	64	Compound	3.0%	Lifetime	4	8.3%
LTC04I	VA	64	Compound	3.0%	Lifetime	5	19.0%
LTC04I	VA	64	Compound	3.0%	Lifetime	6	19.0%
LTC04I	VA	64	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	64	Compound	4.0%	Lifetime	2	0.0%
LTC04I	VA	64	Compound	4.0%	Lifetime	3	8.3%
LTC04I	VA	64	Compound	4.0%	Lifetime	4	8.3%
LTC04I	VA	64	Compound	4.0%	Lifetime	5	19.0%
LTC04I	VA	64	Compound	4.0%	Lifetime	6	19.0%
LTC04I	VA	64	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	64	Compound	5.0%	Lifetime	2	0.0%
LTC04I	VA	64	Compound	5.0%	Lifetime	3	5.5%
LTC04I	VA	64	Compound	5.0%	Lifetime	4	5.5%
LTC04I	VA	64	Compound	5.0%	Lifetime	5	15.0%
LTC04I	VA	64	Compound	5.0%	Lifetime	6	15.0%
LTC04I	VA	64	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	64	Simple	5.0%	Lifetime	2	0.0%
LTC04I	VA	64	Simple	5.0%	Lifetime	3	8.3%
LTC04I	VA	64	Simple	5.0%	Lifetime	4	8.3%
LTC04I	VA	64	Simple	5.0%	Lifetime	5	19.0%
LTC04I	VA	64	Simple	5.0%	Lifetime	6	19.0%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	64	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	64	Compound	5.0%	10 Years	2	1.3%
LTC04I	VA	64	Compound	5.0%	10 Years	3	11.9%
LTC04I	VA	64	Compound	5.0%	10 Years	4	11.9%
LTC04I	VA	64	Compound	5.0%	10 Years	5	21.8%
LTC04I	VA	64	Compound	5.0%	10 Years	6	21.8%
LTC04I	VA	64	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	64	Compound	5.0%	20 Years	2	1.3%
LTC04I	VA	64	Compound	5.0%	20 Years	3	11.9%
LTC04I	VA	64	Compound	5.0%	20 Years	4	11.9%
LTC04I	VA	64	Compound	5.0%	20 Years	5	21.8%
LTC04I	VA	64	Compound	5.0%	20 Years	6	21.8%
LTC04I	VA	64	Compound	5.0%	20 Years	Lifetime	38.0%
LTC04I	VA	65	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	65	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	65	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	65	No Inflation	0.0%	Lifetime	5	0.0%
LTC04I	VA	65	No Inflation	0.0%	Lifetime	6	0.0%
LTC04I	VA	65	No Inflation	0.0%	Lifetime	Lifetime	15.8%
LTC04I	VA	65	Compound	3.0%	Lifetime	2	0.0%
LTC04I	VA	65	Compound	3.0%	Lifetime	3	7.8%
LTC04I	VA	65	Compound	3.0%	Lifetime	4	7.8%
LTC04I	VA	65	Compound	3.0%	Lifetime	5	18.4%
LTC04I	VA	65	Compound	3.0%	Lifetime	6	18.4%
LTC04I	VA	65	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	65	Compound	4.0%	Lifetime	2	0.0%
LTC04I	VA	65	Compound	4.0%	Lifetime	3	7.8%
LTC04I	VA	65	Compound	4.0%	Lifetime	4	7.8%
LTC04I	VA	65	Compound	4.0%	Lifetime	5	18.4%
LTC04I	VA	65	Compound	4.0%	Lifetime	6	18.4%
LTC04I	VA	65	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	65	Compound	5.0%	Lifetime	2	0.0%
LTC04I	VA	65	Compound	5.0%	Lifetime	3	6.7%
LTC04I	VA	65	Compound	5.0%	Lifetime	4	6.7%
LTC04I	VA	65	Compound	5.0%	Lifetime	5	16.4%
LTC04I	VA	65	Compound	5.0%	Lifetime	6	16.4%
LTC04I	VA	65	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	65	Simple	5.0%	Lifetime	2	0.0%
LTC04I	VA	65	Simple	5.0%	Lifetime	3	7.8%
LTC04I	VA	65	Simple	5.0%	Lifetime	4	7.8%
LTC04I	VA	65	Simple	5.0%	Lifetime	5	18.4%
LTC04I	VA	65	Simple	5.0%	Lifetime	6	18.4%
LTC04I	VA	65	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	65	Compound	5.0%	10 Years	2	1.9%
LTC04I	VA	65	Compound	5.0%	10 Years	3	12.6%
LTC04I	VA	65	Compound	5.0%	10 Years	4	12.6%
LTC04I	VA	65	Compound	5.0%	10 Years	5	22.6%
LTC04I	VA	65	Compound	5.0%	10 Years	6	22.6%
LTC04I	VA	65	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	65	Compound	5.0%	20 Years	2	1.9%
LTC04I	VA	65	Compound	5.0%	20 Years	3	12.6%
LTC04I	VA	65	Compound	5.0%	20 Years	4	12.6%
LTC04I	VA	65	Compound	5.0%	20 Years	5	22.6%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	65	Compound	5.0%	20 Years	6	22.6%
LTC04I	VA	65	Compound	5.0%	20 Years	Lifetime	38.0%
LTC04I	VA	66	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	66	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	66	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	66	No Inflation	0.0%	Lifetime	5	0.0%
LTC04I	VA	66	No Inflation	0.0%	Lifetime	6	0.0%
LTC04I	VA	66	No Inflation	0.0%	Lifetime	Lifetime	16.6%
LTC04I	VA	66	Compound	3.0%	Lifetime	2	0.0%
LTC04I	VA	66	Compound	3.0%	Lifetime	3	7.2%
LTC04I	VA	66	Compound	3.0%	Lifetime	4	7.2%
LTC04I	VA	66	Compound	3.0%	Lifetime	5	17.8%
LTC04I	VA	66	Compound	3.0%	Lifetime	6	17.8%
LTC04I	VA	66	Compound	3.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	66	Compound	4.0%	Lifetime	2	0.0%
LTC04I	VA	66	Compound	4.0%	Lifetime	3	7.2%
LTC04I	VA	66	Compound	4.0%	Lifetime	4	7.2%
LTC04I	VA	66	Compound	4.0%	Lifetime	5	17.8%
LTC04I	VA	66	Compound	4.0%	Lifetime	6	17.8%
LTC04I	VA	66	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	66	Compound	5.0%	Lifetime	2	0.0%
LTC04I	VA	66	Compound	5.0%	Lifetime	3	8.0%
LTC04I	VA	66	Compound	5.0%	Lifetime	4	8.0%
LTC04I	VA	66	Compound	5.0%	Lifetime	5	17.9%
LTC04I	VA	66	Compound	5.0%	Lifetime	6	17.9%
LTC04I	VA	66	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	66	Simple	5.0%	Lifetime	2	0.0%
LTC04I	VA	66	Simple	5.0%	Lifetime	3	7.2%
LTC04I	VA	66	Simple	5.0%	Lifetime	4	7.2%
LTC04I	VA	66	Simple	5.0%	Lifetime	5	17.8%
LTC04I	VA	66	Simple	5.0%	Lifetime	6	17.8%
LTC04I	VA	66	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	66	Compound	5.0%	10 Years	2	2.5%
LTC04I	VA	66	Compound	5.0%	10 Years	3	13.3%
LTC04I	VA	66	Compound	5.0%	10 Years	4	13.3%
LTC04I	VA	66	Compound	5.0%	10 Years	5	23.6%
LTC04I	VA	66	Compound	5.0%	10 Years	6	23.6%
LTC04I	VA	66	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	66	Compound	5.0%	20 Years	2	2.5%
LTC04I	VA	66	Compound	5.0%	20 Years	3	13.3%
LTC04I	VA	66	Compound	5.0%	20 Years	4	13.3%
LTC04I	VA	66	Compound	5.0%	20 Years	5	23.6%
LTC04I	VA	66	Compound	5.0%	20 Years	6	23.6%
LTC04I	VA	66	Compound	5.0%	20 Years	Lifetime	38.0%
LTC04I	VA	67	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	67	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	67	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	67	No Inflation	0.0%	Lifetime	5	0.0%
LTC04I	VA	67	No Inflation	0.0%	Lifetime	6	0.0%
LTC04I	VA	67	No Inflation	0.0%	Lifetime	Lifetime	17.5%
LTC04I	VA	67	Compound	3.0%	Lifetime	2	0.0%
LTC04I	VA	67	Compound	3.0%	Lifetime	3	6.7%
LTC04I	VA	67	Compound	3.0%	Lifetime	4	6.7%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	67	Compound	3.0%	Lifetime	5	17.1%
LTC04I	VA	67	Compound	3.0%	Lifetime	6	17.1%
LTC04I	VA	67	Compound	3.0%	Lifetime	Lifetime	36.3%
LTC04I	VA	67	Compound	4.0%	Lifetime	2	0.0%
LTC04I	VA	67	Compound	4.0%	Lifetime	3	6.7%
LTC04I	VA	67	Compound	4.0%	Lifetime	4	6.7%
LTC04I	VA	67	Compound	4.0%	Lifetime	5	17.1%
LTC04I	VA	67	Compound	4.0%	Lifetime	6	17.1%
LTC04I	VA	67	Compound	4.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	67	Compound	5.0%	Lifetime	2	0.0%
LTC04I	VA	67	Compound	5.0%	Lifetime	3	9.5%
LTC04I	VA	67	Compound	5.0%	Lifetime	4	9.5%
LTC04I	VA	67	Compound	5.0%	Lifetime	5	19.6%
LTC04I	VA	67	Compound	5.0%	Lifetime	6	19.6%
LTC04I	VA	67	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	67	Simple	5.0%	Lifetime	2	0.0%
LTC04I	VA	67	Simple	5.0%	Lifetime	3	6.7%
LTC04I	VA	67	Simple	5.0%	Lifetime	4	6.7%
LTC04I	VA	67	Simple	5.0%	Lifetime	5	17.1%
LTC04I	VA	67	Simple	5.0%	Lifetime	6	17.1%
LTC04I	VA	67	Simple	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	67	Compound	5.0%	10 Years	2	3.2%
LTC04I	VA	67	Compound	5.0%	10 Years	3	14.0%
LTC04I	VA	67	Compound	5.0%	10 Years	4	14.0%
LTC04I	VA	67	Compound	5.0%	10 Years	5	24.6%
LTC04I	VA	67	Compound	5.0%	10 Years	6	24.6%
LTC04I	VA	67	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	67	Compound	5.0%	20 Years	2	3.2%
LTC04I	VA	67	Compound	5.0%	20 Years	3	14.0%
LTC04I	VA	67	Compound	5.0%	20 Years	4	14.0%
LTC04I	VA	67	Compound	5.0%	20 Years	5	24.6%
LTC04I	VA	67	Compound	5.0%	20 Years	6	24.6%
LTC04I	VA	67	Compound	5.0%	20 Years	Lifetime	38.0%
LTC04I	VA	68	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	68	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	68	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	68	No Inflation	0.0%	Lifetime	5	0.0%
LTC04I	VA	68	No Inflation	0.0%	Lifetime	6	0.0%
LTC04I	VA	68	No Inflation	0.0%	Lifetime	Lifetime	15.6%
LTC04I	VA	68	Compound	3.0%	Lifetime	2	0.0%
LTC04I	VA	68	Compound	3.0%	Lifetime	3	4.4%
LTC04I	VA	68	Compound	3.0%	Lifetime	4	4.4%
LTC04I	VA	68	Compound	3.0%	Lifetime	5	14.2%
LTC04I	VA	68	Compound	3.0%	Lifetime	6	14.2%
LTC04I	VA	68	Compound	3.0%	Lifetime	Lifetime	34.7%
LTC04I	VA	68	Compound	4.0%	Lifetime	2	0.0%
LTC04I	VA	68	Compound	4.0%	Lifetime	3	4.4%
LTC04I	VA	68	Compound	4.0%	Lifetime	4	4.4%
LTC04I	VA	68	Compound	4.0%	Lifetime	5	14.2%
LTC04I	VA	68	Compound	4.0%	Lifetime	6	14.2%
LTC04I	VA	68	Compound	4.0%	Lifetime	Lifetime	34.7%
LTC04I	VA	68	Compound	5.0%	Lifetime	2	0.0%
LTC04I	VA	68	Compound	5.0%	Lifetime	3	10.2%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	68	Compound	5.0%	Lifetime	4	10.2%
LTC04I	VA	68	Compound	5.0%	Lifetime	5	20.4%
LTC04I	VA	68	Compound	5.0%	Lifetime	6	20.4%
LTC04I	VA	68	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	68	Simple	5.0%	Lifetime	2	0.0%
LTC04I	VA	68	Simple	5.0%	Lifetime	3	4.4%
LTC04I	VA	68	Simple	5.0%	Lifetime	4	4.4%
LTC04I	VA	68	Simple	5.0%	Lifetime	5	14.2%
LTC04I	VA	68	Simple	5.0%	Lifetime	6	14.2%
LTC04I	VA	68	Simple	5.0%	Lifetime	Lifetime	34.7%
LTC04I	VA	68	Compound	5.0%	10 Years	2	1.6%
LTC04I	VA	68	Compound	5.0%	10 Years	3	12.3%
LTC04I	VA	68	Compound	5.0%	10 Years	4	12.3%
LTC04I	VA	68	Compound	5.0%	10 Years	5	22.4%
LTC04I	VA	68	Compound	5.0%	10 Years	6	22.4%
LTC04I	VA	68	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	68	Compound	5.0%	20 Years	2	1.6%
LTC04I	VA	68	Compound	5.0%	20 Years	3	12.3%
LTC04I	VA	68	Compound	5.0%	20 Years	4	12.3%
LTC04I	VA	68	Compound	5.0%	20 Years	5	22.4%
LTC04I	VA	68	Compound	5.0%	20 Years	6	22.4%
LTC04I	VA	68	Compound	5.0%	20 Years	Lifetime	38.0%
LTC04I	VA	69	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	69	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	69	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	69	No Inflation	0.0%	Lifetime	5	0.0%
LTC04I	VA	69	No Inflation	0.0%	Lifetime	6	0.0%
LTC04I	VA	69	No Inflation	0.0%	Lifetime	Lifetime	13.8%
LTC04I	VA	69	Compound	3.0%	Lifetime	2	0.0%
LTC04I	VA	69	Compound	3.0%	Lifetime	3	2.0%
LTC04I	VA	69	Compound	3.0%	Lifetime	4	2.0%
LTC04I	VA	69	Compound	3.0%	Lifetime	5	11.4%
LTC04I	VA	69	Compound	3.0%	Lifetime	6	11.4%
LTC04I	VA	69	Compound	3.0%	Lifetime	Lifetime	31.4%
LTC04I	VA	69	Compound	4.0%	Lifetime	2	0.0%
LTC04I	VA	69	Compound	4.0%	Lifetime	3	2.0%
LTC04I	VA	69	Compound	4.0%	Lifetime	4	2.0%
LTC04I	VA	69	Compound	4.0%	Lifetime	5	11.4%
LTC04I	VA	69	Compound	4.0%	Lifetime	6	11.4%
LTC04I	VA	69	Compound	4.0%	Lifetime	Lifetime	31.4%
LTC04I	VA	69	Compound	5.0%	Lifetime	2	0.0%
LTC04I	VA	69	Compound	5.0%	Lifetime	3	10.9%
LTC04I	VA	69	Compound	5.0%	Lifetime	4	10.9%
LTC04I	VA	69	Compound	5.0%	Lifetime	5	21.2%
LTC04I	VA	69	Compound	5.0%	Lifetime	6	21.2%
LTC04I	VA	69	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	69	Simple	5.0%	Lifetime	2	0.0%
LTC04I	VA	69	Simple	5.0%	Lifetime	3	2.0%
LTC04I	VA	69	Simple	5.0%	Lifetime	4	2.0%
LTC04I	VA	69	Simple	5.0%	Lifetime	5	11.4%
LTC04I	VA	69	Simple	5.0%	Lifetime	6	11.4%
LTC04I	VA	69	Simple	5.0%	Lifetime	Lifetime	31.4%
LTC04I	VA	69	Compound	5.0%	10 Years	2	0.0%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	69	Compound	5.0%	10 Years	3	10.6%
LTC04I	VA	69	Compound	5.0%	10 Years	4	10.6%
LTC04I	VA	69	Compound	5.0%	10 Years	5	20.2%
LTC04I	VA	69	Compound	5.0%	10 Years	6	20.2%
LTC04I	VA	69	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	69	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	69	Compound	5.0%	20 Years	3	10.6%
LTC04I	VA	69	Compound	5.0%	20 Years	4	10.6%
LTC04I	VA	69	Compound	5.0%	20 Years	5	20.2%
LTC04I	VA	69	Compound	5.0%	20 Years	6	20.2%
LTC04I	VA	69	Compound	5.0%	20 Years	Lifetime	38.0%
LTC04I	VA	70	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	70	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	70	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	70	No Inflation	0.0%	Lifetime	5	0.0%
LTC04I	VA	70	No Inflation	0.0%	Lifetime	6	0.0%
LTC04I	VA	70	No Inflation	0.0%	Lifetime	Lifetime	11.9%
LTC04I	VA	70	Compound	3.0%	Lifetime	2	0.0%
LTC04I	VA	70	Compound	3.0%	Lifetime	3	0.0%
LTC04I	VA	70	Compound	3.0%	Lifetime	4	0.0%
LTC04I	VA	70	Compound	3.0%	Lifetime	5	8.5%
LTC04I	VA	70	Compound	3.0%	Lifetime	6	8.5%
LTC04I	VA	70	Compound	3.0%	Lifetime	Lifetime	28.0%
LTC04I	VA	70	Compound	4.0%	Lifetime	2	0.0%
LTC04I	VA	70	Compound	4.0%	Lifetime	3	0.0%
LTC04I	VA	70	Compound	4.0%	Lifetime	4	0.0%
LTC04I	VA	70	Compound	4.0%	Lifetime	5	8.5%
LTC04I	VA	70	Compound	4.0%	Lifetime	6	8.5%
LTC04I	VA	70	Compound	4.0%	Lifetime	Lifetime	28.0%
LTC04I	VA	70	Compound	5.0%	Lifetime	2	0.0%
LTC04I	VA	70	Compound	5.0%	Lifetime	3	11.6%
LTC04I	VA	70	Compound	5.0%	Lifetime	4	11.6%
LTC04I	VA	70	Compound	5.0%	Lifetime	5	22.0%
LTC04I	VA	70	Compound	5.0%	Lifetime	6	22.0%
LTC04I	VA	70	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	70	Simple	5.0%	Lifetime	2	0.0%
LTC04I	VA	70	Simple	5.0%	Lifetime	3	0.0%
LTC04I	VA	70	Simple	5.0%	Lifetime	4	0.0%
LTC04I	VA	70	Simple	5.0%	Lifetime	5	8.5%
LTC04I	VA	70	Simple	5.0%	Lifetime	6	8.5%
LTC04I	VA	70	Simple	5.0%	Lifetime	Lifetime	28.0%
LTC04I	VA	70	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	70	Compound	5.0%	10 Years	3	8.7%
LTC04I	VA	70	Compound	5.0%	10 Years	4	8.7%
LTC04I	VA	70	Compound	5.0%	10 Years	5	18.1%
LTC04I	VA	70	Compound	5.0%	10 Years	6	18.1%
LTC04I	VA	70	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	70	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	70	Compound	5.0%	20 Years	3	8.7%
LTC04I	VA	70	Compound	5.0%	20 Years	4	8.7%
LTC04I	VA	70	Compound	5.0%	20 Years	5	18.1%
LTC04I	VA	70	Compound	5.0%	20 Years	6	18.1%
LTC04I	VA	70	Compound	5.0%	20 Years	Lifetime	38.0%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	71	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	71	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	71	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	71	No Inflation	0.0%	Lifetime	5	0.0%
LTC04I	VA	71	No Inflation	0.0%	Lifetime	6	0.0%
LTC04I	VA	71	No Inflation	0.0%	Lifetime	Lifetime	10.0%
LTC04I	VA	71	Compound	3.0%	Lifetime	2	0.0%
LTC04I	VA	71	Compound	3.0%	Lifetime	3	0.0%
LTC04I	VA	71	Compound	3.0%	Lifetime	4	0.0%
LTC04I	VA	71	Compound	3.0%	Lifetime	5	5.5%
LTC04I	VA	71	Compound	3.0%	Lifetime	6	5.5%
LTC04I	VA	71	Compound	3.0%	Lifetime	Lifetime	24.6%
LTC04I	VA	71	Compound	4.0%	Lifetime	2	0.0%
LTC04I	VA	71	Compound	4.0%	Lifetime	3	0.0%
LTC04I	VA	71	Compound	4.0%	Lifetime	4	0.0%
LTC04I	VA	71	Compound	4.0%	Lifetime	5	5.5%
LTC04I	VA	71	Compound	4.0%	Lifetime	6	5.5%
LTC04I	VA	71	Compound	4.0%	Lifetime	Lifetime	24.6%
LTC04I	VA	71	Compound	5.0%	Lifetime	2	0.0%
LTC04I	VA	71	Compound	5.0%	Lifetime	3	12.3%
LTC04I	VA	71	Compound	5.0%	Lifetime	4	12.3%
LTC04I	VA	71	Compound	5.0%	Lifetime	5	22.8%
LTC04I	VA	71	Compound	5.0%	Lifetime	6	22.8%
LTC04I	VA	71	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	71	Simple	5.0%	Lifetime	2	0.0%
LTC04I	VA	71	Simple	5.0%	Lifetime	3	0.0%
LTC04I	VA	71	Simple	5.0%	Lifetime	4	0.0%
LTC04I	VA	71	Simple	5.0%	Lifetime	5	5.5%
LTC04I	VA	71	Simple	5.0%	Lifetime	6	5.5%
LTC04I	VA	71	Simple	5.0%	Lifetime	Lifetime	24.6%
LTC04I	VA	71	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	71	Compound	5.0%	10 Years	3	6.9%
LTC04I	VA	71	Compound	5.0%	10 Years	4	6.9%
LTC04I	VA	71	Compound	5.0%	10 Years	5	15.8%
LTC04I	VA	71	Compound	5.0%	10 Years	6	15.8%
LTC04I	VA	71	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	71	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	71	Compound	5.0%	20 Years	3	6.9%
LTC04I	VA	71	Compound	5.0%	20 Years	4	6.9%
LTC04I	VA	71	Compound	5.0%	20 Years	5	15.8%
LTC04I	VA	71	Compound	5.0%	20 Years	6	15.8%
LTC04I	VA	71	Compound	5.0%	20 Years	Lifetime	38.0%
LTC04I	VA	72	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	72	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	72	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	72	No Inflation	0.0%	Lifetime	5	0.0%
LTC04I	VA	72	No Inflation	0.0%	Lifetime	6	0.0%
LTC04I	VA	72	No Inflation	0.0%	Lifetime	Lifetime	8.0%
LTC04I	VA	72	Compound	3.0%	Lifetime	2	0.0%
LTC04I	VA	72	Compound	3.0%	Lifetime	3	0.0%
LTC04I	VA	72	Compound	3.0%	Lifetime	4	0.0%
LTC04I	VA	72	Compound	3.0%	Lifetime	5	2.5%
LTC04I	VA	72	Compound	3.0%	Lifetime	6	2.5%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	72	Compound	3.0%	Lifetime	Lifetime	21.1%
LTC04I	VA	72	Compound	4.0%	Lifetime	2	0.0%
LTC04I	VA	72	Compound	4.0%	Lifetime	3	0.0%
LTC04I	VA	72	Compound	4.0%	Lifetime	4	0.0%
LTC04I	VA	72	Compound	4.0%	Lifetime	5	2.5%
LTC04I	VA	72	Compound	4.0%	Lifetime	6	2.5%
LTC04I	VA	72	Compound	4.0%	Lifetime	Lifetime	21.1%
LTC04I	VA	72	Compound	5.0%	Lifetime	2	0.0%
LTC04I	VA	72	Compound	5.0%	Lifetime	3	13.1%
LTC04I	VA	72	Compound	5.0%	Lifetime	4	13.1%
LTC04I	VA	72	Compound	5.0%	Lifetime	5	23.6%
LTC04I	VA	72	Compound	5.0%	Lifetime	6	21.9%
LTC04I	VA	72	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	72	Simple	5.0%	Lifetime	2	0.0%
LTC04I	VA	72	Simple	5.0%	Lifetime	3	0.0%
LTC04I	VA	72	Simple	5.0%	Lifetime	4	0.0%
LTC04I	VA	72	Simple	5.0%	Lifetime	5	2.5%
LTC04I	VA	72	Simple	5.0%	Lifetime	6	2.5%
LTC04I	VA	72	Simple	5.0%	Lifetime	Lifetime	21.1%
LTC04I	VA	72	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	72	Compound	5.0%	10 Years	3	4.9%
LTC04I	VA	72	Compound	5.0%	10 Years	4	4.9%
LTC04I	VA	72	Compound	5.0%	10 Years	5	13.6%
LTC04I	VA	72	Compound	5.0%	10 Years	6	13.6%
LTC04I	VA	72	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	72	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	72	Compound	5.0%	20 Years	3	4.9%
LTC04I	VA	72	Compound	5.0%	20 Years	4	4.9%
LTC04I	VA	72	Compound	5.0%	20 Years	5	13.6%
LTC04I	VA	72	Compound	5.0%	20 Years	6	13.6%
LTC04I	VA	72	Compound	5.0%	20 Years	Lifetime	36.7%
LTC04I	VA	73	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	73	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	73	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	73	No Inflation	0.0%	Lifetime	5	0.0%
LTC04I	VA	73	No Inflation	0.0%	Lifetime	6	0.0%
LTC04I	VA	73	No Inflation	0.0%	Lifetime	Lifetime	5.5%
LTC04I	VA	73	Compound	3.0%	Lifetime	2	0.0%
LTC04I	VA	73	Compound	3.0%	Lifetime	3	0.0%
LTC04I	VA	73	Compound	3.0%	Lifetime	4	0.0%
LTC04I	VA	73	Compound	3.0%	Lifetime	5	0.6%
LTC04I	VA	73	Compound	3.0%	Lifetime	6	0.6%
LTC04I	VA	73	Compound	3.0%	Lifetime	Lifetime	20.7%
LTC04I	VA	73	Compound	4.0%	Lifetime	2	0.0%
LTC04I	VA	73	Compound	4.0%	Lifetime	3	0.0%
LTC04I	VA	73	Compound	4.0%	Lifetime	4	0.0%
LTC04I	VA	73	Compound	4.0%	Lifetime	5	0.6%
LTC04I	VA	73	Compound	4.0%	Lifetime	6	0.6%
LTC04I	VA	73	Compound	4.0%	Lifetime	Lifetime	20.7%
LTC04I	VA	73	Compound	5.0%	Lifetime	2	0.2%
LTC04I	VA	73	Compound	5.0%	Lifetime	3	14.3%
LTC04I	VA	73	Compound	5.0%	Lifetime	4	14.3%
LTC04I	VA	73	Compound	5.0%	Lifetime	5	25.2%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	73	Compound	5.0%	Lifetime	6	22.0%
LTC04I	VA	73	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	73	Simple	5.0%	Lifetime	2	0.0%
LTC04I	VA	73	Simple	5.0%	Lifetime	3	0.0%
LTC04I	VA	73	Simple	5.0%	Lifetime	4	0.0%
LTC04I	VA	73	Simple	5.0%	Lifetime	5	0.6%
LTC04I	VA	73	Simple	5.0%	Lifetime	6	0.6%
LTC04I	VA	73	Simple	5.0%	Lifetime	Lifetime	20.7%
LTC04I	VA	73	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	73	Compound	5.0%	10 Years	3	2.6%
LTC04I	VA	73	Compound	5.0%	10 Years	4	2.6%
LTC04I	VA	73	Compound	5.0%	10 Years	5	11.7%
LTC04I	VA	73	Compound	5.0%	10 Years	6	11.7%
LTC04I	VA	73	Compound	5.0%	10 Years	Lifetime	0.4%
LTC04I	VA	73	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	73	Compound	5.0%	20 Years	3	2.6%
LTC04I	VA	73	Compound	5.0%	20 Years	4	2.6%
LTC04I	VA	73	Compound	5.0%	20 Years	5	11.7%
LTC04I	VA	73	Compound	5.0%	20 Years	6	11.7%
LTC04I	VA	73	Compound	5.0%	20 Years	Lifetime	35.4%
LTC04I	VA	74	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	74	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	74	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	74	No Inflation	0.0%	Lifetime	5	0.0%
LTC04I	VA	74	No Inflation	0.0%	Lifetime	6	0.0%
LTC04I	VA	74	No Inflation	0.0%	Lifetime	Lifetime	3.0%
LTC04I	VA	74	Compound	3.0%	Lifetime	2	0.0%
LTC04I	VA	74	Compound	3.0%	Lifetime	3	0.0%
LTC04I	VA	74	Compound	3.0%	Lifetime	4	0.0%
LTC04I	VA	74	Compound	3.0%	Lifetime	5	0.0%
LTC04I	VA	74	Compound	3.0%	Lifetime	6	0.0%
LTC04I	VA	74	Compound	3.0%	Lifetime	Lifetime	20.2%
LTC04I	VA	74	Compound	4.0%	Lifetime	2	0.0%
LTC04I	VA	74	Compound	4.0%	Lifetime	3	0.0%
LTC04I	VA	74	Compound	4.0%	Lifetime	4	0.0%
LTC04I	VA	74	Compound	4.0%	Lifetime	5	0.0%
LTC04I	VA	74	Compound	4.0%	Lifetime	6	0.0%
LTC04I	VA	74	Compound	4.0%	Lifetime	Lifetime	20.2%
LTC04I	VA	74	Compound	5.0%	Lifetime	2	2.5%
LTC04I	VA	74	Compound	5.0%	Lifetime	3	15.6%
LTC04I	VA	74	Compound	5.0%	Lifetime	4	15.6%
LTC04I	VA	74	Compound	5.0%	Lifetime	5	26.9%
LTC04I	VA	74	Compound	5.0%	Lifetime	6	21.5%
LTC04I	VA	74	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	74	Simple	5.0%	Lifetime	2	0.0%
LTC04I	VA	74	Simple	5.0%	Lifetime	3	0.0%
LTC04I	VA	74	Simple	5.0%	Lifetime	4	0.0%
LTC04I	VA	74	Simple	5.0%	Lifetime	5	0.0%
LTC04I	VA	74	Simple	5.0%	Lifetime	6	0.0%
LTC04I	VA	74	Simple	5.0%	Lifetime	Lifetime	20.2%
LTC04I	VA	74	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	74	Compound	5.0%	10 Years	3	0.3%
LTC04I	VA	74	Compound	5.0%	10 Years	4	0.3%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	74	Compound	5.0%	10 Years	5	9.8%
LTC04I	VA	74	Compound	5.0%	10 Years	6	9.8%
LTC04I	VA	74	Compound	5.0%	10 Years	Lifetime	1.0%
LTC04I	VA	74	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	74	Compound	5.0%	20 Years	3	0.3%
LTC04I	VA	74	Compound	5.0%	20 Years	4	0.3%
LTC04I	VA	74	Compound	5.0%	20 Years	5	9.8%
LTC04I	VA	74	Compound	5.0%	20 Years	6	9.8%
LTC04I	VA	74	Compound	5.0%	20 Years	Lifetime	32.1%
LTC04I	VA	75	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	75	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	75	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	75	No Inflation	0.0%	Lifetime	5	0.0%
LTC04I	VA	75	No Inflation	0.0%	Lifetime	6	0.0%
LTC04I	VA	75	No Inflation	0.0%	Lifetime	Lifetime	0.4%
LTC04I	VA	75	Compound	3.0%	Lifetime	2	0.0%
LTC04I	VA	75	Compound	3.0%	Lifetime	3	0.0%
LTC04I	VA	75	Compound	3.0%	Lifetime	4	0.0%
LTC04I	VA	75	Compound	3.0%	Lifetime	5	0.0%
LTC04I	VA	75	Compound	3.0%	Lifetime	6	0.0%
LTC04I	VA	75	Compound	3.0%	Lifetime	Lifetime	19.7%
LTC04I	VA	75	Compound	4.0%	Lifetime	2	0.0%
LTC04I	VA	75	Compound	4.0%	Lifetime	3	0.0%
LTC04I	VA	75	Compound	4.0%	Lifetime	4	0.0%
LTC04I	VA	75	Compound	4.0%	Lifetime	5	0.0%
LTC04I	VA	75	Compound	4.0%	Lifetime	6	0.0%
LTC04I	VA	75	Compound	4.0%	Lifetime	Lifetime	19.7%
LTC04I	VA	75	Compound	5.0%	Lifetime	2	4.9%
LTC04I	VA	75	Compound	5.0%	Lifetime	3	16.7%
LTC04I	VA	75	Compound	5.0%	Lifetime	4	16.9%
LTC04I	VA	75	Compound	5.0%	Lifetime	5	27.4%
LTC04I	VA	75	Compound	5.0%	Lifetime	6	21.6%
LTC04I	VA	75	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	75	Simple	5.0%	Lifetime	2	0.0%
LTC04I	VA	75	Simple	5.0%	Lifetime	3	0.0%
LTC04I	VA	75	Simple	5.0%	Lifetime	4	0.0%
LTC04I	VA	75	Simple	5.0%	Lifetime	5	0.0%
LTC04I	VA	75	Simple	5.0%	Lifetime	6	0.0%
LTC04I	VA	75	Simple	5.0%	Lifetime	Lifetime	19.7%
LTC04I	VA	75	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	75	Compound	5.0%	10 Years	3	0.0%
LTC04I	VA	75	Compound	5.0%	10 Years	4	0.0%
LTC04I	VA	75	Compound	5.0%	10 Years	5	7.8%
LTC04I	VA	75	Compound	5.0%	10 Years	6	7.8%
LTC04I	VA	75	Compound	5.0%	10 Years	Lifetime	1.7%
LTC04I	VA	75	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	75	Compound	5.0%	20 Years	3	0.0%
LTC04I	VA	75	Compound	5.0%	20 Years	4	0.0%
LTC04I	VA	75	Compound	5.0%	20 Years	5	7.8%
LTC04I	VA	75	Compound	5.0%	20 Years	6	7.8%
LTC04I	VA	75	Compound	5.0%	20 Years	Lifetime	28.8%
LTC04I	VA	76	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	76	No Inflation	0.0%	Lifetime	3	0.0%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	76	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	76	No Inflation	0.0%	Lifetime	5	0.0%
LTC04I	VA	76	No Inflation	0.0%	Lifetime	6	0.0%
LTC04I	VA	76	No Inflation	0.0%	Lifetime	Lifetime	0.0%
LTC04I	VA	76	Compound	3.0%	Lifetime	2	0.0%
LTC04I	VA	76	Compound	3.0%	Lifetime	3	0.0%
LTC04I	VA	76	Compound	3.0%	Lifetime	4	0.0%
LTC04I	VA	76	Compound	3.0%	Lifetime	5	0.0%
LTC04I	VA	76	Compound	3.0%	Lifetime	6	0.0%
LTC04I	VA	76	Compound	3.0%	Lifetime	Lifetime	19.2%
LTC04I	VA	76	Compound	4.0%	Lifetime	2	0.0%
LTC04I	VA	76	Compound	4.0%	Lifetime	3	0.0%
LTC04I	VA	76	Compound	4.0%	Lifetime	4	0.0%
LTC04I	VA	76	Compound	4.0%	Lifetime	5	0.0%
LTC04I	VA	76	Compound	4.0%	Lifetime	6	0.0%
LTC04I	VA	76	Compound	4.0%	Lifetime	Lifetime	19.2%
LTC04I	VA	76	Compound	5.0%	Lifetime	2	7.3%
LTC04I	VA	76	Compound	5.0%	Lifetime	3	16.8%
LTC04I	VA	76	Compound	5.0%	Lifetime	4	18.3%
LTC04I	VA	76	Compound	5.0%	Lifetime	5	26.9%
LTC04I	VA	76	Compound	5.0%	Lifetime	6	21.2%
LTC04I	VA	76	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	76	Simple	5.0%	Lifetime	2	0.0%
LTC04I	VA	76	Simple	5.0%	Lifetime	3	0.0%
LTC04I	VA	76	Simple	5.0%	Lifetime	4	0.0%
LTC04I	VA	76	Simple	5.0%	Lifetime	5	0.0%
LTC04I	VA	76	Simple	5.0%	Lifetime	6	0.0%
LTC04I	VA	76	Simple	5.0%	Lifetime	Lifetime	19.2%
LTC04I	VA	76	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	76	Compound	5.0%	10 Years	3	0.0%
LTC04I	VA	76	Compound	5.0%	10 Years	4	0.0%
LTC04I	VA	76	Compound	5.0%	10 Years	5	5.8%
LTC04I	VA	76	Compound	5.0%	10 Years	6	5.8%
LTC04I	VA	76	Compound	5.0%	10 Years	Lifetime	2.4%
LTC04I	VA	76	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	76	Compound	5.0%	20 Years	3	0.0%
LTC04I	VA	76	Compound	5.0%	20 Years	4	0.0%
LTC04I	VA	76	Compound	5.0%	20 Years	5	5.8%
LTC04I	VA	76	Compound	5.0%	20 Years	6	5.8%
LTC04I	VA	76	Compound	5.0%	20 Years	Lifetime	25.4%
LTC04I	VA	77	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	77	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	77	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	77	No Inflation	0.0%	Lifetime	5	0.0%
LTC04I	VA	77	No Inflation	0.0%	Lifetime	6	0.0%
LTC04I	VA	77	No Inflation	0.0%	Lifetime	Lifetime	0.0%
LTC04I	VA	77	Compound	3.0%	Lifetime	2	0.0%
LTC04I	VA	77	Compound	3.0%	Lifetime	3	0.0%
LTC04I	VA	77	Compound	3.0%	Lifetime	4	0.0%
LTC04I	VA	77	Compound	3.0%	Lifetime	5	0.0%
LTC04I	VA	77	Compound	3.0%	Lifetime	6	0.0%
LTC04I	VA	77	Compound	3.0%	Lifetime	Lifetime	18.7%
LTC04I	VA	77	Compound	4.0%	Lifetime	2	0.0%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	77	Compound	4.0%	Lifetime	3	0.0%
LTC04I	VA	77	Compound	4.0%	Lifetime	4	0.0%
LTC04I	VA	77	Compound	4.0%	Lifetime	5	0.0%
LTC04I	VA	77	Compound	4.0%	Lifetime	6	0.0%
LTC04I	VA	77	Compound	4.0%	Lifetime	Lifetime	18.7%
LTC04I	VA	77	Compound	5.0%	Lifetime	2	7.6%
LTC04I	VA	77	Compound	5.0%	Lifetime	3	17.5%
LTC04I	VA	77	Compound	5.0%	Lifetime	4	19.3%
LTC04I	VA	77	Compound	5.0%	Lifetime	5	27.3%
LTC04I	VA	77	Compound	5.0%	Lifetime	6	21.5%
LTC04I	VA	77	Compound	5.0%	Lifetime	Lifetime	38.0%
LTC04I	VA	77	Simple	5.0%	Lifetime	2	0.0%
LTC04I	VA	77	Simple	5.0%	Lifetime	3	0.0%
LTC04I	VA	77	Simple	5.0%	Lifetime	4	0.0%
LTC04I	VA	77	Simple	5.0%	Lifetime	5	0.0%
LTC04I	VA	77	Simple	5.0%	Lifetime	6	0.0%
LTC04I	VA	77	Simple	5.0%	Lifetime	Lifetime	18.7%
LTC04I	VA	77	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	77	Compound	5.0%	10 Years	3	0.0%
LTC04I	VA	77	Compound	5.0%	10 Years	4	0.0%
LTC04I	VA	77	Compound	5.0%	10 Years	5	3.7%
LTC04I	VA	77	Compound	5.0%	10 Years	6	3.7%
LTC04I	VA	77	Compound	5.0%	10 Years	Lifetime	2.3%
LTC04I	VA	77	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	77	Compound	5.0%	20 Years	3	0.0%
LTC04I	VA	77	Compound	5.0%	20 Years	4	0.0%
LTC04I	VA	77	Compound	5.0%	20 Years	5	3.7%
LTC04I	VA	77	Compound	5.0%	20 Years	6	3.7%
LTC04I	VA	77	Compound	5.0%	20 Years	Lifetime	21.9%
LTC04I	VA	78	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	78	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	78	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	78	No Inflation	0.0%	Lifetime	5	0.0%
LTC04I	VA	78	No Inflation	0.0%	Lifetime	6	0.0%
LTC04I	VA	78	No Inflation	0.0%	Lifetime	Lifetime	0.0%
LTC04I	VA	78	Compound	3.0%	Lifetime	2	0.0%
LTC04I	VA	78	Compound	3.0%	Lifetime	3	0.0%
LTC04I	VA	78	Compound	3.0%	Lifetime	4	0.0%
LTC04I	VA	78	Compound	3.0%	Lifetime	5	0.0%
LTC04I	VA	78	Compound	3.0%	Lifetime	6	0.0%
LTC04I	VA	78	Compound	3.0%	Lifetime	Lifetime	18.7%
LTC04I	VA	78	Compound	4.0%	Lifetime	2	0.0%
LTC04I	VA	78	Compound	4.0%	Lifetime	3	0.0%
LTC04I	VA	78	Compound	4.0%	Lifetime	4	0.0%
LTC04I	VA	78	Compound	4.0%	Lifetime	5	0.0%
LTC04I	VA	78	Compound	4.0%	Lifetime	6	0.0%
LTC04I	VA	78	Compound	4.0%	Lifetime	Lifetime	18.7%
LTC04I	VA	78	Compound	5.0%	Lifetime	2	4.6%
LTC04I	VA	78	Compound	5.0%	Lifetime	3	14.4%
LTC04I	VA	78	Compound	5.0%	Lifetime	4	15.7%
LTC04I	VA	78	Compound	5.0%	Lifetime	5	23.7%
LTC04I	VA	78	Compound	5.0%	Lifetime	6	18.1%
LTC04I	VA	78	Compound	5.0%	Lifetime	Lifetime	38.0%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	78	Simple	5.0%	Lifetime	2	0.0%
LTC04I	VA	78	Simple	5.0%	Lifetime	3	0.0%
LTC04I	VA	78	Simple	5.0%	Lifetime	4	0.0%
LTC04I	VA	78	Simple	5.0%	Lifetime	5	0.0%
LTC04I	VA	78	Simple	5.0%	Lifetime	6	0.0%
LTC04I	VA	78	Simple	5.0%	Lifetime	Lifetime	18.7%
LTC04I	VA	78	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	78	Compound	5.0%	10 Years	3	0.0%
LTC04I	VA	78	Compound	5.0%	10 Years	4	0.0%
LTC04I	VA	78	Compound	5.0%	10 Years	5	3.7%
LTC04I	VA	78	Compound	5.0%	10 Years	6	3.7%
LTC04I	VA	78	Compound	5.0%	10 Years	Lifetime	3.1%
LTC04I	VA	78	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	78	Compound	5.0%	20 Years	3	0.0%
LTC04I	VA	78	Compound	5.0%	20 Years	4	0.0%
LTC04I	VA	78	Compound	5.0%	20 Years	5	3.7%
LTC04I	VA	78	Compound	5.0%	20 Years	6	3.7%
LTC04I	VA	78	Compound	5.0%	20 Years	Lifetime	21.9%
LTC04I	VA	79	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	79	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	79	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	79	No Inflation	0.0%	Lifetime	5	0.0%
LTC04I	VA	79	No Inflation	0.0%	Lifetime	6	0.0%
LTC04I	VA	79	No Inflation	0.0%	Lifetime	Lifetime	0.0%
LTC04I	VA	79	Compound	3.0%	Lifetime	2	0.0%
LTC04I	VA	79	Compound	3.0%	Lifetime	3	0.0%
LTC04I	VA	79	Compound	3.0%	Lifetime	4	0.0%
LTC04I	VA	79	Compound	3.0%	Lifetime	5	0.0%
LTC04I	VA	79	Compound	3.0%	Lifetime	6	0.0%
LTC04I	VA	79	Compound	3.0%	Lifetime	Lifetime	18.7%
LTC04I	VA	79	Compound	4.0%	Lifetime	2	0.0%
LTC04I	VA	79	Compound	4.0%	Lifetime	3	0.0%
LTC04I	VA	79	Compound	4.0%	Lifetime	4	0.0%
LTC04I	VA	79	Compound	4.0%	Lifetime	5	0.0%
LTC04I	VA	79	Compound	4.0%	Lifetime	6	0.0%
LTC04I	VA	79	Compound	4.0%	Lifetime	Lifetime	18.7%
LTC04I	VA	79	Compound	5.0%	Lifetime	2	2.2%
LTC04I	VA	79	Compound	5.0%	Lifetime	3	11.9%
LTC04I	VA	79	Compound	5.0%	Lifetime	4	12.8%
LTC04I	VA	79	Compound	5.0%	Lifetime	5	20.9%
LTC04I	VA	79	Compound	5.0%	Lifetime	6	15.4%
LTC04I	VA	79	Compound	5.0%	Lifetime	Lifetime	35.1%
LTC04I	VA	79	Simple	5.0%	Lifetime	2	0.0%
LTC04I	VA	79	Simple	5.0%	Lifetime	3	0.0%
LTC04I	VA	79	Simple	5.0%	Lifetime	4	0.0%
LTC04I	VA	79	Simple	5.0%	Lifetime	5	0.0%
LTC04I	VA	79	Simple	5.0%	Lifetime	6	0.0%
LTC04I	VA	79	Simple	5.0%	Lifetime	Lifetime	18.7%
LTC04I	VA	79	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	79	Compound	5.0%	10 Years	3	0.0%
LTC04I	VA	79	Compound	5.0%	10 Years	4	0.0%
LTC04I	VA	79	Compound	5.0%	10 Years	5	3.7%
LTC04I	VA	79	Compound	5.0%	10 Years	6	3.7%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	79	Compound	5.0%	10 Years	Lifetime	21.9%
LTC04I	VA	79	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	79	Compound	5.0%	20 Years	3	0.0%
LTC04I	VA	79	Compound	5.0%	20 Years	4	0.0%
LTC04I	VA	79	Compound	5.0%	20 Years	5	3.7%
LTC04I	VA	79	Compound	5.0%	20 Years	6	3.7%
LTC04I	VA	79	Compound	5.0%	20 Years	Lifetime	21.9%
LTC04I	VA	80	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	80	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	80	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	80	No Inflation	0.0%	Lifetime	5	0.0%
LTC04I	VA	80	No Inflation	0.0%	Lifetime	6	0.0%
LTC04I	VA	80	No Inflation	0.0%	Lifetime	Lifetime	0.0%
LTC04I	VA	80	Compound	3.0%	Lifetime	2	0.0%
LTC04I	VA	80	Compound	3.0%	Lifetime	3	0.0%
LTC04I	VA	80	Compound	3.0%	Lifetime	4	0.0%
LTC04I	VA	80	Compound	3.0%	Lifetime	5	0.0%
LTC04I	VA	80	Compound	3.0%	Lifetime	6	0.0%
LTC04I	VA	80	Compound	3.0%	Lifetime	Lifetime	0.0%
LTC04I	VA	80	Compound	4.0%	Lifetime	2	0.0%
LTC04I	VA	80	Compound	4.0%	Lifetime	3	0.0%
LTC04I	VA	80	Compound	4.0%	Lifetime	4	0.0%
LTC04I	VA	80	Compound	4.0%	Lifetime	5	0.0%
LTC04I	VA	80	Compound	4.0%	Lifetime	6	0.0%
LTC04I	VA	80	Compound	4.0%	Lifetime	Lifetime	0.0%
LTC04I	VA	80	Compound	5.0%	Lifetime	2	0.0%
LTC04I	VA	80	Compound	5.0%	Lifetime	3	0.0%
LTC04I	VA	80	Compound	5.0%	Lifetime	4	0.0%
LTC04I	VA	80	Compound	5.0%	Lifetime	5	0.0%
LTC04I	VA	80	Compound	5.0%	Lifetime	6	0.0%
LTC04I	VA	80	Compound	5.0%	Lifetime	Lifetime	0.0%
LTC04I	VA	80	Simple	5.0%	Lifetime	2	0.0%
LTC04I	VA	80	Simple	5.0%	Lifetime	3	0.0%
LTC04I	VA	80	Simple	5.0%	Lifetime	4	0.0%
LTC04I	VA	80	Simple	5.0%	Lifetime	5	0.0%
LTC04I	VA	80	Simple	5.0%	Lifetime	6	0.0%
LTC04I	VA	80	Simple	5.0%	Lifetime	Lifetime	0.0%
LTC04I	VA	80	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	80	Compound	5.0%	10 Years	3	0.0%
LTC04I	VA	80	Compound	5.0%	10 Years	4	0.0%
LTC04I	VA	80	Compound	5.0%	10 Years	5	0.0%
LTC04I	VA	80	Compound	5.0%	10 Years	6	0.0%
LTC04I	VA	80	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	80	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	80	Compound	5.0%	20 Years	3	0.0%
LTC04I	VA	80	Compound	5.0%	20 Years	4	0.0%
LTC04I	VA	80	Compound	5.0%	20 Years	5	0.0%
LTC04I	VA	80	Compound	5.0%	20 Years	6	0.0%
LTC04I	VA	80	Compound	5.0%	20 Years	Lifetime	0.0%
LTC04I	VA	81	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	81	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	81	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	81	No Inflation	0.0%	Lifetime	5	0.0%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	81	No Inflation	0.0%	Lifetime	6	0.0%
LTC04I	VA	81	No Inflation	0.0%	Lifetime	Lifetime	0.0%
LTC04I	VA	81	Compound	3.0%	Lifetime	2	0.0%
LTC04I	VA	81	Compound	3.0%	Lifetime	3	0.0%
LTC04I	VA	81	Compound	3.0%	Lifetime	4	0.0%
LTC04I	VA	81	Compound	3.0%	Lifetime	5	0.0%
LTC04I	VA	81	Compound	3.0%	Lifetime	6	0.0%
LTC04I	VA	81	Compound	3.0%	Lifetime	Lifetime	0.0%
LTC04I	VA	81	Compound	4.0%	Lifetime	2	0.0%
LTC04I	VA	81	Compound	4.0%	Lifetime	3	0.0%
LTC04I	VA	81	Compound	4.0%	Lifetime	4	0.0%
LTC04I	VA	81	Compound	4.0%	Lifetime	5	0.0%
LTC04I	VA	81	Compound	4.0%	Lifetime	6	0.0%
LTC04I	VA	81	Compound	4.0%	Lifetime	Lifetime	0.0%
LTC04I	VA	81	Compound	5.0%	Lifetime	2	0.0%
LTC04I	VA	81	Compound	5.0%	Lifetime	3	0.0%
LTC04I	VA	81	Compound	5.0%	Lifetime	4	0.0%
LTC04I	VA	81	Compound	5.0%	Lifetime	5	0.0%
LTC04I	VA	81	Compound	5.0%	Lifetime	6	0.0%
LTC04I	VA	81	Compound	5.0%	Lifetime	Lifetime	0.0%
LTC04I	VA	81	Simple	5.0%	Lifetime	2	0.0%
LTC04I	VA	81	Simple	5.0%	Lifetime	3	0.0%
LTC04I	VA	81	Simple	5.0%	Lifetime	4	0.0%
LTC04I	VA	81	Simple	5.0%	Lifetime	5	0.0%
LTC04I	VA	81	Simple	5.0%	Lifetime	6	0.0%
LTC04I	VA	81	Simple	5.0%	Lifetime	Lifetime	0.0%
LTC04I	VA	81	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	81	Compound	5.0%	10 Years	3	0.0%
LTC04I	VA	81	Compound	5.0%	10 Years	4	0.0%
LTC04I	VA	81	Compound	5.0%	10 Years	5	0.0%
LTC04I	VA	81	Compound	5.0%	10 Years	6	0.0%
LTC04I	VA	81	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	81	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	81	Compound	5.0%	20 Years	3	0.0%
LTC04I	VA	81	Compound	5.0%	20 Years	4	0.0%
LTC04I	VA	81	Compound	5.0%	20 Years	5	0.0%
LTC04I	VA	81	Compound	5.0%	20 Years	6	0.0%
LTC04I	VA	81	Compound	5.0%	20 Years	Lifetime	0.0%
LTC04I	VA	82	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	82	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	82	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	82	No Inflation	0.0%	Lifetime	5	0.0%
LTC04I	VA	82	No Inflation	0.0%	Lifetime	6	0.0%
LTC04I	VA	82	No Inflation	0.0%	Lifetime	Lifetime	0.0%
LTC04I	VA	82	Compound	3.0%	Lifetime	2	0.0%
LTC04I	VA	82	Compound	3.0%	Lifetime	3	0.0%
LTC04I	VA	82	Compound	3.0%	Lifetime	4	0.0%
LTC04I	VA	82	Compound	3.0%	Lifetime	5	0.0%
LTC04I	VA	82	Compound	3.0%	Lifetime	6	0.0%
LTC04I	VA	82	Compound	3.0%	Lifetime	Lifetime	0.0%
LTC04I	VA	82	Compound	4.0%	Lifetime	2	0.0%
LTC04I	VA	82	Compound	4.0%	Lifetime	3	0.0%
LTC04I	VA	82	Compound	4.0%	Lifetime	4	0.0%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	82	Compound	4.0%	Lifetime	5	0.0%
LTC04I	VA	82	Compound	4.0%	Lifetime	6	0.0%
LTC04I	VA	82	Compound	4.0%	Lifetime	Lifetime	0.0%
LTC04I	VA	82	Compound	5.0%	Lifetime	2	0.0%
LTC04I	VA	82	Compound	5.0%	Lifetime	3	0.0%
LTC04I	VA	82	Compound	5.0%	Lifetime	4	0.0%
LTC04I	VA	82	Compound	5.0%	Lifetime	5	0.0%
LTC04I	VA	82	Compound	5.0%	Lifetime	6	0.0%
LTC04I	VA	82	Compound	5.0%	Lifetime	Lifetime	0.0%
LTC04I	VA	82	Simple	5.0%	Lifetime	2	0.0%
LTC04I	VA	82	Simple	5.0%	Lifetime	3	0.0%
LTC04I	VA	82	Simple	5.0%	Lifetime	4	0.0%
LTC04I	VA	82	Simple	5.0%	Lifetime	5	0.0%
LTC04I	VA	82	Simple	5.0%	Lifetime	6	0.0%
LTC04I	VA	82	Simple	5.0%	Lifetime	Lifetime	0.0%
LTC04I	VA	82	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	82	Compound	5.0%	10 Years	3	0.0%
LTC04I	VA	82	Compound	5.0%	10 Years	4	0.0%
LTC04I	VA	82	Compound	5.0%	10 Years	5	0.0%
LTC04I	VA	82	Compound	5.0%	10 Years	6	0.0%
LTC04I	VA	82	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	82	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	82	Compound	5.0%	20 Years	3	0.0%
LTC04I	VA	82	Compound	5.0%	20 Years	4	0.0%
LTC04I	VA	82	Compound	5.0%	20 Years	5	0.0%
LTC04I	VA	82	Compound	5.0%	20 Years	6	0.0%
LTC04I	VA	82	Compound	5.0%	20 Years	Lifetime	0.0%
LTC04I	VA	83	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	83	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	83	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	83	No Inflation	0.0%	Lifetime	5	0.0%
LTC04I	VA	83	No Inflation	0.0%	Lifetime	6	0.0%
LTC04I	VA	83	No Inflation	0.0%	Lifetime	Lifetime	0.0%
LTC04I	VA	83	Compound	3.0%	Lifetime	2	0.0%
LTC04I	VA	83	Compound	3.0%	Lifetime	3	0.0%
LTC04I	VA	83	Compound	3.0%	Lifetime	4	0.0%
LTC04I	VA	83	Compound	3.0%	Lifetime	5	0.0%
LTC04I	VA	83	Compound	3.0%	Lifetime	6	0.0%
LTC04I	VA	83	Compound	3.0%	Lifetime	Lifetime	0.0%
LTC04I	VA	83	Compound	4.0%	Lifetime	2	0.0%
LTC04I	VA	83	Compound	4.0%	Lifetime	3	0.0%
LTC04I	VA	83	Compound	4.0%	Lifetime	4	0.0%
LTC04I	VA	83	Compound	4.0%	Lifetime	5	0.0%
LTC04I	VA	83	Compound	4.0%	Lifetime	6	0.0%
LTC04I	VA	83	Compound	4.0%	Lifetime	Lifetime	0.0%
LTC04I	VA	83	Compound	5.0%	Lifetime	2	0.0%
LTC04I	VA	83	Compound	5.0%	Lifetime	3	0.0%
LTC04I	VA	83	Compound	5.0%	Lifetime	4	0.0%
LTC04I	VA	83	Compound	5.0%	Lifetime	5	0.0%
LTC04I	VA	83	Compound	5.0%	Lifetime	6	0.0%
LTC04I	VA	83	Compound	5.0%	Lifetime	Lifetime	0.0%
LTC04I	VA	83	Simple	5.0%	Lifetime	2	0.0%
LTC04I	VA	83	Simple	5.0%	Lifetime	3	0.0%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	83	Simple	5.0%	Lifetime	4	0.0%
LTC04I	VA	83	Simple	5.0%	Lifetime	5	0.0%
LTC04I	VA	83	Simple	5.0%	Lifetime	6	0.0%
LTC04I	VA	83	Simple	5.0%	Lifetime	Lifetime	0.0%
LTC04I	VA	83	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	83	Compound	5.0%	10 Years	3	0.0%
LTC04I	VA	83	Compound	5.0%	10 Years	4	0.0%
LTC04I	VA	83	Compound	5.0%	10 Years	5	0.0%
LTC04I	VA	83	Compound	5.0%	10 Years	6	0.0%
LTC04I	VA	83	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	83	Compound	5.0%	20 Years	2	0.0%
LTC04I	VA	83	Compound	5.0%	20 Years	3	0.0%
LTC04I	VA	83	Compound	5.0%	20 Years	4	0.0%
LTC04I	VA	83	Compound	5.0%	20 Years	5	0.0%
LTC04I	VA	83	Compound	5.0%	20 Years	6	0.0%
LTC04I	VA	83	Compound	5.0%	20 Years	Lifetime	0.0%
LTC04I	VA	84	No Inflation	0.0%	Lifetime	2	0.0%
LTC04I	VA	84	No Inflation	0.0%	Lifetime	3	0.0%
LTC04I	VA	84	No Inflation	0.0%	Lifetime	4	0.0%
LTC04I	VA	84	No Inflation	0.0%	Lifetime	5	0.0%
LTC04I	VA	84	No Inflation	0.0%	Lifetime	6	0.0%
LTC04I	VA	84	No Inflation	0.0%	Lifetime	Lifetime	0.0%
LTC04I	VA	84	Compound	3.0%	Lifetime	2	0.0%
LTC04I	VA	84	Compound	3.0%	Lifetime	3	0.0%
LTC04I	VA	84	Compound	3.0%	Lifetime	4	0.0%
LTC04I	VA	84	Compound	3.0%	Lifetime	5	0.0%
LTC04I	VA	84	Compound	3.0%	Lifetime	6	0.0%
LTC04I	VA	84	Compound	3.0%	Lifetime	Lifetime	0.0%
LTC04I	VA	84	Compound	4.0%	Lifetime	2	0.0%
LTC04I	VA	84	Compound	4.0%	Lifetime	3	0.0%
LTC04I	VA	84	Compound	4.0%	Lifetime	4	0.0%
LTC04I	VA	84	Compound	4.0%	Lifetime	5	0.0%
LTC04I	VA	84	Compound	4.0%	Lifetime	6	0.0%
LTC04I	VA	84	Compound	4.0%	Lifetime	Lifetime	0.0%
LTC04I	VA	84	Compound	5.0%	Lifetime	2	0.0%
LTC04I	VA	84	Compound	5.0%	Lifetime	3	0.0%
LTC04I	VA	84	Compound	5.0%	Lifetime	4	0.0%
LTC04I	VA	84	Compound	5.0%	Lifetime	5	0.0%
LTC04I	VA	84	Compound	5.0%	Lifetime	6	0.0%
LTC04I	VA	84	Compound	5.0%	Lifetime	Lifetime	0.0%
LTC04I	VA	84	Simple	5.0%	Lifetime	2	0.0%
LTC04I	VA	84	Simple	5.0%	Lifetime	3	0.0%
LTC04I	VA	84	Simple	5.0%	Lifetime	4	0.0%
LTC04I	VA	84	Simple	5.0%	Lifetime	5	0.0%
LTC04I	VA	84	Simple	5.0%	Lifetime	6	0.0%
LTC04I	VA	84	Simple	5.0%	Lifetime	Lifetime	0.0%
LTC04I	VA	84	Compound	5.0%	10 Years	2	0.0%
LTC04I	VA	84	Compound	5.0%	10 Years	3	0.0%
LTC04I	VA	84	Compound	5.0%	10 Years	4	0.0%
LTC04I	VA	84	Compound	5.0%	10 Years	5	0.0%
LTC04I	VA	84	Compound	5.0%	10 Years	6	0.0%
LTC04I	VA	84	Compound	5.0%	10 Years	Lifetime	0.0%
LTC04I	VA	84	Compound	5.0%	20 Years	2	0.0%

Form LTC04I - Rate Increase Amounts by Cell

Policy	State	Issue Age	Inflation Type	Inflation Percent	Inflation Type	Benefit Period	Increase Amount
LTC04I	VA	84	Compound	5.0%	20 Years	3	0.0%
LTC04I	VA	84	Compound	5.0%	20 Years	4	0.0%
LTC04I	VA	84	Compound	5.0%	20 Years	5	0.0%
LTC04I	VA	84	Compound	5.0%	20 Years	6	0.0%
LTC04I	VA	84	Compound	5.0%	20 Years	Lifetime	0.0%

MUTUAL of OMAHA INSURANCE COMPANY
UNITED of OMAHA LIFE INSURANCE COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175
402 342 7600
mutualofomaha.com



<Month, Year>

**Univita Rate Review will display two separate letter heads,
Mutual and United with the MN Address**

Policyholder Name

Address

City, State, ZIP

Thank you for choosing [Mutual of Omaha Insurance Company] [United of Omaha Life Insurance Company] as your long-term care insurance provider. Your long-term care insurance policy from [Mutual of Omaha Insurance Company] [United of Omaha Life Insurance Company] continues to provide valuable coverage that may help you pay for long-term care services. Please keep in mind that your policy is guaranteed renewable for life. Your policy will be kept in force as long as you pay the required premiums. **Due to insureds both keeping their policies longer and staying on claim longer than originally assumed, combined with the cost of services continuing to increase, premiums are required to be increased in order to support future claim costs.** Therefore, the premium for this coverage is being adjusted. An adjustment is being applied to every person in your state with the same policy form, issue age and benefit options. Please note that premium rates may increase again in the future. The following represents the premium change for your coverage.

POLICY/CERTIFICATE NUMBER	CURRENT [MODE] PREMIUM	NEW [MODE] PREMIUM	INCREASE AMOUNT	PERCENT INCREASE	EFFECTIVE DATE
XXXXXX-XX	\$0,000.00	\$0,000.00	\$000.00	0%	00/00/00

Please keep this notification of the change in premium for your Policy/Certificate with your other important insurance documents. Send no money now as a new premium notice will be sent to you prior to the effective date shown above. If you pay premium through electronic funds transfer or payroll deduction, the organization that processes your payment will be notified of the new premium amount. If you have paid premium beyond the effective date listed above you will be billed for any additional premium due.

Insert Paragraph A – Waiver of Premium

Since your premium currently is being waived, you will not be immediately impacted by the rate adjustment. However, when the waiver is removed, your new premium will be the amount shown above.

Insert Paragraph B – Rate Guarantee

Since the policy you purchased contains a rate guarantee benefit, you will not be immediately impacted by the rate adjustment. The effective date for your rate adjustment is shown above.

Insert Paragraph C – Benefit Multiplier/Elimination Period Change Offer

We know an increase in premium is never welcomed news. Adjusting the current benefits of your policy can help keep your premium similar to what you currently pay. The enclosed Policy Adjustment Offer provides the details. To accept this offer, simply sign the form and return it to us in the enclosed envelope.

Insert Paragraph D – No Offer

We know an increase in premium is never welcomed news. To keep your premiums similar to what you currently pay, you may be able to reduce your current benefits or remove riders that may be attached to your policy.

Insert Paragraph E – Shared Care

Please note that your current policy includes a Shared Care Benefit. If you wish to retain the Shared Care Benefit, any changes you may elect to make to your policy benefits must also be made to your spouse's policy.

If you wish to keep your policy as it is now at the new premium shown above, you do not need to do anything. If you wish to explore additional options to help reduce your premium, contact:

Customer Care Center <Agent of record/DO>
1-XXX-XXX-XXXX

Insert Paragraph F – Non-forfeiture Shortened Benefit Period [Contingent Nonforfeiture Benefit]

Of course, you always have the option to forgo your policy altogether. If you elect to do so, the non-forfeiture benefit will provide you with a paid-up policy with reduced benefits. See your policy or contact the Customer Care Center at the phone number above for additional details.

As a reminder, your policy is guaranteed renewable for life. This means you can continue your policy for as long as you live or until you have exhausted your policy benefits. Subject to the terms of your policy, we cannot cancel your policy as long as you pay the required premium when it is due. However, the premium for your policy can change again in the future. We will not increase premium due to a change in your age or health or your use of the long-term coverage. However, we can change premiums if we make the same change for all persons of the same class, but never more than once per year.

We hope you'll take a moment to consider the reason you purchased a long-term care insurance policy from [Mutual of Omaha Insurance Company] [United of Omaha Life Insurance Company] and why it's more important than ever to have this valuable protection. With our history of financial strength and our commitment to serving our customers, you can be confident we'll be there when you need us, just as we have for over a century.

Sincerely,

Signature Block

QUESTIONS?

Call toll free 1-800-921-9334

We'll be glad to help you Monday – Friday, 7:00 a.m. to 5:00 p.m. Central Time.

Please keep this notification with your other important insurance documents.

Mutual of Omaha Insurance Company
[Long Term Care Service Office]
[P.O. Box 64901]
[St. Paul, MN 55164-0901]
[Toll Free 1-877-894-2478]

Insured:

[**John Q. Public**]

Issue Age: [**57**]

Policy Number: [12345]

Policy Effective Date: [**January 1, 2013**]

Schedule Effective Date: [**January 1, 2013**]

Rate Classification

[Preferred/Select/Class I/Class II]

SAMPLE

Allowance

[[Spouse] [Married] [30%][15%]

[Producer]

[Group Rate]

Policy Schedule Print Date: [01/01/13]

Your Elimination Period: [0, 30, 60, 90, 180 or 365 days of covered service]

Your Maximum Lifetime Benefit: [Product of 730, 1095, 1460 or 1825 X NH MDB OR Unlimited]
[\$ _____]

Benefits Provided by Your Policy (Deducted From Your Maximum Lifetime Benefit When Paid)	
NURSING HOME BENEFITS	
[Nursing Home Maximum Daily Benefit (NH MDB)] OR [Nursing Home Indemnity Maximum Daily Benefit (NH MDB)]	[Up to [\$ 50 - \$ 400] each day] OR [[\$50 - \$400] each day]
Nursing Home Ambulance Benefit	Nursing Home Ambulance Benefit Round Trip Maximum – 2 X NH MDB Nursing Home Ambulance Maximum Annual Benefit – 4 X NH MDB
Nursing Home Bed Reservation Benefit	Up to NH MDB; Up to 31 days in a Calendar Year
ASSISTED LIVING FACILITY BENEFITS	
[Assisted Living Facility Maximum Daily Benefit (ALF MDB)] OR [Assisted Living Facility Indemnity Maximum Daily Benefit]	[Up to [\$ 50 - \$ 400] each day] OR [[\$50 - \$400] each day]
Assisted Living Facility Bed Reservation Benefit	Up to ALF MDB; Up to 31 days in a Calendar Year
HOME HEALTH CARE BENEFITS	
[Home Health Care Maximum Daily Benefit (HHC MDB)] OR [Monthly Home Health Care Benefit]	[Up to [50%][100%] of NH MDB each day] OR [Monthly Benefit: 31 X HHC MDB]
OTHER POLICY BENEFITS	
Respite Care Benefit	Pays for respite care up to the NH MDB each day A Respite Care Maximum Annual Benefit of 31 Days in a Calendar Year
Hospice Care Benefit	Pays for hospice care up to the NH MDB each day hospice care is received in a Nursing Home or Hospice Facility Pays for hospice care up to the ALF MDB each day hospice care is received in an Assisted Living Facility Pays for hospice care up to the HHC MDB each day hospice care is received in your Home or the community Hospice Care Benefits reduce your Maximum Lifetime Benefit, depending on where care is received.
Restoration of Benefits	Included
International Travel Benefit	Up to a maximum lifetime benefit of 31 X NH MDB
Waiver of Premium	Included
CARE COORDINATION BENEFITS	
Care Coordination Services	<i>THIS IS THE ONLY BENEFIT NOT DEDUCTED FROM YOUR POLICY'S MAXIMUM LIFETIME BENEFIT.</i>
Alternate Care Benefit	As approved by Your Care Coordinator; subject to Your Policy's Maximum Lifetime Benefit

ADDITIONAL HOME HEALTH CARE BENEFITS AVAILABLE WITH CARE COORDINATION IF YOU CHOOSE TO FOLLOW THE PLAN OF CARE DEVELOPED BY ONE OF OUR CARE COORDINATORS IN ACCORDANCE WITH THE CARE COORDINATION BENEFITS, WE WILL PROVIDE THE FOLLOWING ADDITIONAL BENEFITS. SEE THE POLICY FOR FURTHER DETAILS.		
Caregiver Training Benefit	Caregiver Training Maximum Lifetime Benefit of 15 X HHC MDB	
Durable Medical Equipment Benefit	Durable Medical Equipment Maximum Lifetime Benefit of 30 X HHC MDB	
Home Modification Benefit	Home Modification Maximum Lifetime Benefit of 60 X HHC MDB	
Informal Caregiver Benefit for Homemaker Services	Daily Benefit Equals 25% of HHC MDB	
Medical Alert System Benefit	Medical Alert System Maximum Installation Benefit: 1 X HHC MDB Medical Alert System Maximum Monthly Benefit: 0.5 X HHC MDB each month Medical Alert System Maximum Lifetime Benefit: 30 X HHC MDB	
OPTIONAL BENEFITS YOU HAVE CHOSEN		Your Premium
[Spouse Benefit Spouse Benefit Percentage -- 60%]	[Included]	[\$XX.XX]
[Spouse Waiver of Premium and Survivorship Benefit]	[Included]	[\$XX.XX]
[Simple Inflation Protection - 5%]	[Included]	[\$XX.XX]
[Compound Inflation Protection 5%]	[Included]	[\$XX.XX]
[Compound Inflation Protection – 20-Year - 5%]	[Included]	[\$XX.XX]
[Guaranteed Purchase Option]	[Included]	[\$XX.XX]
[Return of Premium at Death Less Claims Benefit]	[Included]	[\$XX.XX]
[Nonforfeiture Benefit – Shortened Benefit Period]	[Included]	[\$XX.XX]
[Contingent Nonforfeiture Benefit]	[Included]	[\$00.00]
[Christian Science Providers]	[Included]	[\$00.00]
[10-Year Premium Payment Option]	[Included]	[\$XX.XX]
[To-Age-65 Premium Payment Option]	[Included]	[\$XX.XX]
[Waiver of Elimination Period for Home Health Care Benefits]	[Included]	[\$XX.XX]
BASIC POLICY COVERAGE PREMIUM		[\$XXX.XX]
ANNUAL TOTAL PREMIUM		[\$XXX.XX]
PREMIUM MODE		[Annual, SemiAnnual, Quarterly, Monthly]
YOUR TOTAL POLICY MODAL PREMIUM		[\$XXX.XX]

IF YOU ELECT TO PAY PREMIUMS OTHER THAN ANNUALLY, THE TOTAL AMOUNT OF THE PREMIUMS YOU PAY EACH YEAR WILL BE GREATER THAN THE ANNUAL PREMIUM BECAUSE THE COSTS ASSOCIATED WITH ADMINISTERING YOUR COVERAGE WILL BE GREATER.

Tax Qualified

The policy is intended to be a tax qualified long-term care insurance contract under §7702B(b) of the Internal Revenue Code of 1986, as amended. For additional information concerning the tax status of premiums paid and benefits received under the policy, you should consult your professional tax advisor.

MUTUAL of OMAHA INSURANCE COMPANY
P.O. Box 64901
St. Paul, MN 55164-0901



John Q Public
123 Main St
Anywhere, USA, 12345

RE: Coverage ID Number 33-123456

Dear John Q Public:

Your policy was designed to provide you and your family with peace of mind and financial protection by easing the burden of long term care expense. You were recently notified of a premium adjustment on the above policy number. This premium adjustment qualifies you to exercise the nonforfeiture option within your policy.

To take advantage of this option, your policy must be paid to the effective date of the premium adjustment. If you would like to exercise this option, please return this letter to us with your signature. Enclosed is a copy of the rider describing this option for your convenience.

If you have any questions about your Long Term Care Insurance Policy, please call our Customer Care Center at 1-234-567-8901.

Sincerely,

Signature Block

Signature:

Date:

QUESTIONS?

Call toll free 1-800-921-9334

We'll be glad to help you Monday – Friday, 7:00 a.m. to 5:00 p.m. Central Time.

MUTUAL of OMAHA INSURANCE COMPANY
P.O. Box 64901
St. Paul, MN 55164-0901



John Q Public
123 Main St
Anywhere, USA, 12345

RE: Coverage ID Number 33-123456

Dear John Q Public:

We have approved your request for a change in coverage. The new coverage is effective as of April 1, 2015.

Enclosed you will find a new Schedule of Benefits which reflects the changes in the coverage. Please replace the current schedule with the enclosed so that your records are current.

If you have any questions, please call our Customer Service Representatives at 1-234-567-8901, Monday through Friday 7:00 a.m. to 5:00 p.m. Central Time or email us at mutualofomahaltc@ltcg.com.

Sincerely,

Administrator
Mutual of Omaha Insurance Company

Enclosure

QUESTIONS?

Call toll free 1-800-921-9334

We'll be glad to help you Monday – Friday, 7:00 a.m. to 5:00 p.m. Central Time.

SAMPLE

Mutual of Omaha Insurance Company
Long Term Care Service Office
P.O. Box 64901
St. Paul, MN 55164-0901
Toll Free 1-877-894-2478

Insured:

John Q. Public

Issue Age: 57

Policy Number: 33-123456

Policy Effective Date: **January 1, 2013**

Schedule Effective Date: **April 1, 2013**

Rate Classification

Select

Allowance

Policy Schedule Print Date: 03/28/15

Your Elimination Period: 90 days of covered service

Your Maximum Lifetime Benefit: \$6,600

Benefits Provided by Your Policy (Deducted From Your Maximum Lifetime Benefit When Paid)	
NURSING HOME BENEFITS	
Nursing Home Maximum Daily Benefit (NH MDB)	Up to \$220 each day
Nursing Home Ambulance Benefit	Nursing Home Ambulance Benefit Round Trip Maximum – 2 X NH MDB Nursing Home Ambulance Maximum Annual Benefit – 4 X NH MDB
Nursing Home Bed Reservation Benefit	Up to NH MDB; Up to 31 days in a Calendar Year
ASSISTED LIVING FACILITY BENEFITS	
Assisted Living Facility Maximum Daily Benefit (ALF MDB)	Up to \$220 each day
Assisted Living Facility Bed Reservation Benefit	Up to ALF MDB; Up to 31 days in a Calendar Year
HOME HEALTH CARE BENEFITS	
Home Health Care Maximum Daily Benefit (HHC MDB)	Up to 50% of NH MDB each day
OTHER POLICY BENEFITS	
Respite Care Benefit	Pays for respite care up to the NH MDB each day A Respite Care Maximum Annual Benefit of 31 Days in a Calendar Year
Hospice Care Benefit	Pays for hospice care up to the NH MDB each day hospice care is received in a Nursing Home or Hospice Facility Pays for hospice care up to the ALF MDB each day hospice care is received in an Assisted Living Facility Pays for hospice care up to the HHC MDB each day hospice care is received in your Home or the community Hospice Care Benefits reduce your Maximum Lifetime Benefit, depending on where care is received.
Restoration of Benefits	Included
International Travel Benefit	Up to a maximum lifetime benefit of 31 X NH MDB
Waiver of Premium	Included
CARE COORDINATION BENEFITS	
Care Coordination Services	<i>THIS IS THE ONLY BENEFIT NOT DEDUCTED FROM YOUR POLICY'S MAXIMUM LIFETIME BENEFIT.</i>
Alternate Care Benefit	As approved by Your Care Coordinator; subject to Your Policy's Maximum Lifetime Benefit

ADDITIONAL HOME HEALTH CARE BENEFITS AVAILABLE WITH CARE COORDINATION IF YOU CHOOSE TO FOLLOW THE PLAN OF CARE DEVELOPED BY ONE OF OUR CARE COORDINATORS IN ACCORDANCE WITH THE CARE COORDINATION BENEFITS, WE WILL PROVIDE THE FOLLOWING ADDITIONAL BENEFITS. SEE THE POLICY FOR FURTHER DETAILS.		
Caregiver Training Benefit	Caregiver Training Maximum Lifetime Benefit of 15 X HHC MDB	
Durable Medical Equipment Benefit	Durable Medical Equipment Maximum Lifetime Benefit of 30 X HHC MDB	
Home Modification Benefit	Home Modification Maximum Lifetime Benefit of 60 X HHC MDB	
Informal Caregiver Benefit for Homemaker Services	Daily Benefit Equals 25% of HHC MDB	
Medical Alert System Benefit	Medical Alert System Maximum Installation Benefit: 1 X HHC MDB Medical Alert System Maximum Monthly Benefit: 0.5 X HHC MDB each month Medical Alert System Maximum Lifetime Benefit: 30 X HHC MDB	
OPTIONAL BENEFITS YOU HAVE CHOSEN		Your Premium
BASIC POLICY COVERAGE PREMIUM		\$ 0.00
ANNUAL TOTAL PREMIUM		\$ 0.00
PREMIUM MODE		Annual
YOUR TOTAL POLICY MODAL PREMIUM		\$ 0.00

IF YOU ELECT TO PAY PREMIUMS OTHER THAN ANNUALLY, THE TOTAL AMOUNT OF THE PREMIUMS YOU PAY EACH YEAR WILL BE GREATER THAN THE ANNUAL PREMIUM BECAUSE THE COSTS ASSOCIATED WITH ADMINISTERING YOUR COVERAGE WILL BE GREATER.

Tax Qualified

The policy is intended to be a tax qualified long-term care insurance contract under §7702B(b) of the Internal Revenue Code of 1986, as amended. For additional information concerning the tax status of premiums paid and benefits received under the policy, you should consult your professional tax advisor.

MUTUAL OF OMAHA INSURANCE COMPANY

MUTUAL OF OMAHA PLAZA, OMAHA, NE 68175

LONG-TERM CARE ENDORSEMENT

This endorsement is made a part of the policy to which it is attached. It is subject to all parts of your policy not in conflict with this endorsement. In the event of a conflict between this endorsement and any other provision of your policy, this endorsement will control. This endorsement takes effect on the Endorsement Date.

Endorsement Date (the effective date for this endorsement is the Schedule Effective Date shown on the policy schedule)

LONG-TERM CARE ENDORSEMENT

You have elected to make a change to your long-term care policy's benefits. This change is documented in an updated policy schedule which accompanies this endorsement. The updated policy schedule replaces the existing policy schedule. Please attach this endorsement and the updated policy schedule to your policy.

The change you requested does not alter any other existing terms, conditions or limitations of your policy.

TERMINATION

This endorsement ends on the earlier of:

- (a) the date a later Long-Term Care Endorsement and policy schedule are added to your policy in response to a request made by you to further modify a policy feature that this existing endorsement addressed; or
- (b) the date your policy ends.

Mutual of Omaha Insurance Company

0NX1M


Corporate Secretary

Mutual of Omaha Insurance Company
P.O. Box 64901
St. Paul, MN 55164-0901



Date

NAME
ADDRESS
CITY ST ZIP

RE: Policy/Certificate Number

Dear:

Your policy was designed to provide you and your family with peace of mind and financial protection by easing the burden of long term care expense. You were recently notified of a premium adjustment on the above policy number. This premium adjustment qualifies you to exercise the Contingent Nonforfeiture Benefit option within your policy.

To take advantage of this option, your policy must be paid to the effective date of the rate increase adjustment. If you would like to exercise this option, please return this letter to us with your signature and date. Enclosed is a copy of the Contingent Nonforfeiture Benefit rider for your convenience.

If you have any questions about your Long-Term Care Insurance policy, please contact our Customer Service Representative at 1-800-921-9334.

Sincerely,

Rachelle Bruning
Vice President, Policyowner Services

CC: Agent Name

Enc: Attach CNF Rider

Signature:

Date:

CNF

QUESTIONS?

Call toll free 1-800-921-9334

We'll be glad to help you Monday – Friday, 7:00 a.m. to 5:00 p.m. Central Time

MUTUAL of OMAHA INSURANCE COMPANY
P.O. Box 64901
St. Paul, MN 55164-0901



John Q Public
123 Main St
Anywhere, USA, 12345

RE: Coverage ID Number 33-123456

Dear John Q Public:

We have approved your request for a change in coverage. The new coverage is effective as of April 1, 2015.

Enclosed you will find a new Schedule of Benefits which reflects the changes in the coverage. Please replace the current schedule with the enclosed so that your records are current.

If you have any questions, please call our Customer Service Representatives at 1-234-567-8901, Monday through Friday 7:00 a.m. to 5:00 p.m. Central Time or email us at mutualofomahaltc@ltcg.com.

Sincerely,

Administrator
Mutual of Omaha Insurance Company

Enclosure

QUESTIONS?

Call toll free 1-800-921-9334

We'll be glad to help you Monday – Friday, 7:00 a.m. to 5:00 p.m. Central Time.

SAMPLE

Mutual of Omaha Insurance Company
Long Term Care Service Office
P.O. Box 64901
St. Paul, MN 55164-0901
Toll Free 1-877-894-2478

Insured:

John Q. Public

Issue Age: 57

Policy Number: 33-123456

Policy Effective Date: **January 1, 2013**

Schedule Effective Date: **April 1, 2013**

Rate Classification

Select

Allowance

Policy Schedule Print Date: 03/28/15

Your Elimination Period: 90 days of covered service

Your Maximum Lifetime Benefit: \$6,600

Benefits Provided by Your Policy (Deducted From Your Maximum Lifetime Benefit When Paid)	
NURSING HOME BENEFITS	
Nursing Home Maximum Daily Benefit (NH MDB)	Up to \$220 each day
Nursing Home Ambulance Benefit	Nursing Home Ambulance Benefit Round Trip Maximum – 2 X NH MDB Nursing Home Ambulance Maximum Annual Benefit – 4 X NH MDB
Nursing Home Bed Reservation Benefit	Up to NH MDB; Up to 31 days in a Calendar Year
ASSISTED LIVING FACILITY BENEFITS	
Assisted Living Facility Maximum Daily Benefit (ALF MDB)	Up to \$220 each day
Assisted Living Facility Bed Reservation Benefit	Up to ALF MDB; Up to 31 days in a Calendar Year
HOME HEALTH CARE BENEFITS	
Home Health Care Maximum Daily Benefit (HHC MDB)	Up to 50% of NH MDB each day
OTHER POLICY BENEFITS	
Respite Care Benefit	Pays for respite care up to the NH MDB each day A Respite Care Maximum Annual Benefit of 31 Days in a Calendar Year
Hospice Care Benefit	Pays for hospice care up to the NH MDB each day hospice care is received in a Nursing Home or Hospice Facility Pays for hospice care up to the ALF MDB each day hospice care is received in an Assisted Living Facility Pays for hospice care up to the HHC MDB each day hospice care is received in your Home or the community Hospice Care Benefits reduce your Maximum Lifetime Benefit, depending on where care is received.
Restoration of Benefits	Included
International Travel Benefit	Up to a maximum lifetime benefit of 31 X NH MDB
Waiver of Premium	Included
CARE COORDINATION BENEFITS	
Care Coordination Services	<i>THIS IS THE ONLY BENEFIT NOT DEDUCTED FROM YOUR POLICY'S MAXIMUM LIFETIME BENEFIT.</i>
Alternate Care Benefit	As approved by Your Care Coordinator; subject to Your Policy's Maximum Lifetime Benefit

ADDITIONAL HOME HEALTH CARE BENEFITS AVAILABLE WITH CARE COORDINATION IF YOU CHOOSE TO FOLLOW THE PLAN OF CARE DEVELOPED BY ONE OF OUR CARE COORDINATORS IN ACCORDANCE WITH THE CARE COORDINATION BENEFITS, WE WILL PROVIDE THE FOLLOWING ADDITIONAL BENEFITS. SEE THE POLICY FOR FURTHER DETAILS.		
Caregiver Training Benefit	Caregiver Training Maximum Lifetime Benefit of 15 X HHC MDB	
Durable Medical Equipment Benefit	Durable Medical Equipment Maximum Lifetime Benefit of 30 X HHC MDB	
Home Modification Benefit	Home Modification Maximum Lifetime Benefit of 60 X HHC MDB	
Informal Caregiver Benefit for Homemaker Services	Daily Benefit Equals 25% of HHC MDB	
Medical Alert System Benefit	Medical Alert System Maximum Installation Benefit: 1 X HHC MDB Medical Alert System Maximum Monthly Benefit: 0.5 X HHC MDB each month Medical Alert System Maximum Lifetime Benefit: 30 X HHC MDB	
OPTIONAL BENEFITS YOU HAVE CHOSEN		Your Premium
BASIC POLICY COVERAGE PREMIUM		\$ 0.00
ANNUAL TOTAL PREMIUM		\$ 0.00
PREMIUM MODE		Annual
YOUR TOTAL POLICY MODAL PREMIUM		\$ 0.00

IF YOU ELECT TO PAY PREMIUMS OTHER THAN ANNUALLY, THE TOTAL AMOUNT OF THE PREMIUMS YOU PAY EACH YEAR WILL BE GREATER THAN THE ANNUAL PREMIUM BECAUSE THE COSTS ASSOCIATED WITH ADMINISTERING YOUR COVERAGE WILL BE GREATER.

Tax Qualified

The policy is intended to be a tax qualified long-term care insurance contract under §7702B(b) of the Internal Revenue Code of 1986, as amended. For additional information concerning the tax status of premiums paid and benefits received under the policy, you should consult your professional tax advisor.

MUTUAL OF OMAHA INSURANCE COMPANY

MUTUAL OF OMAHA PLAZA, OMAHA, NE 68175

LONG-TERM CARE ENDORSEMENT

This endorsement is made a part of the policy to which it is attached. It is subject to all parts of your policy not in conflict with this endorsement. In the event of a conflict between this endorsement and any other provision of your policy, this endorsement will control. This endorsement takes effect on the Endorsement Date.

Endorsement Date (the effective date for this endorsement is the Schedule Effective Date shown on the policy schedule)

LONG-TERM CARE ENDORSEMENT

You have elected to make a change to your long-term care policy's benefits. This change is documented in an updated policy schedule which accompanies this endorsement. The updated policy schedule replaces the existing policy schedule. Please attach this endorsement and the updated policy schedule to your policy.

The change you requested does not alter any other existing terms, conditions or limitations of your policy.

TERMINATION

This endorsement ends on the earlier of:

- (a) the date a later Long-Term Care Endorsement and policy schedule are added to your policy in response to a request made by you to further modify a policy feature that this existing endorsement addressed; or
- (b) the date your policy ends.

Mutual of Omaha Insurance Company

0NX1M


Corporate Secretary

MUTUAL of OMAHA INSURANCE COMPANY
UNITED of OMAHA LIFE INSURANCE COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175
402 342 7600
mutualofomaha.com



<Month, Year>

**Univita Rate Review will display two separate letter heads,
Mutual and United with the MN Address**

Policyholder Name

Address

City, State, ZIP

Thank you for choosing [Mutual of Omaha Insurance Company] [United of Omaha Life Insurance Company] as your long-term care insurance provider. Your long-term care insurance policy from [Mutual of Omaha Insurance Company] [United of Omaha Life Insurance Company] continues to provide valuable coverage that may help you pay for long-term care services. Please keep in mind that your policy is guaranteed renewable for life. Your policy will be kept in force as long as you pay the required premiums. **Due to insureds both keeping their policies longer and staying on claim longer than originally assumed, combined with the cost of services continuing to increase, premiums are required to be increased in order to support future claim costs.** Therefore, the premium for this coverage is being adjusted. An adjustment is being applied to every person in your state with the same policy form, issue age and benefit options. Please note that premium rates may increase again in the future. The following represents the premium change for your coverage.

POLICY/CERTIFICATE NUMBER	CURRENT [MODE] PREMIUM	NEW [MODE] PREMIUM	INCREASE AMOUNT	PERCENT INCREASE	EFFECTIVE DATE
XXXXXX-XX	\$0,000.00	\$0,000.00	\$000.00	0%	00/00/00

Please keep this notification of the change in premium for your Policy/Certificate with your other important insurance documents. Send no money now as a new premium notice will be sent to you prior to the effective date shown above. If you pay premium through electronic funds transfer or payroll deduction, the organization that processes your payment will be notified of the new premium amount. If you have paid premium beyond the effective date listed above you will be billed for any additional premium due.

Insert Paragraph A – Waiver of Premium

Since your premium currently is being waived, you will not be immediately impacted by the rate adjustment. However, when the waiver is removed, your new premium will be the amount shown above.

Insert Paragraph B – Rate Guarantee

Since the policy you purchased contains a rate guarantee benefit, you will not be immediately impacted by the rate adjustment. The effective date for your rate adjustment is shown above.

Insert Paragraph C – Benefit Multiplier/Elimination Period Change Offer

We know an increase in premium is never welcomed news. Adjusting the current benefits of your policy can help keep your premium similar to what you currently pay. The enclosed Policy Adjustment Offer provides the details. To accept this offer, simply sign the form and return it to us in the enclosed envelope.

Insert Paragraph D – No Offer

We know an increase in premium is never welcomed news. To keep your premiums similar to what you currently pay, you may be able to reduce your current benefits or remove riders that may be attached to your policy.

Insert Paragraph E – Shared Care

Please note that your current policy includes a Shared Care Benefit. If you wish to retain the Shared Care Benefit, any changes you may elect to make to your policy benefits must also be made to your spouse's policy.

If you wish to keep your policy as it is now at the new premium shown above, you do not need to do anything. If you wish to explore additional options to help reduce your premium, contact:

Customer Care Center <Agent of record/DO>
1-XXX-XXX-XXXX

Please note that not all options available to reduce your premium are of equal value.

If you have a Partnership policy, some benefit reduction options may result in a loss in Partnership status that may reduce protection of your assets.

Insert Paragraph F – Non-forfeiture Shortened Benefit Period [Contingent Nonforfeiture Benefit]

Of course, you always have the option to forgo your policy altogether. If you elect to do so, the non-forfeiture benefit will provide you with a paid-up policy with reduced benefits. See your policy or contact the Customer Care Center at the phone number above for additional details. *[Of course, you always have the option to forgo your policy altogether. If you elect to do so, the nonforfeiture benefit will provide you with a paid-up policy with reduced benefits. Please contact the Customer Care Center at the phone number above for additional details.]*

As a reminder, your policy is guaranteed renewable for life. This means you can continue your policy for as long as you live or until you have exhausted your policy benefits. Subject to the terms of your policy, we cannot cancel your policy as long as you pay the required premium when it is due. However, the premium for your policy can change again in the future. We will not increase premium due to a change in your age or health or your use of the long-term coverage. However, we can change premiums if we make the same change for all persons of the same class, but never more than once per year.

This rate increase request was reviewed by the commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI.

We hope you'll take a moment to consider the reason you purchased a long-term care insurance policy from [Mutual of Omaha Insurance Company] [United of Omaha Life Insurance Company] and why it's more important than ever to have this valuable protection. With our history of financial strength and our commitment to serving our customers, you can be confident we'll be there when you need us, just as we have for over a century.

Sincerely,

Signature Block

QUESTIONS?

Call toll free 1-800-921-9334

We'll be glad to help you Monday – Friday, 7:00 a.m. to 5:00 p.m. Central Time.

Please keep this notification with your other important insurance documents.

MUTUAL of OMAHA INSURANCE COMPANY
UNITED of OMAHA LIFE INSURANCE COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175
402 342 7600
mutualofomaha.com



<Month, Year>

**Univita Rate Review will display two separate letter heads,
Mutual and United with the MN Address**

Policyholder Name

Address

City, State, ZIP

Thank you for choosing [Mutual of Omaha Insurance Company] [United of Omaha Life Insurance Company] as your long-term care insurance provider. Your long-term care insurance policy from [Mutual of Omaha Insurance Company] [United of Omaha Life Insurance Company] continues to provide valuable coverage that may help you pay for long-term care services. Please keep in mind that your policy is guaranteed renewable for life. Your policy will be kept in force as long as you pay the required premiums. **Due to insureds both keeping their policies longer and staying on claim longer than originally assumed, combined with the cost of services continuing to increase, premiums will be increased in order to support future claim costs.** Therefore, the premium for this coverage is being increased. An increase is being applied to every person in your state with the same policy form, issue age and benefit options. Please note that premium rates may increase again in the future. The following represents the premium change for your coverage.

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Since the policy you purchased contains a rate guarantee benefit, you will not be immediately impacted by the rate adjustment. The effective date for your rate adjustment is shown above.

Insert Paragraph C – Benefit Multiplier/Elimination Period Change Offer

We know an increase in premium is never welcomed news. Adjusting the current benefits of your policy can help keep your premium similar to what you currently pay. The enclosed Policy Adjustment Offer provides the details. To accept this offer, simply sign the form and return it to us in the enclosed envelope.

Insert Paragraph D – No Offer

We know an increase in premium is never welcomed news. To keep your premiums similar to what you currently pay, you may be able to reduce your current benefits or remove riders that may be attached to your policy.

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Please note that your current policy includes a Shared Care Benefit. If you wish to retain the Shared Care Benefit, any changes you may elect to make to your policy benefits must also be made to your spouse's policy.

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Insert Paragraph F – Non-forfeiture Shortened Benefit Period

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Insert Paragraph G – Contingent Nonforfeiture Benefit

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This rate increase request was reviewed by the commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI.

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Signature Block

QUESTIONS?

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Please keep this notification with your other important insurance documents.

Statement of Variability (applicable only to the Premium Notification Letter)

Any language that appears in italics in the Premium Notification Letter is variable for one of the following reasons:

1. The policyholder is on waiver;
2. The offer will only appear if the policyholder has the benefit; or
3. The policyholder qualifies for the offer that is described.

Not all of the language in italics will appear in every premium notification letter. With respect to benefits, offers will be included or excluded in accordance with the benefits of each policyholder. Offers will not appear in the Letter for benefits that are not available and do not apply.

MUTUAL of OMAHA INSURANCE COMPANY
UNITED of OMAHA LIFE INSURANCE COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175
402 342 7600
mutualofomaha.com



<Month, Year>

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City, State, ZIP

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Signature Block

QUESTIONS?

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Please keep this notification with your other important insurance documents.

State: Virginia

Filing Company:

Mutual of Omaha Insurance Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.003 Other

Product Name: Mutual of Omaha - 2013 Rate Increase (LTC04I)

Project Name/Number: 2013 - LTC04I/

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

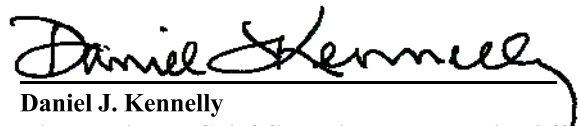
Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/30/2015	Withdrawn 06/08/2015	Supporting Document	Certification of Compliance	06/08/2015	Certificate of Compliance.pdf (Superseded) Readability Certificate (revised).pdf (Superseded)
03/20/2015	Withdrawn 04/07/2015	Supporting Document	Certification of Compliance	03/30/2015	Certificate of Compliance.pdf Readability Certification - LTC Endorsement VA.pdf (Superseded)
01/24/2014	Withdrawn 06/08/2015	Rate	rate schedule	06/08/2015	LTC04I Proposed Premium Rates.pdf (Superseded)
01/24/2014	Withdrawn 06/08/2015	Rate	rate schedule	06/08/2015	LTC04I Proposed Premium Rates.pdf (Superseded)
01/24/2014	Withdrawn 06/08/2015	Rate	rate schedule	06/08/2015	LTC04I Proposed Premium Rates.pdf (Superseded)
01/24/2014	Withdrawn 06/08/2015	Rate	rate schedule	06/08/2015	LTC04I Proposed Premium Rates.pdf (Superseded)
01/06/2014	Withdrawn 06/08/2015	Supporting Document	LTC Rate Summary Form	06/03/2015	Rate Summary Form (Part 1 - VA).pdf VA Increase Summary.pdf (Superseded)
01/06/2014	Withdrawn 12/31/2014	Rate	rate schedule	01/24/2014	LTC04I Proposed Premium Rates.pdf
07/18/2012	Withdrawn 01/13/2014	Rate	rate schedule	01/06/2014	LTC04I Proposed Premium Rates.pdf
07/18/2012	Withdrawn 12/31/2014	Rate	rate schedule	01/24/2014	LTC04I Proposed Premium Rates.pdf
07/18/2012	Withdrawn 12/31/2014	Rate	rate schedule	01/24/2014	LTC04I Proposed Premium Rates.pdf
07/18/2012	Withdrawn 12/31/2014	Rate	rate schedule	01/24/2014	LTC04I Proposed Premium Rates.pdf
05/01/2012	Withdrawn 04/07/2015	Supporting Document	Certification of Compliance	03/20/2015	

VIRGINIA

The Company has reviewed the enclosed forms and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

Mutual of Omaha Insurance Company

Name of Company

A handwritten signature in black ink, reading "Daniel J. Kennelly". The signature is written in a cursive style with a large, stylized "D" and "K".

Daniel J. Kennelly

Vice President, Chief Compliance and Ethics Officer

Mutual of Omaha Insurance Company

Date: March 19, 2015

Form No: Rider 0NX1M

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

Name and Address of Insurer **Mutual of Omaha Insurance Company**
Mutual of Omaha Plaza, Omaha, NE 68175

I hereby certify that the Flesch reading ease score for each form listed is as shown below. The type size of each form is 12-point type, one-point leaded.

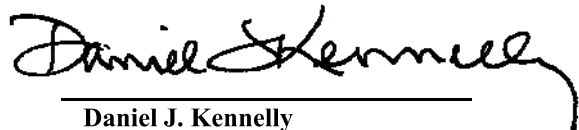
The entire text of the forms was tested.

<u>FORM NUMBER</u>	<u>TITLE OF FORM</u>	<u>SENTENCES</u>	<u>WORDS</u>	<u>SYLLABLES</u>	<u>FLESH SCORE</u>
0NX1M	Long-Term Care Endorsement	10	193	333	45.6

I also certify that the forms listed are in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

March 30, 2015

Date



Daniel J. Kennelly
Vice President, Chief Compliance and Ethics Officer
Mutual of Omaha Insurance Company

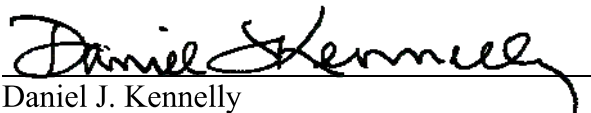
**MUTUAL OF OMAHA INSURANCE COMPANY
OMAHA, NEBRASKA**

READABILITY CERTIFICATION

Date: March 19, 2015

Mutual of Omaha Insurance Company certifies that the Flesch Readability Score for the following forms is (see attached list if no forms are shown):

<u>Form</u>	<u>Flesch Score</u>
ONX1M	45.6



Daniel J. Kennelly
Vice President, Chief Compliance and Ethics Officer
Mutual of Omaha Insurance Company

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

No Inflation

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)					
Age	Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	34.95	39.53	44.95	50.37	55.73	80.08
36	35.32	40.01	45.58	51.08	56.53	80.86
37	35.70	40.52	46.21	51.80	57.32	81.64
38	36.08	41.03	46.87	52.53	58.07	82.02
39	36.43	41.52	47.49	53.26	58.83	82.59
40	36.78	41.79	47.59	53.95	59.60	83.36
41	37.16	40.97	46.91	54.68	60.43	84.35
42	37.57	40.29	46.41	54.71	61.23	85.54
43	38.04	40.70	46.72	54.43	60.87	86.95
44	38.59	41.60	47.54	54.34	60.72	87.89
45	39.23	42.61	48.48	54.43	60.81	88.42
46	39.98	43.73	49.56	54.72	61.16	89.24
47	40.89	44.95	50.82	55.21	61.80	90.33
48	42.24	46.46	52.59	56.72	63.79	92.81
49	43.59	47.92	54.43	58.24	65.81	95.25
50	45.00	49.35	56.33	59.81	67.91	97.70
51	46.50	50.80	58.38	61.48	70.17	100.21
52	48.12	52.30	60.61	63.47	72.82	102.88
53	49.57	53.77	62.64	65.44	75.25	104.87
54	51.14	55.45	64.85	67.62	77.87	107.19
55	52.91	57.36	67.29	70.08	80.78	109.95
56	54.92	59.61	70.03	72.93	84.07	113.29
57	57.23	62.26	73.13	76.22	87.82	117.34
58	59.57	65.37	75.95	79.50	91.48	121.90
59	62.44	68.98	79.58	83.65	96.09	127.75
60	65.97	73.24	84.12	88.77	101.77	135.09
61	70.25	78.26	89.64	94.94	108.62	144.00
62	75.35	84.19	96.21	102.27	116.76	154.65
63	82.06	91.49	105.01	111.70	127.39	169.91
64	89.19	99.20	114.26	121.56	138.56	186.06
65	97.59	108.29	124.94	132.91	151.49	204.81
66	111.74	123.82	142.76	151.80	173.13	235.63
67	123.42	136.66	157.04	166.93	190.59	261.12
68	140.59	155.95	175.40	186.44	213.41	289.69
69	158.14	175.72	195.09	207.34	237.84	317.92
70	176.51	196.50	216.52	230.11	264.44	346.61
71	196.10	218.83	240.10	255.20	293.72	376.59
72	217.31	243.23	266.26	283.04	326.26	408.52
73	238.18	267.31	295.96	314.63	362.88	439.15
74	261.40	294.33	330.04	350.85	404.90	473.70
75	287.65	325.16	369.23	392.51	453.29	513.20
76	317.65	360.63	414.26	440.39	509.00	570.65
77	352.09	401.64	465.92	495.29	573.01	640.42
78	391.70	449.02	524.90	558.00	646.24	721.75
79	437.16	503.66	592.00	629.32	729.70	816.14
80	489.18	566.41	667.93	710.04	824.31	925.05
81	548.47	638.11	753.45	800.96	931.06	1,049.94

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	31.45	35.57	40.46	45.34	50.16	72.08
36	31.79	36.02	41.01	45.97	50.87	72.78
37	32.13	36.46	41.58	46.63	51.58	73.48
38	32.47	36.93	42.18	47.28	52.26	73.83
39	32.79	37.38	42.75	47.94	52.95	74.33
40	33.10	37.60	42.83	48.56	53.64	75.03
41	33.45	36.87	42.22	49.22	54.38	75.92
42	33.81	36.26	41.76	49.24	55.12	77.00
43	34.23	36.63	42.04	48.99	54.78	78.26
44	34.73	37.43	42.79	48.90	54.65	79.10
45	35.30	38.34	43.64	48.98	54.73	79.58
46	35.99	39.35	44.60	49.25	55.04	80.31
47	36.80	40.45	45.74	49.68	55.62	81.29
48	38.02	41.82	47.33	51.04	57.42	83.55
49	39.24	43.13	48.98	52.41	59.23	85.73
50	40.50	44.41	50.70	53.82	61.12	87.93
51	41.85	45.72	52.55	55.33	63.15	90.20
52	43.31	47.06	54.55	57.13	65.54	92.59
53	44.61	48.40	56.38	58.89	67.72	94.39
54	46.03	49.90	58.36	60.85	70.08	96.47
55	47.61	51.63	60.56	63.08	72.71	98.97
56	49.43	53.65	63.03	65.64	75.66	101.97
57	51.51	56.04	65.82	68.61	79.04	105.60
58	53.61	58.83	68.35	71.55	82.33	109.70
59	56.20	62.09	71.62	75.29	86.49	114.99
60	59.37	65.91	75.70	79.90	91.59	121.59
61	63.22	70.44	80.67	85.45	97.76	129.60
62	67.81	75.78	86.59	92.03	105.08	139.18
63	73.86	82.34	94.51	100.53	114.65	152.92
64	80.27	89.28	102.84	109.41	124.71	167.45
65	87.83	97.46	112.44	119.62	136.34	184.32
66	100.57	111.44	128.48	136.62	155.83	212.07
67	111.08	122.99	141.33	150.24	171.53	235.01
68	126.53	140.35	157.86	167.79	192.08	260.73
69	142.33	158.14	175.57	186.60	214.06	286.12
70	158.87	176.86	194.86	207.10	238.00	311.96
71	176.49	196.95	216.09	229.68	264.34	338.93
72	195.59	218.90	239.64	254.73	293.63	367.67
73	214.36	240.58	266.36	283.16	326.58	395.23
74	235.25	264.89	297.03	315.76	364.41	426.33
75	258.89	292.64	332.31	353.26	407.96	461.88
76	285.89	324.56	372.84	396.35	458.10	513.58
77	316.88	361.47	419.32	445.76	515.70	576.37
78	352.53	404.12	472.41	502.20	581.61	649.58
79	393.44	453.29	532.80	566.39	656.73	734.53
80	440.26	509.77	601.14	639.04	741.89	832.54
81	493.63	574.30	678.11	720.86	837.95	944.95

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

No Inflation

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL) Benefit Period						Non Integrated - Home Health Care (HHC) (2PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	33.08	36.24	43.10	48.31	50.14	64.22	7.36	9.42	10.88	12.19	12.64	15.87
36	33.29	36.79	43.63	48.89	50.76	64.67	7.56	9.66	11.09	12.42	12.90	16.19
37	33.51	37.36	44.14	49.50	51.37	65.15	7.75	9.92	11.31	12.68	13.16	16.49
38	33.60	37.95	44.62	50.03	51.86	65.18	8.05	10.27	11.59	12.99	13.46	16.84
39	33.74	38.53	45.11	50.59	52.39	65.42	8.29	10.57	11.84	13.27	13.74	17.16
40	33.95	38.88	45.12	51.16	52.99	65.90	8.47	10.76	11.91	13.51	14.00	17.46
41	34.23	38.21	44.43	51.81	53.70	66.59	8.61	10.63	11.78	13.73	14.22	17.76
42	34.60	37.67	43.96	51.83	54.42	67.50	8.71	10.50	11.65	13.73	14.41	18.04
43	35.05	38.20	44.30	51.60	54.14	68.63	8.80	10.55	11.70	13.64	14.32	18.32
44	35.60	39.19	45.14	51.59	54.09	69.44	8.89	10.68	11.86	13.56	14.22	18.45
45	36.26	40.29	46.11	51.78	54.28	69.96	8.99	10.81	12.03	13.50	14.16	18.46
46	37.04	41.49	47.26	52.19	54.72	70.75	9.10	10.97	12.20	13.47	14.14	18.49
47	37.93	42.78	48.59	52.79	55.42	71.79	9.25	11.14	12.40	13.47	14.14	18.54
48	39.25	44.36	50.54	54.50	57.58	74.09	9.50	11.37	12.65	13.63	14.40	18.73
49	40.53	45.85	52.50	56.18	59.63	76.30	9.78	11.65	12.92	13.83	14.64	18.95
50	41.83	47.28	54.53	57.89	61.66	78.49	10.12	11.95	13.23	14.05	14.90	19.21
51	43.17	48.66	56.66	59.68	63.75	80.73	10.50	12.30	13.59	14.32	15.19	19.49
52	44.58	50.07	58.96	61.74	66.13	83.07	10.94	12.71	14.00	14.67	15.54	19.82
53	45.83	51.42	60.96	63.68	68.09	84.70	11.34	13.13	14.45	15.10	15.92	20.18
54	47.21	52.94	63.11	65.80	70.19	86.54	11.77	13.59	14.96	15.60	16.36	20.65
55	48.77	54.71	65.46	68.18	72.55	88.69	12.23	14.11	15.53	16.19	16.90	21.27
56	50.60	56.82	68.10	70.91	75.31	91.29	12.71	14.69	16.20	16.86	17.55	22.01
57	52.75	59.36	71.09	74.09	78.57	94.42	13.23	15.33	16.93	17.65	18.34	22.92
58	54.98	62.13	73.75	77.20	82.19	97.92	13.71	16.03	17.65	18.48	19.32	23.98
59	57.82	65.66	77.28	81.23	86.69	102.48	14.23	16.80	18.51	19.46	20.45	25.28
60	61.36	70.01	81.74	86.26	92.20	108.23	14.83	17.66	19.53	20.61	21.80	26.85
61	65.67	75.30	87.22	92.38	98.84	115.28	15.52	18.66	20.76	21.98	23.39	28.73
62	70.82	81.57	93.76	99.67	106.75	123.73	16.36	19.83	22.19	23.59	25.27	30.92
63	77.45	89.29	102.55	109.09	116.49	135.91	17.62	21.40	24.13	25.66	27.52	34.00
64	84.43	97.27	111.78	118.93	126.65	148.82	19.02	23.14	26.19	27.87	29.88	37.23
65	92.52	106.35	122.41	130.21	138.34	163.82	20.80	25.30	28.65	30.47	32.67	40.99
66	105.98	121.36	140.00	148.87	157.93	188.48	23.95	29.07	32.80	34.87	37.37	47.14
67	116.90	133.22	154.06	163.77	173.64	208.90	26.72	32.37	36.23	38.52	41.26	52.22
68	132.84	148.32	171.92	182.73	196.30	231.76	30.74	37.17	40.65	43.56	47.02	57.93
69	148.93	164.45	191.05	203.04	219.17	254.35	35.16	42.41	45.57	48.94	52.93	63.58
70	165.57	181.94	211.82	225.13	242.94	277.31	40.08	48.22	51.09	54.76	59.14	69.30
71	183.11	201.09	234.67	249.43	268.32	301.29	45.59	54.70	57.29	61.18	65.83	75.30
72	201.93	222.25	260.00	276.39	296.01	326.81	51.81	62.00	64.27	68.33	73.17	81.71
73	220.26	246.18	289.02	307.24	324.79	351.32	58.36	69.67	72.24	76.09	80.63	87.82
74	240.56	273.49	322.39	342.72	357.95	378.96	65.77	78.31	81.31	85.00	89.13	94.74
75	263.51	304.78	360.86	383.60	396.74	410.56	74.15	88.09	91.65	95.26	98.95	102.64
76	289.75	340.59	405.15	430.70	442.44	456.52	83.66	99.18	103.38	107.11	110.40	114.13
77	319.96	381.52	456.03	484.79	496.30	512.34	94.42	111.75	116.65	120.78	123.77	128.08
78	354.80	428.13	514.23	546.66	559.58	577.40	106.58	125.96	131.59	136.49	139.35	144.35
79	394.90	481.01	580.50	617.11	633.55	652.92	120.28	141.97	148.36	154.46	157.43	163.22
80	440.97	540.73	655.58	696.93	719.48	740.04	135.64	159.98	167.09	174.94	178.31	185.01
81	493.62	607.86	740.22	786.90	818.61	839.95	152.83	180.11	187.91	198.14	202.27	209.99

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

No Inflation

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	39.90	48.31	60.99	1.41	1.76	2.10	7.36	
36	40.52	48.89	61.45	1.43	1.78	2.12	7.56	
37	41.15	49.50	61.88	1.45	1.81	2.14	7.75	
38	41.38	50.03	61.91	1.46	1.83	2.15	8.05	
39	41.83	50.58	62.15	1.47	1.85	2.16	8.29	
40	42.23	51.15	62.60	1.49	1.86	2.15	8.47	
41	41.72	51.80	63.26	1.52	1.85	2.12	8.61	
42	41.50	51.83	64.13	1.55	1.84	2.10	8.71	
43	42.09	51.60	65.20	1.59	1.86	2.12	8.80	
44	43.17	51.59	65.97	1.64	1.91	2.17	8.89	
45	44.37	51.78	66.47	1.70	1.97	2.23	8.99	
46	45.69	52.18	67.21	1.77	2.04	2.31	9.10	
47	47.08	52.79	68.20	1.85	2.11	2.38	9.25	
48	48.81	54.49	70.38	1.95	2.21	2.48	9.50	
49	50.42	56.17	72.49	2.05	2.32	2.58	9.78	
50	51.95	57.89	74.57	2.14	2.42	2.68	10.12	
51	53.45	59.67	76.69	2.24	2.52	2.78	10.50	
52	54.96	61.74	78.91	2.35	2.62	2.90	10.94	
53	56.42	63.68	80.46	2.44	2.71	2.99	11.34	
54	58.06	65.80	82.21	2.54	2.82	3.10	11.77	
55	59.99	68.18	84.26	2.65	2.93	3.21	12.23	
56	62.28	70.91	86.72	2.79	3.07	3.35	12.71	
57	65.05	74.09	89.69	2.95	3.22	3.51	13.23	
58	68.05	77.20	93.02	3.11	3.39	3.67	13.71	
59	71.91	81.23	97.35	3.32	3.59	3.88	14.23	
60	76.66	86.26	102.82	3.57	3.86	4.14	14.83	
61	82.42	92.38	109.51	3.88	4.17	4.46	15.52	
62	89.25	99.67	117.54	4.25	4.55	4.83	16.36	
63	97.64	109.09	129.11	4.73	5.04	5.32	17.62	
64	106.30	118.93	141.37	5.25	5.56	5.84	19.02	
65	116.16	130.20	155.63	5.83	6.15	6.45	20.80	
66	132.46	148.87	179.05	6.78	7.10	7.42	23.95	
67	145.31	163.77	198.44	7.57	7.89	8.22	26.72	
68	161.58	183.82	220.17	8.66	9.00	9.33	30.74	
69	179.01	204.56	241.61	9.77	10.11	10.47	35.16	
70	197.94	226.53	263.45	10.93	11.29	11.66	40.08	
71	218.70	250.29	286.21	12.19	12.56	12.93	45.59	
72	241.64	276.39	310.48	13.57	13.94	14.33	51.81	
73	267.68	305.14	333.74	15.03	15.42	15.82	58.36	
74	297.40	338.37	360.01	16.72	17.12	17.54	65.77	
75	331.39	377.08	390.04	18.68	19.09	19.54	74.15	
76	370.26	422.32	433.69	20.97	21.41	21.88	83.66	
77	414.62	475.09	486.71	23.65	24.12	24.61	94.42	
78	465.07	536.42	548.54	26.79	27.29	27.81	106.58	
79	522.21	607.33	620.27	30.42	30.95	31.51	120.28	
80	586.65	688.85	703.04	34.60	35.18	35.77	135.64	
81	659.01	782.00	797.95	39.40	40.04	40.68	152.83	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Compound

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	60.02	69.64	79.20	88.72	98.19	139.76	54.01	62.67	71.29	79.86	88.37	125.79
36	60.59	70.50	80.31	90.00	99.59	141.19	54.53	63.47	72.26	80.99	89.63	127.09
37	61.20	71.39	81.43	91.28	100.99	142.66	55.08	64.24	73.28	82.16	90.88	128.40
38	62.44	73.08	83.47	93.58	103.43	143.49	56.19	65.77	75.12	84.22	93.09	129.16
39	64.01	75.14	85.94	96.37	106.46	144.61	57.61	67.65	77.36	86.73	95.81	130.15
40	65.23	76.79	87.93	98.65	108.99	146.05	58.70	69.10	79.13	88.80	98.10	131.45
41	66.89	78.90	90.46	101.57	112.21	147.83	60.21	71.00	81.42	91.42	100.98	133.05
42	68.19	80.64	92.60	104.04	115.01	149.95	61.37	72.58	83.34	93.63	103.53	134.96
43	69.94	82.75	95.05	106.82	118.08	151.48	62.94	74.48	85.53	96.15	106.27	136.35
44	71.50	84.65	97.26	109.33	120.87	153.35	64.34	76.17	87.54	98.40	108.79	138.02
45	73.61	87.20	100.22	112.68	124.58	155.58	66.24	78.46	90.21	101.41	112.13	140.01
46	73.03	87.90	99.62	115.70	128.04	158.14	65.74	79.10	89.65	104.14	115.23	142.32
47	72.35	87.27	98.66	116.26	130.14	161.07	65.11	78.53	88.80	104.62	117.12	144.95
48	73.99	89.20	100.96	118.57	133.35	165.16	66.60	80.29	90.87	106.71	120.03	148.67
49	75.10	90.40	102.69	120.06	135.67	168.02	67.61	81.37	92.40	108.05	122.10	151.23
50	76.76	92.08	105.11	122.35	138.92	171.89	69.08	82.87	94.60	110.10	125.02	154.69
51	78.53	93.76	107.76	124.77	142.40	175.80	70.68	84.39	96.99	112.29	128.17	158.23
52	80.47	95.50	110.67	127.46	146.24	179.91	72.42	85.93	99.61	114.73	131.62	161.91
53	81.34	96.67	112.62	129.50	148.91	183.71	73.20	87.02	101.37	116.54	134.01	165.35
54	82.34	98.16	114.80	131.85	151.84	188.02	74.11	88.34	103.31	118.65	136.65	169.22
55	83.59	99.98	117.29	134.64	155.19	193.06	75.22	89.99	105.56	121.19	139.69	173.77
56	85.13	102.30	120.18	138.04	159.13	199.05	76.62	92.07	108.17	124.25	143.21	179.16
57	87.04	105.20	123.57	142.14	163.77	206.23	78.34	94.69	111.22	127.94	147.39	185.60
58	89.05	108.66	126.24	145.75	167.72	213.47	80.14	97.79	113.61	131.18	150.94	192.11
59	92.35	113.52	130.97	151.75	174.32	224.45	83.12	102.18	117.87	136.59	156.91	202.02
60	96.50	119.30	137.02	159.30	182.63	238.09	86.85	107.36	123.31	143.38	164.36	214.29
61	101.86	125.26	143.47	167.30	191.41	252.87	91.67	112.74	129.12	150.58	172.27	227.57
62	109.26	133.27	152.29	178.12	203.36	272.42	98.32	119.95	137.06	160.28	183.01	245.16
63	118.99	144.24	165.56	193.69	220.90	297.49	107.10	129.81	149.00	174.32	198.80	267.73
64	128.43	154.65	178.13	208.34	237.48	321.45	115.59	139.19	160.33	187.52	213.74	289.30
65	140.53	168.05	193.88	226.64	258.32	351.50	126.48	151.24	174.49	203.98	232.49	316.34
66	159.79	189.87	218.91	255.65	291.57	398.78	143.82	170.88	197.01	230.08	262.43	358.92
67	175.26	206.98	237.84	277.50	316.83	430.14	157.73	186.27	214.05	249.76	285.15	387.12
68	196.83	227.85	256.27	298.17	341.30	472.64	177.14	205.06	230.64	268.34	307.19	425.38
69	219.81	249.11	276.57	320.95	368.17	510.48	197.84	224.19	248.90	288.85	331.36	459.42
70	241.82	269.21	296.63	341.92	392.93	543.43	217.65	242.30	266.96	307.73	353.64	489.11
71	264.74	295.42	324.14	363.53	418.40	576.04	238.26	265.88	291.72	327.18	376.55	518.44
72	291.20	325.93	356.79	388.91	448.30	613.70	262.09	293.33	321.12	350.01	403.46	552.34
73	316.78	355.52	393.63	421.08	485.65	667.91	285.10	319.97	354.26	378.96	437.07	601.12
74	345.05	388.52	435.65	463.12	534.47	729.80	310.53	349.65	392.08	416.80	481.02	656.82
75	376.82	425.96	483.69	514.19	593.81	801.36	339.15	383.36	435.33	462.77	534.43	721.22
76	412.95	468.82	538.54	572.51	661.70	884.45	371.66	421.93	484.69	515.26	595.53	795.99
77	454.20	518.12	601.04	638.92	739.18	980.86	408.78	466.30	540.92	575.03	665.25	882.76
78	501.38	574.75	671.87	714.24	827.19	1,096.86	451.24	517.27	604.68	642.82	744.46	987.18
79	555.19	639.65	751.84	799.24	926.72	1,230.61	499.67	575.68	676.66	719.32	834.05	1,107.56

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Compound

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	56.80	63.86	75.95	85.10	88.33	112.07	12.64	16.59	19.16	21.47	22.28	27.69
36	57.11	64.83	76.87	86.14	89.43	112.92	12.97	17.03	19.53	21.88	22.73	28.27
37	57.44	65.82	77.79	87.22	90.51	113.84	13.29	17.47	19.92	22.34	23.19	28.81
38	58.15	67.59	79.47	89.11	92.37	114.02	13.93	18.30	20.64	23.13	23.98	29.47
39	59.28	69.72	81.63	91.53	94.80	114.56	14.57	19.12	21.43	24.02	24.87	30.05
40	60.21	71.45	83.36	93.54	96.91	115.46	15.02	19.78	22.01	24.69	25.60	30.59
41	61.62	73.59	85.69	96.23	99.71	116.70	15.50	20.47	22.71	25.50	26.42	31.13
42	62.80	75.39	87.73	98.57	102.21	118.32	15.81	21.02	23.26	26.11	27.07	31.63
43	64.44	77.67	90.12	101.27	105.03	119.56	16.18	21.45	23.80	26.76	27.77	31.92
44	65.96	79.75	92.35	103.80	107.68	121.15	16.47	21.73	24.26	27.27	28.31	32.19
45	68.04	82.46	95.32	107.19	111.20	123.10	16.87	22.12	24.87	27.96	29.01	32.48
46	67.66	83.40	95.00	110.35	114.55	125.38	16.62	22.05	24.52	28.48	29.61	32.76
47	67.11	83.05	94.33	111.16	116.71	128.01	16.37	21.63	24.07	28.37	29.79	33.05
48	68.75	85.16	97.03	113.93	120.37	131.84	16.64	21.83	24.29	28.49	30.11	33.32
49	69.83	86.50	99.04	115.82	122.93	134.59	16.85	21.98	24.37	28.52	30.19	33.43
50	71.35	88.22	101.75	118.41	126.13	138.10	17.26	22.30	24.69	28.74	30.49	33.79
51	72.91	89.81	104.58	121.12	129.37	141.61	17.73	22.70	25.08	29.05	30.82	34.18
52	74.55	91.43	107.66	123.99	132.80	145.26	18.29	23.21	25.56	29.46	31.21	34.65
53	75.20	92.45	109.60	126.01	134.74	148.37	18.61	23.61	25.98	29.88	31.50	35.34
54	76.01	93.72	111.72	128.30	136.86	151.79	18.95	24.06	26.48	30.42	31.90	36.23
55	77.05	95.36	114.10	130.99	139.38	155.72	19.32	24.59	27.07	31.10	32.47	37.34
56	78.43	97.51	116.87	134.22	142.55	160.39	19.70	25.21	27.80	31.91	33.22	38.66
57	80.23	100.30	120.12	138.16	146.52	165.94	20.12	25.90	28.61	32.91	34.20	40.29
58	82.19	103.27	122.59	141.54	150.68	171.48	20.49	26.64	29.34	33.88	35.42	41.99
59	85.51	108.06	127.18	147.36	157.27	180.04	21.05	27.65	30.46	35.30	37.10	44.41
60	89.76	114.04	133.15	154.79	165.45	190.76	21.69	28.77	31.81	36.98	39.12	47.33
61	95.22	120.52	139.60	162.79	174.17	202.42	22.50	29.87	33.23	38.73	41.22	50.45
62	102.69	129.12	148.41	173.59	185.92	217.95	23.72	31.39	35.12	41.09	44.01	54.47
63	112.30	140.77	161.68	189.16	201.99	237.96	25.55	33.74	38.04	44.49	47.72	59.53
64	121.58	151.64	174.26	203.84	217.07	257.12	27.39	36.07	40.83	47.77	51.21	64.33
65	133.23	165.03	189.96	222.04	235.90	281.15	29.95	39.26	44.46	51.96	55.71	70.35
66	151.55	186.09	214.68	250.71	265.97	319.00	34.25	44.58	50.30	58.72	62.93	79.78
67	166.00	201.77	233.33	272.25	288.66	344.11	37.94	49.03	54.87	64.04	68.59	86.02
68	185.98	216.70	251.18	292.24	313.94	378.13	43.04	54.31	59.39	69.66	75.20	94.51
69	207.01	233.13	270.84	314.30	339.27	408.40	48.87	60.12	64.60	75.76	81.93	102.08
70	226.83	249.26	290.19	334.52	360.98	434.78	54.91	66.06	69.99	81.37	87.88	108.66
71	247.20	271.47	316.80	355.31	382.22	460.86	61.55	73.85	77.34	87.15	93.77	115.18
72	270.59	297.82	348.40	379.77	406.73	490.96	69.43	83.08	86.12	93.89	100.54	122.74
73	292.95	327.42	384.40	411.19	434.68	534.33	77.62	92.66	96.08	101.83	107.91	133.58
74	317.54	361.01	425.55	452.39	472.49	583.85	86.82	103.37	107.33	112.20	117.65	145.95
75	345.20	399.26	472.73	502.52	519.73	641.09	97.14	115.40	120.06	124.79	129.62	160.27
76	376.68	442.77	526.70	559.91	575.17	707.56	108.76	128.93	134.39	139.24	143.52	176.89
77	412.75	492.16	588.28	625.38	640.23	784.70	121.80	144.16	150.48	155.81	159.66	196.17
78	454.14	548.01	658.21	699.72	716.26	877.49	136.42	161.23	168.44	174.71	178.37	219.37
79	501.52	610.88	737.24	783.73	804.61	984.50	152.76	180.30	188.42	196.16	199.94	246.11

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Compound

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	70.29	85.10	106.44	2.42	3.10	3.71	12.64	
36	71.39	86.14	107.30	2.45	3.14	3.74	12.97	
37	72.49	87.22	108.13	2.49	3.19	3.77	13.29	
38	73.71	89.11	108.31	2.53	3.26	3.82	13.93	
39	75.70	91.51	108.83	2.58	3.34	3.90	14.57	
40	77.61	93.52	109.68	2.64	3.42	3.97	15.02	
41	80.35	96.21	110.87	2.74	3.57	4.09	15.50	
42	83.06	98.57	112.40	2.81	3.68	4.19	15.81	
43	85.58	101.27	113.59	2.92	3.78	4.31	16.18	
44	87.85	103.80	115.11	3.04	3.89	4.44	16.47	
45	90.81	107.19	116.96	3.19	4.03	4.61	16.87	
46	91.84	110.32	119.10	3.23	4.10	4.64	16.62	
47	91.40	111.16	121.60	3.27	4.10	4.62	16.37	
48	93.71	113.91	125.25	3.42	4.24	4.76	16.64	
49	95.12	115.80	127.87	3.53	4.38	4.87	16.85	
50	96.94	118.41	131.19	3.65	4.52	5.00	17.26	
51	98.66	121.09	134.54	3.78	4.65	5.13	17.73	
52	100.36	123.99	137.98	3.93	4.78	5.30	18.29	
53	101.44	126.01	140.95	4.00	4.87	5.38	18.61	
54	102.78	128.30	144.20	4.09	4.99	5.49	18.95	
55	104.56	130.99	147.94	4.19	5.11	5.60	19.32	
56	106.88	134.22	152.36	4.32	5.27	5.75	19.70	
57	109.91	138.16	157.64	4.49	5.44	5.93	20.12	
58	113.11	141.54	162.90	4.65	5.63	6.10	20.49	
59	118.35	147.36	171.04	4.91	5.91	6.39	21.05	
60	124.87	154.79	181.21	5.22	6.29	6.74	21.69	
61	131.92	162.79	192.30	5.63	6.67	7.14	22.50	
62	141.27	173.59	207.04	6.16	7.20	7.65	23.72	
63	153.94	189.16	226.05	6.86	7.95	8.39	25.55	
64	165.72	203.84	244.25	7.56	8.67	9.10	27.39	
65	180.26	222.02	267.10	8.40	9.54	10.01	29.95	
66	203.11	250.71	303.04	9.70	10.89	11.38	34.25	
67	220.08	272.25	326.89	10.75	11.95	12.45	37.94	
68	236.08	293.98	359.21	12.12	13.15	13.63	43.04	
69	253.78	316.65	387.95	13.58	14.33	14.84	48.87	
70	271.18	336.60	413.04	14.97	15.47	15.97	54.91	
71	295.25	356.54	437.79	16.46	16.96	17.46	61.55	
72	323.80	379.77	466.42	18.18	18.68	19.20	69.43	
73	356.01	408.38	507.60	19.99	20.51	21.04	77.62	
74	392.57	446.65	554.65	22.07	22.60	23.15	86.82	
75	434.12	493.97	609.03	24.47	25.01	25.60	97.14	
76	481.34	549.02	672.17	27.26	27.83	28.44	108.76	
77	534.86	612.87	745.44	30.51	31.11	31.75	121.80	
78	595.29	686.62	833.63	34.29	34.93	35.60	136.42	
79	663.21	771.31	935.27	38.63	39.31	40.02	152.76	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Compound

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)					
Age	Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	87.28	101.26	115.15	125.86	140.89	177.48
36	88.10	102.52	116.79	127.86	143.09	179.31
37	88.98	103.80	118.40	129.80	145.32	181.17
38	91.15	106.68	121.86	131.75	147.71	182.22
39	93.31	109.55	125.29	133.66	149.94	183.65
40	95.47	112.12	127.69	135.57	152.03	185.48
41	97.75	113.09	129.49	137.55	154.11	187.74
42	98.66	112.96	130.11	138.31	154.80	188.58
43	97.26	114.58	131.53	139.89	156.44	190.76
44	94.73	112.93	129.05	141.02	157.58	192.40
45	92.63	111.00	126.29	142.39	159.09	194.47
46	90.95	109.46	124.06	144.08	161.05	196.92
47	89.75	108.25	122.39	144.22	161.44	199.80
48	91.42	110.22	124.76	146.51	164.78	204.08
49	92.55	111.40	126.54	147.94	167.18	207.04
50	94.20	113.01	129.00	150.15	170.49	210.95
51	96.50	115.21	132.41	153.32	174.98	216.01
52	98.47	116.86	135.43	155.97	178.95	220.15
53	99.65	118.44	137.98	158.65	182.44	225.07
54	101.00	120.41	140.82	161.74	186.25	230.64
55	102.66	122.79	144.05	165.36	190.61	237.11
56	104.69	125.80	147.79	169.76	195.69	244.78
57	107.17	129.53	152.15	175.01	201.65	253.93
58	109.79	133.96	155.64	179.70	206.77	263.18
59	113.22	139.18	160.57	186.06	213.72	275.18
60	117.66	145.45	167.06	194.21	222.65	290.27
61	124.34	152.90	175.14	204.22	233.65	308.67
62	133.37	162.68	185.90	217.43	248.23	332.54
63	144.43	175.08	200.95	235.10	268.12	361.09
64	156.08	187.94	216.48	253.20	288.61	390.65
65	169.81	203.05	234.27	273.86	312.14	424.72
66	192.19	228.37	263.30	307.49	350.70	479.66
67	209.81	247.79	284.74	332.22	379.31	521.54
68	233.38	270.16	303.86	353.54	404.69	560.42
69	254.61	288.54	320.35	371.75	426.44	591.27
70	277.12	308.51	339.94	391.83	450.29	622.77
71	298.07	332.62	364.95	409.31	471.09	648.58
72	319.45	357.55	391.40	426.64	491.79	673.24
73	345.36	387.60	429.14	459.07	529.47	728.17
74	373.80	420.89	471.96	501.72	579.01	790.61
75	405.59	458.48	520.61	553.44	639.14	862.53
76	444.71	504.88	579.96	616.55	712.60	952.48
77	485.88	554.26	642.97	683.50	790.75	1,049.29
78	532.71	610.67	713.86	758.88	878.89	1,165.41
79	585.79	674.90	793.28	843.29	977.80	1,298.44

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	78.54	91.12	103.65	113.29	126.80	159.74
36	79.30	92.29	105.08	115.06	128.78	161.40
37	80.08	93.40	106.55	116.83	130.78	163.05
38	82.03	96.01	109.68	118.58	132.95	164.03
39	83.98	98.62	112.78	120.29	134.95	165.28
40	85.92	100.90	114.92	122.03	136.83	166.94
41	87.99	101.78	116.55	123.81	138.69	168.97
42	88.78	101.67	117.09	124.48	139.36	169.74
43	87.52	103.12	118.35	125.92	140.79	171.70
44	85.25	101.61	116.16	126.92	141.83	173.17
45	83.35	99.88	113.68	128.15	143.19	175.01
46	81.87	98.50	111.64	129.68	144.93	177.22
47	80.77	97.42	110.16	129.78	145.29	179.82
48	82.29	99.21	112.28	131.86	148.32	183.71
49	83.31	100.27	113.87	133.14	150.46	186.35
50	84.78	101.70	116.10	135.12	153.44	189.85
51	86.85	103.69	119.18	137.98	157.49	194.42
52	88.62	105.15	121.89	140.39	161.06	198.13
53	89.68	106.61	124.19	142.77	164.18	202.58
54	90.91	108.36	126.73	145.54	167.62	207.58
55	92.38	110.53	129.64	148.84	171.56	213.42
56	94.22	113.22	133.02	152.79	176.11	220.32
57	96.46	116.59	136.94	157.54	181.49	228.52
58	98.80	120.56	140.07	161.73	186.09	236.85
59	101.91	125.28	144.51	167.46	192.37	247.69
60	105.89	130.89	150.33	174.81	200.38	261.26
61	111.90	137.62	157.61	183.81	210.29	277.80
62	120.02	146.43	167.31	195.66	223.40	299.27
63	129.99	157.57	180.86	211.59	241.31	324.97
64	140.47	169.15	194.84	227.89	259.76	351.58
65	152.82	182.75	210.84	246.47	280.93	382.25
66	172.98	205.54	236.96	276.74	315.65	431.71
67	188.84	223.00	256.26	299.00	341.38	469.39
68	210.04	243.14	273.47	318.18	364.24	504.38
69	229.15	259.67	288.29	334.57	383.80	532.13
70	249.43	277.67	305.93	352.65	405.27	560.51
71	268.26	299.36	328.46	368.38	423.97	583.72
72	287.52	321.78	352.27	383.97	442.60	605.92
73	310.82	348.84	386.22	413.15	476.51	655.36
74	336.41	378.79	424.75	451.54	521.11	711.56
75	365.03	412.62	468.56	498.10	575.22	776.28
76	400.25	454.38	521.98	554.89	641.34	857.22
77	437.29	498.83	578.66	615.15	711.67	944.35
78	479.44	549.60	642.48	682.99	790.99	1,048.88
79	527.21	607.41	713.95	758.96	880.02	1,168.60

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Compound

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	82.61	92.85	110.43	120.72	126.75	142.32	18.38	24.13	27.86	30.45	31.97	35.16
36	83.04	94.26	111.79	122.38	128.49	143.40	18.86	24.76	28.41	31.08	32.65	35.91
37	83.52	95.71	113.11	124.03	130.23	144.57	19.32	25.41	28.97	31.77	33.37	36.59
38	84.88	98.66	116.02	125.46	131.92	144.80	20.34	26.71	30.13	32.57	34.25	37.42
39	86.42	101.63	119.01	126.95	133.52	145.49	21.23	27.87	31.24	33.31	35.02	38.16
40	88.12	104.32	121.06	128.55	135.17	146.63	21.99	28.88	31.97	33.94	35.71	38.85
41	90.05	105.49	122.66	130.32	136.95	148.20	22.65	29.34	32.51	34.54	36.28	39.54
42	90.86	105.61	123.26	131.04	137.57	148.81	22.87	29.45	32.67	34.71	36.44	39.78
43	89.62	107.54	124.71	132.62	139.16	150.56	22.50	29.70	32.94	35.05	36.79	40.20
44	87.39	106.38	122.54	133.89	140.38	152.01	21.82	28.99	32.19	35.18	36.91	40.39
45	85.61	104.96	120.12	135.46	142.00	153.87	21.23	28.16	31.34	35.33	37.04	40.60
46	84.26	103.86	118.30	137.41	144.08	156.13	20.70	27.46	30.54	35.47	37.24	40.79
47	83.25	103.03	117.02	137.89	144.78	158.80	20.30	26.83	29.86	35.19	36.95	41.00
48	84.95	105.23	119.90	140.78	148.74	162.91	20.56	26.97	30.01	35.21	37.20	41.18
49	86.05	106.59	122.05	142.73	151.49	165.84	20.76	27.08	30.04	35.14	37.20	41.20
50	87.57	108.27	124.88	145.33	154.80	169.48	21.19	27.37	30.30	35.27	37.42	41.47
51	89.59	110.36	128.50	148.82	158.96	174.01	21.79	27.90	30.82	35.70	37.87	42.00
52	91.22	111.88	131.74	151.72	162.51	177.75	22.39	28.40	31.28	36.05	38.19	42.40
53	92.13	113.26	134.28	154.39	165.08	181.77	22.80	28.92	31.83	36.61	38.60	43.30
54	93.24	114.96	137.04	157.38	167.88	186.20	23.25	29.51	32.49	37.31	39.13	44.44
55	94.63	117.12	140.13	160.88	171.19	191.25	23.73	30.21	33.25	38.20	39.88	45.86
56	96.45	119.91	143.72	165.06	175.30	197.24	24.23	31.00	34.19	39.24	40.85	47.54
57	98.78	123.50	147.90	170.12	180.41	204.32	24.77	31.89	35.22	40.53	42.11	49.61
58	101.33	127.32	151.13	174.50	185.78	211.41	25.27	32.85	36.17	41.77	43.67	51.77
59	104.84	132.48	155.93	180.67	192.82	220.74	25.80	33.90	37.35	43.28	45.49	54.44
60	109.43	139.03	162.33	188.72	201.72	232.57	26.45	35.07	38.78	45.09	47.69	57.70
61	116.24	147.12	170.41	198.72	212.61	247.09	27.47	36.46	40.56	47.28	50.31	61.58
62	125.35	157.61	181.17	211.90	226.95	266.05	28.96	38.32	42.88	50.15	53.72	66.49
63	136.31	170.87	196.24	229.60	245.18	288.83	31.01	40.95	46.18	54.01	57.92	72.26
64	147.75	184.29	211.78	247.72	263.80	312.48	33.29	43.84	49.62	58.05	62.24	78.17
65	160.98	199.42	229.53	268.29	285.05	339.72	36.19	47.44	53.72	62.78	67.32	85.00
66	182.29	223.83	258.21	301.55	319.91	383.69	41.19	53.62	60.50	70.63	75.70	95.96
67	198.73	241.55	279.34	325.93	345.57	417.24	45.42	58.69	65.69	76.66	82.11	104.30
68	220.51	256.95	297.83	346.51	372.24	448.35	51.03	64.39	70.42	82.60	89.16	112.07
69	239.78	270.03	313.71	364.04	392.96	473.03	56.61	69.64	74.83	87.75	94.90	118.24
70	259.94	285.65	332.56	383.35	413.68	498.25	62.93	75.71	80.21	93.25	100.70	124.52
71	278.33	305.66	356.70	400.05	430.35	518.89	69.30	83.14	87.08	98.13	105.58	129.69
72	296.84	326.71	382.20	416.62	446.19	538.59	76.16	91.14	94.48	103.00	110.29	134.65
73	319.38	356.96	419.08	448.29	473.89	582.55	84.62	101.02	104.75	111.02	117.65	145.63
74	344.00	391.09	461.02	490.09	511.87	632.50	94.05	111.98	116.27	121.55	127.46	158.12
75	371.55	429.74	508.81	540.88	559.40	690.03	104.55	124.21	129.23	134.32	139.52	172.50
76	405.65	476.83	567.21	602.98	619.42	761.98	117.12	138.85	144.73	149.95	154.56	190.50
77	441.54	526.50	629.32	669.01	684.89	839.44	130.30	154.22	160.98	166.68	170.80	209.85
78	482.53	582.26	699.35	743.46	761.03	932.33	144.95	171.31	178.96	185.63	189.52	233.08
79	529.17	644.55	777.87	826.93	848.96	1,038.77	161.18	190.24	198.80	206.98	210.96	259.68

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Compound

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	102.20	120.72	135.17	3.52	4.50	5.39	18.38	
36	103.82	122.38	136.26	3.57	4.57	5.44	18.86	
37	105.40	124.03	137.32	3.61	4.64	5.48	19.32	
38	107.59	125.46	137.55	3.69	4.76	5.58	20.34	
39	110.36	126.92	138.20	3.77	4.87	5.69	21.23	
40	113.32	128.52	139.29	3.87	5.00	5.77	21.99	
41	115.18	130.29	140.80	4.00	5.11	5.86	22.65	
42	116.36	131.04	141.37	4.07	5.15	5.88	22.87	
43	118.49	132.62	143.04	4.07	5.24	5.97	22.50	
44	117.19	133.89	144.43	4.03	5.18	5.89	21.82	
45	115.58	135.46	146.20	4.01	5.13	5.81	21.23	
46	114.37	137.39	148.31	4.03	5.11	5.78	20.70	
47	113.38	137.89	150.85	4.06	5.08	5.73	20.30	
48	115.79	140.76	154.77	4.22	5.24	5.88	20.56	
49	117.21	142.70	157.57	4.35	5.39	6.00	20.76	
50	118.97	145.33	161.00	4.48	5.54	6.14	21.19	
51	121.22	148.80	165.32	4.65	5.72	6.31	21.79	
52	122.80	151.72	168.84	4.81	5.85	6.48	22.39	
53	124.28	154.39	172.68	4.91	5.97	6.59	22.80	
54	126.08	157.38	176.88	5.02	6.12	6.73	23.25	
55	128.42	160.88	181.70	5.14	6.27	6.87	23.73	
56	131.44	165.06	187.37	5.32	6.48	7.07	24.23	
57	135.34	170.12	194.10	5.52	6.70	7.30	24.77	
58	139.45	174.50	200.83	5.73	6.95	7.52	25.27	
59	145.10	180.67	209.70	6.02	7.24	7.83	25.80	
60	152.24	188.72	220.93	6.37	7.67	8.22	26.45	
61	161.03	198.72	234.73	6.87	8.15	8.71	27.47	
62	172.45	211.90	252.74	7.52	8.79	9.33	28.96	
63	186.85	229.60	274.38	8.32	9.64	10.18	31.01	
64	201.40	247.72	296.83	9.19	10.53	11.06	33.29	
65	217.81	268.27	322.75	10.14	11.53	12.09	36.19	
66	244.30	301.55	364.49	11.66	13.09	13.69	41.19	
67	263.47	325.93	396.36	12.87	14.31	14.90	45.42	
68	279.92	348.58	425.91	14.38	15.59	16.16	51.03	
69	293.94	366.77	449.36	15.73	16.60	17.19	56.61	
70	310.77	385.74	473.34	17.16	17.73	18.31	62.93	
71	332.42	401.43	492.92	18.53	19.09	19.65	69.30	
72	355.21	416.62	511.67	19.95	20.49	21.07	76.16	
73	388.14	445.22	553.40	21.79	22.36	22.94	84.62	
74	425.28	483.87	600.88	23.91	24.48	25.08	94.05	
75	467.26	531.68	655.52	26.34	26.92	27.55	104.55	
76	518.36	591.25	723.88	29.36	29.97	30.63	117.12	
77	572.18	655.62	797.45	32.64	33.29	33.96	130.30	
78	632.50	729.53	885.73	36.43	37.11	37.82	144.95	
79	699.76	813.82	986.82	40.76	41.47	42.22	161.18	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Issue Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	117.68	126.47	139.57	148.36	166.07	209.20	105.90	113.81	125.63	133.54	149.47	188.29
36	118.93	127.58	141.76	150.72	168.66	211.36	107.04	114.86	127.55	135.63	151.79	190.25
37	120.21	128.76	143.95	153.01	171.29	213.55	108.19	115.87	129.54	137.72	154.15	192.20
38	121.49	129.91	146.24	155.30	174.12	214.79	109.33	116.91	131.62	139.77	156.71	193.34
39	122.67	131.02	148.39	157.55	176.74	216.48	110.41	117.95	133.58	141.79	159.07	194.83
40	123.85	132.16	150.51	159.81	179.20	218.63	111.45	118.93	135.46	143.85	161.29	196.78
41	124.61	132.76	152.01	161.47	180.92	220.39	112.17	119.48	136.82	145.34	162.81	198.35
42	123.85	132.80	152.95	162.60	181.99	221.70	111.45	119.53	137.65	146.34	163.83	199.55
43	118.69	134.24	154.09	163.89	183.28	223.49	106.80	120.81	138.66	147.53	164.94	201.16
44	114.19	136.06	155.48	165.46	184.89	225.74	102.76	122.42	139.95	148.91	166.41	203.17
45	110.28	135.13	153.75	167.31	186.93	228.50	99.23	121.59	138.40	150.57	168.25	205.64
46	106.94	132.73	150.42	169.55	189.52	231.73	96.27	119.43	135.37	152.60	170.54	208.55
47	103.78	130.14	147.13	170.28	190.61	234.46	93.40	117.11	132.43	153.23	171.54	211.01
48	105.19	131.64	149.00	172.32	193.81	240.90	94.69	118.49	134.10	155.09	174.45	216.85
49	106.06	132.29	150.26	173.46	196.02	246.07	95.47	119.07	135.22	156.11	176.41	221.47
50	106.95	132.73	151.51	174.57	198.21	251.13	96.26	119.45	136.37	157.09	178.39	226.01
51	108.44	133.71	153.66	176.56	201.51	257.37	97.59	120.34	138.32	158.90	181.37	231.65
52	110.10	134.72	156.12	178.84	205.19	263.95	99.10	121.22	140.51	160.98	184.67	237.54
53	111.56	135.93	158.36	180.88	208.00	268.87	100.40	122.36	142.53	162.78	187.18	242.00
54	113.69	138.16	161.58	184.11	212.02	275.76	102.33	124.33	145.41	165.68	190.81	248.19
55	115.65	140.19	164.45	187.04	215.60	282.46	104.07	126.18	148.01	168.36	194.06	254.24
56	119.18	143.51	168.60	191.61	220.88	291.85	107.26	129.16	151.74	172.46	198.79	262.69
57	123.62	147.61	173.38	197.06	227.05	303.03	111.26	132.87	156.05	177.39	204.35	272.71
58	128.08	152.64	177.35	202.42	232.92	314.35	115.26	137.37	159.60	182.18	209.62	282.90
59	134.25	159.27	183.74	210.58	241.89	330.52	120.83	143.36	165.36	189.53	217.73	297.50
60	141.18	166.30	191.00	219.75	251.93	348.98	127.05	149.65	171.88	197.79	226.73	314.10
61	148.93	173.78	199.05	229.83	262.95	368.26	134.03	156.41	179.13	206.86	236.66	331.42
62	158.99	183.50	209.70	243.01	277.45	389.56	143.08	165.17	188.73	218.68	249.69	350.58
63	170.68	198.55	227.89	264.35	301.49	423.81	153.63	178.69	205.11	237.92	271.33	381.42
64	181.95	213.42	245.82	285.29	325.19	455.39	163.75	192.08	221.25	256.78	292.68	409.84
65	194.20	229.90	265.25	307.93	350.98	485.75	174.78	206.91	238.72	277.14	315.88	437.17
66	217.89	260.82	300.71	349.09	398.15	543.80	196.11	234.74	270.63	314.18	358.36	489.44
67	233.26	282.79	324.96	377.31	430.79	579.83	209.94	254.50	292.45	339.59	387.71	521.85
68	255.87	312.66	351.66	408.46	467.55	629.26	230.28	281.39	316.49	367.60	420.82	566.34
69	278.33	342.83	380.62	442.17	507.22	678.70	250.50	308.53	342.54	397.94	456.51	610.82
70	298.30	370.51	408.26	474.35	545.12	722.49	268.49	333.48	367.42	426.91	490.61	650.26
71	319.64	400.61	439.55	510.79	587.89	770.26	287.68	360.56	395.60	459.71	529.08	693.24
72	343.35	434.57	475.72	552.83	628.26	824.50	309.03	391.10	428.16	497.54	565.43	742.06
73	367.53	470.70	521.15	606.80	682.05	884.55	330.77	423.64	469.03	546.10	613.82	796.10
74	404.77	513.90	576.25	672.36	742.68	958.59	364.28	462.50	518.62	605.12	668.41	862.73
75	446.68	561.57	639.02	740.19	816.07	1,043.69	402.02	505.41	575.12	666.18	734.46	939.32
76	494.34	610.87	710.42	810.58	894.35	1,141.87	444.92	549.77	639.39	729.52	804.92	1,027.67
77	538.17	670.24	789.13	895.11	988.54	1,254.97	484.35	603.20	710.20	805.59	889.67	1,129.45
78	573.55	719.19	849.93	966.12	1,068.11	1,394.42	516.20	647.28	764.94	869.51	961.29	1,254.99
79	612.18	771.94	915.22	1,042.36	1,153.79	1,510.49	550.96	694.74	823.70	938.13	1,038.41	1,359.45

Mutual of Omaha Insurance Company

Policy Form: LTC04I-TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL) Benefit Period						Non Integrated - Home Health Care (HHC) (2PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	111.39	115.97	133.85	142.30	149.40	167.75	24.78	30.14	33.77	35.89	37.68	41.45
36	112.09	117.31	135.70	144.25	151.46	169.03	25.46	30.81	34.48	36.64	38.49	42.33
37	112.83	118.73	137.52	146.20	153.51	170.41	26.10	31.52	35.22	37.44	39.33	43.13
38	113.14	120.14	139.23	147.89	155.50	170.68	27.11	32.53	36.16	38.39	40.37	44.11
39	113.61	121.56	140.95	149.64	157.38	171.49	27.91	33.34	37.01	39.26	41.28	44.99
40	114.32	122.97	142.70	151.52	159.34	172.84	28.52	34.04	37.68	40.00	42.09	45.79
41	114.79	123.84	143.99	152.98	160.76	173.97	28.87	34.44	38.16	40.54	42.59	46.41
42	114.06	124.15	144.91	154.05	161.73	174.94	28.71	34.62	38.41	40.81	42.84	46.76
43	109.36	125.99	146.11	155.38	163.03	176.39	27.46	34.80	38.59	41.06	43.11	47.10
44	105.34	128.17	147.63	157.09	164.71	178.35	26.30	34.93	38.79	41.27	43.30	47.39
45	101.93	127.77	146.23	159.17	166.85	180.80	25.27	34.28	38.15	41.51	43.52	47.70
46	99.07	125.93	143.44	161.70	169.55	183.73	24.34	33.30	37.03	41.74	43.83	48.01
47	96.26	123.86	140.68	162.81	170.94	186.35	23.48	32.25	35.90	41.55	43.63	48.12
48	97.75	125.69	143.20	165.59	174.95	192.30	23.66	32.21	35.84	41.41	43.76	48.60
49	98.61	126.57	144.93	167.35	177.62	197.10	23.79	32.16	35.67	41.20	43.61	48.96
50	99.42	127.17	146.67	168.96	179.97	201.76	24.05	32.14	35.58	41.01	43.50	49.37
51	100.67	128.08	149.14	171.38	183.07	207.33	24.49	32.38	35.77	41.11	43.62	50.05
52	102.00	128.97	151.87	173.97	186.34	213.11	25.03	32.74	36.06	41.34	43.79	50.84
53	103.14	129.99	154.11	176.01	188.20	217.15	25.52	33.19	36.53	41.74	44.00	51.72
54	104.96	131.91	157.25	179.16	191.11	222.63	26.17	33.86	37.28	42.48	44.54	53.13
55	106.60	133.71	159.98	181.97	193.64	227.83	26.73	34.48	37.95	43.21	45.11	54.63
56	109.80	136.79	163.95	186.31	197.87	235.17	27.58	35.37	39.00	44.30	46.11	56.69
57	113.94	140.74	168.55	191.56	203.14	243.83	28.58	36.35	40.14	45.63	47.42	59.20
58	118.21	145.08	172.21	196.56	209.27	252.52	29.48	37.43	41.21	47.05	49.19	61.83
59	124.31	151.60	178.43	204.48	218.23	265.13	30.59	38.79	42.74	48.99	51.48	65.39
60	131.31	158.96	185.60	213.53	228.24	279.61	31.74	40.10	44.34	51.02	53.97	69.37
61	139.22	167.20	193.67	223.63	239.27	294.79	32.90	41.43	46.10	53.21	56.62	73.47
62	149.43	177.79	204.36	236.84	253.66	311.67	34.52	43.22	48.37	56.05	60.05	77.89
63	161.10	193.78	222.55	258.18	275.69	339.00	36.65	46.44	52.37	60.73	65.13	84.81
64	172.24	209.27	240.49	279.12	297.24	364.26	38.80	49.78	56.35	65.41	70.13	91.13
65	184.11	225.79	259.88	301.68	320.51	388.53	41.39	53.71	60.83	70.59	75.69	97.22
66	206.66	255.64	294.90	342.36	363.19	435.00	46.70	61.23	69.09	80.19	85.94	108.80
67	220.94	275.67	318.80	370.17	392.48	463.87	50.50	66.98	74.97	87.07	93.26	115.96
68	241.77	297.37	344.68	400.33	430.06	503.43	55.95	74.52	81.50	95.43	103.01	125.83
69	262.12	320.85	372.74	433.00	467.40	542.98	61.88	82.74	88.91	104.37	112.88	135.72
70	279.81	343.06	399.40	464.08	500.80	578.04	67.74	90.92	96.33	112.88	121.91	144.46
71	298.47	368.14	429.61	499.24	537.05	616.25	74.31	100.14	104.88	122.45	131.76	154.02
72	319.05	397.09	464.54	539.84	570.01	659.59	81.86	110.77	114.83	133.46	140.90	164.90
73	339.87	433.50	508.93	592.54	610.46	707.65	90.05	122.68	127.21	146.75	151.55	176.90
74	372.50	477.51	562.89	656.78	656.56	766.88	101.84	136.73	141.97	162.89	163.48	191.71
75	409.20	526.38	624.54	723.39	714.26	834.95	115.14	152.14	158.62	179.64	178.14	208.73
76	450.92	576.93	694.80	792.75	777.40	913.50	130.20	168.00	177.29	197.15	193.98	228.37
77	489.06	636.66	772.37	876.13	856.20	1,003.98	144.32	186.48	197.57	218.28	213.52	250.99
78	519.52	685.73	832.66	946.49	924.88	1,115.54	156.06	201.75	213.07	236.32	230.32	278.88
79	553.00	737.22	897.44	1,022.14	1,001.76	1,208.41	168.43	217.59	229.36	255.84	248.93	302.08

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	127.65	142.30	159.34	4.75	5.62	6.53	24.78	
36	129.20	144.25	160.62	4.82	5.69	6.60	25.46	
37	130.75	146.20	161.86	4.88	5.76	6.67	26.10	
38	131.02	147.89	162.13	4.92	5.79	6.70	27.11	
39	131.99	149.60	162.91	4.95	5.83	6.73	27.91	
40	133.58	151.49	164.18	5.02	5.89	6.80	28.52	
41	135.21	152.95	165.29	5.10	6.00	6.87	28.87	
42	136.79	154.05	166.19	5.11	6.05	6.92	28.71	
43	138.82	155.38	167.58	4.96	6.13	6.99	27.46	
44	141.19	157.09	169.45	4.85	6.25	7.10	26.30	
45	140.71	159.17	171.78	4.78	6.25	7.07	25.27	
46	138.68	161.67	174.53	4.73	6.19	7.01	24.34	
47	136.31	162.81	177.01	4.70	6.11	6.89	23.48	
48	138.29	165.56	182.69	4.86	6.26	7.03	23.66	
49	139.19	167.32	187.27	4.99	6.40	7.12	23.79	
50	139.73	168.96	191.67	5.09	6.51	7.21	24.05	
51	140.69	171.36	196.97	5.22	6.63	7.32	24.49	
52	141.57	173.97	202.43	5.38	6.75	7.47	25.03	
53	142.63	176.01	206.29	5.49	6.85	7.56	25.52	
54	144.67	179.16	211.49	5.65	7.03	7.72	26.17	
55	146.61	181.97	216.45	5.79	7.16	7.85	26.73	
56	149.94	186.31	223.40	6.05	7.39	8.07	27.58	
57	154.23	191.56	231.64	6.37	7.63	8.32	28.58	
58	158.90	196.56	239.88	6.69	7.92	8.57	29.48	
59	166.03	204.48	251.87	7.14	8.29	8.96	30.59	
60	174.06	213.53	265.61	7.64	8.76	9.40	31.74	
61	183.01	223.63	280.05	8.23	9.26	9.90	32.90	
62	194.53	236.84	296.07	8.97	9.92	10.53	34.52	
63	211.90	258.18	322.04	9.84	10.94	11.55	36.65	
64	228.70	279.12	346.02	10.71	11.96	12.56	38.80	
65	246.61	301.65	369.12	11.60	13.06	13.69	41.39	
66	279.02	342.36	413.23	13.22	14.96	15.63	46.70	
67	300.69	370.17	440.66	14.31	16.33	17.01	50.50	
68	323.95	402.72	478.23	15.76	18.04	18.71	55.95	
69	349.25	436.25	515.80	17.20	19.72	20.43	61.88	
70	373.23	466.97	549.14	18.47	21.29	21.99	67.74	
71	400.37	500.96	585.41	19.87	22.99	23.67	74.31	
72	431.73	539.84	626.63	21.44	24.91	25.60	81.86	
73	471.36	588.49	672.24	23.19	27.15	27.86	90.05	
74	519.26	648.45	728.54	25.89	29.89	30.62	101.84	
75	572.33	711.10	793.21	29.01	32.97	33.82	115.14	
76	627.19	777.32	867.81	32.63	36.27	37.52	130.20	
77	691.90	858.60	953.76	36.15	40.25	41.68	144.32	
78	744.90	928.76	1,059.78	39.23	43.71	45.03	156.06	
79	800.37	1,005.94	1,147.98	42.60	47.44	48.71	168.43	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Simple

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Issue Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	61.97	71.90	81.77	91.61	101.37	144.04	55.76	64.71	73.60	82.46	91.24	129.64
36	62.56	72.79	82.91	92.92	102.82	145.53	56.31	65.53	74.60	83.62	92.54	130.99
37	63.18	73.70	84.06	94.23	104.26	147.03	56.86	66.32	75.65	84.82	93.83	132.33
38	64.77	75.82	86.60	97.08	107.30	147.89	58.29	68.23	77.94	87.38	96.57	133.12
39	66.02	77.51	88.65	99.41	109.82	149.05	59.43	69.78	79.80	89.47	98.84	134.14
40	67.60	79.59	91.13	102.26	112.98	150.53	60.84	71.62	82.02	92.05	101.69	135.49
41	69.29	81.73	93.71	105.20	116.23	152.37	62.37	73.56	84.34	94.69	104.60	137.13
42	70.62	83.50	95.89	107.74	119.08	154.54	63.55	75.16	86.30	96.97	107.20	139.10
43	72.40	85.65	98.41	110.58	122.23	156.16	65.15	77.09	88.55	99.54	110.00	140.56
44	74.36	88.03	101.16	113.70	125.71	159.06	66.92	79.21	91.06	102.33	113.14	143.16
45	76.53	90.67	104.19	117.14	129.51	161.41	68.86	81.58	93.79	105.42	116.57	145.26
46	75.79	91.22	103.38	120.07	133.09	164.10	68.23	82.08	93.04	108.07	119.77	147.69
47	75.10	90.58	102.41	120.67	135.08	167.18	67.59	81.51	92.17	108.59	121.57	150.46
48	77.29	93.17	105.47	123.85	139.30	172.52	69.56	83.87	94.92	111.47	125.38	155.30
49	78.98	95.07	107.99	126.25	142.67	176.69	71.10	85.57	97.17	113.63	128.40	159.03
50	81.25	97.47	111.25	129.50	147.04	181.93	73.12	87.71	100.13	116.53	132.33	163.73
51	83.15	99.28	114.09	132.11	150.78	186.14	74.84	89.35	102.70	118.90	135.71	167.54
52	85.76	101.78	117.95	135.85	155.86	191.75	77.19	91.58	106.16	122.28	140.28	172.57
53	86.72	103.08	120.08	138.07	158.77	195.87	78.05	92.78	108.08	124.25	142.88	176.30
54	88.38	105.36	123.22	141.52	162.97	201.81	79.55	94.81	110.89	127.35	146.67	181.63
55	89.76	107.36	125.94	144.58	166.65	207.31	80.77	96.63	113.35	130.13	150.00	186.60
56	92.03	110.59	129.93	149.24	172.03	215.19	82.83	99.54	116.94	134.32	154.82	193.69
57	94.74	114.50	134.49	154.71	178.25	224.47	85.27	103.06	121.05	139.26	160.43	202.01
58	96.98	118.33	137.48	158.73	182.65	232.48	87.28	106.49	123.73	142.86	164.38	209.22
59	100.57	123.63	142.63	165.27	189.84	244.43	90.52	111.28	128.36	148.75	170.88	220.01
60	105.10	129.92	149.22	173.48	198.89	259.29	94.58	116.92	134.29	156.15	178.99	233.38
61	111.00	136.49	156.34	182.30	208.57	275.54	99.89	122.85	140.69	164.08	187.72	247.98
62	119.05	145.21	165.95	194.09	221.59	296.84	107.14	130.71	149.35	174.65	199.42	267.14
63	128.83	156.18	179.26	209.72	239.18	322.11	115.96	140.56	161.33	188.75	215.26	289.89
64	140.03	168.61	194.21	227.15	258.92	350.47	126.02	151.75	174.80	204.45	233.04	315.41
65	152.24	182.05	210.04	245.53	279.85	380.79	137.01	163.84	189.03	220.98	251.86	342.70
66	173.20	205.80	237.28	277.10	316.03	432.25	155.88	185.22	213.54	249.39	284.45	389.04
67	190.07	224.47	257.94	300.95	343.61	472.45	171.06	202.01	232.14	270.86	309.25	425.21
68	213.70	247.38	278.23	323.73	370.56	513.15	192.33	222.63	250.41	291.34	333.52	461.84
69	238.79	270.62	300.45	348.66	399.95	554.55	214.92	243.54	270.39	313.79	359.96	499.08
70	264.77	294.75	324.78	374.36	430.21	595.00	238.31	265.29	292.29	336.93	387.20	535.52
71	290.23	323.87	355.35	398.54	458.69	631.51	261.21	291.49	319.81	358.68	412.81	568.36
72	319.45	357.55	391.40	426.64	491.79	673.24	287.52	321.78	352.27	383.97	442.60	605.92
73	347.74	390.27	432.10	462.24	533.12	733.19	312.97	351.25	388.89	416.00	479.79	659.88
74	381.64	429.72	481.86	512.24	591.15	807.20	343.47	386.74	433.66	461.01	532.04	726.48
75	417.09	471.48	535.38	569.14	657.27	887.00	375.39	424.33	481.85	512.23	591.54	798.30
76	457.42	519.31	596.53	634.16	732.96	979.69	411.68	467.37	536.89	570.74	659.66	881.72
77	492.93	562.30	652.29	693.41	802.21	1,064.50	443.63	506.06	587.05	624.06	721.98	958.04
78	540.55	619.65	724.36	770.04	891.81	1,182.55	486.49	557.69	651.93	693.04	802.62	1,064.30
79	590.17	679.94	799.20	849.58	985.10	1,308.13	531.14	611.94	719.28	764.63	886.59	1,177.33

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Simple

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	58.65	65.93	78.42	87.87	91.20	115.50	13.05	17.13	19.79	22.16	23.00	28.54
36	58.96	66.93	79.37	88.94	92.33	116.38	13.39	17.58	20.17	22.59	23.46	29.14
37	59.30	67.96	80.31	90.04	93.44	117.33	13.71	18.04	20.57	23.06	23.94	29.70
38	60.32	70.12	82.45	92.45	95.82	117.52	14.45	18.98	21.42	24.00	24.88	30.37
39	61.15	71.91	84.21	94.42	97.79	118.08	15.02	19.72	22.11	24.77	25.65	30.97
40	62.40	74.05	86.40	96.96	100.45	119.00	15.57	20.50	22.81	25.60	26.54	31.53
41	63.83	76.24	88.77	99.67	103.28	120.28	16.05	21.20	23.53	26.41	27.36	32.09
42	65.04	78.07	90.84	102.08	105.83	121.95	16.37	21.77	24.08	27.04	28.03	32.60
43	66.71	80.39	93.31	104.84	108.72	123.25	16.75	22.20	24.64	27.71	28.75	32.91
44	68.60	82.93	96.06	107.95	111.99	125.67	17.13	22.60	25.24	28.36	29.44	33.39
45	70.73	85.73	99.09	111.44	115.60	127.71	17.54	23.00	25.85	29.06	30.15	33.70
46	70.22	86.55	98.58	114.51	119.07	130.11	17.25	22.88	25.45	29.56	30.78	34.00
47	69.66	86.21	97.92	115.38	121.14	132.87	16.99	22.45	24.99	29.44	30.92	34.31
48	71.82	88.96	101.35	119.01	125.74	137.72	17.38	22.80	25.37	29.76	31.45	34.81
49	73.44	90.96	104.16	121.80	129.28	141.53	17.72	23.11	25.63	29.99	31.74	35.16
50	75.52	93.38	107.70	125.33	133.50	146.17	18.27	23.60	26.13	30.42	32.27	35.77
51	77.20	95.10	110.73	128.24	136.98	149.94	18.78	24.04	26.56	30.76	32.64	36.19
52	79.45	97.44	114.74	132.14	141.54	154.82	19.50	24.73	27.25	31.40	33.26	36.93
53	80.18	98.57	116.86	134.36	143.66	158.19	19.84	25.17	27.70	31.86	33.59	37.68
54	81.59	100.59	119.91	137.71	146.90	162.92	20.34	25.82	28.42	32.65	34.24	38.88
55	82.74	102.40	122.52	140.66	149.67	167.21	20.75	26.41	29.07	33.40	34.86	40.10
56	84.79	105.42	126.35	145.10	154.11	173.39	21.30	27.25	30.06	34.50	35.91	41.80
57	87.32	109.17	130.74	150.38	159.48	180.61	21.90	28.19	31.14	35.82	37.23	43.85
58	89.51	112.47	133.50	154.14	164.10	186.75	22.32	29.02	31.95	36.90	38.57	45.73
59	93.13	117.68	138.51	160.49	171.27	196.07	22.92	30.11	33.18	38.45	40.40	48.36
60	97.75	124.19	145.00	168.58	180.18	207.75	23.63	31.33	34.64	40.28	42.60	51.54
61	103.76	131.33	152.12	177.39	189.79	220.57	24.52	32.54	36.21	42.21	44.91	54.97
62	111.90	140.69	161.72	189.15	202.59	237.49	25.85	34.20	38.27	44.77	47.96	59.35
63	121.60	152.42	175.06	204.82	218.71	257.65	27.66	36.53	41.19	48.18	51.67	64.46
64	132.56	165.33	190.00	222.24	236.67	280.34	29.86	39.33	44.52	52.08	55.84	70.13
65	144.33	178.79	205.79	240.54	255.56	304.58	32.45	42.53	48.16	56.29	60.35	76.21
66	164.27	201.71	232.69	271.75	288.29	345.77	37.12	48.32	54.52	63.65	68.22	86.48
67	180.03	218.82	253.05	295.26	313.05	377.97	41.15	53.17	59.51	69.45	74.39	94.49
68	201.92	235.28	272.71	317.28	340.85	410.54	46.72	58.96	64.48	75.64	81.64	102.61
69	224.88	253.26	294.23	341.43	368.56	443.65	53.09	65.31	70.18	82.30	89.01	110.89
70	248.36	272.91	317.73	366.26	395.24	476.03	60.12	72.33	76.64	89.09	96.21	118.97
71	271.00	297.61	347.31	389.53	419.03	505.24	67.47	80.96	84.79	95.54	102.80	126.27
72	296.84	326.71	382.20	416.62	446.19	538.59	76.16	91.14	94.48	103.00	110.29	134.65
73	321.58	359.42	421.97	451.38	477.16	586.56	85.21	101.72	105.47	111.79	118.46	146.63
74	351.22	399.30	470.69	500.37	522.61	645.77	96.02	114.33	118.71	124.10	130.13	161.43
75	382.09	441.93	523.25	556.22	575.27	709.60	107.52	127.73	132.89	138.13	143.48	177.40
76	417.24	490.45	583.42	620.21	637.11	783.76	120.47	142.82	148.87	154.24	158.98	195.94
77	447.94	534.13	638.44	678.71	694.82	851.61	132.19	156.45	163.31	169.09	173.28	212.89
78	489.62	590.82	709.64	754.39	772.22	946.04	147.08	173.82	181.59	188.36	192.30	236.51
79	533.12	649.36	783.68	833.10	855.29	1,046.52	162.38	191.66	200.29	208.52	212.53	261.61

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Simple

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	72.57	87.87	109.71	2.50	3.20	3.83	13.05	
36	73.71	88.94	110.59	2.53	3.25	3.86	13.39	
37	74.84	90.04	111.45	2.57	3.30	3.89	13.71	
38	76.47	92.45	111.63	2.62	3.38	3.97	14.45	
39	78.09	94.40	112.16	2.66	3.45	4.02	15.02	
40	80.44	96.94	113.05	2.74	3.55	4.12	15.57	
41	83.24	99.65	114.27	2.83	3.70	4.24	16.05	
42	86.01	102.08	115.85	2.91	3.81	4.34	16.37	
43	88.58	104.84	117.10	3.03	3.91	4.47	16.75	
44	91.36	107.95	119.40	3.16	4.04	4.62	17.13	
45	94.41	111.44	121.34	3.32	4.19	4.79	17.54	
46	95.31	114.49	123.60	3.36	4.26	4.82	17.25	
47	94.87	115.38	126.22	3.40	4.25	4.80	16.99	
48	97.89	118.99	130.84	3.57	4.43	4.97	17.38	
49	100.03	121.78	134.47	3.71	4.60	5.12	17.72	
50	102.60	125.33	138.86	3.86	4.78	5.29	18.27	
51	104.46	128.22	142.45	4.01	4.92	5.43	18.78	
52	106.96	132.14	147.06	4.19	5.10	5.64	19.50	
53	108.16	134.36	150.28	4.27	5.19	5.73	19.84	
54	110.32	137.71	154.77	4.39	5.36	5.89	20.34	
55	112.28	140.66	158.87	4.50	5.48	6.01	20.75	
56	115.55	145.10	164.72	4.68	5.70	6.22	21.30	
57	119.63	150.38	171.58	4.88	5.92	6.46	21.90	
58	123.18	154.14	177.40	5.06	6.14	6.64	22.32	
59	128.88	160.49	186.27	5.35	6.43	6.95	22.92	
60	135.99	168.58	197.35	5.69	6.85	7.34	23.63	
61	143.75	177.39	209.54	6.13	7.27	7.78	24.52	
62	153.94	189.15	225.61	6.72	7.85	8.33	25.85	
63	166.68	204.82	244.76	7.43	8.60	9.08	27.66	
64	180.68	222.24	266.30	8.24	9.45	9.93	29.86	
65	195.28	240.52	289.36	9.09	10.34	10.84	32.45	
66	220.16	271.75	328.46	10.51	11.80	12.33	37.12	
67	238.68	295.26	359.05	11.66	12.96	13.50	41.15	
68	256.31	319.18	389.99	13.16	14.28	14.80	46.72	
69	275.68	343.99	421.45	14.75	15.57	16.12	53.09	
70	296.91	368.54	452.24	16.40	16.94	17.49	60.12	
71	323.68	390.87	479.95	18.04	18.59	19.14	67.47	
72	355.21	416.62	511.67	19.95	20.49	21.07	76.16	
73	390.81	448.29	557.22	21.94	22.51	23.10	85.21	
74	434.20	494.02	613.48	24.41	25.00	25.61	96.02	
75	480.52	546.77	674.12	27.09	27.68	28.33	107.52	
76	533.17	608.14	744.56	30.20	30.83	31.51	120.47	
77	580.47	665.13	809.01	33.11	33.77	34.45	132.19	
78	641.80	740.26	898.75	36.97	37.66	38.38	147.08	
79	704.98	819.90	994.19	41.07	41.78	42.54	162.38	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 20 Years

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	62.21	68.31	75.38	82.08	91.88	140.33	55.98	61.47	67.85	73.88	82.69	126.31
36	62.87	68.91	76.56	83.38	93.31	141.70	56.59	62.03	68.89	75.04	83.98	127.55
37	63.19	69.15	77.31	84.17	94.23	142.29	56.87	62.23	69.57	75.76	84.80	128.07
38	63.86	69.64	78.39	84.60	94.85	144.50	57.47	62.67	70.56	76.14	85.37	130.07
39	64.48	70.12	79.41	85.06	95.42	144.46	58.04	63.12	71.49	76.55	85.88	130.01
40	65.10	70.63	80.44	85.58	95.96	144.71	58.59	63.56	72.39	77.03	86.37	130.24
41	65.40	70.75	81.01	85.69	96.01	144.58	58.87	63.67	72.91	77.13	86.40	130.13
42	65.75	70.87	81.63	85.92	96.17	144.86	59.17	63.79	73.46	77.33	86.57	130.39
43	66.57	71.88	82.52	88.60	99.09	148.19	59.90	64.70	74.25	79.76	89.17	133.39
44	67.15	72.72	83.11	90.87	101.54	150.97	60.43	65.43	74.80	81.78	91.39	135.87
45	67.87	73.75	83.91	93.23	104.16	154.05	61.07	66.36	75.53	83.91	93.75	138.64
46	68.77	75.22	85.24	95.77	107.04	157.44	61.90	67.68	76.71	86.19	96.33	141.69
47	70.33	77.31	87.41	99.08	110.91	162.12	63.30	69.57	78.67	89.16	99.81	145.90
48	72.23	79.62	90.12	102.87	115.70	168.51	65.01	71.67	81.11	92.59	104.15	151.69
49	74.54	82.85	94.10	107.30	121.25	175.82	67.10	74.56	84.68	96.57	109.12	158.25
50	76.50	85.53	97.63	111.19	126.26	182.13	68.85	76.97	87.87	100.06	113.63	163.91
51	79.05	88.75	102.00	115.94	132.32	189.63	71.15	79.88	91.81	104.34	119.10	170.68
52	81.32	91.54	106.08	120.32	138.04	196.32	73.19	82.36	95.47	108.30	124.24	176.68
53	83.28	94.64	110.25	124.60	143.28	202.75	74.94	85.18	99.23	112.13	128.95	182.48
54	85.92	98.70	115.43	130.08	149.79	210.58	77.33	88.82	103.88	117.05	134.81	189.53
55	88.36	102.61	120.37	135.35	156.02	216.38	79.51	92.36	108.33	121.83	140.43	194.76
56	91.17	107.14	125.87	141.40	163.00	223.26	82.05	96.43	113.28	127.27	146.69	200.95
57	94.43	112.40	132.02	148.32	170.89	231.48	84.99	101.17	118.82	133.51	153.81	208.32
58	98.29	118.29	137.43	155.28	178.68	241.25	88.46	106.45	123.68	139.75	160.81	217.11
59	103.03	125.12	144.35	164.01	188.40	253.66	92.73	112.62	129.91	147.62	169.58	228.31
60	108.19	132.36	152.03	173.66	199.10	267.44	97.37	119.12	136.81	156.31	179.18	240.71
61	115.21	141.79	162.41	186.47	213.34	286.00	103.68	127.62	146.16	167.83	192.01	257.39
62	123.84	152.93	174.76	201.68	230.26	308.11	111.45	137.65	157.29	181.49	207.23	277.29
63	135.56	167.04	191.73	221.65	252.78	336.47	122.02	150.34	172.56	199.48	227.50	302.82
64	148.15	182.11	209.75	242.80	276.76	366.10	133.34	163.90	188.79	218.53	249.09	329.48
65	163.06	199.95	230.69	267.33	304.70	400.31	146.75	179.95	207.61	240.60	274.23	360.28
66	187.87	230.04	265.22	307.61	350.83	457.35	169.09	207.04	238.69	276.85	315.78	411.63
67	207.63	254.01	291.89	338.90	386.93	500.06	186.87	228.60	262.69	305.01	348.24	450.06
68	231.38	283.77	319.16	369.72	423.20	560.11	208.24	255.38	287.24	332.74	380.91	504.11
69	254.61	312.78	347.26	401.40	460.44	620.86	229.15	281.49	312.51	361.25	414.41	558.76
70	282.42	341.88	376.71	434.64	499.48	684.02	254.19	307.71	339.02	391.18	449.54	615.63
71	309.84	369.47	405.39	467.06	537.56	746.63	278.85	332.53	364.85	420.35	483.79	671.98
72	339.00	398.11	435.80	501.53	578.11	806.18	305.12	358.28	392.23	451.37	520.30	725.57
73	364.42	419.65	464.62	537.74	620.21	862.15	327.97	377.68	418.16	483.95	558.16	775.94
74	392.10	442.74	496.46	577.73	666.73	911.60	352.88	398.46	446.80	519.95	600.05	820.45
75	422.85	477.99	542.77	621.95	718.25	967.37	380.57	430.18	488.50	559.75	646.43	870.64
76	457.42	519.31	596.53	670.63	775.11	1,030.37	411.68	467.37	536.89	603.56	697.60	927.32
77	496.45	566.31	656.95	723.85	837.44	1,101.09	446.80	509.67	591.24	651.46	753.68	990.96
78	544.46	624.14	729.61	803.93	931.06	1,223.32	490.02	561.73	656.65	723.54	837.95	1,100.99
79	594.54	684.98	805.12	887.12	1,028.62	1,353.45	535.08	616.47	724.61	798.41	925.76	1,218.11

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 20 Years

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL) Benefit Period						Non Integrated - Home Health Care (HHC) (2PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	58.88	62.63	72.29	78.73	82.66	112.53	13.10	16.28	18.24	19.86	20.85	27.80
36	59.26	63.36	73.29	79.81	83.79	113.32	13.46	16.64	18.62	20.27	21.29	28.38
37	59.31	63.76	73.86	80.43	84.45	113.55	13.72	16.93	18.92	20.60	21.64	28.74
38	59.47	64.40	74.64	80.56	84.71	114.83	14.25	17.44	19.39	20.91	21.99	29.68
39	59.72	65.05	75.43	80.79	84.97	114.44	14.67	17.84	19.80	21.20	22.29	30.02
40	60.09	65.72	76.26	81.14	85.33	114.40	14.99	18.19	20.14	21.42	22.54	30.31
41	60.24	65.99	76.73	81.19	85.32	114.13	15.15	18.35	20.34	21.52	22.60	30.45
42	60.55	66.26	77.33	81.41	85.47	114.31	15.24	18.48	20.50	21.56	22.64	30.55
43	61.34	67.47	78.24	84.00	88.14	116.96	15.40	18.63	20.66	22.20	23.31	31.23
44	61.94	68.51	78.91	86.27	90.46	119.27	15.47	18.67	20.73	22.67	23.78	31.69
45	62.73	69.74	79.81	88.69	92.98	121.89	15.55	18.71	20.82	23.13	24.25	32.16
46	63.71	71.36	81.29	91.33	95.77	124.83	15.65	18.87	20.98	23.57	24.75	32.62
47	65.24	73.58	83.57	94.73	99.46	128.85	15.91	19.16	21.33	24.17	25.38	33.27
48	67.12	76.02	86.61	98.85	104.44	134.51	16.25	19.48	21.68	24.72	26.12	34.00
49	69.31	79.27	90.76	103.52	109.87	140.83	16.72	20.14	22.34	25.49	26.98	34.98
50	71.11	81.95	94.51	107.62	114.64	146.32	17.20	20.71	22.93	26.12	27.71	35.80
51	73.39	85.02	98.99	112.54	120.21	152.75	17.85	21.49	23.74	27.00	28.64	36.87
52	75.34	87.63	103.19	117.04	125.36	158.50	18.49	22.25	24.50	27.81	29.46	37.81
53	76.99	90.50	107.29	121.25	129.65	163.74	19.05	23.11	25.43	28.75	30.31	39.00
54	79.31	94.23	112.33	126.57	135.02	170.01	19.77	24.19	26.63	30.01	31.47	40.57
55	81.45	97.87	117.10	131.68	140.13	174.53	20.42	25.24	27.78	31.27	32.64	41.85
56	84.00	102.12	122.40	137.48	146.02	179.90	21.10	26.40	29.12	32.69	34.03	43.36
57	87.04	107.16	128.34	144.17	152.89	186.26	21.83	27.68	30.56	34.35	35.69	45.22
58	90.72	112.43	133.45	150.79	160.53	193.80	22.62	29.01	31.94	36.10	37.74	47.45
59	95.40	119.10	140.17	159.26	169.97	203.47	23.48	30.47	33.57	38.15	40.10	50.19
60	100.63	126.53	147.73	168.75	180.37	214.28	24.32	31.92	35.30	40.32	42.65	53.16
61	107.70	136.43	158.02	181.44	194.13	228.95	25.45	33.81	37.61	43.17	45.94	57.06
62	116.39	148.17	170.31	196.56	210.52	246.51	26.89	36.02	40.31	46.52	49.83	61.60
63	127.95	163.03	187.24	216.47	231.15	269.14	29.11	39.07	44.06	50.92	54.61	67.33
64	140.25	178.56	205.20	237.55	252.97	292.84	31.59	42.48	48.08	55.67	59.68	73.26
65	154.59	196.37	226.02	261.90	278.25	320.20	34.75	46.71	52.90	61.29	65.71	80.12
66	178.19	225.47	260.10	301.67	320.03	365.85	40.27	54.01	60.94	70.66	75.73	91.50
67	196.66	247.61	286.35	332.48	352.52	400.06	44.95	60.17	67.34	78.20	83.76	100.01
68	218.62	269.88	312.83	362.36	389.27	448.10	50.59	67.63	73.97	86.38	93.24	112.00
69	239.78	292.72	340.07	393.07	424.30	496.71	56.61	75.49	81.11	94.75	102.47	124.15
70	264.91	316.55	368.53	425.23	458.87	547.25	64.13	83.89	88.89	103.43	111.71	136.76
71	289.31	339.52	396.22	456.50	491.07	597.34	72.03	92.36	96.73	111.97	120.48	149.29
72	315.01	363.77	425.55	489.75	524.51	644.94	80.82	101.48	105.19	121.08	129.65	161.24
73	337.00	386.47	453.73	525.11	555.11	689.73	89.29	109.37	113.41	130.05	137.81	172.42
74	360.84	411.39	484.95	564.34	589.42	729.29	98.66	117.80	122.31	139.96	146.77	182.31
75	387.36	448.03	530.46	607.83	628.65	773.90	109.00	129.49	134.73	150.94	156.79	193.47
76	417.24	490.45	583.42	655.87	673.75	824.29	120.47	142.82	148.87	163.11	168.12	206.07
77	451.14	537.94	643.00	708.51	725.33	880.88	133.13	157.57	164.48	176.52	180.89	220.21
78	493.17	595.10	714.78	787.59	806.21	978.65	148.15	175.08	182.91	196.65	200.77	244.66
79	537.06	654.17	789.48	869.91	893.08	1,082.77	163.58	193.08	201.77	217.73	221.92	270.68

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 20 Years

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	68.94	78.73	106.88	2.51	3.04	3.53	13.10	
36	69.78	79.81	107.68	2.55	3.07	3.56	13.46	
37	70.22	80.43	107.85	2.57	3.09	3.58	13.72	
38	70.23	80.56	109.07	2.58	3.10	3.59	14.25	
39	70.64	80.77	108.71	2.60	3.12	3.60	14.67	
40	71.38	81.12	108.67	2.64	3.15	3.63	14.99	
41	72.05	81.17	108.44	2.68	3.20	3.66	15.15	
42	73.00	81.41	108.59	2.71	3.23	3.69	15.24	
43	74.34	84.00	111.12	2.78	3.29	3.74	15.40	
44	75.47	86.27	113.32	2.85	3.34	3.79	15.47	
45	76.80	88.69	115.81	2.94	3.41	3.86	15.55	
46	78.59	91.32	118.58	3.04	3.51	3.97	15.65	
47	80.98	94.73	122.39	3.18	3.63	4.09	15.91	
48	83.65	98.84	127.79	3.33	3.79	4.25	16.25	
49	87.17	103.50	133.81	3.51	4.01	4.46	16.72	
50	90.04	107.62	139.00	3.64	4.19	4.64	17.20	
51	93.38	112.52	145.12	3.81	4.40	4.86	17.85	
52	96.19	117.04	150.56	3.97	4.59	5.08	18.49	
53	99.30	121.25	155.55	4.10	4.77	5.26	19.05	
54	103.34	126.57	161.50	4.27	5.02	5.52	19.77	
55	107.31	131.68	165.82	4.43	5.24	5.74	20.42	
56	111.94	137.48	170.89	4.63	5.52	6.02	21.10	
57	117.43	144.17	176.95	4.87	5.81	6.34	21.83	
58	123.14	150.79	184.10	5.13	6.13	6.64	22.62	
59	130.43	159.26	193.29	5.48	6.51	7.04	23.48	
60	138.54	168.75	203.55	5.85	6.98	7.48	24.32	
61	149.33	181.44	217.49	6.36	7.56	8.08	25.45	
62	162.12	196.56	234.17	6.99	8.26	8.77	26.89	
63	178.27	216.47	255.67	7.81	9.20	9.71	29.11	
64	195.14	237.55	278.17	8.72	10.21	10.72	31.59	
65	214.48	261.88	304.20	9.74	11.36	11.91	34.75	
66	246.09	301.67	347.54	11.40	13.19	13.79	40.27	
67	270.08	332.48	380.04	12.73	14.66	15.28	44.95	
68	294.01	364.53	425.68	14.25	16.38	16.98	50.59	
69	318.64	396.02	471.84	15.73	18.00	18.64	56.61	
70	344.38	427.88	519.90	17.49	19.64	20.29	64.13	
71	369.25	458.07	567.45	19.26	21.21	21.83	72.03	
72	395.50	489.75	612.71	21.17	22.82	23.45	80.82	
73	420.23	521.52	655.22	23.00	24.21	24.84	89.29	
74	447.36	557.18	692.83	25.08	25.75	26.38	98.66	
75	487.14	597.50	735.21	27.46	28.06	28.72	109.00	
76	533.17	643.11	783.07	30.20	30.83	31.51	120.47	
77	584.61	694.33	836.81	33.35	34.01	34.70	133.13	
78	646.45	772.84	929.74	37.24	37.93	38.66	148.15	
79	710.21	856.12	1,028.62	41.37	42.09	42.85	163.58	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 10 Years

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	49.98	54.88	60.56	65.94	73.81	88.85	44.97	49.38	54.51	59.36	66.43	79.97
36	50.15	54.97	61.08	66.52	74.44	89.13	45.14	49.49	54.96	59.86	66.99	80.23
37	50.69	55.48	62.02	67.53	75.60	90.06	45.62	49.92	55.81	60.78	68.04	81.05
38	51.23	55.87	62.89	67.87	76.09	90.58	46.11	50.28	56.60	61.08	68.49	81.54
39	51.73	56.25	63.71	68.24	76.55	91.29	46.56	50.64	57.35	61.41	68.90	82.16
40	51.86	56.26	64.08	68.17	76.45	91.55	46.67	50.63	57.67	61.36	68.80	82.40
41	52.40	56.68	64.90	68.65	76.92	92.67	47.16	51.01	58.41	61.79	69.22	83.40
42	52.60	56.70	65.30	68.74	76.94	93.32	47.33	51.03	58.77	61.86	69.26	84.00
43	53.26	57.51	66.01	70.88	79.27	94.86	47.92	51.76	59.40	63.81	71.34	85.39
44	53.64	58.10	66.39	72.59	81.12	95.94	48.27	52.27	59.76	65.33	73.01	86.35
45	54.53	59.26	67.42	74.91	83.69	97.94	49.07	53.32	60.69	67.42	75.33	88.14
46	55.17	60.35	68.39	76.83	85.88	99.46	49.67	54.30	61.55	69.16	77.29	89.51
47	56.02	61.58	69.62	78.92	88.34	101.20	50.42	55.42	62.66	71.01	79.50	91.08
48	57.87	63.79	72.20	82.42	92.70	104.44	52.09	57.42	64.98	74.18	83.44	94.01
49	59.72	66.37	75.39	85.96	97.14	107.61	53.76	59.74	67.84	77.37	87.43	96.86
50	61.20	68.43	78.10	88.96	101.01	110.00	55.08	61.58	70.30	80.05	90.90	98.99
51	63.24	71.00	81.60	92.75	105.86	113.23	56.92	63.90	73.45	83.47	95.28	101.92
52	64.96	73.12	84.74	96.11	110.27	115.79	58.47	65.79	76.27	86.51	99.25	104.21
53	66.92	76.05	88.59	100.13	115.14	119.02	60.22	68.45	79.74	90.11	103.62	107.12
54	68.53	78.72	92.07	103.75	119.48	121.71	61.68	70.84	82.85	93.36	107.52	109.55
55	70.37	81.72	95.86	107.80	124.26	124.87	63.32	73.55	86.28	97.03	111.84	112.40
56	73.04	85.84	100.84	113.29	130.60	129.62	65.74	77.26	90.76	101.97	117.53	116.67
57	75.54	89.92	105.62	118.65	136.71	134.19	67.99	80.94	95.06	106.81	123.04	120.77
58	78.63	94.63	109.95	124.22	142.94	139.85	70.77	85.16	98.94	111.80	128.65	125.86
59	82.42	100.10	115.48	131.21	150.72	147.05	74.18	90.10	103.93	118.09	135.66	132.36
60	87.08	106.54	122.36	139.78	160.25	155.98	78.37	95.87	110.12	125.81	144.22	140.40
61	92.73	114.12	130.72	150.09	171.71	166.81	83.45	102.72	117.64	135.09	154.55	150.12
62	98.92	122.15	139.60	161.10	183.93	178.34	89.02	109.95	125.64	144.97	165.53	160.50
63	108.29	133.43	153.15	177.05	201.92	194.76	97.47	120.09	137.83	159.34	181.72	175.28
64	118.34	145.46	167.55	193.94	221.07	211.91	106.51	130.92	150.80	174.56	198.97	190.71
65	129.25	158.50	182.86	211.91	241.53	229.94	116.33	142.64	164.57	190.72	217.38	206.95
66	148.92	182.35	210.24	243.84	278.10	262.70	134.03	164.11	189.21	219.45	250.31	236.44
67	164.32	201.02	231.00	268.21	306.22	286.78	147.89	180.91	207.89	241.39	275.60	258.10
68	184.24	225.96	254.14	294.41	337.00	323.20	165.82	203.36	228.73	264.96	303.31	290.88
69	204.00	250.61	278.24	321.62	368.93	360.48	183.61	225.54	250.40	289.45	332.04	324.42
70	225.93	273.50	301.37	347.71	399.59	396.53	203.35	246.17	271.22	312.94	359.64	356.89
71	251.01	299.32	328.41	378.38	435.49	438.31	225.91	269.39	295.57	340.54	391.93	394.48
72	275.98	324.10	354.79	408.30	470.64	480.24	248.40	291.68	319.32	367.46	423.57	432.22
73	300.11	345.59	382.63	442.85	510.76	526.28	270.09	311.03	344.36	398.55	459.66	473.65
74	326.75	368.95	413.71	481.44	555.61	580.74	294.06	332.05	372.33	433.29	500.05	522.67
75	356.69	403.20	457.85	524.64	605.87	644.18	321.02	362.87	412.06	472.17	545.29	579.77
76	390.71	443.57	509.54	572.83	662.07	718.56	351.64	399.21	458.59	515.54	595.86	646.70
77	433.07	494.02	573.08	631.44	730.53	805.78	389.76	444.61	515.76	568.30	657.47	725.19
78	477.87	547.80	640.38	705.61	817.19	907.71	430.09	493.03	576.34	635.05	735.47	816.94
79	528.96	609.43	716.32	789.27	915.17	1,204.17	476.06	548.48	644.69	710.35	823.65	1,083.76

Mutual of Omaha Insurance Company

Policy Form: LTC04I-TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 10 Years

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL) Benefit Period						Non Integrated - Home Health Care (HHC) (2PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	47.30	50.32	58.08	63.25	66.40	71.24	10.52	13.08	14.65	15.95	16.75	17.60
36	47.27	50.55	58.47	63.67	66.85	71.28	10.74	13.28	14.86	16.17	16.99	17.85
37	47.58	51.16	59.25	64.53	67.75	71.87	11.01	13.58	15.18	16.53	17.36	18.19
38	47.71	51.67	59.88	64.63	67.96	71.98	11.43	13.99	15.55	16.78	17.64	18.60
39	47.91	52.19	60.52	64.81	68.17	72.32	11.77	14.31	15.89	17.01	17.88	18.97
40	47.87	52.35	60.75	64.64	67.97	72.38	11.94	14.49	16.04	17.06	17.96	19.18
41	48.26	52.87	61.48	65.04	68.35	73.15	12.14	14.70	16.29	17.24	18.11	19.51
42	48.44	53.01	61.87	65.13	68.37	73.64	12.19	14.78	16.40	17.25	18.11	19.68
43	49.07	53.98	62.59	67.20	70.51	74.87	12.32	14.91	16.53	17.76	18.64	19.99
44	49.48	54.73	63.04	68.92	72.26	75.80	12.36	14.91	16.56	18.11	19.00	20.14
45	50.40	56.03	64.12	71.26	74.70	77.49	12.50	15.03	16.73	18.59	19.49	20.45
46	51.12	57.26	65.22	73.28	76.83	78.85	12.56	15.14	16.84	18.91	19.86	20.60
47	51.96	58.61	66.57	75.45	79.22	80.43	12.67	15.26	16.99	19.25	20.22	20.77
48	53.77	60.91	69.39	79.20	83.67	83.36	13.02	15.61	17.37	19.81	20.93	21.07
49	55.53	63.51	72.72	82.93	88.02	86.20	13.40	16.14	17.90	20.42	21.61	21.41
50	56.89	65.56	75.61	86.10	91.71	88.37	13.76	16.57	18.34	20.90	22.17	21.62
51	58.71	68.01	79.19	90.03	96.17	91.22	14.28	17.19	18.99	21.60	22.91	22.02
52	60.18	70.00	82.43	93.49	100.14	93.49	14.77	17.77	19.57	22.21	23.53	22.30
53	61.87	72.72	86.22	97.44	104.18	96.12	15.31	18.57	20.44	23.10	24.36	22.90
54	63.26	75.16	89.60	100.96	107.69	98.26	15.77	19.29	21.24	23.94	25.10	23.45
55	64.86	77.94	93.26	104.87	111.60	100.72	16.27	20.10	22.12	24.90	26.00	24.15
56	67.30	81.82	98.06	110.15	116.99	104.44	16.90	21.15	23.33	26.19	27.26	25.18
57	69.63	85.73	102.67	115.34	122.31	107.98	17.46	22.14	24.45	27.48	28.55	26.22
58	72.57	89.94	106.76	120.63	128.43	112.35	18.10	23.21	25.55	28.88	30.19	27.51
59	76.32	95.28	112.14	127.41	135.97	117.96	18.78	24.38	26.86	30.52	32.08	29.09
60	81.00	101.84	118.90	135.83	145.18	124.98	19.58	25.69	28.41	32.45	34.33	31.01
61	86.68	109.81	127.19	146.04	156.25	133.53	20.49	27.21	30.27	34.75	36.98	33.28
62	92.97	118.35	136.04	157.01	168.16	142.69	21.48	28.77	32.20	37.16	39.81	35.66
63	102.20	130.22	149.56	172.91	184.64	155.79	23.25	31.21	35.19	40.67	43.62	38.97
64	112.03	142.63	163.91	189.75	202.06	169.50	25.24	33.93	38.40	44.47	47.67	42.40
65	122.54	155.66	179.16	207.60	220.57	183.92	27.55	37.03	41.93	48.58	52.09	46.02
66	141.25	178.72	206.17	239.13	253.68	210.15	31.92	42.81	48.30	56.01	60.03	52.56
67	155.64	195.96	226.62	263.13	278.99	229.43	35.57	47.62	53.29	61.89	66.29	57.35
68	174.09	214.91	249.10	288.55	309.98	258.57	40.28	53.86	58.90	68.79	74.25	64.63
69	192.12	234.54	272.48	314.95	339.97	288.39	45.36	60.49	64.99	75.91	82.10	72.09
70	211.93	253.24	294.83	340.19	367.10	317.25	51.30	67.12	71.11	82.75	89.36	79.28
71	234.38	275.06	320.99	369.82	397.83	350.67	58.36	74.82	78.36	90.71	97.60	87.64
72	256.45	296.14	346.45	398.70	427.01	384.19	65.80	82.61	85.64	98.57	105.55	96.05
73	277.53	318.27	373.66	432.44	457.15	421.03	73.53	90.07	93.40	107.10	113.49	105.25
74	300.70	342.83	404.12	470.28	491.18	464.60	82.21	98.16	101.92	116.64	122.30	116.14
75	326.75	377.93	447.47	512.73	530.29	515.35	91.95	109.23	113.65	127.33	132.26	128.83
76	356.39	418.93	498.33	560.22	575.49	574.85	102.90	121.99	127.16	139.32	143.60	143.71
77	393.55	469.27	560.92	618.06	632.73	644.63	116.14	137.45	143.48	153.98	157.79	161.15
78	432.86	522.32	627.36	691.27	707.61	726.17	130.03	153.67	160.54	172.60	176.21	181.54
79	477.83	582.02	702.41	773.96	794.58	963.35	145.54	171.78	179.52	193.72	197.44	240.82

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 10 Years

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	55.39	63.25	67.67	2.02	2.44	2.83	10.52	
36	55.67	63.67	67.73	2.03	2.45	2.84	10.74	
37	56.34	64.53	68.26	2.06	2.48	2.87	11.01	
38	56.34	64.63	68.37	2.07	2.49	2.88	11.43	
39	56.67	64.80	68.70	2.09	2.50	2.89	11.77	
40	56.87	64.62	68.75	2.10	2.51	2.90	11.94	
41	57.72	65.03	69.50	2.14	2.56	2.93	12.14	
42	58.40	65.13	69.96	2.17	2.58	2.95	12.19	
43	59.47	67.20	71.13	2.23	2.63	3.00	12.32	
44	60.29	68.92	72.02	2.28	2.67	3.03	12.36	
45	61.70	71.26	73.63	2.36	2.74	3.10	12.50	
46	63.05	73.26	74.91	2.44	2.82	3.19	12.56	
47	64.50	75.45	76.40	2.53	2.89	3.26	12.67	
48	67.01	79.18	79.20	2.67	3.03	3.40	13.02	
49	69.84	82.92	81.90	2.81	3.21	3.57	13.40	
50	72.03	86.10	83.95	2.91	3.36	3.72	13.76	
51	74.71	90.02	86.66	3.05	3.52	3.89	14.28	
52	76.84	93.49	88.80	3.17	3.66	4.05	14.77	
53	79.79	97.44	91.31	3.29	3.83	4.23	15.31	
54	82.43	100.96	93.34	3.40	4.00	4.40	15.77	
55	85.46	104.87	95.69	3.52	4.17	4.57	16.27	
56	89.68	110.15	99.22	3.71	4.42	4.82	16.90	
57	93.95	115.34	102.58	3.89	4.65	5.07	17.46	
58	98.51	120.63	106.72	4.11	4.91	5.31	18.10	
59	104.35	127.41	112.05	4.38	5.21	5.63	18.78	
60	111.51	135.83	118.72	4.71	5.61	6.02	19.58	
61	120.19	146.04	126.85	5.12	6.08	6.50	20.49	
62	129.50	157.01	135.55	5.58	6.60	7.01	21.48	
63	142.40	172.91	147.99	6.24	7.35	7.76	23.25	
64	155.88	189.75	161.01	6.97	8.15	8.56	25.24	
65	170.01	207.59	174.73	7.72	9.00	9.44	27.55	
66	195.07	239.13	199.63	9.04	10.46	10.93	31.92	
67	213.75	263.13	217.95	10.08	11.61	12.09	35.57	
68	234.12	290.27	245.63	11.35	13.04	13.52	40.28	
69	255.31	317.31	273.96	12.60	14.42	14.93	45.36	
70	275.51	342.30	301.39	13.99	15.71	16.23	51.30	
71	299.14	371.10	333.12	15.60	17.18	17.69	58.36	
72	321.98	398.70	364.99	17.23	18.57	19.09	65.80	
73	346.07	429.49	399.96	18.94	19.94	20.45	73.53	
74	372.80	464.31	441.37	20.90	21.46	21.99	82.21	
75	410.92	504.01	489.58	23.16	23.67	24.23	91.95	
76	455.42	549.32	546.10	25.79	26.33	26.91	102.90	
77	509.98	605.69	612.38	29.09	29.67	30.27	116.14	
78	567.39	678.32	689.87	32.68	33.29	33.93	130.03	
79	631.87	761.69	915.17	36.81	37.45	38.13	145.54	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Step-Rated

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2	3	4	5	6	Lifetime	2	3	4	5	6	Lifetime
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	48.60	56.40	64.14	71.85	79.51	113.18	43.73	50.75	57.73	64.67	71.57	101.86
36	48.69	56.66	64.54	72.33	80.04	113.48	43.83	51.01	58.07	65.09	72.03	102.14
37	49.18	57.37	65.44	73.36	81.16	114.65	44.27	51.63	58.89	66.03	73.04	103.19
38	50.18	58.73	67.08	75.21	83.12	115.32	45.16	52.86	60.38	67.69	74.81	103.80
39	51.05	59.93	68.54	76.86	84.91	115.34	45.95	53.95	61.70	69.17	76.42	103.80
40	52.02	61.24	70.12	78.68	86.93	116.48	46.82	55.11	63.11	70.82	78.24	104.84
41	52.94	62.44	71.59	80.38	88.81	116.99	47.65	56.19	64.44	72.35	79.92	105.30
42	53.97	63.82	73.28	82.34	91.02	118.67	48.57	57.44	65.95	74.10	81.94	106.81
43	55.69	65.89	75.69	85.06	94.03	120.63	50.12	59.30	68.10	76.57	84.62	108.57
44	56.84	67.30	77.33	86.92	96.10	121.92	51.16	60.55	69.60	78.23	86.49	109.73
45	58.89	69.76	80.17	90.14	99.67	124.46	52.99	62.77	72.17	81.12	89.71	112.01
46	58.33	70.21	79.57	92.41	102.27	126.31	52.51	63.18	71.61	83.18	92.04	113.67
47	58.16	70.14	79.30	93.45	104.61	129.46	52.34	63.12	71.38	84.09	94.14	116.51
48	59.38	71.58	81.03	95.15	107.02	132.55	53.45	64.43	72.92	85.64	96.33	119.32
49	61.05	73.49	83.47	97.59	110.29	136.58	54.96	66.14	75.12	87.83	99.26	122.93
50	62.30	74.74	85.32	99.31	112.76	139.52	56.07	67.26	76.79	89.36	101.48	125.56
51	64.16	76.61	88.04	101.94	116.34	143.62	57.74	68.94	79.24	91.74	104.71	129.27
52	65.64	77.91	90.29	103.98	119.30	146.77	59.08	70.10	81.26	93.59	107.37	132.09
53	66.26	78.75	91.74	105.48	121.30	149.64	59.63	70.88	82.57	94.93	109.16	134.69
54	67.52	80.49	94.14	108.12	124.50	154.17	60.77	72.43	84.72	97.29	112.05	138.76
55	69.00	82.53	96.82	111.14	128.11	159.37	62.09	74.29	87.14	100.04	115.31	143.45
56	70.18	84.33	99.07	113.79	131.18	164.08	63.16	75.90	89.17	102.42	118.05	147.69
57	72.24	87.31	102.55	117.96	135.92	171.15	65.02	78.59	92.30	106.19	122.33	154.03
58	74.41	90.80	105.49	121.79	140.15	178.38	66.97	81.71	94.93	109.61	126.13	160.53
59	77.17	94.86	109.44	126.81	145.67	187.55	69.46	85.39	98.49	114.14	131.11	168.81
60	80.64	99.69	114.50	133.11	152.60	198.95	72.57	89.71	103.04	119.81	137.34	179.07
61	85.71	105.39	120.72	140.76	161.05	212.76	77.13	94.86	108.64	126.69	144.94	191.48
62	91.93	112.13	128.14	149.87	171.10	229.21	82.73	100.93	115.32	134.86	153.98	206.27
63	99.29	120.37	138.15	161.63	184.33	248.25	89.37	108.33	124.34	145.47	165.90	223.42
64	107.92	129.95	149.68	175.07	199.55	270.11	97.13	116.95	134.72	157.57	179.60	243.09
65	116.13	138.87	160.22	187.29	213.48	290.47	104.52	124.98	144.19	168.57	192.13	261.42
66	132.97	158.00	182.17	212.74	242.63	331.86	119.68	142.20	163.95	191.47	218.39	298.68
67	145.64	171.99	197.64	230.60	263.28	357.44	131.07	154.79	177.87	207.54	236.95	321.69
68	165.90	192.04	216.00	251.31	287.67	398.37	149.31	172.83	194.40	226.17	258.92	358.54
69	185.02	209.68	232.80	270.16	309.90	429.68	166.53	188.71	209.50	243.13	278.91	386.70
70	206.52	229.91	253.33	292.00	335.57	464.10	185.88	206.93	227.99	262.80	302.02	417.70
71	229.44	256.03	280.92	315.06	362.62	499.23	206.49	230.43	252.83	283.55	326.34	449.31
72	254.25	284.58	311.52	339.57	391.42	535.84	228.84	256.11	280.38	305.61	352.28	482.26
73	278.67	312.75	346.27	370.42	427.23	587.56	250.80	281.48	311.64	333.37	384.49	528.81
74	305.84	344.37	386.15	410.49	473.73	646.87	275.24	309.92	347.53	369.44	426.36	582.18
75	336.55	380.44	432.00	459.24	530.35	715.71	302.90	342.39	388.80	413.31	477.31	644.14
76	371.65	421.94	484.68	515.26	595.53	796.00	334.49	379.74	436.22	463.73	535.98	716.39
77	408.42	465.90	540.47	574.54	664.69	882.02	367.58	419.31	486.41	517.08	598.21	793.80
78	454.37	520.86	608.88	647.28	749.64	994.03	408.93	468.78	548.00	582.55	674.67	894.63
79	507.11	584.25	686.72	730.01	846.45	1,124.03	456.39	525.82	618.05	657.01	761.81	1,011.63

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Step-Rated

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	46.00	51.71	61.51	68.91	71.53	90.75	10.23	13.44	15.52	17.38	18.04	22.42
36	45.90	52.10	61.78	69.23	71.87	90.75	10.42	13.68	15.70	17.58	18.26	22.72
37	46.17	52.90	62.52	70.10	72.74	91.49	10.68	14.04	16.01	17.95	18.64	23.16
38	46.73	54.32	63.87	71.62	74.23	91.64	11.20	14.71	16.59	18.59	19.27	23.68
39	47.28	55.60	65.10	73.00	75.61	91.37	11.62	15.25	17.09	19.15	19.83	23.97
40	48.02	56.98	66.48	74.60	77.29	92.09	11.98	15.77	17.55	19.69	20.42	24.40
41	48.76	58.24	67.82	76.16	78.91	92.36	12.27	16.20	17.97	20.18	20.91	24.64
42	49.70	59.66	69.43	78.01	80.89	93.64	12.51	16.64	18.40	20.66	21.42	25.03
43	51.32	61.85	71.77	80.64	83.64	95.21	12.88	17.08	18.95	21.31	22.12	25.42
44	52.44	63.40	73.42	82.52	85.61	96.32	13.09	17.28	19.29	21.68	22.51	25.60
45	54.43	65.96	76.26	85.75	88.96	98.48	13.50	17.70	19.89	22.36	23.20	25.98
46	54.05	66.62	75.88	88.14	91.50	100.14	13.28	17.61	19.59	22.75	23.65	26.17
47	53.95	66.76	75.82	89.35	93.81	102.90	13.16	17.38	19.35	22.80	23.94	26.57
48	55.17	68.35	77.87	91.44	96.60	105.81	13.35	17.52	19.49	22.87	24.16	26.74
49	56.77	70.32	80.51	94.15	99.93	109.41	13.70	17.87	19.81	23.18	24.54	27.18
50	57.92	71.61	82.59	96.11	102.38	112.09	14.01	18.10	20.04	23.33	24.75	27.43
51	59.57	73.38	85.44	98.95	105.69	115.70	14.49	18.55	20.49	23.74	25.18	27.93
52	60.81	74.58	87.83	101.15	108.34	118.50	14.92	18.93	20.85	24.03	25.46	28.27
53	61.26	75.31	89.28	102.65	109.76	120.85	15.16	19.23	21.16	24.34	25.66	28.79
54	62.33	76.85	91.61	105.21	112.23	124.47	15.54	19.73	21.72	24.94	26.16	29.70
55	63.60	78.72	94.19	108.13	115.06	128.54	15.95	20.30	22.35	25.68	26.80	30.82
56	64.66	80.38	96.34	110.64	117.51	132.21	16.24	20.78	22.92	26.31	27.38	31.87
57	66.58	83.24	99.69	114.67	121.60	137.72	16.70	21.50	23.74	27.32	28.38	33.44
58	68.68	86.30	102.43	118.27	125.91	143.29	17.13	22.26	24.51	28.31	29.60	35.09
59	71.46	90.30	106.28	123.14	131.42	150.45	17.59	23.10	25.46	29.50	31.00	37.11
60	75.01	95.29	111.26	129.35	138.25	159.40	18.13	24.04	26.58	30.90	32.69	39.55
61	80.12	101.40	117.46	136.97	146.55	170.31	18.93	25.13	27.96	32.59	34.68	42.44
62	86.40	108.64	124.87	146.06	156.43	183.38	19.96	26.41	29.55	34.57	37.03	45.83
63	93.71	117.47	134.92	157.85	168.56	198.57	21.32	28.15	31.75	37.13	39.82	49.68
64	102.16	127.42	146.43	171.28	182.40	216.06	23.01	30.31	34.31	40.14	43.03	54.05
65	110.10	136.38	156.98	183.49	194.95	232.34	24.75	32.44	36.74	42.94	46.04	58.13
66	126.12	154.86	178.65	208.63	221.33	265.46	28.50	37.09	41.85	48.87	52.37	66.39
67	137.94	167.67	193.89	226.23	239.87	285.95	31.53	40.74	45.60	53.21	57.00	71.48
68	156.75	182.65	211.71	246.31	264.60	318.71	36.27	45.77	50.06	58.72	63.38	79.66
69	174.25	196.24	227.98	264.55	285.57	343.76	41.14	50.61	54.38	63.77	68.97	85.92
70	193.72	212.87	247.83	285.68	308.28	371.31	46.89	56.42	59.78	69.49	75.05	92.79
71	214.24	235.28	274.56	307.94	331.26	399.41	53.34	64.00	67.03	75.53	81.27	99.82
72	236.26	260.03	304.20	331.59	355.13	428.67	60.62	72.54	75.20	81.98	87.78	107.17
73	257.70	288.03	338.15	361.72	382.38	470.05	68.28	81.51	84.52	89.58	94.93	117.51
74	281.46	319.98	377.20	400.98	418.80	517.50	76.95	91.62	95.13	99.45	104.28	129.37
75	308.31	356.59	422.21	448.81	464.19	572.57	86.76	103.07	107.23	111.45	115.77	143.14
76	339.01	398.49	474.03	503.92	517.65	636.80	97.88	116.04	120.95	125.32	129.17	159.20
77	371.15	442.56	528.99	562.36	575.71	705.62	109.53	129.63	135.31	140.10	143.57	176.40
78	411.57	496.63	596.51	634.13	649.11	795.22	123.63	146.11	152.64	158.33	161.65	198.81
79	458.08	557.97	673.38	715.85	734.92	899.23	139.52	164.69	172.10	179.17	182.62	224.79

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Step-Rated

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC
Issue	Non Integrated - NH (3PL) Benefit Period			Non Integrated - ALF (3PL) Benefit Period			Non Integrated - HHC (3 PL) Benefit Period
Age	3 3 Yr	5 5 Yr	Lifetime Unlimited	2 2 Yr	3 3 Yr	4 4 Yr	2 2 Yr
18-35	56.92	68.91	86.20	3.52	4.50	5.39	18.38
36	57.38	69.23	86.23	3.57	4.57	5.44	18.86
37	58.26	70.10	86.90	3.61	4.64	5.48	19.32
38	59.24	71.62	87.05	3.69	4.76	5.58	20.34
39	60.38	72.98	86.79	3.77	4.87	5.69	21.23
40	61.90	74.58	87.48	3.87	5.00	5.77	21.99
41	63.59	76.14	87.75	4.00	5.11	5.86	22.65
42	65.74	78.01	88.96	4.07	5.15	5.88	22.87
43	68.14	80.64	90.45	4.07	5.24	5.97	22.50
44	69.84	82.52	91.52	4.03	5.18	5.89	21.82
45	72.64	85.75	93.57	4.01	5.13	5.81	21.23
46	73.36	88.12	95.13	4.03	5.11	5.78	20.70
47	73.47	89.35	97.74	4.06	5.08	5.73	20.30
48	75.20	91.42	100.52	4.22	5.24	5.88	20.56
49	77.32	94.14	103.95	4.35	5.39	6.00	20.76
50	78.68	96.11	106.48	4.48	5.54	6.14	21.19
51	80.60	98.93	109.92	4.65	5.72	6.31	21.79
52	81.87	101.15	112.56	4.81	5.85	6.48	22.39
53	82.63	102.65	114.81	4.91	5.97	6.59	22.80
54	84.28	105.21	118.24	5.02	6.12	6.73	23.25
55	86.32	108.13	122.13	5.14	6.27	6.87	23.73
56	88.11	110.64	125.60	5.32	6.48	7.07	24.23
57	91.22	114.67	130.83	5.52	6.70	7.30	24.77
58	94.52	118.27	136.12	5.73	6.95	7.52	25.27
59	98.89	123.14	142.92	6.02	7.24	7.83	25.80
60	104.34	129.35	151.42	6.37	7.67	8.22	26.45
61	110.99	136.97	161.79	6.87	8.15	8.71	27.47
62	118.87	146.06	174.20	7.52	8.79	9.33	28.96
63	128.46	157.85	188.64	8.32	9.64	10.18	31.01
64	139.25	171.28	205.24	9.19	10.53	11.06	33.29
65	148.96	183.47	220.73	10.14	11.53	12.09	36.19
66	169.02	208.63	252.18	11.66	13.09	13.69	41.19
67	182.88	226.23	271.64	12.87	14.31	14.90	45.42
68	198.98	247.78	302.76	14.38	15.59	16.16	51.03
69	213.61	266.53	326.55	15.73	16.60	17.19	56.61
70	231.59	287.46	352.75	17.16	17.73	18.31	62.93
71	255.88	309.00	379.42	18.53	19.09	19.65	69.30
72	282.72	331.59	407.25	19.95	20.49	21.07	76.16
73	313.19	359.25	446.54	21.79	22.36	22.94	84.62
74	347.96	395.89	491.63	23.91	24.48	25.08	94.05
75	387.73	441.18	543.95	26.34	26.92	27.55	104.55
76	433.20	494.11	604.96	29.36	29.97	30.63	117.12
77	480.96	551.10	670.32	32.64	33.29	33.96	130.30
78	539.48	622.25	755.47	36.43	37.11	37.82	144.95
79	605.76	704.50	854.26	40.76	41.47	42.22	161.18

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Step-Rated

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	64.51	74.84	85.11	93.03	104.13	131.18
36	64.69	75.28	85.76	93.89	105.07	131.67
37	65.34	76.22	86.94	95.31	106.70	133.03
38	66.93	78.33	89.48	96.74	108.47	133.81
39	68.06	79.91	91.40	97.50	109.38	133.97
40	69.64	81.79	93.15	98.90	110.90	135.30
41	70.84	81.95	93.83	99.67	111.68	136.04
42	72.19	82.66	95.20	101.20	113.27	137.99
43	71.52	84.25	96.71	102.86	115.03	140.26
44	69.87	83.30	95.19	104.02	116.24	141.92
45	69.01	82.69	94.09	106.08	118.52	144.88
46	67.98	81.82	92.73	107.70	120.38	147.20
47	67.31	81.19	91.79	108.17	121.08	149.85
48	68.80	82.95	93.89	110.26	124.01	153.59
49	69.77	83.99	95.40	111.54	126.04	156.09
50	70.78	84.91	96.92	112.81	128.09	158.49
51	71.86	85.80	98.60	114.17	130.30	160.86
52	73.58	87.33	101.21	116.56	133.73	164.52
53	74.34	88.35	102.92	118.35	136.09	167.89
54	75.20	89.65	104.85	120.42	138.68	171.72
55	76.86	91.93	107.84	123.79	142.69	177.51
56	78.23	94.00	110.44	126.85	146.23	182.91
57	80.53	97.33	114.32	131.50	151.51	190.80
58	82.95	101.21	117.60	135.77	156.23	198.85
59	85.39	104.97	121.10	140.32	161.19	207.54
60	89.23	110.31	126.70	147.30	168.87	220.15
61	94.14	115.76	132.59	154.61	176.89	233.68
62	100.97	123.16	140.74	164.61	187.93	251.75
63	109.96	133.30	153.00	178.99	204.14	274.92
64	118.62	142.84	164.52	192.43	219.34	296.89
65	129.79	155.21	179.07	209.33	238.59	324.65
66	147.50	175.26	202.07	235.98	269.14	368.11
67	161.68	190.94	219.42	256.01	292.29	401.89
68	181.36	209.95	236.13	274.74	314.49	435.50
69	200.84	227.61	252.69	293.25	336.38	466.41
70	220.64	245.63	270.65	311.97	358.51	495.83
71	243.16	271.35	297.72	333.91	384.31	529.10
72	265.12	296.74	324.84	354.08	408.15	558.74
73	288.20	323.45	358.11	383.09	441.83	607.65
74	316.29	356.14	399.35	424.53	489.93	668.98
75	345.18	390.19	443.08	471.01	543.95	734.07
76	381.18	432.76	497.11	528.47	610.80	816.41
77	422.51	481.97	559.10	594.35	687.61	912.43
78	470.04	538.82	629.88	669.60	775.49	1,028.30
79	520.22	599.36	704.48	748.89	868.34	1,153.09

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 50% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	58.05	67.35	76.61	83.74	93.73	118.07
36	58.23	67.77	77.16	84.49	94.56	118.51
37	58.81	68.58	78.24	85.79	96.03	119.73
38	60.23	70.50	80.54	87.07	97.62	120.44
39	61.26	71.94	82.27	87.75	98.44	120.57
40	62.67	73.60	83.83	89.02	99.81	121.78
41	63.76	73.75	84.46	89.71	100.50	122.44
42	64.96	74.40	85.68	91.08	101.97	124.20
43	64.35	75.82	87.02	92.59	103.52	126.25
44	62.89	74.95	85.68	93.62	104.62	127.73
45	62.09	74.41	84.69	95.47	106.68	130.38
46	61.20	73.63	83.45	96.93	108.33	132.47
47	60.58	73.06	82.62	97.33	108.97	134.86
48	61.93	74.66	84.50	99.23	111.62	138.26
49	62.81	75.59	85.85	100.38	113.43	140.50
50	63.70	76.41	87.23	101.52	115.28	142.64
51	64.67	77.22	88.75	102.75	117.28	144.78
52	66.23	78.58	91.09	104.92	120.36	148.07
53	66.90	79.53	92.64	106.50	122.47	151.11
54	67.69	80.68	94.36	108.37	124.80	154.56
55	69.16	82.74	97.05	111.43	128.44	159.77
56	70.41	84.61	99.40	114.17	131.60	164.63
57	72.48	87.60	102.89	118.37	136.36	171.71
58	74.65	91.09	105.83	122.19	140.60	178.95
59	76.86	94.49	108.99	126.30	145.09	186.80
60	80.31	99.27	114.02	132.58	151.97	198.15
61	84.71	104.19	119.32	139.16	159.20	210.31
62	90.87	110.85	126.67	148.13	169.13	226.56
63	98.97	119.97	137.70	161.10	183.72	247.42
64	106.76	128.55	148.08	173.20	197.42	267.20
65	116.81	139.69	161.16	188.40	214.73	292.18
66	132.75	157.74	181.86	212.38	242.25	331.31
67	145.51	171.84	197.47	230.41	263.06	361.70
68	163.22	188.95	212.52	247.26	283.05	391.96
69	180.76	204.83	227.41	263.91	302.75	419.76
70	198.59	221.08	243.58	280.77	322.67	446.26
71	218.85	244.22	267.95	300.52	345.87	476.20
72	238.62	267.06	292.36	318.67	367.33	502.87
73	259.38	291.10	322.30	344.77	397.64	546.89
74	284.65	320.52	359.41	382.07	440.94	602.09
75	310.67	351.17	398.77	423.91	489.55	660.66
76	343.07	389.47	447.41	475.62	549.72	734.76
77	380.26	433.76	503.18	534.91	618.84	821.18
78	423.04	484.94	566.89	602.64	697.93	925.48
79	468.19	539.42	634.03	674.00	781.51	1,037.79

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Step-Rated

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	61.06	68.62	81.62	89.23	93.68	105.19	13.58	17.83	20.59	22.51	23.63	25.99
36	60.98	69.22	82.09	89.86	94.35	105.30	13.85	18.18	20.86	22.82	23.98	26.37
37	61.33	70.28	83.06	91.08	95.63	106.16	14.18	18.66	21.27	23.33	24.50	26.87
38	62.33	72.45	85.19	92.13	96.87	106.33	14.93	19.61	22.13	23.91	25.15	27.48
39	63.04	74.14	86.81	92.60	97.40	106.13	15.49	20.33	22.79	24.30	25.55	27.84
40	64.28	76.10	88.31	93.77	98.61	106.96	16.04	21.07	23.32	24.76	26.05	28.34
41	65.25	76.45	88.89	94.43	99.24	107.39	16.41	21.26	23.56	25.03	26.29	28.65
42	66.48	77.27	90.19	95.88	100.66	108.88	16.74	21.55	23.91	25.40	26.66	29.10
43	65.90	79.07	91.70	97.52	102.32	110.70	16.54	21.84	24.22	25.77	27.05	29.56
44	64.46	78.47	90.39	98.76	103.55	112.12	16.10	21.38	23.75	25.95	27.22	29.79
45	63.78	78.19	89.49	100.92	105.79	114.63	15.81	20.98	23.35	26.32	27.59	30.25
46	62.98	77.63	88.43	102.71	107.70	116.70	15.47	20.53	22.83	26.51	27.84	30.49
47	62.44	77.27	87.77	103.42	108.59	119.10	15.23	20.12	22.40	26.39	27.71	30.75
48	63.93	79.20	90.23	105.95	111.94	122.60	15.47	20.30	22.58	26.50	28.00	30.99
49	64.88	80.36	92.02	107.61	114.21	125.03	15.65	20.42	22.64	26.49	28.04	31.06
50	65.79	81.35	93.82	109.19	116.30	127.33	15.92	20.56	22.76	26.50	28.11	31.16
51	66.71	82.18	95.70	110.82	118.38	129.58	16.23	20.77	22.95	26.59	28.20	31.28
52	68.17	83.61	98.45	113.38	121.44	132.84	16.73	21.22	23.38	26.94	28.54	31.69
53	68.73	84.49	100.16	115.16	123.14	135.59	17.01	21.57	23.74	27.31	28.79	32.30
54	69.42	85.59	102.04	117.18	125.00	138.64	17.31	21.97	24.19	27.78	29.13	33.09
55	70.84	87.68	104.91	120.44	128.16	143.18	17.77	22.61	24.89	28.60	29.85	34.33
56	72.07	89.61	107.39	123.34	130.99	147.39	18.10	23.17	25.55	29.33	30.53	35.53
57	74.22	92.79	111.13	127.82	135.55	153.52	18.62	23.96	26.47	30.45	31.64	37.27
58	76.56	96.20	114.19	131.84	140.36	159.73	19.09	24.82	27.33	31.56	32.99	39.11
59	79.07	99.92	117.60	136.26	145.42	166.48	19.46	25.57	28.17	32.64	34.30	41.06
60	83.00	105.45	123.11	143.13	152.99	176.39	20.06	26.60	29.42	34.20	36.17	43.76
61	88.00	111.38	129.01	150.44	160.96	187.07	20.80	27.60	30.71	35.79	38.09	46.62
62	94.90	119.32	137.15	160.42	171.82	201.41	21.92	29.01	32.46	37.97	40.67	50.34
63	103.78	130.09	149.41	174.81	186.67	219.91	23.61	31.18	35.16	41.12	44.10	55.01
64	112.29	140.06	160.95	188.27	200.49	237.48	25.30	33.32	37.71	44.12	47.30	59.41
65	123.05	152.43	175.45	205.08	217.88	259.67	27.66	36.26	41.06	47.99	51.45	64.97
66	139.89	171.78	198.16	231.43	245.51	294.46	31.61	41.15	46.43	54.21	58.09	73.65
67	153.14	186.14	215.25	251.16	266.30	321.52	35.00	45.23	50.62	59.07	63.28	80.37
68	171.36	199.68	231.45	269.27	289.27	348.42	39.65	50.04	54.72	64.19	69.29	87.09
69	189.14	213.01	247.46	287.16	309.98	373.14	44.65	54.93	59.03	69.22	74.86	93.27
70	206.96	227.43	264.78	305.22	329.36	396.70	50.10	60.28	63.86	74.24	80.18	99.14
71	227.06	249.35	290.99	326.36	351.08	423.31	56.53	67.83	71.04	80.05	86.13	105.80
72	246.35	271.15	317.20	345.76	370.31	446.99	63.21	75.64	78.41	85.48	91.54	111.75
73	266.51	297.88	349.71	374.09	395.46	486.12	70.62	84.30	87.41	92.65	98.17	121.52
74	291.08	330.92	390.09	414.69	433.12	535.19	79.58	94.76	98.39	102.85	107.85	133.79
75	316.21	365.74	433.03	460.32	476.09	587.26	88.98	105.71	109.98	114.31	118.74	146.81
76	347.70	408.71	486.18	516.84	530.93	653.13	100.39	119.02	124.06	128.53	132.48	163.28
77	383.95	457.82	547.24	581.75	595.56	729.95	113.30	134.10	139.98	144.94	148.52	182.48
78	425.76	513.76	617.08	655.99	671.50	822.64	127.90	151.15	157.91	163.79	167.22	205.66
79	469.93	572.40	690.80	734.36	753.92	922.49	143.13	168.94	176.55	183.81	187.34	230.61

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Step-Rated

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC
Issue	Non Integrated - NH (3PL) Benefit Period			Non Integrated - ALF (3PL) Benefit Period			Non Integrated - HHC (3 PL) Benefit Period
Age	3 3 Yr	5 5 Yr	Lifetime Unlimited	2 2 Yr	3 3 Yr	4 4 Yr	2 2 Yr
18-35	75.54	89.23	99.91	2.60	3.33	3.98	13.58
36	76.23	89.86	100.06	2.62	3.36	3.99	13.85
37	77.39	91.08	100.83	2.65	3.41	4.03	14.18
38	79.00	92.13	101.00	2.71	3.49	4.10	14.93
39	80.51	92.58	100.81	2.75	3.55	4.15	15.49
40	82.66	93.75	101.61	2.82	3.65	4.21	16.04
41	83.46	94.41	102.03	2.90	3.71	4.24	16.41
42	85.14	95.88	103.44	2.98	3.77	4.31	16.74
43	87.13	97.52	105.18	2.99	3.85	4.39	16.54
44	86.44	98.76	106.53	2.97	3.82	4.35	16.10
45	86.11	100.92	108.92	2.99	3.82	4.33	15.81
46	85.49	102.69	110.86	3.01	3.82	4.32	15.47
47	85.04	103.42	113.14	3.05	3.81	4.30	15.23
48	87.14	105.93	116.48	3.18	3.95	4.43	15.47
49	88.37	107.59	118.79	3.28	4.07	4.52	15.65
50	89.38	109.19	120.97	3.37	4.16	4.61	15.92
51	90.27	110.81	123.11	3.46	4.26	4.70	16.23
52	91.77	113.38	126.18	3.59	4.37	4.84	16.73
53	92.70	115.16	128.81	3.66	4.45	4.91	17.01
54	93.87	117.18	131.70	3.74	4.56	5.01	17.31
55	96.14	120.44	136.03	3.85	4.70	5.14	17.77
56	98.22	123.34	140.01	3.97	4.84	5.28	18.10
57	101.69	127.82	145.85	4.15	5.03	5.49	18.62
58	105.36	131.84	151.74	4.33	5.25	5.68	19.09
59	109.43	136.26	158.15	4.54	5.46	5.90	19.46
60	115.46	143.13	167.56	4.83	5.81	6.24	20.06
61	121.91	150.44	177.71	5.20	6.17	6.60	20.80
62	130.56	160.42	191.34	5.70	6.66	7.07	21.92
63	142.26	174.81	208.90	6.34	7.34	7.75	23.61
64	153.06	188.27	225.59	6.98	8.01	8.41	25.30
65	166.49	205.06	246.70	7.75	8.81	9.24	27.66
66	187.49	231.43	279.72	8.95	10.05	10.50	31.61
67	203.03	251.16	305.43	9.92	11.02	11.49	35.00
68	217.53	270.88	330.98	11.17	12.12	12.56	39.65
69	231.87	289.31	354.46	12.41	13.10	13.56	44.65
70	247.43	307.12	376.86	13.66	14.11	14.58	50.10
71	271.19	327.49	402.12	15.12	15.57	16.03	56.53
72	294.80	345.76	424.65	16.56	17.01	17.48	63.21
73	323.89	371.53	461.80	18.19	18.66	19.14	70.62
74	359.85	409.43	508.43	20.23	20.72	21.22	79.58
75	397.67	452.50	557.89	22.42	22.91	23.45	88.98
76	444.31	506.78	620.47	25.16	25.69	26.26	100.39
77	497.54	570.11	693.43	28.38	28.94	29.53	113.30
78	558.08	643.70	781.53	32.15	32.75	33.37	127.90
79	621.43	722.72	876.36	36.20	36.83	37.50	143.13

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Step-Rated

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	79.58	85.52	94.38	100.32	112.30	141.47
36	80.42	86.28	95.86	101.92	114.05	142.93
37	81.29	87.07	97.34	103.47	115.83	144.41
38	82.15	87.85	98.89	105.02	117.74	145.25
39	82.95	88.60	100.35	106.54	119.52	146.39
40	83.24	88.83	101.17	107.41	120.45	146.95
41	84.10	89.60	102.59	108.97	122.10	148.74
42	84.28	90.37	104.08	110.65	123.84	150.86
43	81.44	92.11	105.74	112.46	125.77	153.35
44	78.53	93.58	106.94	113.80	127.16	155.25
45	76.49	93.73	106.64	116.05	129.66	158.49
46	74.81	92.85	105.23	118.61	132.58	162.11
47	73.09	91.66	103.63	119.94	134.26	165.14
48	73.96	92.55	104.76	121.15	136.26	169.37
49	74.29	92.66	105.25	121.50	137.30	172.35
50	75.11	93.21	106.39	122.59	139.19	176.35
51	75.52	93.12	107.02	122.96	140.34	179.24
52	76.53	93.64	108.52	124.31	142.62	183.46
53	78.24	95.34	111.06	126.86	145.88	188.57
54	79.59	96.71	113.11	128.88	148.42	193.03
55	81.70	99.03	116.17	132.13	152.31	199.54
56	84.58	101.85	119.65	135.98	156.76	207.12
57	87.56	104.56	122.81	139.59	160.83	214.64
58	89.95	107.21	124.56	142.16	163.59	220.78
59	93.04	110.38	127.34	145.93	167.64	229.06
60	96.98	114.23	131.20	150.95	173.05	239.72
61	101.86	118.86	136.14	157.19	179.85	251.87
62	107.75	124.36	142.12	164.70	188.03	264.01
63	116.53	135.55	155.58	180.47	205.82	289.33
64	125.76	147.51	169.91	197.19	224.76	314.75
65	135.65	160.59	185.28	215.09	245.16	339.29
66	154.20	184.58	212.81	247.05	281.77	384.84
67	169.09	204.99	235.55	273.50	312.26	420.30
68	188.39	230.20	258.91	300.74	344.24	463.30
69	208.74	257.12	285.47	331.63	380.41	509.03
70	229.46	285.01	314.05	364.88	419.32	555.76
71	251.01	314.59	345.17	401.11	461.65	604.87
72	273.81	346.56	379.37	440.87	501.02	657.51
73	298.32	382.07	423.01	492.53	553.61	717.98
74	332.39	422.01	473.21	552.14	609.88	787.19
75	371.23	466.71	531.08	615.16	678.22	867.39
76	419.34	518.19	602.64	687.60	758.66	968.62
77	462.37	575.84	677.98	769.03	849.31	1,078.21
78	499.81	626.72	740.66	841.91	930.78	1,215.14
79	540.68	681.78	808.33	920.63	1,019.04	1,334.09

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 50% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	71.61	76.96	84.95	90.31	101.08	127.33
36	72.39	77.67	86.25	91.72	102.65	128.65
37	73.16	78.35	87.60	93.13	104.24	129.97
38	73.93	79.06	89.01	94.52	105.97	130.75
39	74.66	79.76	90.33	95.88	107.57	131.75
40	74.91	79.94	91.05	96.68	108.41	132.26
41	75.70	80.64	92.34	98.09	109.88	133.87
42	75.84	81.34	93.67	99.58	111.49	135.79
43	73.29	82.90	95.14	101.23	113.18	138.03
44	70.68	84.20	96.25	102.42	114.45	139.73
45	68.83	84.34	95.99	104.44	116.70	142.63
46	67.34	83.55	94.70	106.76	119.31	145.90
47	65.78	82.49	93.27	107.92	120.82	148.62
48	66.57	83.30	94.28	109.04	122.65	152.46
49	66.87	83.40	94.71	109.35	123.57	155.13
50	67.60	83.88	95.76	110.31	125.27	158.71
51	67.97	83.81	96.33	110.66	126.31	161.33
52	68.88	84.26	97.67	111.89	128.36	165.11
53	70.41	85.82	99.96	114.16	131.28	169.73
54	71.63	87.03	101.79	115.98	133.57	173.74
55	73.51	89.14	104.55	118.93	137.09	179.60
56	76.12	91.66	107.69	122.39	141.07	186.42
57	78.81	94.11	110.54	125.65	144.75	193.17
58	80.95	96.48	112.09	127.95	147.22	198.69
59	83.74	99.35	114.60	131.35	150.89	206.18
60	87.27	102.80	118.07	135.87	155.74	215.76
61	91.67	106.98	122.52	141.48	161.86	226.68
62	96.97	111.94	127.91	148.21	169.22	237.60
63	104.88	121.99	140.02	162.42	185.24	260.39
64	113.18	132.76	152.92	177.48	202.30	283.27
65	122.08	144.53	166.74	193.58	220.64	305.36
66	138.79	166.12	191.53	222.35	253.61	346.37
67	152.18	184.48	211.99	246.15	281.04	378.27
68	169.55	207.17	233.02	270.65	309.83	416.98
69	187.88	231.40	256.91	298.46	342.38	458.11
70	206.53	256.52	282.63	328.40	377.39	500.20
71	225.91	283.14	310.65	361.00	415.47	544.39
72	246.44	311.89	341.44	396.77	450.91	591.77
73	268.48	343.86	380.71	443.27	498.23	646.19
74	299.14	379.80	425.88	496.92	548.89	708.47
75	334.11	420.04	477.97	553.65	610.39	780.65
76	377.41	466.36	542.38	618.84	682.79	871.75
77	416.13	518.25	610.17	692.13	764.36	970.38
78	449.83	564.05	666.59	757.72	837.70	1,093.63
79	486.61	613.60	727.50	828.57	917.14	1,200.68

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Step-Rated

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime
18-35	75.32	78.42	90.51	96.23	101.03	113.44	16.76	20.38	22.84	24.27	25.48	28.03
36	75.80	79.33	91.76	97.55	102.42	114.31	17.21	20.83	23.32	24.77	26.03	28.62
37	76.30	80.29	92.99	98.87	103.81	115.24	17.65	21.31	23.82	25.32	26.60	29.17
38	76.51	81.24	94.15	100.01	105.15	115.42	18.33	22.00	24.45	25.96	27.30	29.83
39	76.83	82.20	95.32	101.19	106.43	115.97	18.88	22.54	25.02	26.55	27.92	30.42
40	76.84	82.65	95.91	101.84	107.09	116.17	19.17	22.88	25.33	26.89	28.29	30.78
41	77.47	83.58	97.18	103.25	108.50	117.41	19.49	23.24	25.76	27.36	28.74	31.32
42	77.62	84.49	98.61	104.83	110.06	119.04	19.54	23.56	26.14	27.77	29.15	31.82
43	75.04	86.45	100.26	106.62	111.87	121.04	18.84	23.88	26.48	28.18	29.58	32.32
44	72.45	88.15	101.54	108.04	113.28	122.66	18.09	24.02	26.68	28.39	29.78	32.59
45	70.70	88.63	101.43	110.40	115.73	125.40	17.53	23.78	26.46	28.79	30.19	33.09
46	69.31	88.10	100.35	113.12	118.61	128.53	17.03	23.29	25.90	29.20	30.66	33.58
47	67.80	87.24	99.09	114.67	120.40	131.25	16.54	22.72	25.29	29.26	30.73	33.89
48	68.72	88.36	100.67	116.42	123.00	135.20	16.63	22.65	25.20	29.12	30.77	34.17
49	69.07	88.66	101.52	117.22	124.41	138.06	16.67	22.53	24.98	28.86	30.55	34.30
50	69.81	89.30	102.99	118.65	126.38	141.68	16.89	22.57	24.99	28.80	30.55	34.67
51	70.11	89.20	103.86	119.36	127.49	144.39	17.05	22.55	24.91	28.63	30.38	34.85
52	70.90	89.65	105.56	120.92	129.52	148.13	17.40	22.76	25.07	28.73	30.44	35.34
53	72.34	91.17	108.09	123.45	132.00	152.30	17.90	23.28	25.62	29.27	30.86	36.28
54	73.47	92.34	110.07	125.41	133.78	155.84	18.32	23.70	26.09	29.73	31.18	37.19
55	75.31	94.45	113.01	128.55	136.79	160.94	18.88	24.36	26.81	30.53	31.86	38.59
56	77.92	97.08	116.35	132.22	140.42	166.89	19.57	25.10	27.68	31.44	32.72	40.23
57	80.71	99.69	119.39	135.69	143.89	172.71	20.24	25.75	28.43	32.32	33.59	41.93
58	83.02	101.89	120.95	138.05	146.97	177.35	20.70	26.29	28.95	33.05	34.55	43.43
59	86.15	105.06	123.66	141.71	151.24	183.74	21.20	26.88	29.62	33.95	35.68	45.32
60	90.20	109.19	127.49	146.68	156.78	192.07	21.80	27.54	30.46	35.05	37.07	47.65
61	95.22	114.36	132.46	152.96	163.65	201.63	22.50	28.34	31.53	36.39	38.73	50.25
62	101.27	120.49	138.50	160.51	171.91	211.22	23.39	29.29	32.78	37.99	40.70	52.79
63	109.98	132.29	151.94	176.25	188.21	231.44	25.02	31.71	35.75	41.46	44.46	57.90
64	119.05	144.64	166.22	192.92	205.44	251.77	26.82	34.41	38.94	45.21	48.47	62.99
65	128.60	157.71	181.53	210.72	223.87	271.39	28.91	37.52	42.49	49.31	52.87	67.90
66	146.25	180.91	208.70	242.28	257.03	307.85	33.05	43.33	48.90	56.75	60.82	76.99
67	160.15	199.83	231.08	268.32	284.49	336.24	36.61	48.55	54.34	63.11	67.60	84.06
68	178.01	218.94	253.78	294.75	316.64	370.65	41.19	54.87	60.00	70.26	75.85	92.64
69	196.59	240.63	279.56	324.75	350.55	407.24	46.41	62.06	66.68	78.28	84.66	101.79
70	215.24	263.89	307.23	356.99	385.23	444.64	52.10	69.94	74.10	86.83	93.78	111.12
71	234.38	289.09	337.36	392.04	421.73	483.92	58.36	78.64	82.36	96.16	103.47	120.95
72	254.43	316.67	370.45	430.51	454.56	526.00	65.28	88.34	91.57	106.43	112.36	131.51
73	275.87	351.86	413.10	480.96	495.50	574.39	73.09	99.58	103.25	119.11	123.01	143.59
74	305.89	392.13	462.24	539.34	539.16	629.76	83.63	112.28	116.58	133.77	134.25	157.43
75	340.07	437.46	519.04	601.20	593.61	693.91	95.69	126.44	131.82	149.30	148.05	173.47
76	382.51	489.39	589.38	672.47	659.45	774.90	110.44	142.51	150.39	167.23	164.55	193.72
77	420.18	546.99	663.59	752.73	735.61	862.58	123.99	160.22	169.74	187.53	183.45	215.64
78	452.73	597.57	725.60	824.80	805.97	972.11	136.00	175.81	185.68	205.94	200.71	243.03
79	488.42	651.12	792.63	902.76	884.77	1,067.28	148.76	192.18	202.57	225.96	219.85	266.80

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Step-Rated

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC
Issue	Non Integrated - NH (3PL) Benefit Period			Non Integrated - ALF (3PL) Benefit Period			Non Integrated - HHC (3 PL) Benefit Period
Age	3 3 Yr	5 5 Yr	Lifetime Unlimited	2 2 Yr	3 3 Yr	4 4 Yr	2 2 Yr
18-35	86.32	96.23	107.75	3.21	3.80	4.42	16.76
36	87.37	97.55	108.61	3.26	3.85	4.46	17.21
37	88.42	98.87	109.46	3.30	3.89	4.51	17.65
38	88.60	100.01	109.64	3.32	3.92	4.53	18.33
39	89.26	101.17	110.16	3.35	3.94	4.55	18.88
40	89.78	101.82	110.35	3.37	3.96	4.57	19.17
41	91.25	103.22	111.55	3.44	4.05	4.64	19.49
42	93.09	104.83	113.09	3.48	4.12	4.71	19.54
43	95.26	106.62	114.99	3.40	4.21	4.80	18.84
44	97.11	108.04	116.54	3.34	4.30	4.88	18.09
45	97.60	110.40	119.15	3.31	4.33	4.91	17.53
46	97.01	113.10	122.10	3.31	4.33	4.90	17.03
47	96.01	114.67	124.68	3.31	4.30	4.85	16.54
48	97.23	116.40	128.44	3.41	4.40	4.94	16.63
49	97.49	117.20	131.17	3.49	4.49	4.99	16.67
50	98.12	118.65	134.60	3.57	4.57	5.06	16.89
51	97.98	119.34	137.18	3.64	4.62	5.10	17.05
52	98.40	120.92	140.70	3.74	4.69	5.19	17.40
53	100.04	123.45	144.68	3.85	4.80	5.30	17.90
54	101.27	125.41	148.04	3.95	4.92	5.41	18.32
55	103.57	128.55	152.91	4.09	5.06	5.54	18.88
56	106.41	132.22	158.54	4.30	5.25	5.72	19.57
57	109.24	135.69	164.08	4.51	5.41	5.89	20.24
58	111.60	138.05	168.48	4.70	5.56	6.02	20.70
59	115.06	141.71	174.55	4.95	5.74	6.21	21.20
60	119.57	146.68	182.45	5.25	6.02	6.46	21.80
61	125.17	152.96	191.54	5.63	6.33	6.77	22.50
62	131.84	160.51	200.66	6.08	6.72	7.13	23.39
63	144.66	176.25	219.86	6.72	7.47	7.88	25.02
64	158.07	192.92	239.16	7.40	8.27	8.68	26.82
65	172.26	210.70	257.83	8.10	9.12	9.56	28.91
66	197.46	242.28	292.44	9.36	10.58	11.06	33.05
67	217.96	268.32	319.42	10.37	11.83	12.33	36.61
68	238.51	296.51	352.11	11.60	13.29	13.77	41.19
69	261.94	327.18	386.85	12.90	14.79	15.32	46.41
70	287.10	359.21	422.42	14.21	16.38	16.91	52.10
71	314.40	393.39	459.71	15.60	18.06	18.59	58.36
72	344.29	430.51	499.71	17.10	19.86	20.42	65.28
73	382.59	477.67	545.65	18.82	22.04	22.61	73.09
74	426.41	532.50	598.27	21.26	24.55	25.15	83.63
75	475.66	590.98	659.22	24.11	27.40	28.11	95.69
76	532.03	659.38	736.15	27.68	30.76	31.83	110.44
77	594.45	737.67	819.42	31.06	34.58	35.81	123.99
78	649.13	809.35	923.52	34.18	38.09	39.24	136.00
79	706.89	888.46	1,013.91	37.62	41.90	43.02	148.76

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ, LTC04I-NTQ, LTC04I-AG-TQ, LTC04I-AG-NTQ

Premium Factors

Form:	LTC04I NFO1PL LTC04I NFO2PL LTC04I NFO3PL	Limited Pay Options			LTC04I ROPD	LTC04I ROPDC
Issue Age	Nonforfeiture Option	10 Pay	20 Pay	Pay to 65	Full Return Premium on Death	Return Premium on Death less Claims
18-35	1.21	3.83	2.40	1.74	1.77	1.60
36	1.21	3.81	2.39	1.78	1.79	1.61
37	1.21	3.79	2.37	1.82	1.81	1.63
38	1.21	3.78	2.36	1.83	1.82	1.63
39	1.21	3.76	2.35	1.85	1.84	1.65
40	1.20	3.74	2.33	1.89	1.86	1.66
41	1.20	3.71	2.31	1.95	1.88	1.67
42	1.20	3.68	2.29	2.01	1.90	1.69
43	1.20	3.64	2.27	2.08	1.93	1.72
44	1.20	3.60	2.24	2.16	1.97	1.74
45	1.19	3.55	2.21	2.21	2.01	1.77
46	1.19	3.50	2.19	2.30	2.05	1.81
47	1.19	3.45	2.16	2.37	2.10	1.85
48	1.19	3.39	2.13	2.38	2.16	1.90
49	1.19	3.34	2.10	2.39	2.23	1.95
50	1.18	3.28	2.08	2.41	2.29	2.00
51	1.18	3.22	2.06	2.45	2.36	2.06
52	1.18	3.16	2.04	2.51	2.43	2.11
53	1.18	3.10	2.02	2.61	2.49	2.16
54	1.18	3.05	2.00	2.75	2.56	2.22
55	1.17	2.99	1.98	2.99	2.65	2.29
56	1.17	2.94	1.96		2.75	2.37
57	1.17	2.88	1.93		2.87	2.47
58	1.17	2.84	1.88		3.01	2.59
59	1.16	2.79	1.83		3.19	2.73
60	1.16	2.73	1.78		3.39	2.89
61	1.15	2.67	1.72		3.63	3.09
62	1.15	2.60	1.65		3.90	3.32
63	1.15	2.51	1.59		4.22	3.58
64	1.15	2.42	1.54		4.59	3.89
65	1.14	2.33	1.48		5.01	4.23
66	1.14	2.23	1.43			
67	1.14	2.14	1.38			
68	1.14	2.06	1.32			
69	1.14	1.99	1.27			
70	1.14	1.91	1.22			
71	1.13	1.85	1.19			
72	1.13	1.79	1.16			
73	1.13	1.72	1.15			
74	1.12	1.66	1.15			
75	1.12	1.59	1.15			
76	1.11	1.53	1.15			
77	1.11	1.48	1.15			
78	1.11	1.43	1.15			
79	1.10	1.39	1.15			
80	1.10	1.36	1.15			
81	1.10	1.33	1.15			

Age 80+ is only for the Guaranteed Purchase Option.

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ, LTC04I-NTQ, LTC04I-AG-TQ, LTC04I-AG-NTQ

Premium Factors to apply by benefit period selected.**Restoration of Benefits**

Form: LTC04I ROB1PL, LTC04I ROB2PL, LTC04I ROB3PL

Benefit Period	Factor
2 year	1.04
3 Year	1.03
4 Year	1.02
5 Year	1.01
6 Year	1.01
Unlimited	1.00

Premium Factors applicable to the entire calculated premium.**Monthly HHC**

Form: LTC04I MHHC

Factor	1.1
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Survivorship & Spouse Waiver

Form: LTC04I SBWP

Factor	1.14
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Indemnity Coverage

Description	Factor	Form
NH Only	1.05	LTC04I NHIND-TQ
NH & ALF	1.15	LTC04I NHIND-TQ, LTC04I ALFIND-TQ
NH, ALF, & HHC	1.25	LTC04I NHIND-TQ, LTC04I ALFIND-TQ, LTC04I HHCIND-TQ

Spouse Benefit

Form: LTC04I SB1PL-TQ, LTC04I SB2PL-TQ, LTC04I SB3PL-TQ

LTC04I SBDOMPART1PL-TQ, LTC04I SBDOMPART2PL-TQ, LTC04I SBDOMPART3PL-TQ

Factor	1.6
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Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

No Inflation

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	34.95	39.53	44.95	50.37	55.73	80.08	31.45	35.57	40.46	45.34	50.16	72.08
36	35.32	40.01	45.58	51.08	56.53	80.86	31.79	36.02	41.01	45.97	50.87	72.78
37	35.70	40.52	46.21	51.80	57.32	81.64	32.13	36.46	41.58	46.63	51.58	73.48
38	36.08	41.03	46.87	52.53	58.07	82.02	32.47	36.93	42.18	47.28	52.26	73.83
39	36.43	41.52	47.49	53.26	58.83	82.59	32.79	37.38	42.75	47.94	52.95	74.33
40	36.78	41.79	47.59	53.95	59.60	83.36	33.10	37.60	42.83	48.56	53.64	75.03
41	37.16	40.97	46.91	54.68	60.43	84.35	33.45	36.87	42.22	49.22	54.38	75.92
42	37.57	40.29	46.41	54.71	61.23	85.54	33.81	36.26	41.76	49.24	55.12	77.00
43	38.04	40.70	46.72	54.43	60.87	86.95	34.23	36.63	42.04	48.99	54.78	78.26
44	38.59	41.60	47.54	54.34	60.72	87.89	34.73	37.43	42.79	48.90	54.65	79.10
45	39.23	42.61	48.48	54.43	60.81	88.42	35.30	38.34	43.64	48.98	54.73	79.58
46	39.98	43.73	49.56	54.72	61.16	89.24	35.99	39.35	44.60	49.25	55.04	80.31
47	40.89	44.95	50.82	55.21	61.80	90.33	36.80	40.45	45.74	49.68	55.62	81.29
48	42.24	46.46	52.59	56.72	63.79	92.81	38.02	41.82	47.33	51.04	57.42	83.55
49	43.59	47.92	54.43	58.24	65.81	95.25	39.24	43.13	48.98	52.41	59.23	85.73
50	45.00	49.35	56.33	59.81	67.91	97.70	40.50	44.41	50.70	53.82	61.12	87.93
51	46.50	50.80	58.38	61.48	70.17	100.21	41.85	45.72	52.55	55.33	63.15	90.20
52	48.12	52.30	60.61	63.47	72.82	102.88	43.31	47.06	54.55	57.13	65.54	92.59
53	49.57	53.77	62.64	65.44	75.25	104.87	44.61	48.40	56.38	58.89	67.72	94.39
54	51.14	55.45	64.85	67.62	77.87	107.19	46.03	49.90	58.36	60.85	70.08	96.47
55	52.91	57.36	67.29	70.08	80.78	109.95	47.61	51.63	60.56	63.08	72.71	98.97
56	54.92	59.61	70.03	72.93	84.07	113.29	49.43	53.65	63.03	65.64	75.66	101.97
57	57.23	62.26	73.13	76.22	87.82	117.34	51.51	56.04	65.82	68.61	79.04	105.60
58	59.57	65.37	75.95	79.50	91.48	121.90	53.61	58.83	68.35	71.55	82.33	109.70
59	62.44	68.98	79.58	83.65	96.09	127.75	56.20	62.09	71.62	75.29	86.49	114.99
60	65.97	73.24	84.12	88.77	101.77	135.09	59.37	65.91	75.70	79.90	91.59	121.59
61	70.25	78.26	89.64	94.94	108.62	144.00	63.22	70.44	80.67	85.45	97.76	129.60
62	75.35	84.19	96.21	102.27	116.76	154.65	67.81	75.78	86.59	92.03	105.08	139.18
63	82.06	91.49	105.01	111.70	127.39	169.91	73.86	82.34	94.51	100.53	114.65	152.92
64	89.19	99.20	114.26	121.56	138.56	186.06	80.27	89.28	102.84	109.41	124.71	167.45
65	97.59	108.29	124.94	132.91	151.49	204.81	87.83	97.46	112.44	119.62	136.34	184.32
66	111.74	123.82	142.76	151.80	173.13	235.63	100.57	111.44	128.48	136.62	155.83	212.07
67	123.42	136.66	157.04	166.93	190.59	261.12	111.08	122.99	141.33	150.24	171.53	235.01
68	140.59	155.95	175.40	186.44	213.41	289.69	126.53	140.35	157.86	167.79	192.08	260.73
69	158.14	175.72	195.09	207.34	237.84	317.92	142.33	158.14	175.57	186.60	214.06	286.12
70	176.51	196.50	216.52	230.11	264.44	346.61	158.87	176.86	194.86	207.10	238.00	311.96
71	196.10	218.83	240.10	255.20	293.72	376.59	176.49	196.95	216.09	229.68	264.34	338.93
72	217.31	243.23	266.26	283.04	326.26	408.52	195.59	218.90	239.64	254.73	293.63	367.67
73	238.18	267.31	295.96	314.63	362.88	439.15	214.36	240.58	266.36	283.16	326.58	395.23
74	261.40	294.33	330.04	350.85	404.90	473.70	235.25	264.89	297.03	315.76	364.41	426.33
75	287.65	325.16	369.23	392.51	453.29	513.20	258.89	292.64	332.31	353.26	407.96	461.88
76	317.65	360.63	414.26	440.39	509.00	570.65	285.89	324.56	372.84	396.35	458.10	513.58
77	352.09	401.64	465.92	495.29	573.01	640.42	316.88	361.47	419.32	445.76	515.70	576.37
78	391.70	449.02	524.90	558.00	646.24	721.75	352.53	404.12	472.41	502.20	581.61	649.58
79	437.16	503.66	592.00	629.32	729.70	816.14	393.44	453.29	532.80	566.39	656.73	734.53
80	489.18	566.41	667.93	710.04	824.31	925.05	440.26	509.77	601.14	639.04	741.89	832.54
81	548.47	638.11	753.45	800.96	931.06	1,049.94	493.63	574.30	678.11	720.86	837.95	944.95

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

No Inflation

Form:		LTC04I NH, LTC04I ALF						LTC04I HHC					
		Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
Issue Age		Benefit Period						Benefit Period					
		2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35		33.08	36.24	43.10	48.31	50.14	64.22	7.36	9.42	10.88	12.19	12.64	15.87
36		33.29	36.79	43.63	48.89	50.76	64.67	7.56	9.66	11.09	12.42	12.90	16.19
37		33.51	37.36	44.14	49.50	51.37	65.15	7.75	9.92	11.31	12.68	13.16	16.49
38		33.60	37.95	44.62	50.03	51.86	65.18	8.05	10.27	11.59	12.99	13.46	16.84
39		33.74	38.53	45.11	50.59	52.39	65.42	8.29	10.57	11.84	13.27	13.74	17.16
40		33.95	38.88	45.12	51.16	52.99	65.90	8.47	10.76	11.91	13.51	14.00	17.46
41		34.23	38.21	44.43	51.81	53.70	66.59	8.61	10.63	11.78	13.73	14.22	17.76
42		34.60	37.67	43.96	51.83	54.42	67.50	8.71	10.50	11.65	13.73	14.41	18.04
43		35.05	38.20	44.30	51.60	54.14	68.63	8.80	10.55	11.70	13.64	14.32	18.32
44		35.60	39.19	45.14	51.59	54.09	69.44	8.89	10.68	11.86	13.56	14.22	18.45
45		36.26	40.29	46.11	51.78	54.28	69.96	8.99	10.81	12.03	13.50	14.16	18.46
46		37.04	41.49	47.26	52.19	54.72	70.75	9.10	10.97	12.20	13.47	14.14	18.49
47		37.93	42.78	48.59	52.79	55.42	71.79	9.25	11.14	12.40	13.47	14.14	18.54
48		39.25	44.36	50.54	54.50	57.58	74.09	9.50	11.37	12.65	13.63	14.40	18.73
49		40.53	45.85	52.50	56.18	59.63	76.30	9.78	11.65	12.92	13.83	14.64	18.95
50		41.83	47.28	54.53	57.89	61.66	78.49	10.12	11.95	13.23	14.05	14.90	19.21
51		43.17	48.66	56.66	59.68	63.75	80.73	10.50	12.30	13.59	14.32	15.19	19.49
52		44.58	50.07	58.96	61.74	66.13	83.07	10.94	12.71	14.00	14.67	15.54	19.82
53		45.83	51.42	60.96	63.68	68.09	84.70	11.34	13.13	14.45	15.10	15.92	20.18
54		47.21	52.94	63.11	65.80	70.19	86.54	11.77	13.59	14.96	15.60	16.36	20.65
55		48.77	54.71	65.46	68.18	72.55	88.69	12.23	14.11	15.53	16.19	16.90	21.27
56		50.60	56.82	68.10	70.91	75.31	91.29	12.71	14.69	16.20	16.86	17.55	22.01
57		52.75	59.36	71.09	74.09	78.57	94.42	13.23	15.33	16.93	17.65	18.34	22.92
58		54.98	62.13	73.75	77.20	82.19	97.92	13.71	16.03	17.65	18.48	19.32	23.98
59		57.82	65.66	77.28	81.23	86.69	102.48	14.23	16.80	18.51	19.46	20.45	25.28
60		61.36	70.01	81.74	86.26	92.20	108.23	14.83	17.66	19.53	20.61	21.80	26.85
61		65.67	75.30	87.22	92.38	98.84	115.28	15.52	18.66	20.76	21.98	23.39	28.73
62		70.82	81.57	93.76	99.67	106.75	123.73	16.36	19.83	22.19	23.59	25.27	30.92
63		77.45	89.29	102.55	109.09	116.49	135.91	17.62	21.40	24.13	25.66	27.52	34.00
64		84.43	97.27	111.78	118.93	126.65	148.82	19.02	23.14	26.19	27.87	29.88	37.23
65		92.52	106.35	122.41	130.21	138.34	163.82	20.80	25.30	28.65	30.47	32.67	40.99
66		105.98	121.36	140.00	148.87	157.93	188.48	23.95	29.07	32.80	34.87	37.37	47.14
67		116.90	133.22	154.06	163.77	173.64	208.90	26.72	32.37	36.23	38.52	41.26	52.22
68		132.84	148.32	171.92	182.73	196.30	231.76	30.74	37.17	40.65	43.56	47.02	57.93
69		148.93	164.45	191.05	203.04	219.17	254.35	35.16	42.41	45.57	48.94	52.93	63.58
70		165.57	181.94	211.82	225.13	242.94	277.31	40.08	48.22	51.09	54.76	59.14	69.30
71		183.11	201.09	234.67	249.43	268.32	301.29	45.59	54.70	57.29	61.18	65.83	75.30
72		201.93	222.25	260.00	276.39	296.01	326.81	51.81	62.00	64.27	68.33	73.17	81.71
73		220.26	246.18	289.02	307.24	324.79	351.32	58.36	69.67	72.24	76.09	80.63	87.82
74		240.56	273.49	322.39	342.72	357.95	378.96	65.77	78.31	81.31	85.00	89.13	94.74
75		263.51	304.78	360.86	383.60	396.74	410.56	74.15	88.09	91.65	95.26	98.95	102.64
76		289.75	340.59	405.15	430.70	442.44	456.52	83.66	99.18	103.38	107.11	110.40	114.13
77		319.96	381.52	456.03	484.79	496.30	512.34	94.42	111.75	116.65	120.78	123.77	128.08
78		354.80	428.13	514.23	546.66	559.58	577.40	106.58	125.96	131.59	136.49	139.35	144.35
79		394.90	481.01	580.50	617.11	633.55	652.92	120.28	141.97	148.36	154.46	157.43	163.22
80		440.97	540.73	655.58	696.93	719.48	740.04	135.64	159.98	167.09	174.94	178.31	185.01
81		493.62	607.86	740.22	786.90	818.61	839.95	152.83	180.11	187.91	198.14	202.27	209.99

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

No Inflation

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	39.90	48.31	60.99	1.41	1.76	2.10	7.36	
36	40.52	48.89	61.45	1.43	1.78	2.12	7.56	
37	41.15	49.50	61.88	1.45	1.81	2.14	7.75	
38	41.38	50.03	61.91	1.46	1.83	2.15	8.05	
39	41.83	50.58	62.15	1.47	1.85	2.16	8.29	
40	42.23	51.15	62.60	1.49	1.86	2.15	8.47	
41	41.72	51.80	63.26	1.52	1.85	2.12	8.61	
42	41.50	51.83	64.13	1.55	1.84	2.10	8.71	
43	42.09	51.60	65.20	1.59	1.86	2.12	8.80	
44	43.17	51.59	65.97	1.64	1.91	2.17	8.89	
45	44.37	51.78	66.47	1.70	1.97	2.23	8.99	
46	45.69	52.18	67.21	1.77	2.04	2.31	9.10	
47	47.08	52.79	68.20	1.85	2.11	2.38	9.25	
48	48.81	54.49	70.38	1.95	2.21	2.48	9.50	
49	50.42	56.17	72.49	2.05	2.32	2.58	9.78	
50	51.95	57.89	74.57	2.14	2.42	2.68	10.12	
51	53.45	59.67	76.69	2.24	2.52	2.78	10.50	
52	54.96	61.74	78.91	2.35	2.62	2.90	10.94	
53	56.42	63.68	80.46	2.44	2.71	2.99	11.34	
54	58.06	65.80	82.21	2.54	2.82	3.10	11.77	
55	59.99	68.18	84.26	2.65	2.93	3.21	12.23	
56	62.28	70.91	86.72	2.79	3.07	3.35	12.71	
57	65.05	74.09	89.69	2.95	3.22	3.51	13.23	
58	68.05	77.20	93.02	3.11	3.39	3.67	13.71	
59	71.91	81.23	97.35	3.32	3.59	3.88	14.23	
60	76.66	86.26	102.82	3.57	3.86	4.14	14.83	
61	82.42	92.38	109.51	3.88	4.17	4.46	15.52	
62	89.25	99.67	117.54	4.25	4.55	4.83	16.36	
63	97.64	109.09	129.11	4.73	5.04	5.32	17.62	
64	106.30	118.93	141.37	5.25	5.56	5.84	19.02	
65	116.16	130.20	155.63	5.83	6.15	6.45	20.80	
66	132.46	148.87	179.05	6.78	7.10	7.42	23.95	
67	145.31	163.77	198.44	7.57	7.89	8.22	26.72	
68	161.58	183.82	220.17	8.66	9.00	9.33	30.74	
69	179.01	204.56	241.61	9.77	10.11	10.47	35.16	
70	197.94	226.53	263.45	10.93	11.29	11.66	40.08	
71	218.70	250.29	286.21	12.19	12.56	12.93	45.59	
72	241.64	276.39	310.48	13.57	13.94	14.33	51.81	
73	267.68	305.14	333.74	15.03	15.42	15.82	58.36	
74	297.40	338.37	360.01	16.72	17.12	17.54	65.77	
75	331.39	377.08	390.04	18.68	19.09	19.54	74.15	
76	370.26	422.32	433.69	20.97	21.41	21.88	83.66	
77	414.62	475.09	486.71	23.65	24.12	24.61	94.42	
78	465.07	536.42	548.54	26.79	27.29	27.81	106.58	
79	522.21	607.33	620.27	30.42	30.95	31.51	120.28	
80	586.65	688.85	703.04	34.60	35.18	35.77	135.64	
81	659.01	782.00	797.95	39.40	40.04	40.68	152.83	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Compound

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Issue Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	60.02	69.64	79.20	88.72	98.19	139.76	54.01	62.67	71.29	79.86	88.37	125.79
36	60.59	70.50	80.31	90.00	99.59	141.19	54.53	63.47	72.26	80.99	89.63	127.09
37	61.20	71.39	81.43	91.28	100.99	142.66	55.08	64.24	73.28	82.16	90.88	128.40
38	62.44	73.08	83.47	93.58	103.43	143.49	56.19	65.77	75.12	84.22	93.09	129.16
39	64.01	75.14	85.94	96.37	106.46	144.61	57.61	67.65	77.36	86.73	95.81	130.15
40	65.23	76.79	87.93	98.65	108.99	146.05	58.70	69.10	79.13	88.80	98.10	131.45
41	66.89	78.90	90.46	101.57	112.21	147.83	60.21	71.00	81.42	91.42	100.98	133.05
42	68.19	80.64	92.60	104.04	115.01	149.95	61.37	72.58	83.34	93.63	103.53	134.96
43	69.94	82.75	95.05	106.82	118.08	151.48	62.94	74.48	85.53	96.15	106.27	136.35
44	71.50	84.65	97.26	109.33	120.87	153.35	64.34	76.17	87.54	98.40	108.79	138.02
45	73.61	87.20	100.22	112.68	124.58	155.58	66.24	78.46	90.21	101.41	112.13	140.01
46	73.03	87.90	99.62	115.70	128.04	158.14	65.74	79.10	89.65	104.14	115.23	142.32
47	72.35	87.27	98.66	116.26	130.14	161.07	65.11	78.53	88.80	104.62	117.12	144.95
48	73.99	89.20	100.96	118.57	133.35	165.16	66.60	80.29	90.87	106.71	120.03	148.67
49	75.10	90.40	102.69	120.06	135.67	168.02	67.61	81.37	92.40	108.05	122.10	151.23
50	76.76	92.08	105.11	122.35	138.92	171.89	69.08	82.87	94.60	110.10	125.02	154.69
51	78.53	93.76	107.76	124.77	142.40	175.80	70.68	84.39	96.99	112.29	128.17	158.23
52	80.47	95.50	110.67	127.46	146.24	179.91	72.42	85.93	99.61	114.73	131.62	161.91
53	81.34	96.67	112.62	129.50	148.91	183.71	73.20	87.02	101.37	116.54	134.01	165.35
54	82.34	98.16	114.80	131.85	151.84	188.02	74.11	88.34	103.31	118.65	136.65	169.22
55	83.59	99.98	117.29	134.64	155.19	193.06	75.22	89.99	105.56	121.19	139.69	173.77
56	85.13	102.30	120.18	138.04	159.13	199.05	76.62	92.07	108.17	124.25	143.21	179.16
57	87.04	105.20	123.57	142.14	163.77	206.23	78.34	94.69	111.22	127.94	147.39	185.60
58	89.05	108.66	126.24	145.75	167.72	213.47	80.14	97.79	113.61	131.18	150.94	192.11
59	92.35	113.52	130.97	151.75	174.32	224.45	83.12	102.18	117.87	136.59	156.91	202.02
60	96.50	119.30	137.02	159.30	182.63	238.09	86.85	107.36	123.31	143.38	164.36	214.29
61	101.86	125.26	143.47	167.30	191.41	252.87	91.67	112.74	129.12	150.58	172.27	227.57
62	109.26	133.27	152.29	178.12	203.36	272.42	98.32	119.95	137.06	160.28	183.01	245.16
63	118.99	144.24	165.56	193.69	220.90	297.49	107.10	129.81	149.00	174.32	198.80	267.73
64	128.43	154.65	178.13	208.34	237.48	321.45	115.59	139.19	160.33	187.52	213.74	289.30
65	140.53	168.05	193.88	226.64	258.32	351.50	126.48	151.24	174.49	203.98	232.49	316.34
66	159.79	189.87	218.91	255.65	291.57	398.78	143.82	170.88	197.01	230.08	262.43	358.92
67	175.26	206.98	237.84	277.50	316.83	430.14	157.73	186.27	214.05	249.76	285.15	387.12
68	196.83	227.85	256.27	298.17	341.30	472.64	177.14	205.06	230.64	268.34	307.19	425.38
69	219.81	249.11	276.57	320.95	368.17	510.48	197.84	224.19	248.90	288.85	331.36	459.42
70	241.82	269.21	296.63	341.92	392.93	543.43	217.65	242.30	266.96	307.73	353.64	489.11
71	264.74	295.42	324.14	363.53	418.40	576.04	238.26	265.88	291.72	327.18	376.55	518.44
72	291.20	325.93	356.79	388.91	448.30	613.70	262.09	293.33	321.12	350.01	403.46	552.34
73	316.78	355.52	393.63	421.08	485.65	667.91	285.10	319.97	354.26	378.96	437.07	601.12
74	345.05	388.52	435.65	463.12	534.47	729.80	310.53	349.65	392.08	416.80	481.02	656.82
75	376.82	425.96	483.69	514.19	593.81	801.36	339.15	383.36	435.33	462.77	534.43	721.22
76	412.95	468.82	538.54	572.51	661.70	884.45	371.66	421.93	484.69	515.26	595.53	795.99
77	454.20	518.12	601.04	638.92	739.18	980.86	408.78	466.30	540.92	575.03	665.25	882.76
78	501.38	574.75	671.87	714.24	827.19	1,096.86	451.24	517.27	604.68	642.82	744.46	987.18
79	555.19	639.65	751.84	799.24	926.72	1,230.61	499.67	575.68	676.66	719.32	834.05	1,107.56

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Compound

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	56.80	63.86	75.95	85.10	88.33	112.07	12.64	16.59	19.16	21.47	22.28	27.69
36	57.11	64.83	76.87	86.14	89.43	112.92	12.97	17.03	19.53	21.88	22.73	28.27
37	57.44	65.82	77.79	87.22	90.51	113.84	13.29	17.47	19.92	22.34	23.19	28.81
38	58.15	67.59	79.47	89.11	92.37	114.02	13.93	18.30	20.64	23.13	23.98	29.47
39	59.28	69.72	81.63	91.53	94.80	114.56	14.57	19.12	21.43	24.02	24.87	30.05
40	60.21	71.45	83.36	93.54	96.91	115.46	15.02	19.78	22.01	24.69	25.60	30.59
41	61.62	73.59	85.69	96.23	99.71	116.70	15.50	20.47	22.71	25.50	26.42	31.13
42	62.80	75.39	87.73	98.57	102.21	118.32	15.81	21.02	23.26	26.11	27.07	31.63
43	64.44	77.67	90.12	101.27	105.03	119.56	16.18	21.45	23.80	26.76	27.77	31.92
44	65.96	79.75	92.35	103.80	107.68	121.15	16.47	21.73	24.26	27.27	28.31	32.19
45	68.04	82.46	95.32	107.19	111.20	123.10	16.87	22.12	24.87	27.96	29.01	32.48
46	67.66	83.40	95.00	110.35	114.55	125.38	16.62	22.05	24.52	28.48	29.61	32.76
47	67.11	83.05	94.33	111.16	116.71	128.01	16.37	21.63	24.07	28.37	29.79	33.05
48	68.75	85.16	97.03	113.93	120.37	131.84	16.64	21.83	24.29	28.49	30.11	33.32
49	69.83	86.50	99.04	115.82	122.93	134.59	16.85	21.98	24.37	28.52	30.19	33.43
50	71.35	88.22	101.75	118.41	126.13	138.10	17.26	22.30	24.69	28.74	30.49	33.79
51	72.91	89.81	104.58	121.12	129.37	141.61	17.73	22.70	25.08	29.05	30.82	34.18
52	74.55	91.43	107.66	123.99	132.80	145.26	18.29	23.21	25.56	29.46	31.21	34.65
53	75.20	92.45	109.60	126.01	134.74	148.37	18.61	23.61	25.98	29.88	31.50	35.34
54	76.01	93.72	111.72	128.30	136.86	151.79	18.95	24.06	26.48	30.42	31.90	36.23
55	77.05	95.36	114.10	130.99	139.38	155.72	19.32	24.59	27.07	31.10	32.47	37.34
56	78.43	97.51	116.87	134.22	142.55	160.39	19.70	25.21	27.80	31.91	33.22	38.66
57	80.23	100.30	120.12	138.16	146.52	165.94	20.12	25.90	28.61	32.91	34.20	40.29
58	82.19	103.27	122.59	141.54	150.68	171.48	20.49	26.64	29.34	33.88	35.42	41.99
59	85.51	108.06	127.18	147.36	157.27	180.04	21.05	27.65	30.46	35.30	37.10	44.41
60	89.76	114.04	133.15	154.79	165.45	190.76	21.69	28.77	31.81	36.98	39.12	47.33
61	95.22	120.52	139.60	162.79	174.17	202.42	22.50	29.87	33.23	38.73	41.22	50.45
62	102.69	129.12	148.41	173.59	185.92	217.95	23.72	31.39	35.12	41.09	44.01	54.47
63	112.30	140.77	161.68	189.16	201.99	237.96	25.55	33.74	38.04	44.49	47.72	59.53
64	121.58	151.64	174.26	203.84	217.07	257.12	27.39	36.07	40.83	47.77	51.21	64.33
65	133.23	165.03	189.96	222.04	235.90	281.15	29.95	39.26	44.46	51.96	55.71	70.35
66	151.55	186.09	214.68	250.71	265.97	319.00	34.25	44.58	50.30	58.72	62.93	79.78
67	166.00	201.77	233.33	272.25	288.66	344.11	37.94	49.03	54.87	64.04	68.59	86.02
68	185.98	216.70	251.18	292.24	313.94	378.13	43.04	54.31	59.39	69.66	75.20	94.51
69	207.01	233.13	270.84	314.30	339.27	408.40	48.87	60.12	64.60	75.76	81.93	102.08
70	226.83	249.26	290.19	334.52	360.98	434.78	54.91	66.06	69.99	81.37	87.88	108.66
71	247.20	271.47	316.80	355.31	382.22	460.86	61.55	73.85	77.34	87.15	93.77	115.18
72	270.59	297.82	348.40	379.77	406.73	490.96	69.43	83.08	86.12	93.89	100.54	122.74
73	292.95	327.42	384.40	411.19	434.68	534.33	77.62	92.66	96.08	101.83	107.91	133.58
74	317.54	361.01	425.55	452.39	472.49	583.85	86.82	103.37	107.33	112.20	117.65	145.95
75	345.20	399.26	472.73	502.52	519.73	641.09	97.14	115.40	120.06	124.79	129.62	160.27
76	376.68	442.77	526.70	559.91	575.17	707.56	108.76	128.93	134.39	139.24	143.52	176.89
77	412.75	492.16	588.28	625.38	640.23	784.70	121.80	144.16	150.48	155.81	159.66	196.17
78	454.14	548.01	658.21	699.72	716.26	877.49	136.42	161.23	168.44	174.71	178.37	219.37
79	501.52	610.88	737.24	783.73	804.61	984.50	152.76	180.30	188.42	196.16	199.94	246.11

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Compound

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	70.29	85.10	106.44	2.42	3.10	3.71	12.64	
36	71.39	86.14	107.30	2.45	3.14	3.74	12.97	
37	72.49	87.22	108.13	2.49	3.19	3.77	13.29	
38	73.71	89.11	108.31	2.53	3.26	3.82	13.93	
39	75.70	91.51	108.83	2.58	3.34	3.90	14.57	
40	77.61	93.52	109.68	2.64	3.42	3.97	15.02	
41	80.35	96.21	110.87	2.74	3.57	4.09	15.50	
42	83.06	98.57	112.40	2.81	3.68	4.19	15.81	
43	85.58	101.27	113.59	2.92	3.78	4.31	16.18	
44	87.85	103.80	115.11	3.04	3.89	4.44	16.47	
45	90.81	107.19	116.96	3.19	4.03	4.61	16.87	
46	91.84	110.32	119.10	3.23	4.10	4.64	16.62	
47	91.40	111.16	121.60	3.27	4.10	4.62	16.37	
48	93.71	113.91	125.25	3.42	4.24	4.76	16.64	
49	95.12	115.80	127.87	3.53	4.38	4.87	16.85	
50	96.94	118.41	131.19	3.65	4.52	5.00	17.26	
51	98.66	121.09	134.54	3.78	4.65	5.13	17.73	
52	100.36	123.99	137.98	3.93	4.78	5.30	18.29	
53	101.44	126.01	140.95	4.00	4.87	5.38	18.61	
54	102.78	128.30	144.20	4.09	4.99	5.49	18.95	
55	104.56	130.99	147.94	4.19	5.11	5.60	19.32	
56	106.88	134.22	152.36	4.32	5.27	5.75	19.70	
57	109.91	138.16	157.64	4.49	5.44	5.93	20.12	
58	113.11	141.54	162.90	4.65	5.63	6.10	20.49	
59	118.35	147.36	171.04	4.91	5.91	6.39	21.05	
60	124.87	154.79	181.21	5.22	6.29	6.74	21.69	
61	131.92	162.79	192.30	5.63	6.67	7.14	22.50	
62	141.27	173.59	207.04	6.16	7.20	7.65	23.72	
63	153.94	189.16	226.05	6.86	7.95	8.39	25.55	
64	165.72	203.84	244.25	7.56	8.67	9.10	27.39	
65	180.26	222.02	267.10	8.40	9.54	10.01	29.95	
66	203.11	250.71	303.04	9.70	10.89	11.38	34.25	
67	220.08	272.25	326.89	10.75	11.95	12.45	37.94	
68	236.08	293.98	359.21	12.12	13.15	13.63	43.04	
69	253.78	316.65	387.95	13.58	14.33	14.84	48.87	
70	271.18	336.60	413.04	14.97	15.47	15.97	54.91	
71	295.25	356.54	437.79	16.46	16.96	17.46	61.55	
72	323.80	379.77	466.42	18.18	18.68	19.20	69.43	
73	356.01	408.38	507.60	19.99	20.51	21.04	77.62	
74	392.57	446.65	554.65	22.07	22.60	23.15	86.82	
75	434.12	493.97	609.03	24.47	25.01	25.60	97.14	
76	481.34	549.02	672.17	27.26	27.83	28.44	108.76	
77	534.86	612.87	745.44	30.51	31.11	31.75	121.80	
78	595.29	686.62	833.63	34.29	34.93	35.60	136.42	
79	663.21	771.31	935.27	38.63	39.31	40.02	152.76	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Compound

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)					
Age	Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	87.28	101.26	115.15	125.86	140.89	177.48
36	88.10	102.52	116.79	127.86	143.09	179.31
37	88.98	103.80	118.40	129.80	145.32	181.17
38	91.15	106.68	121.86	131.75	147.71	182.22
39	93.31	109.55	125.29	133.66	149.94	183.65
40	95.47	112.12	127.69	135.57	152.03	185.48
41	97.75	113.09	129.49	137.55	154.11	187.74
42	98.66	112.96	130.11	138.31	154.80	188.58
43	97.26	114.58	131.53	139.89	156.44	190.76
44	94.73	112.93	129.05	141.02	157.58	192.40
45	92.63	111.00	126.29	142.39	159.09	194.47
46	90.95	109.46	124.06	144.08	161.05	196.92
47	89.75	108.25	122.39	144.22	161.44	199.80
48	91.42	110.22	124.76	146.51	164.78	204.08
49	92.55	111.40	126.54	147.94	167.18	207.04
50	94.20	113.01	129.00	150.15	170.49	210.95
51	96.50	115.21	132.41	153.32	174.98	216.01
52	98.47	116.86	135.43	155.97	178.95	220.15
53	99.65	118.44	137.98	158.65	182.44	225.07
54	101.00	120.41	140.82	161.74	186.25	230.64
55	102.66	122.79	144.05	165.36	190.61	237.11
56	104.69	125.80	147.79	169.76	195.69	244.78
57	107.17	129.53	152.15	175.01	201.65	253.93
58	109.79	133.96	155.64	179.70	206.77	263.18
59	113.22	139.18	160.57	186.06	213.72	275.18
60	117.66	145.45	167.06	194.21	222.65	290.27
61	124.34	152.90	175.14	204.22	233.65	308.67
62	133.37	162.68	185.90	217.43	248.23	332.54
63	144.43	175.08	200.95	235.10	268.12	361.09
64	156.08	187.94	216.48	253.20	288.61	390.65
65	169.81	203.05	234.27	273.86	312.14	424.72
66	192.19	228.37	263.30	307.49	350.70	479.66
67	209.81	247.79	284.74	332.22	379.31	521.54
68	233.38	270.16	303.86	353.54	404.69	560.42
69	254.61	288.54	320.35	371.75	426.44	591.27
70	277.12	308.51	339.94	391.83	450.29	622.77
71	298.07	332.62	364.95	409.31	471.09	648.58
72	319.45	357.55	391.40	426.64	491.79	673.24
73	345.36	387.60	429.14	459.07	529.47	728.17
74	373.80	420.89	471.96	501.72	579.01	790.61
75	405.59	458.48	520.61	553.44	639.14	862.53
76	444.71	504.88	579.96	616.55	712.60	952.48
77	485.88	554.26	642.97	683.50	790.75	1,049.29
78	532.71	610.67	713.86	758.88	878.89	1,165.41
79	585.79	674.90	793.28	843.29	977.80	1,298.44

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	78.54	91.12	103.65	113.29	126.80	159.74
36	79.30	92.29	105.08	115.06	128.78	161.40
37	80.08	93.40	106.55	116.83	130.78	163.05
38	82.03	96.01	109.68	118.58	132.95	164.03
39	83.98	98.62	112.78	120.29	134.95	165.28
40	85.92	100.90	114.92	122.03	136.83	166.94
41	87.99	101.78	116.55	123.81	138.69	168.97
42	88.78	101.67	117.09	124.48	139.36	169.74
43	87.52	103.12	118.35	125.92	140.79	171.70
44	85.25	101.61	116.16	126.92	141.83	173.17
45	83.35	99.88	113.68	128.15	143.19	175.01
46	81.87	98.50	111.64	129.68	144.93	177.22
47	80.77	97.42	110.16	129.78	145.29	179.82
48	82.29	99.21	112.28	131.86	148.32	183.71
49	83.31	100.27	113.87	133.14	150.46	186.35
50	84.78	101.70	116.10	135.12	153.44	189.85
51	86.85	103.69	119.18	137.98	157.49	194.42
52	88.62	105.15	121.89	140.39	161.06	198.13
53	89.68	106.61	124.19	142.77	164.18	202.58
54	90.91	108.36	126.73	145.54	167.62	207.58
55	92.38	110.53	129.64	148.84	171.56	213.42
56	94.22	113.22	133.02	152.79	176.11	220.32
57	96.46	116.59	136.94	157.54	181.49	228.52
58	98.80	120.56	140.07	161.73	186.09	236.85
59	101.91	125.28	144.51	167.46	192.37	247.69
60	105.89	130.89	150.33	174.81	200.38	261.26
61	111.90	137.62	157.61	183.81	210.29	277.80
62	120.02	146.43	167.31	195.66	223.40	299.27
63	129.99	157.57	180.86	211.59	241.31	324.97
64	140.47	169.15	194.84	227.89	259.76	351.58
65	152.82	182.75	210.84	246.47	280.93	382.25
66	172.98	205.54	236.96	276.74	315.65	431.71
67	188.84	223.00	256.26	299.00	341.38	469.39
68	210.04	243.14	273.47	318.18	364.24	504.38
69	229.15	259.67	288.29	334.57	383.80	532.13
70	249.43	277.67	305.93	352.65	405.27	560.51
71	268.26	299.36	328.46	368.38	423.97	583.72
72	287.52	321.78	352.27	383.97	442.60	605.92
73	310.82	348.84	386.22	413.15	476.51	655.36
74	336.41	378.79	424.75	451.54	521.11	711.56
75	365.03	412.62	468.56	498.10	575.22	776.28
76	400.25	454.38	521.98	554.89	641.34	857.22
77	437.29	498.83	578.66	615.15	711.67	944.35
78	479.44	549.60	642.48	682.99	790.99	1,048.88
79	527.21	607.41	713.95	758.96	880.02	1,168.60

Mutual of Omaha Insurance Company

Policy Form: LTC04I-TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Compound

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	82.61	92.85	110.43	120.72	126.75	142.32	18.38	24.13	27.86	30.45	31.97	35.16
36	83.04	94.26	111.79	122.38	128.49	143.40	18.86	24.76	28.41	31.08	32.65	35.91
37	83.52	95.71	113.11	124.03	130.23	144.57	19.32	25.41	28.97	31.77	33.37	36.59
38	84.88	98.66	116.02	125.46	131.92	144.80	20.34	26.71	30.13	32.57	34.25	37.42
39	86.42	101.63	119.01	126.95	133.52	145.49	21.23	27.87	31.24	33.31	35.02	38.16
40	88.12	104.32	121.06	128.55	135.17	146.63	21.99	28.88	31.97	33.94	35.71	38.85
41	90.05	105.49	122.66	130.32	136.95	148.20	22.65	29.34	32.51	34.54	36.28	39.54
42	90.86	105.61	123.26	131.04	137.57	148.81	22.87	29.45	32.67	34.71	36.44	39.78
43	89.62	107.54	124.71	132.62	139.16	150.56	22.50	29.70	32.94	35.05	36.79	40.20
44	87.39	106.38	122.54	133.89	140.38	152.01	21.82	28.99	32.19	35.18	36.91	40.39
45	85.61	104.96	120.12	135.46	142.00	153.87	21.23	28.16	31.34	35.33	37.04	40.60
46	84.26	103.86	118.30	137.41	144.08	156.13	20.70	27.46	30.54	35.47	37.24	40.79
47	83.25	103.03	117.02	137.89	144.78	158.80	20.30	26.83	29.86	35.19	36.95	41.00
48	84.95	105.23	119.90	140.78	148.74	162.91	20.56	26.97	30.01	35.21	37.20	41.18
49	86.05	106.59	122.05	142.73	151.49	165.84	20.76	27.08	30.04	35.14	37.20	41.20
50	87.57	108.27	124.88	145.33	154.80	169.48	21.19	27.37	30.30	35.27	37.42	41.47
51	89.59	110.36	128.50	148.82	158.96	174.01	21.79	27.90	30.82	35.70	37.87	42.00
52	91.22	111.88	131.74	151.72	162.51	177.75	22.39	28.40	31.28	36.05	38.19	42.40
53	92.13	113.26	134.28	154.39	165.08	181.77	22.80	28.92	31.83	36.61	38.60	43.30
54	93.24	114.96	137.04	157.38	167.88	186.20	23.25	29.51	32.49	37.31	39.13	44.44
55	94.63	117.12	140.13	160.88	171.19	191.25	23.73	30.21	33.25	38.20	39.88	45.86
56	96.45	119.91	143.72	165.06	175.30	197.24	24.23	31.00	34.19	39.24	40.85	47.54
57	98.78	123.50	147.90	170.12	180.41	204.32	24.77	31.89	35.22	40.53	42.11	49.61
58	101.33	127.32	151.13	174.50	185.78	211.41	25.27	32.85	36.17	41.77	43.67	51.77
59	104.84	132.48	155.93	180.67	192.82	220.74	25.80	33.90	37.35	43.28	45.49	54.44
60	109.43	139.03	162.33	188.72	201.72	232.57	26.45	35.07	38.78	45.09	47.69	57.70
61	116.24	147.12	170.41	198.72	212.61	247.09	27.47	36.46	40.56	47.28	50.31	61.58
62	125.35	157.61	181.17	211.90	226.95	266.05	28.96	38.32	42.88	50.15	53.72	66.49
63	136.31	170.87	196.24	229.60	245.18	288.83	31.01	40.95	46.18	54.01	57.92	72.26
64	147.75	184.29	211.78	247.72	263.80	312.48	33.29	43.84	49.62	58.05	62.24	78.17
65	160.98	199.42	229.53	268.29	285.05	339.72	36.19	47.44	53.72	62.78	67.32	85.00
66	182.29	223.83	258.21	301.55	319.91	383.69	41.19	53.62	60.50	70.63	75.70	95.96
67	198.73	241.55	279.34	325.93	345.57	417.24	45.42	58.69	65.69	76.66	82.11	104.30
68	220.51	256.95	297.83	346.51	372.24	448.35	51.03	64.39	70.42	82.60	89.16	112.07
69	239.78	270.03	313.71	364.04	392.96	473.03	56.61	69.64	74.83	87.75	94.90	118.24
70	259.94	285.65	332.56	383.35	413.68	498.25	62.93	75.71	80.21	93.25	100.70	124.52
71	278.33	305.66	356.70	400.05	430.35	518.89	69.30	83.14	87.08	98.13	105.58	129.69
72	296.84	326.71	382.20	416.62	446.19	538.59	76.16	91.14	94.48	103.00	110.29	134.65
73	319.38	356.96	419.08	448.29	473.89	582.55	84.62	101.02	104.75	111.02	117.65	145.63
74	344.00	391.09	461.02	490.09	511.87	632.50	94.05	111.98	116.27	121.55	127.46	158.12
75	371.55	429.74	508.81	540.88	559.40	690.03	104.55	124.21	129.23	134.32	139.52	172.50
76	405.65	476.83	567.21	602.98	619.42	761.98	117.12	138.85	144.73	149.95	154.56	190.50
77	441.54	526.50	629.32	669.01	684.89	839.44	130.30	154.22	160.98	166.68	170.80	209.85
78	482.53	582.26	699.35	743.46	761.03	932.33	144.95	171.31	178.96	185.63	189.52	233.08
79	529.17	644.55	777.87	826.93	848.96	1,038.77	161.18	190.24	198.80	206.98	210.96	259.68

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Compound

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	102.20	120.72	135.17	3.52	4.50	5.39	18.38	
36	103.82	122.38	136.26	3.57	4.57	5.44	18.86	
37	105.40	124.03	137.32	3.61	4.64	5.48	19.32	
38	107.59	125.46	137.55	3.69	4.76	5.58	20.34	
39	110.36	126.92	138.20	3.77	4.87	5.69	21.23	
40	113.32	128.52	139.29	3.87	5.00	5.77	21.99	
41	115.18	130.29	140.80	4.00	5.11	5.86	22.65	
42	116.36	131.04	141.37	4.07	5.15	5.88	22.87	
43	118.49	132.62	143.04	4.07	5.24	5.97	22.50	
44	117.19	133.89	144.43	4.03	5.18	5.89	21.82	
45	115.58	135.46	146.20	4.01	5.13	5.81	21.23	
46	114.37	137.39	148.31	4.03	5.11	5.78	20.70	
47	113.38	137.89	150.85	4.06	5.08	5.73	20.30	
48	115.79	140.76	154.77	4.22	5.24	5.88	20.56	
49	117.21	142.70	157.57	4.35	5.39	6.00	20.76	
50	118.97	145.33	161.00	4.48	5.54	6.14	21.19	
51	121.22	148.80	165.32	4.65	5.72	6.31	21.79	
52	122.80	151.72	168.84	4.81	5.85	6.48	22.39	
53	124.28	154.39	172.68	4.91	5.97	6.59	22.80	
54	126.08	157.38	176.88	5.02	6.12	6.73	23.25	
55	128.42	160.88	181.70	5.14	6.27	6.87	23.73	
56	131.44	165.06	187.37	5.32	6.48	7.07	24.23	
57	135.34	170.12	194.10	5.52	6.70	7.30	24.77	
58	139.45	174.50	200.83	5.73	6.95	7.52	25.27	
59	145.10	180.67	209.70	6.02	7.24	7.83	25.80	
60	152.24	188.72	220.93	6.37	7.67	8.22	26.45	
61	161.03	198.72	234.73	6.87	8.15	8.71	27.47	
62	172.45	211.90	252.74	7.52	8.79	9.33	28.96	
63	186.85	229.60	274.38	8.32	9.64	10.18	31.01	
64	201.40	247.72	296.83	9.19	10.53	11.06	33.29	
65	217.81	268.27	322.75	10.14	11.53	12.09	36.19	
66	244.30	301.55	364.49	11.66	13.09	13.69	41.19	
67	263.47	325.93	396.36	12.87	14.31	14.90	45.42	
68	279.92	348.58	425.91	14.38	15.59	16.16	51.03	
69	293.94	366.77	449.36	15.73	16.60	17.19	56.61	
70	310.77	385.74	473.34	17.16	17.73	18.31	62.93	
71	332.42	401.43	492.92	18.53	19.09	19.65	69.30	
72	355.21	416.62	511.67	19.95	20.49	21.07	76.16	
73	388.14	445.22	553.40	21.79	22.36	22.94	84.62	
74	425.28	483.87	600.88	23.91	24.48	25.08	94.05	
75	467.26	531.68	655.52	26.34	26.92	27.55	104.55	
76	518.36	591.25	723.88	29.36	29.97	30.63	117.12	
77	572.18	655.62	797.45	32.64	33.29	33.96	130.30	
78	632.50	729.53	885.73	36.43	37.11	37.82	144.95	
79	699.76	813.82	986.82	40.76	41.47	42.22	161.18	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Issue Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	117.68	126.47	139.57	148.36	166.07	209.20	105.90	113.81	125.63	133.54	149.47	188.29
36	118.93	127.58	141.76	150.72	168.66	211.36	107.04	114.86	127.55	135.63	151.79	190.25
37	120.21	128.76	143.95	153.01	171.29	213.55	108.19	115.87	129.54	137.72	154.15	192.20
38	121.49	129.91	146.24	155.30	174.12	214.79	109.33	116.91	131.62	139.77	156.71	193.34
39	122.67	131.02	148.39	157.55	176.74	216.48	110.41	117.95	133.58	141.79	159.07	194.83
40	123.85	132.16	150.51	159.81	179.20	218.63	111.45	118.93	135.46	143.85	161.29	196.78
41	124.61	132.76	152.01	161.47	180.92	220.39	112.17	119.48	136.82	145.34	162.81	198.35
42	123.85	132.80	152.95	162.60	181.99	221.70	111.45	119.53	137.65	146.34	163.83	199.55
43	118.69	134.24	154.09	163.89	183.28	223.49	106.80	120.81	138.66	147.53	164.94	201.16
44	114.19	136.06	155.48	165.46	184.89	225.74	102.76	122.42	139.95	148.91	166.41	203.17
45	110.28	135.13	153.75	167.31	186.93	228.50	99.23	121.59	138.40	150.57	168.25	205.64
46	106.94	132.73	150.42	169.55	189.52	231.73	96.27	119.43	135.37	152.60	170.54	208.55
47	103.78	130.14	147.13	170.28	190.61	234.46	93.40	117.11	132.43	153.23	171.54	211.01
48	105.19	131.64	149.00	172.32	193.81	240.90	94.69	118.49	134.10	155.09	174.45	216.85
49	106.06	132.29	150.26	173.46	196.02	246.07	95.47	119.07	135.22	156.11	176.41	221.47
50	106.95	132.73	151.51	174.57	198.21	251.13	96.26	119.45	136.37	157.09	178.39	226.01
51	108.44	133.71	153.66	176.56	201.51	257.37	97.59	120.34	138.32	158.90	181.37	231.65
52	110.10	134.72	156.12	178.84	205.19	263.95	99.10	121.22	140.51	160.98	184.67	237.54
53	111.56	135.93	158.36	180.88	208.00	268.87	100.40	122.36	142.53	162.78	187.18	242.00
54	113.69	138.16	161.58	184.11	212.02	275.76	102.33	124.33	145.41	165.68	190.81	248.19
55	115.65	140.19	164.45	187.04	215.60	282.46	104.07	126.18	148.01	168.36	194.06	254.24
56	119.18	143.51	168.60	191.61	220.88	291.85	107.26	129.16	151.74	172.46	198.79	262.69
57	123.62	147.61	173.38	197.06	227.05	303.03	111.26	132.87	156.05	177.39	204.35	272.71
58	128.08	152.64	177.35	202.42	232.92	314.35	115.26	137.37	159.60	182.18	209.62	282.90
59	134.25	159.27	183.74	210.58	241.89	330.52	120.83	143.36	165.36	189.53	217.73	297.50
60	141.18	166.30	191.00	219.75	251.93	348.98	127.05	149.65	171.88	197.79	226.73	314.10
61	148.93	173.78	199.05	229.83	262.95	368.26	134.03	156.41	179.13	206.86	236.66	331.42
62	158.99	183.50	209.70	243.01	277.45	389.56	143.08	165.17	188.73	218.68	249.69	350.58
63	170.68	198.55	227.89	264.35	301.49	423.81	153.63	178.69	205.11	237.92	271.33	381.42
64	181.95	213.42	245.82	285.29	325.19	455.39	163.75	192.08	221.25	256.78	292.68	409.84
65	194.20	229.90	265.25	307.93	350.98	485.75	174.78	206.91	238.72	277.14	315.88	437.17
66	217.89	260.82	300.71	349.09	398.15	543.80	196.11	234.74	270.63	314.18	358.36	489.44
67	233.26	282.79	324.96	377.31	430.79	579.83	209.94	254.50	292.45	339.59	387.71	521.85
68	255.87	312.66	351.66	408.46	467.55	629.26	230.28	281.39	316.49	367.60	420.82	566.34
69	278.33	342.83	380.62	442.17	507.22	678.70	250.50	308.53	342.54	397.94	456.51	610.82
70	298.30	370.51	408.26	474.35	545.12	722.49	268.49	333.48	367.42	426.91	490.61	650.26
71	319.64	400.61	439.55	510.79	587.89	770.26	287.68	360.56	395.60	459.71	529.08	693.24
72	343.35	434.57	475.72	552.83	628.26	824.50	309.03	391.10	428.16	497.54	565.43	742.06
73	367.53	470.70	521.15	606.80	682.05	884.55	330.77	423.64	469.03	546.10	613.82	796.10
74	404.77	513.90	576.25	672.36	742.68	958.59	364.28	462.50	518.62	605.12	668.41	862.73
75	446.68	561.57	639.02	740.19	816.07	1,043.69	402.02	505.41	575.12	666.18	734.46	939.32
76	494.34	610.87	710.42	810.58	894.35	1,141.87	444.92	549.77	639.39	729.52	804.92	1,027.67
77	538.17	670.24	789.13	895.11	988.54	1,254.97	484.35	603.20	710.20	805.59	889.67	1,129.45
78	573.55	719.19	849.93	966.12	1,068.11	1,394.42	516.20	647.28	764.94	869.51	961.29	1,254.99
79	612.18	771.94	915.22	1,042.36	1,153.79	1,510.49	550.96	694.74	823.70	938.13	1,038.41	1,359.45

Mutual of Omaha Insurance Company

Policy Form: LTC04I-TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	111.39	115.97	133.85	142.30	149.40	167.75	24.78	30.14	33.77	35.89	37.68	41.45
36	112.09	117.31	135.70	144.25	151.46	169.03	25.46	30.81	34.48	36.64	38.49	42.33
37	112.83	118.73	137.52	146.20	153.51	170.41	26.10	31.52	35.22	37.44	39.33	43.13
38	113.14	120.14	139.23	147.89	155.50	170.68	27.11	32.53	36.16	38.39	40.37	44.11
39	113.61	121.56	140.95	149.64	157.38	171.49	27.91	33.34	37.01	39.26	41.28	44.99
40	114.32	122.97	142.70	151.52	159.34	172.84	28.52	34.04	37.68	40.00	42.09	45.79
41	114.79	123.84	143.99	152.98	160.76	173.97	28.87	34.44	38.16	40.54	42.59	46.41
42	114.06	124.15	144.91	154.05	161.73	174.94	28.71	34.62	38.41	40.81	42.84	46.76
43	109.36	125.99	146.11	155.38	163.03	176.39	27.46	34.80	38.59	41.06	43.11	47.10
44	105.34	128.17	147.63	157.09	164.71	178.35	26.30	34.93	38.79	41.27	43.30	47.39
45	101.93	127.77	146.23	159.17	166.85	180.80	25.27	34.28	38.15	41.51	43.52	47.70
46	99.07	125.93	143.44	161.70	169.55	183.73	24.34	33.30	37.03	41.74	43.83	48.01
47	96.26	123.86	140.68	162.81	170.94	186.35	23.48	32.25	35.90	41.55	43.63	48.12
48	97.75	125.69	143.20	165.59	174.95	192.30	23.66	32.21	35.84	41.41	43.76	48.60
49	98.61	126.57	144.93	167.35	177.62	197.10	23.79	32.16	35.67	41.20	43.61	48.96
50	99.42	127.17	146.67	168.96	179.97	201.76	24.05	32.14	35.58	41.01	43.50	49.37
51	100.67	128.08	149.14	171.38	183.07	207.33	24.49	32.38	35.77	41.11	43.62	50.05
52	102.00	128.97	151.87	173.97	186.34	213.11	25.03	32.74	36.06	41.34	43.79	50.84
53	103.14	129.99	154.11	176.01	188.20	217.15	25.52	33.19	36.53	41.74	44.00	51.72
54	104.96	131.91	157.25	179.16	191.11	222.63	26.17	33.86	37.28	42.48	44.54	53.13
55	106.60	133.71	159.98	181.97	193.64	227.83	26.73	34.48	37.95	43.21	45.11	54.63
56	109.80	136.79	163.95	186.31	197.87	235.17	27.58	35.37	39.00	44.30	46.11	56.69
57	113.94	140.74	168.55	191.56	203.14	243.83	28.58	36.35	40.14	45.63	47.42	59.20
58	118.21	145.08	172.21	196.56	209.27	252.52	29.48	37.43	41.21	47.05	49.19	61.83
59	124.31	151.60	178.43	204.48	218.23	265.13	30.59	38.79	42.74	48.99	51.48	65.39
60	131.31	158.96	185.60	213.53	228.24	279.61	31.74	40.10	44.34	51.02	53.97	69.37
61	139.22	167.20	193.67	223.63	239.27	294.79	32.90	41.43	46.10	53.21	56.62	73.47
62	149.43	177.79	204.36	236.84	253.66	311.67	34.52	43.22	48.37	56.05	60.05	77.89
63	161.10	193.78	222.55	258.18	275.69	339.00	36.65	46.44	52.37	60.73	65.13	84.81
64	172.24	209.27	240.49	279.12	297.24	364.26	38.80	49.78	56.35	65.41	70.13	91.13
65	184.11	225.79	259.88	301.68	320.51	388.53	41.39	53.71	60.83	70.59	75.69	97.22
66	206.66	255.64	294.90	342.36	363.19	435.00	46.70	61.23	69.09	80.19	85.94	108.80
67	220.94	275.67	318.80	370.17	392.48	463.87	50.50	66.98	74.97	87.07	93.26	115.96
68	241.77	297.37	344.68	400.33	430.06	503.43	55.95	74.52	81.50	95.43	103.01	125.83
69	262.12	320.85	372.74	433.00	467.40	542.98	61.88	82.74	88.91	104.37	112.88	135.72
70	279.81	343.06	399.40	464.08	500.80	578.04	67.74	90.92	96.33	112.88	121.91	144.46
71	298.47	368.14	429.61	499.24	537.05	616.25	74.31	100.14	104.88	122.45	131.76	154.02
72	319.05	397.09	464.54	539.84	570.01	659.59	81.86	110.77	114.83	133.46	140.90	164.90
73	339.87	433.50	508.93	592.54	610.46	707.65	90.05	122.68	127.21	146.75	151.55	176.90
74	372.50	477.51	562.89	656.78	656.56	766.88	101.84	136.73	141.97	162.89	163.48	191.71
75	409.20	526.38	624.54	723.39	714.26	834.95	115.14	152.14	158.62	179.64	178.14	208.73
76	450.92	576.93	694.80	792.75	777.40	913.50	130.20	168.00	177.29	197.15	193.98	228.37
77	489.06	636.66	772.37	876.13	856.20	1,003.98	144.32	186.48	197.57	218.28	213.52	250.99
78	519.52	685.73	832.66	946.49	924.88	1,115.54	156.06	201.75	213.07	236.32	230.32	278.88
79	553.00	737.22	897.44	1,022.14	1,001.76	1,208.41	168.43	217.59	229.36	255.84	248.93	302.08

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	127.65	142.30	159.34	4.75	5.62	6.53	24.78	
36	129.20	144.25	160.62	4.82	5.69	6.60	25.46	
37	130.75	146.20	161.86	4.88	5.76	6.67	26.10	
38	131.02	147.89	162.13	4.92	5.79	6.70	27.11	
39	131.99	149.60	162.91	4.95	5.83	6.73	27.91	
40	133.58	151.49	164.18	5.02	5.89	6.80	28.52	
41	135.21	152.95	165.29	5.10	6.00	6.87	28.87	
42	136.79	154.05	166.19	5.11	6.05	6.92	28.71	
43	138.82	155.38	167.58	4.96	6.13	6.99	27.46	
44	141.19	157.09	169.45	4.85	6.25	7.10	26.30	
45	140.71	159.17	171.78	4.78	6.25	7.07	25.27	
46	138.68	161.67	174.53	4.73	6.19	7.01	24.34	
47	136.31	162.81	177.01	4.70	6.11	6.89	23.48	
48	138.29	165.56	182.69	4.86	6.26	7.03	23.66	
49	139.19	167.32	187.27	4.99	6.40	7.12	23.79	
50	139.73	168.96	191.67	5.09	6.51	7.21	24.05	
51	140.69	171.36	196.97	5.22	6.63	7.32	24.49	
52	141.57	173.97	202.43	5.38	6.75	7.47	25.03	
53	142.63	176.01	206.29	5.49	6.85	7.56	25.52	
54	144.67	179.16	211.49	5.65	7.03	7.72	26.17	
55	146.61	181.97	216.45	5.79	7.16	7.85	26.73	
56	149.94	186.31	223.40	6.05	7.39	8.07	27.58	
57	154.23	191.56	231.64	6.37	7.63	8.32	28.58	
58	158.90	196.56	239.88	6.69	7.92	8.57	29.48	
59	166.03	204.48	251.87	7.14	8.29	8.96	30.59	
60	174.06	213.53	265.61	7.64	8.76	9.40	31.74	
61	183.01	223.63	280.05	8.23	9.26	9.90	32.90	
62	194.53	236.84	296.07	8.97	9.92	10.53	34.52	
63	211.90	258.18	322.04	9.84	10.94	11.55	36.65	
64	228.70	279.12	346.02	10.71	11.96	12.56	38.80	
65	246.61	301.65	369.12	11.60	13.06	13.69	41.39	
66	279.02	342.36	413.23	13.22	14.96	15.63	46.70	
67	300.69	370.17	440.66	14.31	16.33	17.01	50.50	
68	323.95	402.72	478.23	15.76	18.04	18.71	55.95	
69	349.25	436.25	515.80	17.20	19.72	20.43	61.88	
70	373.23	466.97	549.14	18.47	21.29	21.99	67.74	
71	400.37	500.96	585.41	19.87	22.99	23.67	74.31	
72	431.73	539.84	626.63	21.44	24.91	25.60	81.86	
73	471.36	588.49	672.24	23.19	27.15	27.86	90.05	
74	519.26	648.45	728.54	25.89	29.89	30.62	101.84	
75	572.33	711.10	793.21	29.01	32.97	33.82	115.14	
76	627.19	777.32	867.81	32.63	36.27	37.52	130.20	
77	691.90	858.60	953.76	36.15	40.25	41.68	144.32	
78	744.90	928.76	1,059.78	39.23	43.71	45.03	156.06	
79	800.37	1,005.94	1,147.98	42.60	47.44	48.71	168.43	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Simple

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Issue Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	61.97	71.90	81.77	91.61	101.37	144.04	55.76	64.71	73.60	82.46	91.24	129.64
36	62.56	72.79	82.91	92.92	102.82	145.53	56.31	65.53	74.60	83.62	92.54	130.99
37	63.18	73.70	84.06	94.23	104.26	147.03	56.86	66.32	75.65	84.82	93.83	132.33
38	64.77	75.82	86.60	97.08	107.30	147.89	58.29	68.23	77.94	87.38	96.57	133.12
39	66.02	77.51	88.65	99.41	109.82	149.05	59.43	69.78	79.80	89.47	98.84	134.14
40	67.60	79.59	91.13	102.26	112.98	150.53	60.84	71.62	82.02	92.05	101.69	135.49
41	69.29	81.73	93.71	105.20	116.23	152.37	62.37	73.56	84.34	94.69	104.60	137.13
42	70.62	83.50	95.89	107.74	119.08	154.54	63.55	75.16	86.30	96.97	107.20	139.10
43	72.40	85.65	98.41	110.58	122.23	156.16	65.15	77.09	88.55	99.54	110.00	140.56
44	74.36	88.03	101.16	113.70	125.71	159.06	66.92	79.21	91.06	102.33	113.14	143.16
45	76.53	90.67	104.19	117.14	129.51	161.41	68.86	81.58	93.79	105.42	116.57	145.26
46	75.79	91.22	103.38	120.07	133.09	164.10	68.23	82.08	93.04	108.07	119.77	147.69
47	75.10	90.58	102.41	120.67	135.08	167.18	67.59	81.51	92.17	108.59	121.57	150.46
48	77.29	93.17	105.47	123.85	139.30	172.52	69.56	83.87	94.92	111.47	125.38	155.30
49	78.98	95.07	107.99	126.25	142.67	176.69	71.10	85.57	97.17	113.63	128.40	159.03
50	81.25	97.47	111.25	129.50	147.04	181.93	73.12	87.71	100.13	116.53	132.33	163.73
51	83.15	99.28	114.09	132.11	150.78	186.14	74.84	89.35	102.70	118.90	135.71	167.54
52	85.76	101.78	117.95	135.85	155.86	191.75	77.19	91.58	106.16	122.28	140.28	172.57
53	86.72	103.08	120.08	138.07	158.77	195.87	78.05	92.78	108.08	124.25	142.88	176.30
54	88.38	105.36	123.22	141.52	162.97	201.81	79.55	94.81	110.89	127.35	146.67	181.63
55	89.76	107.36	125.94	144.58	166.65	207.31	80.77	96.63	113.35	130.13	150.00	186.60
56	92.03	110.59	129.93	149.24	172.03	215.19	82.83	99.54	116.94	134.32	154.82	193.69
57	94.74	114.50	134.49	154.71	178.25	224.47	85.27	103.06	121.05	139.26	160.43	202.01
58	96.98	118.33	137.48	158.73	182.65	232.48	87.28	106.49	123.73	142.86	164.38	209.22
59	100.57	123.63	142.63	165.27	189.84	244.43	90.52	111.28	128.36	148.75	170.88	220.01
60	105.10	129.92	149.22	173.48	198.89	259.29	94.58	116.92	134.29	156.15	178.99	233.38
61	111.00	136.49	156.34	182.30	208.57	275.54	99.89	122.85	140.69	164.08	187.72	247.98
62	119.05	145.21	165.95	194.09	221.59	296.84	107.14	130.71	149.35	174.65	199.42	267.14
63	128.83	156.18	179.26	209.72	239.18	322.11	115.96	140.56	161.33	188.75	215.26	289.89
64	140.03	168.61	194.21	227.15	258.92	350.47	126.02	151.75	174.80	204.45	233.04	315.41
65	152.24	182.05	210.04	245.53	279.85	380.79	137.01	163.84	189.03	220.98	251.86	342.70
66	173.20	205.80	237.28	277.10	316.03	432.25	155.88	185.22	213.54	249.39	284.45	389.04
67	190.07	224.47	257.94	300.95	343.61	472.45	171.06	202.01	232.14	270.86	309.25	425.21
68	213.70	247.38	278.23	323.73	370.56	513.15	192.33	222.63	250.41	291.34	333.52	461.84
69	238.79	270.62	300.45	348.66	399.95	554.55	214.92	243.54	270.39	313.79	359.96	499.08
70	264.77	294.75	324.78	374.36	430.21	595.00	238.31	265.29	292.29	336.93	387.20	535.52
71	290.23	323.87	355.35	398.54	458.69	631.51	261.21	291.49	319.81	358.68	412.81	568.36
72	319.45	357.55	391.40	426.64	491.79	673.24	287.52	321.78	352.27	383.97	442.60	605.92
73	347.74	390.27	432.10	462.24	533.12	733.19	312.97	351.25	388.89	416.00	479.79	659.88
74	381.64	429.72	481.86	512.24	591.15	807.20	343.47	386.74	433.66	461.01	532.04	726.48
75	417.09	471.48	535.38	569.14	657.27	887.00	375.39	424.33	481.85	512.23	591.54	798.30
76	457.42	519.31	596.53	634.16	732.96	979.69	411.68	467.37	536.89	570.74	659.66	881.72
77	492.93	562.30	652.29	693.41	802.21	1,064.50	443.63	506.06	587.05	624.06	721.98	958.04
78	540.55	619.65	724.36	770.04	891.81	1,182.55	486.49	557.69	651.93	693.04	802.62	1,064.30
79	590.17	679.94	799.20	849.58	985.10	1,308.13	531.14	611.94	719.28	764.63	886.59	1,177.33

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Simple

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	58.65	65.93	78.42	87.87	91.20	115.50	13.05	17.13	19.79	22.16	23.00	28.54
36	58.96	66.93	79.37	88.94	92.33	116.38	13.39	17.58	20.17	22.59	23.46	29.14
37	59.30	67.96	80.31	90.04	93.44	117.33	13.71	18.04	20.57	23.06	23.94	29.70
38	60.32	70.12	82.45	92.45	95.82	117.52	14.45	18.98	21.42	24.00	24.88	30.37
39	61.15	71.91	84.21	94.42	97.79	118.08	15.02	19.72	22.11	24.77	25.65	30.97
40	62.40	74.05	86.40	96.96	100.45	119.00	15.57	20.50	22.81	25.60	26.54	31.53
41	63.83	76.24	88.77	99.67	103.28	120.28	16.05	21.20	23.53	26.41	27.36	32.09
42	65.04	78.07	90.84	102.08	105.83	121.95	16.37	21.77	24.08	27.04	28.03	32.60
43	66.71	80.39	93.31	104.84	108.72	123.25	16.75	22.20	24.64	27.71	28.75	32.91
44	68.60	82.93	96.06	107.95	111.99	125.67	17.13	22.60	25.24	28.36	29.44	33.39
45	70.73	85.73	99.09	111.44	115.60	127.71	17.54	23.00	25.85	29.06	30.15	33.70
46	70.22	86.55	98.58	114.51	119.07	130.11	17.25	22.88	25.45	29.56	30.78	34.00
47	69.66	86.21	97.92	115.38	121.14	132.87	16.99	22.45	24.99	29.44	30.92	34.31
48	71.82	88.96	101.35	119.01	125.74	137.72	17.38	22.80	25.37	29.76	31.45	34.81
49	73.44	90.96	104.16	121.80	129.28	141.53	17.72	23.11	25.63	29.99	31.74	35.16
50	75.52	93.38	107.70	125.33	133.50	146.17	18.27	23.60	26.13	30.42	32.27	35.77
51	77.20	95.10	110.73	128.24	136.98	149.94	18.78	24.04	26.56	30.76	32.64	36.19
52	79.45	97.44	114.74	132.14	141.54	154.82	19.50	24.73	27.25	31.40	33.26	36.93
53	80.18	98.57	116.86	134.36	143.66	158.19	19.84	25.17	27.70	31.86	33.59	37.68
54	81.59	100.59	119.91	137.71	146.90	162.92	20.34	25.82	28.42	32.65	34.24	38.88
55	82.74	102.40	122.52	140.66	149.67	167.21	20.75	26.41	29.07	33.40	34.86	40.10
56	84.79	105.42	126.35	145.10	154.11	173.39	21.30	27.25	30.06	34.50	35.91	41.80
57	87.32	109.17	130.74	150.38	159.48	180.61	21.90	28.19	31.14	35.82	37.23	43.85
58	89.51	112.47	133.50	154.14	164.10	186.75	22.32	29.02	31.95	36.90	38.57	45.73
59	93.13	117.68	138.51	160.49	171.27	196.07	22.92	30.11	33.18	38.45	40.40	48.36
60	97.75	124.19	145.00	168.58	180.18	207.75	23.63	31.33	34.64	40.28	42.60	51.54
61	103.76	131.33	152.12	177.39	189.79	220.57	24.52	32.54	36.21	42.21	44.91	54.97
62	111.90	140.69	161.72	189.15	202.59	237.49	25.85	34.20	38.27	44.77	47.96	59.35
63	121.60	152.42	175.06	204.82	218.71	257.65	27.66	36.53	41.19	48.18	51.67	64.46
64	132.56	165.33	190.00	222.24	236.67	280.34	29.86	39.33	44.52	52.08	55.84	70.13
65	144.33	178.79	205.79	240.54	255.56	304.58	32.45	42.53	48.16	56.29	60.35	76.21
66	164.27	201.71	232.69	271.75	288.29	345.77	37.12	48.32	54.52	63.65	68.22	86.48
67	180.03	218.82	253.05	295.26	313.05	377.97	41.15	53.17	59.51	69.45	74.39	94.49
68	201.92	235.28	272.71	317.28	340.85	410.54	46.72	58.96	64.48	75.64	81.64	102.61
69	224.88	253.26	294.23	341.43	368.56	443.65	53.09	65.31	70.18	82.30	89.01	110.89
70	248.36	272.91	317.73	366.26	395.24	476.03	60.12	72.33	76.64	89.09	96.21	118.97
71	271.00	297.61	347.31	389.53	419.03	505.24	67.47	80.96	84.79	95.54	102.80	126.27
72	296.84	326.71	382.20	416.62	446.19	538.59	76.16	91.14	94.48	103.00	110.29	134.65
73	321.58	359.42	421.97	451.38	477.16	586.56	85.21	101.72	105.47	111.79	118.46	146.63
74	351.22	399.30	470.69	500.37	522.61	645.77	96.02	114.33	118.71	124.10	130.13	161.43
75	382.09	441.93	523.25	556.22	575.27	709.60	107.52	127.73	132.89	138.13	143.48	177.40
76	417.24	490.45	583.42	620.21	637.11	783.76	120.47	142.82	148.87	154.24	158.98	195.94
77	447.94	534.13	638.44	678.71	694.82	851.61	132.19	156.45	163.31	169.09	173.28	212.89
78	489.62	590.82	709.64	754.39	772.22	946.04	147.08	173.82	181.59	188.36	192.30	236.51
79	533.12	649.36	783.68	833.10	855.29	1,046.52	162.38	191.66	200.29	208.52	212.53	261.61

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Simple

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	72.57	87.87	109.71	2.50	3.20	3.83	13.05	
36	73.71	88.94	110.59	2.53	3.25	3.86	13.39	
37	74.84	90.04	111.45	2.57	3.30	3.89	13.71	
38	76.47	92.45	111.63	2.62	3.38	3.97	14.45	
39	78.09	94.40	112.16	2.66	3.45	4.02	15.02	
40	80.44	96.94	113.05	2.74	3.55	4.12	15.57	
41	83.24	99.65	114.27	2.83	3.70	4.24	16.05	
42	86.01	102.08	115.85	2.91	3.81	4.34	16.37	
43	88.58	104.84	117.10	3.03	3.91	4.47	16.75	
44	91.36	107.95	119.40	3.16	4.04	4.62	17.13	
45	94.41	111.44	121.34	3.32	4.19	4.79	17.54	
46	95.31	114.49	123.60	3.36	4.26	4.82	17.25	
47	94.87	115.38	126.22	3.40	4.25	4.80	16.99	
48	97.89	118.99	130.84	3.57	4.43	4.97	17.38	
49	100.03	121.78	134.47	3.71	4.60	5.12	17.72	
50	102.60	125.33	138.86	3.86	4.78	5.29	18.27	
51	104.46	128.22	142.45	4.01	4.92	5.43	18.78	
52	106.96	132.14	147.06	4.19	5.10	5.64	19.50	
53	108.16	134.36	150.28	4.27	5.19	5.73	19.84	
54	110.32	137.71	154.77	4.39	5.36	5.89	20.34	
55	112.28	140.66	158.87	4.50	5.48	6.01	20.75	
56	115.55	145.10	164.72	4.68	5.70	6.22	21.30	
57	119.63	150.38	171.58	4.88	5.92	6.46	21.90	
58	123.18	154.14	177.40	5.06	6.14	6.64	22.32	
59	128.88	160.49	186.27	5.35	6.43	6.95	22.92	
60	135.99	168.58	197.35	5.69	6.85	7.34	23.63	
61	143.75	177.39	209.54	6.13	7.27	7.78	24.52	
62	153.94	189.15	225.61	6.72	7.85	8.33	25.85	
63	166.68	204.82	244.76	7.43	8.60	9.08	27.66	
64	180.68	222.24	266.30	8.24	9.45	9.93	29.86	
65	195.28	240.52	289.36	9.09	10.34	10.84	32.45	
66	220.16	271.75	328.46	10.51	11.80	12.33	37.12	
67	238.68	295.26	359.05	11.66	12.96	13.50	41.15	
68	256.31	319.18	389.99	13.16	14.28	14.80	46.72	
69	275.68	343.99	421.45	14.75	15.57	16.12	53.09	
70	296.91	368.54	452.24	16.40	16.94	17.49	60.12	
71	323.68	390.87	479.95	18.04	18.59	19.14	67.47	
72	355.21	416.62	511.67	19.95	20.49	21.07	76.16	
73	390.81	448.29	557.22	21.94	22.51	23.10	85.21	
74	434.20	494.02	613.48	24.41	25.00	25.61	96.02	
75	480.52	546.77	674.12	27.09	27.68	28.33	107.52	
76	533.17	608.14	744.56	30.20	30.83	31.51	120.47	
77	580.47	665.13	809.01	33.11	33.77	34.45	132.19	
78	641.80	740.26	898.75	36.97	37.66	38.38	147.08	
79	704.98	819.90	994.19	41.07	41.78	42.54	162.38	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 20 Years

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	62.21	68.31	75.38	82.08	91.88	140.33	55.98	61.47	67.85	73.88	82.69	126.31
36	62.87	68.91	76.56	83.38	93.31	141.70	56.59	62.03	68.89	75.04	83.98	127.55
37	63.19	69.15	77.31	84.17	94.23	142.29	56.87	62.23	69.57	75.76	84.80	128.07
38	63.86	69.64	78.39	84.60	94.85	144.50	57.47	62.67	70.56	76.14	85.37	130.07
39	64.48	70.12	79.41	85.06	95.42	144.46	58.04	63.12	71.49	76.55	85.88	130.01
40	65.10	70.63	80.44	85.58	95.96	144.71	58.59	63.56	72.39	77.03	86.37	130.24
41	65.40	70.75	81.01	85.69	96.01	144.58	58.87	63.67	72.91	77.13	86.40	130.13
42	65.75	70.87	81.63	85.92	96.17	144.86	59.17	63.79	73.46	77.33	86.57	130.39
43	66.57	71.88	82.52	88.60	99.09	148.19	59.90	64.70	74.25	79.76	89.17	133.39
44	67.15	72.72	83.11	90.87	101.54	150.97	60.43	65.43	74.80	81.78	91.39	135.87
45	67.87	73.75	83.91	93.23	104.16	154.05	61.07	66.36	75.53	83.91	93.75	138.64
46	68.77	75.22	85.24	95.77	107.04	157.44	61.90	67.68	76.71	86.19	96.33	141.69
47	70.33	77.31	87.41	99.08	110.91	162.12	63.30	69.57	78.67	89.16	99.81	145.90
48	72.23	79.62	90.12	102.87	115.70	168.51	65.01	71.67	81.11	92.59	104.15	151.69
49	74.54	82.85	94.10	107.30	121.25	175.82	67.10	74.56	84.68	96.57	109.12	158.25
50	76.50	85.53	97.63	111.19	126.26	182.13	68.85	76.97	87.87	100.06	113.63	163.91
51	79.05	88.75	102.00	115.94	132.32	189.63	71.15	79.88	91.81	104.34	119.10	170.68
52	81.32	91.54	106.08	120.32	138.04	196.32	73.19	82.36	95.47	108.30	124.24	176.68
53	83.28	94.64	110.25	124.60	143.28	202.75	74.94	85.18	99.23	112.13	128.95	182.48
54	85.92	98.70	115.43	130.08	149.79	210.58	77.33	88.82	103.88	117.05	134.81	189.53
55	88.36	102.61	120.37	135.35	156.02	216.38	79.51	92.36	108.33	121.83	140.43	194.76
56	91.17	107.14	125.87	141.40	163.00	223.26	82.05	96.43	113.28	127.27	146.69	200.95
57	94.43	112.40	132.02	148.32	170.89	231.48	84.99	101.17	118.82	133.51	153.81	208.32
58	98.29	118.29	137.43	155.28	178.68	241.25	88.46	106.45	123.68	139.75	160.81	217.11
59	103.03	125.12	144.35	164.01	188.40	253.66	92.73	112.62	129.91	147.62	169.58	228.31
60	108.19	132.36	152.03	173.66	199.10	267.44	97.37	119.12	136.81	156.31	179.18	240.71
61	115.21	141.79	162.41	186.47	213.34	286.00	103.68	127.62	146.16	167.83	192.01	257.39
62	123.84	152.93	174.76	201.68	230.26	308.11	111.45	137.65	157.29	181.49	207.23	277.29
63	135.56	167.04	191.73	221.65	252.78	336.47	122.02	150.34	172.56	199.48	227.50	302.82
64	148.15	182.11	209.75	242.80	276.76	366.10	133.34	163.90	188.79	218.53	249.09	329.48
65	163.06	199.95	230.69	267.33	304.70	400.31	146.75	179.95	207.61	240.60	274.23	360.28
66	187.87	230.04	265.22	307.61	350.83	457.35	169.09	207.04	238.69	276.85	315.78	411.63
67	207.63	254.01	291.89	338.90	386.93	500.06	186.87	228.60	262.69	305.01	348.24	450.06
68	231.38	283.77	319.16	369.72	423.20	560.11	208.24	255.38	287.24	332.74	380.91	504.11
69	254.61	312.78	347.26	401.40	460.44	620.86	229.15	281.49	312.51	361.25	414.41	558.76
70	282.42	341.88	376.71	434.64	499.48	684.02	254.19	307.71	339.02	391.18	449.54	615.63
71	309.84	369.47	405.39	467.06	537.56	746.63	278.85	332.53	364.85	420.35	483.79	671.98
72	339.00	398.11	435.80	501.53	578.11	806.18	305.12	358.28	392.23	451.37	520.30	725.57
73	364.42	419.65	464.62	537.74	620.21	862.15	327.97	377.68	418.16	483.95	558.16	775.94
74	392.10	442.74	496.46	577.73	666.73	911.60	352.88	398.46	446.80	519.95	600.05	820.45
75	422.85	477.99	542.77	621.95	718.25	967.37	380.57	430.18	488.50	559.75	646.43	870.64
76	457.42	519.31	596.53	670.63	775.11	1,030.37	411.68	467.37	536.89	603.56	697.60	927.32
77	496.45	566.31	656.95	723.85	837.44	1,101.09	446.80	509.67	591.24	651.46	753.68	990.96
78	544.46	624.14	729.61	803.93	931.06	1,223.32	490.02	561.73	656.65	723.54	837.95	1,100.99
79	594.54	684.98	805.12	887.12	1,028.62	1,353.45	535.08	616.47	724.61	798.41	925.76	1,218.11

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 20 Years

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL) Benefit Period						Non Integrated - Home Health Care (HHC) (2PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	58.88	62.63	72.29	78.73	82.66	112.53	13.10	16.28	18.24	19.86	20.85	27.80
36	59.26	63.36	73.29	79.81	83.79	113.32	13.46	16.64	18.62	20.27	21.29	28.38
37	59.31	63.76	73.86	80.43	84.45	113.55	13.72	16.93	18.92	20.60	21.64	28.74
38	59.47	64.40	74.64	80.56	84.71	114.83	14.25	17.44	19.39	20.91	21.99	29.68
39	59.72	65.05	75.43	80.79	84.97	114.44	14.67	17.84	19.80	21.20	22.29	30.02
40	60.09	65.72	76.26	81.14	85.33	114.40	14.99	18.19	20.14	21.42	22.54	30.31
41	60.24	65.99	76.73	81.19	85.32	114.13	15.15	18.35	20.34	21.52	22.60	30.45
42	60.55	66.26	77.33	81.41	85.47	114.31	15.24	18.48	20.50	21.56	22.64	30.55
43	61.34	67.47	78.24	84.00	88.14	116.96	15.40	18.63	20.66	22.20	23.31	31.23
44	61.94	68.51	78.91	86.27	90.46	119.27	15.47	18.67	20.73	22.67	23.78	31.69
45	62.73	69.74	79.81	88.69	92.98	121.89	15.55	18.71	20.82	23.13	24.25	32.16
46	63.71	71.36	81.29	91.33	95.77	124.83	15.65	18.87	20.98	23.57	24.75	32.62
47	65.24	73.58	83.57	94.73	99.46	128.85	15.91	19.16	21.33	24.17	25.38	33.27
48	67.12	76.02	86.61	98.85	104.44	134.51	16.25	19.48	21.68	24.72	26.12	34.00
49	69.31	79.27	90.76	103.52	109.87	140.83	16.72	20.14	22.34	25.49	26.98	34.98
50	71.11	81.95	94.51	107.62	114.64	146.32	17.20	20.71	22.93	26.12	27.71	35.80
51	73.39	85.02	98.99	112.54	120.21	152.75	17.85	21.49	23.74	27.00	28.64	36.87
52	75.34	87.63	103.19	117.04	125.36	158.50	18.49	22.25	24.50	27.81	29.46	37.81
53	76.99	90.50	107.29	121.25	129.65	163.74	19.05	23.11	25.43	28.75	30.31	39.00
54	79.31	94.23	112.33	126.57	135.02	170.01	19.77	24.19	26.63	30.01	31.47	40.57
55	81.45	97.87	117.10	131.68	140.13	174.53	20.42	25.24	27.78	31.27	32.64	41.85
56	84.00	102.12	122.40	137.48	146.02	179.90	21.10	26.40	29.12	32.69	34.03	43.36
57	87.04	107.16	128.34	144.17	152.89	186.26	21.83	27.68	30.56	34.35	35.69	45.22
58	90.72	112.43	133.45	150.79	160.53	193.80	22.62	29.01	31.94	36.10	37.74	47.45
59	95.40	119.10	140.17	159.26	169.97	203.47	23.48	30.47	33.57	38.15	40.10	50.19
60	100.63	126.53	147.73	168.75	180.37	214.28	24.32	31.92	35.30	40.32	42.65	53.16
61	107.70	136.43	158.02	181.44	194.13	228.95	25.45	33.81	37.61	43.17	45.94	57.06
62	116.39	148.17	170.31	196.56	210.52	246.51	26.89	36.02	40.31	46.52	49.83	61.60
63	127.95	163.03	187.24	216.47	231.15	269.14	29.11	39.07	44.06	50.92	54.61	67.33
64	140.25	178.56	205.20	237.55	252.97	292.84	31.59	42.48	48.08	55.67	59.68	73.26
65	154.59	196.37	226.02	261.90	278.25	320.20	34.75	46.71	52.90	61.29	65.71	80.12
66	178.19	225.47	260.10	301.67	320.03	365.85	40.27	54.01	60.94	70.66	75.73	91.50
67	196.66	247.61	286.35	332.48	352.52	400.06	44.95	60.17	67.34	78.20	83.76	100.01
68	218.62	269.88	312.83	362.36	389.27	448.10	50.59	67.63	73.97	86.38	93.24	112.00
69	239.78	292.72	340.07	393.07	424.30	496.71	56.61	75.49	81.11	94.75	102.47	124.15
70	264.91	316.55	368.53	425.23	458.87	547.25	64.13	83.89	88.89	103.43	111.71	136.76
71	289.31	339.52	396.22	456.50	491.07	597.34	72.03	92.36	96.73	111.97	120.48	149.29
72	315.01	363.77	425.55	489.75	524.51	644.94	80.82	101.48	105.19	121.08	129.65	161.24
73	337.00	386.47	453.73	525.11	555.11	689.73	89.29	109.37	113.41	130.05	137.81	172.42
74	360.84	411.39	484.95	564.34	589.42	729.29	98.66	117.80	122.31	139.96	146.77	182.31
75	387.36	448.03	530.46	607.83	628.65	773.90	109.00	129.49	134.73	150.94	156.79	193.47
76	417.24	490.45	583.42	655.87	673.75	824.29	120.47	142.82	148.87	163.11	168.12	206.07
77	451.14	537.94	643.00	708.51	725.33	880.88	133.13	157.57	164.48	176.52	180.89	220.21
78	493.17	595.10	714.78	787.59	806.21	978.65	148.15	175.08	182.91	196.65	200.77	244.66
79	537.06	654.17	789.48	869.91	893.08	1,082.77	163.58	193.08	201.77	217.73	221.92	270.68

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 20 Years

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	68.94	78.73	106.88	2.51	3.04	3.53	13.10	
36	69.78	79.81	107.68	2.55	3.07	3.56	13.46	
37	70.22	80.43	107.85	2.57	3.09	3.58	13.72	
38	70.23	80.56	109.07	2.58	3.10	3.59	14.25	
39	70.64	80.77	108.71	2.60	3.12	3.60	14.67	
40	71.38	81.12	108.67	2.64	3.15	3.63	14.99	
41	72.05	81.17	108.44	2.68	3.20	3.66	15.15	
42	73.00	81.41	108.59	2.71	3.23	3.69	15.24	
43	74.34	84.00	111.12	2.78	3.29	3.74	15.40	
44	75.47	86.27	113.32	2.85	3.34	3.79	15.47	
45	76.80	88.69	115.81	2.94	3.41	3.86	15.55	
46	78.59	91.32	118.58	3.04	3.51	3.97	15.65	
47	80.98	94.73	122.39	3.18	3.63	4.09	15.91	
48	83.65	98.84	127.79	3.33	3.79	4.25	16.25	
49	87.17	103.50	133.81	3.51	4.01	4.46	16.72	
50	90.04	107.62	139.00	3.64	4.19	4.64	17.20	
51	93.38	112.52	145.12	3.81	4.40	4.86	17.85	
52	96.19	117.04	150.56	3.97	4.59	5.08	18.49	
53	99.30	121.25	155.55	4.10	4.77	5.26	19.05	
54	103.34	126.57	161.50	4.27	5.02	5.52	19.77	
55	107.31	131.68	165.82	4.43	5.24	5.74	20.42	
56	111.94	137.48	170.89	4.63	5.52	6.02	21.10	
57	117.43	144.17	176.95	4.87	5.81	6.34	21.83	
58	123.14	150.79	184.10	5.13	6.13	6.64	22.62	
59	130.43	159.26	193.29	5.48	6.51	7.04	23.48	
60	138.54	168.75	203.55	5.85	6.98	7.48	24.32	
61	149.33	181.44	217.49	6.36	7.56	8.08	25.45	
62	162.12	196.56	234.17	6.99	8.26	8.77	26.89	
63	178.27	216.47	255.67	7.81	9.20	9.71	29.11	
64	195.14	237.55	278.17	8.72	10.21	10.72	31.59	
65	214.48	261.88	304.20	9.74	11.36	11.91	34.75	
66	246.09	301.67	347.54	11.40	13.19	13.79	40.27	
67	270.08	332.48	380.04	12.73	14.66	15.28	44.95	
68	294.01	364.53	425.68	14.25	16.38	16.98	50.59	
69	318.64	396.02	471.84	15.73	18.00	18.64	56.61	
70	344.38	427.88	519.90	17.49	19.64	20.29	64.13	
71	369.25	458.07	567.45	19.26	21.21	21.83	72.03	
72	395.50	489.75	612.71	21.17	22.82	23.45	80.82	
73	420.23	521.52	655.22	23.00	24.21	24.84	89.29	
74	447.36	557.18	692.83	25.08	25.75	26.38	98.66	
75	487.14	597.50	735.21	27.46	28.06	28.72	109.00	
76	533.17	643.11	783.07	30.20	30.83	31.51	120.47	
77	584.61	694.33	836.81	33.35	34.01	34.70	133.13	
78	646.45	772.84	929.74	37.24	37.93	38.66	148.15	
79	710.21	856.12	1,028.62	41.37	42.09	42.85	163.58	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 10 Years

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	49.98	54.88	60.56	65.94	73.81	88.85	44.97	49.38	54.51	59.36	66.43	79.97
36	50.15	54.97	61.08	66.52	74.44	89.13	45.14	49.49	54.96	59.86	66.99	80.23
37	50.69	55.48	62.02	67.53	75.60	90.06	45.62	49.92	55.81	60.78	68.04	81.05
38	51.23	55.87	62.89	67.87	76.09	90.58	46.11	50.28	56.60	61.08	68.49	81.54
39	51.73	56.25	63.71	68.24	76.55	91.29	46.56	50.64	57.35	61.41	68.90	82.16
40	51.86	56.26	64.08	68.17	76.45	91.55	46.67	50.63	57.67	61.36	68.80	82.40
41	52.40	56.68	64.90	68.65	76.92	92.67	47.16	51.01	58.41	61.79	69.22	83.40
42	52.60	56.70	65.30	68.74	76.94	93.32	47.33	51.03	58.77	61.86	69.26	84.00
43	53.26	57.51	66.01	70.88	79.27	94.86	47.92	51.76	59.40	63.81	71.34	85.39
44	53.64	58.10	66.39	72.59	81.12	95.94	48.27	52.27	59.76	65.33	73.01	86.35
45	54.53	59.26	67.42	74.91	83.69	97.94	49.07	53.32	60.69	67.42	75.33	88.14
46	55.17	60.35	68.39	76.83	85.88	99.46	49.67	54.30	61.55	69.16	77.29	89.51
47	56.02	61.58	69.62	78.92	88.34	101.20	50.42	55.42	62.66	71.01	79.50	91.08
48	57.87	63.79	72.20	82.42	92.70	104.44	52.09	57.42	64.98	74.18	83.44	94.01
49	59.72	66.37	75.39	85.96	97.14	107.61	53.76	59.74	67.84	77.37	87.43	96.86
50	61.20	68.43	78.10	88.96	101.01	110.00	55.08	61.58	70.30	80.05	90.90	98.99
51	63.24	71.00	81.60	92.75	105.86	113.23	56.92	63.90	73.45	83.47	95.28	101.92
52	64.96	73.12	84.74	96.11	110.27	115.79	58.47	65.79	76.27	86.51	99.25	104.21
53	66.92	76.05	88.59	100.13	115.14	119.02	60.22	68.45	79.74	90.11	103.62	107.12
54	68.53	78.72	92.07	103.75	119.48	121.71	61.68	70.84	82.85	93.36	107.52	109.55
55	70.37	81.72	95.86	107.80	124.26	124.87	63.32	73.55	86.28	97.03	111.84	112.40
56	73.04	85.84	100.84	113.29	130.60	129.62	65.74	77.26	90.76	101.97	117.53	116.67
57	75.54	89.92	105.62	118.65	136.71	134.19	67.99	80.94	95.06	106.81	123.04	120.77
58	78.63	94.63	109.95	124.22	142.94	139.85	70.77	85.16	98.94	111.80	128.65	125.86
59	82.42	100.10	115.48	131.21	150.72	147.05	74.18	90.10	103.93	118.09	135.66	132.36
60	87.08	106.54	122.36	139.78	160.25	155.98	78.37	95.87	110.12	125.81	144.22	140.40
61	92.73	114.12	130.72	150.09	171.71	166.81	83.45	102.72	117.64	135.09	154.55	150.12
62	98.92	122.15	139.60	161.10	183.93	178.34	89.02	109.95	125.64	144.97	165.53	160.50
63	108.29	133.43	153.15	177.05	201.92	194.76	97.47	120.09	137.83	159.34	181.72	175.28
64	118.34	145.46	167.55	193.94	221.07	211.91	106.51	130.92	150.80	174.56	198.97	190.71
65	129.25	158.50	182.86	211.91	241.53	229.94	116.33	142.64	164.57	190.72	217.38	206.95
66	148.92	182.35	210.24	243.84	278.10	262.70	134.03	164.11	189.21	219.45	250.31	236.44
67	164.32	201.02	231.00	268.21	306.22	286.78	147.89	180.91	207.89	241.39	275.60	258.10
68	184.24	225.96	254.14	294.41	337.00	323.20	165.82	203.36	228.73	264.96	303.31	290.88
69	204.00	250.61	278.24	321.62	368.93	360.48	183.61	225.54	250.40	289.45	332.04	324.42
70	225.93	273.50	301.37	347.71	399.59	396.53	203.35	246.17	271.22	312.94	359.64	356.89
71	251.01	299.32	328.41	378.38	435.49	438.31	225.91	269.39	295.57	340.54	391.93	394.48
72	275.98	324.10	354.79	408.30	470.64	480.24	248.40	291.68	319.32	367.46	423.57	432.22
73	300.11	345.59	382.63	442.85	510.76	526.28	270.09	311.03	344.36	398.55	459.66	473.65
74	326.75	368.95	413.71	481.44	555.61	580.74	294.06	332.05	372.33	433.29	500.05	522.67
75	356.69	403.20	457.85	524.64	605.87	644.18	321.02	362.87	412.06	472.17	545.29	579.77
76	390.71	443.57	509.54	572.83	662.07	718.56	351.64	399.21	458.59	515.54	595.86	646.70
77	433.07	494.02	573.08	631.44	730.53	805.78	389.76	444.61	515.76	568.30	657.47	725.19
78	477.87	547.80	640.38	705.61	817.19	907.71	430.09	493.03	576.34	635.05	735.47	816.94
79	528.96	609.43	716.32	789.27	915.17	1,204.17	476.06	548.48	644.69	710.35	823.65	1,083.76

Mutual of Omaha Insurance Company

Policy Form: LTC04I-TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 10 Years

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL) Benefit Period						Non Integrated - Home Health Care (HHC) (2PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	47.30	50.32	58.08	63.25	66.40	71.24	10.52	13.08	14.65	15.95	16.75	17.60
36	47.27	50.55	58.47	63.67	66.85	71.28	10.74	13.28	14.86	16.17	16.99	17.85
37	47.58	51.16	59.25	64.53	67.75	71.87	11.01	13.58	15.18	16.53	17.36	18.19
38	47.71	51.67	59.88	64.63	67.96	71.98	11.43	13.99	15.55	16.78	17.64	18.60
39	47.91	52.19	60.52	64.81	68.17	72.32	11.77	14.31	15.89	17.01	17.88	18.97
40	47.87	52.35	60.75	64.64	67.97	72.38	11.94	14.49	16.04	17.06	17.96	19.18
41	48.26	52.87	61.48	65.04	68.35	73.15	12.14	14.70	16.29	17.24	18.11	19.51
42	48.44	53.01	61.87	65.13	68.37	73.64	12.19	14.78	16.40	17.25	18.11	19.68
43	49.07	53.98	62.59	67.20	70.51	74.87	12.32	14.91	16.53	17.76	18.64	19.99
44	49.48	54.73	63.04	68.92	72.26	75.80	12.36	14.91	16.56	18.11	19.00	20.14
45	50.40	56.03	64.12	71.26	74.70	77.49	12.50	15.03	16.73	18.59	19.49	20.45
46	51.12	57.26	65.22	73.28	76.83	78.85	12.56	15.14	16.84	18.91	19.86	20.60
47	51.96	58.61	66.57	75.45	79.22	80.43	12.67	15.26	16.99	19.25	20.22	20.77
48	53.77	60.91	69.39	79.20	83.67	83.36	13.02	15.61	17.37	19.81	20.93	21.07
49	55.53	63.51	72.72	82.93	88.02	86.20	13.40	16.14	17.90	20.42	21.61	21.41
50	56.89	65.56	75.61	86.10	91.71	88.37	13.76	16.57	18.34	20.90	22.17	21.62
51	58.71	68.01	79.19	90.03	96.17	91.22	14.28	17.19	18.99	21.60	22.91	22.02
52	60.18	70.00	82.43	93.49	100.14	93.49	14.77	17.77	19.57	22.21	23.53	22.30
53	61.87	72.72	86.22	97.44	104.18	96.12	15.31	18.57	20.44	23.10	24.36	22.90
54	63.26	75.16	89.60	100.96	107.69	98.26	15.77	19.29	21.24	23.94	25.10	23.45
55	64.86	77.94	93.26	104.87	111.60	100.72	16.27	20.10	22.12	24.90	26.00	24.15
56	67.30	81.82	98.06	110.15	116.99	104.44	16.90	21.15	23.33	26.19	27.26	25.18
57	69.63	85.73	102.67	115.34	122.31	107.98	17.46	22.14	24.45	27.48	28.55	26.22
58	72.57	89.94	106.76	120.63	128.43	112.35	18.10	23.21	25.55	28.88	30.19	27.51
59	76.32	95.28	112.14	127.41	135.97	117.96	18.78	24.38	26.86	30.52	32.08	29.09
60	81.00	101.84	118.90	135.83	145.18	124.98	19.58	25.69	28.41	32.45	34.33	31.01
61	86.68	109.81	127.19	146.04	156.25	133.53	20.49	27.21	30.27	34.75	36.98	33.28
62	92.97	118.35	136.04	157.01	168.16	142.69	21.48	28.77	32.20	37.16	39.81	35.66
63	102.20	130.22	149.56	172.91	184.64	155.79	23.25	31.21	35.19	40.67	43.62	38.97
64	112.03	142.63	163.91	189.75	202.06	169.50	25.24	33.93	38.40	44.47	47.67	42.40
65	122.54	155.66	179.16	207.60	220.57	183.92	27.55	37.03	41.93	48.58	52.09	46.02
66	141.25	178.72	206.17	239.13	253.68	210.15	31.92	42.81	48.30	56.01	60.03	52.56
67	155.64	195.96	226.62	263.13	278.99	229.43	35.57	47.62	53.29	61.89	66.29	57.35
68	174.09	214.91	249.10	288.55	309.98	258.57	40.28	53.86	58.90	68.79	74.25	64.63
69	192.12	234.54	272.48	314.95	339.97	288.39	45.36	60.49	64.99	75.91	82.10	72.09
70	211.93	253.24	294.83	340.19	367.10	317.25	51.30	67.12	71.11	82.75	89.36	79.28
71	234.38	275.06	320.99	369.82	397.83	350.67	58.36	74.82	78.36	90.71	97.60	87.64
72	256.45	296.14	346.45	398.70	427.01	384.19	65.80	82.61	85.64	98.57	105.55	96.05
73	277.53	318.27	373.66	432.44	457.15	421.03	73.53	90.07	93.40	107.10	113.49	105.25
74	300.70	342.83	404.12	470.28	491.18	464.60	82.21	98.16	101.92	116.64	122.30	116.14
75	326.75	377.93	447.47	512.73	530.29	515.35	91.95	109.23	113.65	127.33	132.26	128.83
76	356.39	418.93	498.33	560.22	575.49	574.85	102.90	121.99	127.16	139.32	143.60	143.71
77	393.55	469.27	560.92	618.06	632.73	644.63	116.14	137.45	143.48	153.98	157.79	161.15
78	432.86	522.32	627.36	691.27	707.61	726.17	130.03	153.67	160.54	172.60	176.21	181.54
79	477.83	582.02	702.41	773.96	794.58	963.35	145.54	171.78	179.52	193.72	197.44	240.82

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 10 Years

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	55.39	63.25	67.67	2.02	2.44	2.83	10.52	
36	55.67	63.67	67.73	2.03	2.45	2.84	10.74	
37	56.34	64.53	68.26	2.06	2.48	2.87	11.01	
38	56.34	64.63	68.37	2.07	2.49	2.88	11.43	
39	56.67	64.80	68.70	2.09	2.50	2.89	11.77	
40	56.87	64.62	68.75	2.10	2.51	2.90	11.94	
41	57.72	65.03	69.50	2.14	2.56	2.93	12.14	
42	58.40	65.13	69.96	2.17	2.58	2.95	12.19	
43	59.47	67.20	71.13	2.23	2.63	3.00	12.32	
44	60.29	68.92	72.02	2.28	2.67	3.03	12.36	
45	61.70	71.26	73.63	2.36	2.74	3.10	12.50	
46	63.05	73.26	74.91	2.44	2.82	3.19	12.56	
47	64.50	75.45	76.40	2.53	2.89	3.26	12.67	
48	67.01	79.18	79.20	2.67	3.03	3.40	13.02	
49	69.84	82.92	81.90	2.81	3.21	3.57	13.40	
50	72.03	86.10	83.95	2.91	3.36	3.72	13.76	
51	74.71	90.02	86.66	3.05	3.52	3.89	14.28	
52	76.84	93.49	88.80	3.17	3.66	4.05	14.77	
53	79.79	97.44	91.31	3.29	3.83	4.23	15.31	
54	82.43	100.96	93.34	3.40	4.00	4.40	15.77	
55	85.46	104.87	95.69	3.52	4.17	4.57	16.27	
56	89.68	110.15	99.22	3.71	4.42	4.82	16.90	
57	93.95	115.34	102.58	3.89	4.65	5.07	17.46	
58	98.51	120.63	106.72	4.11	4.91	5.31	18.10	
59	104.35	127.41	112.05	4.38	5.21	5.63	18.78	
60	111.51	135.83	118.72	4.71	5.61	6.02	19.58	
61	120.19	146.04	126.85	5.12	6.08	6.50	20.49	
62	129.50	157.01	135.55	5.58	6.60	7.01	21.48	
63	142.40	172.91	147.99	6.24	7.35	7.76	23.25	
64	155.88	189.75	161.01	6.97	8.15	8.56	25.24	
65	170.01	207.59	174.73	7.72	9.00	9.44	27.55	
66	195.07	239.13	199.63	9.04	10.46	10.93	31.92	
67	213.75	263.13	217.95	10.08	11.61	12.09	35.57	
68	234.12	290.27	245.63	11.35	13.04	13.52	40.28	
69	255.31	317.31	273.96	12.60	14.42	14.93	45.36	
70	275.51	342.30	301.39	13.99	15.71	16.23	51.30	
71	299.14	371.10	333.12	15.60	17.18	17.69	58.36	
72	321.98	398.70	364.99	17.23	18.57	19.09	65.80	
73	346.07	429.49	399.96	18.94	19.94	20.45	73.53	
74	372.80	464.31	441.37	20.90	21.46	21.99	82.21	
75	410.92	504.01	489.58	23.16	23.67	24.23	91.95	
76	455.42	549.32	546.10	25.79	26.33	26.91	102.90	
77	509.98	605.69	612.38	29.09	29.67	30.27	116.14	
78	567.39	678.32	689.87	32.68	33.29	33.93	130.03	
79	631.87	761.69	915.17	36.81	37.45	38.13	145.54	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Step-Rated

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2	3	4	5	6	Lifetime	2	3	4	5	6	Lifetime
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	48.60	56.40	64.14	71.85	79.51	113.18	43.73	50.75	57.73	64.67	71.57	101.86
36	48.69	56.66	64.54	72.33	80.04	113.48	43.83	51.01	58.07	65.09	72.03	102.14
37	49.18	57.37	65.44	73.36	81.16	114.65	44.27	51.63	58.89	66.03	73.04	103.19
38	50.18	58.73	67.08	75.21	83.12	115.32	45.16	52.86	60.38	67.69	74.81	103.80
39	51.05	59.93	68.54	76.86	84.91	115.34	45.95	53.95	61.70	69.17	76.42	103.80
40	52.02	61.24	70.12	78.68	86.93	116.48	46.82	55.11	63.11	70.82	78.24	104.84
41	52.94	62.44	71.59	80.38	88.81	116.99	47.65	56.19	64.44	72.35	79.92	105.30
42	53.97	63.82	73.28	82.34	91.02	118.67	48.57	57.44	65.95	74.10	81.94	106.81
43	55.69	65.89	75.69	85.06	94.03	120.63	50.12	59.30	68.10	76.57	84.62	108.57
44	56.84	67.30	77.33	86.92	96.10	121.92	51.16	60.55	69.60	78.23	86.49	109.73
45	58.89	69.76	80.17	90.14	99.67	124.46	52.99	62.77	72.17	81.12	89.71	112.01
46	58.33	70.21	79.57	92.41	102.27	126.31	52.51	63.18	71.61	83.18	92.04	113.67
47	58.16	70.14	79.30	93.45	104.61	129.46	52.34	63.12	71.38	84.09	94.14	116.51
48	59.38	71.58	81.03	95.15	107.02	132.55	53.45	64.43	72.92	85.64	96.33	119.32
49	61.05	73.49	83.47	97.59	110.29	136.58	54.96	66.14	75.12	87.83	99.26	122.93
50	62.30	74.74	85.32	99.31	112.76	139.52	56.07	67.26	76.79	89.36	101.48	125.56
51	64.16	76.61	88.04	101.94	116.34	143.62	57.74	68.94	79.24	91.74	104.71	129.27
52	65.64	77.91	90.29	103.98	119.30	146.77	59.08	70.10	81.26	93.59	107.37	132.09
53	66.26	78.75	91.74	105.48	121.30	149.64	59.63	70.88	82.57	94.93	109.16	134.69
54	67.52	80.49	94.14	108.12	124.50	154.17	60.77	72.43	84.72	97.29	112.05	138.76
55	69.00	82.53	96.82	111.14	128.11	159.37	62.09	74.29	87.14	100.04	115.31	143.45
56	70.18	84.33	99.07	113.79	131.18	164.08	63.16	75.90	89.17	102.42	118.05	147.69
57	72.24	87.31	102.55	117.96	135.92	171.15	65.02	78.59	92.30	106.19	122.33	154.03
58	74.41	90.80	105.49	121.79	140.15	178.38	66.97	81.71	94.93	109.61	126.13	160.53
59	77.17	94.86	109.44	126.81	145.67	187.55	69.46	85.39	98.49	114.14	131.11	168.81
60	80.64	99.69	114.50	133.11	152.60	198.95	72.57	89.71	103.04	119.81	137.34	179.07
61	85.71	105.39	120.72	140.76	161.05	212.76	77.13	94.86	108.64	126.69	144.94	191.48
62	91.93	112.13	128.14	149.87	171.10	229.21	82.73	100.93	115.32	134.86	153.98	206.27
63	99.29	120.37	138.15	161.63	184.33	248.25	89.37	108.33	124.34	145.47	165.90	223.42
64	107.92	129.95	149.68	175.07	199.55	270.11	97.13	116.95	134.72	157.57	179.60	243.09
65	116.13	138.87	160.22	187.29	213.48	290.47	104.52	124.98	144.19	168.57	192.13	261.42
66	132.97	158.00	182.17	212.74	242.63	331.86	119.68	142.20	163.95	191.47	218.39	298.68
67	145.64	171.99	197.64	230.60	263.28	357.44	131.07	154.79	177.87	207.54	236.95	321.69
68	165.90	192.04	216.00	251.31	287.67	398.37	149.31	172.83	194.40	226.17	258.92	358.54
69	185.02	209.68	232.80	270.16	309.90	429.68	166.53	188.71	209.50	243.13	278.91	386.70
70	206.52	229.91	253.33	292.00	335.57	464.10	185.88	206.93	227.99	262.80	302.02	417.70
71	229.44	256.03	280.92	315.06	362.62	499.23	206.49	230.43	252.83	283.55	326.34	449.31
72	254.25	284.58	311.52	339.57	391.42	535.84	228.84	256.11	280.38	305.61	352.28	482.26
73	278.67	312.75	346.27	370.42	427.23	587.56	250.80	281.48	311.64	333.37	384.49	528.81
74	305.84	344.37	386.15	410.49	473.73	646.87	275.24	309.92	347.53	369.44	426.36	582.18
75	336.55	380.44	432.00	459.24	530.35	715.71	302.90	342.39	388.80	413.31	477.31	644.14
76	371.65	421.94	484.68	515.26	595.53	796.00	334.49	379.74	436.22	463.73	535.98	716.39
77	408.42	465.90	540.47	574.54	664.69	882.02	367.58	419.31	486.41	517.08	598.21	793.80
78	454.37	520.86	608.88	647.28	749.64	994.03	408.93	468.78	548.00	582.55	674.67	894.63
79	507.11	584.25	686.72	730.01	846.45	1,124.03	456.39	525.82	618.05	657.01	761.81	1,011.63

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Step-Rated

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	46.00	51.71	61.51	68.91	71.53	90.75	10.23	13.44	15.52	17.38	18.04	22.42
36	45.90	52.10	61.78	69.23	71.87	90.75	10.42	13.68	15.70	17.58	18.26	22.72
37	46.17	52.90	62.52	70.10	72.74	91.49	10.68	14.04	16.01	17.95	18.64	23.16
38	46.73	54.32	63.87	71.62	74.23	91.64	11.20	14.71	16.59	18.59	19.27	23.68
39	47.28	55.60	65.10	73.00	75.61	91.37	11.62	15.25	17.09	19.15	19.83	23.97
40	48.02	56.98	66.48	74.60	77.29	92.09	11.98	15.77	17.55	19.69	20.42	24.40
41	48.76	58.24	67.82	76.16	78.91	92.36	12.27	16.20	17.97	20.18	20.91	24.64
42	49.70	59.66	69.43	78.01	80.89	93.64	12.51	16.64	18.40	20.66	21.42	25.03
43	51.32	61.85	71.77	80.64	83.64	95.21	12.88	17.08	18.95	21.31	22.12	25.42
44	52.44	63.40	73.42	82.52	85.61	96.32	13.09	17.28	19.29	21.68	22.51	25.60
45	54.43	65.96	76.26	85.75	88.96	98.48	13.50	17.70	19.89	22.36	23.20	25.98
46	54.05	66.62	75.88	88.14	91.50	100.14	13.28	17.61	19.59	22.75	23.65	26.17
47	53.95	66.76	75.82	89.35	93.81	102.90	13.16	17.38	19.35	22.80	23.94	26.57
48	55.17	68.35	77.87	91.44	96.60	105.81	13.35	17.52	19.49	22.87	24.16	26.74
49	56.77	70.32	80.51	94.15	99.93	109.41	13.70	17.87	19.81	23.18	24.54	27.18
50	57.92	71.61	82.59	96.11	102.38	112.09	14.01	18.10	20.04	23.33	24.75	27.43
51	59.57	73.38	85.44	98.95	105.69	115.70	14.49	18.55	20.49	23.74	25.18	27.93
52	60.81	74.58	87.83	101.15	108.34	118.50	14.92	18.93	20.85	24.03	25.46	28.27
53	61.26	75.31	89.28	102.65	109.76	120.85	15.16	19.23	21.16	24.34	25.66	28.79
54	62.33	76.85	91.61	105.21	112.23	124.47	15.54	19.73	21.72	24.94	26.16	29.70
55	63.60	78.72	94.19	108.13	115.06	128.54	15.95	20.30	22.35	25.68	26.80	30.82
56	64.66	80.38	96.34	110.64	117.51	132.21	16.24	20.78	22.92	26.31	27.38	31.87
57	66.58	83.24	99.69	114.67	121.60	137.72	16.70	21.50	23.74	27.32	28.38	33.44
58	68.68	86.30	102.43	118.27	125.91	143.29	17.13	22.26	24.51	28.31	29.60	35.09
59	71.46	90.30	106.28	123.14	131.42	150.45	17.59	23.10	25.46	29.50	31.00	37.11
60	75.01	95.29	111.26	129.35	138.25	159.40	18.13	24.04	26.58	30.90	32.69	39.55
61	80.12	101.40	117.46	136.97	146.55	170.31	18.93	25.13	27.96	32.59	34.68	42.44
62	86.40	108.64	124.87	146.06	156.43	183.38	19.96	26.41	29.55	34.57	37.03	45.83
63	93.71	117.47	134.92	157.85	168.56	198.57	21.32	28.15	31.75	37.13	39.82	49.68
64	102.16	127.42	146.43	171.28	182.40	216.06	23.01	30.31	34.31	40.14	43.03	54.05
65	110.10	136.38	156.98	183.49	194.95	232.34	24.75	32.44	36.74	42.94	46.04	58.13
66	126.12	154.86	178.65	208.63	221.33	265.46	28.50	37.09	41.85	48.87	52.37	66.39
67	137.94	167.67	193.89	226.23	239.87	285.95	31.53	40.74	45.60	53.21	57.00	71.48
68	156.75	182.65	211.71	246.31	264.60	318.71	36.27	45.77	50.06	58.72	63.38	79.66
69	174.25	196.24	227.98	264.55	285.57	343.76	41.14	50.61	54.38	63.77	68.97	85.92
70	193.72	212.87	247.83	285.68	308.28	371.31	46.89	56.42	59.78	69.49	75.05	92.79
71	214.24	235.28	274.56	307.94	331.26	399.41	53.34	64.00	67.03	75.53	81.27	99.82
72	236.26	260.03	304.20	331.59	355.13	428.67	60.62	72.54	75.20	81.98	87.78	107.17
73	257.70	288.03	338.15	361.72	382.38	470.05	68.28	81.51	84.52	89.58	94.93	117.51
74	281.46	319.98	377.20	400.98	418.80	517.50	76.95	91.62	95.13	99.45	104.28	129.37
75	308.31	356.59	422.21	448.81	464.19	572.57	86.76	103.07	107.23	111.45	115.77	143.14
76	339.01	398.49	474.03	503.92	517.65	636.80	97.88	116.04	120.95	125.32	129.17	159.20
77	371.15	442.56	528.99	562.36	575.71	705.62	109.53	129.63	135.31	140.10	143.57	176.40
78	411.57	496.63	596.51	634.13	649.11	795.22	123.63	146.11	152.64	158.33	161.65	198.81
79	458.08	557.97	673.38	715.85	734.92	899.23	139.52	164.69	172.10	179.17	182.62	224.79

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Step-Rated

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC
Issue	Non Integrated - NH (3PL) Benefit Period			Non Integrated - ALF (3PL) Benefit Period			Non Integrated - HHC (3 PL) Benefit Period
Age	3 3 Yr	5 5 Yr	Lifetime Unlimited	2 2 Yr	3 3 Yr	4 4 Yr	2 2 Yr
18-35	56.92	68.91	86.20	3.52	4.50	5.39	18.38
36	57.38	69.23	86.23	3.57	4.57	5.44	18.86
37	58.26	70.10	86.90	3.61	4.64	5.48	19.32
38	59.24	71.62	87.05	3.69	4.76	5.58	20.34
39	60.38	72.98	86.79	3.77	4.87	5.69	21.23
40	61.90	74.58	87.48	3.87	5.00	5.77	21.99
41	63.59	76.14	87.75	4.00	5.11	5.86	22.65
42	65.74	78.01	88.96	4.07	5.15	5.88	22.87
43	68.14	80.64	90.45	4.07	5.24	5.97	22.50
44	69.84	82.52	91.52	4.03	5.18	5.89	21.82
45	72.64	85.75	93.57	4.01	5.13	5.81	21.23
46	73.36	88.12	95.13	4.03	5.11	5.78	20.70
47	73.47	89.35	97.74	4.06	5.08	5.73	20.30
48	75.20	91.42	100.52	4.22	5.24	5.88	20.56
49	77.32	94.14	103.95	4.35	5.39	6.00	20.76
50	78.68	96.11	106.48	4.48	5.54	6.14	21.19
51	80.60	98.93	109.92	4.65	5.72	6.31	21.79
52	81.87	101.15	112.56	4.81	5.85	6.48	22.39
53	82.63	102.65	114.81	4.91	5.97	6.59	22.80
54	84.28	105.21	118.24	5.02	6.12	6.73	23.25
55	86.32	108.13	122.13	5.14	6.27	6.87	23.73
56	88.11	110.64	125.60	5.32	6.48	7.07	24.23
57	91.22	114.67	130.83	5.52	6.70	7.30	24.77
58	94.52	118.27	136.12	5.73	6.95	7.52	25.27
59	98.89	123.14	142.92	6.02	7.24	7.83	25.80
60	104.34	129.35	151.42	6.37	7.67	8.22	26.45
61	110.99	136.97	161.79	6.87	8.15	8.71	27.47
62	118.87	146.06	174.20	7.52	8.79	9.33	28.96
63	128.46	157.85	188.64	8.32	9.64	10.18	31.01
64	139.25	171.28	205.24	9.19	10.53	11.06	33.29
65	148.96	183.47	220.73	10.14	11.53	12.09	36.19
66	169.02	208.63	252.18	11.66	13.09	13.69	41.19
67	182.88	226.23	271.64	12.87	14.31	14.90	45.42
68	198.98	247.78	302.76	14.38	15.59	16.16	51.03
69	213.61	266.53	326.55	15.73	16.60	17.19	56.61
70	231.59	287.46	352.75	17.16	17.73	18.31	62.93
71	255.88	309.00	379.42	18.53	19.09	19.65	69.30
72	282.72	331.59	407.25	19.95	20.49	21.07	76.16
73	313.19	359.25	446.54	21.79	22.36	22.94	84.62
74	347.96	395.89	491.63	23.91	24.48	25.08	94.05
75	387.73	441.18	543.95	26.34	26.92	27.55	104.55
76	433.20	494.11	604.96	29.36	29.97	30.63	117.12
77	480.96	551.10	670.32	32.64	33.29	33.96	130.30
78	539.48	622.25	755.47	36.43	37.11	37.82	144.95
79	605.76	704.50	854.26	40.76	41.47	42.22	161.18

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Step-Rated

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	64.51	74.84	85.11	93.03	104.13	131.18
36	64.69	75.28	85.76	93.89	105.07	131.67
37	65.34	76.22	86.94	95.31	106.70	133.03
38	66.93	78.33	89.48	96.74	108.47	133.81
39	68.06	79.91	91.40	97.50	109.38	133.97
40	69.64	81.79	93.15	98.90	110.90	135.30
41	70.84	81.95	93.83	99.67	111.68	136.04
42	72.19	82.66	95.20	101.20	113.27	137.99
43	71.52	84.25	96.71	102.86	115.03	140.26
44	69.87	83.30	95.19	104.02	116.24	141.92
45	69.01	82.69	94.09	106.08	118.52	144.88
46	67.98	81.82	92.73	107.70	120.38	147.20
47	67.31	81.19	91.79	108.17	121.08	149.85
48	68.80	82.95	93.89	110.26	124.01	153.59
49	69.77	83.99	95.40	111.54	126.04	156.09
50	70.78	84.91	96.92	112.81	128.09	158.49
51	71.86	85.80	98.60	114.17	130.30	160.86
52	73.58	87.33	101.21	116.56	133.73	164.52
53	74.34	88.35	102.92	118.35	136.09	167.89
54	75.20	89.65	104.85	120.42	138.68	171.72
55	76.86	91.93	107.84	123.79	142.69	177.51
56	78.23	94.00	110.44	126.85	146.23	182.91
57	80.53	97.33	114.32	131.50	151.51	190.80
58	82.95	101.21	117.60	135.77	156.23	198.85
59	85.39	104.97	121.10	140.32	161.19	207.54
60	89.23	110.31	126.70	147.30	168.87	220.15
61	94.14	115.76	132.59	154.61	176.89	233.68
62	100.97	123.16	140.74	164.61	187.93	251.75
63	109.96	133.30	153.00	178.99	204.14	274.92
64	118.62	142.84	164.52	192.43	219.34	296.89
65	129.79	155.21	179.07	209.33	238.59	324.65
66	147.50	175.26	202.07	235.98	269.14	368.11
67	161.68	190.94	219.42	256.01	292.29	401.89
68	181.36	209.95	236.13	274.74	314.49	435.50
69	200.84	227.61	252.69	293.25	336.38	466.41
70	220.64	245.63	270.65	311.97	358.51	495.83
71	243.16	271.35	297.72	333.91	384.31	529.10
72	265.12	296.74	324.84	354.08	408.15	558.74
73	288.20	323.45	358.11	383.09	441.83	607.65
74	316.29	356.14	399.35	424.53	489.93	668.98
75	345.18	390.19	443.08	471.01	543.95	734.07
76	381.18	432.76	497.11	528.47	610.80	816.41
77	422.51	481.97	559.10	594.35	687.61	912.43
78	470.04	538.82	629.88	669.60	775.49	1,028.30
79	520.22	599.36	704.48	748.89	868.34	1,153.09

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 50% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	58.05	67.35	76.61	83.74	93.73	118.07
36	58.23	67.77	77.16	84.49	94.56	118.51
37	58.81	68.58	78.24	85.79	96.03	119.73
38	60.23	70.50	80.54	87.07	97.62	120.44
39	61.26	71.94	82.27	87.75	98.44	120.57
40	62.67	73.60	83.83	89.02	99.81	121.78
41	63.76	73.75	84.46	89.71	100.50	122.44
42	64.96	74.40	85.68	91.08	101.97	124.20
43	64.35	75.82	87.02	92.59	103.52	126.25
44	62.89	74.95	85.68	93.62	104.62	127.73
45	62.09	74.41	84.69	95.47	106.68	130.38
46	61.20	73.63	83.45	96.93	108.33	132.47
47	60.58	73.06	82.62	97.33	108.97	134.86
48	61.93	74.66	84.50	99.23	111.62	138.26
49	62.81	75.59	85.85	100.38	113.43	140.50
50	63.70	76.41	87.23	101.52	115.28	142.64
51	64.67	77.22	88.75	102.75	117.28	144.78
52	66.23	78.58	91.09	104.92	120.36	148.07
53	66.90	79.53	92.64	106.50	122.47	151.11
54	67.69	80.68	94.36	108.37	124.80	154.56
55	69.16	82.74	97.05	111.43	128.44	159.77
56	70.41	84.61	99.40	114.17	131.60	164.63
57	72.48	87.60	102.89	118.37	136.36	171.71
58	74.65	91.09	105.83	122.19	140.60	178.95
59	76.86	94.49	108.99	126.30	145.09	186.80
60	80.31	99.27	114.02	132.58	151.97	198.15
61	84.71	104.19	119.32	139.16	159.20	210.31
62	90.87	110.85	126.67	148.13	169.13	226.56
63	98.97	119.97	137.70	161.10	183.72	247.42
64	106.76	128.55	148.08	173.20	197.42	267.20
65	116.81	139.69	161.16	188.40	214.73	292.18
66	132.75	157.74	181.86	212.38	242.25	331.31
67	145.51	171.84	197.47	230.41	263.06	361.70
68	163.22	188.95	212.52	247.26	283.05	391.96
69	180.76	204.83	227.41	263.91	302.75	419.76
70	198.59	221.08	243.58	280.77	322.67	446.26
71	218.85	244.22	267.95	300.52	345.87	476.20
72	238.62	267.06	292.36	318.67	367.33	502.87
73	259.38	291.10	322.30	344.77	397.64	546.89
74	284.65	320.52	359.41	382.07	440.94	602.09
75	310.67	351.17	398.77	423.91	489.55	660.66
76	343.07	389.47	447.41	475.62	549.72	734.76
77	380.26	433.76	503.18	534.91	618.84	821.18
78	423.04	484.94	566.89	602.64	697.93	925.48
79	468.19	539.42	634.03	674.00	781.51	1,037.79

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Step-Rated

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	61.06	68.62	81.62	89.23	93.68	105.19	13.58	17.83	20.59	22.51	23.63	25.99
36	60.98	69.22	82.09	89.86	94.35	105.30	13.85	18.18	20.86	22.82	23.98	26.37
37	61.33	70.28	83.06	91.08	95.63	106.16	14.18	18.66	21.27	23.33	24.50	26.87
38	62.33	72.45	85.19	92.13	96.87	106.33	14.93	19.61	22.13	23.91	25.15	27.48
39	63.04	74.14	86.81	92.60	97.40	106.13	15.49	20.33	22.79	24.30	25.55	27.84
40	64.28	76.10	88.31	93.77	98.61	106.96	16.04	21.07	23.32	24.76	26.05	28.34
41	65.25	76.45	88.89	94.43	99.24	107.39	16.41	21.26	23.56	25.03	26.29	28.65
42	66.48	77.27	90.19	95.88	100.66	108.88	16.74	21.55	23.91	25.40	26.66	29.10
43	65.90	79.07	91.70	97.52	102.32	110.70	16.54	21.84	24.22	25.77	27.05	29.56
44	64.46	78.47	90.39	98.76	103.55	112.12	16.10	21.38	23.75	25.95	27.22	29.79
45	63.78	78.19	89.49	100.92	105.79	114.63	15.81	20.98	23.35	26.32	27.59	30.25
46	62.98	77.63	88.43	102.71	107.70	116.70	15.47	20.53	22.83	26.51	27.84	30.49
47	62.44	77.27	87.77	103.42	108.59	119.10	15.23	20.12	22.40	26.39	27.71	30.75
48	63.93	79.20	90.23	105.95	111.94	122.60	15.47	20.30	22.58	26.50	28.00	30.99
49	64.88	80.36	92.02	107.61	114.21	125.03	15.65	20.42	22.64	26.49	28.04	31.06
50	65.79	81.35	93.82	109.19	116.30	127.33	15.92	20.56	22.76	26.50	28.11	31.16
51	66.71	82.18	95.70	110.82	118.38	129.58	16.23	20.77	22.95	26.59	28.20	31.28
52	68.17	83.61	98.45	113.38	121.44	132.84	16.73	21.22	23.38	26.94	28.54	31.69
53	68.73	84.49	100.16	115.16	123.14	135.59	17.01	21.57	23.74	27.31	28.79	32.30
54	69.42	85.59	102.04	117.18	125.00	138.64	17.31	21.97	24.19	27.78	29.13	33.09
55	70.84	87.68	104.91	120.44	128.16	143.18	17.77	22.61	24.89	28.60	29.85	34.33
56	72.07	89.61	107.39	123.34	130.99	147.39	18.10	23.17	25.55	29.33	30.53	35.53
57	74.22	92.79	111.13	127.82	135.55	153.52	18.62	23.96	26.47	30.45	31.64	37.27
58	76.56	96.20	114.19	131.84	140.36	159.73	19.09	24.82	27.33	31.56	32.99	39.11
59	79.07	99.92	117.60	136.26	145.42	166.48	19.46	25.57	28.17	32.64	34.30	41.06
60	83.00	105.45	123.11	143.13	152.99	176.39	20.06	26.60	29.42	34.20	36.17	43.76
61	88.00	111.38	129.01	150.44	160.96	187.07	20.80	27.60	30.71	35.79	38.09	46.62
62	94.90	119.32	137.15	160.42	171.82	201.41	21.92	29.01	32.46	37.97	40.67	50.34
63	103.78	130.09	149.41	174.81	186.67	219.91	23.61	31.18	35.16	41.12	44.10	55.01
64	112.29	140.06	160.95	188.27	200.49	237.48	25.30	33.32	37.71	44.12	47.30	59.41
65	123.05	152.43	175.45	205.08	217.88	259.67	27.66	36.26	41.06	47.99	51.45	64.97
66	139.89	171.78	198.16	231.43	245.51	294.46	31.61	41.15	46.43	54.21	58.09	73.65
67	153.14	186.14	215.25	251.16	266.30	321.52	35.00	45.23	50.62	59.07	63.28	80.37
68	171.36	199.68	231.45	269.27	289.27	348.42	39.65	50.04	54.72	64.19	69.29	87.09
69	189.14	213.01	247.46	287.16	309.98	373.14	44.65	54.93	59.03	69.22	74.86	93.27
70	206.96	227.43	264.78	305.22	329.36	396.70	50.10	60.28	63.86	74.24	80.18	99.14
71	227.06	249.35	290.99	326.36	351.08	423.31	56.53	67.83	71.04	80.05	86.13	105.80
72	246.35	271.15	317.20	345.76	370.31	446.99	63.21	75.64	78.41	85.48	91.54	111.75
73	266.51	297.88	349.71	374.09	395.46	486.12	70.62	84.30	87.41	92.65	98.17	121.52
74	291.08	330.92	390.09	414.69	433.12	535.19	79.58	94.76	98.39	102.85	107.85	133.79
75	316.21	365.74	433.03	460.32	476.09	587.26	88.98	105.71	109.98	114.31	118.74	146.81
76	347.70	408.71	486.18	516.84	530.93	653.13	100.39	119.02	124.06	128.53	132.48	163.28
77	383.95	457.82	547.24	581.75	595.56	729.95	113.30	134.10	139.98	144.94	148.52	182.48
78	425.76	513.76	617.08	655.99	671.50	822.64	127.90	151.15	157.91	163.79	167.22	205.66
79	469.93	572.40	690.80	734.36	753.92	922.49	143.13	168.94	176.55	183.81	187.34	230.61

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Step-Rated

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC
Issue	Non Integrated - NH (3PL) Benefit Period			Non Integrated - ALF (3PL) Benefit Period			Non Integrated - HHC (3 PL) Benefit Period
Age	3 3 Yr	5 5 Yr	Lifetime Unlimited	2 2 Yr	3 3 Yr	4 4 Yr	2 2 Yr
18-35	75.54	89.23	99.91	2.60	3.33	3.98	13.58
36	76.23	89.86	100.06	2.62	3.36	3.99	13.85
37	77.39	91.08	100.83	2.65	3.41	4.03	14.18
38	79.00	92.13	101.00	2.71	3.49	4.10	14.93
39	80.51	92.58	100.81	2.75	3.55	4.15	15.49
40	82.66	93.75	101.61	2.82	3.65	4.21	16.04
41	83.46	94.41	102.03	2.90	3.71	4.24	16.41
42	85.14	95.88	103.44	2.98	3.77	4.31	16.74
43	87.13	97.52	105.18	2.99	3.85	4.39	16.54
44	86.44	98.76	106.53	2.97	3.82	4.35	16.10
45	86.11	100.92	108.92	2.99	3.82	4.33	15.81
46	85.49	102.69	110.86	3.01	3.82	4.32	15.47
47	85.04	103.42	113.14	3.05	3.81	4.30	15.23
48	87.14	105.93	116.48	3.18	3.95	4.43	15.47
49	88.37	107.59	118.79	3.28	4.07	4.52	15.65
50	89.38	109.19	120.97	3.37	4.16	4.61	15.92
51	90.27	110.81	123.11	3.46	4.26	4.70	16.23
52	91.77	113.38	126.18	3.59	4.37	4.84	16.73
53	92.70	115.16	128.81	3.66	4.45	4.91	17.01
54	93.87	117.18	131.70	3.74	4.56	5.01	17.31
55	96.14	120.44	136.03	3.85	4.70	5.14	17.77
56	98.22	123.34	140.01	3.97	4.84	5.28	18.10
57	101.69	127.82	145.85	4.15	5.03	5.49	18.62
58	105.36	131.84	151.74	4.33	5.25	5.68	19.09
59	109.43	136.26	158.15	4.54	5.46	5.90	19.46
60	115.46	143.13	167.56	4.83	5.81	6.24	20.06
61	121.91	150.44	177.71	5.20	6.17	6.60	20.80
62	130.56	160.42	191.34	5.70	6.66	7.07	21.92
63	142.26	174.81	208.90	6.34	7.34	7.75	23.61
64	153.06	188.27	225.59	6.98	8.01	8.41	25.30
65	166.49	205.06	246.70	7.75	8.81	9.24	27.66
66	187.49	231.43	279.72	8.95	10.05	10.50	31.61
67	203.03	251.16	305.43	9.92	11.02	11.49	35.00
68	217.53	270.88	330.98	11.17	12.12	12.56	39.65
69	231.87	289.31	354.46	12.41	13.10	13.56	44.65
70	247.43	307.12	376.86	13.66	14.11	14.58	50.10
71	271.19	327.49	402.12	15.12	15.57	16.03	56.53
72	294.80	345.76	424.65	16.56	17.01	17.48	63.21
73	323.89	371.53	461.80	18.19	18.66	19.14	70.62
74	359.85	409.43	508.43	20.23	20.72	21.22	79.58
75	397.67	452.50	557.89	22.42	22.91	23.45	88.98
76	444.31	506.78	620.47	25.16	25.69	26.26	100.39
77	497.54	570.11	693.43	28.38	28.94	29.53	113.30
78	558.08	643.70	781.53	32.15	32.75	33.37	127.90
79	621.43	722.72	876.36	36.20	36.83	37.50	143.13

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Step-Rated

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2	3	4	5	6	Lifetime	2	3	4	5	6	Lifetime
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	79.58	85.52	94.38	100.32	112.30	141.47	71.61	76.96	84.95	90.31	101.08	127.33
36	80.42	86.28	95.86	101.92	114.05	142.93	72.39	77.67	86.25	91.72	102.65	128.65
37	81.29	87.07	97.34	103.47	115.83	144.41	73.16	78.35	87.60	93.13	104.24	129.97
38	82.15	87.85	98.89	105.02	117.74	145.25	73.93	79.06	89.01	94.52	105.97	130.75
39	82.95	88.60	100.35	106.54	119.52	146.39	74.66	79.76	90.33	95.88	107.57	131.75
40	83.24	88.83	101.17	107.41	120.45	146.95	74.91	79.94	91.05	96.68	108.41	132.26
41	84.10	89.60	102.59	108.97	122.10	148.74	75.70	80.64	92.34	98.09	109.88	133.87
42	84.28	90.37	104.08	110.65	123.84	150.86	75.84	81.34	93.67	99.58	111.49	135.79
43	81.44	92.11	105.74	112.46	125.77	153.35	73.29	82.90	95.14	101.23	113.18	138.03
44	78.53	93.58	106.94	113.80	127.16	155.25	70.68	84.20	96.25	102.42	114.45	139.73
45	76.49	93.73	106.64	116.05	129.66	158.49	68.83	84.34	95.99	104.44	116.70	142.63
46	74.81	92.85	105.23	118.61	132.58	162.11	67.34	83.55	94.70	106.76	119.31	145.90
47	73.09	91.66	103.63	119.94	134.26	165.14	65.78	82.49	93.27	107.92	120.82	148.62
48	73.96	92.55	104.76	121.15	136.26	169.37	66.57	83.30	94.28	109.04	122.65	152.46
49	74.29	92.66	105.25	121.50	137.30	172.35	66.87	83.40	94.71	109.35	123.57	155.13
50	75.11	93.21	106.39	122.59	139.19	176.35	67.60	83.88	95.76	110.31	125.27	158.71
51	75.52	93.12	107.02	122.96	140.34	179.24	67.97	83.81	96.33	110.66	126.31	161.33
52	76.53	93.64	108.52	124.31	142.62	183.46	68.88	84.26	97.67	111.89	128.36	165.11
53	78.24	95.34	111.06	126.86	145.88	188.57	70.41	85.82	99.96	114.16	131.28	169.73
54	79.59	96.71	113.11	128.88	148.42	193.03	71.63	87.03	101.79	115.98	133.57	173.74
55	81.70	99.03	116.17	132.13	152.31	199.54	73.51	89.14	104.55	118.93	137.09	179.60
56	84.58	101.85	119.65	135.98	156.76	207.12	76.12	91.66	107.69	122.39	141.07	186.42
57	87.56	104.56	122.81	139.59	160.83	214.64	78.81	94.11	110.54	125.65	144.75	193.17
58	89.95	107.21	124.56	142.16	163.59	220.78	80.95	96.48	112.09	127.95	147.22	198.69
59	93.04	110.38	127.34	145.93	167.64	229.06	83.74	99.35	114.60	131.35	150.89	206.18
60	96.98	114.23	131.20	150.95	173.05	239.72	87.27	102.80	118.07	135.87	155.74	215.76
61	101.86	118.86	136.14	157.19	179.85	251.87	91.67	106.98	122.52	141.48	161.86	226.68
62	107.75	124.36	142.12	164.70	188.03	264.01	96.97	111.94	127.91	148.21	169.22	237.60
63	116.53	135.55	155.58	180.47	205.82	289.33	104.88	121.99	140.02	162.42	185.24	260.39
64	125.76	147.51	169.91	197.19	224.76	314.75	113.18	132.76	152.92	177.48	202.30	283.27
65	135.65	160.59	185.28	215.09	245.16	339.29	122.08	144.53	166.74	193.58	220.64	305.36
66	154.20	184.58	212.81	247.05	281.77	384.84	138.79	166.12	191.53	222.35	253.61	346.37
67	169.09	204.99	235.55	273.50	312.26	420.30	152.18	184.48	211.99	246.15	281.04	378.27
68	188.39	230.20	258.91	300.74	344.24	463.30	169.55	207.17	233.02	270.65	309.83	416.98
69	208.74	257.12	285.47	331.63	380.41	509.03	187.88	231.40	256.91	298.46	342.38	458.11
70	229.46	285.01	314.05	364.88	419.32	555.76	206.53	256.52	282.63	328.40	377.39	500.20
71	251.01	314.59	345.17	401.11	461.65	604.87	225.91	283.14	310.65	361.00	415.47	544.39
72	273.81	346.56	379.37	440.87	501.02	657.51	246.44	311.89	341.44	396.77	450.91	591.77
73	298.32	382.07	423.01	492.53	553.61	717.98	268.48	343.86	380.71	443.27	498.23	646.19
74	332.39	422.01	473.21	552.14	609.88	787.19	299.14	379.80	425.88	496.92	548.89	708.47
75	371.23	466.71	531.08	615.16	678.22	867.39	334.11	420.04	477.97	553.65	610.39	780.65
76	419.34	518.19	602.64	687.60	758.66	968.62	377.41	466.36	542.38	618.84	682.79	871.75
77	462.37	575.84	677.98	769.03	849.31	1,078.21	416.13	518.25	610.17	692.13	764.36	970.38
78	499.81	626.72	740.66	841.91	930.78	1,215.14	449.83	564.05	666.59	757.72	837.70	1,093.63
79	540.68	681.78	808.33	920.63	1,019.04	1,334.09	486.61	613.60	727.50	828.57	917.14	1,200.68

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Step-Rated

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	75.32	78.42	90.51	96.23	101.03	113.44	16.76	20.38	22.84	24.27	25.48	28.03
36	75.80	79.33	91.76	97.55	102.42	114.31	17.21	20.83	23.32	24.77	26.03	28.62
37	76.30	80.29	92.99	98.87	103.81	115.24	17.65	21.31	23.82	25.32	26.60	29.17
38	76.51	81.24	94.15	100.01	105.15	115.42	18.33	22.00	24.45	25.96	27.30	29.83
39	76.83	82.20	95.32	101.19	106.43	115.97	18.88	22.54	25.02	26.55	27.92	30.42
40	76.84	82.65	95.91	101.84	107.09	116.17	19.17	22.88	25.33	26.89	28.29	30.78
41	77.47	83.58	97.18	103.25	108.50	117.41	19.49	23.24	25.76	27.36	28.74	31.32
42	77.62	84.49	98.61	104.83	110.06	119.04	19.54	23.56	26.14	27.77	29.15	31.82
43	75.04	86.45	100.26	106.62	111.87	121.04	18.84	23.88	26.48	28.18	29.58	32.32
44	72.45	88.15	101.54	108.04	113.28	122.66	18.09	24.02	26.68	28.39	29.78	32.59
45	70.70	88.63	101.43	110.40	115.73	125.40	17.53	23.78	26.46	28.79	30.19	33.09
46	69.31	88.10	100.35	113.12	118.61	128.53	17.03	23.29	25.90	29.20	30.66	33.58
47	67.80	87.24	99.09	114.67	120.40	131.25	16.54	22.72	25.29	29.26	30.73	33.89
48	68.72	88.36	100.67	116.42	123.00	135.20	16.63	22.65	25.20	29.12	30.77	34.17
49	69.07	88.66	101.52	117.22	124.41	138.06	16.67	22.53	24.98	28.86	30.55	34.30
50	69.81	89.30	102.99	118.65	126.38	141.68	16.89	22.57	24.99	28.80	30.55	34.67
51	70.11	89.20	103.86	119.36	127.49	144.39	17.05	22.55	24.91	28.63	30.38	34.85
52	70.90	89.65	105.56	120.92	129.52	148.13	17.40	22.76	25.07	28.73	30.44	35.34
53	72.34	91.17	108.09	123.45	132.00	152.30	17.90	23.28	25.62	29.27	30.86	36.28
54	73.47	92.34	110.07	125.41	133.78	155.84	18.32	23.70	26.09	29.73	31.18	37.19
55	75.31	94.45	113.01	128.55	136.79	160.94	18.88	24.36	26.81	30.53	31.86	38.59
56	77.92	97.08	116.35	132.22	140.42	166.89	19.57	25.10	27.68	31.44	32.72	40.23
57	80.71	99.69	119.39	135.69	143.89	172.71	20.24	25.75	28.43	32.32	33.59	41.93
58	83.02	101.89	120.95	138.05	146.97	177.35	20.70	26.29	28.95	33.05	34.55	43.43
59	86.15	105.06	123.66	141.71	151.24	183.74	21.20	26.88	29.62	33.95	35.68	45.32
60	90.20	109.19	127.49	146.68	156.78	192.07	21.80	27.54	30.46	35.05	37.07	47.65
61	95.22	114.36	132.46	152.96	163.65	201.63	22.50	28.34	31.53	36.39	38.73	50.25
62	101.27	120.49	138.50	160.51	171.91	211.22	23.39	29.29	32.78	37.99	40.70	52.79
63	109.98	132.29	151.94	176.25	188.21	231.44	25.02	31.71	35.75	41.46	44.46	57.90
64	119.05	144.64	166.22	192.92	205.44	251.77	26.82	34.41	38.94	45.21	48.47	62.99
65	128.60	157.71	181.53	210.72	223.87	271.39	28.91	37.52	42.49	49.31	52.87	67.90
66	146.25	180.91	208.70	242.28	257.03	307.85	33.05	43.33	48.90	56.75	60.82	76.99
67	160.15	199.83	231.08	268.32	284.49	336.24	36.61	48.55	54.34	63.11	67.60	84.06
68	178.01	218.94	253.78	294.75	316.64	370.65	41.19	54.87	60.00	70.26	75.85	92.64
69	196.59	240.63	279.56	324.75	350.55	407.24	46.41	62.06	66.68	78.28	84.66	101.79
70	215.24	263.89	307.23	356.99	385.23	444.64	52.10	69.94	74.10	86.83	93.78	111.12
71	234.38	289.09	337.36	392.04	421.73	483.92	58.36	78.64	82.36	96.16	103.47	120.95
72	254.43	316.67	370.45	430.51	454.56	526.00	65.28	88.34	91.57	106.43	112.36	131.51
73	275.87	351.86	413.10	480.96	495.50	574.39	73.09	99.58	103.25	119.11	123.01	143.59
74	305.89	392.13	462.24	539.34	539.16	629.76	83.63	112.28	116.58	133.77	134.25	157.43
75	340.07	437.46	519.04	601.20	593.61	693.91	95.69	126.44	131.82	149.30	148.05	173.47
76	382.51	489.39	589.38	672.47	659.45	774.90	110.44	142.51	150.39	167.23	164.55	193.72
77	420.18	546.99	663.59	752.73	735.61	862.58	123.99	160.22	169.74	187.53	183.45	215.64
78	452.73	597.57	725.60	824.80	805.97	972.11	136.00	175.81	185.68	205.94	200.71	243.03
79	488.42	651.12	792.63	902.76	884.77	1,067.28	148.76	192.18	202.57	225.96	219.85	266.80

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Step-Rated

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC
Issue	Non Integrated - NH (3PL) Benefit Period			Non Integrated - ALF (3PL) Benefit Period			Non Integrated - HHC (3 PL) Benefit Period
Age	3 3 Yr	5 5 Yr	Lifetime Unlimited	2 2 Yr	3 3 Yr	4 4 Yr	2 2 Yr
18-35	86.32	96.23	107.75	3.21	3.80	4.42	16.76
36	87.37	97.55	108.61	3.26	3.85	4.46	17.21
37	88.42	98.87	109.46	3.30	3.89	4.51	17.65
38	88.60	100.01	109.64	3.32	3.92	4.53	18.33
39	89.26	101.17	110.16	3.35	3.94	4.55	18.88
40	89.78	101.82	110.35	3.37	3.96	4.57	19.17
41	91.25	103.22	111.55	3.44	4.05	4.64	19.49
42	93.09	104.83	113.09	3.48	4.12	4.71	19.54
43	95.26	106.62	114.99	3.40	4.21	4.80	18.84
44	97.11	108.04	116.54	3.34	4.30	4.88	18.09
45	97.60	110.40	119.15	3.31	4.33	4.91	17.53
46	97.01	113.10	122.10	3.31	4.33	4.90	17.03
47	96.01	114.67	124.68	3.31	4.30	4.85	16.54
48	97.23	116.40	128.44	3.41	4.40	4.94	16.63
49	97.49	117.20	131.17	3.49	4.49	4.99	16.67
50	98.12	118.65	134.60	3.57	4.57	5.06	16.89
51	97.98	119.34	137.18	3.64	4.62	5.10	17.05
52	98.40	120.92	140.70	3.74	4.69	5.19	17.40
53	100.04	123.45	144.68	3.85	4.80	5.30	17.90
54	101.27	125.41	148.04	3.95	4.92	5.41	18.32
55	103.57	128.55	152.91	4.09	5.06	5.54	18.88
56	106.41	132.22	158.54	4.30	5.25	5.72	19.57
57	109.24	135.69	164.08	4.51	5.41	5.89	20.24
58	111.60	138.05	168.48	4.70	5.56	6.02	20.70
59	115.06	141.71	174.55	4.95	5.74	6.21	21.20
60	119.57	146.68	182.45	5.25	6.02	6.46	21.80
61	125.17	152.96	191.54	5.63	6.33	6.77	22.50
62	131.84	160.51	200.66	6.08	6.72	7.13	23.39
63	144.66	176.25	219.86	6.72	7.47	7.88	25.02
64	158.07	192.92	239.16	7.40	8.27	8.68	26.82
65	172.26	210.70	257.83	8.10	9.12	9.56	28.91
66	197.46	242.28	292.44	9.36	10.58	11.06	33.05
67	217.96	268.32	319.42	10.37	11.83	12.33	36.61
68	238.51	296.51	352.11	11.60	13.29	13.77	41.19
69	261.94	327.18	386.85	12.90	14.79	15.32	46.41
70	287.10	359.21	422.42	14.21	16.38	16.91	52.10
71	314.40	393.39	459.71	15.60	18.06	18.59	58.36
72	344.29	430.51	499.71	17.10	19.86	20.42	65.28
73	382.59	477.67	545.65	18.82	22.04	22.61	73.09
74	426.41	532.50	598.27	21.26	24.55	25.15	83.63
75	475.66	590.98	659.22	24.11	27.40	28.11	95.69
76	532.03	659.38	736.15	27.68	30.76	31.83	110.44
77	594.45	737.67	819.42	31.06	34.58	35.81	123.99
78	649.13	809.35	923.52	34.18	38.09	39.24	136.00
79	706.89	888.46	1,013.91	37.62	41.90	43.02	148.76

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ, LTC04I-NTQ, LTC04I-AG-TQ, LTC04I-AG-NTQ

Premium Factors

Form:	LTC04I NFO1PL LTC04I NFO2PL LTC04I NFO3PL	Limited Pay Options			LTC04I ROPD	LTC04I ROPDC
Issue Age	Nonforfeiture Option	10 Pay	20 Pay	Pay to 65	Full Return Premium on Death	Return Premium on Death less Claims
18-35	1.21	3.83	2.40	1.74	1.77	1.60
36	1.21	3.81	2.39	1.78	1.79	1.61
37	1.21	3.79	2.37	1.82	1.81	1.63
38	1.21	3.78	2.36	1.83	1.82	1.63
39	1.21	3.76	2.35	1.85	1.84	1.65
40	1.20	3.74	2.33	1.89	1.86	1.66
41	1.20	3.71	2.31	1.95	1.88	1.67
42	1.20	3.68	2.29	2.01	1.90	1.69
43	1.20	3.64	2.27	2.08	1.93	1.72
44	1.20	3.60	2.24	2.16	1.97	1.74
45	1.19	3.55	2.21	2.21	2.01	1.77
46	1.19	3.50	2.19	2.30	2.05	1.81
47	1.19	3.45	2.16	2.37	2.10	1.85
48	1.19	3.39	2.13	2.38	2.16	1.90
49	1.19	3.34	2.10	2.39	2.23	1.95
50	1.18	3.28	2.08	2.41	2.29	2.00
51	1.18	3.22	2.06	2.45	2.36	2.06
52	1.18	3.16	2.04	2.51	2.43	2.11
53	1.18	3.10	2.02	2.61	2.49	2.16
54	1.18	3.05	2.00	2.75	2.56	2.22
55	1.17	2.99	1.98	2.99	2.65	2.29
56	1.17	2.94	1.96		2.75	2.37
57	1.17	2.88	1.93		2.87	2.47
58	1.17	2.84	1.88		3.01	2.59
59	1.16	2.79	1.83		3.19	2.73
60	1.16	2.73	1.78		3.39	2.89
61	1.15	2.67	1.72		3.63	3.09
62	1.15	2.60	1.65		3.90	3.32
63	1.15	2.51	1.59		4.22	3.58
64	1.15	2.42	1.54		4.59	3.89
65	1.14	2.33	1.48		5.01	4.23
66	1.14	2.23	1.43			
67	1.14	2.14	1.38			
68	1.14	2.06	1.32			
69	1.14	1.99	1.27			
70	1.14	1.91	1.22			
71	1.13	1.85	1.19			
72	1.13	1.79	1.16			
73	1.13	1.72	1.15			
74	1.12	1.66	1.15			
75	1.12	1.59	1.15			
76	1.11	1.53	1.15			
77	1.11	1.48	1.15			
78	1.11	1.43	1.15			
79	1.10	1.39	1.15			
80	1.10	1.36	1.15			
81	1.10	1.33	1.15			

Age 80+ is only for the Guaranteed Purchase Option.

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ, LTC04I-NTQ, LTC04I-AG-TQ, LTC04I-AG-NTQ

Premium Factors to apply by benefit period selected.**Restoration of Benefits**

Form: LTC04I ROB1PL, LTC04I ROB2PL, LTC04I ROB3PL

Benefit Period	Factor
2 year	1.04
3 Year	1.03
4 Year	1.02
5 Year	1.01
6 Year	1.01
Unlimited	1.00

Premium Factors applicable to the entire calculated premium.**Monthly HHC**

Form: LTC04I MHHC

Factor	1.1
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Survivorship & Spouse Waiver

Form: LTC04I SBWP

Factor	1.14
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Indemnity Coverage

Description	Factor	Form
NH Only	1.05	LTC04I NHIND-TQ
NH & ALF	1.15	LTC04I NHIND-TQ, LTC04I ALFIND-TQ
NH, ALF, & HHC	1.25	LTC04I NHIND-TQ, LTC04I ALFIND-TQ, LTC04I HHCIND-TQ

Spouse Benefit

Form: LTC04I SB1PL-TQ, LTC04I SB2PL-TQ, LTC04I SB3PL-TQ

LTC04I SBDOMPART1PL-TQ, LTC04I SBDOMPART2PL-TQ, LTC04I SBDOMPART3PL-TQ

Factor	1.6
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Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

No Inflation

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	34.95	39.53	44.95	50.37	55.73	80.08	31.45	35.57	40.46	45.34	50.16	72.08
36	35.32	40.01	45.58	51.08	56.53	80.86	31.79	36.02	41.01	45.97	50.87	72.78
37	35.70	40.52	46.21	51.80	57.32	81.64	32.13	36.46	41.58	46.63	51.58	73.48
38	36.08	41.03	46.87	52.53	58.07	82.02	32.47	36.93	42.18	47.28	52.26	73.83
39	36.43	41.52	47.49	53.26	58.83	82.59	32.79	37.38	42.75	47.94	52.95	74.33
40	36.78	41.79	47.59	53.95	59.60	83.36	33.10	37.60	42.83	48.56	53.64	75.03
41	37.16	40.97	46.91	54.68	60.43	84.35	33.45	36.87	42.22	49.22	54.38	75.92
42	37.57	40.29	46.41	54.71	61.23	85.54	33.81	36.26	41.76	49.24	55.12	77.00
43	38.04	40.70	46.72	54.43	60.87	86.95	34.23	36.63	42.04	48.99	54.78	78.26
44	38.59	41.60	47.54	54.34	60.72	87.89	34.73	37.43	42.79	48.90	54.65	79.10
45	39.23	42.61	48.48	54.43	60.81	88.42	35.30	38.34	43.64	48.98	54.73	79.58
46	39.98	43.73	49.56	54.72	61.16	89.24	35.99	39.35	44.60	49.25	55.04	80.31
47	40.89	44.95	50.82	55.21	61.80	90.33	36.80	40.45	45.74	49.68	55.62	81.29
48	42.24	46.46	52.59	56.72	63.79	92.81	38.02	41.82	47.33	51.04	57.42	83.55
49	43.59	47.92	54.43	58.24	65.81	95.25	39.24	43.13	48.98	52.41	59.23	85.73
50	45.00	49.35	56.33	59.81	67.91	97.70	40.50	44.41	50.70	53.82	61.12	87.93
51	46.50	50.80	58.38	61.48	70.17	100.21	41.85	45.72	52.55	55.33	63.15	90.20
52	48.12	52.30	60.61	63.47	72.82	102.88	43.31	47.06	54.55	57.13	65.54	92.59
53	49.57	53.77	62.64	65.44	75.25	104.87	44.61	48.40	56.38	58.89	67.72	94.39
54	51.14	55.45	64.85	67.62	77.87	107.19	46.03	49.90	58.36	60.85	70.08	96.47
55	52.91	57.36	67.29	70.08	80.78	109.95	47.61	51.63	60.56	63.08	72.71	98.97
56	54.92	59.61	70.03	72.93	84.07	113.29	49.43	53.65	63.03	65.64	75.66	101.97
57	57.23	62.26	73.13	76.22	87.82	117.34	51.51	56.04	65.82	68.61	79.04	105.60
58	59.57	65.37	75.95	79.50	91.48	121.90	53.61	58.83	68.35	71.55	82.33	109.70
59	62.44	68.98	79.58	83.65	96.09	127.75	56.20	62.09	71.62	75.29	86.49	114.99
60	65.97	73.24	84.12	88.77	101.77	135.09	59.37	65.91	75.70	79.90	91.59	121.59
61	70.25	78.26	89.64	94.94	108.62	144.00	63.22	70.44	80.67	85.45	97.76	129.60
62	75.35	84.19	96.21	102.27	116.76	154.65	67.81	75.78	86.59	92.03	105.08	139.18
63	82.06	91.49	105.01	111.70	127.39	169.91	73.86	82.34	94.51	100.53	114.65	152.92
64	89.19	99.20	114.26	121.56	138.56	186.06	80.27	89.28	102.84	109.41	124.71	167.45
65	97.59	108.29	124.94	132.91	151.49	204.81	87.83	97.46	112.44	119.62	136.34	184.32
66	111.74	123.82	142.76	151.80	173.13	235.63	100.57	111.44	128.48	136.62	155.83	212.07
67	123.42	136.66	157.04	166.93	190.59	261.12	111.08	122.99	141.33	150.24	171.53	235.01
68	140.59	155.95	175.40	186.44	213.41	289.69	126.53	140.35	157.86	167.79	192.08	260.73
69	158.14	175.72	195.09	207.34	237.84	317.92	142.33	158.14	175.57	186.60	214.06	286.12
70	176.51	196.50	216.52	230.11	264.44	346.61	158.87	176.86	194.86	207.10	238.00	311.96
71	196.10	218.83	240.10	255.20	293.72	376.59	176.49	196.95	216.09	229.68	264.34	338.93
72	217.31	243.23	266.26	283.04	326.26	408.52	195.59	218.90	239.64	254.73	293.63	367.67
73	238.18	267.31	295.96	314.63	362.88	439.15	214.36	240.58	266.36	283.16	326.58	395.23
74	261.40	294.33	330.04	350.85	404.90	473.70	235.25	264.89	297.03	315.76	364.41	426.33
75	287.65	325.16	369.23	392.51	453.29	513.20	258.89	292.64	332.31	353.26	407.96	461.88
76	317.65	360.63	414.26	440.39	509.00	570.65	285.89	324.56	372.84	396.35	458.10	513.58
77	352.09	401.64	465.92	495.29	573.01	640.42	316.88	361.47	419.32	445.76	515.70	576.37
78	391.70	449.02	524.90	558.00	646.24	721.75	352.53	404.12	472.41	502.20	581.61	649.58
79	437.16	503.66	592.00	629.32	729.70	816.14	393.44	453.29	532.80	566.39	656.73	734.53
80	489.18	566.41	667.93	710.04	824.31	925.05	440.26	509.77	601.14	639.04	741.89	832.54
81	548.47	638.11	753.45	800.96	931.06	1,049.94	493.63	574.30	678.11	720.86	837.95	944.95

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

No Inflation

Form:		LTC04I NH, LTC04I ALF						LTC04I HHC					
		Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
Issue Age		Benefit Period						Benefit Period					
		2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35		33.08	36.24	43.10	48.31	50.14	64.22	7.36	9.42	10.88	12.19	12.64	15.87
36		33.29	36.79	43.63	48.89	50.76	64.67	7.56	9.66	11.09	12.42	12.90	16.19
37		33.51	37.36	44.14	49.50	51.37	65.15	7.75	9.92	11.31	12.68	13.16	16.49
38		33.60	37.95	44.62	50.03	51.86	65.18	8.05	10.27	11.59	12.99	13.46	16.84
39		33.74	38.53	45.11	50.59	52.39	65.42	8.29	10.57	11.84	13.27	13.74	17.16
40		33.95	38.88	45.12	51.16	52.99	65.90	8.47	10.76	11.91	13.51	14.00	17.46
41		34.23	38.21	44.43	51.81	53.70	66.59	8.61	10.63	11.78	13.73	14.22	17.76
42		34.60	37.67	43.96	51.83	54.42	67.50	8.71	10.50	11.65	13.73	14.41	18.04
43		35.05	38.20	44.30	51.60	54.14	68.63	8.80	10.55	11.70	13.64	14.32	18.32
44		35.60	39.19	45.14	51.59	54.09	69.44	8.89	10.68	11.86	13.56	14.22	18.45
45		36.26	40.29	46.11	51.78	54.28	69.96	8.99	10.81	12.03	13.50	14.16	18.46
46		37.04	41.49	47.26	52.19	54.72	70.75	9.10	10.97	12.20	13.47	14.14	18.49
47		37.93	42.78	48.59	52.79	55.42	71.79	9.25	11.14	12.40	13.47	14.14	18.54
48		39.25	44.36	50.54	54.50	57.58	74.09	9.50	11.37	12.65	13.63	14.40	18.73
49		40.53	45.85	52.50	56.18	59.63	76.30	9.78	11.65	12.92	13.83	14.64	18.95
50		41.83	47.28	54.53	57.89	61.66	78.49	10.12	11.95	13.23	14.05	14.90	19.21
51		43.17	48.66	56.66	59.68	63.75	80.73	10.50	12.30	13.59	14.32	15.19	19.49
52		44.58	50.07	58.96	61.74	66.13	83.07	10.94	12.71	14.00	14.67	15.54	19.82
53		45.83	51.42	60.96	63.68	68.09	84.70	11.34	13.13	14.45	15.10	15.92	20.18
54		47.21	52.94	63.11	65.80	70.19	86.54	11.77	13.59	14.96	15.60	16.36	20.65
55		48.77	54.71	65.46	68.18	72.55	88.69	12.23	14.11	15.53	16.19	16.90	21.27
56		50.60	56.82	68.10	70.91	75.31	91.29	12.71	14.69	16.20	16.86	17.55	22.01
57		52.75	59.36	71.09	74.09	78.57	94.42	13.23	15.33	16.93	17.65	18.34	22.92
58		54.98	62.13	73.75	77.20	82.19	97.92	13.71	16.03	17.65	18.48	19.32	23.98
59		57.82	65.66	77.28	81.23	86.69	102.48	14.23	16.80	18.51	19.46	20.45	25.28
60		61.36	70.01	81.74	86.26	92.20	108.23	14.83	17.66	19.53	20.61	21.80	26.85
61		65.67	75.30	87.22	92.38	98.84	115.28	15.52	18.66	20.76	21.98	23.39	28.73
62		70.82	81.57	93.76	99.67	106.75	123.73	16.36	19.83	22.19	23.59	25.27	30.92
63		77.45	89.29	102.55	109.09	116.49	135.91	17.62	21.40	24.13	25.66	27.52	34.00
64		84.43	97.27	111.78	118.93	126.65	148.82	19.02	23.14	26.19	27.87	29.88	37.23
65		92.52	106.35	122.41	130.21	138.34	163.82	20.80	25.30	28.65	30.47	32.67	40.99
66		105.98	121.36	140.00	148.87	157.93	188.48	23.95	29.07	32.80	34.87	37.37	47.14
67		116.90	133.22	154.06	163.77	173.64	208.90	26.72	32.37	36.23	38.52	41.26	52.22
68		132.84	148.32	171.92	182.73	196.30	231.76	30.74	37.17	40.65	43.56	47.02	57.93
69		148.93	164.45	191.05	203.04	219.17	254.35	35.16	42.41	45.57	48.94	52.93	63.58
70		165.57	181.94	211.82	225.13	242.94	277.31	40.08	48.22	51.09	54.76	59.14	69.30
71		183.11	201.09	234.67	249.43	268.32	301.29	45.59	54.70	57.29	61.18	65.83	75.30
72		201.93	222.25	260.00	276.39	296.01	326.81	51.81	62.00	64.27	68.33	73.17	81.71
73		220.26	246.18	289.02	307.24	324.79	351.32	58.36	69.67	72.24	76.09	80.63	87.82
74		240.56	273.49	322.39	342.72	357.95	378.96	65.77	78.31	81.31	85.00	89.13	94.74
75		263.51	304.78	360.86	383.60	396.74	410.56	74.15	88.09	91.65	95.26	98.95	102.64
76		289.75	340.59	405.15	430.70	442.44	456.52	83.66	99.18	103.38	107.11	110.40	114.13
77		319.96	381.52	456.03	484.79	496.30	512.34	94.42	111.75	116.65	120.78	123.77	128.08
78		354.80	428.13	514.23	546.66	559.58	577.40	106.58	125.96	131.59	136.49	139.35	144.35
79		394.90	481.01	580.50	617.11	633.55	652.92	120.28	141.97	148.36	154.46	157.43	163.22
80		440.97	540.73	655.58	696.93	719.48	740.04	135.64	159.98	167.09	174.94	178.31	185.01
81		493.62	607.86	740.22	786.90	818.61	839.95	152.83	180.11	187.91	198.14	202.27	209.99

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

No Inflation

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	39.90	48.31	60.99	1.41	1.76	2.10	7.36	
36	40.52	48.89	61.45	1.43	1.78	2.12	7.56	
37	41.15	49.50	61.88	1.45	1.81	2.14	7.75	
38	41.38	50.03	61.91	1.46	1.83	2.15	8.05	
39	41.83	50.58	62.15	1.47	1.85	2.16	8.29	
40	42.23	51.15	62.60	1.49	1.86	2.15	8.47	
41	41.72	51.80	63.26	1.52	1.85	2.12	8.61	
42	41.50	51.83	64.13	1.55	1.84	2.10	8.71	
43	42.09	51.60	65.20	1.59	1.86	2.12	8.80	
44	43.17	51.59	65.97	1.64	1.91	2.17	8.89	
45	44.37	51.78	66.47	1.70	1.97	2.23	8.99	
46	45.69	52.18	67.21	1.77	2.04	2.31	9.10	
47	47.08	52.79	68.20	1.85	2.11	2.38	9.25	
48	48.81	54.49	70.38	1.95	2.21	2.48	9.50	
49	50.42	56.17	72.49	2.05	2.32	2.58	9.78	
50	51.95	57.89	74.57	2.14	2.42	2.68	10.12	
51	53.45	59.67	76.69	2.24	2.52	2.78	10.50	
52	54.96	61.74	78.91	2.35	2.62	2.90	10.94	
53	56.42	63.68	80.46	2.44	2.71	2.99	11.34	
54	58.06	65.80	82.21	2.54	2.82	3.10	11.77	
55	59.99	68.18	84.26	2.65	2.93	3.21	12.23	
56	62.28	70.91	86.72	2.79	3.07	3.35	12.71	
57	65.05	74.09	89.69	2.95	3.22	3.51	13.23	
58	68.05	77.20	93.02	3.11	3.39	3.67	13.71	
59	71.91	81.23	97.35	3.32	3.59	3.88	14.23	
60	76.66	86.26	102.82	3.57	3.86	4.14	14.83	
61	82.42	92.38	109.51	3.88	4.17	4.46	15.52	
62	89.25	99.67	117.54	4.25	4.55	4.83	16.36	
63	97.64	109.09	129.11	4.73	5.04	5.32	17.62	
64	106.30	118.93	141.37	5.25	5.56	5.84	19.02	
65	116.16	130.20	155.63	5.83	6.15	6.45	20.80	
66	132.46	148.87	179.05	6.78	7.10	7.42	23.95	
67	145.31	163.77	198.44	7.57	7.89	8.22	26.72	
68	161.58	183.82	220.17	8.66	9.00	9.33	30.74	
69	179.01	204.56	241.61	9.77	10.11	10.47	35.16	
70	197.94	226.53	263.45	10.93	11.29	11.66	40.08	
71	218.70	250.29	286.21	12.19	12.56	12.93	45.59	
72	241.64	276.39	310.48	13.57	13.94	14.33	51.81	
73	267.68	305.14	333.74	15.03	15.42	15.82	58.36	
74	297.40	338.37	360.01	16.72	17.12	17.54	65.77	
75	331.39	377.08	390.04	18.68	19.09	19.54	74.15	
76	370.26	422.32	433.69	20.97	21.41	21.88	83.66	
77	414.62	475.09	486.71	23.65	24.12	24.61	94.42	
78	465.07	536.42	548.54	26.79	27.29	27.81	106.58	
79	522.21	607.33	620.27	30.42	30.95	31.51	120.28	
80	586.65	688.85	703.04	34.60	35.18	35.77	135.64	
81	659.01	782.00	797.95	39.40	40.04	40.68	152.83	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Compound

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	60.02	69.64	79.20	88.72	98.19	139.76	54.01	62.67	71.29	79.86	88.37	125.79
36	60.59	70.50	80.31	90.00	99.59	141.19	54.53	63.47	72.26	80.99	89.63	127.09
37	61.20	71.39	81.43	91.28	100.99	142.66	55.08	64.24	73.28	82.16	90.88	128.40
38	62.44	73.08	83.47	93.58	103.43	143.49	56.19	65.77	75.12	84.22	93.09	129.16
39	64.01	75.14	85.94	96.37	106.46	144.61	57.61	67.65	77.36	86.73	95.81	130.15
40	65.23	76.79	87.93	98.65	108.99	146.05	58.70	69.10	79.13	88.80	98.10	131.45
41	66.89	78.90	90.46	101.57	112.21	147.83	60.21	71.00	81.42	91.42	100.98	133.05
42	68.19	80.64	92.60	104.04	115.01	149.95	61.37	72.58	83.34	93.63	103.53	134.96
43	69.94	82.75	95.05	106.82	118.08	151.48	62.94	74.48	85.53	96.15	106.27	136.35
44	71.50	84.65	97.26	109.33	120.87	153.35	64.34	76.17	87.54	98.40	108.79	138.02
45	73.61	87.20	100.22	112.68	124.58	155.58	66.24	78.46	90.21	101.41	112.13	140.01
46	73.03	87.90	99.62	115.70	128.04	158.14	65.74	79.10	89.65	104.14	115.23	142.32
47	72.35	87.27	98.66	116.26	130.14	161.07	65.11	78.53	88.80	104.62	117.12	144.95
48	73.99	89.20	100.96	118.57	133.35	165.16	66.60	80.29	90.87	106.71	120.03	148.67
49	75.10	90.40	102.69	120.06	135.67	168.02	67.61	81.37	92.40	108.05	122.10	151.23
50	76.76	92.08	105.11	122.35	138.92	171.89	69.08	82.87	94.60	110.10	125.02	154.69
51	78.53	93.76	107.76	124.77	142.40	175.80	70.68	84.39	96.99	112.29	128.17	158.23
52	80.47	95.50	110.67	127.46	146.24	179.91	72.42	85.93	99.61	114.73	131.62	161.91
53	81.34	96.67	112.62	129.50	148.91	183.71	73.20	87.02	101.37	116.54	134.01	165.35
54	82.34	98.16	114.80	131.85	151.84	188.02	74.11	88.34	103.31	118.65	136.65	169.22
55	83.59	99.98	117.29	134.64	155.19	193.06	75.22	89.99	105.56	121.19	139.69	173.77
56	85.13	102.30	120.18	138.04	159.13	199.05	76.62	92.07	108.17	124.25	143.21	179.16
57	87.04	105.20	123.57	142.14	163.77	206.23	78.34	94.69	111.22	127.94	147.39	185.60
58	89.05	108.66	126.24	145.75	167.72	213.47	80.14	97.79	113.61	131.18	150.94	192.11
59	92.35	113.52	130.97	151.75	174.32	224.45	83.12	102.18	117.87	136.59	156.91	202.02
60	96.50	119.30	137.02	159.30	182.63	238.09	86.85	107.36	123.31	143.38	164.36	214.29
61	101.86	125.26	143.47	167.30	191.41	252.87	91.67	112.74	129.12	150.58	172.27	227.57
62	109.26	133.27	152.29	178.12	203.36	272.42	98.32	119.95	137.06	160.28	183.01	245.16
63	118.99	144.24	165.56	193.69	220.90	297.49	107.10	129.81	149.00	174.32	198.80	267.73
64	128.43	154.65	178.13	208.34	237.48	321.45	115.59	139.19	160.33	187.52	213.74	289.30
65	140.53	168.05	193.88	226.64	258.32	351.50	126.48	151.24	174.49	203.98	232.49	316.34
66	159.79	189.87	218.91	255.65	291.57	398.78	143.82	170.88	197.01	230.08	262.43	358.92
67	175.26	206.98	237.84	277.50	316.83	430.14	157.73	186.27	214.05	249.76	285.15	387.12
68	196.83	227.85	256.27	298.17	341.30	472.64	177.14	205.06	230.64	268.34	307.19	425.38
69	219.81	249.11	276.57	320.95	368.17	510.48	197.84	224.19	248.90	288.85	331.36	459.42
70	241.82	269.21	296.63	341.92	392.93	543.43	217.65	242.30	266.96	307.73	353.64	489.11
71	264.74	295.42	324.14	363.53	418.40	576.04	238.26	265.88	291.72	327.18	376.55	518.44
72	291.20	325.93	356.79	388.91	448.30	613.70	262.09	293.33	321.12	350.01	403.46	552.34
73	316.78	355.52	393.63	421.08	485.65	667.91	285.10	319.97	354.26	378.96	437.07	601.12
74	345.05	388.52	435.65	463.12	534.47	729.80	310.53	349.65	392.08	416.80	481.02	656.82
75	376.82	425.96	483.69	514.19	593.81	801.36	339.15	383.36	435.33	462.77	534.43	721.22
76	412.95	468.82	538.54	572.51	661.70	884.45	371.66	421.93	484.69	515.26	595.53	795.99
77	454.20	518.12	601.04	638.92	739.18	980.86	408.78	466.30	540.92	575.03	665.25	882.76
78	501.38	574.75	671.87	714.24	827.19	1,096.86	451.24	517.27	604.68	642.82	744.46	987.18
79	555.19	639.65	751.84	799.24	926.72	1,230.61	499.67	575.68	676.66	719.32	834.05	1,107.56

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Compound

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	56.80	63.86	75.95	85.10	88.33	112.07	12.64	16.59	19.16	21.47	22.28	27.69
36	57.11	64.83	76.87	86.14	89.43	112.92	12.97	17.03	19.53	21.88	22.73	28.27
37	57.44	65.82	77.79	87.22	90.51	113.84	13.29	17.47	19.92	22.34	23.19	28.81
38	58.15	67.59	79.47	89.11	92.37	114.02	13.93	18.30	20.64	23.13	23.98	29.47
39	59.28	69.72	81.63	91.53	94.80	114.56	14.57	19.12	21.43	24.02	24.87	30.05
40	60.21	71.45	83.36	93.54	96.91	115.46	15.02	19.78	22.01	24.69	25.60	30.59
41	61.62	73.59	85.69	96.23	99.71	116.70	15.50	20.47	22.71	25.50	26.42	31.13
42	62.80	75.39	87.73	98.57	102.21	118.32	15.81	21.02	23.26	26.11	27.07	31.63
43	64.44	77.67	90.12	101.27	105.03	119.56	16.18	21.45	23.80	26.76	27.77	31.92
44	65.96	79.75	92.35	103.80	107.68	121.15	16.47	21.73	24.26	27.27	28.31	32.19
45	68.04	82.46	95.32	107.19	111.20	123.10	16.87	22.12	24.87	27.96	29.01	32.48
46	67.66	83.40	95.00	110.35	114.55	125.38	16.62	22.05	24.52	28.48	29.61	32.76
47	67.11	83.05	94.33	111.16	116.71	128.01	16.37	21.63	24.07	28.37	29.79	33.05
48	68.75	85.16	97.03	113.93	120.37	131.84	16.64	21.83	24.29	28.49	30.11	33.32
49	69.83	86.50	99.04	115.82	122.93	134.59	16.85	21.98	24.37	28.52	30.19	33.43
50	71.35	88.22	101.75	118.41	126.13	138.10	17.26	22.30	24.69	28.74	30.49	33.79
51	72.91	89.81	104.58	121.12	129.37	141.61	17.73	22.70	25.08	29.05	30.82	34.18
52	74.55	91.43	107.66	123.99	132.80	145.26	18.29	23.21	25.56	29.46	31.21	34.65
53	75.20	92.45	109.60	126.01	134.74	148.37	18.61	23.61	25.98	29.88	31.50	35.34
54	76.01	93.72	111.72	128.30	136.86	151.79	18.95	24.06	26.48	30.42	31.90	36.23
55	77.05	95.36	114.10	130.99	139.38	155.72	19.32	24.59	27.07	31.10	32.47	37.34
56	78.43	97.51	116.87	134.22	142.55	160.39	19.70	25.21	27.80	31.91	33.22	38.66
57	80.23	100.30	120.12	138.16	146.52	165.94	20.12	25.90	28.61	32.91	34.20	40.29
58	82.19	103.27	122.59	141.54	150.68	171.48	20.49	26.64	29.34	33.88	35.42	41.99
59	85.51	108.06	127.18	147.36	157.27	180.04	21.05	27.65	30.46	35.30	37.10	44.41
60	89.76	114.04	133.15	154.79	165.45	190.76	21.69	28.77	31.81	36.98	39.12	47.33
61	95.22	120.52	139.60	162.79	174.17	202.42	22.50	29.87	33.23	38.73	41.22	50.45
62	102.69	129.12	148.41	173.59	185.92	217.95	23.72	31.39	35.12	41.09	44.01	54.47
63	112.30	140.77	161.68	189.16	201.99	237.96	25.55	33.74	38.04	44.49	47.72	59.53
64	121.58	151.64	174.26	203.84	217.07	257.12	27.39	36.07	40.83	47.77	51.21	64.33
65	133.23	165.03	189.96	222.04	235.90	281.15	29.95	39.26	44.46	51.96	55.71	70.35
66	151.55	186.09	214.68	250.71	265.97	319.00	34.25	44.58	50.30	58.72	62.93	79.78
67	166.00	201.77	233.33	272.25	288.66	344.11	37.94	49.03	54.87	64.04	68.59	86.02
68	185.98	216.70	251.18	292.24	313.94	378.13	43.04	54.31	59.39	69.66	75.20	94.51
69	207.01	233.13	270.84	314.30	339.27	408.40	48.87	60.12	64.60	75.76	81.93	102.08
70	226.83	249.26	290.19	334.52	360.98	434.78	54.91	66.06	69.99	81.37	87.88	108.66
71	247.20	271.47	316.80	355.31	382.22	460.86	61.55	73.85	77.34	87.15	93.77	115.18
72	270.59	297.82	348.40	379.77	406.73	490.96	69.43	83.08	86.12	93.89	100.54	122.74
73	292.95	327.42	384.40	411.19	434.68	534.33	77.62	92.66	96.08	101.83	107.91	133.58
74	317.54	361.01	425.55	452.39	472.49	583.85	86.82	103.37	107.33	112.20	117.65	145.95
75	345.20	399.26	472.73	502.52	519.73	641.09	97.14	115.40	120.06	124.79	129.62	160.27
76	376.68	442.77	526.70	559.91	575.17	707.56	108.76	128.93	134.39	139.24	143.52	176.89
77	412.75	492.16	588.28	625.38	640.23	784.70	121.80	144.16	150.48	155.81	159.66	196.17
78	454.14	548.01	658.21	699.72	716.26	877.49	136.42	161.23	168.44	174.71	178.37	219.37
79	501.52	610.88	737.24	783.73	804.61	984.50	152.76	180.30	188.42	196.16	199.94	246.11

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Compound

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	70.29	85.10	106.44	2.42	3.10	3.71	12.64	
36	71.39	86.14	107.30	2.45	3.14	3.74	12.97	
37	72.49	87.22	108.13	2.49	3.19	3.77	13.29	
38	73.71	89.11	108.31	2.53	3.26	3.82	13.93	
39	75.70	91.51	108.83	2.58	3.34	3.90	14.57	
40	77.61	93.52	109.68	2.64	3.42	3.97	15.02	
41	80.35	96.21	110.87	2.74	3.57	4.09	15.50	
42	83.06	98.57	112.40	2.81	3.68	4.19	15.81	
43	85.58	101.27	113.59	2.92	3.78	4.31	16.18	
44	87.85	103.80	115.11	3.04	3.89	4.44	16.47	
45	90.81	107.19	116.96	3.19	4.03	4.61	16.87	
46	91.84	110.32	119.10	3.23	4.10	4.64	16.62	
47	91.40	111.16	121.60	3.27	4.10	4.62	16.37	
48	93.71	113.91	125.25	3.42	4.24	4.76	16.64	
49	95.12	115.80	127.87	3.53	4.38	4.87	16.85	
50	96.94	118.41	131.19	3.65	4.52	5.00	17.26	
51	98.66	121.09	134.54	3.78	4.65	5.13	17.73	
52	100.36	123.99	137.98	3.93	4.78	5.30	18.29	
53	101.44	126.01	140.95	4.00	4.87	5.38	18.61	
54	102.78	128.30	144.20	4.09	4.99	5.49	18.95	
55	104.56	130.99	147.94	4.19	5.11	5.60	19.32	
56	106.88	134.22	152.36	4.32	5.27	5.75	19.70	
57	109.91	138.16	157.64	4.49	5.44	5.93	20.12	
58	113.11	141.54	162.90	4.65	5.63	6.10	20.49	
59	118.35	147.36	171.04	4.91	5.91	6.39	21.05	
60	124.87	154.79	181.21	5.22	6.29	6.74	21.69	
61	131.92	162.79	192.30	5.63	6.67	7.14	22.50	
62	141.27	173.59	207.04	6.16	7.20	7.65	23.72	
63	153.94	189.16	226.05	6.86	7.95	8.39	25.55	
64	165.72	203.84	244.25	7.56	8.67	9.10	27.39	
65	180.26	222.02	267.10	8.40	9.54	10.01	29.95	
66	203.11	250.71	303.04	9.70	10.89	11.38	34.25	
67	220.08	272.25	326.89	10.75	11.95	12.45	37.94	
68	236.08	293.98	359.21	12.12	13.15	13.63	43.04	
69	253.78	316.65	387.95	13.58	14.33	14.84	48.87	
70	271.18	336.60	413.04	14.97	15.47	15.97	54.91	
71	295.25	356.54	437.79	16.46	16.96	17.46	61.55	
72	323.80	379.77	466.42	18.18	18.68	19.20	69.43	
73	356.01	408.38	507.60	19.99	20.51	21.04	77.62	
74	392.57	446.65	554.65	22.07	22.60	23.15	86.82	
75	434.12	493.97	609.03	24.47	25.01	25.60	97.14	
76	481.34	549.02	672.17	27.26	27.83	28.44	108.76	
77	534.86	612.87	745.44	30.51	31.11	31.75	121.80	
78	595.29	686.62	833.63	34.29	34.93	35.60	136.42	
79	663.21	771.31	935.27	38.63	39.31	40.02	152.76	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Compound

Form: LTC04I NH, LTC04I ALF, LTC04I HHC							LTC04I NH, LTC04I ALF, LTC04I HHC						
Issue Age	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)						Unlimited
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	
18-35	87.28	101.26	115.15	125.86	140.89	177.48	78.54	91.12	103.65	113.29	126.80	159.74	
36	88.10	102.52	116.79	127.86	143.09	179.31	79.30	92.29	105.08	115.06	128.78	161.40	
37	88.98	103.80	118.40	129.80	145.32	181.17	80.08	93.40	106.55	116.83	130.78	163.05	
38	91.15	106.68	121.86	131.75	147.71	182.22	82.03	96.01	109.68	118.58	132.95	164.03	
39	93.31	109.55	125.29	133.66	149.94	183.65	83.98	98.62	112.78	120.29	134.95	165.28	
40	95.47	112.12	127.69	135.57	152.03	185.48	85.92	100.90	114.92	122.03	136.83	166.94	
41	97.75	113.09	129.49	137.55	154.11	187.74	87.99	101.78	116.55	123.81	138.69	168.97	
42	98.66	112.96	130.11	138.31	154.80	188.58	88.78	101.67	117.09	124.48	139.36	169.74	
43	97.26	114.58	131.53	139.89	156.44	190.76	87.52	103.12	118.35	125.92	140.79	171.70	
44	94.73	112.93	129.05	141.02	157.58	192.40	85.25	101.61	116.16	126.92	141.83	173.17	
45	92.63	111.00	126.29	142.39	159.09	194.47	83.35	99.88	113.68	128.15	143.19	175.01	
46	90.95	109.46	124.06	144.08	161.05	196.92	81.87	98.50	111.64	129.68	144.93	177.22	
47	89.75	108.25	122.39	144.22	161.44	199.80	80.77	97.42	110.16	129.78	145.29	179.82	
48	91.42	110.22	124.76	146.51	164.78	204.08	82.29	99.21	112.28	131.86	148.32	183.71	
49	92.55	111.40	126.54	147.94	167.18	207.04	83.31	100.27	113.87	133.14	150.46	186.35	
50	94.20	113.01	129.00	150.15	170.49	210.95	84.78	101.70	116.10	135.12	153.44	189.85	
51	96.50	115.21	132.41	153.32	174.98	216.01	86.85	103.69	119.18	137.98	157.49	194.42	
52	98.47	116.86	135.43	155.97	178.95	220.15	88.62	105.15	121.89	140.39	161.06	198.13	
53	99.65	118.44	137.98	158.65	182.44	225.07	89.68	106.61	124.19	142.77	164.18	202.58	
54	101.00	120.41	140.82	161.74	186.25	230.64	90.91	108.36	126.73	145.54	167.62	207.58	
55	102.66	122.79	144.05	165.36	190.61	237.11	92.38	110.53	129.64	148.84	171.56	213.42	
56	104.69	125.80	147.79	169.76	195.69	244.78	94.22	113.22	133.02	152.79	176.11	220.32	
57	107.17	129.53	152.15	175.01	201.65	253.93	96.46	116.59	136.94	157.54	181.49	228.52	
58	109.79	133.96	155.64	179.70	206.77	263.18	98.80	120.56	140.07	161.73	186.09	236.85	
59	113.22	139.18	160.57	186.06	213.72	275.18	101.91	125.28	144.51	167.46	192.37	247.69	
60	117.66	145.45	167.06	194.21	222.65	290.27	105.89	130.89	150.33	174.81	200.38	261.26	
61	124.34	152.90	175.14	204.22	233.65	308.67	111.90	137.62	157.61	183.81	210.29	277.80	
62	133.37	162.68	185.90	217.43	248.23	332.54	120.02	146.43	167.31	195.66	223.40	299.27	
63	144.43	175.08	200.95	235.10	268.12	361.09	129.99	157.57	180.86	211.59	241.31	324.97	
64	156.08	187.94	216.48	253.20	288.61	390.65	140.47	169.15	194.84	227.89	259.76	351.58	
65	169.81	203.05	234.27	273.86	312.14	424.72	152.82	182.75	210.84	246.47	280.93	382.25	
66	192.19	228.37	263.30	307.49	350.70	479.66	172.98	205.54	236.96	276.74	315.65	431.71	
67	209.81	247.79	284.74	332.22	379.31	521.54	188.84	223.00	256.26	299.00	341.38	469.39	
68	233.38	270.16	303.86	353.54	404.69	560.42	210.04	243.14	273.47	318.18	364.24	504.38	
69	254.61	288.54	320.35	371.75	426.44	591.27	229.15	259.67	288.29	334.57	383.80	532.13	
70	277.12	308.51	339.94	391.83	450.29	622.77	249.43	277.67	305.93	352.65	405.27	560.51	
71	298.07	332.62	364.95	409.31	471.09	648.58	268.26	299.36	328.46	368.38	423.97	583.72	
72	319.45	357.55	391.40	426.64	491.79	673.24	287.52	321.78	352.27	383.97	442.60	605.92	
73	345.36	387.60	429.14	459.07	529.47	728.17	310.82	348.84	386.22	413.15	476.51	655.36	
74	373.80	420.89	471.96	501.72	579.01	790.61	336.41	378.79	424.75	451.54	521.11	711.56	
75	405.59	458.48	520.61	553.44	639.14	862.53	365.03	412.62	468.56	498.10	575.22	776.28	
76	444.71	504.88	579.96	616.55	712.60	952.48	400.25	454.38	521.98	554.89	641.34	857.22	
77	485.88	554.26	642.97	683.50	790.75	1,049.29	437.29	498.83	578.66	615.15	711.67	944.35	
78	532.71	610.67	713.86	758.88	878.89	1,165.41	479.44	549.60	642.48	682.99	790.99	1,048.88	
79	585.79	674.90	793.28	843.29	977.80	1,298.44	527.21	607.41	713.95	758.96	880.02	1,168.60	

Mutual of Omaha Insurance Company

Policy Form: LTC04I-TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Compound

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL) Benefit Period						Non Integrated - Home Health Care (HHC) (2PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	82.61	92.85	110.43	120.72	126.75	142.32	18.38	24.13	27.86	30.45	31.97	35.16
36	83.04	94.26	111.79	122.38	128.49	143.40	18.86	24.76	28.41	31.08	32.65	35.91
37	83.52	95.71	113.11	124.03	130.23	144.57	19.32	25.41	28.97	31.77	33.37	36.59
38	84.88	98.66	116.02	125.46	131.92	144.80	20.34	26.71	30.13	32.57	34.25	37.42
39	86.42	101.63	119.01	126.95	133.52	145.49	21.23	27.87	31.24	33.31	35.02	38.16
40	88.12	104.32	121.06	128.55	135.17	146.63	21.99	28.88	31.97	33.94	35.71	38.85
41	90.05	105.49	122.66	130.32	136.95	148.20	22.65	29.34	32.51	34.54	36.28	39.54
42	90.86	105.61	123.26	131.04	137.57	148.81	22.87	29.45	32.67	34.71	36.44	39.78
43	89.62	107.54	124.71	132.62	139.16	150.56	22.50	29.70	32.94	35.05	36.79	40.20
44	87.39	106.38	122.54	133.89	140.38	152.01	21.82	28.99	32.19	35.18	36.91	40.39
45	85.61	104.96	120.12	135.46	142.00	153.87	21.23	28.16	31.34	35.33	37.04	40.60
46	84.26	103.86	118.30	137.41	144.08	156.13	20.70	27.46	30.54	35.47	37.24	40.79
47	83.25	103.03	117.02	137.89	144.78	158.80	20.30	26.83	29.86	35.19	36.95	41.00
48	84.95	105.23	119.90	140.78	148.74	162.91	20.56	26.97	30.01	35.21	37.20	41.18
49	86.05	106.59	122.05	142.73	151.49	165.84	20.76	27.08	30.04	35.14	37.20	41.20
50	87.57	108.27	124.88	145.33	154.80	169.48	21.19	27.37	30.30	35.27	37.42	41.47
51	89.59	110.36	128.50	148.82	158.96	174.01	21.79	27.90	30.82	35.70	37.87	42.00
52	91.22	111.88	131.74	151.72	162.51	177.75	22.39	28.40	31.28	36.05	38.19	42.40
53	92.13	113.26	134.28	154.39	165.08	181.77	22.80	28.92	31.83	36.61	38.60	43.30
54	93.24	114.96	137.04	157.38	167.88	186.20	23.25	29.51	32.49	37.31	39.13	44.44
55	94.63	117.12	140.13	160.88	171.19	191.25	23.73	30.21	33.25	38.20	39.88	45.86
56	96.45	119.91	143.72	165.06	175.30	197.24	24.23	31.00	34.19	39.24	40.85	47.54
57	98.78	123.50	147.90	170.12	180.41	204.32	24.77	31.89	35.22	40.53	42.11	49.61
58	101.33	127.32	151.13	174.50	185.78	211.41	25.27	32.85	36.17	41.77	43.67	51.77
59	104.84	132.48	155.93	180.67	192.82	220.74	25.80	33.90	37.35	43.28	45.49	54.44
60	109.43	139.03	162.33	188.72	201.72	232.57	26.45	35.07	38.78	45.09	47.69	57.70
61	116.24	147.12	170.41	198.72	212.61	247.09	27.47	36.46	40.56	47.28	50.31	61.58
62	125.35	157.61	181.17	211.90	226.95	266.05	28.96	38.32	42.88	50.15	53.72	66.49
63	136.31	170.87	196.24	229.60	245.18	288.83	31.01	40.95	46.18	54.01	57.92	72.26
64	147.75	184.29	211.78	247.72	263.80	312.48	33.29	43.84	49.62	58.05	62.24	78.17
65	160.98	199.42	229.53	268.29	285.05	339.72	36.19	47.44	53.72	62.78	67.32	85.00
66	182.29	223.83	258.21	301.55	319.91	383.69	41.19	53.62	60.50	70.63	75.70	95.96
67	198.73	241.55	279.34	325.93	345.57	417.24	45.42	58.69	65.69	76.66	82.11	104.30
68	220.51	256.95	297.83	346.51	372.24	448.35	51.03	64.39	70.42	82.60	89.16	112.07
69	239.78	270.03	313.71	364.04	392.96	473.03	56.61	69.64	74.83	87.75	94.90	118.24
70	259.94	285.65	332.56	383.35	413.68	498.25	62.93	75.71	80.21	93.25	100.70	124.52
71	278.33	305.66	356.70	400.05	430.35	518.89	69.30	83.14	87.08	98.13	105.58	129.69
72	296.84	326.71	382.20	416.62	446.19	538.59	76.16	91.14	94.48	103.00	110.29	134.65
73	319.38	356.96	419.08	448.29	473.89	582.55	84.62	101.02	104.75	111.02	117.65	145.63
74	344.00	391.09	461.02	490.09	511.87	632.50	94.05	111.98	116.27	121.55	127.46	158.12
75	371.55	429.74	508.81	540.88	559.40	690.03	104.55	124.21	129.23	134.32	139.52	172.50
76	405.65	476.83	567.21	602.98	619.42	761.98	117.12	138.85	144.73	149.95	154.56	190.50
77	441.54	526.50	629.32	669.01	684.89	839.44	130.30	154.22	160.98	166.68	170.80	209.85
78	482.53	582.26	699.35	743.46	761.03	932.33	144.95	171.31	178.96	185.63	189.52	233.08
79	529.17	644.55	777.87	826.93	848.96	1,038.77	161.18	190.24	198.80	206.98	210.96	259.68

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Compound

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	102.20	120.72	135.17	3.52	4.50	5.39	18.38	
36	103.82	122.38	136.26	3.57	4.57	5.44	18.86	
37	105.40	124.03	137.32	3.61	4.64	5.48	19.32	
38	107.59	125.46	137.55	3.69	4.76	5.58	20.34	
39	110.36	126.92	138.20	3.77	4.87	5.69	21.23	
40	113.32	128.52	139.29	3.87	5.00	5.77	21.99	
41	115.18	130.29	140.80	4.00	5.11	5.86	22.65	
42	116.36	131.04	141.37	4.07	5.15	5.88	22.87	
43	118.49	132.62	143.04	4.07	5.24	5.97	22.50	
44	117.19	133.89	144.43	4.03	5.18	5.89	21.82	
45	115.58	135.46	146.20	4.01	5.13	5.81	21.23	
46	114.37	137.39	148.31	4.03	5.11	5.78	20.70	
47	113.38	137.89	150.85	4.06	5.08	5.73	20.30	
48	115.79	140.76	154.77	4.22	5.24	5.88	20.56	
49	117.21	142.70	157.57	4.35	5.39	6.00	20.76	
50	118.97	145.33	161.00	4.48	5.54	6.14	21.19	
51	121.22	148.80	165.32	4.65	5.72	6.31	21.79	
52	122.80	151.72	168.84	4.81	5.85	6.48	22.39	
53	124.28	154.39	172.68	4.91	5.97	6.59	22.80	
54	126.08	157.38	176.88	5.02	6.12	6.73	23.25	
55	128.42	160.88	181.70	5.14	6.27	6.87	23.73	
56	131.44	165.06	187.37	5.32	6.48	7.07	24.23	
57	135.34	170.12	194.10	5.52	6.70	7.30	24.77	
58	139.45	174.50	200.83	5.73	6.95	7.52	25.27	
59	145.10	180.67	209.70	6.02	7.24	7.83	25.80	
60	152.24	188.72	220.93	6.37	7.67	8.22	26.45	
61	161.03	198.72	234.73	6.87	8.15	8.71	27.47	
62	172.45	211.90	252.74	7.52	8.79	9.33	28.96	
63	186.85	229.60	274.38	8.32	9.64	10.18	31.01	
64	201.40	247.72	296.83	9.19	10.53	11.06	33.29	
65	217.81	268.27	322.75	10.14	11.53	12.09	36.19	
66	244.30	301.55	364.49	11.66	13.09	13.69	41.19	
67	263.47	325.93	396.36	12.87	14.31	14.90	45.42	
68	279.92	348.58	425.91	14.38	15.59	16.16	51.03	
69	293.94	366.77	449.36	15.73	16.60	17.19	56.61	
70	310.77	385.74	473.34	17.16	17.73	18.31	62.93	
71	332.42	401.43	492.92	18.53	19.09	19.65	69.30	
72	355.21	416.62	511.67	19.95	20.49	21.07	76.16	
73	388.14	445.22	553.40	21.79	22.36	22.94	84.62	
74	425.28	483.87	600.88	23.91	24.48	25.08	94.05	
75	467.26	531.68	655.52	26.34	26.92	27.55	104.55	
76	518.36	591.25	723.88	29.36	29.97	30.63	117.12	
77	572.18	655.62	797.45	32.64	33.29	33.96	130.30	
78	632.50	729.53	885.73	36.43	37.11	37.82	144.95	
79	699.76	813.82	986.82	40.76	41.47	42.22	161.18	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	117.68	126.47	139.57	148.36	166.07	209.20	105.90	113.81	125.63	133.54	149.47	188.29
36	118.93	127.58	141.76	150.72	168.66	211.36	107.04	114.86	127.55	135.63	151.79	190.25
37	120.21	128.76	143.95	153.01	171.29	213.55	108.19	115.87	129.54	137.72	154.15	192.20
38	121.49	129.91	146.24	155.30	174.12	214.79	109.33	116.91	131.62	139.77	156.71	193.34
39	122.67	131.02	148.39	157.55	176.74	216.48	110.41	117.95	133.58	141.79	159.07	194.83
40	123.85	132.16	150.51	159.81	179.20	218.63	111.45	118.93	135.46	143.85	161.29	196.78
41	124.61	132.76	152.01	161.47	180.92	220.39	112.17	119.48	136.82	145.34	162.81	198.35
42	123.85	132.80	152.95	162.60	181.99	221.70	111.45	119.53	137.65	146.34	163.83	199.55
43	118.69	134.24	154.09	163.89	183.28	223.49	106.80	120.81	138.66	147.53	164.94	201.16
44	114.19	136.06	155.48	165.46	184.89	225.74	102.76	122.42	139.95	148.91	166.41	203.17
45	110.28	135.13	153.75	167.31	186.93	228.50	99.23	121.59	138.40	150.57	168.25	205.64
46	106.94	132.73	150.42	169.55	189.52	231.73	96.27	119.43	135.37	152.60	170.54	208.55
47	103.78	130.14	147.13	170.28	190.61	234.46	93.40	117.11	132.43	153.23	171.54	211.01
48	105.19	131.64	149.00	172.32	193.81	240.90	94.69	118.49	134.10	155.09	174.45	216.85
49	106.06	132.29	150.26	173.46	196.02	246.07	95.47	119.07	135.22	156.11	176.41	221.47
50	106.95	132.73	151.51	174.57	198.21	251.13	96.26	119.45	136.37	157.09	178.39	226.01
51	108.44	133.71	153.66	176.56	201.51	257.37	97.59	120.34	138.32	158.90	181.37	231.65
52	110.10	134.72	156.12	178.84	205.19	263.95	99.10	121.22	140.51	160.98	184.67	237.54
53	111.56	135.93	158.36	180.88	208.00	268.87	100.40	122.36	142.53	162.78	187.18	242.00
54	113.69	138.16	161.58	184.11	212.02	275.76	102.33	124.33	145.41	165.68	190.81	248.19
55	115.65	140.19	164.45	187.04	215.60	282.46	104.07	126.18	148.01	168.36	194.06	254.24
56	119.18	143.51	168.60	191.61	220.88	291.85	107.26	129.16	151.74	172.46	198.79	262.69
57	123.62	147.61	173.38	197.06	227.05	303.03	111.26	132.87	156.05	177.39	204.35	272.71
58	128.08	152.64	177.35	202.42	232.92	314.35	115.26	137.37	159.60	182.18	209.62	282.90
59	134.25	159.27	183.74	210.58	241.89	330.52	120.83	143.36	165.36	189.53	217.73	297.50
60	141.18	166.30	191.00	219.75	251.93	348.98	127.05	149.65	171.88	197.79	226.73	314.10
61	148.93	173.78	199.05	229.83	262.95	368.26	134.03	156.41	179.13	206.86	236.66	331.42
62	158.99	183.50	209.70	243.01	277.45	389.56	143.08	165.17	188.73	218.68	249.69	350.58
63	170.68	198.55	227.89	264.35	301.49	423.81	153.63	178.69	205.11	237.92	271.33	381.42
64	181.95	213.42	245.82	285.29	325.19	455.39	163.75	192.08	221.25	256.78	292.68	409.84
65	194.20	229.90	265.25	307.93	350.98	485.75	174.78	206.91	238.72	277.14	315.88	437.17
66	217.89	260.82	300.71	349.09	398.15	543.80	196.11	234.74	270.63	314.18	358.36	489.44
67	233.26	282.79	324.96	377.31	430.79	579.83	209.94	254.50	292.45	339.59	387.71	521.85
68	255.87	312.66	351.66	408.46	467.55	629.26	230.28	281.39	316.49	367.60	420.82	566.34
69	278.33	342.83	380.62	442.17	507.22	678.70	250.50	308.53	342.54	397.94	456.51	610.82
70	298.30	370.51	408.26	474.35	545.12	722.49	268.49	333.48	367.42	426.91	490.61	650.26
71	319.64	400.61	439.55	510.79	587.89	770.26	287.68	360.56	395.60	459.71	529.08	693.24
72	343.35	434.57	475.72	552.83	628.26	824.50	309.03	391.10	428.16	497.54	565.43	742.06
73	367.53	470.70	521.15	606.80	682.05	884.55	330.77	423.64	469.03	546.10	613.82	796.10
74	404.77	513.90	576.25	672.36	742.68	958.59	364.28	462.50	518.62	605.12	668.41	862.73
75	446.68	561.57	639.02	740.19	816.07	1,043.69	402.02	505.41	575.12	666.18	734.46	939.32
76	494.34	610.87	710.42	810.58	894.35	1,141.87	444.92	549.77	639.39	729.52	804.92	1,027.67
77	538.17	670.24	789.13	895.11	988.54	1,254.97	484.35	603.20	710.20	805.59	889.67	1,129.45
78	573.55	719.19	849.93	966.12	1,068.11	1,394.42	516.20	647.28	764.94	869.51	961.29	1,254.99
79	612.18	771.94	915.22	1,042.36	1,153.79	1,510.49	550.96	694.74	823.70	938.13	1,038.41	1,359.45

Mutual of Omaha Insurance Company

Policy Form: LTC04I-TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL) Benefit Period						Non Integrated - Home Health Care (HHC) (2PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	111.39	115.97	133.85	142.30	149.40	167.75	24.78	30.14	33.77	35.89	37.68	41.45
36	112.09	117.31	135.70	144.25	151.46	169.03	25.46	30.81	34.48	36.64	38.49	42.33
37	112.83	118.73	137.52	146.20	153.51	170.41	26.10	31.52	35.22	37.44	39.33	43.13
38	113.14	120.14	139.23	147.89	155.50	170.68	27.11	32.53	36.16	38.39	40.37	44.11
39	113.61	121.56	140.95	149.64	157.38	171.49	27.91	33.34	37.01	39.26	41.28	44.99
40	114.32	122.97	142.70	151.52	159.34	172.84	28.52	34.04	37.68	40.00	42.09	45.79
41	114.79	123.84	143.99	152.98	160.76	173.97	28.87	34.44	38.16	40.54	42.59	46.41
42	114.06	124.15	144.91	154.05	161.73	174.94	28.71	34.62	38.41	40.81	42.84	46.76
43	109.36	125.99	146.11	155.38	163.03	176.39	27.46	34.80	38.59	41.06	43.11	47.10
44	105.34	128.17	147.63	157.09	164.71	178.35	26.30	34.93	38.79	41.27	43.30	47.39
45	101.93	127.77	146.23	159.17	166.85	180.80	25.27	34.28	38.15	41.51	43.52	47.70
46	99.07	125.93	143.44	161.70	169.55	183.73	24.34	33.30	37.03	41.74	43.83	48.01
47	96.26	123.86	140.68	162.81	170.94	186.35	23.48	32.25	35.90	41.55	43.63	48.12
48	97.75	125.69	143.20	165.59	174.95	192.30	23.66	32.21	35.84	41.41	43.76	48.60
49	98.61	126.57	144.93	167.35	177.62	197.10	23.79	32.16	35.67	41.20	43.61	48.96
50	99.42	127.17	146.67	168.96	179.97	201.76	24.05	32.14	35.58	41.01	43.50	49.37
51	100.67	128.08	149.14	171.38	183.07	207.33	24.49	32.38	35.77	41.11	43.62	50.05
52	102.00	128.97	151.87	173.97	186.34	213.11	25.03	32.74	36.06	41.34	43.79	50.84
53	103.14	129.99	154.11	176.01	188.20	217.15	25.52	33.19	36.53	41.74	44.00	51.72
54	104.96	131.91	157.25	179.16	191.11	222.63	26.17	33.86	37.28	42.48	44.54	53.13
55	106.60	133.71	159.98	181.97	193.64	227.83	26.73	34.48	37.95	43.21	45.11	54.63
56	109.80	136.79	163.95	186.31	197.87	235.17	27.58	35.37	39.00	44.30	46.11	56.69
57	113.94	140.74	168.55	191.56	203.14	243.83	28.58	36.35	40.14	45.63	47.42	59.20
58	118.21	145.08	172.21	196.56	209.27	252.52	29.48	37.43	41.21	47.05	49.19	61.83
59	124.31	151.60	178.43	204.48	218.23	265.13	30.59	38.79	42.74	48.99	51.48	65.39
60	131.31	158.96	185.60	213.53	228.24	279.61	31.74	40.10	44.34	51.02	53.97	69.37
61	139.22	167.20	193.67	223.63	239.27	294.79	32.90	41.43	46.10	53.21	56.62	73.47
62	149.43	177.79	204.36	236.84	253.66	311.67	34.52	43.22	48.37	56.05	60.05	77.89
63	161.10	193.78	222.55	258.18	275.69	339.00	36.65	46.44	52.37	60.73	65.13	84.81
64	172.24	209.27	240.49	279.12	297.24	364.26	38.80	49.78	56.35	65.41	70.13	91.13
65	184.11	225.79	259.88	301.68	320.51	388.53	41.39	53.71	60.83	70.59	75.69	97.22
66	206.66	255.64	294.90	342.36	363.19	435.00	46.70	61.23	69.09	80.19	85.94	108.80
67	220.94	275.67	318.80	370.17	392.48	463.87	50.50	66.98	74.97	87.07	93.26	115.96
68	241.77	297.37	344.68	400.33	430.06	503.43	55.95	74.52	81.50	95.43	103.01	125.83
69	262.12	320.85	372.74	433.00	467.40	542.98	61.88	82.74	88.91	104.37	112.88	135.72
70	279.81	343.06	399.40	464.08	500.80	578.04	67.74	90.92	96.33	112.88	121.91	144.46
71	298.47	368.14	429.61	499.24	537.05	616.25	74.31	100.14	104.88	122.45	131.76	154.02
72	319.05	397.09	464.54	539.84	570.01	659.59	81.86	110.77	114.83	133.46	140.90	164.90
73	339.87	433.50	508.93	592.54	610.46	707.65	90.05	122.68	127.21	146.75	151.55	176.90
74	372.50	477.51	562.89	656.78	656.56	766.88	101.84	136.73	141.97	162.89	163.48	191.71
75	409.20	526.38	624.54	723.39	714.26	834.95	115.14	152.14	158.62	179.64	178.14	208.73
76	450.92	576.93	694.80	792.75	777.40	913.50	130.20	168.00	177.29	197.15	193.98	228.37
77	489.06	636.66	772.37	876.13	856.20	1,003.98	144.32	186.48	197.57	218.28	213.52	250.99
78	519.52	685.73	832.66	946.49	924.88	1,115.54	156.06	201.75	213.07	236.32	230.32	278.88
79	553.00	737.22	897.44	1,022.14	1,001.76	1,208.41	168.43	217.59	229.36	255.84	248.93	302.08

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	127.65	142.30	159.34	4.75	5.62	6.53	24.78	
36	129.20	144.25	160.62	4.82	5.69	6.60	25.46	
37	130.75	146.20	161.86	4.88	5.76	6.67	26.10	
38	131.02	147.89	162.13	4.92	5.79	6.70	27.11	
39	131.99	149.60	162.91	4.95	5.83	6.73	27.91	
40	133.58	151.49	164.18	5.02	5.89	6.80	28.52	
41	135.21	152.95	165.29	5.10	6.00	6.87	28.87	
42	136.79	154.05	166.19	5.11	6.05	6.92	28.71	
43	138.82	155.38	167.58	4.96	6.13	6.99	27.46	
44	141.19	157.09	169.45	4.85	6.25	7.10	26.30	
45	140.71	159.17	171.78	4.78	6.25	7.07	25.27	
46	138.68	161.67	174.53	4.73	6.19	7.01	24.34	
47	136.31	162.81	177.01	4.70	6.11	6.89	23.48	
48	138.29	165.56	182.69	4.86	6.26	7.03	23.66	
49	139.19	167.32	187.27	4.99	6.40	7.12	23.79	
50	139.73	168.96	191.67	5.09	6.51	7.21	24.05	
51	140.69	171.36	196.97	5.22	6.63	7.32	24.49	
52	141.57	173.97	202.43	5.38	6.75	7.47	25.03	
53	142.63	176.01	206.29	5.49	6.85	7.56	25.52	
54	144.67	179.16	211.49	5.65	7.03	7.72	26.17	
55	146.61	181.97	216.45	5.79	7.16	7.85	26.73	
56	149.94	186.31	223.40	6.05	7.39	8.07	27.58	
57	154.23	191.56	231.64	6.37	7.63	8.32	28.58	
58	158.90	196.56	239.88	6.69	7.92	8.57	29.48	
59	166.03	204.48	251.87	7.14	8.29	8.96	30.59	
60	174.06	213.53	265.61	7.64	8.76	9.40	31.74	
61	183.01	223.63	280.05	8.23	9.26	9.90	32.90	
62	194.53	236.84	296.07	8.97	9.92	10.53	34.52	
63	211.90	258.18	322.04	9.84	10.94	11.55	36.65	
64	228.70	279.12	346.02	10.71	11.96	12.56	38.80	
65	246.61	301.65	369.12	11.60	13.06	13.69	41.39	
66	279.02	342.36	413.23	13.22	14.96	15.63	46.70	
67	300.69	370.17	440.66	14.31	16.33	17.01	50.50	
68	323.95	402.72	478.23	15.76	18.04	18.71	55.95	
69	349.25	436.25	515.80	17.20	19.72	20.43	61.88	
70	373.23	466.97	549.14	18.47	21.29	21.99	67.74	
71	400.37	500.96	585.41	19.87	22.99	23.67	74.31	
72	431.73	539.84	626.63	21.44	24.91	25.60	81.86	
73	471.36	588.49	672.24	23.19	27.15	27.86	90.05	
74	519.26	648.45	728.54	25.89	29.89	30.62	101.84	
75	572.33	711.10	793.21	29.01	32.97	33.82	115.14	
76	627.19	777.32	867.81	32.63	36.27	37.52	130.20	
77	691.90	858.60	953.76	36.15	40.25	41.68	144.32	
78	744.90	928.76	1,059.78	39.23	43.71	45.03	156.06	
79	800.37	1,005.94	1,147.98	42.60	47.44	48.71	168.43	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Simple

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Issue Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	61.97	71.90	81.77	91.61	101.37	144.04	55.76	64.71	73.60	82.46	91.24	129.64
36	62.56	72.79	82.91	92.92	102.82	145.53	56.31	65.53	74.60	83.62	92.54	130.99
37	63.18	73.70	84.06	94.23	104.26	147.03	56.86	66.32	75.65	84.82	93.83	132.33
38	64.77	75.82	86.60	97.08	107.30	147.89	58.29	68.23	77.94	87.38	96.57	133.12
39	66.02	77.51	88.65	99.41	109.82	149.05	59.43	69.78	79.80	89.47	98.84	134.14
40	67.60	79.59	91.13	102.26	112.98	150.53	60.84	71.62	82.02	92.05	101.69	135.49
41	69.29	81.73	93.71	105.20	116.23	152.37	62.37	73.56	84.34	94.69	104.60	137.13
42	70.62	83.50	95.89	107.74	119.08	154.54	63.55	75.16	86.30	96.97	107.20	139.10
43	72.40	85.65	98.41	110.58	122.23	156.16	65.15	77.09	88.55	99.54	110.00	140.56
44	74.36	88.03	101.16	113.70	125.71	159.06	66.92	79.21	91.06	102.33	113.14	143.16
45	76.53	90.67	104.19	117.14	129.51	161.41	68.86	81.58	93.79	105.42	116.57	145.26
46	75.79	91.22	103.38	120.07	133.09	164.10	68.23	82.08	93.04	108.07	119.77	147.69
47	75.10	90.58	102.41	120.67	135.08	167.18	67.59	81.51	92.17	108.59	121.57	150.46
48	77.29	93.17	105.47	123.85	139.30	172.52	69.56	83.87	94.92	111.47	125.38	155.30
49	78.98	95.07	107.99	126.25	142.67	176.69	71.10	85.57	97.17	113.63	128.40	159.03
50	81.25	97.47	111.25	129.50	147.04	181.93	73.12	87.71	100.13	116.53	132.33	163.73
51	83.15	99.28	114.09	132.11	150.78	186.14	74.84	89.35	102.70	118.90	135.71	167.54
52	85.76	101.78	117.95	135.85	155.86	191.75	77.19	91.58	106.16	122.28	140.28	172.57
53	86.72	103.08	120.08	138.07	158.77	195.87	78.05	92.78	108.08	124.25	142.88	176.30
54	88.38	105.36	123.22	141.52	162.97	201.81	79.55	94.81	110.89	127.35	146.67	181.63
55	89.76	107.36	125.94	144.58	166.65	207.31	80.77	96.63	113.35	130.13	150.00	186.60
56	92.03	110.59	129.93	149.24	172.03	215.19	82.83	99.54	116.94	134.32	154.82	193.69
57	94.74	114.50	134.49	154.71	178.25	224.47	85.27	103.06	121.05	139.26	160.43	202.01
58	96.98	118.33	137.48	158.73	182.65	232.48	87.28	106.49	123.73	142.86	164.38	209.22
59	100.57	123.63	142.63	165.27	189.84	244.43	90.52	111.28	128.36	148.75	170.88	220.01
60	105.10	129.92	149.22	173.48	198.89	259.29	94.58	116.92	134.29	156.15	178.99	233.38
61	111.00	136.49	156.34	182.30	208.57	275.54	99.89	122.85	140.69	164.08	187.72	247.98
62	119.05	145.21	165.95	194.09	221.59	296.84	107.14	130.71	149.35	174.65	199.42	267.14
63	128.83	156.18	179.26	209.72	239.18	322.11	115.96	140.56	161.33	188.75	215.26	289.89
64	140.03	168.61	194.21	227.15	258.92	350.47	126.02	151.75	174.80	204.45	233.04	315.41
65	152.24	182.05	210.04	245.53	279.85	380.79	137.01	163.84	189.03	220.98	251.86	342.70
66	173.20	205.80	237.28	277.10	316.03	432.25	155.88	185.22	213.54	249.39	284.45	389.04
67	190.07	224.47	257.94	300.95	343.61	472.45	171.06	202.01	232.14	270.86	309.25	425.21
68	213.70	247.38	278.23	323.73	370.56	513.15	192.33	222.63	250.41	291.34	333.52	461.84
69	238.79	270.62	300.45	348.66	399.95	554.55	214.92	243.54	270.39	313.79	359.96	499.08
70	264.77	294.75	324.78	374.36	430.21	595.00	238.31	265.29	292.29	336.93	387.20	535.52
71	290.23	323.87	355.35	398.54	458.69	631.51	261.21	291.49	319.81	358.68	412.81	568.36
72	319.45	357.55	391.40	426.64	491.79	673.24	287.52	321.78	352.27	383.97	442.60	605.92
73	347.74	390.27	432.10	462.24	533.12	733.19	312.97	351.25	388.89	416.00	479.79	659.88
74	381.64	429.72	481.86	512.24	591.15	807.20	343.47	386.74	433.66	461.01	532.04	726.48
75	417.09	471.48	535.38	569.14	657.27	887.00	375.39	424.33	481.85	512.23	591.54	798.30
76	457.42	519.31	596.53	634.16	732.96	979.69	411.68	467.37	536.89	570.74	659.66	881.72
77	492.93	562.30	652.29	693.41	802.21	1,064.50	443.63	506.06	587.05	624.06	721.98	958.04
78	540.55	619.65	724.36	770.04	891.81	1,182.55	486.49	557.69	651.93	693.04	802.62	1,064.30
79	590.17	679.94	799.20	849.58	985.10	1,308.13	531.14	611.94	719.28	764.63	886.59	1,177.33

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Simple

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	58.65	65.93	78.42	87.87	91.20	115.50	13.05	17.13	19.79	22.16	23.00	28.54
36	58.96	66.93	79.37	88.94	92.33	116.38	13.39	17.58	20.17	22.59	23.46	29.14
37	59.30	67.96	80.31	90.04	93.44	117.33	13.71	18.04	20.57	23.06	23.94	29.70
38	60.32	70.12	82.45	92.45	95.82	117.52	14.45	18.98	21.42	24.00	24.88	30.37
39	61.15	71.91	84.21	94.42	97.79	118.08	15.02	19.72	22.11	24.77	25.65	30.97
40	62.40	74.05	86.40	96.96	100.45	119.00	15.57	20.50	22.81	25.60	26.54	31.53
41	63.83	76.24	88.77	99.67	103.28	120.28	16.05	21.20	23.53	26.41	27.36	32.09
42	65.04	78.07	90.84	102.08	105.83	121.95	16.37	21.77	24.08	27.04	28.03	32.60
43	66.71	80.39	93.31	104.84	108.72	123.25	16.75	22.20	24.64	27.71	28.75	32.91
44	68.60	82.93	96.06	107.95	111.99	125.67	17.13	22.60	25.24	28.36	29.44	33.39
45	70.73	85.73	99.09	111.44	115.60	127.71	17.54	23.00	25.85	29.06	30.15	33.70
46	70.22	86.55	98.58	114.51	119.07	130.11	17.25	22.88	25.45	29.56	30.78	34.00
47	69.66	86.21	97.92	115.38	121.14	132.87	16.99	22.45	24.99	29.44	30.92	34.31
48	71.82	88.96	101.35	119.01	125.74	137.72	17.38	22.80	25.37	29.76	31.45	34.81
49	73.44	90.96	104.16	121.80	129.28	141.53	17.72	23.11	25.63	29.99	31.74	35.16
50	75.52	93.38	107.70	125.33	133.50	146.17	18.27	23.60	26.13	30.42	32.27	35.77
51	77.20	95.10	110.73	128.24	136.98	149.94	18.78	24.04	26.56	30.76	32.64	36.19
52	79.45	97.44	114.74	132.14	141.54	154.82	19.50	24.73	27.25	31.40	33.26	36.93
53	80.18	98.57	116.86	134.36	143.66	158.19	19.84	25.17	27.70	31.86	33.59	37.68
54	81.59	100.59	119.91	137.71	146.90	162.92	20.34	25.82	28.42	32.65	34.24	38.88
55	82.74	102.40	122.52	140.66	149.67	167.21	20.75	26.41	29.07	33.40	34.86	40.10
56	84.79	105.42	126.35	145.10	154.11	173.39	21.30	27.25	30.06	34.50	35.91	41.80
57	87.32	109.17	130.74	150.38	159.48	180.61	21.90	28.19	31.14	35.82	37.23	43.85
58	89.51	112.47	133.50	154.14	164.10	186.75	22.32	29.02	31.95	36.90	38.57	45.73
59	93.13	117.68	138.51	160.49	171.27	196.07	22.92	30.11	33.18	38.45	40.40	48.36
60	97.75	124.19	145.00	168.58	180.18	207.75	23.63	31.33	34.64	40.28	42.60	51.54
61	103.76	131.33	152.12	177.39	189.79	220.57	24.52	32.54	36.21	42.21	44.91	54.97
62	111.90	140.69	161.72	189.15	202.59	237.49	25.85	34.20	38.27	44.77	47.96	59.35
63	121.60	152.42	175.06	204.82	218.71	257.65	27.66	36.53	41.19	48.18	51.67	64.46
64	132.56	165.33	190.00	222.24	236.67	280.34	29.86	39.33	44.52	52.08	55.84	70.13
65	144.33	178.79	205.79	240.54	255.56	304.58	32.45	42.53	48.16	56.29	60.35	76.21
66	164.27	201.71	232.69	271.75	288.29	345.77	37.12	48.32	54.52	63.65	68.22	86.48
67	180.03	218.82	253.05	295.26	313.05	377.97	41.15	53.17	59.51	69.45	74.39	94.49
68	201.92	235.28	272.71	317.28	340.85	410.54	46.72	58.96	64.48	75.64	81.64	102.61
69	224.88	253.26	294.23	341.43	368.56	443.65	53.09	65.31	70.18	82.30	89.01	110.89
70	248.36	272.91	317.73	366.26	395.24	476.03	60.12	72.33	76.64	89.09	96.21	118.97
71	271.00	297.61	347.31	389.53	419.03	505.24	67.47	80.96	84.79	95.54	102.80	126.27
72	296.84	326.71	382.20	416.62	446.19	538.59	76.16	91.14	94.48	103.00	110.29	134.65
73	321.58	359.42	421.97	451.38	477.16	586.56	85.21	101.72	105.47	111.79	118.46	146.63
74	351.22	399.30	470.69	500.37	522.61	645.77	96.02	114.33	118.71	124.10	130.13	161.43
75	382.09	441.93	523.25	556.22	575.27	709.60	107.52	127.73	132.89	138.13	143.48	177.40
76	417.24	490.45	583.42	620.21	637.11	783.76	120.47	142.82	148.87	154.24	158.98	195.94
77	447.94	534.13	638.44	678.71	694.82	851.61	132.19	156.45	163.31	169.09	173.28	212.89
78	489.62	590.82	709.64	754.39	772.22	946.04	147.08	173.82	181.59	188.36	192.30	236.51
79	533.12	649.36	783.68	833.10	855.29	1,046.52	162.38	191.66	200.29	208.52	212.53	261.61

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Simple

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	72.57	87.87	109.71	2.50	3.20	3.83	13.05	
36	73.71	88.94	110.59	2.53	3.25	3.86	13.39	
37	74.84	90.04	111.45	2.57	3.30	3.89	13.71	
38	76.47	92.45	111.63	2.62	3.38	3.97	14.45	
39	78.09	94.40	112.16	2.66	3.45	4.02	15.02	
40	80.44	96.94	113.05	2.74	3.55	4.12	15.57	
41	83.24	99.65	114.27	2.83	3.70	4.24	16.05	
42	86.01	102.08	115.85	2.91	3.81	4.34	16.37	
43	88.58	104.84	117.10	3.03	3.91	4.47	16.75	
44	91.36	107.95	119.40	3.16	4.04	4.62	17.13	
45	94.41	111.44	121.34	3.32	4.19	4.79	17.54	
46	95.31	114.49	123.60	3.36	4.26	4.82	17.25	
47	94.87	115.38	126.22	3.40	4.25	4.80	16.99	
48	97.89	118.99	130.84	3.57	4.43	4.97	17.38	
49	100.03	121.78	134.47	3.71	4.60	5.12	17.72	
50	102.60	125.33	138.86	3.86	4.78	5.29	18.27	
51	104.46	128.22	142.45	4.01	4.92	5.43	18.78	
52	106.96	132.14	147.06	4.19	5.10	5.64	19.50	
53	108.16	134.36	150.28	4.27	5.19	5.73	19.84	
54	110.32	137.71	154.77	4.39	5.36	5.89	20.34	
55	112.28	140.66	158.87	4.50	5.48	6.01	20.75	
56	115.55	145.10	164.72	4.68	5.70	6.22	21.30	
57	119.63	150.38	171.58	4.88	5.92	6.46	21.90	
58	123.18	154.14	177.40	5.06	6.14	6.64	22.32	
59	128.88	160.49	186.27	5.35	6.43	6.95	22.92	
60	135.99	168.58	197.35	5.69	6.85	7.34	23.63	
61	143.75	177.39	209.54	6.13	7.27	7.78	24.52	
62	153.94	189.15	225.61	6.72	7.85	8.33	25.85	
63	166.68	204.82	244.76	7.43	8.60	9.08	27.66	
64	180.68	222.24	266.30	8.24	9.45	9.93	29.86	
65	195.28	240.52	289.36	9.09	10.34	10.84	32.45	
66	220.16	271.75	328.46	10.51	11.80	12.33	37.12	
67	238.68	295.26	359.05	11.66	12.96	13.50	41.15	
68	256.31	319.18	389.99	13.16	14.28	14.80	46.72	
69	275.68	343.99	421.45	14.75	15.57	16.12	53.09	
70	296.91	368.54	452.24	16.40	16.94	17.49	60.12	
71	323.68	390.87	479.95	18.04	18.59	19.14	67.47	
72	355.21	416.62	511.67	19.95	20.49	21.07	76.16	
73	390.81	448.29	557.22	21.94	22.51	23.10	85.21	
74	434.20	494.02	613.48	24.41	25.00	25.61	96.02	
75	480.52	546.77	674.12	27.09	27.68	28.33	107.52	
76	533.17	608.14	744.56	30.20	30.83	31.51	120.47	
77	580.47	665.13	809.01	33.11	33.77	34.45	132.19	
78	641.80	740.26	898.75	36.97	37.66	38.38	147.08	
79	704.98	819.90	994.19	41.07	41.78	42.54	162.38	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 20 Years

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	62.21	68.31	75.38	82.08	91.88	140.33	55.98	61.47	67.85	73.88	82.69	126.31
36	62.87	68.91	76.56	83.38	93.31	141.70	56.59	62.03	68.89	75.04	83.98	127.55
37	63.19	69.15	77.31	84.17	94.23	142.29	56.87	62.23	69.57	75.76	84.80	128.07
38	63.86	69.64	78.39	84.60	94.85	144.50	57.47	62.67	70.56	76.14	85.37	130.07
39	64.48	70.12	79.41	85.06	95.42	144.46	58.04	63.12	71.49	76.55	85.88	130.01
40	65.10	70.63	80.44	85.58	95.96	144.71	58.59	63.56	72.39	77.03	86.37	130.24
41	65.40	70.75	81.01	85.69	96.01	144.58	58.87	63.67	72.91	77.13	86.40	130.13
42	65.75	70.87	81.63	85.92	96.17	144.86	59.17	63.79	73.46	77.33	86.57	130.39
43	66.57	71.88	82.52	88.60	99.09	148.19	59.90	64.70	74.25	79.76	89.17	133.39
44	67.15	72.72	83.11	90.87	101.54	150.97	60.43	65.43	74.80	81.78	91.39	135.87
45	67.87	73.75	83.91	93.23	104.16	154.05	61.07	66.36	75.53	83.91	93.75	138.64
46	68.77	75.22	85.24	95.77	107.04	157.44	61.90	67.68	76.71	86.19	96.33	141.69
47	70.33	77.31	87.41	99.08	110.91	162.12	63.30	69.57	78.67	89.16	99.81	145.90
48	72.23	79.62	90.12	102.87	115.70	168.51	65.01	71.67	81.11	92.59	104.15	151.69
49	74.54	82.85	94.10	107.30	121.25	175.82	67.10	74.56	84.68	96.57	109.12	158.25
50	76.50	85.53	97.63	111.19	126.26	182.13	68.85	76.97	87.87	100.06	113.63	163.91
51	79.05	88.75	102.00	115.94	132.32	189.63	71.15	79.88	91.81	104.34	119.10	170.68
52	81.32	91.54	106.08	120.32	138.04	196.32	73.19	82.36	95.47	108.30	124.24	176.68
53	83.28	94.64	110.25	124.60	143.28	202.75	74.94	85.18	99.23	112.13	128.95	182.48
54	85.92	98.70	115.43	130.08	149.79	210.58	77.33	88.82	103.88	117.05	134.81	189.53
55	88.36	102.61	120.37	135.35	156.02	216.38	79.51	92.36	108.33	121.83	140.43	194.76
56	91.17	107.14	125.87	141.40	163.00	223.26	82.05	96.43	113.28	127.27	146.69	200.95
57	94.43	112.40	132.02	148.32	170.89	231.48	84.99	101.17	118.82	133.51	153.81	208.32
58	98.29	118.29	137.43	155.28	178.68	241.25	88.46	106.45	123.68	139.75	160.81	217.11
59	103.03	125.12	144.35	164.01	188.40	253.66	92.73	112.62	129.91	147.62	169.58	228.31
60	108.19	132.36	152.03	173.66	199.10	267.44	97.37	119.12	136.81	156.31	179.18	240.71
61	115.21	141.79	162.41	186.47	213.34	286.00	103.68	127.62	146.16	167.83	192.01	257.39
62	123.84	152.93	174.76	201.68	230.26	308.11	111.45	137.65	157.29	181.49	207.23	277.29
63	135.56	167.04	191.73	221.65	252.78	336.47	122.02	150.34	172.56	199.48	227.50	302.82
64	148.15	182.11	209.75	242.80	276.76	366.10	133.34	163.90	188.79	218.53	249.09	329.48
65	163.06	199.95	230.69	267.33	304.70	400.31	146.75	179.95	207.61	240.60	274.23	360.28
66	187.87	230.04	265.22	307.61	350.83	457.35	169.09	207.04	238.69	276.85	315.78	411.63
67	207.63	254.01	291.89	338.90	386.93	500.06	186.87	228.60	262.69	305.01	348.24	450.06
68	231.38	283.77	319.16	369.72	423.20	560.11	208.24	255.38	287.24	332.74	380.91	504.11
69	254.61	312.78	347.26	401.40	460.44	620.86	229.15	281.49	312.51	361.25	414.41	558.76
70	282.42	341.88	376.71	434.64	499.48	684.02	254.19	307.71	339.02	391.18	449.54	615.63
71	309.84	369.47	405.39	467.06	537.56	746.63	278.85	332.53	364.85	420.35	483.79	671.98
72	339.00	398.11	435.80	501.53	578.11	806.18	305.12	358.28	392.23	451.37	520.30	725.57
73	364.42	419.65	464.62	537.74	620.21	862.15	327.97	377.68	418.16	483.95	558.16	775.94
74	392.10	442.74	496.46	577.73	666.73	911.60	352.88	398.46	446.80	519.95	600.05	820.45
75	422.85	477.99	542.77	621.95	718.25	967.37	380.57	430.18	488.50	559.75	646.43	870.64
76	457.42	519.31	596.53	670.63	775.11	1,030.37	411.68	467.37	536.89	603.56	697.60	927.32
77	496.45	566.31	656.95	723.85	837.44	1,101.09	446.80	509.67	591.24	651.46	753.68	990.96
78	544.46	624.14	729.61	803.93	931.06	1,223.32	490.02	561.73	656.65	723.54	837.95	1,100.99
79	594.54	684.98	805.12	887.12	1,028.62	1,353.45	535.08	616.47	724.61	798.41	925.76	1,218.11

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 20 Years

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	58.88	62.63	72.29	78.73	82.66	112.53	13.10	16.28	18.24	19.86	20.85	27.80
36	59.26	63.36	73.29	79.81	83.79	113.32	13.46	16.64	18.62	20.27	21.29	28.38
37	59.31	63.76	73.86	80.43	84.45	113.55	13.72	16.93	18.92	20.60	21.64	28.74
38	59.47	64.40	74.64	80.56	84.71	114.83	14.25	17.44	19.39	20.91	21.99	29.68
39	59.72	65.05	75.43	80.79	84.97	114.44	14.67	17.84	19.80	21.20	22.29	30.02
40	60.09	65.72	76.26	81.14	85.33	114.40	14.99	18.19	20.14	21.42	22.54	30.31
41	60.24	65.99	76.73	81.19	85.32	114.13	15.15	18.35	20.34	21.52	22.60	30.45
42	60.55	66.26	77.33	81.41	85.47	114.31	15.24	18.48	20.50	21.56	22.64	30.55
43	61.34	67.47	78.24	84.00	88.14	116.96	15.40	18.63	20.66	22.20	23.31	31.23
44	61.94	68.51	78.91	86.27	90.46	119.27	15.47	18.67	20.73	22.67	23.78	31.69
45	62.73	69.74	79.81	88.69	92.98	121.89	15.55	18.71	20.82	23.13	24.25	32.16
46	63.71	71.36	81.29	91.33	95.77	124.83	15.65	18.87	20.98	23.57	24.75	32.62
47	65.24	73.58	83.57	94.73	99.46	128.85	15.91	19.16	21.33	24.17	25.38	33.27
48	67.12	76.02	86.61	98.85	104.44	134.51	16.25	19.48	21.68	24.72	26.12	34.00
49	69.31	79.27	90.76	103.52	109.87	140.83	16.72	20.14	22.34	25.49	26.98	34.98
50	71.11	81.95	94.51	107.62	114.64	146.32	17.20	20.71	22.93	26.12	27.71	35.80
51	73.39	85.02	98.99	112.54	120.21	152.75	17.85	21.49	23.74	27.00	28.64	36.87
52	75.34	87.63	103.19	117.04	125.36	158.50	18.49	22.25	24.50	27.81	29.46	37.81
53	76.99	90.50	107.29	121.25	129.65	163.74	19.05	23.11	25.43	28.75	30.31	39.00
54	79.31	94.23	112.33	126.57	135.02	170.01	19.77	24.19	26.63	30.01	31.47	40.57
55	81.45	97.87	117.10	131.68	140.13	174.53	20.42	25.24	27.78	31.27	32.64	41.85
56	84.00	102.12	122.40	137.48	146.02	179.90	21.10	26.40	29.12	32.69	34.03	43.36
57	87.04	107.16	128.34	144.17	152.89	186.26	21.83	27.68	30.56	34.35	35.69	45.22
58	90.72	112.43	133.45	150.79	160.53	193.80	22.62	29.01	31.94	36.10	37.74	47.45
59	95.40	119.10	140.17	159.26	169.97	203.47	23.48	30.47	33.57	38.15	40.10	50.19
60	100.63	126.53	147.73	168.75	180.37	214.28	24.32	31.92	35.30	40.32	42.65	53.16
61	107.70	136.43	158.02	181.44	194.13	228.95	25.45	33.81	37.61	43.17	45.94	57.06
62	116.39	148.17	170.31	196.56	210.52	246.51	26.89	36.02	40.31	46.52	49.83	61.60
63	127.95	163.03	187.24	216.47	231.15	269.14	29.11	39.07	44.06	50.92	54.61	67.33
64	140.25	178.56	205.20	237.55	252.97	292.84	31.59	42.48	48.08	55.67	59.68	73.26
65	154.59	196.37	226.02	261.90	278.25	320.20	34.75	46.71	52.90	61.29	65.71	80.12
66	178.19	225.47	260.10	301.67	320.03	365.85	40.27	54.01	60.94	70.66	75.73	91.50
67	196.66	247.61	286.35	332.48	352.52	400.06	44.95	60.17	67.34	78.20	83.76	100.01
68	218.62	269.88	312.83	362.36	389.27	448.10	50.59	67.63	73.97	86.38	93.24	112.00
69	239.78	292.72	340.07	393.07	424.30	496.71	56.61	75.49	81.11	94.75	102.47	124.15
70	264.91	316.55	368.53	425.23	458.87	547.25	64.13	83.89	88.89	103.43	111.71	136.76
71	289.31	339.52	396.22	456.50	491.07	597.34	72.03	92.36	96.73	111.97	120.48	149.29
72	315.01	363.77	425.55	489.75	524.51	644.94	80.82	101.48	105.19	121.08	129.65	161.24
73	337.00	386.47	453.73	525.11	555.11	689.73	89.29	109.37	113.41	130.05	137.81	172.42
74	360.84	411.39	484.95	564.34	589.42	729.29	98.66	117.80	122.31	139.96	146.77	182.31
75	387.36	448.03	530.46	607.83	628.65	773.90	109.00	129.49	134.73	150.94	156.79	193.47
76	417.24	490.45	583.42	655.87	673.75	824.29	120.47	142.82	148.87	163.11	168.12	206.07
77	451.14	537.94	643.00	708.51	725.33	880.88	133.13	157.57	164.48	176.52	180.89	220.21
78	493.17	595.10	714.78	787.59	806.21	978.65	148.15	175.08	182.91	196.65	200.77	244.66
79	537.06	654.17	789.48	869.91	893.08	1,082.77	163.58	193.08	201.77	217.73	221.92	270.68

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 20 Years

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	68.94	78.73	106.88	2.51	3.04	3.53	13.10	
36	69.78	79.81	107.68	2.55	3.07	3.56	13.46	
37	70.22	80.43	107.85	2.57	3.09	3.58	13.72	
38	70.23	80.56	109.07	2.58	3.10	3.59	14.25	
39	70.64	80.77	108.71	2.60	3.12	3.60	14.67	
40	71.38	81.12	108.67	2.64	3.15	3.63	14.99	
41	72.05	81.17	108.44	2.68	3.20	3.66	15.15	
42	73.00	81.41	108.59	2.71	3.23	3.69	15.24	
43	74.34	84.00	111.12	2.78	3.29	3.74	15.40	
44	75.47	86.27	113.32	2.85	3.34	3.79	15.47	
45	76.80	88.69	115.81	2.94	3.41	3.86	15.55	
46	78.59	91.32	118.58	3.04	3.51	3.97	15.65	
47	80.98	94.73	122.39	3.18	3.63	4.09	15.91	
48	83.65	98.84	127.79	3.33	3.79	4.25	16.25	
49	87.17	103.50	133.81	3.51	4.01	4.46	16.72	
50	90.04	107.62	139.00	3.64	4.19	4.64	17.20	
51	93.38	112.52	145.12	3.81	4.40	4.86	17.85	
52	96.19	117.04	150.56	3.97	4.59	5.08	18.49	
53	99.30	121.25	155.55	4.10	4.77	5.26	19.05	
54	103.34	126.57	161.50	4.27	5.02	5.52	19.77	
55	107.31	131.68	165.82	4.43	5.24	5.74	20.42	
56	111.94	137.48	170.89	4.63	5.52	6.02	21.10	
57	117.43	144.17	176.95	4.87	5.81	6.34	21.83	
58	123.14	150.79	184.10	5.13	6.13	6.64	22.62	
59	130.43	159.26	193.29	5.48	6.51	7.04	23.48	
60	138.54	168.75	203.55	5.85	6.98	7.48	24.32	
61	149.33	181.44	217.49	6.36	7.56	8.08	25.45	
62	162.12	196.56	234.17	6.99	8.26	8.77	26.89	
63	178.27	216.47	255.67	7.81	9.20	9.71	29.11	
64	195.14	237.55	278.17	8.72	10.21	10.72	31.59	
65	214.48	261.88	304.20	9.74	11.36	11.91	34.75	
66	246.09	301.67	347.54	11.40	13.19	13.79	40.27	
67	270.08	332.48	380.04	12.73	14.66	15.28	44.95	
68	294.01	364.53	425.68	14.25	16.38	16.98	50.59	
69	318.64	396.02	471.84	15.73	18.00	18.64	56.61	
70	344.38	427.88	519.90	17.49	19.64	20.29	64.13	
71	369.25	458.07	567.45	19.26	21.21	21.83	72.03	
72	395.50	489.75	612.71	21.17	22.82	23.45	80.82	
73	420.23	521.52	655.22	23.00	24.21	24.84	89.29	
74	447.36	557.18	692.83	25.08	25.75	26.38	98.66	
75	487.14	597.50	735.21	27.46	28.06	28.72	109.00	
76	533.17	643.11	783.07	30.20	30.83	31.51	120.47	
77	584.61	694.33	836.81	33.35	34.01	34.70	133.13	
78	646.45	772.84	929.74	37.24	37.93	38.66	148.15	
79	710.21	856.12	1,028.62	41.37	42.09	42.85	163.58	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 10 Years

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC							LTC04I NH, LTC04I ALF, LTC04I HHC						
	Integrated NH, ALF, and HHC with 100% HHC (1PL)							Integrated NH, ALF, and HHC with 50% HHC (1PL)						
Issue Age	Benefit Period							Benefit Period						
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited		2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	
18-35	49.98	54.88	60.56	65.94	73.81	88.85		44.97	49.38	54.51	59.36	66.43	79.97	
36	50.15	54.97	61.08	66.52	74.44	89.13		45.14	49.49	54.96	59.86	66.99	80.23	
37	50.69	55.48	62.02	67.53	75.60	90.06		45.62	49.92	55.81	60.78	68.04	81.05	
38	51.23	55.87	62.89	67.87	76.09	90.58		46.11	50.28	56.60	61.08	68.49	81.54	
39	51.73	56.25	63.71	68.24	76.55	91.29		46.56	50.64	57.35	61.41	68.90	82.16	
40	51.86	56.26	64.08	68.17	76.45	91.55		46.67	50.63	57.67	61.36	68.80	82.40	
41	52.40	56.68	64.90	68.65	76.92	92.67		47.16	51.01	58.41	61.79	69.22	83.40	
42	52.60	56.70	65.30	68.74	76.94	93.32		47.33	51.03	58.77	61.86	69.26	84.00	
43	53.26	57.51	66.01	70.88	79.27	94.86		47.92	51.76	59.40	63.81	71.34	85.39	
44	53.64	58.10	66.39	72.59	81.12	95.94		48.27	52.27	59.76	65.33	73.01	86.35	
45	54.53	59.26	67.42	74.91	83.69	97.94		49.07	53.32	60.69	67.42	75.33	88.14	
46	55.17	60.35	68.39	76.83	85.88	99.46		49.67	54.30	61.55	69.16	77.29	89.51	
47	56.02	61.58	69.62	78.92	88.34	101.20		50.42	55.42	62.66	71.01	79.50	91.08	
48	57.87	63.79	72.20	82.42	92.70	104.44		52.09	57.42	64.98	74.18	83.44	94.01	
49	59.72	66.37	75.39	85.96	97.14	107.61		53.76	59.74	67.84	77.37	87.43	96.86	
50	61.20	68.43	78.10	88.96	101.01	110.00		55.08	61.58	70.30	80.05	90.90	98.99	
51	63.24	71.00	81.60	92.75	105.86	113.23		56.92	63.90	73.45	83.47	95.28	101.92	
52	64.96	73.12	84.74	96.11	110.27	115.79		58.47	65.79	76.27	86.51	99.25	104.21	
53	66.92	76.05	88.59	100.13	115.14	119.02		60.22	68.45	79.74	90.11	103.62	107.12	
54	68.53	78.72	92.07	103.75	119.48	121.71		61.68	70.84	82.85	93.36	107.52	109.55	
55	70.37	81.72	95.86	107.80	124.26	124.87		63.32	73.55	86.28	97.03	111.84	112.40	
56	73.04	85.84	100.84	113.29	130.60	129.62		65.74	77.26	90.76	101.97	117.53	116.67	
57	75.54	89.92	105.62	118.65	136.71	134.19		67.99	80.94	95.06	106.81	123.04	120.77	
58	78.63	94.63	109.95	124.22	142.94	139.85		70.77	85.16	98.94	111.80	128.65	125.86	
59	82.42	100.10	115.48	131.21	150.72	147.05		74.18	90.10	103.93	118.09	135.66	132.36	
60	87.08	106.54	122.36	139.78	160.25	155.98		78.37	95.87	110.12	125.81	144.22	140.40	
61	92.73	114.12	130.72	150.09	171.71	166.81		83.45	102.72	117.64	135.09	154.55	150.12	
62	98.92	122.15	139.60	161.10	183.93	178.34		89.02	109.95	125.64	144.97	165.53	160.50	
63	108.29	133.43	153.15	177.05	201.92	194.76		97.47	120.09	137.83	159.34	181.72	175.28	
64	118.34	145.46	167.55	193.94	221.07	211.91		106.51	130.92	150.80	174.56	198.97	190.71	
65	129.25	158.50	182.86	211.91	241.53	229.94		116.33	142.64	164.57	190.72	217.38	206.95	
66	148.92	182.35	210.24	243.84	278.10	262.70		134.03	164.11	189.21	219.45	250.31	236.44	
67	164.32	201.02	231.00	268.21	306.22	286.78		147.89	180.91	207.89	241.39	275.60	258.10	
68	184.24	225.96	254.14	294.41	337.00	323.20		165.82	203.36	228.73	264.96	303.31	290.88	
69	204.00	250.61	278.24	321.62	368.93	360.48		183.61	225.54	250.40	289.45	332.04	324.42	
70	225.93	273.50	301.37	347.71	399.59	396.53		203.35	246.17	271.22	312.94	359.64	356.89	
71	251.01	299.32	328.41	378.38	435.49	438.31		225.91	269.39	295.57	340.54	391.93	394.48	
72	275.98	324.10	354.79	408.30	470.64	480.24		248.40	291.68	319.32	367.46	423.57	432.22	
73	300.11	345.59	382.63	442.85	510.76	526.28		270.09	311.03	344.36	398.55	459.66	473.65	
74	326.75	368.95	413.71	481.44	555.61	580.74		294.06	332.05	372.33	433.29	500.05	522.67	
75	356.69	403.20	457.85	524.64	605.87	644.18		321.02	362.87	412.06	472.17	545.29	579.77	
76	390.71	443.57	509.54	572.83	662.07	718.56		351.64	399.21	458.59	515.54	595.86	646.70	
77	433.07	494.02	573.08	631.44	730.53	805.78		389.76	444.61	515.76	568.30	657.47	725.19	
78	477.87	547.80	640.38	705.61	817.19	907.71		430.09	493.03	576.34	635.05	735.47	816.94	
79	528.96	609.43	716.32	789.27	915.17	1,204.17		476.06	548.48	644.69	710.35	823.65	1,083.76	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 10 Years

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	47.30	50.32	58.08	63.25	66.40	71.24	10.52	13.08	14.65	15.95	16.75	17.60
36	47.27	50.55	58.47	63.67	66.85	71.28	10.74	13.28	14.86	16.17	16.99	17.85
37	47.58	51.16	59.25	64.53	67.75	71.87	11.01	13.58	15.18	16.53	17.36	18.19
38	47.71	51.67	59.88	64.63	67.96	71.98	11.43	13.99	15.55	16.78	17.64	18.60
39	47.91	52.19	60.52	64.81	68.17	72.32	11.77	14.31	15.89	17.01	17.88	18.97
40	47.87	52.35	60.75	64.64	67.97	72.38	11.94	14.49	16.04	17.06	17.96	19.18
41	48.26	52.87	61.48	65.04	68.35	73.15	12.14	14.70	16.29	17.24	18.11	19.51
42	48.44	53.01	61.87	65.13	68.37	73.64	12.19	14.78	16.40	17.25	18.11	19.68
43	49.07	53.98	62.59	67.20	70.51	74.87	12.32	14.91	16.53	17.76	18.64	19.99
44	49.48	54.73	63.04	68.92	72.26	75.80	12.36	14.91	16.56	18.11	19.00	20.14
45	50.40	56.03	64.12	71.26	74.70	77.49	12.50	15.03	16.73	18.59	19.49	20.45
46	51.12	57.26	65.22	73.28	76.83	78.85	12.56	15.14	16.84	18.91	19.86	20.60
47	51.96	58.61	66.57	75.45	79.22	80.43	12.67	15.26	16.99	19.25	20.22	20.77
48	53.77	60.91	69.39	79.20	83.67	83.36	13.02	15.61	17.37	19.81	20.93	21.07
49	55.53	63.51	72.72	82.93	88.02	86.20	13.40	16.14	17.90	20.42	21.61	21.41
50	56.89	65.56	75.61	86.10	91.71	88.37	13.76	16.57	18.34	20.90	22.17	21.62
51	58.71	68.01	79.19	90.03	96.17	91.22	14.28	17.19	18.99	21.60	22.91	22.02
52	60.18	70.00	82.43	93.49	100.14	93.49	14.77	17.77	19.57	22.21	23.53	22.30
53	61.87	72.72	86.22	97.44	104.18	96.12	15.31	18.57	20.44	23.10	24.36	22.90
54	63.26	75.16	89.60	100.96	107.69	98.26	15.77	19.29	21.24	23.94	25.10	23.45
55	64.86	77.94	93.26	104.87	111.60	100.72	16.27	20.10	22.12	24.90	26.00	24.15
56	67.30	81.82	98.06	110.15	116.99	104.44	16.90	21.15	23.33	26.19	27.26	25.18
57	69.63	85.73	102.67	115.34	122.31	107.98	17.46	22.14	24.45	27.48	28.55	26.22
58	72.57	89.94	106.76	120.63	128.43	112.35	18.10	23.21	25.55	28.88	30.19	27.51
59	76.32	95.28	112.14	127.41	135.97	117.96	18.78	24.38	26.86	30.52	32.08	29.09
60	81.00	101.84	118.90	135.83	145.18	124.98	19.58	25.69	28.41	32.45	34.33	31.01
61	86.68	109.81	127.19	146.04	156.25	133.53	20.49	27.21	30.27	34.75	36.98	33.28
62	92.97	118.35	136.04	157.01	168.16	142.69	21.48	28.77	32.20	37.16	39.81	35.66
63	102.20	130.22	149.56	172.91	184.64	155.79	23.25	31.21	35.19	40.67	43.62	38.97
64	112.03	142.63	163.91	189.75	202.06	169.50	25.24	33.93	38.40	44.47	47.67	42.40
65	122.54	155.66	179.16	207.60	220.57	183.92	27.55	37.03	41.93	48.58	52.09	46.02
66	141.25	178.72	206.17	239.13	253.68	210.15	31.92	42.81	48.30	56.01	60.03	52.56
67	155.64	195.96	226.62	263.13	278.99	229.43	35.57	47.62	53.29	61.89	66.29	57.35
68	174.09	214.91	249.10	288.55	309.98	258.57	40.28	53.86	58.90	68.79	74.25	64.63
69	192.12	234.54	272.48	314.95	339.97	288.39	45.36	60.49	64.99	75.91	82.10	72.09
70	211.93	253.24	294.83	340.19	367.10	317.25	51.30	67.12	71.11	82.75	89.36	79.28
71	234.38	275.06	320.99	369.82	397.83	350.67	58.36	74.82	78.36	90.71	97.60	87.64
72	256.45	296.14	346.45	398.70	427.01	384.19	65.80	82.61	85.64	98.57	105.55	96.05
73	277.53	318.27	373.66	432.44	457.15	421.03	73.53	90.07	93.40	107.10	113.49	105.25
74	300.70	342.83	404.12	470.28	491.18	464.60	82.21	98.16	101.92	116.64	122.30	116.14
75	326.75	377.93	447.47	512.73	530.29	515.35	91.95	109.23	113.65	127.33	132.26	128.83
76	356.39	418.93	498.33	560.22	575.49	574.85	102.90	121.99	127.16	139.32	143.60	143.71
77	393.55	469.27	560.92	618.06	632.73	644.63	116.14	137.45	143.48	153.98	157.79	161.15
78	432.86	522.32	627.36	691.27	707.61	726.17	130.03	153.67	160.54	172.60	176.21	181.54
79	477.83	582.02	702.41	773.96	794.58	963.35	145.54	171.78	179.52	193.72	197.44	240.82

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 10 Years

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	55.39	63.25	67.67	2.02	2.44	2.83	10.52	
36	55.67	63.67	67.73	2.03	2.45	2.84	10.74	
37	56.34	64.53	68.26	2.06	2.48	2.87	11.01	
38	56.34	64.63	68.37	2.07	2.49	2.88	11.43	
39	56.67	64.80	68.70	2.09	2.50	2.89	11.77	
40	56.87	64.62	68.75	2.10	2.51	2.90	11.94	
41	57.72	65.03	69.50	2.14	2.56	2.93	12.14	
42	58.40	65.13	69.96	2.17	2.58	2.95	12.19	
43	59.47	67.20	71.13	2.23	2.63	3.00	12.32	
44	60.29	68.92	72.02	2.28	2.67	3.03	12.36	
45	61.70	71.26	73.63	2.36	2.74	3.10	12.50	
46	63.05	73.26	74.91	2.44	2.82	3.19	12.56	
47	64.50	75.45	76.40	2.53	2.89	3.26	12.67	
48	67.01	79.18	79.20	2.67	3.03	3.40	13.02	
49	69.84	82.92	81.90	2.81	3.21	3.57	13.40	
50	72.03	86.10	83.95	2.91	3.36	3.72	13.76	
51	74.71	90.02	86.66	3.05	3.52	3.89	14.28	
52	76.84	93.49	88.80	3.17	3.66	4.05	14.77	
53	79.79	97.44	91.31	3.29	3.83	4.23	15.31	
54	82.43	100.96	93.34	3.40	4.00	4.40	15.77	
55	85.46	104.87	95.69	3.52	4.17	4.57	16.27	
56	89.68	110.15	99.22	3.71	4.42	4.82	16.90	
57	93.95	115.34	102.58	3.89	4.65	5.07	17.46	
58	98.51	120.63	106.72	4.11	4.91	5.31	18.10	
59	104.35	127.41	112.05	4.38	5.21	5.63	18.78	
60	111.51	135.83	118.72	4.71	5.61	6.02	19.58	
61	120.19	146.04	126.85	5.12	6.08	6.50	20.49	
62	129.50	157.01	135.55	5.58	6.60	7.01	21.48	
63	142.40	172.91	147.99	6.24	7.35	7.76	23.25	
64	155.88	189.75	161.01	6.97	8.15	8.56	25.24	
65	170.01	207.59	174.73	7.72	9.00	9.44	27.55	
66	195.07	239.13	199.63	9.04	10.46	10.93	31.92	
67	213.75	263.13	217.95	10.08	11.61	12.09	35.57	
68	234.12	290.27	245.63	11.35	13.04	13.52	40.28	
69	255.31	317.31	273.96	12.60	14.42	14.93	45.36	
70	275.51	342.30	301.39	13.99	15.71	16.23	51.30	
71	299.14	371.10	333.12	15.60	17.18	17.69	58.36	
72	321.98	398.70	364.99	17.23	18.57	19.09	65.80	
73	346.07	429.49	399.96	18.94	19.94	20.45	73.53	
74	372.80	464.31	441.37	20.90	21.46	21.99	82.21	
75	410.92	504.01	489.58	23.16	23.67	24.23	91.95	
76	455.42	549.32	546.10	25.79	26.33	26.91	102.90	
77	509.98	605.69	612.38	29.09	29.67	30.27	116.14	
78	567.39	678.32	689.87	32.68	33.29	33.93	130.03	
79	631.87	761.69	915.17	36.81	37.45	38.13	145.54	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Step-Rated

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	48.60	56.40	64.14	71.85	79.51	113.18	43.73	50.75	57.73	64.67	71.57	101.86
36	48.69	56.66	64.54	72.33	80.04	113.48	43.83	51.01	58.07	65.09	72.03	102.14
37	49.18	57.37	65.44	73.36	81.16	114.65	44.27	51.63	58.89	66.03	73.04	103.19
38	50.18	58.73	67.08	75.21	83.12	115.32	45.16	52.86	60.38	67.69	74.81	103.80
39	51.05	59.93	68.54	76.86	84.91	115.34	45.95	53.95	61.70	69.17	76.42	103.80
40	52.02	61.24	70.12	78.68	86.93	116.48	46.82	55.11	63.11	70.82	78.24	104.84
41	52.94	62.44	71.59	80.38	88.81	116.99	47.65	56.19	64.44	72.35	79.92	105.30
42	53.97	63.82	73.28	82.34	91.02	118.67	48.57	57.44	65.95	74.10	81.94	106.81
43	55.69	65.89	75.69	85.06	94.03	120.63	50.12	59.30	68.10	76.57	84.62	108.57
44	56.84	67.30	77.33	86.92	96.10	121.92	51.16	60.55	69.60	78.23	86.49	109.73
45	58.89	69.76	80.17	90.14	99.67	124.46	52.99	62.77	72.17	81.12	89.71	112.01
46	58.33	70.21	79.57	92.41	102.27	126.31	52.51	63.18	71.61	83.18	92.04	113.67
47	58.16	70.14	79.30	93.45	104.61	129.46	52.34	63.12	71.38	84.09	94.14	116.51
48	59.38	71.58	81.03	95.15	107.02	132.55	53.45	64.43	72.92	85.64	96.33	119.32
49	61.05	73.49	83.47	97.59	110.29	136.58	54.96	66.14	75.12	87.83	99.26	122.93
50	62.30	74.74	85.32	99.31	112.76	139.52	56.07	67.26	76.79	89.36	101.48	125.56
51	64.16	76.61	88.04	101.94	116.34	143.62	57.74	68.94	79.24	91.74	104.71	129.27
52	65.64	77.91	90.29	103.98	119.30	146.77	59.08	70.10	81.26	93.59	107.37	132.09
53	66.26	78.75	91.74	105.48	121.30	149.64	59.63	70.88	82.57	94.93	109.16	134.69
54	67.52	80.49	94.14	108.12	124.50	154.17	60.77	72.43	84.72	97.29	112.05	138.76
55	69.00	82.53	96.82	111.14	128.11	159.37	62.09	74.29	87.14	100.04	115.31	143.45
56	70.18	84.33	99.07	113.79	131.18	164.08	63.16	75.90	89.17	102.42	118.05	147.69
57	72.24	87.31	102.55	117.96	135.92	171.15	65.02	78.59	92.30	106.19	122.33	154.03
58	74.41	90.80	105.49	121.79	140.15	178.38	66.97	81.71	94.93	109.61	126.13	160.53
59	77.17	94.86	109.44	126.81	145.67	187.55	69.46	85.39	98.49	114.14	131.11	168.81
60	80.64	99.69	114.50	133.11	152.60	198.95	72.57	89.71	103.04	119.81	137.34	179.07
61	85.71	105.39	120.72	140.76	161.05	212.76	77.13	94.86	108.64	126.69	144.94	191.48
62	91.93	112.13	128.14	149.87	171.10	229.21	82.73	100.93	115.32	134.86	153.98	206.27
63	99.29	120.37	138.15	161.63	184.33	248.25	89.37	108.33	124.34	145.47	165.90	223.42
64	107.92	129.95	149.68	175.07	199.55	270.11	97.13	116.95	134.72	157.57	179.60	243.09
65	116.13	138.87	160.22	187.29	213.48	290.47	104.52	124.98	144.19	168.57	192.13	261.42
66	132.97	158.00	182.17	212.74	242.63	331.86	119.68	142.20	163.95	191.47	218.39	298.68
67	145.64	171.99	197.64	230.60	263.28	357.44	131.07	154.79	177.87	207.54	236.95	321.69
68	165.90	192.04	216.00	251.31	287.67	398.37	149.31	172.83	194.40	226.17	258.92	358.54
69	185.02	209.68	232.80	270.16	309.90	429.68	166.53	188.71	209.50	243.13	278.91	386.70
70	206.52	229.91	253.33	292.00	335.57	464.10	185.88	206.93	227.99	262.80	302.02	417.70
71	229.44	256.03	280.92	315.06	362.62	499.23	206.49	230.43	252.83	283.55	326.34	449.31
72	254.25	284.58	311.52	339.57	391.42	535.84	228.84	256.11	280.38	305.61	352.28	482.26
73	278.67	312.75	346.27	370.42	427.23	587.56	250.80	281.48	311.64	333.37	384.49	528.81
74	305.84	344.37	386.15	410.49	473.73	646.87	275.24	309.92	347.53	369.44	426.36	582.18
75	336.55	380.44	432.00	459.24	530.35	715.71	302.90	342.39	388.80	413.31	477.31	644.14
76	371.65	421.94	484.68	515.26	595.53	796.00	334.49	379.74	436.22	463.73	535.98	716.39
77	408.42	465.90	540.47	574.54	664.69	882.02	367.58	419.31	486.41	517.08	598.21	793.80
78	454.37	520.86	608.88	647.28	749.64	994.03	408.93	468.78	548.00	582.55	674.67	894.63
79	507.11	584.25	686.72	730.01	846.45	1,124.03	456.39	525.82	618.05	657.01	761.81	1,011.63

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Step-Rated

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	46.00	51.71	61.51	68.91	71.53	90.75	10.23	13.44	15.52	17.38	18.04	22.42
36	45.90	52.10	61.78	69.23	71.87	90.75	10.42	13.68	15.70	17.58	18.26	22.72
37	46.17	52.90	62.52	70.10	72.74	91.49	10.68	14.04	16.01	17.95	18.64	23.16
38	46.73	54.32	63.87	71.62	74.23	91.64	11.20	14.71	16.59	18.59	19.27	23.68
39	47.28	55.60	65.10	73.00	75.61	91.37	11.62	15.25	17.09	19.15	19.83	23.97
40	48.02	56.98	66.48	74.60	77.29	92.09	11.98	15.77	17.55	19.69	20.42	24.40
41	48.76	58.24	67.82	76.16	78.91	92.36	12.27	16.20	17.97	20.18	20.91	24.64
42	49.70	59.66	69.43	78.01	80.89	93.64	12.51	16.64	18.40	20.66	21.42	25.03
43	51.32	61.85	71.77	80.64	83.64	95.21	12.88	17.08	18.95	21.31	22.12	25.42
44	52.44	63.40	73.42	82.52	85.61	96.32	13.09	17.28	19.29	21.68	22.51	25.60
45	54.43	65.96	76.26	85.75	88.96	98.48	13.50	17.70	19.89	22.36	23.20	25.98
46	54.05	66.62	75.88	88.14	91.50	100.14	13.28	17.61	19.59	22.75	23.65	26.17
47	53.95	66.76	75.82	89.35	93.81	102.90	13.16	17.38	19.35	22.80	23.94	26.57
48	55.17	68.35	77.87	91.44	96.60	105.81	13.35	17.52	19.49	22.87	24.16	26.74
49	56.77	70.32	80.51	94.15	99.93	109.41	13.70	17.87	19.81	23.18	24.54	27.18
50	57.92	71.61	82.59	96.11	102.38	112.09	14.01	18.10	20.04	23.33	24.75	27.43
51	59.57	73.38	85.44	98.95	105.69	115.70	14.49	18.55	20.49	23.74	25.18	27.93
52	60.81	74.58	87.83	101.15	108.34	118.50	14.92	18.93	20.85	24.03	25.46	28.27
53	61.26	75.31	89.28	102.65	109.76	120.85	15.16	19.23	21.16	24.34	25.66	28.79
54	62.33	76.85	91.61	105.21	112.23	124.47	15.54	19.73	21.72	24.94	26.16	29.70
55	63.60	78.72	94.19	108.13	115.06	128.54	15.95	20.30	22.35	25.68	26.80	30.82
56	64.66	80.38	96.34	110.64	117.51	132.21	16.24	20.78	22.92	26.31	27.38	31.87
57	66.58	83.24	99.69	114.67	121.60	137.72	16.70	21.50	23.74	27.32	28.38	33.44
58	68.68	86.30	102.43	118.27	125.91	143.29	17.13	22.26	24.51	28.31	29.60	35.09
59	71.46	90.30	106.28	123.14	131.42	150.45	17.59	23.10	25.46	29.50	31.00	37.11
60	75.01	95.29	111.26	129.35	138.25	159.40	18.13	24.04	26.58	30.90	32.69	39.55
61	80.12	101.40	117.46	136.97	146.55	170.31	18.93	25.13	27.96	32.59	34.68	42.44
62	86.40	108.64	124.87	146.06	156.43	183.38	19.96	26.41	29.55	34.57	37.03	45.83
63	93.71	117.47	134.92	157.85	168.56	198.57	21.32	28.15	31.75	37.13	39.82	49.68
64	102.16	127.42	146.43	171.28	182.40	216.06	23.01	30.31	34.31	40.14	43.03	54.05
65	110.10	136.38	156.98	183.49	194.95	232.34	24.75	32.44	36.74	42.94	46.04	58.13
66	126.12	154.86	178.65	208.63	221.33	265.46	28.50	37.09	41.85	48.87	52.37	66.39
67	137.94	167.67	193.89	226.23	239.87	285.95	31.53	40.74	45.60	53.21	57.00	71.48
68	156.75	182.65	211.71	246.31	264.60	318.71	36.27	45.77	50.06	58.72	63.38	79.66
69	174.25	196.24	227.98	264.55	285.57	343.76	41.14	50.61	54.38	63.77	68.97	85.92
70	193.72	212.87	247.83	285.68	308.28	371.31	46.89	56.42	59.78	69.49	75.05	92.79
71	214.24	235.28	274.56	307.94	331.26	399.41	53.34	64.00	67.03	75.53	81.27	99.82
72	236.26	260.03	304.20	331.59	355.13	428.67	60.62	72.54	75.20	81.98	87.78	107.17
73	257.70	288.03	338.15	361.72	382.38	470.05	68.28	81.51	84.52	89.58	94.93	117.51
74	281.46	319.98	377.20	400.98	418.80	517.50	76.95	91.62	95.13	99.45	104.28	129.37
75	308.31	356.59	422.21	448.81	464.19	572.57	86.76	103.07	107.23	111.45	115.77	143.14
76	339.01	398.49	474.03	503.92	517.65	636.80	97.88	116.04	120.95	125.32	129.17	159.20
77	371.15	442.56	528.99	562.36	575.71	705.62	109.53	129.63	135.31	140.10	143.57	176.40
78	411.57	496.63	596.51	634.13	649.11	795.22	123.63	146.11	152.64	158.33	161.65	198.81
79	458.08	557.97	673.38	715.85	734.92	899.23	139.52	164.69	172.10	179.17	182.62	224.79

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Step-Rated

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC
Issue	Non Integrated - NH (3PL) Benefit Period			Non Integrated - ALF (3PL) Benefit Period			Non Integrated - HHC (3 PL) Benefit Period
Age	3 3 Yr	5 5 Yr	Lifetime Unlimited	2 2 Yr	3 3 Yr	4 4 Yr	2 2 Yr
18-35	56.92	68.91	86.20	3.52	4.50	5.39	18.38
36	57.38	69.23	86.23	3.57	4.57	5.44	18.86
37	58.26	70.10	86.90	3.61	4.64	5.48	19.32
38	59.24	71.62	87.05	3.69	4.76	5.58	20.34
39	60.38	72.98	86.79	3.77	4.87	5.69	21.23
40	61.90	74.58	87.48	3.87	5.00	5.77	21.99
41	63.59	76.14	87.75	4.00	5.11	5.86	22.65
42	65.74	78.01	88.96	4.07	5.15	5.88	22.87
43	68.14	80.64	90.45	4.07	5.24	5.97	22.50
44	69.84	82.52	91.52	4.03	5.18	5.89	21.82
45	72.64	85.75	93.57	4.01	5.13	5.81	21.23
46	73.36	88.12	95.13	4.03	5.11	5.78	20.70
47	73.47	89.35	97.74	4.06	5.08	5.73	20.30
48	75.20	91.42	100.52	4.22	5.24	5.88	20.56
49	77.32	94.14	103.95	4.35	5.39	6.00	20.76
50	78.68	96.11	106.48	4.48	5.54	6.14	21.19
51	80.60	98.93	109.92	4.65	5.72	6.31	21.79
52	81.87	101.15	112.56	4.81	5.85	6.48	22.39
53	82.63	102.65	114.81	4.91	5.97	6.59	22.80
54	84.28	105.21	118.24	5.02	6.12	6.73	23.25
55	86.32	108.13	122.13	5.14	6.27	6.87	23.73
56	88.11	110.64	125.60	5.32	6.48	7.07	24.23
57	91.22	114.67	130.83	5.52	6.70	7.30	24.77
58	94.52	118.27	136.12	5.73	6.95	7.52	25.27
59	98.89	123.14	142.92	6.02	7.24	7.83	25.80
60	104.34	129.35	151.42	6.37	7.67	8.22	26.45
61	110.99	136.97	161.79	6.87	8.15	8.71	27.47
62	118.87	146.06	174.20	7.52	8.79	9.33	28.96
63	128.46	157.85	188.64	8.32	9.64	10.18	31.01
64	139.25	171.28	205.24	9.19	10.53	11.06	33.29
65	148.96	183.47	220.73	10.14	11.53	12.09	36.19
66	169.02	208.63	252.18	11.66	13.09	13.69	41.19
67	182.88	226.23	271.64	12.87	14.31	14.90	45.42
68	198.98	247.78	302.76	14.38	15.59	16.16	51.03
69	213.61	266.53	326.55	15.73	16.60	17.19	56.61
70	231.59	287.46	352.75	17.16	17.73	18.31	62.93
71	255.88	309.00	379.42	18.53	19.09	19.65	69.30
72	282.72	331.59	407.25	19.95	20.49	21.07	76.16
73	313.19	359.25	446.54	21.79	22.36	22.94	84.62
74	347.96	395.89	491.63	23.91	24.48	25.08	94.05
75	387.73	441.18	543.95	26.34	26.92	27.55	104.55
76	433.20	494.11	604.96	29.36	29.97	30.63	117.12
77	480.96	551.10	670.32	32.64	33.29	33.96	130.30
78	539.48	622.25	755.47	36.43	37.11	37.82	144.95
79	605.76	704.50	854.26	40.76	41.47	42.22	161.18

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Step-Rated

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	64.51	74.84	85.11	93.03	104.13	131.18
36	64.69	75.28	85.76	93.89	105.07	131.67
37	65.34	76.22	86.94	95.31	106.70	133.03
38	66.93	78.33	89.48	96.74	108.47	133.81
39	68.06	79.91	91.40	97.50	109.38	133.97
40	69.64	81.79	93.15	98.90	110.90	135.30
41	70.84	81.95	93.83	99.67	111.68	136.04
42	72.19	82.66	95.20	101.20	113.27	137.99
43	71.52	84.25	96.71	102.86	115.03	140.26
44	69.87	83.30	95.19	104.02	116.24	141.92
45	69.01	82.69	94.09	106.08	118.52	144.88
46	67.98	81.82	92.73	107.70	120.38	147.20
47	67.31	81.19	91.79	108.17	121.08	149.85
48	68.80	82.95	93.89	110.26	124.01	153.59
49	69.77	83.99	95.40	111.54	126.04	156.09
50	70.78	84.91	96.92	112.81	128.09	158.49
51	71.86	85.80	98.60	114.17	130.30	160.86
52	73.58	87.33	101.21	116.56	133.73	164.52
53	74.34	88.35	102.92	118.35	136.09	167.89
54	75.20	89.65	104.85	120.42	138.68	171.72
55	76.86	91.93	107.84	123.79	142.69	177.51
56	78.23	94.00	110.44	126.85	146.23	182.91
57	80.53	97.33	114.32	131.50	151.51	190.80
58	82.95	101.21	117.60	135.77	156.23	198.85
59	85.39	104.97	121.10	140.32	161.19	207.54
60	89.23	110.31	126.70	147.30	168.87	220.15
61	94.14	115.76	132.59	154.61	176.89	233.68
62	100.97	123.16	140.74	164.61	187.93	251.75
63	109.96	133.30	153.00	178.99	204.14	274.92
64	118.62	142.84	164.52	192.43	219.34	296.89
65	129.79	155.21	179.07	209.33	238.59	324.65
66	147.50	175.26	202.07	235.98	269.14	368.11
67	161.68	190.94	219.42	256.01	292.29	401.89
68	181.36	209.95	236.13	274.74	314.49	435.50
69	200.84	227.61	252.69	293.25	336.38	466.41
70	220.64	245.63	270.65	311.97	358.51	495.83
71	243.16	271.35	297.72	333.91	384.31	529.10
72	265.12	296.74	324.84	354.08	408.15	558.74
73	288.20	323.45	358.11	383.09	441.83	607.65
74	316.29	356.14	399.35	424.53	489.93	668.98
75	345.18	390.19	443.08	471.01	543.95	734.07
76	381.18	432.76	497.11	528.47	610.80	816.41
77	422.51	481.97	559.10	594.35	687.61	912.43
78	470.04	538.82	629.88	669.60	775.49	1,028.30
79	520.22	599.36	704.48	748.89	868.34	1,153.09

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 50% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	58.05	67.35	76.61	83.74	93.73	118.07
36	58.23	67.77	77.16	84.49	94.56	118.51
37	58.81	68.58	78.24	85.79	96.03	119.73
38	60.23	70.50	80.54	87.07	97.62	120.44
39	61.26	71.94	82.27	87.75	98.44	120.57
40	62.67	73.60	83.83	89.02	99.81	121.78
41	63.76	73.75	84.46	89.71	100.50	122.44
42	64.96	74.40	85.68	91.08	101.97	124.20
43	64.35	75.82	87.02	92.59	103.52	126.25
44	62.89	74.95	85.68	93.62	104.62	127.73
45	62.09	74.41	84.69	95.47	106.68	130.38
46	61.20	73.63	83.45	96.93	108.33	132.47
47	60.58	73.06	82.62	97.33	108.97	134.86
48	61.93	74.66	84.50	99.23	111.62	138.26
49	62.81	75.59	85.85	100.38	113.43	140.50
50	63.70	76.41	87.23	101.52	115.28	142.64
51	64.67	77.22	88.75	102.75	117.28	144.78
52	66.23	78.58	91.09	104.92	120.36	148.07
53	66.90	79.53	92.64	106.50	122.47	151.11
54	67.69	80.68	94.36	108.37	124.80	154.56
55	69.16	82.74	97.05	111.43	128.44	159.77
56	70.41	84.61	99.40	114.17	131.60	164.63
57	72.48	87.60	102.89	118.37	136.36	171.71
58	74.65	91.09	105.83	122.19	140.60	178.95
59	76.86	94.49	108.99	126.30	145.09	186.80
60	80.31	99.27	114.02	132.58	151.97	198.15
61	84.71	104.19	119.32	139.16	159.20	210.31
62	90.87	110.85	126.67	148.13	169.13	226.56
63	98.97	119.97	137.70	161.10	183.72	247.42
64	106.76	128.55	148.08	173.20	197.42	267.20
65	116.81	139.69	161.16	188.40	214.73	292.18
66	132.75	157.74	181.86	212.38	242.25	331.31
67	145.51	171.84	197.47	230.41	263.06	361.70
68	163.22	188.95	212.52	247.26	283.05	391.96
69	180.76	204.83	227.41	263.91	302.75	419.76
70	198.59	221.08	243.58	280.77	322.67	446.26
71	218.85	244.22	267.95	300.52	345.87	476.20
72	238.62	267.06	292.36	318.67	367.33	502.87
73	259.38	291.10	322.30	344.77	397.64	546.89
74	284.65	320.52	359.41	382.07	440.94	602.09
75	310.67	351.17	398.77	423.91	489.55	660.66
76	343.07	389.47	447.41	475.62	549.72	734.76
77	380.26	433.76	503.18	534.91	618.84	821.18
78	423.04	484.94	566.89	602.64	697.93	925.48
79	468.19	539.42	634.03	674.00	781.51	1,037.79

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Step-Rated

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	61.06	68.62	81.62	89.23	93.68	105.19	13.58	17.83	20.59	22.51	23.63	25.99
36	60.98	69.22	82.09	89.86	94.35	105.30	13.85	18.18	20.86	22.82	23.98	26.37
37	61.33	70.28	83.06	91.08	95.63	106.16	14.18	18.66	21.27	23.33	24.50	26.87
38	62.33	72.45	85.19	92.13	96.87	106.33	14.93	19.61	22.13	23.91	25.15	27.48
39	63.04	74.14	86.81	92.60	97.40	106.13	15.49	20.33	22.79	24.30	25.55	27.84
40	64.28	76.10	88.31	93.77	98.61	106.96	16.04	21.07	23.32	24.76	26.05	28.34
41	65.25	76.45	88.89	94.43	99.24	107.39	16.41	21.26	23.56	25.03	26.29	28.65
42	66.48	77.27	90.19	95.88	100.66	108.88	16.74	21.55	23.91	25.40	26.66	29.10
43	65.90	79.07	91.70	97.52	102.32	110.70	16.54	21.84	24.22	25.77	27.05	29.56
44	64.46	78.47	90.39	98.76	103.55	112.12	16.10	21.38	23.75	25.95	27.22	29.79
45	63.78	78.19	89.49	100.92	105.79	114.63	15.81	20.98	23.35	26.32	27.59	30.25
46	62.98	77.63	88.43	102.71	107.70	116.70	15.47	20.53	22.83	26.51	27.84	30.49
47	62.44	77.27	87.77	103.42	108.59	119.10	15.23	20.12	22.40	26.39	27.71	30.75
48	63.93	79.20	90.23	105.95	111.94	122.60	15.47	20.30	22.58	26.50	28.00	30.99
49	64.88	80.36	92.02	107.61	114.21	125.03	15.65	20.42	22.64	26.49	28.04	31.06
50	65.79	81.35	93.82	109.19	116.30	127.33	15.92	20.56	22.76	26.50	28.11	31.16
51	66.71	82.18	95.70	110.82	118.38	129.58	16.23	20.77	22.95	26.59	28.20	31.28
52	68.17	83.61	98.45	113.38	121.44	132.84	16.73	21.22	23.38	26.94	28.54	31.69
53	68.73	84.49	100.16	115.16	123.14	135.59	17.01	21.57	23.74	27.31	28.79	32.30
54	69.42	85.59	102.04	117.18	125.00	138.64	17.31	21.97	24.19	27.78	29.13	33.09
55	70.84	87.68	104.91	120.44	128.16	143.18	17.77	22.61	24.89	28.60	29.85	34.33
56	72.07	89.61	107.39	123.34	130.99	147.39	18.10	23.17	25.55	29.33	30.53	35.53
57	74.22	92.79	111.13	127.82	135.55	153.52	18.62	23.96	26.47	30.45	31.64	37.27
58	76.56	96.20	114.19	131.84	140.36	159.73	19.09	24.82	27.33	31.56	32.99	39.11
59	79.07	99.92	117.60	136.26	145.42	166.48	19.46	25.57	28.17	32.64	34.30	41.06
60	83.00	105.45	123.11	143.13	152.99	176.39	20.06	26.60	29.42	34.20	36.17	43.76
61	88.00	111.38	129.01	150.44	160.96	187.07	20.80	27.60	30.71	35.79	38.09	46.62
62	94.90	119.32	137.15	160.42	171.82	201.41	21.92	29.01	32.46	37.97	40.67	50.34
63	103.78	130.09	149.41	174.81	186.67	219.91	23.61	31.18	35.16	41.12	44.10	55.01
64	112.29	140.06	160.95	188.27	200.49	237.48	25.30	33.32	37.71	44.12	47.30	59.41
65	123.05	152.43	175.45	205.08	217.88	259.67	27.66	36.26	41.06	47.99	51.45	64.97
66	139.89	171.78	198.16	231.43	245.51	294.46	31.61	41.15	46.43	54.21	58.09	73.65
67	153.14	186.14	215.25	251.16	266.30	321.52	35.00	45.23	50.62	59.07	63.28	80.37
68	171.36	199.68	231.45	269.27	289.27	348.42	39.65	50.04	54.72	64.19	69.29	87.09
69	189.14	213.01	247.46	287.16	309.98	373.14	44.65	54.93	59.03	69.22	74.86	93.27
70	206.96	227.43	264.78	305.22	329.36	396.70	50.10	60.28	63.86	74.24	80.18	99.14
71	227.06	249.35	290.99	326.36	351.08	423.31	56.53	67.83	71.04	80.05	86.13	105.80
72	246.35	271.15	317.20	345.76	370.31	446.99	63.21	75.64	78.41	85.48	91.54	111.75
73	266.51	297.88	349.71	374.09	395.46	486.12	70.62	84.30	87.41	92.65	98.17	121.52
74	291.08	330.92	390.09	414.69	433.12	535.19	79.58	94.76	98.39	102.85	107.85	133.79
75	316.21	365.74	433.03	460.32	476.09	587.26	88.98	105.71	109.98	114.31	118.74	146.81
76	347.70	408.71	486.18	516.84	530.93	653.13	100.39	119.02	124.06	128.53	132.48	163.28
77	383.95	457.82	547.24	581.75	595.56	729.95	113.30	134.10	139.98	144.94	148.52	182.48
78	425.76	513.76	617.08	655.99	671.50	822.64	127.90	151.15	157.91	163.79	167.22	205.66
79	469.93	572.40	690.80	734.36	753.92	922.49	143.13	168.94	176.55	183.81	187.34	230.61

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Step-Rated

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC
Issue	Non Integrated - NH (3PL) Benefit Period			Non Integrated - ALF (3PL) Benefit Period			Non Integrated - HHC (3 PL) Benefit Period
Age	3 3 Yr	5 5 Yr	Lifetime Unlimited	2 2 Yr	3 3 Yr	4 4 Yr	2 2 Yr
18-35	75.54	89.23	99.91	2.60	3.33	3.98	13.58
36	76.23	89.86	100.06	2.62	3.36	3.99	13.85
37	77.39	91.08	100.83	2.65	3.41	4.03	14.18
38	79.00	92.13	101.00	2.71	3.49	4.10	14.93
39	80.51	92.58	100.81	2.75	3.55	4.15	15.49
40	82.66	93.75	101.61	2.82	3.65	4.21	16.04
41	83.46	94.41	102.03	2.90	3.71	4.24	16.41
42	85.14	95.88	103.44	2.98	3.77	4.31	16.74
43	87.13	97.52	105.18	2.99	3.85	4.39	16.54
44	86.44	98.76	106.53	2.97	3.82	4.35	16.10
45	86.11	100.92	108.92	2.99	3.82	4.33	15.81
46	85.49	102.69	110.86	3.01	3.82	4.32	15.47
47	85.04	103.42	113.14	3.05	3.81	4.30	15.23
48	87.14	105.93	116.48	3.18	3.95	4.43	15.47
49	88.37	107.59	118.79	3.28	4.07	4.52	15.65
50	89.38	109.19	120.97	3.37	4.16	4.61	15.92
51	90.27	110.81	123.11	3.46	4.26	4.70	16.23
52	91.77	113.38	126.18	3.59	4.37	4.84	16.73
53	92.70	115.16	128.81	3.66	4.45	4.91	17.01
54	93.87	117.18	131.70	3.74	4.56	5.01	17.31
55	96.14	120.44	136.03	3.85	4.70	5.14	17.77
56	98.22	123.34	140.01	3.97	4.84	5.28	18.10
57	101.69	127.82	145.85	4.15	5.03	5.49	18.62
58	105.36	131.84	151.74	4.33	5.25	5.68	19.09
59	109.43	136.26	158.15	4.54	5.46	5.90	19.46
60	115.46	143.13	167.56	4.83	5.81	6.24	20.06
61	121.91	150.44	177.71	5.20	6.17	6.60	20.80
62	130.56	160.42	191.34	5.70	6.66	7.07	21.92
63	142.26	174.81	208.90	6.34	7.34	7.75	23.61
64	153.06	188.27	225.59	6.98	8.01	8.41	25.30
65	166.49	205.06	246.70	7.75	8.81	9.24	27.66
66	187.49	231.43	279.72	8.95	10.05	10.50	31.61
67	203.03	251.16	305.43	9.92	11.02	11.49	35.00
68	217.53	270.88	330.98	11.17	12.12	12.56	39.65
69	231.87	289.31	354.46	12.41	13.10	13.56	44.65
70	247.43	307.12	376.86	13.66	14.11	14.58	50.10
71	271.19	327.49	402.12	15.12	15.57	16.03	56.53
72	294.80	345.76	424.65	16.56	17.01	17.48	63.21
73	323.89	371.53	461.80	18.19	18.66	19.14	70.62
74	359.85	409.43	508.43	20.23	20.72	21.22	79.58
75	397.67	452.50	557.89	22.42	22.91	23.45	88.98
76	444.31	506.78	620.47	25.16	25.69	26.26	100.39
77	497.54	570.11	693.43	28.38	28.94	29.53	113.30
78	558.08	643.70	781.53	32.15	32.75	33.37	127.90
79	621.43	722.72	876.36	36.20	36.83	37.50	143.13

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Step-Rated

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	79.58	85.52	94.38	100.32	112.30	141.47
36	80.42	86.28	95.86	101.92	114.05	142.93
37	81.29	87.07	97.34	103.47	115.83	144.41
38	82.15	87.85	98.89	105.02	117.74	145.25
39	82.95	88.60	100.35	106.54	119.52	146.39
40	83.24	88.83	101.17	107.41	120.45	146.95
41	84.10	89.60	102.59	108.97	122.10	148.74
42	84.28	90.37	104.08	110.65	123.84	150.86
43	81.44	92.11	105.74	112.46	125.77	153.35
44	78.53	93.58	106.94	113.80	127.16	155.25
45	76.49	93.73	106.64	116.05	129.66	158.49
46	74.81	92.85	105.23	118.61	132.58	162.11
47	73.09	91.66	103.63	119.94	134.26	165.14
48	73.96	92.55	104.76	121.15	136.26	169.37
49	74.29	92.66	105.25	121.50	137.30	172.35
50	75.11	93.21	106.39	122.59	139.19	176.35
51	75.52	93.12	107.02	122.96	140.34	179.24
52	76.53	93.64	108.52	124.31	142.62	183.46
53	78.24	95.34	111.06	126.86	145.88	188.57
54	79.59	96.71	113.11	128.88	148.42	193.03
55	81.70	99.03	116.17	132.13	152.31	199.54
56	84.58	101.85	119.65	135.98	156.76	207.12
57	87.56	104.56	122.81	139.59	160.83	214.64
58	89.95	107.21	124.56	142.16	163.59	220.78
59	93.04	110.38	127.34	145.93	167.64	229.06
60	96.98	114.23	131.20	150.95	173.05	239.72
61	101.86	118.86	136.14	157.19	179.85	251.87
62	107.75	124.36	142.12	164.70	188.03	264.01
63	116.53	135.55	155.58	180.47	205.82	289.33
64	125.76	147.51	169.91	197.19	224.76	314.75
65	135.65	160.59	185.28	215.09	245.16	339.29
66	154.20	184.58	212.81	247.05	281.77	384.84
67	169.09	204.99	235.55	273.50	312.26	420.30
68	188.39	230.20	258.91	300.74	344.24	463.30
69	208.74	257.12	285.47	331.63	380.41	509.03
70	229.46	285.01	314.05	364.88	419.32	555.76
71	251.01	314.59	345.17	401.11	461.65	604.87
72	273.81	346.56	379.37	440.87	501.02	657.51
73	298.32	382.07	423.01	492.53	553.61	717.98
74	332.39	422.01	473.21	552.14	609.88	787.19
75	371.23	466.71	531.08	615.16	678.22	867.39
76	419.34	518.19	602.64	687.60	758.66	968.62
77	462.37	575.84	677.98	769.03	849.31	1,078.21
78	499.81	626.72	740.66	841.91	930.78	1,215.14
79	540.68	681.78	808.33	920.63	1,019.04	1,334.09

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 50% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	71.61	76.96	84.95	90.31	101.08	127.33
36	72.39	77.67	86.25	91.72	102.65	128.65
37	73.16	78.35	87.60	93.13	104.24	129.97
38	73.93	79.06	89.01	94.52	105.97	130.75
39	74.66	79.76	90.33	95.88	107.57	131.75
40	74.91	79.94	91.05	96.68	108.41	132.26
41	75.70	80.64	92.34	98.09	109.88	133.87
42	75.84	81.34	93.67	99.58	111.49	135.79
43	73.29	82.90	95.14	101.23	113.18	138.03
44	70.68	84.20	96.25	102.42	114.45	139.73
45	68.83	84.34	95.99	104.44	116.70	142.63
46	67.34	83.55	94.70	106.76	119.31	145.90
47	65.78	82.49	93.27	107.92	120.82	148.62
48	66.57	83.30	94.28	109.04	122.65	152.46
49	66.87	83.40	94.71	109.35	123.57	155.13
50	67.60	83.88	95.76	110.31	125.27	158.71
51	67.97	83.81	96.33	110.66	126.31	161.33
52	68.88	84.26	97.67	111.89	128.36	165.11
53	70.41	85.82	99.96	114.16	131.28	169.73
54	71.63	87.03	101.79	115.98	133.57	173.74
55	73.51	89.14	104.55	118.93	137.09	179.60
56	76.12	91.66	107.69	122.39	141.07	186.42
57	78.81	94.11	110.54	125.65	144.75	193.17
58	80.95	96.48	112.09	127.95	147.22	198.69
59	83.74	99.35	114.60	131.35	150.89	206.18
60	87.27	102.80	118.07	135.87	155.74	215.76
61	91.67	106.98	122.52	141.48	161.86	226.68
62	96.97	111.94	127.91	148.21	169.22	237.60
63	104.88	121.99	140.02	162.42	185.24	260.39
64	113.18	132.76	152.92	177.48	202.30	283.27
65	122.08	144.53	166.74	193.58	220.64	305.36
66	138.79	166.12	191.53	222.35	253.61	346.37
67	152.18	184.48	211.99	246.15	281.04	378.27
68	169.55	207.17	233.02	270.65	309.83	416.98
69	187.88	231.40	256.91	298.46	342.38	458.11
70	206.53	256.52	282.63	328.40	377.39	500.20
71	225.91	283.14	310.65	361.00	415.47	544.39
72	246.44	311.89	341.44	396.77	450.91	591.77
73	268.48	343.86	380.71	443.27	498.23	646.19
74	299.14	379.80	425.88	496.92	548.89	708.47
75	334.11	420.04	477.97	553.65	610.39	780.65
76	377.41	466.36	542.38	618.84	682.79	871.75
77	416.13	518.25	610.17	692.13	764.36	970.38
78	449.83	564.05	666.59	757.72	837.70	1,093.63
79	486.61	613.60	727.50	828.57	917.14	1,200.68

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Step-Rated

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	75.32	78.42	90.51	96.23	101.03	113.44	16.76	20.38	22.84	24.27	25.48	28.03
36	75.80	79.33	91.76	97.55	102.42	114.31	17.21	20.83	23.32	24.77	26.03	28.62
37	76.30	80.29	92.99	98.87	103.81	115.24	17.65	21.31	23.82	25.32	26.60	29.17
38	76.51	81.24	94.15	100.01	105.15	115.42	18.33	22.00	24.45	25.96	27.30	29.83
39	76.83	82.20	95.32	101.19	106.43	115.97	18.88	22.54	25.02	26.55	27.92	30.42
40	76.84	82.65	95.91	101.84	107.09	116.17	19.17	22.88	25.33	26.89	28.29	30.78
41	77.47	83.58	97.18	103.25	108.50	117.41	19.49	23.24	25.76	27.36	28.74	31.32
42	77.62	84.49	98.61	104.83	110.06	119.04	19.54	23.56	26.14	27.77	29.15	31.82
43	75.04	86.45	100.26	106.62	111.87	121.04	18.84	23.88	26.48	28.18	29.58	32.32
44	72.45	88.15	101.54	108.04	113.28	122.66	18.09	24.02	26.68	28.39	29.78	32.59
45	70.70	88.63	101.43	110.40	115.73	125.40	17.53	23.78	26.46	28.79	30.19	33.09
46	69.31	88.10	100.35	113.12	118.61	128.53	17.03	23.29	25.90	29.20	30.66	33.58
47	67.80	87.24	99.09	114.67	120.40	131.25	16.54	22.72	25.29	29.26	30.73	33.89
48	68.72	88.36	100.67	116.42	123.00	135.20	16.63	22.65	25.20	29.12	30.77	34.17
49	69.07	88.66	101.52	117.22	124.41	138.06	16.67	22.53	24.98	28.86	30.55	34.30
50	69.81	89.30	102.99	118.65	126.38	141.68	16.89	22.57	24.99	28.80	30.55	34.67
51	70.11	89.20	103.86	119.36	127.49	144.39	17.05	22.55	24.91	28.63	30.38	34.85
52	70.90	89.65	105.56	120.92	129.52	148.13	17.40	22.76	25.07	28.73	30.44	35.34
53	72.34	91.17	108.09	123.45	132.00	152.30	17.90	23.28	25.62	29.27	30.86	36.28
54	73.47	92.34	110.07	125.41	133.78	155.84	18.32	23.70	26.09	29.73	31.18	37.19
55	75.31	94.45	113.01	128.55	136.79	160.94	18.88	24.36	26.81	30.53	31.86	38.59
56	77.92	97.08	116.35	132.22	140.42	166.89	19.57	25.10	27.68	31.44	32.72	40.23
57	80.71	99.69	119.39	135.69	143.89	172.71	20.24	25.75	28.43	32.32	33.59	41.93
58	83.02	101.89	120.95	138.05	146.97	177.35	20.70	26.29	28.95	33.05	34.55	43.43
59	86.15	105.06	123.66	141.71	151.24	183.74	21.20	26.88	29.62	33.95	35.68	45.32
60	90.20	109.19	127.49	146.68	156.78	192.07	21.80	27.54	30.46	35.05	37.07	47.65
61	95.22	114.36	132.46	152.96	163.65	201.63	22.50	28.34	31.53	36.39	38.73	50.25
62	101.27	120.49	138.50	160.51	171.91	211.22	23.39	29.29	32.78	37.99	40.70	52.79
63	109.98	132.29	151.94	176.25	188.21	231.44	25.02	31.71	35.75	41.46	44.46	57.90
64	119.05	144.64	166.22	192.92	205.44	251.77	26.82	34.41	38.94	45.21	48.47	62.99
65	128.60	157.71	181.53	210.72	223.87	271.39	28.91	37.52	42.49	49.31	52.87	67.90
66	146.25	180.91	208.70	242.28	257.03	307.85	33.05	43.33	48.90	56.75	60.82	76.99
67	160.15	199.83	231.08	268.32	284.49	336.24	36.61	48.55	54.34	63.11	67.60	84.06
68	178.01	218.94	253.78	294.75	316.64	370.65	41.19	54.87	60.00	70.26	75.85	92.64
69	196.59	240.63	279.56	324.75	350.55	407.24	46.41	62.06	66.68	78.28	84.66	101.79
70	215.24	263.89	307.23	356.99	385.23	444.64	52.10	69.94	74.10	86.83	93.78	111.12
71	234.38	289.09	337.36	392.04	421.73	483.92	58.36	78.64	82.36	96.16	103.47	120.95
72	254.43	316.67	370.45	430.51	454.56	526.00	65.28	88.34	91.57	106.43	112.36	131.51
73	275.87	351.86	413.10	480.96	495.50	574.39	73.09	99.58	103.25	119.11	123.01	143.59
74	305.89	392.13	462.24	539.34	539.16	629.76	83.63	112.28	116.58	133.77	134.25	157.43
75	340.07	437.46	519.04	601.20	593.61	693.91	95.69	126.44	131.82	149.30	148.05	173.47
76	382.51	489.39	589.38	672.47	659.45	774.90	110.44	142.51	150.39	167.23	164.55	193.72
77	420.18	546.99	663.59	752.73	735.61	862.58	123.99	160.22	169.74	187.53	183.45	215.64
78	452.73	597.57	725.60	824.80	805.97	972.11	136.00	175.81	185.68	205.94	200.71	243.03
79	488.42	651.12	792.63	902.76	884.77	1,067.28	148.76	192.18	202.57	225.96	219.85	266.80

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Step-Rated

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC
Issue	Non Integrated - NH (3PL) Benefit Period			Non Integrated - ALF (3PL) Benefit Period			Non Integrated - HHC (3 PL) Benefit Period
Age	3 3 Yr	5 5 Yr	Lifetime Unlimited	2 2 Yr	3 3 Yr	4 4 Yr	2 2 Yr
18-35	86.32	96.23	107.75	3.21	3.80	4.42	16.76
36	87.37	97.55	108.61	3.26	3.85	4.46	17.21
37	88.42	98.87	109.46	3.30	3.89	4.51	17.65
38	88.60	100.01	109.64	3.32	3.92	4.53	18.33
39	89.26	101.17	110.16	3.35	3.94	4.55	18.88
40	89.78	101.82	110.35	3.37	3.96	4.57	19.17
41	91.25	103.22	111.55	3.44	4.05	4.64	19.49
42	93.09	104.83	113.09	3.48	4.12	4.71	19.54
43	95.26	106.62	114.99	3.40	4.21	4.80	18.84
44	97.11	108.04	116.54	3.34	4.30	4.88	18.09
45	97.60	110.40	119.15	3.31	4.33	4.91	17.53
46	97.01	113.10	122.10	3.31	4.33	4.90	17.03
47	96.01	114.67	124.68	3.31	4.30	4.85	16.54
48	97.23	116.40	128.44	3.41	4.40	4.94	16.63
49	97.49	117.20	131.17	3.49	4.49	4.99	16.67
50	98.12	118.65	134.60	3.57	4.57	5.06	16.89
51	97.98	119.34	137.18	3.64	4.62	5.10	17.05
52	98.40	120.92	140.70	3.74	4.69	5.19	17.40
53	100.04	123.45	144.68	3.85	4.80	5.30	17.90
54	101.27	125.41	148.04	3.95	4.92	5.41	18.32
55	103.57	128.55	152.91	4.09	5.06	5.54	18.88
56	106.41	132.22	158.54	4.30	5.25	5.72	19.57
57	109.24	135.69	164.08	4.51	5.41	5.89	20.24
58	111.60	138.05	168.48	4.70	5.56	6.02	20.70
59	115.06	141.71	174.55	4.95	5.74	6.21	21.20
60	119.57	146.68	182.45	5.25	6.02	6.46	21.80
61	125.17	152.96	191.54	5.63	6.33	6.77	22.50
62	131.84	160.51	200.66	6.08	6.72	7.13	23.39
63	144.66	176.25	219.86	6.72	7.47	7.88	25.02
64	158.07	192.92	239.16	7.40	8.27	8.68	26.82
65	172.26	210.70	257.83	8.10	9.12	9.56	28.91
66	197.46	242.28	292.44	9.36	10.58	11.06	33.05
67	217.96	268.32	319.42	10.37	11.83	12.33	36.61
68	238.51	296.51	352.11	11.60	13.29	13.77	41.19
69	261.94	327.18	386.85	12.90	14.79	15.32	46.41
70	287.10	359.21	422.42	14.21	16.38	16.91	52.10
71	314.40	393.39	459.71	15.60	18.06	18.59	58.36
72	344.29	430.51	499.71	17.10	19.86	20.42	65.28
73	382.59	477.67	545.65	18.82	22.04	22.61	73.09
74	426.41	532.50	598.27	21.26	24.55	25.15	83.63
75	475.66	590.98	659.22	24.11	27.40	28.11	95.69
76	532.03	659.38	736.15	27.68	30.76	31.83	110.44
77	594.45	737.67	819.42	31.06	34.58	35.81	123.99
78	649.13	809.35	923.52	34.18	38.09	39.24	136.00
79	706.89	888.46	1,013.91	37.62	41.90	43.02	148.76

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ, LTC04I-NTQ, LTC04I-AG-TQ, LTC04I-AG-NTQ

Premium Factors

Form:	LTC04I NFO1PL LTC04I NFO2PL LTC04I NFO3PL	Limited Pay Options			LTC04I ROPD	LTC04I ROPDC
Issue Age	Nonforfeiture Option	10 Pay	20 Pay	Pay to 65	Full Return Premium on Death	Return Premium on Death less Claims
18-35	1.21	3.83	2.40	1.74	1.77	1.60
36	1.21	3.81	2.39	1.78	1.79	1.61
37	1.21	3.79	2.37	1.82	1.81	1.63
38	1.21	3.78	2.36	1.83	1.82	1.63
39	1.21	3.76	2.35	1.85	1.84	1.65
40	1.20	3.74	2.33	1.89	1.86	1.66
41	1.20	3.71	2.31	1.95	1.88	1.67
42	1.20	3.68	2.29	2.01	1.90	1.69
43	1.20	3.64	2.27	2.08	1.93	1.72
44	1.20	3.60	2.24	2.16	1.97	1.74
45	1.19	3.55	2.21	2.21	2.01	1.77
46	1.19	3.50	2.19	2.30	2.05	1.81
47	1.19	3.45	2.16	2.37	2.10	1.85
48	1.19	3.39	2.13	2.38	2.16	1.90
49	1.19	3.34	2.10	2.39	2.23	1.95
50	1.18	3.28	2.08	2.41	2.29	2.00
51	1.18	3.22	2.06	2.45	2.36	2.06
52	1.18	3.16	2.04	2.51	2.43	2.11
53	1.18	3.10	2.02	2.61	2.49	2.16
54	1.18	3.05	2.00	2.75	2.56	2.22
55	1.17	2.99	1.98	2.99	2.65	2.29
56	1.17	2.94	1.96		2.75	2.37
57	1.17	2.88	1.93		2.87	2.47
58	1.17	2.84	1.88		3.01	2.59
59	1.16	2.79	1.83		3.19	2.73
60	1.16	2.73	1.78		3.39	2.89
61	1.15	2.67	1.72		3.63	3.09
62	1.15	2.60	1.65		3.90	3.32
63	1.15	2.51	1.59		4.22	3.58
64	1.15	2.42	1.54		4.59	3.89
65	1.14	2.33	1.48		5.01	4.23
66	1.14	2.23	1.43			
67	1.14	2.14	1.38			
68	1.14	2.06	1.32			
69	1.14	1.99	1.27			
70	1.14	1.91	1.22			
71	1.13	1.85	1.19			
72	1.13	1.79	1.16			
73	1.13	1.72	1.15			
74	1.12	1.66	1.15			
75	1.12	1.59	1.15			
76	1.11	1.53	1.15			
77	1.11	1.48	1.15			
78	1.11	1.43	1.15			
79	1.10	1.39	1.15			
80	1.10	1.36	1.15			
81	1.10	1.33	1.15			

Age 80+ is only for the Guaranteed Purchase Option.

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ, LTC04I-NTQ, LTC04I-AG-TQ, LTC04I-AG-NTQ

Premium Factors to apply by benefit period selected.**Restoration of Benefits**

Form: LTC04I ROB1PL, LTC04I ROB2PL, LTC04I ROB3PL

Benefit Period	Factor
2 year	1.04
3 Year	1.03
4 Year	1.02
5 Year	1.01
6 Year	1.01
Unlimited	1.00

Premium Factors applicable to the entire calculated premium.**Monthly HHC**

Form: LTC04I MHHC

Factor	1.1
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Survivorship & Spouse Waiver

Form: LTC04I SBWP

Factor	1.14
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Indemnity Coverage

Description	Factor	Form
NH Only	1.05	LTC04I NHIND-TQ
NH & ALF	1.15	LTC04I NHIND-TQ, LTC04I ALFIND-TQ
NH, ALF, & HHC	1.25	LTC04I NHIND-TQ, LTC04I ALFIND-TQ, LTC04I HHCIND-TQ

Spouse Benefit

Form: LTC04I SB1PL-TQ, LTC04I SB2PL-TQ, LTC04I SB3PL-TQ

LTC04I SBDOMPART1PL-TQ, LTC04I SBDOMPART2PL-TQ, LTC04I SBDOMPART3PL-TQ

Factor	1.6
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Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

No Inflation

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	34.95	39.53	44.95	50.37	55.73	80.08	31.45	35.57	40.46	45.34	50.16	72.08
36	35.32	40.01	45.58	51.08	56.53	80.86	31.79	36.02	41.01	45.97	50.87	72.78
37	35.70	40.52	46.21	51.80	57.32	81.64	32.13	36.46	41.58	46.63	51.58	73.48
38	36.08	41.03	46.87	52.53	58.07	82.02	32.47	36.93	42.18	47.28	52.26	73.83
39	36.43	41.52	47.49	53.26	58.83	82.59	32.79	37.38	42.75	47.94	52.95	74.33
40	36.78	41.79	47.59	53.95	59.60	83.36	33.10	37.60	42.83	48.56	53.64	75.03
41	37.16	40.97	46.91	54.68	60.43	84.35	33.45	36.87	42.22	49.22	54.38	75.92
42	37.57	40.29	46.41	54.71	61.23	85.54	33.81	36.26	41.76	49.24	55.12	77.00
43	38.04	40.70	46.72	54.43	60.87	86.95	34.23	36.63	42.04	48.99	54.78	78.26
44	38.59	41.60	47.54	54.34	60.72	87.89	34.73	37.43	42.79	48.90	54.65	79.10
45	39.23	42.61	48.48	54.43	60.81	88.42	35.30	38.34	43.64	48.98	54.73	79.58
46	39.98	43.73	49.56	54.72	61.16	89.24	35.99	39.35	44.60	49.25	55.04	80.31
47	40.89	44.95	50.82	55.21	61.80	90.33	36.80	40.45	45.74	49.68	55.62	81.29
48	42.24	46.46	52.59	56.72	63.79	92.81	38.02	41.82	47.33	51.04	57.42	83.55
49	43.59	47.92	54.43	58.24	65.81	95.25	39.24	43.13	48.98	52.41	59.23	85.73
50	45.00	49.35	56.33	59.81	67.91	97.70	40.50	44.41	50.70	53.82	61.12	87.93
51	46.50	50.80	58.38	61.48	70.17	100.21	41.85	45.72	52.55	55.33	63.15	90.20
52	48.12	52.30	60.61	63.47	72.82	102.88	43.31	47.06	54.55	57.13	65.54	92.59
53	49.57	53.77	62.64	65.44	75.25	104.87	44.61	48.40	56.38	58.89	67.72	94.39
54	51.14	55.45	64.85	67.62	77.87	107.19	46.03	49.90	58.36	60.85	70.08	96.47
55	52.91	57.36	67.29	70.08	80.78	109.95	47.61	51.63	60.56	63.08	72.71	98.97
56	54.92	59.61	70.03	72.93	84.07	113.29	49.43	53.65	63.03	65.64	75.66	101.97
57	57.23	62.26	73.13	76.22	87.82	117.34	51.51	56.04	65.82	68.61	79.04	105.60
58	59.57	65.37	75.95	79.50	91.48	121.90	53.61	58.83	68.35	71.55	82.33	109.70
59	62.44	68.98	79.58	83.65	96.09	127.75	56.20	62.09	71.62	75.29	86.49	114.99
60	65.97	73.24	84.12	88.77	101.77	135.09	59.37	65.91	75.70	79.90	91.59	121.59
61	70.25	78.26	89.64	94.94	108.62	144.00	63.22	70.44	80.67	85.45	97.76	129.60
62	75.35	84.19	96.21	102.27	116.76	154.65	67.81	75.78	86.59	92.03	105.08	139.18
63	82.06	91.49	105.01	111.70	127.39	169.91	73.86	82.34	94.51	100.53	114.65	152.92
64	89.19	99.20	114.26	121.56	138.56	186.06	80.27	89.28	102.84	109.41	124.71	167.45
65	97.59	108.29	124.94	132.91	151.49	204.81	87.83	97.46	112.44	119.62	136.34	184.32
66	111.74	123.82	142.76	151.80	173.13	235.63	100.57	111.44	128.48	136.62	155.83	212.07
67	123.42	136.66	157.04	166.93	190.59	261.12	111.08	122.99	141.33	150.24	171.53	235.01
68	140.59	155.95	175.40	186.44	213.41	289.69	126.53	140.35	157.86	167.79	192.08	260.73
69	158.14	175.72	195.09	207.34	237.84	317.92	142.33	158.14	175.57	186.60	214.06	286.12
70	176.51	196.50	216.52	230.11	264.44	346.61	158.87	176.86	194.86	207.10	238.00	311.96
71	196.10	218.83	240.10	255.20	293.72	376.59	176.49	196.95	216.09	229.68	264.34	338.93
72	217.31	243.23	266.26	283.04	326.26	408.52	195.59	218.90	239.64	254.73	293.63	367.67
73	238.18	267.31	295.96	314.63	362.88	439.15	214.36	240.58	266.36	283.16	326.58	395.23
74	261.40	294.33	330.04	350.85	404.90	473.70	235.25	264.89	297.03	315.76	364.41	426.33
75	287.65	325.16	369.23	392.51	453.29	513.20	258.89	292.64	332.31	353.26	407.96	461.88
76	317.65	360.63	414.26	440.39	509.00	570.65	285.89	324.56	372.84	396.35	458.10	513.58
77	352.09	401.64	465.92	495.29	573.01	640.42	316.88	361.47	419.32	445.76	515.70	576.37
78	391.70	449.02	524.90	558.00	646.24	721.75	352.53	404.12	472.41	502.20	581.61	649.58
79	437.16	503.66	592.00	629.32	729.70	816.14	393.44	453.29	532.80	566.39	656.73	734.53
80	489.18	566.41	667.93	710.04	824.31	925.05	440.26	509.77	601.14	639.04	741.89	832.54
81	548.47	638.11	753.45	800.96	931.06	1,049.94	493.63	574.30	678.11	720.86	837.95	944.95

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

No Inflation

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	33.08	36.24	43.10	48.31	50.14	64.22	7.36	9.42	10.88	12.19	12.64	15.87
36	33.29	36.79	43.63	48.89	50.76	64.67	7.56	9.66	11.09	12.42	12.90	16.19
37	33.51	37.36	44.14	49.50	51.37	65.15	7.75	9.92	11.31	12.68	13.16	16.49
38	33.60	37.95	44.62	50.03	51.86	65.18	8.05	10.27	11.59	12.99	13.46	16.84
39	33.74	38.53	45.11	50.59	52.39	65.42	8.29	10.57	11.84	13.27	13.74	17.16
40	33.95	38.88	45.12	51.16	52.99	65.90	8.47	10.76	11.91	13.51	14.00	17.46
41	34.23	38.21	44.43	51.81	53.70	66.59	8.61	10.63	11.78	13.73	14.22	17.76
42	34.60	37.67	43.96	51.83	54.42	67.50	8.71	10.50	11.65	13.73	14.41	18.04
43	35.05	38.20	44.30	51.60	54.14	68.63	8.80	10.55	11.70	13.64	14.32	18.32
44	35.60	39.19	45.14	51.59	54.09	69.44	8.89	10.68	11.86	13.56	14.22	18.45
45	36.26	40.29	46.11	51.78	54.28	69.96	8.99	10.81	12.03	13.50	14.16	18.46
46	37.04	41.49	47.26	52.19	54.72	70.75	9.10	10.97	12.20	13.47	14.14	18.49
47	37.93	42.78	48.59	52.79	55.42	71.79	9.25	11.14	12.40	13.47	14.14	18.54
48	39.25	44.36	50.54	54.50	57.58	74.09	9.50	11.37	12.65	13.63	14.40	18.73
49	40.53	45.85	52.50	56.18	59.63	76.30	9.78	11.65	12.92	13.83	14.64	18.95
50	41.83	47.28	54.53	57.89	61.66	78.49	10.12	11.95	13.23	14.05	14.90	19.21
51	43.17	48.66	56.66	59.68	63.75	80.73	10.50	12.30	13.59	14.32	15.19	19.49
52	44.58	50.07	58.96	61.74	66.13	83.07	10.94	12.71	14.00	14.67	15.54	19.82
53	45.83	51.42	60.96	63.68	68.09	84.70	11.34	13.13	14.45	15.10	15.92	20.18
54	47.21	52.94	63.11	65.80	70.19	86.54	11.77	13.59	14.96	15.60	16.36	20.65
55	48.77	54.71	65.46	68.18	72.55	88.69	12.23	14.11	15.53	16.19	16.90	21.27
56	50.60	56.82	68.10	70.91	75.31	91.29	12.71	14.69	16.20	16.86	17.55	22.01
57	52.75	59.36	71.09	74.09	78.57	94.42	13.23	15.33	16.93	17.65	18.34	22.92
58	54.98	62.13	73.75	77.20	82.19	97.92	13.71	16.03	17.65	18.48	19.32	23.98
59	57.82	65.66	77.28	81.23	86.69	102.48	14.23	16.80	18.51	19.46	20.45	25.28
60	61.36	70.01	81.74	86.26	92.20	108.23	14.83	17.66	19.53	20.61	21.80	26.85
61	65.67	75.30	87.22	92.38	98.84	115.28	15.52	18.66	20.76	21.98	23.39	28.73
62	70.82	81.57	93.76	99.67	106.75	123.73	16.36	19.83	22.19	23.59	25.27	30.92
63	77.45	89.29	102.55	109.09	116.49	135.91	17.62	21.40	24.13	25.66	27.52	34.00
64	84.43	97.27	111.78	118.93	126.65	148.82	19.02	23.14	26.19	27.87	29.88	37.23
65	92.52	106.35	122.41	130.21	138.34	163.82	20.80	25.30	28.65	30.47	32.67	40.99
66	105.98	121.36	140.00	148.87	157.93	188.48	23.95	29.07	32.80	34.87	37.37	47.14
67	116.90	133.22	154.06	163.77	173.64	208.90	26.72	32.37	36.23	38.52	41.26	52.22
68	132.84	148.32	171.92	182.73	196.30	231.76	30.74	37.17	40.65	43.56	47.02	57.93
69	148.93	164.45	191.05	203.04	219.17	254.35	35.16	42.41	45.57	48.94	52.93	63.58
70	165.57	181.94	211.82	225.13	242.94	277.31	40.08	48.22	51.09	54.76	59.14	69.30
71	183.11	201.09	234.67	249.43	268.32	301.29	45.59	54.70	57.29	61.18	65.83	75.30
72	201.93	222.25	260.00	276.39	296.01	326.81	51.81	62.00	64.27	68.33	73.17	81.71
73	220.26	246.18	289.02	307.24	324.79	351.32	58.36	69.67	72.24	76.09	80.63	87.82
74	240.56	273.49	322.39	342.72	357.95	378.96	65.77	78.31	81.31	85.00	89.13	94.74
75	263.51	304.78	360.86	383.60	396.74	410.56	74.15	88.09	91.65	95.26	98.95	102.64
76	289.75	340.59	405.15	430.70	442.44	456.52	83.66	99.18	103.38	107.11	110.40	114.13
77	319.96	381.52	456.03	484.79	496.30	512.34	94.42	111.75	116.65	120.78	123.77	128.08
78	354.80	428.13	514.23	546.66	559.58	577.40	106.58	125.96	131.59	136.49	139.35	144.35
79	394.90	481.01	580.50	617.11	633.55	652.92	120.28	141.97	148.36	154.46	157.43	163.22
80	440.97	540.73	655.58	696.93	719.48	740.04	135.64	159.98	167.09	174.94	178.31	185.01
81	493.62	607.86	740.22	786.90	818.61	839.95	152.83	180.11	187.91	198.14	202.27	209.99

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

No Inflation

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	39.90	48.31	60.99	1.41	1.76	2.10	7.36	
36	40.52	48.89	61.45	1.43	1.78	2.12	7.56	
37	41.15	49.50	61.88	1.45	1.81	2.14	7.75	
38	41.38	50.03	61.91	1.46	1.83	2.15	8.05	
39	41.83	50.58	62.15	1.47	1.85	2.16	8.29	
40	42.23	51.15	62.60	1.49	1.86	2.15	8.47	
41	41.72	51.80	63.26	1.52	1.85	2.12	8.61	
42	41.50	51.83	64.13	1.55	1.84	2.10	8.71	
43	42.09	51.60	65.20	1.59	1.86	2.12	8.80	
44	43.17	51.59	65.97	1.64	1.91	2.17	8.89	
45	44.37	51.78	66.47	1.70	1.97	2.23	8.99	
46	45.69	52.18	67.21	1.77	2.04	2.31	9.10	
47	47.08	52.79	68.20	1.85	2.11	2.38	9.25	
48	48.81	54.49	70.38	1.95	2.21	2.48	9.50	
49	50.42	56.17	72.49	2.05	2.32	2.58	9.78	
50	51.95	57.89	74.57	2.14	2.42	2.68	10.12	
51	53.45	59.67	76.69	2.24	2.52	2.78	10.50	
52	54.96	61.74	78.91	2.35	2.62	2.90	10.94	
53	56.42	63.68	80.46	2.44	2.71	2.99	11.34	
54	58.06	65.80	82.21	2.54	2.82	3.10	11.77	
55	59.99	68.18	84.26	2.65	2.93	3.21	12.23	
56	62.28	70.91	86.72	2.79	3.07	3.35	12.71	
57	65.05	74.09	89.69	2.95	3.22	3.51	13.23	
58	68.05	77.20	93.02	3.11	3.39	3.67	13.71	
59	71.91	81.23	97.35	3.32	3.59	3.88	14.23	
60	76.66	86.26	102.82	3.57	3.86	4.14	14.83	
61	82.42	92.38	109.51	3.88	4.17	4.46	15.52	
62	89.25	99.67	117.54	4.25	4.55	4.83	16.36	
63	97.64	109.09	129.11	4.73	5.04	5.32	17.62	
64	106.30	118.93	141.37	5.25	5.56	5.84	19.02	
65	116.16	130.20	155.63	5.83	6.15	6.45	20.80	
66	132.46	148.87	179.05	6.78	7.10	7.42	23.95	
67	145.31	163.77	198.44	7.57	7.89	8.22	26.72	
68	161.58	183.82	220.17	8.66	9.00	9.33	30.74	
69	179.01	204.56	241.61	9.77	10.11	10.47	35.16	
70	197.94	226.53	263.45	10.93	11.29	11.66	40.08	
71	218.70	250.29	286.21	12.19	12.56	12.93	45.59	
72	241.64	276.39	310.48	13.57	13.94	14.33	51.81	
73	267.68	305.14	333.74	15.03	15.42	15.82	58.36	
74	297.40	338.37	360.01	16.72	17.12	17.54	65.77	
75	331.39	377.08	390.04	18.68	19.09	19.54	74.15	
76	370.26	422.32	433.69	20.97	21.41	21.88	83.66	
77	414.62	475.09	486.71	23.65	24.12	24.61	94.42	
78	465.07	536.42	548.54	26.79	27.29	27.81	106.58	
79	522.21	607.33	620.27	30.42	30.95	31.51	120.28	
80	586.65	688.85	703.04	34.60	35.18	35.77	135.64	
81	659.01	782.00	797.95	39.40	40.04	40.68	152.83	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Compound

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	60.02	69.64	79.20	88.72	98.19	139.76	54.01	62.67	71.29	79.86	88.37	125.79
36	60.59	70.50	80.31	90.00	99.59	141.19	54.53	63.47	72.26	80.99	89.63	127.09
37	61.20	71.39	81.43	91.28	100.99	142.66	55.08	64.24	73.28	82.16	90.88	128.40
38	62.44	73.08	83.47	93.58	103.43	143.49	56.19	65.77	75.12	84.22	93.09	129.16
39	64.01	75.14	85.94	96.37	106.46	144.61	57.61	67.65	77.36	86.73	95.81	130.15
40	65.23	76.79	87.93	98.65	108.99	146.05	58.70	69.10	79.13	88.80	98.10	131.45
41	66.89	78.90	90.46	101.57	112.21	147.83	60.21	71.00	81.42	91.42	100.98	133.05
42	68.19	80.64	92.60	104.04	115.01	149.95	61.37	72.58	83.34	93.63	103.53	134.96
43	69.94	82.75	95.05	106.82	118.08	151.48	62.94	74.48	85.53	96.15	106.27	136.35
44	71.50	84.65	97.26	109.33	120.87	153.35	64.34	76.17	87.54	98.40	108.79	138.02
45	73.61	87.20	100.22	112.68	124.58	155.58	66.24	78.46	90.21	101.41	112.13	140.01
46	73.03	87.90	99.62	115.70	128.04	158.14	65.74	79.10	89.65	104.14	115.23	142.32
47	72.35	87.27	98.66	116.26	130.14	161.07	65.11	78.53	88.80	104.62	117.12	144.95
48	73.99	89.20	100.96	118.57	133.35	165.16	66.60	80.29	90.87	106.71	120.03	148.67
49	75.10	90.40	102.69	120.06	135.67	168.02	67.61	81.37	92.40	108.05	122.10	151.23
50	76.76	92.08	105.11	122.35	138.92	171.89	69.08	82.87	94.60	110.10	125.02	154.69
51	78.53	93.76	107.76	124.77	142.40	175.80	70.68	84.39	96.99	112.29	128.17	158.23
52	80.47	95.50	110.67	127.46	146.24	179.91	72.42	85.93	99.61	114.73	131.62	161.91
53	81.34	96.67	112.62	129.50	148.91	183.71	73.20	87.02	101.37	116.54	134.01	165.35
54	82.34	98.16	114.80	131.85	151.84	188.02	74.11	88.34	103.31	118.65	136.65	169.22
55	83.59	99.98	117.29	134.64	155.19	193.06	75.22	89.99	105.56	121.19	139.69	173.77
56	85.13	102.30	120.18	138.04	159.13	199.05	76.62	92.07	108.17	124.25	143.21	179.16
57	87.04	105.20	123.57	142.14	163.77	206.23	78.34	94.69	111.22	127.94	147.39	185.60
58	89.05	108.66	126.24	145.75	167.72	213.47	80.14	97.79	113.61	131.18	150.94	192.11
59	92.35	113.52	130.97	151.75	174.32	224.45	83.12	102.18	117.87	136.59	156.91	202.02
60	96.50	119.30	137.02	159.30	182.63	238.09	86.85	107.36	123.31	143.38	164.36	214.29
61	101.86	125.26	143.47	167.30	191.41	252.87	91.67	112.74	129.12	150.58	172.27	227.57
62	109.26	133.27	152.29	178.12	203.36	272.42	98.32	119.95	137.06	160.28	183.01	245.16
63	118.99	144.24	165.56	193.69	220.90	297.49	107.10	129.81	149.00	174.32	198.80	267.73
64	128.43	154.65	178.13	208.34	237.48	321.45	115.59	139.19	160.33	187.52	213.74	289.30
65	140.53	168.05	193.88	226.64	258.32	351.50	126.48	151.24	174.49	203.98	232.49	316.34
66	159.79	189.87	218.91	255.65	291.57	398.78	143.82	170.88	197.01	230.08	262.43	358.92
67	175.26	206.98	237.84	277.50	316.83	430.14	157.73	186.27	214.05	249.76	285.15	387.12
68	196.83	227.85	256.27	298.17	341.30	472.64	177.14	205.06	230.64	268.34	307.19	425.38
69	219.81	249.11	276.57	320.95	368.17	510.48	197.84	224.19	248.90	288.85	331.36	459.42
70	241.82	269.21	296.63	341.92	392.93	543.43	217.65	242.30	266.96	307.73	353.64	489.11
71	264.74	295.42	324.14	363.53	418.40	576.04	238.26	265.88	291.72	327.18	376.55	518.44
72	291.20	325.93	356.79	388.91	448.30	613.70	262.09	293.33	321.12	350.01	403.46	552.34
73	316.78	355.52	393.63	421.08	485.65	667.91	285.10	319.97	354.26	378.96	437.07	601.12
74	345.05	388.52	435.65	463.12	534.47	729.80	310.53	349.65	392.08	416.80	481.02	656.82
75	376.82	425.96	483.69	514.19	593.81	801.36	339.15	383.36	435.33	462.77	534.43	721.22
76	412.95	468.82	538.54	572.51	661.70	884.45	371.66	421.93	484.69	515.26	595.53	795.99
77	454.20	518.12	601.04	638.92	739.18	980.86	408.78	466.30	540.92	575.03	665.25	882.76
78	501.38	574.75	671.87	714.24	827.19	1,096.86	451.24	517.27	604.68	642.82	744.46	987.18
79	555.19	639.65	751.84	799.24	926.72	1,230.61	499.67	575.68	676.66	719.32	834.05	1,107.56

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Compound

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	56.80	63.86	75.95	85.10	88.33	112.07	12.64	16.59	19.16	21.47	22.28	27.69
36	57.11	64.83	76.87	86.14	89.43	112.92	12.97	17.03	19.53	21.88	22.73	28.27
37	57.44	65.82	77.79	87.22	90.51	113.84	13.29	17.47	19.92	22.34	23.19	28.81
38	58.15	67.59	79.47	89.11	92.37	114.02	13.93	18.30	20.64	23.13	23.98	29.47
39	59.28	69.72	81.63	91.53	94.80	114.56	14.57	19.12	21.43	24.02	24.87	30.05
40	60.21	71.45	83.36	93.54	96.91	115.46	15.02	19.78	22.01	24.69	25.60	30.59
41	61.62	73.59	85.69	96.23	99.71	116.70	15.50	20.47	22.71	25.50	26.42	31.13
42	62.80	75.39	87.73	98.57	102.21	118.32	15.81	21.02	23.26	26.11	27.07	31.63
43	64.44	77.67	90.12	101.27	105.03	119.56	16.18	21.45	23.80	26.76	27.77	31.92
44	65.96	79.75	92.35	103.80	107.68	121.15	16.47	21.73	24.26	27.27	28.31	32.19
45	68.04	82.46	95.32	107.19	111.20	123.10	16.87	22.12	24.87	27.96	29.01	32.48
46	67.66	83.40	95.00	110.35	114.55	125.38	16.62	22.05	24.52	28.48	29.61	32.76
47	67.11	83.05	94.33	111.16	116.71	128.01	16.37	21.63	24.07	28.37	29.79	33.05
48	68.75	85.16	97.03	113.93	120.37	131.84	16.64	21.83	24.29	28.49	30.11	33.32
49	69.83	86.50	99.04	115.82	122.93	134.59	16.85	21.98	24.37	28.52	30.19	33.43
50	71.35	88.22	101.75	118.41	126.13	138.10	17.26	22.30	24.69	28.74	30.49	33.79
51	72.91	89.81	104.58	121.12	129.37	141.61	17.73	22.70	25.08	29.05	30.82	34.18
52	74.55	91.43	107.66	123.99	132.80	145.26	18.29	23.21	25.56	29.46	31.21	34.65
53	75.20	92.45	109.60	126.01	134.74	148.37	18.61	23.61	25.98	29.88	31.50	35.34
54	76.01	93.72	111.72	128.30	136.86	151.79	18.95	24.06	26.48	30.42	31.90	36.23
55	77.05	95.36	114.10	130.99	139.38	155.72	19.32	24.59	27.07	31.10	32.47	37.34
56	78.43	97.51	116.87	134.22	142.55	160.39	19.70	25.21	27.80	31.91	33.22	38.66
57	80.23	100.30	120.12	138.16	146.52	165.94	20.12	25.90	28.61	32.91	34.20	40.29
58	82.19	103.27	122.59	141.54	150.68	171.48	20.49	26.64	29.34	33.88	35.42	41.99
59	85.51	108.06	127.18	147.36	157.27	180.04	21.05	27.65	30.46	35.30	37.10	44.41
60	89.76	114.04	133.15	154.79	165.45	190.76	21.69	28.77	31.81	36.98	39.12	47.33
61	95.22	120.52	139.60	162.79	174.17	202.42	22.50	29.87	33.23	38.73	41.22	50.45
62	102.69	129.12	148.41	173.59	185.92	217.95	23.72	31.39	35.12	41.09	44.01	54.47
63	112.30	140.77	161.68	189.16	201.99	237.96	25.55	33.74	38.04	44.49	47.72	59.53
64	121.58	151.64	174.26	203.84	217.07	257.12	27.39	36.07	40.83	47.77	51.21	64.33
65	133.23	165.03	189.96	222.04	235.90	281.15	29.95	39.26	44.46	51.96	55.71	70.35
66	151.55	186.09	214.68	250.71	265.97	319.00	34.25	44.58	50.30	58.72	62.93	79.78
67	166.00	201.77	233.33	272.25	288.66	344.11	37.94	49.03	54.87	64.04	68.59	86.02
68	185.98	216.70	251.18	292.24	313.94	378.13	43.04	54.31	59.39	69.66	75.20	94.51
69	207.01	233.13	270.84	314.30	339.27	408.40	48.87	60.12	64.60	75.76	81.93	102.08
70	226.83	249.26	290.19	334.52	360.98	434.78	54.91	66.06	69.99	81.37	87.88	108.66
71	247.20	271.47	316.80	355.31	382.22	460.86	61.55	73.85	77.34	87.15	93.77	115.18
72	270.59	297.82	348.40	379.77	406.73	490.96	69.43	83.08	86.12	93.89	100.54	122.74
73	292.95	327.42	384.40	411.19	434.68	534.33	77.62	92.66	96.08	101.83	107.91	133.58
74	317.54	361.01	425.55	452.39	472.49	583.85	86.82	103.37	107.33	112.20	117.65	145.95
75	345.20	399.26	472.73	502.52	519.73	641.09	97.14	115.40	120.06	124.79	129.62	160.27
76	376.68	442.77	526.70	559.91	575.17	707.56	108.76	128.93	134.39	139.24	143.52	176.89
77	412.75	492.16	588.28	625.38	640.23	784.70	121.80	144.16	150.48	155.81	159.66	196.17
78	454.14	548.01	658.21	699.72	716.26	877.49	136.42	161.23	168.44	174.71	178.37	219.37
79	501.52	610.88	737.24	783.73	804.61	984.50	152.76	180.30	188.42	196.16	199.94	246.11

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Compound

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	70.29	85.10	106.44	2.42	3.10	3.71	12.64	
36	71.39	86.14	107.30	2.45	3.14	3.74	12.97	
37	72.49	87.22	108.13	2.49	3.19	3.77	13.29	
38	73.71	89.11	108.31	2.53	3.26	3.82	13.93	
39	75.70	91.51	108.83	2.58	3.34	3.90	14.57	
40	77.61	93.52	109.68	2.64	3.42	3.97	15.02	
41	80.35	96.21	110.87	2.74	3.57	4.09	15.50	
42	83.06	98.57	112.40	2.81	3.68	4.19	15.81	
43	85.58	101.27	113.59	2.92	3.78	4.31	16.18	
44	87.85	103.80	115.11	3.04	3.89	4.44	16.47	
45	90.81	107.19	116.96	3.19	4.03	4.61	16.87	
46	91.84	110.32	119.10	3.23	4.10	4.64	16.62	
47	91.40	111.16	121.60	3.27	4.10	4.62	16.37	
48	93.71	113.91	125.25	3.42	4.24	4.76	16.64	
49	95.12	115.80	127.87	3.53	4.38	4.87	16.85	
50	96.94	118.41	131.19	3.65	4.52	5.00	17.26	
51	98.66	121.09	134.54	3.78	4.65	5.13	17.73	
52	100.36	123.99	137.98	3.93	4.78	5.30	18.29	
53	101.44	126.01	140.95	4.00	4.87	5.38	18.61	
54	102.78	128.30	144.20	4.09	4.99	5.49	18.95	
55	104.56	130.99	147.94	4.19	5.11	5.60	19.32	
56	106.88	134.22	152.36	4.32	5.27	5.75	19.70	
57	109.91	138.16	157.64	4.49	5.44	5.93	20.12	
58	113.11	141.54	162.90	4.65	5.63	6.10	20.49	
59	118.35	147.36	171.04	4.91	5.91	6.39	21.05	
60	124.87	154.79	181.21	5.22	6.29	6.74	21.69	
61	131.92	162.79	192.30	5.63	6.67	7.14	22.50	
62	141.27	173.59	207.04	6.16	7.20	7.65	23.72	
63	153.94	189.16	226.05	6.86	7.95	8.39	25.55	
64	165.72	203.84	244.25	7.56	8.67	9.10	27.39	
65	180.26	222.02	267.10	8.40	9.54	10.01	29.95	
66	203.11	250.71	303.04	9.70	10.89	11.38	34.25	
67	220.08	272.25	326.89	10.75	11.95	12.45	37.94	
68	236.08	293.98	359.21	12.12	13.15	13.63	43.04	
69	253.78	316.65	387.95	13.58	14.33	14.84	48.87	
70	271.18	336.60	413.04	14.97	15.47	15.97	54.91	
71	295.25	356.54	437.79	16.46	16.96	17.46	61.55	
72	323.80	379.77	466.42	18.18	18.68	19.20	69.43	
73	356.01	408.38	507.60	19.99	20.51	21.04	77.62	
74	392.57	446.65	554.65	22.07	22.60	23.15	86.82	
75	434.12	493.97	609.03	24.47	25.01	25.60	97.14	
76	481.34	549.02	672.17	27.26	27.83	28.44	108.76	
77	534.86	612.87	745.44	30.51	31.11	31.75	121.80	
78	595.29	686.62	833.63	34.29	34.93	35.60	136.42	
79	663.21	771.31	935.27	38.63	39.31	40.02	152.76	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Compound

Form: LTC04I NH, LTC04I ALF, LTC04I HHC							LTC04I NH, LTC04I ALF, LTC04I HHC						
Issue Age	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)						Unlimited
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	
18-35	87.28	101.26	115.15	125.86	140.89	177.48	78.54	91.12	103.65	113.29	126.80	159.74	
36	88.10	102.52	116.79	127.86	143.09	179.31	79.30	92.29	105.08	115.06	128.78	161.40	
37	88.98	103.80	118.40	129.80	145.32	181.17	80.08	93.40	106.55	116.83	130.78	163.05	
38	91.15	106.68	121.86	131.75	147.71	182.22	82.03	96.01	109.68	118.58	132.95	164.03	
39	93.31	109.55	125.29	133.66	149.94	183.65	83.98	98.62	112.78	120.29	134.95	165.28	
40	95.47	112.12	127.69	135.57	152.03	185.48	85.92	100.90	114.92	122.03	136.83	166.94	
41	97.75	113.09	129.49	137.55	154.11	187.74	87.99	101.78	116.55	123.81	138.69	168.97	
42	98.66	112.96	130.11	138.31	154.80	188.58	88.78	101.67	117.09	124.48	139.36	169.74	
43	97.26	114.58	131.53	139.89	156.44	190.76	87.52	103.12	118.35	125.92	140.79	171.70	
44	94.73	112.93	129.05	141.02	157.58	192.40	85.25	101.61	116.16	126.92	141.83	173.17	
45	92.63	111.00	126.29	142.39	159.09	194.47	83.35	99.88	113.68	128.15	143.19	175.01	
46	90.95	109.46	124.06	144.08	161.05	196.92	81.87	98.50	111.64	129.68	144.93	177.22	
47	89.75	108.25	122.39	144.22	161.44	199.80	80.77	97.42	110.16	129.78	145.29	179.82	
48	91.42	110.22	124.76	146.51	164.78	204.08	82.29	99.21	112.28	131.86	148.32	183.71	
49	92.55	111.40	126.54	147.94	167.18	207.04	83.31	100.27	113.87	133.14	150.46	186.35	
50	94.20	113.01	129.00	150.15	170.49	210.95	84.78	101.70	116.10	135.12	153.44	189.85	
51	96.50	115.21	132.41	153.32	174.98	216.01	86.85	103.69	119.18	137.98	157.49	194.42	
52	98.47	116.86	135.43	155.97	178.95	220.15	88.62	105.15	121.89	140.39	161.06	198.13	
53	99.65	118.44	137.98	158.65	182.44	225.07	89.68	106.61	124.19	142.77	164.18	202.58	
54	101.00	120.41	140.82	161.74	186.25	230.64	90.91	108.36	126.73	145.54	167.62	207.58	
55	102.66	122.79	144.05	165.36	190.61	237.11	92.38	110.53	129.64	148.84	171.56	213.42	
56	104.69	125.80	147.79	169.76	195.69	244.78	94.22	113.22	133.02	152.79	176.11	220.32	
57	107.17	129.53	152.15	175.01	201.65	253.93	96.46	116.59	136.94	157.54	181.49	228.52	
58	109.79	133.96	155.64	179.70	206.77	263.18	98.80	120.56	140.07	161.73	186.09	236.85	
59	113.22	139.18	160.57	186.06	213.72	275.18	101.91	125.28	144.51	167.46	192.37	247.69	
60	117.66	145.45	167.06	194.21	222.65	290.27	105.89	130.89	150.33	174.81	200.38	261.26	
61	124.34	152.90	175.14	204.22	233.65	308.67	111.90	137.62	157.61	183.81	210.29	277.80	
62	133.37	162.68	185.90	217.43	248.23	332.54	120.02	146.43	167.31	195.66	223.40	299.27	
63	144.43	175.08	200.95	235.10	268.12	361.09	129.99	157.57	180.86	211.59	241.31	324.97	
64	156.08	187.94	216.48	253.20	288.61	390.65	140.47	169.15	194.84	227.89	259.76	351.58	
65	169.81	203.05	234.27	273.86	312.14	424.72	152.82	182.75	210.84	246.47	280.93	382.25	
66	192.19	228.37	263.30	307.49	350.70	479.66	172.98	205.54	236.96	276.74	315.65	431.71	
67	209.81	247.79	284.74	332.22	379.31	521.54	188.84	223.00	256.26	299.00	341.38	469.39	
68	233.38	270.16	303.86	353.54	404.69	560.42	210.04	243.14	273.47	318.18	364.24	504.38	
69	254.61	288.54	320.35	371.75	426.44	591.27	229.15	259.67	288.29	334.57	383.80	532.13	
70	277.12	308.51	339.94	391.83	450.29	622.77	249.43	277.67	305.93	352.65	405.27	560.51	
71	298.07	332.62	364.95	409.31	471.09	648.58	268.26	299.36	328.46	368.38	423.97	583.72	
72	319.45	357.55	391.40	426.64	491.79	673.24	287.52	321.78	352.27	383.97	442.60	605.92	
73	345.36	387.60	429.14	459.07	529.47	728.17	310.82	348.84	386.22	413.15	476.51	655.36	
74	373.80	420.89	471.96	501.72	579.01	790.61	336.41	378.79	424.75	451.54	521.11	711.56	
75	405.59	458.48	520.61	553.44	639.14	862.53	365.03	412.62	468.56	498.10	575.22	776.28	
76	444.71	504.88	579.96	616.55	712.60	952.48	400.25	454.38	521.98	554.89	641.34	857.22	
77	485.88	554.26	642.97	683.50	790.75	1,049.29	437.29	498.83	578.66	615.15	711.67	944.35	
78	532.71	610.67	713.86	758.88	878.89	1,165.41	479.44	549.60	642.48	682.99	790.99	1,048.88	
79	585.79	674.90	793.28	843.29	977.80	1,298.44	527.21	607.41	713.95	758.96	880.02	1,168.60	

Mutual of Omaha Insurance Company

Policy Form: LTC04I-TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Compound

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL) Benefit Period						Non Integrated - Home Health Care (HHC) (2PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	82.61	92.85	110.43	120.72	126.75	142.32	18.38	24.13	27.86	30.45	31.97	35.16
36	83.04	94.26	111.79	122.38	128.49	143.40	18.86	24.76	28.41	31.08	32.65	35.91
37	83.52	95.71	113.11	124.03	130.23	144.57	19.32	25.41	28.97	31.77	33.37	36.59
38	84.88	98.66	116.02	125.46	131.92	144.80	20.34	26.71	30.13	32.57	34.25	37.42
39	86.42	101.63	119.01	126.95	133.52	145.49	21.23	27.87	31.24	33.31	35.02	38.16
40	88.12	104.32	121.06	128.55	135.17	146.63	21.99	28.88	31.97	33.94	35.71	38.85
41	90.05	105.49	122.66	130.32	136.95	148.20	22.65	29.34	32.51	34.54	36.28	39.54
42	90.86	105.61	123.26	131.04	137.57	148.81	22.87	29.45	32.67	34.71	36.44	39.78
43	89.62	107.54	124.71	132.62	139.16	150.56	22.50	29.70	32.94	35.05	36.79	40.20
44	87.39	106.38	122.54	133.89	140.38	152.01	21.82	28.99	32.19	35.18	36.91	40.39
45	85.61	104.96	120.12	135.46	142.00	153.87	21.23	28.16	31.34	35.33	37.04	40.60
46	84.26	103.86	118.30	137.41	144.08	156.13	20.70	27.46	30.54	35.47	37.24	40.79
47	83.25	103.03	117.02	137.89	144.78	158.80	20.30	26.83	29.86	35.19	36.95	41.00
48	84.95	105.23	119.90	140.78	148.74	162.91	20.56	26.97	30.01	35.21	37.20	41.18
49	86.05	106.59	122.05	142.73	151.49	165.84	20.76	27.08	30.04	35.14	37.20	41.20
50	87.57	108.27	124.88	145.33	154.80	169.48	21.19	27.37	30.30	35.27	37.42	41.47
51	89.59	110.36	128.50	148.82	158.96	174.01	21.79	27.90	30.82	35.70	37.87	42.00
52	91.22	111.88	131.74	151.72	162.51	177.75	22.39	28.40	31.28	36.05	38.19	42.40
53	92.13	113.26	134.28	154.39	165.08	181.77	22.80	28.92	31.83	36.61	38.60	43.30
54	93.24	114.96	137.04	157.38	167.88	186.20	23.25	29.51	32.49	37.31	39.13	44.44
55	94.63	117.12	140.13	160.88	171.19	191.25	23.73	30.21	33.25	38.20	39.88	45.86
56	96.45	119.91	143.72	165.06	175.30	197.24	24.23	31.00	34.19	39.24	40.85	47.54
57	98.78	123.50	147.90	170.12	180.41	204.32	24.77	31.89	35.22	40.53	42.11	49.61
58	101.33	127.32	151.13	174.50	185.78	211.41	25.27	32.85	36.17	41.77	43.67	51.77
59	104.84	132.48	155.93	180.67	192.82	220.74	25.80	33.90	37.35	43.28	45.49	54.44
60	109.43	139.03	162.33	188.72	201.72	232.57	26.45	35.07	38.78	45.09	47.69	57.70
61	116.24	147.12	170.41	198.72	212.61	247.09	27.47	36.46	40.56	47.28	50.31	61.58
62	125.35	157.61	181.17	211.90	226.95	266.05	28.96	38.32	42.88	50.15	53.72	66.49
63	136.31	170.87	196.24	229.60	245.18	288.83	31.01	40.95	46.18	54.01	57.92	72.26
64	147.75	184.29	211.78	247.72	263.80	312.48	33.29	43.84	49.62	58.05	62.24	78.17
65	160.98	199.42	229.53	268.29	285.05	339.72	36.19	47.44	53.72	62.78	67.32	85.00
66	182.29	223.83	258.21	301.55	319.91	383.69	41.19	53.62	60.50	70.63	75.70	95.96
67	198.73	241.55	279.34	325.93	345.57	417.24	45.42	58.69	65.69	76.66	82.11	104.30
68	220.51	256.95	297.83	346.51	372.24	448.35	51.03	64.39	70.42	82.60	89.16	112.07
69	239.78	270.03	313.71	364.04	392.96	473.03	56.61	69.64	74.83	87.75	94.90	118.24
70	259.94	285.65	332.56	383.35	413.68	498.25	62.93	75.71	80.21	93.25	100.70	124.52
71	278.33	305.66	356.70	400.05	430.35	518.89	69.30	83.14	87.08	98.13	105.58	129.69
72	296.84	326.71	382.20	416.62	446.19	538.59	76.16	91.14	94.48	103.00	110.29	134.65
73	319.38	356.96	419.08	448.29	473.89	582.55	84.62	101.02	104.75	111.02	117.65	145.63
74	344.00	391.09	461.02	490.09	511.87	632.50	94.05	111.98	116.27	121.55	127.46	158.12
75	371.55	429.74	508.81	540.88	559.40	690.03	104.55	124.21	129.23	134.32	139.52	172.50
76	405.65	476.83	567.21	602.98	619.42	761.98	117.12	138.85	144.73	149.95	154.56	190.50
77	441.54	526.50	629.32	669.01	684.89	839.44	130.30	154.22	160.98	166.68	170.80	209.85
78	482.53	582.26	699.35	743.46	761.03	932.33	144.95	171.31	178.96	185.63	189.52	233.08
79	529.17	644.55	777.87	826.93	848.96	1,038.77	161.18	190.24	198.80	206.98	210.96	259.68

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Compound

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	102.20	120.72	135.17	3.52	4.50	5.39	18.38	
36	103.82	122.38	136.26	3.57	4.57	5.44	18.86	
37	105.40	124.03	137.32	3.61	4.64	5.48	19.32	
38	107.59	125.46	137.55	3.69	4.76	5.58	20.34	
39	110.36	126.92	138.20	3.77	4.87	5.69	21.23	
40	113.32	128.52	139.29	3.87	5.00	5.77	21.99	
41	115.18	130.29	140.80	4.00	5.11	5.86	22.65	
42	116.36	131.04	141.37	4.07	5.15	5.88	22.87	
43	118.49	132.62	143.04	4.07	5.24	5.97	22.50	
44	117.19	133.89	144.43	4.03	5.18	5.89	21.82	
45	115.58	135.46	146.20	4.01	5.13	5.81	21.23	
46	114.37	137.39	148.31	4.03	5.11	5.78	20.70	
47	113.38	137.89	150.85	4.06	5.08	5.73	20.30	
48	115.79	140.76	154.77	4.22	5.24	5.88	20.56	
49	117.21	142.70	157.57	4.35	5.39	6.00	20.76	
50	118.97	145.33	161.00	4.48	5.54	6.14	21.19	
51	121.22	148.80	165.32	4.65	5.72	6.31	21.79	
52	122.80	151.72	168.84	4.81	5.85	6.48	22.39	
53	124.28	154.39	172.68	4.91	5.97	6.59	22.80	
54	126.08	157.38	176.88	5.02	6.12	6.73	23.25	
55	128.42	160.88	181.70	5.14	6.27	6.87	23.73	
56	131.44	165.06	187.37	5.32	6.48	7.07	24.23	
57	135.34	170.12	194.10	5.52	6.70	7.30	24.77	
58	139.45	174.50	200.83	5.73	6.95	7.52	25.27	
59	145.10	180.67	209.70	6.02	7.24	7.83	25.80	
60	152.24	188.72	220.93	6.37	7.67	8.22	26.45	
61	161.03	198.72	234.73	6.87	8.15	8.71	27.47	
62	172.45	211.90	252.74	7.52	8.79	9.33	28.96	
63	186.85	229.60	274.38	8.32	9.64	10.18	31.01	
64	201.40	247.72	296.83	9.19	10.53	11.06	33.29	
65	217.81	268.27	322.75	10.14	11.53	12.09	36.19	
66	244.30	301.55	364.49	11.66	13.09	13.69	41.19	
67	263.47	325.93	396.36	12.87	14.31	14.90	45.42	
68	279.92	348.58	425.91	14.38	15.59	16.16	51.03	
69	293.94	366.77	449.36	15.73	16.60	17.19	56.61	
70	310.77	385.74	473.34	17.16	17.73	18.31	62.93	
71	332.42	401.43	492.92	18.53	19.09	19.65	69.30	
72	355.21	416.62	511.67	19.95	20.49	21.07	76.16	
73	388.14	445.22	553.40	21.79	22.36	22.94	84.62	
74	425.28	483.87	600.88	23.91	24.48	25.08	94.05	
75	467.26	531.68	655.52	26.34	26.92	27.55	104.55	
76	518.36	591.25	723.88	29.36	29.97	30.63	117.12	
77	572.18	655.62	797.45	32.64	33.29	33.96	130.30	
78	632.50	729.53	885.73	36.43	37.11	37.82	144.95	
79	699.76	813.82	986.82	40.76	41.47	42.22	161.18	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Issue Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	117.68	126.47	139.57	148.36	166.07	209.20	105.90	113.81	125.63	133.54	149.47	188.29
36	118.93	127.58	141.76	150.72	168.66	211.36	107.04	114.86	127.55	135.63	151.79	190.25
37	120.21	128.76	143.95	153.01	171.29	213.55	108.19	115.87	129.54	137.72	154.15	192.20
38	121.49	129.91	146.24	155.30	174.12	214.79	109.33	116.91	131.62	139.77	156.71	193.34
39	122.67	131.02	148.39	157.55	176.74	216.48	110.41	117.95	133.58	141.79	159.07	194.83
40	123.85	132.16	150.51	159.81	179.20	218.63	111.45	118.93	135.46	143.85	161.29	196.78
41	124.61	132.76	152.01	161.47	180.92	220.39	112.17	119.48	136.82	145.34	162.81	198.35
42	123.85	132.80	152.95	162.60	181.99	221.70	111.45	119.53	137.65	146.34	163.83	199.55
43	118.69	134.24	154.09	163.89	183.28	223.49	106.80	120.81	138.66	147.53	164.94	201.16
44	114.19	136.06	155.48	165.46	184.89	225.74	102.76	122.42	139.95	148.91	166.41	203.17
45	110.28	135.13	153.75	167.31	186.93	228.50	99.23	121.59	138.40	150.57	168.25	205.64
46	106.94	132.73	150.42	169.55	189.52	231.73	96.27	119.43	135.37	152.60	170.54	208.55
47	103.78	130.14	147.13	170.28	190.61	234.46	93.40	117.11	132.43	153.23	171.54	211.01
48	105.19	131.64	149.00	172.32	193.81	240.90	94.69	118.49	134.10	155.09	174.45	216.85
49	106.06	132.29	150.26	173.46	196.02	246.07	95.47	119.07	135.22	156.11	176.41	221.47
50	106.95	132.73	151.51	174.57	198.21	251.13	96.26	119.45	136.37	157.09	178.39	226.01
51	108.44	133.71	153.66	176.56	201.51	257.37	97.59	120.34	138.32	158.90	181.37	231.65
52	110.10	134.72	156.12	178.84	205.19	263.95	99.10	121.22	140.51	160.98	184.67	237.54
53	111.56	135.93	158.36	180.88	208.00	268.87	100.40	122.36	142.53	162.78	187.18	242.00
54	113.69	138.16	161.58	184.11	212.02	275.76	102.33	124.33	145.41	165.68	190.81	248.19
55	115.65	140.19	164.45	187.04	215.60	282.46	104.07	126.18	148.01	168.36	194.06	254.24
56	119.18	143.51	168.60	191.61	220.88	291.85	107.26	129.16	151.74	172.46	198.79	262.69
57	123.62	147.61	173.38	197.06	227.05	303.03	111.26	132.87	156.05	177.39	204.35	272.71
58	128.08	152.64	177.35	202.42	232.92	314.35	115.26	137.37	159.60	182.18	209.62	282.90
59	134.25	159.27	183.74	210.58	241.89	330.52	120.83	143.36	165.36	189.53	217.73	297.50
60	141.18	166.30	191.00	219.75	251.93	348.98	127.05	149.65	171.88	197.79	226.73	314.10
61	148.93	173.78	199.05	229.83	262.95	368.26	134.03	156.41	179.13	206.86	236.66	331.42
62	158.99	183.50	209.70	243.01	277.45	389.56	143.08	165.17	188.73	218.68	249.69	350.58
63	170.68	198.55	227.89	264.35	301.49	423.81	153.63	178.69	205.11	237.92	271.33	381.42
64	181.95	213.42	245.82	285.29	325.19	455.39	163.75	192.08	221.25	256.78	292.68	409.84
65	194.20	229.90	265.25	307.93	350.98	485.75	174.78	206.91	238.72	277.14	315.88	437.17
66	217.89	260.82	300.71	349.09	398.15	543.80	196.11	234.74	270.63	314.18	358.36	489.44
67	233.26	282.79	324.96	377.31	430.79	579.83	209.94	254.50	292.45	339.59	387.71	521.85
68	255.87	312.66	351.66	408.46	467.55	629.26	230.28	281.39	316.49	367.60	420.82	566.34
69	278.33	342.83	380.62	442.17	507.22	678.70	250.50	308.53	342.54	397.94	456.51	610.82
70	298.30	370.51	408.26	474.35	545.12	722.49	268.49	333.48	367.42	426.91	490.61	650.26
71	319.64	400.61	439.55	510.79	587.89	770.26	287.68	360.56	395.60	459.71	529.08	693.24
72	343.35	434.57	475.72	552.83	628.26	824.50	309.03	391.10	428.16	497.54	565.43	742.06
73	367.53	470.70	521.15	606.80	682.05	884.55	330.77	423.64	469.03	546.10	613.82	796.10
74	404.77	513.90	576.25	672.36	742.68	958.59	364.28	462.50	518.62	605.12	668.41	862.73
75	446.68	561.57	639.02	740.19	816.07	1,043.69	402.02	505.41	575.12	666.18	734.46	939.32
76	494.34	610.87	710.42	810.58	894.35	1,141.87	444.92	549.77	639.39	729.52	804.92	1,027.67
77	538.17	670.24	789.13	895.11	988.54	1,254.97	484.35	603.20	710.20	805.59	889.67	1,129.45
78	573.55	719.19	849.93	966.12	1,068.11	1,394.42	516.20	647.28	764.94	869.51	961.29	1,254.99
79	612.18	771.94	915.22	1,042.36	1,153.79	1,510.49	550.96	694.74	823.70	938.13	1,038.41	1,359.45

Mutual of Omaha Insurance Company

Policy Form: LTC04I-TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	111.39	115.97	133.85	142.30	149.40	167.75	24.78	30.14	33.77	35.89	37.68	41.45
36	112.09	117.31	135.70	144.25	151.46	169.03	25.46	30.81	34.48	36.64	38.49	42.33
37	112.83	118.73	137.52	146.20	153.51	170.41	26.10	31.52	35.22	37.44	39.33	43.13
38	113.14	120.14	139.23	147.89	155.50	170.68	27.11	32.53	36.16	38.39	40.37	44.11
39	113.61	121.56	140.95	149.64	157.38	171.49	27.91	33.34	37.01	39.26	41.28	44.99
40	114.32	122.97	142.70	151.52	159.34	172.84	28.52	34.04	37.68	40.00	42.09	45.79
41	114.79	123.84	143.99	152.98	160.76	173.97	28.87	34.44	38.16	40.54	42.59	46.41
42	114.06	124.15	144.91	154.05	161.73	174.94	28.71	34.62	38.41	40.81	42.84	46.76
43	109.36	125.99	146.11	155.38	163.03	176.39	27.46	34.80	38.59	41.06	43.11	47.10
44	105.34	128.17	147.63	157.09	164.71	178.35	26.30	34.93	38.79	41.27	43.30	47.39
45	101.93	127.77	146.23	159.17	166.85	180.80	25.27	34.28	38.15	41.51	43.52	47.70
46	99.07	125.93	143.44	161.70	169.55	183.73	24.34	33.30	37.03	41.74	43.83	48.01
47	96.26	123.86	140.68	162.81	170.94	186.35	23.48	32.25	35.90	41.55	43.63	48.12
48	97.75	125.69	143.20	165.59	174.95	192.30	23.66	32.21	35.84	41.41	43.76	48.60
49	98.61	126.57	144.93	167.35	177.62	197.10	23.79	32.16	35.67	41.20	43.61	48.96
50	99.42	127.17	146.67	168.96	179.97	201.76	24.05	32.14	35.58	41.01	43.50	49.37
51	100.67	128.08	149.14	171.38	183.07	207.33	24.49	32.38	35.77	41.11	43.62	50.05
52	102.00	128.97	151.87	173.97	186.34	213.11	25.03	32.74	36.06	41.34	43.79	50.84
53	103.14	129.99	154.11	176.01	188.20	217.15	25.52	33.19	36.53	41.74	44.00	51.72
54	104.96	131.91	157.25	179.16	191.11	222.63	26.17	33.86	37.28	42.48	44.54	53.13
55	106.60	133.71	159.98	181.97	193.64	227.83	26.73	34.48	37.95	43.21	45.11	54.63
56	109.80	136.79	163.95	186.31	197.87	235.17	27.58	35.37	39.00	44.30	46.11	56.69
57	113.94	140.74	168.55	191.56	203.14	243.83	28.58	36.35	40.14	45.63	47.42	59.20
58	118.21	145.08	172.21	196.56	209.27	252.52	29.48	37.43	41.21	47.05	49.19	61.83
59	124.31	151.60	178.43	204.48	218.23	265.13	30.59	38.79	42.74	48.99	51.48	65.39
60	131.31	158.96	185.60	213.53	228.24	279.61	31.74	40.10	44.34	51.02	53.97	69.37
61	139.22	167.20	193.67	223.63	239.27	294.79	32.90	41.43	46.10	53.21	56.62	73.47
62	149.43	177.79	204.36	236.84	253.66	311.67	34.52	43.22	48.37	56.05	60.05	77.89
63	161.10	193.78	222.55	258.18	275.69	339.00	36.65	46.44	52.37	60.73	65.13	84.81
64	172.24	209.27	240.49	279.12	297.24	364.26	38.80	49.78	56.35	65.41	70.13	91.13
65	184.11	225.79	259.88	301.68	320.51	388.53	41.39	53.71	60.83	70.59	75.69	97.22
66	206.66	255.64	294.90	342.36	363.19	435.00	46.70	61.23	69.09	80.19	85.94	108.80
67	220.94	275.67	318.80	370.17	392.48	463.87	50.50	66.98	74.97	87.07	93.26	115.96
68	241.77	297.37	344.68	400.33	430.06	503.43	55.95	74.52	81.50	95.43	103.01	125.83
69	262.12	320.85	372.74	433.00	467.40	542.98	61.88	82.74	88.91	104.37	112.88	135.72
70	279.81	343.06	399.40	464.08	500.80	578.04	67.74	90.92	96.33	112.88	121.91	144.46
71	298.47	368.14	429.61	499.24	537.05	616.25	74.31	100.14	104.88	122.45	131.76	154.02
72	319.05	397.09	464.54	539.84	570.01	659.59	81.86	110.77	114.83	133.46	140.90	164.90
73	339.87	433.50	508.93	592.54	610.46	707.65	90.05	122.68	127.21	146.75	151.55	176.90
74	372.50	477.51	562.89	656.78	656.56	766.88	101.84	136.73	141.97	162.89	163.48	191.71
75	409.20	526.38	624.54	723.39	714.26	834.95	115.14	152.14	158.62	179.64	178.14	208.73
76	450.92	576.93	694.80	792.75	777.40	913.50	130.20	168.00	177.29	197.15	193.98	228.37
77	489.06	636.66	772.37	876.13	856.20	1,003.98	144.32	186.48	197.57	218.28	213.52	250.99
78	519.52	685.73	832.66	946.49	924.88	1,115.54	156.06	201.75	213.07	236.32	230.32	278.88
79	553.00	737.22	897.44	1,022.14	1,001.76	1,208.41	168.43	217.59	229.36	255.84	248.93	302.08

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	127.65	142.30	159.34	4.75	5.62	6.53	24.78	
36	129.20	144.25	160.62	4.82	5.69	6.60	25.46	
37	130.75	146.20	161.86	4.88	5.76	6.67	26.10	
38	131.02	147.89	162.13	4.92	5.79	6.70	27.11	
39	131.99	149.60	162.91	4.95	5.83	6.73	27.91	
40	133.58	151.49	164.18	5.02	5.89	6.80	28.52	
41	135.21	152.95	165.29	5.10	6.00	6.87	28.87	
42	136.79	154.05	166.19	5.11	6.05	6.92	28.71	
43	138.82	155.38	167.58	4.96	6.13	6.99	27.46	
44	141.19	157.09	169.45	4.85	6.25	7.10	26.30	
45	140.71	159.17	171.78	4.78	6.25	7.07	25.27	
46	138.68	161.67	174.53	4.73	6.19	7.01	24.34	
47	136.31	162.81	177.01	4.70	6.11	6.89	23.48	
48	138.29	165.56	182.69	4.86	6.26	7.03	23.66	
49	139.19	167.32	187.27	4.99	6.40	7.12	23.79	
50	139.73	168.96	191.67	5.09	6.51	7.21	24.05	
51	140.69	171.36	196.97	5.22	6.63	7.32	24.49	
52	141.57	173.97	202.43	5.38	6.75	7.47	25.03	
53	142.63	176.01	206.29	5.49	6.85	7.56	25.52	
54	144.67	179.16	211.49	5.65	7.03	7.72	26.17	
55	146.61	181.97	216.45	5.79	7.16	7.85	26.73	
56	149.94	186.31	223.40	6.05	7.39	8.07	27.58	
57	154.23	191.56	231.64	6.37	7.63	8.32	28.58	
58	158.90	196.56	239.88	6.69	7.92	8.57	29.48	
59	166.03	204.48	251.87	7.14	8.29	8.96	30.59	
60	174.06	213.53	265.61	7.64	8.76	9.40	31.74	
61	183.01	223.63	280.05	8.23	9.26	9.90	32.90	
62	194.53	236.84	296.07	8.97	9.92	10.53	34.52	
63	211.90	258.18	322.04	9.84	10.94	11.55	36.65	
64	228.70	279.12	346.02	10.71	11.96	12.56	38.80	
65	246.61	301.65	369.12	11.60	13.06	13.69	41.39	
66	279.02	342.36	413.23	13.22	14.96	15.63	46.70	
67	300.69	370.17	440.66	14.31	16.33	17.01	50.50	
68	323.95	402.72	478.23	15.76	18.04	18.71	55.95	
69	349.25	436.25	515.80	17.20	19.72	20.43	61.88	
70	373.23	466.97	549.14	18.47	21.29	21.99	67.74	
71	400.37	500.96	585.41	19.87	22.99	23.67	74.31	
72	431.73	539.84	626.63	21.44	24.91	25.60	81.86	
73	471.36	588.49	672.24	23.19	27.15	27.86	90.05	
74	519.26	648.45	728.54	25.89	29.89	30.62	101.84	
75	572.33	711.10	793.21	29.01	32.97	33.82	115.14	
76	627.19	777.32	867.81	32.63	36.27	37.52	130.20	
77	691.90	858.60	953.76	36.15	40.25	41.68	144.32	
78	744.90	928.76	1,059.78	39.23	43.71	45.03	156.06	
79	800.37	1,005.94	1,147.98	42.60	47.44	48.71	168.43	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Simple

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue Age	Integrated NH, ALF, and HHC with 100% HHC (1PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	61.97	71.90	81.77	91.61	101.37	144.04
36	62.56	72.79	82.91	92.92	102.82	145.53
37	63.18	73.70	84.06	94.23	104.26	147.03
38	64.77	75.82	86.60	97.08	107.30	147.89
39	66.02	77.51	88.65	99.41	109.82	149.05
40	67.60	79.59	91.13	102.26	112.98	150.53
41	69.29	81.73	93.71	105.20	116.23	152.37
42	70.62	83.50	95.89	107.74	119.08	154.54
43	72.40	85.65	98.41	110.58	122.23	156.16
44	74.36	88.03	101.16	113.70	125.71	159.06
45	76.53	90.67	104.19	117.14	129.51	161.41
46	75.79	91.22	103.38	120.07	133.09	164.10
47	75.10	90.58	102.41	120.67	135.08	167.18
48	77.29	93.17	105.47	123.85	139.30	172.52
49	78.98	95.07	107.99	126.25	142.67	176.69
50	81.25	97.47	111.25	129.50	147.04	181.93
51	83.15	99.28	114.09	132.11	150.78	186.14
52	85.76	101.78	117.95	135.85	155.86	191.75
53	86.72	103.08	120.08	138.07	158.77	195.87
54	88.38	105.36	123.22	141.52	162.97	201.81
55	89.76	107.36	125.94	144.58	166.65	207.31
56	92.03	110.59	129.93	149.24	172.03	215.19
57	94.74	114.50	134.49	154.71	178.25	224.47
58	96.98	118.33	137.48	158.73	182.65	232.48
59	100.57	123.63	142.63	165.27	189.84	244.43
60	105.10	129.92	149.22	173.48	198.89	259.29
61	111.00	136.49	156.34	182.30	208.57	275.54
62	119.05	145.21	165.95	194.09	221.59	296.84
63	128.83	156.18	179.26	209.72	239.18	322.11
64	140.03	168.61	194.21	227.15	258.92	350.47
65	152.24	182.05	210.04	245.53	279.85	380.79
66	173.20	205.80	237.28	277.10	316.03	432.25
67	190.07	224.47	257.94	300.95	343.61	472.45
68	213.70	247.38	278.23	323.73	370.56	513.15
69	238.79	270.62	300.45	348.66	399.95	554.55
70	264.77	294.75	324.78	374.36	430.21	595.00
71	290.23	323.87	355.35	398.54	458.69	631.51
72	319.45	357.55	391.40	426.64	491.79	673.24
73	347.74	390.27	432.10	462.24	533.12	733.19
74	381.64	429.72	481.86	512.24	591.15	807.20
75	417.09	471.48	535.38	569.14	657.27	887.00
76	457.42	519.31	596.53	634.16	732.96	979.69
77	492.93	562.30	652.29	693.41	802.21	1,064.50
78	540.55	619.65	724.36	770.04	891.81	1,182.55
79	590.17	679.94	799.20	849.58	985.10	1,308.13

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue Age	Integrated NH, ALF, and HHC with 50% HHC (1PL) Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	55.76	64.71	73.60	82.46	91.24	129.64
36	56.31	65.53	74.60	83.62	92.54	130.99
37	56.86	66.32	75.65	84.82	93.83	132.33
38	58.29	68.23	77.94	87.38	96.57	133.12
39	59.43	69.78	79.80	89.47	98.84	134.14
40	60.84	71.62	82.02	92.05	101.69	135.49
41	62.37	73.56	84.34	94.69	104.60	137.13
42	63.55	75.16	86.30	96.97	107.20	139.10
43	65.15	77.09	88.55	99.54	110.00	140.56
44	66.92	79.21	91.06	102.33	113.14	143.16
45	68.86	81.58	93.79	105.42	116.57	145.26
46	68.23	82.08	93.04	108.07	119.77	147.69
47	67.59	81.51	92.17	108.59	121.57	150.46
48	69.56	83.87	94.92	111.47	125.38	155.30
49	71.10	85.57	97.17	113.63	128.40	159.03
50	73.12	87.71	100.13	116.53	132.33	163.73
51	74.84	89.35	102.70	118.90	135.71	167.54
52	77.19	91.58	106.16	122.28	140.28	172.57
53	78.05	92.78	108.08	124.25	142.88	176.30
54	79.55	94.81	110.89	127.35	146.67	181.63
55	80.77	96.63	113.35	130.13	150.00	186.60
56	82.83	99.54	116.94	134.32	154.82	193.69
57	85.27	103.06	121.05	139.26	160.43	202.01
58	87.28	106.49	123.73	142.86	164.38	209.22
59	90.52	111.28	128.36	148.75	170.88	220.01
60	94.58	116.92	134.29	156.15	178.99	233.38
61	99.89	122.85	140.69	164.08	187.72	247.98
62	107.14	130.71	149.35	174.65	199.42	267.14
63	115.96	140.56	161.33	188.75	215.26	289.89
64	126.02	151.75	174.80	204.45	233.04	315.41
65	137.01	163.84	189.03	220.98	251.86	342.70
66	155.88	185.22	213.54	249.39	284.45	389.04
67	171.06	202.01	232.14	270.86	309.25	425.21
68	192.33	222.63	250.41	291.34	333.52	461.84
69	214.92	243.54	270.39	313.79	359.96	499.08
70	238.31	265.29	292.29	336.93	387.20	535.52
71	261.21	291.49	319.81	358.68	412.81	568.36
72	287.52	321.78	352.27	383.97	442.60	605.92
73	312.97	351.25	388.89	416.00	479.79	659.88
74	343.47	386.74	433.66	461.01	532.04	726.48
75	375.39	424.33	481.85	512.23	591.54	798.30
76	411.68	467.37	536.89	570.74	659.66	881.72
77	443.63	506.06	587.05	624.06	721.98	958.04
78	486.49	557.69	651.93	693.04	802.62	1,064.30
79	531.14	611.94	719.28	764.63	886.59	1,177.33

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Simple

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	58.65	65.93	78.42	87.87	91.20	115.50	13.05	17.13	19.79	22.16	23.00	28.54
36	58.96	66.93	79.37	88.94	92.33	116.38	13.39	17.58	20.17	22.59	23.46	29.14
37	59.30	67.96	80.31	90.04	93.44	117.33	13.71	18.04	20.57	23.06	23.94	29.70
38	60.32	70.12	82.45	92.45	95.82	117.52	14.45	18.98	21.42	24.00	24.88	30.37
39	61.15	71.91	84.21	94.42	97.79	118.08	15.02	19.72	22.11	24.77	25.65	30.97
40	62.40	74.05	86.40	96.96	100.45	119.00	15.57	20.50	22.81	25.60	26.54	31.53
41	63.83	76.24	88.77	99.67	103.28	120.28	16.05	21.20	23.53	26.41	27.36	32.09
42	65.04	78.07	90.84	102.08	105.83	121.95	16.37	21.77	24.08	27.04	28.03	32.60
43	66.71	80.39	93.31	104.84	108.72	123.25	16.75	22.20	24.64	27.71	28.75	32.91
44	68.60	82.93	96.06	107.95	111.99	125.67	17.13	22.60	25.24	28.36	29.44	33.39
45	70.73	85.73	99.09	111.44	115.60	127.71	17.54	23.00	25.85	29.06	30.15	33.70
46	70.22	86.55	98.58	114.51	119.07	130.11	17.25	22.88	25.45	29.56	30.78	34.00
47	69.66	86.21	97.92	115.38	121.14	132.87	16.99	22.45	24.99	29.44	30.92	34.31
48	71.82	88.96	101.35	119.01	125.74	137.72	17.38	22.80	25.37	29.76	31.45	34.81
49	73.44	90.96	104.16	121.80	129.28	141.53	17.72	23.11	25.63	29.99	31.74	35.16
50	75.52	93.38	107.70	125.33	133.50	146.17	18.27	23.60	26.13	30.42	32.27	35.77
51	77.20	95.10	110.73	128.24	136.98	149.94	18.78	24.04	26.56	30.76	32.64	36.19
52	79.45	97.44	114.74	132.14	141.54	154.82	19.50	24.73	27.25	31.40	33.26	36.93
53	80.18	98.57	116.86	134.36	143.66	158.19	19.84	25.17	27.70	31.86	33.59	37.68
54	81.59	100.59	119.91	137.71	146.90	162.92	20.34	25.82	28.42	32.65	34.24	38.88
55	82.74	102.40	122.52	140.66	149.67	167.21	20.75	26.41	29.07	33.40	34.86	40.10
56	84.79	105.42	126.35	145.10	154.11	173.39	21.30	27.25	30.06	34.50	35.91	41.80
57	87.32	109.17	130.74	150.38	159.48	180.61	21.90	28.19	31.14	35.82	37.23	43.85
58	89.51	112.47	133.50	154.14	164.10	186.75	22.32	29.02	31.95	36.90	38.57	45.73
59	93.13	117.68	138.51	160.49	171.27	196.07	22.92	30.11	33.18	38.45	40.40	48.36
60	97.75	124.19	145.00	168.58	180.18	207.75	23.63	31.33	34.64	40.28	42.60	51.54
61	103.76	131.33	152.12	177.39	189.79	220.57	24.52	32.54	36.21	42.21	44.91	54.97
62	111.90	140.69	161.72	189.15	202.59	237.49	25.85	34.20	38.27	44.77	47.96	59.35
63	121.60	152.42	175.06	204.82	218.71	257.65	27.66	36.53	41.19	48.18	51.67	64.46
64	132.56	165.33	190.00	222.24	236.67	280.34	29.86	39.33	44.52	52.08	55.84	70.13
65	144.33	178.79	205.79	240.54	255.56	304.58	32.45	42.53	48.16	56.29	60.35	76.21
66	164.27	201.71	232.69	271.75	288.29	345.77	37.12	48.32	54.52	63.65	68.22	86.48
67	180.03	218.82	253.05	295.26	313.05	377.97	41.15	53.17	59.51	69.45	74.39	94.49
68	201.92	235.28	272.71	317.28	340.85	410.54	46.72	58.96	64.48	75.64	81.64	102.61
69	224.88	253.26	294.23	341.43	368.56	443.65	53.09	65.31	70.18	82.30	89.01	110.89
70	248.36	272.91	317.73	366.26	395.24	476.03	60.12	72.33	76.64	89.09	96.21	118.97
71	271.00	297.61	347.31	389.53	419.03	505.24	67.47	80.96	84.79	95.54	102.80	126.27
72	296.84	326.71	382.20	416.62	446.19	538.59	76.16	91.14	94.48	103.00	110.29	134.65
73	321.58	359.42	421.97	451.38	477.16	586.56	85.21	101.72	105.47	111.79	118.46	146.63
74	351.22	399.30	470.69	500.37	522.61	645.77	96.02	114.33	118.71	124.10	130.13	161.43
75	382.09	441.93	523.25	556.22	575.27	709.60	107.52	127.73	132.89	138.13	143.48	177.40
76	417.24	490.45	583.42	620.21	637.11	783.76	120.47	142.82	148.87	154.24	158.98	195.94
77	447.94	534.13	638.44	678.71	694.82	851.61	132.19	156.45	163.31	169.09	173.28	212.89
78	489.62	590.82	709.64	754.39	772.22	946.04	147.08	173.82	181.59	188.36	192.30	236.51
79	533.12	649.36	783.68	833.10	855.29	1,046.52	162.38	191.66	200.29	208.52	212.53	261.61

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Simple

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	72.57	87.87	109.71	2.50	3.20	3.83	13.05	
36	73.71	88.94	110.59	2.53	3.25	3.86	13.39	
37	74.84	90.04	111.45	2.57	3.30	3.89	13.71	
38	76.47	92.45	111.63	2.62	3.38	3.97	14.45	
39	78.09	94.40	112.16	2.66	3.45	4.02	15.02	
40	80.44	96.94	113.05	2.74	3.55	4.12	15.57	
41	83.24	99.65	114.27	2.83	3.70	4.24	16.05	
42	86.01	102.08	115.85	2.91	3.81	4.34	16.37	
43	88.58	104.84	117.10	3.03	3.91	4.47	16.75	
44	91.36	107.95	119.40	3.16	4.04	4.62	17.13	
45	94.41	111.44	121.34	3.32	4.19	4.79	17.54	
46	95.31	114.49	123.60	3.36	4.26	4.82	17.25	
47	94.87	115.38	126.22	3.40	4.25	4.80	16.99	
48	97.89	118.99	130.84	3.57	4.43	4.97	17.38	
49	100.03	121.78	134.47	3.71	4.60	5.12	17.72	
50	102.60	125.33	138.86	3.86	4.78	5.29	18.27	
51	104.46	128.22	142.45	4.01	4.92	5.43	18.78	
52	106.96	132.14	147.06	4.19	5.10	5.64	19.50	
53	108.16	134.36	150.28	4.27	5.19	5.73	19.84	
54	110.32	137.71	154.77	4.39	5.36	5.89	20.34	
55	112.28	140.66	158.87	4.50	5.48	6.01	20.75	
56	115.55	145.10	164.72	4.68	5.70	6.22	21.30	
57	119.63	150.38	171.58	4.88	5.92	6.46	21.90	
58	123.18	154.14	177.40	5.06	6.14	6.64	22.32	
59	128.88	160.49	186.27	5.35	6.43	6.95	22.92	
60	135.99	168.58	197.35	5.69	6.85	7.34	23.63	
61	143.75	177.39	209.54	6.13	7.27	7.78	24.52	
62	153.94	189.15	225.61	6.72	7.85	8.33	25.85	
63	166.68	204.82	244.76	7.43	8.60	9.08	27.66	
64	180.68	222.24	266.30	8.24	9.45	9.93	29.86	
65	195.28	240.52	289.36	9.09	10.34	10.84	32.45	
66	220.16	271.75	328.46	10.51	11.80	12.33	37.12	
67	238.68	295.26	359.05	11.66	12.96	13.50	41.15	
68	256.31	319.18	389.99	13.16	14.28	14.80	46.72	
69	275.68	343.99	421.45	14.75	15.57	16.12	53.09	
70	296.91	368.54	452.24	16.40	16.94	17.49	60.12	
71	323.68	390.87	479.95	18.04	18.59	19.14	67.47	
72	355.21	416.62	511.67	19.95	20.49	21.07	76.16	
73	390.81	448.29	557.22	21.94	22.51	23.10	85.21	
74	434.20	494.02	613.48	24.41	25.00	25.61	96.02	
75	480.52	546.77	674.12	27.09	27.68	28.33	107.52	
76	533.17	608.14	744.56	30.20	30.83	31.51	120.47	
77	580.47	665.13	809.01	33.11	33.77	34.45	132.19	
78	641.80	740.26	898.75	36.97	37.66	38.38	147.08	
79	704.98	819.90	994.19	41.07	41.78	42.54	162.38	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 20 Years

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	62.21	68.31	75.38	82.08	91.88	140.33	55.98	61.47	67.85	73.88	82.69	126.31
36	62.87	68.91	76.56	83.38	93.31	141.70	56.59	62.03	68.89	75.04	83.98	127.55
37	63.19	69.15	77.31	84.17	94.23	142.29	56.87	62.23	69.57	75.76	84.80	128.07
38	63.86	69.64	78.39	84.60	94.85	144.50	57.47	62.67	70.56	76.14	85.37	130.07
39	64.48	70.12	79.41	85.06	95.42	144.46	58.04	63.12	71.49	76.55	85.88	130.01
40	65.10	70.63	80.44	85.58	95.96	144.71	58.59	63.56	72.39	77.03	86.37	130.24
41	65.40	70.75	81.01	85.69	96.01	144.58	58.87	63.67	72.91	77.13	86.40	130.13
42	65.75	70.87	81.63	85.92	96.17	144.86	59.17	63.79	73.46	77.33	86.57	130.39
43	66.57	71.88	82.52	88.60	99.09	148.19	59.90	64.70	74.25	79.76	89.17	133.39
44	67.15	72.72	83.11	90.87	101.54	150.97	60.43	65.43	74.80	81.78	91.39	135.87
45	67.87	73.75	83.91	93.23	104.16	154.05	61.07	66.36	75.53	83.91	93.75	138.64
46	68.77	75.22	85.24	95.77	107.04	157.44	61.90	67.68	76.71	86.19	96.33	141.69
47	70.33	77.31	87.41	99.08	110.91	162.12	63.30	69.57	78.67	89.16	99.81	145.90
48	72.23	79.62	90.12	102.87	115.70	168.51	65.01	71.67	81.11	92.59	104.15	151.69
49	74.54	82.85	94.10	107.30	121.25	175.82	67.10	74.56	84.68	96.57	109.12	158.25
50	76.50	85.53	97.63	111.19	126.26	182.13	68.85	76.97	87.87	100.06	113.63	163.91
51	79.05	88.75	102.00	115.94	132.32	189.63	71.15	79.88	91.81	104.34	119.10	170.68
52	81.32	91.54	106.08	120.32	138.04	196.32	73.19	82.36	95.47	108.30	124.24	176.68
53	83.28	94.64	110.25	124.60	143.28	202.75	74.94	85.18	99.23	112.13	128.95	182.48
54	85.92	98.70	115.43	130.08	149.79	210.58	77.33	88.82	103.88	117.05	134.81	189.53
55	88.36	102.61	120.37	135.35	156.02	216.38	79.51	92.36	108.33	121.83	140.43	194.76
56	91.17	107.14	125.87	141.40	163.00	223.26	82.05	96.43	113.28	127.27	146.69	200.95
57	94.43	112.40	132.02	148.32	170.89	231.48	84.99	101.17	118.82	133.51	153.81	208.32
58	98.29	118.29	137.43	155.28	178.68	241.25	88.46	106.45	123.68	139.75	160.81	217.11
59	103.03	125.12	144.35	164.01	188.40	253.66	92.73	112.62	129.91	147.62	169.58	228.31
60	108.19	132.36	152.03	173.66	199.10	267.44	97.37	119.12	136.81	156.31	179.18	240.71
61	115.21	141.79	162.41	186.47	213.34	286.00	103.68	127.62	146.16	167.83	192.01	257.39
62	123.84	152.93	174.76	201.68	230.26	308.11	111.45	137.65	157.29	181.49	207.23	277.29
63	135.56	167.04	191.73	221.65	252.78	336.47	122.02	150.34	172.56	199.48	227.50	302.82
64	148.15	182.11	209.75	242.80	276.76	366.10	133.34	163.90	188.79	218.53	249.09	329.48
65	163.06	199.95	230.69	267.33	304.70	400.31	146.75	179.95	207.61	240.60	274.23	360.28
66	187.87	230.04	265.22	307.61	350.83	457.35	169.09	207.04	238.69	276.85	315.78	411.63
67	207.63	254.01	291.89	338.90	386.93	500.06	186.87	228.60	262.69	305.01	348.24	450.06
68	231.38	283.77	319.16	369.72	423.20	560.11	208.24	255.38	287.24	332.74	380.91	504.11
69	254.61	312.78	347.26	401.40	460.44	620.86	229.15	281.49	312.51	361.25	414.41	558.76
70	282.42	341.88	376.71	434.64	499.48	684.02	254.19	307.71	339.02	391.18	449.54	615.63
71	309.84	369.47	405.39	467.06	537.56	746.63	278.85	332.53	364.85	420.35	483.79	671.98
72	339.00	398.11	435.80	501.53	578.11	806.18	305.12	358.28	392.23	451.37	520.30	725.57
73	364.42	419.65	464.62	537.74	620.21	862.15	327.97	377.68	418.16	483.95	558.16	775.94
74	392.10	442.74	496.46	577.73	666.73	911.60	352.88	398.46	446.80	519.95	600.05	820.45
75	422.85	477.99	542.77	621.95	718.25	967.37	380.57	430.18	488.50	559.75	646.43	870.64
76	457.42	519.31	596.53	670.63	775.11	1,030.37	411.68	467.37	536.89	603.56	697.60	927.32
77	496.45	566.31	656.95	723.85	837.44	1,101.09	446.80	509.67	591.24	651.46	753.68	990.96
78	544.46	624.14	729.61	803.93	931.06	1,223.32	490.02	561.73	656.65	723.54	837.95	1,100.99
79	594.54	684.98	805.12	887.12	1,028.62	1,353.45	535.08	616.47	724.61	798.41	925.76	1,218.11

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 20 Years

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	58.88	62.63	72.29	78.73	82.66	112.53	13.10	16.28	18.24	19.86	20.85	27.80
36	59.26	63.36	73.29	79.81	83.79	113.32	13.46	16.64	18.62	20.27	21.29	28.38
37	59.31	63.76	73.86	80.43	84.45	113.55	13.72	16.93	18.92	20.60	21.64	28.74
38	59.47	64.40	74.64	80.56	84.71	114.83	14.25	17.44	19.39	20.91	21.99	29.68
39	59.72	65.05	75.43	80.79	84.97	114.44	14.67	17.84	19.80	21.20	22.29	30.02
40	60.09	65.72	76.26	81.14	85.33	114.40	14.99	18.19	20.14	21.42	22.54	30.31
41	60.24	65.99	76.73	81.19	85.32	114.13	15.15	18.35	20.34	21.52	22.60	30.45
42	60.55	66.26	77.33	81.41	85.47	114.31	15.24	18.48	20.50	21.56	22.64	30.55
43	61.34	67.47	78.24	84.00	88.14	116.96	15.40	18.63	20.66	22.20	23.31	31.23
44	61.94	68.51	78.91	86.27	90.46	119.27	15.47	18.67	20.73	22.67	23.78	31.69
45	62.73	69.74	79.81	88.69	92.98	121.89	15.55	18.71	20.82	23.13	24.25	32.16
46	63.71	71.36	81.29	91.33	95.77	124.83	15.65	18.87	20.98	23.57	24.75	32.62
47	65.24	73.58	83.57	94.73	99.46	128.85	15.91	19.16	21.33	24.17	25.38	33.27
48	67.12	76.02	86.61	98.85	104.44	134.51	16.25	19.48	21.68	24.72	26.12	34.00
49	69.31	79.27	90.76	103.52	109.87	140.83	16.72	20.14	22.34	25.49	26.98	34.98
50	71.11	81.95	94.51	107.62	114.64	146.32	17.20	20.71	22.93	26.12	27.71	35.80
51	73.39	85.02	98.99	112.54	120.21	152.75	17.85	21.49	23.74	27.00	28.64	36.87
52	75.34	87.63	103.19	117.04	125.36	158.50	18.49	22.25	24.50	27.81	29.46	37.81
53	76.99	90.50	107.29	121.25	129.65	163.74	19.05	23.11	25.43	28.75	30.31	39.00
54	79.31	94.23	112.33	126.57	135.02	170.01	19.77	24.19	26.63	30.01	31.47	40.57
55	81.45	97.87	117.10	131.68	140.13	174.53	20.42	25.24	27.78	31.27	32.64	41.85
56	84.00	102.12	122.40	137.48	146.02	179.90	21.10	26.40	29.12	32.69	34.03	43.36
57	87.04	107.16	128.34	144.17	152.89	186.26	21.83	27.68	30.56	34.35	35.69	45.22
58	90.72	112.43	133.45	150.79	160.53	193.80	22.62	29.01	31.94	36.10	37.74	47.45
59	95.40	119.10	140.17	159.26	169.97	203.47	23.48	30.47	33.57	38.15	40.10	50.19
60	100.63	126.53	147.73	168.75	180.37	214.28	24.32	31.92	35.30	40.32	42.65	53.16
61	107.70	136.43	158.02	181.44	194.13	228.95	25.45	33.81	37.61	43.17	45.94	57.06
62	116.39	148.17	170.31	196.56	210.52	246.51	26.89	36.02	40.31	46.52	49.83	61.60
63	127.95	163.03	187.24	216.47	231.15	269.14	29.11	39.07	44.06	50.92	54.61	67.33
64	140.25	178.56	205.20	237.55	252.97	292.84	31.59	42.48	48.08	55.67	59.68	73.26
65	154.59	196.37	226.02	261.90	278.25	320.20	34.75	46.71	52.90	61.29	65.71	80.12
66	178.19	225.47	260.10	301.67	320.03	365.85	40.27	54.01	60.94	70.66	75.73	91.50
67	196.66	247.61	286.35	332.48	352.52	400.06	44.95	60.17	67.34	78.20	83.76	100.01
68	218.62	269.88	312.83	362.36	389.27	448.10	50.59	67.63	73.97	86.38	93.24	112.00
69	239.78	292.72	340.07	393.07	424.30	496.71	56.61	75.49	81.11	94.75	102.47	124.15
70	264.91	316.55	368.53	425.23	458.87	547.25	64.13	83.89	88.89	103.43	111.71	136.76
71	289.31	339.52	396.22	456.50	491.07	597.34	72.03	92.36	96.73	111.97	120.48	149.29
72	315.01	363.77	425.55	489.75	524.51	644.94	80.82	101.48	105.19	121.08	129.65	161.24
73	337.00	386.47	453.73	525.11	555.11	689.73	89.29	109.37	113.41	130.05	137.81	172.42
74	360.84	411.39	484.95	564.34	589.42	729.29	98.66	117.80	122.31	139.96	146.77	182.31
75	387.36	448.03	530.46	607.83	628.65	773.90	109.00	129.49	134.73	150.94	156.79	193.47
76	417.24	490.45	583.42	655.87	673.75	824.29	120.47	142.82	148.87	163.11	168.12	206.07
77	451.14	537.94	643.00	708.51	725.33	880.88	133.13	157.57	164.48	176.52	180.89	220.21
78	493.17	595.10	714.78	787.59	806.21	978.65	148.15	175.08	182.91	196.65	200.77	244.66
79	537.06	654.17	789.48	869.91	893.08	1,082.77	163.58	193.08	201.77	217.73	221.92	270.68

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 20 Years

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	68.94	78.73	106.88	2.51	3.04	3.53	13.10	
36	69.78	79.81	107.68	2.55	3.07	3.56	13.46	
37	70.22	80.43	107.85	2.57	3.09	3.58	13.72	
38	70.23	80.56	109.07	2.58	3.10	3.59	14.25	
39	70.64	80.77	108.71	2.60	3.12	3.60	14.67	
40	71.38	81.12	108.67	2.64	3.15	3.63	14.99	
41	72.05	81.17	108.44	2.68	3.20	3.66	15.15	
42	73.00	81.41	108.59	2.71	3.23	3.69	15.24	
43	74.34	84.00	111.12	2.78	3.29	3.74	15.40	
44	75.47	86.27	113.32	2.85	3.34	3.79	15.47	
45	76.80	88.69	115.81	2.94	3.41	3.86	15.55	
46	78.59	91.32	118.58	3.04	3.51	3.97	15.65	
47	80.98	94.73	122.39	3.18	3.63	4.09	15.91	
48	83.65	98.84	127.79	3.33	3.79	4.25	16.25	
49	87.17	103.50	133.81	3.51	4.01	4.46	16.72	
50	90.04	107.62	139.00	3.64	4.19	4.64	17.20	
51	93.38	112.52	145.12	3.81	4.40	4.86	17.85	
52	96.19	117.04	150.56	3.97	4.59	5.08	18.49	
53	99.30	121.25	155.55	4.10	4.77	5.26	19.05	
54	103.34	126.57	161.50	4.27	5.02	5.52	19.77	
55	107.31	131.68	165.82	4.43	5.24	5.74	20.42	
56	111.94	137.48	170.89	4.63	5.52	6.02	21.10	
57	117.43	144.17	176.95	4.87	5.81	6.34	21.83	
58	123.14	150.79	184.10	5.13	6.13	6.64	22.62	
59	130.43	159.26	193.29	5.48	6.51	7.04	23.48	
60	138.54	168.75	203.55	5.85	6.98	7.48	24.32	
61	149.33	181.44	217.49	6.36	7.56	8.08	25.45	
62	162.12	196.56	234.17	6.99	8.26	8.77	26.89	
63	178.27	216.47	255.67	7.81	9.20	9.71	29.11	
64	195.14	237.55	278.17	8.72	10.21	10.72	31.59	
65	214.48	261.88	304.20	9.74	11.36	11.91	34.75	
66	246.09	301.67	347.54	11.40	13.19	13.79	40.27	
67	270.08	332.48	380.04	12.73	14.66	15.28	44.95	
68	294.01	364.53	425.68	14.25	16.38	16.98	50.59	
69	318.64	396.02	471.84	15.73	18.00	18.64	56.61	
70	344.38	427.88	519.90	17.49	19.64	20.29	64.13	
71	369.25	458.07	567.45	19.26	21.21	21.83	72.03	
72	395.50	489.75	612.71	21.17	22.82	23.45	80.82	
73	420.23	521.52	655.22	23.00	24.21	24.84	89.29	
74	447.36	557.18	692.83	25.08	25.75	26.38	98.66	
75	487.14	597.50	735.21	27.46	28.06	28.72	109.00	
76	533.17	643.11	783.07	30.20	30.83	31.51	120.47	
77	584.61	694.33	836.81	33.35	34.01	34.70	133.13	
78	646.45	772.84	929.74	37.24	37.93	38.66	148.15	
79	710.21	856.12	1,028.62	41.37	42.09	42.85	163.58	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 10 Years

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Issue Age	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	49.98	54.88	60.56	65.94	73.81	88.85	44.97	49.38	54.51	59.36	66.43	79.97
36	50.15	54.97	61.08	66.52	74.44	89.13	45.14	49.49	54.96	59.86	66.99	80.23
37	50.69	55.48	62.02	67.53	75.60	90.06	45.62	49.92	55.81	60.78	68.04	81.05
38	51.23	55.87	62.89	67.87	76.09	90.58	46.11	50.28	56.60	61.08	68.49	81.54
39	51.73	56.25	63.71	68.24	76.55	91.29	46.56	50.64	57.35	61.41	68.90	82.16
40	51.86	56.26	64.08	68.17	76.45	91.55	46.67	50.63	57.67	61.36	68.80	82.40
41	52.40	56.68	64.90	68.65	76.92	92.67	47.16	51.01	58.41	61.79	69.22	83.40
42	52.60	56.70	65.30	68.74	76.94	93.32	47.33	51.03	58.77	61.86	69.26	84.00
43	53.26	57.51	66.01	70.88	79.27	94.86	47.92	51.76	59.40	63.81	71.34	85.39
44	53.64	58.10	66.39	72.59	81.12	95.94	48.27	52.27	59.76	65.33	73.01	86.35
45	54.53	59.26	67.42	74.91	83.69	97.94	49.07	53.32	60.69	67.42	75.33	88.14
46	55.17	60.35	68.39	76.83	85.88	99.46	49.67	54.30	61.55	69.16	77.29	89.51
47	56.02	61.58	69.62	78.92	88.34	101.20	50.42	55.42	62.66	71.01	79.50	91.08
48	57.87	63.79	72.20	82.42	92.70	104.44	52.09	57.42	64.98	74.18	83.44	94.01
49	59.72	66.37	75.39	85.96	97.14	107.61	53.76	59.74	67.84	77.37	87.43	96.86
50	61.20	68.43	78.10	88.96	101.01	110.00	55.08	61.58	70.30	80.05	90.90	98.99
51	63.24	71.00	81.60	92.75	105.86	113.23	56.92	63.90	73.45	83.47	95.28	101.92
52	64.96	73.12	84.74	96.11	110.27	115.79	58.47	65.79	76.27	86.51	99.25	104.21
53	66.92	76.05	88.59	100.13	115.14	119.02	60.22	68.45	79.74	90.11	103.62	107.12
54	68.53	78.72	92.07	103.75	119.48	121.71	61.68	70.84	82.85	93.36	107.52	109.55
55	70.37	81.72	95.86	107.80	124.26	124.87	63.32	73.55	86.28	97.03	111.84	112.40
56	73.04	85.84	100.84	113.29	130.60	129.62	65.74	77.26	90.76	101.97	117.53	116.67
57	75.54	89.92	105.62	118.65	136.71	134.19	67.99	80.94	95.06	106.81	123.04	120.77
58	78.63	94.63	109.95	124.22	142.94	139.85	70.77	85.16	98.94	111.80	128.65	125.86
59	82.42	100.10	115.48	131.21	150.72	147.05	74.18	90.10	103.93	118.09	135.66	132.36
60	87.08	106.54	122.36	139.78	160.25	155.98	78.37	95.87	110.12	125.81	144.22	140.40
61	92.73	114.12	130.72	150.09	171.71	166.81	83.45	102.72	117.64	135.09	154.55	150.12
62	98.92	122.15	139.60	161.10	183.93	178.34	89.02	109.95	125.64	144.97	165.53	160.50
63	108.29	133.43	153.15	177.05	201.92	194.76	97.47	120.09	137.83	159.34	181.72	175.28
64	118.34	145.46	167.55	193.94	221.07	211.91	106.51	130.92	150.80	174.56	198.97	190.71
65	129.25	158.50	182.86	211.91	241.53	229.94	116.33	142.64	164.57	190.72	217.38	206.95
66	148.92	182.35	210.24	243.84	278.10	262.70	134.03	164.11	189.21	219.45	250.31	236.44
67	164.32	201.02	231.00	268.21	306.22	286.78	147.89	180.91	207.89	241.39	275.60	258.10
68	184.24	225.96	254.14	294.41	337.00	323.20	165.82	203.36	228.73	264.96	303.31	290.88
69	204.00	250.61	278.24	321.62	368.93	360.48	183.61	225.54	250.40	289.45	332.04	324.42
70	225.93	273.50	301.37	347.71	399.59	396.53	203.35	246.17	271.22	312.94	359.64	356.89
71	251.01	299.32	328.41	378.38	435.49	438.31	225.91	269.39	295.57	340.54	391.93	394.48
72	275.98	324.10	354.79	408.30	470.64	480.24	248.40	291.68	319.32	367.46	423.57	432.22
73	300.11	345.59	382.63	442.85	510.76	526.28	270.09	311.03	344.36	398.55	459.66	473.65
74	326.75	368.95	413.71	481.44	555.61	580.74	294.06	332.05	372.33	433.29	500.05	522.67
75	356.69	403.20	457.85	524.64	605.87	644.18	321.02	362.87	412.06	472.17	545.29	579.77
76	390.71	443.57	509.54	572.83	662.07	718.56	351.64	399.21	458.59	515.54	595.86	646.70
77	433.07	494.02	573.08	631.44	730.53	805.78	389.76	444.61	515.76	568.30	657.47	725.19
78	477.87	547.80	640.38	705.61	817.19	907.71	430.09	493.03	576.34	635.05	735.47	816.94
79	528.96	609.43	716.32	789.27	915.17	1,204.17	476.06	548.48	644.69	710.35	823.65	1,083.76

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 10 Years

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue Age	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	47.30	50.32	58.08	63.25	66.40	71.24	10.52	13.08	14.65	15.95	16.75	17.60
36	47.27	50.55	58.47	63.67	66.85	71.28	10.74	13.28	14.86	16.17	16.99	17.85
37	47.58	51.16	59.25	64.53	67.75	71.87	11.01	13.58	15.18	16.53	17.36	18.19
38	47.71	51.67	59.88	64.63	67.96	71.98	11.43	13.99	15.55	16.78	17.64	18.60
39	47.91	52.19	60.52	64.81	68.17	72.32	11.77	14.31	15.89	17.01	17.88	18.97
40	47.87	52.35	60.75	64.64	67.97	72.38	11.94	14.49	16.04	17.06	17.96	19.18
41	48.26	52.87	61.48	65.04	68.35	73.15	12.14	14.70	16.29	17.24	18.11	19.51
42	48.44	53.01	61.87	65.13	68.37	73.64	12.19	14.78	16.40	17.25	18.11	19.68
43	49.07	53.98	62.59	67.20	70.51	74.87	12.32	14.91	16.53	17.76	18.64	19.99
44	49.48	54.73	63.04	68.92	72.26	75.80	12.36	14.91	16.56	18.11	19.00	20.14
45	50.40	56.03	64.12	71.26	74.70	77.49	12.50	15.03	16.73	18.59	19.49	20.45
46	51.12	57.26	65.22	73.28	76.83	78.85	12.56	15.14	16.84	18.91	19.86	20.60
47	51.96	58.61	66.57	75.45	79.22	80.43	12.67	15.26	16.99	19.25	20.22	20.77
48	53.77	60.91	69.39	79.20	83.67	83.36	13.02	15.61	17.37	19.81	20.93	21.07
49	55.53	63.51	72.72	82.93	88.02	86.20	13.40	16.14	17.90	20.42	21.61	21.41
50	56.89	65.56	75.61	86.10	91.71	88.37	13.76	16.57	18.34	20.90	22.17	21.62
51	58.71	68.01	79.19	90.03	96.17	91.22	14.28	17.19	18.99	21.60	22.91	22.02
52	60.18	70.00	82.43	93.49	100.14	93.49	14.77	17.77	19.57	22.21	23.53	22.30
53	61.87	72.72	86.22	97.44	104.18	96.12	15.31	18.57	20.44	23.10	24.36	22.90
54	63.26	75.16	89.60	100.96	107.69	98.26	15.77	19.29	21.24	23.94	25.10	23.45
55	64.86	77.94	93.26	104.87	111.60	100.72	16.27	20.10	22.12	24.90	26.00	24.15
56	67.30	81.82	98.06	110.15	116.99	104.44	16.90	21.15	23.33	26.19	27.26	25.18
57	69.63	85.73	102.67	115.34	122.31	107.98	17.46	22.14	24.45	27.48	28.55	26.22
58	72.57	89.94	106.76	120.63	128.43	112.35	18.10	23.21	25.55	28.88	30.19	27.51
59	76.32	95.28	112.14	127.41	135.97	117.96	18.78	24.38	26.86	30.52	32.08	29.09
60	81.00	101.84	118.90	135.83	145.18	124.98	19.58	25.69	28.41	32.45	34.33	31.01
61	86.68	109.81	127.19	146.04	156.25	133.53	20.49	27.21	30.27	34.75	36.98	33.28
62	92.97	118.35	136.04	157.01	168.16	142.69	21.48	28.77	32.20	37.16	39.81	35.66
63	102.20	130.22	149.56	172.91	184.64	155.79	23.25	31.21	35.19	40.67	43.62	38.97
64	112.03	142.63	163.91	189.75	202.06	169.50	25.24	33.93	38.40	44.47	47.67	42.40
65	122.54	155.66	179.16	207.60	220.57	183.92	27.55	37.03	41.93	48.58	52.09	46.02
66	141.25	178.72	206.17	239.13	253.68	210.15	31.92	42.81	48.30	56.01	60.03	52.56
67	155.64	195.96	226.62	263.13	278.99	229.43	35.57	47.62	53.29	61.89	66.29	57.35
68	174.09	214.91	249.10	288.55	309.98	258.57	40.28	53.86	58.90	68.79	74.25	64.63
69	192.12	234.54	272.48	314.95	339.97	288.39	45.36	60.49	64.99	75.91	82.10	72.09
70	211.93	253.24	294.83	340.19	367.10	317.25	51.30	67.12	71.11	82.75	89.36	79.28
71	234.38	275.06	320.99	369.82	397.83	350.67	58.36	74.82	78.36	90.71	97.60	87.64
72	256.45	296.14	346.45	398.70	427.01	384.19	65.80	82.61	85.64	98.57	105.55	96.05
73	277.53	318.27	373.66	432.44	457.15	421.03	73.53	90.07	93.40	107.10	113.49	105.25
74	300.70	342.83	404.12	470.28	491.18	464.60	82.21	98.16	101.92	116.64	122.30	116.14
75	326.75	377.93	447.47	512.73	530.29	515.35	91.95	109.23	113.65	127.33	132.26	128.83
76	356.39	418.93	498.33	560.22	575.49	574.85	102.90	121.99	127.16	139.32	143.60	143.71
77	393.55	469.27	560.92	618.06	632.73	644.63	116.14	137.45	143.48	153.98	157.79	161.15
78	432.86	522.32	627.36	691.27	707.61	726.17	130.03	153.67	160.54	172.60	176.21	181.54
79	477.83	582.02	702.41	773.96	794.58	963.35	145.54	171.78	179.52	193.72	197.44	240.82

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Compound for 10 Years

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC	
Issue	Non Integrated - NH (3PL)			Non Integrated - ALF (3PL)			Non Integrated - HHC (3 PL)	
Age	Benefit Period			Benefit Period			Benefit Period	
	3 Yr	5 Yr	Unlimited	2 Yr	3 Yr	4 Yr	2 Yr	
18-35	55.39	63.25	67.67	2.02	2.44	2.83	10.52	
36	55.67	63.67	67.73	2.03	2.45	2.84	10.74	
37	56.34	64.53	68.26	2.06	2.48	2.87	11.01	
38	56.34	64.63	68.37	2.07	2.49	2.88	11.43	
39	56.67	64.80	68.70	2.09	2.50	2.89	11.77	
40	56.87	64.62	68.75	2.10	2.51	2.90	11.94	
41	57.72	65.03	69.50	2.14	2.56	2.93	12.14	
42	58.40	65.13	69.96	2.17	2.58	2.95	12.19	
43	59.47	67.20	71.13	2.23	2.63	3.00	12.32	
44	60.29	68.92	72.02	2.28	2.67	3.03	12.36	
45	61.70	71.26	73.63	2.36	2.74	3.10	12.50	
46	63.05	73.26	74.91	2.44	2.82	3.19	12.56	
47	64.50	75.45	76.40	2.53	2.89	3.26	12.67	
48	67.01	79.18	79.20	2.67	3.03	3.40	13.02	
49	69.84	82.92	81.90	2.81	3.21	3.57	13.40	
50	72.03	86.10	83.95	2.91	3.36	3.72	13.76	
51	74.71	90.02	86.66	3.05	3.52	3.89	14.28	
52	76.84	93.49	88.80	3.17	3.66	4.05	14.77	
53	79.79	97.44	91.31	3.29	3.83	4.23	15.31	
54	82.43	100.96	93.34	3.40	4.00	4.40	15.77	
55	85.46	104.87	95.69	3.52	4.17	4.57	16.27	
56	89.68	110.15	99.22	3.71	4.42	4.82	16.90	
57	93.95	115.34	102.58	3.89	4.65	5.07	17.46	
58	98.51	120.63	106.72	4.11	4.91	5.31	18.10	
59	104.35	127.41	112.05	4.38	5.21	5.63	18.78	
60	111.51	135.83	118.72	4.71	5.61	6.02	19.58	
61	120.19	146.04	126.85	5.12	6.08	6.50	20.49	
62	129.50	157.01	135.55	5.58	6.60	7.01	21.48	
63	142.40	172.91	147.99	6.24	7.35	7.76	23.25	
64	155.88	189.75	161.01	6.97	8.15	8.56	25.24	
65	170.01	207.59	174.73	7.72	9.00	9.44	27.55	
66	195.07	239.13	199.63	9.04	10.46	10.93	31.92	
67	213.75	263.13	217.95	10.08	11.61	12.09	35.57	
68	234.12	290.27	245.63	11.35	13.04	13.52	40.28	
69	255.31	317.31	273.96	12.60	14.42	14.93	45.36	
70	275.51	342.30	301.39	13.99	15.71	16.23	51.30	
71	299.14	371.10	333.12	15.60	17.18	17.69	58.36	
72	321.98	398.70	364.99	17.23	18.57	19.09	65.80	
73	346.07	429.49	399.96	18.94	19.94	20.45	73.53	
74	372.80	464.31	441.37	20.90	21.46	21.99	82.21	
75	410.92	504.01	489.58	23.16	23.67	24.23	91.95	
76	455.42	549.32	546.10	25.79	26.33	26.91	102.90	
77	509.98	605.69	612.38	29.09	29.67	30.27	116.14	
78	567.39	678.32	689.87	32.68	33.29	33.93	130.03	
79	631.87	761.69	915.17	36.81	37.45	38.13	145.54	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Step-Rated

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	48.60	56.40	64.14	71.85	79.51	113.18	43.73	50.75	57.73	64.67	71.57	101.86
36	48.69	56.66	64.54	72.33	80.04	113.48	43.83	51.01	58.07	65.09	72.03	102.14
37	49.18	57.37	65.44	73.36	81.16	114.65	44.27	51.63	58.89	66.03	73.04	103.19
38	50.18	58.73	67.08	75.21	83.12	115.32	45.16	52.86	60.38	67.69	74.81	103.80
39	51.05	59.93	68.54	76.86	84.91	115.34	45.95	53.95	61.70	69.17	76.42	103.80
40	52.02	61.24	70.12	78.68	86.93	116.48	46.82	55.11	63.11	70.82	78.24	104.84
41	52.94	62.44	71.59	80.38	88.81	116.99	47.65	56.19	64.44	72.35	79.92	105.30
42	53.97	63.82	73.28	82.34	91.02	118.67	48.57	57.44	65.95	74.10	81.94	106.81
43	55.69	65.89	75.69	85.06	94.03	120.63	50.12	59.30	68.10	76.57	84.62	108.57
44	56.84	67.30	77.33	86.92	96.10	121.92	51.16	60.55	69.60	78.23	86.49	109.73
45	58.89	69.76	80.17	90.14	99.67	124.46	52.99	62.77	72.17	81.12	89.71	112.01
46	58.33	70.21	79.57	92.41	102.27	126.31	52.51	63.18	71.61	83.18	92.04	113.67
47	58.16	70.14	79.30	93.45	104.61	129.46	52.34	63.12	71.38	84.09	94.14	116.51
48	59.38	71.58	81.03	95.15	107.02	132.55	53.45	64.43	72.92	85.64	96.33	119.32
49	61.05	73.49	83.47	97.59	110.29	136.58	54.96	66.14	75.12	87.83	99.26	122.93
50	62.30	74.74	85.32	99.31	112.76	139.52	56.07	67.26	76.79	89.36	101.48	125.56
51	64.16	76.61	88.04	101.94	116.34	143.62	57.74	68.94	79.24	91.74	104.71	129.27
52	65.64	77.91	90.29	103.98	119.30	146.77	59.08	70.10	81.26	93.59	107.37	132.09
53	66.26	78.75	91.74	105.48	121.30	149.64	59.63	70.88	82.57	94.93	109.16	134.69
54	67.52	80.49	94.14	108.12	124.50	154.17	60.77	72.43	84.72	97.29	112.05	138.76
55	69.00	82.53	96.82	111.14	128.11	159.37	62.09	74.29	87.14	100.04	115.31	143.45
56	70.18	84.33	99.07	113.79	131.18	164.08	63.16	75.90	89.17	102.42	118.05	147.69
57	72.24	87.31	102.55	117.96	135.92	171.15	65.02	78.59	92.30	106.19	122.33	154.03
58	74.41	90.80	105.49	121.79	140.15	178.38	66.97	81.71	94.93	109.61	126.13	160.53
59	77.17	94.86	109.44	126.81	145.67	187.55	69.46	85.39	98.49	114.14	131.11	168.81
60	80.64	99.69	114.50	133.11	152.60	198.95	72.57	89.71	103.04	119.81	137.34	179.07
61	85.71	105.39	120.72	140.76	161.05	212.76	77.13	94.86	108.64	126.69	144.94	191.48
62	91.93	112.13	128.14	149.87	171.10	229.21	82.73	100.93	115.32	134.86	153.98	206.27
63	99.29	120.37	138.15	161.63	184.33	248.25	89.37	108.33	124.34	145.47	165.90	223.42
64	107.92	129.95	149.68	175.07	199.55	270.11	97.13	116.95	134.72	157.57	179.60	243.09
65	116.13	138.87	160.22	187.29	213.48	290.47	104.52	124.98	144.19	168.57	192.13	261.42
66	132.97	158.00	182.17	212.74	242.63	331.86	119.68	142.20	163.95	191.47	218.39	298.68
67	145.64	171.99	197.64	230.60	263.28	357.44	131.07	154.79	177.87	207.54	236.95	321.69
68	165.90	192.04	216.00	251.31	287.67	398.37	149.31	172.83	194.40	226.17	258.92	358.54
69	185.02	209.68	232.80	270.16	309.90	429.68	166.53	188.71	209.50	243.13	278.91	386.70
70	206.52	229.91	253.33	292.00	335.57	464.10	185.88	206.93	227.99	262.80	302.02	417.70
71	229.44	256.03	280.92	315.06	362.62	499.23	206.49	230.43	252.83	283.55	326.34	449.31
72	254.25	284.58	311.52	339.57	391.42	535.84	228.84	256.11	280.38	305.61	352.28	482.26
73	278.67	312.75	346.27	370.42	427.23	587.56	250.80	281.48	311.64	333.37	384.49	528.81
74	305.84	344.37	386.15	410.49	473.73	646.87	275.24	309.92	347.53	369.44	426.36	582.18
75	336.55	380.44	432.00	459.24	530.35	715.71	302.90	342.39	388.80	413.31	477.31	644.14
76	371.65	421.94	484.68	515.26	595.53	796.00	334.49	379.74	436.22	463.73	535.98	716.39
77	408.42	465.90	540.47	574.54	664.69	882.02	367.58	419.31	486.41	517.08	598.21	793.80
78	454.37	520.86	608.88	647.28	749.64	994.03	408.93	468.78	548.00	582.55	674.67	894.63
79	507.11	584.25	686.72	730.01	846.45	1,124.03	456.39	525.82	618.05	657.01	761.81	1,011.63

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Step-Rated

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	46.00	51.71	61.51	68.91	71.53	90.75	10.23	13.44	15.52	17.38	18.04	22.42
36	45.90	52.10	61.78	69.23	71.87	90.75	10.42	13.68	15.70	17.58	18.26	22.72
37	46.17	52.90	62.52	70.10	72.74	91.49	10.68	14.04	16.01	17.95	18.64	23.16
38	46.73	54.32	63.87	71.62	74.23	91.64	11.20	14.71	16.59	18.59	19.27	23.68
39	47.28	55.60	65.10	73.00	75.61	91.37	11.62	15.25	17.09	19.15	19.83	23.97
40	48.02	56.98	66.48	74.60	77.29	92.09	11.98	15.77	17.55	19.69	20.42	24.40
41	48.76	58.24	67.82	76.16	78.91	92.36	12.27	16.20	17.97	20.18	20.91	24.64
42	49.70	59.66	69.43	78.01	80.89	93.64	12.51	16.64	18.40	20.66	21.42	25.03
43	51.32	61.85	71.77	80.64	83.64	95.21	12.88	17.08	18.95	21.31	22.12	25.42
44	52.44	63.40	73.42	82.52	85.61	96.32	13.09	17.28	19.29	21.68	22.51	25.60
45	54.43	65.96	76.26	85.75	88.96	98.48	13.50	17.70	19.89	22.36	23.20	25.98
46	54.05	66.62	75.88	88.14	91.50	100.14	13.28	17.61	19.59	22.75	23.65	26.17
47	53.95	66.76	75.82	89.35	93.81	102.90	13.16	17.38	19.35	22.80	23.94	26.57
48	55.17	68.35	77.87	91.44	96.60	105.81	13.35	17.52	19.49	22.87	24.16	26.74
49	56.77	70.32	80.51	94.15	99.93	109.41	13.70	17.87	19.81	23.18	24.54	27.18
50	57.92	71.61	82.59	96.11	102.38	112.09	14.01	18.10	20.04	23.33	24.75	27.43
51	59.57	73.38	85.44	98.95	105.69	115.70	14.49	18.55	20.49	23.74	25.18	27.93
52	60.81	74.58	87.83	101.15	108.34	118.50	14.92	18.93	20.85	24.03	25.46	28.27
53	61.26	75.31	89.28	102.65	109.76	120.85	15.16	19.23	21.16	24.34	25.66	28.79
54	62.33	76.85	91.61	105.21	112.23	124.47	15.54	19.73	21.72	24.94	26.16	29.70
55	63.60	78.72	94.19	108.13	115.06	128.54	15.95	20.30	22.35	25.68	26.80	30.82
56	64.66	80.38	96.34	110.64	117.51	132.21	16.24	20.78	22.92	26.31	27.38	31.87
57	66.58	83.24	99.69	114.67	121.60	137.72	16.70	21.50	23.74	27.32	28.38	33.44
58	68.68	86.30	102.43	118.27	125.91	143.29	17.13	22.26	24.51	28.31	29.60	35.09
59	71.46	90.30	106.28	123.14	131.42	150.45	17.59	23.10	25.46	29.50	31.00	37.11
60	75.01	95.29	111.26	129.35	138.25	159.40	18.13	24.04	26.58	30.90	32.69	39.55
61	80.12	101.40	117.46	136.97	146.55	170.31	18.93	25.13	27.96	32.59	34.68	42.44
62	86.40	108.64	124.87	146.06	156.43	183.38	19.96	26.41	29.55	34.57	37.03	45.83
63	93.71	117.47	134.92	157.85	168.56	198.57	21.32	28.15	31.75	37.13	39.82	49.68
64	102.16	127.42	146.43	171.28	182.40	216.06	23.01	30.31	34.31	40.14	43.03	54.05
65	110.10	136.38	156.98	183.49	194.95	232.34	24.75	32.44	36.74	42.94	46.04	58.13
66	126.12	154.86	178.65	208.63	221.33	265.46	28.50	37.09	41.85	48.87	52.37	66.39
67	137.94	167.67	193.89	226.23	239.87	285.95	31.53	40.74	45.60	53.21	57.00	71.48
68	156.75	182.65	211.71	246.31	264.60	318.71	36.27	45.77	50.06	58.72	63.38	79.66
69	174.25	196.24	227.98	264.55	285.57	343.76	41.14	50.61	54.38	63.77	68.97	85.92
70	193.72	212.87	247.83	285.68	308.28	371.31	46.89	56.42	59.78	69.49	75.05	92.79
71	214.24	235.28	274.56	307.94	331.26	399.41	53.34	64.00	67.03	75.53	81.27	99.82
72	236.26	260.03	304.20	331.59	355.13	428.67	60.62	72.54	75.20	81.98	87.78	107.17
73	257.70	288.03	338.15	361.72	382.38	470.05	68.28	81.51	84.52	89.58	94.93	117.51
74	281.46	319.98	377.20	400.98	418.80	517.50	76.95	91.62	95.13	99.45	104.28	129.37
75	308.31	356.59	422.21	448.81	464.19	572.57	86.76	103.07	107.23	111.45	115.77	143.14
76	339.01	398.49	474.03	503.92	517.65	636.80	97.88	116.04	120.95	125.32	129.17	159.20
77	371.15	442.56	528.99	562.36	575.71	705.62	109.53	129.63	135.31	140.10	143.57	176.40
78	411.57	496.63	596.51	634.13	649.11	795.22	123.63	146.11	152.64	158.33	161.65	198.81
79	458.08	557.97	673.38	715.85	734.92	899.23	139.52	164.69	172.10	179.17	182.62	224.79

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

3% Step-Rated

Form:	LTC04I NH			LTC04I ALF				LTC04I HHC	
Issue	Non Integrated - NH (3PL) Benefit Period			Non Integrated - ALF (3PL) Benefit Period				Non Integrated - HHC (3 PL) Benefit Period	
Age	3 3 Yr	5 5 Yr	Lifetime Unlimited	2 2 Yr	3 3 Yr	4 4 Yr	5 5 Yr	2 2 Yr	
18-35	56.92	68.91	86.20	3.52	4.50	5.39		18.38	
36	57.38	69.23	86.23	3.57	4.57	5.44		18.86	
37	58.26	70.10	86.90	3.61	4.64	5.48		19.32	
38	59.24	71.62	87.05	3.69	4.76	5.58		20.34	
39	60.38	72.98	86.79	3.77	4.87	5.69		21.23	
40	61.90	74.58	87.48	3.87	5.00	5.77		21.99	
41	63.59	76.14	87.75	4.00	5.11	5.86		22.65	
42	65.74	78.01	88.96	4.07	5.15	5.88		22.87	
43	68.14	80.64	90.45	4.07	5.24	5.97		22.50	
44	69.84	82.52	91.52	4.03	5.18	5.89		21.82	
45	72.64	85.75	93.57	4.01	5.13	5.81		21.23	
46	73.36	88.12	95.13	4.03	5.11	5.78		20.70	
47	73.47	89.35	97.74	4.06	5.08	5.73		20.30	
48	75.20	91.42	100.52	4.22	5.24	5.88		20.56	
49	77.32	94.14	103.95	4.35	5.39	6.00		20.76	
50	78.68	96.11	106.48	4.48	5.54	6.14		21.19	
51	80.60	98.93	109.92	4.65	5.72	6.31		21.79	
52	81.87	101.15	112.56	4.81	5.85	6.48		22.39	
53	82.63	102.65	114.81	4.91	5.97	6.59		22.80	
54	84.28	105.21	118.24	5.02	6.12	6.73		23.25	
55	86.32	108.13	122.13	5.14	6.27	6.87		23.73	
56	88.11	110.64	125.60	5.32	6.48	7.07		24.23	
57	91.22	114.67	130.83	5.52	6.70	7.30		24.77	
58	94.52	118.27	136.12	5.73	6.95	7.52		25.27	
59	98.89	123.14	142.92	6.02	7.24	7.83		25.80	
60	104.34	129.35	151.42	6.37	7.67	8.22		26.45	
61	110.99	136.97	161.79	6.87	8.15	8.71		27.47	
62	118.87	146.06	174.20	7.52	8.79	9.33		28.96	
63	128.46	157.85	188.64	8.32	9.64	10.18		31.01	
64	139.25	171.28	205.24	9.19	10.53	11.06		33.29	
65	148.96	183.47	220.73	10.14	11.53	12.09		36.19	
66	169.02	208.63	252.18	11.66	13.09	13.69		41.19	
67	182.88	226.23	271.64	12.87	14.31	14.90		45.42	
68	198.98	247.78	302.76	14.38	15.59	16.16		51.03	
69	213.61	266.53	326.55	15.73	16.60	17.19		56.61	
70	231.59	287.46	352.75	17.16	17.73	18.31		62.93	
71	255.88	309.00	379.42	18.53	19.09	19.65		69.30	
72	282.72	331.59	407.25	19.95	20.49	21.07		76.16	
73	313.19	359.25	446.54	21.79	22.36	22.94		84.62	
74	347.96	395.89	491.63	23.91	24.48	25.08		94.05	
75	387.73	441.18	543.95	26.34	26.92	27.55		104.55	
76	433.20	494.11	604.96	29.36	29.97	30.63		117.12	
77	480.96	551.10	670.32	32.64	33.29	33.96		130.30	
78	539.48	622.25	755.47	36.43	37.11	37.82		144.95	
79	605.76	704.50	854.26	40.76	41.47	42.22		161.18	

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Step-Rated

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	64.51	74.84	85.11	93.03	104.13	131.18
36	64.69	75.28	85.76	93.89	105.07	131.67
37	65.34	76.22	86.94	95.31	106.70	133.03
38	66.93	78.33	89.48	96.74	108.47	133.81
39	68.06	79.91	91.40	97.50	109.38	133.97
40	69.64	81.79	93.15	98.90	110.90	135.30
41	70.84	81.95	93.83	99.67	111.68	136.04
42	72.19	82.66	95.20	101.20	113.27	137.99
43	71.52	84.25	96.71	102.86	115.03	140.26
44	69.87	83.30	95.19	104.02	116.24	141.92
45	69.01	82.69	94.09	106.08	118.52	144.88
46	67.98	81.82	92.73	107.70	120.38	147.20
47	67.31	81.19	91.79	108.17	121.08	149.85
48	68.80	82.95	93.89	110.26	124.01	153.59
49	69.77	83.99	95.40	111.54	126.04	156.09
50	70.78	84.91	96.92	112.81	128.09	158.49
51	71.86	85.80	98.60	114.17	130.30	160.86
52	73.58	87.33	101.21	116.56	133.73	164.52
53	74.34	88.35	102.92	118.35	136.09	167.89
54	75.20	89.65	104.85	120.42	138.68	171.72
55	76.86	91.93	107.84	123.79	142.69	177.51
56	78.23	94.00	110.44	126.85	146.23	182.91
57	80.53	97.33	114.32	131.50	151.51	190.80
58	82.95	101.21	117.60	135.77	156.23	198.85
59	85.39	104.97	121.10	140.32	161.19	207.54
60	89.23	110.31	126.70	147.30	168.87	220.15
61	94.14	115.76	132.59	154.61	176.89	233.68
62	100.97	123.16	140.74	164.61	187.93	251.75
63	109.96	133.30	153.00	178.99	204.14	274.92
64	118.62	142.84	164.52	192.43	219.34	296.89
65	129.79	155.21	179.07	209.33	238.59	324.65
66	147.50	175.26	202.07	235.98	269.14	368.11
67	161.68	190.94	219.42	256.01	292.29	401.89
68	181.36	209.95	236.13	274.74	314.49	435.50
69	200.84	227.61	252.69	293.25	336.38	466.41
70	220.64	245.63	270.65	311.97	358.51	495.83
71	243.16	271.35	297.72	333.91	384.31	529.10
72	265.12	296.74	324.84	354.08	408.15	558.74
73	288.20	323.45	358.11	383.09	441.83	607.65
74	316.29	356.14	399.35	424.53	489.93	668.98
75	345.18	390.19	443.08	471.01	543.95	734.07
76	381.18	432.76	497.11	528.47	610.80	816.41
77	422.51	481.97	559.10	594.35	687.61	912.43
78	470.04	538.82	629.88	669.60	775.49	1,028.30
79	520.22	599.36	704.48	748.89	868.34	1,153.09

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 50% HHC (1PL)					
	Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	58.05	67.35	76.61	83.74	93.73	118.07
36	58.23	67.77	77.16	84.49	94.56	118.51
37	58.81	68.58	78.24	85.79	96.03	119.73
38	60.23	70.50	80.54	87.07	97.62	120.44
39	61.26	71.94	82.27	87.75	98.44	120.57
40	62.67	73.60	83.83	89.02	99.81	121.78
41	63.76	73.75	84.46	89.71	100.50	122.44
42	64.96	74.40	85.68	91.08	101.97	124.20
43	64.35	75.82	87.02	92.59	103.52	126.25
44	62.89	74.95	85.68	93.62	104.62	127.73
45	62.09	74.41	84.69	95.47	106.68	130.38
46	61.20	73.63	83.45	96.93	108.33	132.47
47	60.58	73.06	82.62	97.33	108.97	134.86
48	61.93	74.66	84.50	99.23	111.62	138.26
49	62.81	75.59	85.85	100.38	113.43	140.50
50	63.70	76.41	87.23	101.52	115.28	142.64
51	64.67	77.22	88.75	102.75	117.28	144.78
52	66.23	78.58	91.09	104.92	120.36	148.07
53	66.90	79.53	92.64	106.50	122.47	151.11
54	67.69	80.68	94.36	108.37	124.80	154.56
55	69.16	82.74	97.05	111.43	128.44	159.77
56	70.41	84.61	99.40	114.17	131.60	164.63
57	72.48	87.60	102.89	118.37	136.36	171.71
58	74.65	91.09	105.83	122.19	140.60	178.95
59	76.86	94.49	108.99	126.30	145.09	186.80
60	80.31	99.27	114.02	132.58	151.97	198.15
61	84.71	104.19	119.32	139.16	159.20	210.31
62	90.87	110.85	126.67	148.13	169.13	226.56
63	98.97	119.97	137.70	161.10	183.72	247.42
64	106.76	128.55	148.08	173.20	197.42	267.20
65	116.81	139.69	161.16	188.40	214.73	292.18
66	132.75	157.74	181.86	212.38	242.25	331.31
67	145.51	171.84	197.47	230.41	263.06	361.70
68	163.22	188.95	212.52	247.26	283.05	391.96
69	180.76	204.83	227.41	263.91	302.75	419.76
70	198.59	221.08	243.58	280.77	322.67	446.26
71	218.85	244.22	267.95	300.52	345.87	476.20
72	238.62	267.06	292.36	318.67	367.33	502.87
73	259.38	291.10	322.30	344.77	397.64	546.89
74	284.65	320.52	359.41	382.07	440.94	602.09
75	310.67	351.17	398.77	423.91	489.55	660.66
76	343.07	389.47	447.41	475.62	549.72	734.76
77	380.26	433.76	503.18	534.91	618.84	821.18
78	423.04	484.94	566.89	602.64	697.93	925.48
79	468.19	539.42	634.03	674.00	781.51	1,037.79

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Step-Rated

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime Unlimited
18-35	61.06	68.62	81.62	89.23	93.68	105.19	13.58	17.83	20.59	22.51	23.63	25.99
36	60.98	69.22	82.09	89.86	94.35	105.30	13.85	18.18	20.86	22.82	23.98	26.37
37	61.33	70.28	83.06	91.08	95.63	106.16	14.18	18.66	21.27	23.33	24.50	26.87
38	62.33	72.45	85.19	92.13	96.87	106.33	14.93	19.61	22.13	23.91	25.15	27.48
39	63.04	74.14	86.81	92.60	97.40	106.13	15.49	20.33	22.79	24.30	25.55	27.84
40	64.28	76.10	88.31	93.77	98.61	106.96	16.04	21.07	23.32	24.76	26.05	28.34
41	65.25	76.45	88.89	94.43	99.24	107.39	16.41	21.26	23.56	25.03	26.29	28.65
42	66.48	77.27	90.19	95.88	100.66	108.88	16.74	21.55	23.91	25.40	26.66	29.10
43	65.90	79.07	91.70	97.52	102.32	110.70	16.54	21.84	24.22	25.77	27.05	29.56
44	64.46	78.47	90.39	98.76	103.55	112.12	16.10	21.38	23.75	25.95	27.22	29.79
45	63.78	78.19	89.49	100.92	105.79	114.63	15.81	20.98	23.35	26.32	27.59	30.25
46	62.98	77.63	88.43	102.71	107.70	116.70	15.47	20.53	22.83	26.51	27.84	30.49
47	62.44	77.27	87.77	103.42	108.59	119.10	15.23	20.12	22.40	26.39	27.71	30.75
48	63.93	79.20	90.23	105.95	111.94	122.60	15.47	20.30	22.58	26.50	28.00	30.99
49	64.88	80.36	92.02	107.61	114.21	125.03	15.65	20.42	22.64	26.49	28.04	31.06
50	65.79	81.35	93.82	109.19	116.30	127.33	15.92	20.56	22.76	26.50	28.11	31.16
51	66.71	82.18	95.70	110.82	118.38	129.58	16.23	20.77	22.95	26.59	28.20	31.28
52	68.17	83.61	98.45	113.38	121.44	132.84	16.73	21.22	23.38	26.94	28.54	31.69
53	68.73	84.49	100.16	115.16	123.14	135.59	17.01	21.57	23.74	27.31	28.79	32.30
54	69.42	85.59	102.04	117.18	125.00	138.64	17.31	21.97	24.19	27.78	29.13	33.09
55	70.84	87.68	104.91	120.44	128.16	143.18	17.77	22.61	24.89	28.60	29.85	34.33
56	72.07	89.61	107.39	123.34	130.99	147.39	18.10	23.17	25.55	29.33	30.53	35.53
57	74.22	92.79	111.13	127.82	135.55	153.52	18.62	23.96	26.47	30.45	31.64	37.27
58	76.56	96.20	114.19	131.84	140.36	159.73	19.09	24.82	27.33	31.56	32.99	39.11
59	79.07	99.92	117.60	136.26	145.42	166.48	19.46	25.57	28.17	32.64	34.30	41.06
60	83.00	105.45	123.11	143.13	152.99	176.39	20.06	26.60	29.42	34.20	36.17	43.76
61	88.00	111.38	129.01	150.44	160.96	187.07	20.80	27.60	30.71	35.79	38.09	46.62
62	94.90	119.32	137.15	160.42	171.82	201.41	21.92	29.01	32.46	37.97	40.67	50.34
63	103.78	130.09	149.41	174.81	186.67	219.91	23.61	31.18	35.16	41.12	44.10	55.01
64	112.29	140.06	160.95	188.27	200.49	237.48	25.30	33.32	37.71	44.12	47.30	59.41
65	123.05	152.43	175.45	205.08	217.88	259.67	27.66	36.26	41.06	47.99	51.45	64.97
66	139.89	171.78	198.16	231.43	245.51	294.46	31.61	41.15	46.43	54.21	58.09	73.65
67	153.14	186.14	215.25	251.16	266.30	321.52	35.00	45.23	50.62	59.07	63.28	80.37
68	171.36	199.68	231.45	269.27	289.27	348.42	39.65	50.04	54.72	64.19	69.29	87.09
69	189.14	213.01	247.46	287.16	309.98	373.14	44.65	54.93	59.03	69.22	74.86	93.27
70	206.96	227.43	264.78	305.22	329.36	396.70	50.10	60.28	63.86	74.24	80.18	99.14
71	227.06	249.35	290.99	326.36	351.08	423.31	56.53	67.83	71.04	80.05	86.13	105.80
72	246.35	271.15	317.20	345.76	370.31	446.99	63.21	75.64	78.41	85.48	91.54	111.75
73	266.51	297.88	349.71	374.09	395.46	486.12	70.62	84.30	87.41	92.65	98.17	121.52
74	291.08	330.92	390.09	414.69	433.12	535.19	79.58	94.76	98.39	102.85	107.85	133.79
75	316.21	365.74	433.03	460.32	476.09	587.26	88.98	105.71	109.98	114.31	118.74	146.81
76	347.70	408.71	486.18	516.84	530.93	653.13	100.39	119.02	124.06	128.53	132.48	163.28
77	383.95	457.82	547.24	581.75	595.56	729.95	113.30	134.10	139.98	144.94	148.52	182.48
78	425.76	513.76	617.08	655.99	671.50	822.64	127.90	151.15	157.91	163.79	167.22	205.66
79	469.93	572.40	690.80	734.36	753.92	922.49	143.13	168.94	176.55	183.81	187.34	230.61

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

4% Step-Rated

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC
Issue	Non Integrated - NH (3PL) Benefit Period			Non Integrated - ALF (3PL) Benefit Period			Non Integrated - HHC (3 PL) Benefit Period
Age	3 3 Yr	5 5 Yr	Lifetime Unlimited	2 2 Yr	3 3 Yr	4 4 Yr	2 2 Yr
18-35	75.54	89.23	99.91	2.60	3.33	3.98	13.58
36	76.23	89.86	100.06	2.62	3.36	3.99	13.85
37	77.39	91.08	100.83	2.65	3.41	4.03	14.18
38	79.00	92.13	101.00	2.71	3.49	4.10	14.93
39	80.51	92.58	100.81	2.75	3.55	4.15	15.49
40	82.66	93.75	101.61	2.82	3.65	4.21	16.04
41	83.46	94.41	102.03	2.90	3.71	4.24	16.41
42	85.14	95.88	103.44	2.98	3.77	4.31	16.74
43	87.13	97.52	105.18	2.99	3.85	4.39	16.54
44	86.44	98.76	106.53	2.97	3.82	4.35	16.10
45	86.11	100.92	108.92	2.99	3.82	4.33	15.81
46	85.49	102.69	110.86	3.01	3.82	4.32	15.47
47	85.04	103.42	113.14	3.05	3.81	4.30	15.23
48	87.14	105.93	116.48	3.18	3.95	4.43	15.47
49	88.37	107.59	118.79	3.28	4.07	4.52	15.65
50	89.38	109.19	120.97	3.37	4.16	4.61	15.92
51	90.27	110.81	123.11	3.46	4.26	4.70	16.23
52	91.77	113.38	126.18	3.59	4.37	4.84	16.73
53	92.70	115.16	128.81	3.66	4.45	4.91	17.01
54	93.87	117.18	131.70	3.74	4.56	5.01	17.31
55	96.14	120.44	136.03	3.85	4.70	5.14	17.77
56	98.22	123.34	140.01	3.97	4.84	5.28	18.10
57	101.69	127.82	145.85	4.15	5.03	5.49	18.62
58	105.36	131.84	151.74	4.33	5.25	5.68	19.09
59	109.43	136.26	158.15	4.54	5.46	5.90	19.46
60	115.46	143.13	167.56	4.83	5.81	6.24	20.06
61	121.91	150.44	177.71	5.20	6.17	6.60	20.80
62	130.56	160.42	191.34	5.70	6.66	7.07	21.92
63	142.26	174.81	208.90	6.34	7.34	7.75	23.61
64	153.06	188.27	225.59	6.98	8.01	8.41	25.30
65	166.49	205.06	246.70	7.75	8.81	9.24	27.66
66	187.49	231.43	279.72	8.95	10.05	10.50	31.61
67	203.03	251.16	305.43	9.92	11.02	11.49	35.00
68	217.53	270.88	330.98	11.17	12.12	12.56	39.65
69	231.87	289.31	354.46	12.41	13.10	13.56	44.65
70	247.43	307.12	376.86	13.66	14.11	14.58	50.10
71	271.19	327.49	402.12	15.12	15.57	16.03	56.53
72	294.80	345.76	424.65	16.56	17.01	17.48	63.21
73	323.89	371.53	461.80	18.19	18.66	19.14	70.62
74	359.85	409.43	508.43	20.23	20.72	21.22	79.58
75	397.67	452.50	557.89	22.42	22.91	23.45	88.98
76	444.31	506.78	620.47	25.16	25.69	26.26	100.39
77	497.54	570.11	693.43	28.38	28.94	29.53	113.30
78	558.08	643.70	781.53	32.15	32.75	33.37	127.90
79	621.43	722.72	876.36	36.20	36.83	37.50	143.13

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Step-Rated

Form:	LTC04I NH, LTC04I ALF, LTC04I HHC						LTC04I NH, LTC04I ALF, LTC04I HHC					
Issue	Integrated NH, ALF, and HHC with 100% HHC (1PL)						Integrated NH, ALF, and HHC with 50% HHC (1PL)					
Age	Benefit Period						Benefit Period					
	2	3	4	5	6	Lifetime	2	3	4	5	6	Lifetime
	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Unlimited
18-35	79.58	85.52	94.38	100.32	112.30	141.47	71.61	76.96	84.95	90.31	101.08	127.33
36	80.42	86.28	95.86	101.92	114.05	142.93	72.39	77.67	86.25	91.72	102.65	128.65
37	81.29	87.07	97.34	103.47	115.83	144.41	73.16	78.35	87.60	93.13	104.24	129.97
38	82.15	87.85	98.89	105.02	117.74	145.25	73.93	79.06	89.01	94.52	105.97	130.75
39	82.95	88.60	100.35	106.54	119.52	146.39	74.66	79.76	90.33	95.88	107.57	131.75
40	83.24	88.83	101.17	107.41	120.45	146.95	74.91	79.94	91.05	96.68	108.41	132.26
41	84.10	89.60	102.59	108.97	122.10	148.74	75.70	80.64	92.34	98.09	109.88	133.87
42	84.28	90.37	104.08	110.65	123.84	150.86	75.84	81.34	93.67	99.58	111.49	135.79
43	81.44	92.11	105.74	112.46	125.77	153.35	73.29	82.90	95.14	101.23	113.18	138.03
44	78.53	93.58	106.94	113.80	127.16	155.25	70.68	84.20	96.25	102.42	114.45	139.73
45	76.49	93.73	106.64	116.05	129.66	158.49	68.83	84.34	95.99	104.44	116.70	142.63
46	74.81	92.85	105.23	118.61	132.58	162.11	67.34	83.55	94.70	106.76	119.31	145.90
47	73.09	91.66	103.63	119.94	134.26	165.14	65.78	82.49	93.27	107.92	120.82	148.62
48	73.96	92.55	104.76	121.15	136.26	169.37	66.57	83.30	94.28	109.04	122.65	152.46
49	74.29	92.66	105.25	121.50	137.30	172.35	66.87	83.40	94.71	109.35	123.57	155.13
50	75.11	93.21	106.39	122.59	139.19	176.35	67.60	83.88	95.76	110.31	125.27	158.71
51	75.52	93.12	107.02	122.96	140.34	179.24	67.97	83.81	96.33	110.66	126.31	161.33
52	76.53	93.64	108.52	124.31	142.62	183.46	68.88	84.26	97.67	111.89	128.36	165.11
53	78.24	95.34	111.06	126.86	145.88	188.57	70.41	85.82	99.96	114.16	131.28	169.73
54	79.59	96.71	113.11	128.88	148.42	193.03	71.63	87.03	101.79	115.98	133.57	173.74
55	81.70	99.03	116.17	132.13	152.31	199.54	73.51	89.14	104.55	118.93	137.09	179.60
56	84.58	101.85	119.65	135.98	156.76	207.12	76.12	91.66	107.69	122.39	141.07	186.42
57	87.56	104.56	122.81	139.59	160.83	214.64	78.81	94.11	110.54	125.65	144.75	193.17
58	89.95	107.21	124.56	142.16	163.59	220.78	80.95	96.48	112.09	127.95	147.22	198.69
59	93.04	110.38	127.34	145.93	167.64	229.06	83.74	99.35	114.60	131.35	150.89	206.18
60	96.98	114.23	131.20	150.95	173.05	239.72	87.27	102.80	118.07	135.87	155.74	215.76
61	101.86	118.86	136.14	157.19	179.85	251.87	91.67	106.98	122.52	141.48	161.86	226.68
62	107.75	124.36	142.12	164.70	188.03	264.01	96.97	111.94	127.91	148.21	169.22	237.60
63	116.53	135.55	155.58	180.47	205.82	289.33	104.88	121.99	140.02	162.42	185.24	260.39
64	125.76	147.51	169.91	197.19	224.76	314.75	113.18	132.76	152.92	177.48	202.30	283.27
65	135.65	160.59	185.28	215.09	245.16	339.29	122.08	144.53	166.74	193.58	220.64	305.36
66	154.20	184.58	212.81	247.05	281.77	384.84	138.79	166.12	191.53	222.35	253.61	346.37
67	169.09	204.99	235.55	273.50	312.26	420.30	152.18	184.48	211.99	246.15	281.04	378.27
68	188.39	230.20	258.91	300.74	344.24	463.30	169.55	207.17	233.02	270.65	309.83	416.98
69	208.74	257.12	285.47	331.63	380.41	509.03	187.88	231.40	256.91	298.46	342.38	458.11
70	229.46	285.01	314.05	364.88	419.32	555.76	206.53	256.52	282.63	328.40	377.39	500.20
71	251.01	314.59	345.17	401.11	461.65	604.87	225.91	283.14	310.65	361.00	415.47	544.39
72	273.81	346.56	379.37	440.87	501.02	657.51	246.44	311.89	341.44	396.77	450.91	591.77
73	298.32	382.07	423.01	492.53	553.61	717.98	268.48	343.86	380.71	443.27	498.23	646.19
74	332.39	422.01	473.21	552.14	609.88	787.19	299.14	379.80	425.88	496.92	548.89	708.47
75	371.23	466.71	531.08	615.16	678.22	867.39	334.11	420.04	477.97	553.65	610.39	780.65
76	419.34	518.19	602.64	687.60	758.66	968.62	377.41	466.36	542.38	618.84	682.79	871.75
77	462.37	575.84	677.98	769.03	849.31	1,078.21	416.13	518.25	610.17	692.13	764.36	970.38
78	499.81	626.72	740.66	841.91	930.78	1,215.14	449.83	564.05	666.59	757.72	837.70	1,093.63
79	540.68	681.78	808.33	920.63	1,019.04	1,334.09	486.61	613.60	727.50	828.57	917.14	1,200.68

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Step-Rated

Form:	LTC04I NH, LTC04I ALF						LTC04I HHC					
Issue	Integrated - Nursing Home(NH) & Assisted Living Facility(ALF)(2PL)						Non Integrated - Home Health Care (HHC) (2PL)					
	Benefit Period						Benefit Period					
Age	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime	2 Yr	3 Yr	4 Yr	5 Yr	6 Yr	Lifetime
18-35	75.32	78.42	90.51	96.23	101.03	113.44	16.76	20.38	22.84	24.27	25.48	28.03
36	75.80	79.33	91.76	97.55	102.42	114.31	17.21	20.83	23.32	24.77	26.03	28.62
37	76.30	80.29	92.99	98.87	103.81	115.24	17.65	21.31	23.82	25.32	26.60	29.17
38	76.51	81.24	94.15	100.01	105.15	115.42	18.33	22.00	24.45	25.96	27.30	29.83
39	76.83	82.20	95.32	101.19	106.43	115.97	18.88	22.54	25.02	26.55	27.92	30.42
40	76.84	82.65	95.91	101.84	107.09	116.17	19.17	22.88	25.33	26.89	28.29	30.78
41	77.47	83.58	97.18	103.25	108.50	117.41	19.49	23.24	25.76	27.36	28.74	31.32
42	77.62	84.49	98.61	104.83	110.06	119.04	19.54	23.56	26.14	27.77	29.15	31.82
43	75.04	86.45	100.26	106.62	111.87	121.04	18.84	23.88	26.48	28.18	29.58	32.32
44	72.45	88.15	101.54	108.04	113.28	122.66	18.09	24.02	26.68	28.39	29.78	32.59
45	70.70	88.63	101.43	110.40	115.73	125.40	17.53	23.78	26.46	28.79	30.19	33.09
46	69.31	88.10	100.35	113.12	118.61	128.53	17.03	23.29	25.90	29.20	30.66	33.58
47	67.80	87.24	99.09	114.67	120.40	131.25	16.54	22.72	25.29	29.26	30.73	33.89
48	68.72	88.36	100.67	116.42	123.00	135.20	16.63	22.65	25.20	29.12	30.77	34.17
49	69.07	88.66	101.52	117.22	124.41	138.06	16.67	22.53	24.98	28.86	30.55	34.30
50	69.81	89.30	102.99	118.65	126.38	141.68	16.89	22.57	24.99	28.80	30.55	34.67
51	70.11	89.20	103.86	119.36	127.49	144.39	17.05	22.55	24.91	28.63	30.38	34.85
52	70.90	89.65	105.56	120.92	129.52	148.13	17.40	22.76	25.07	28.73	30.44	35.34
53	72.34	91.17	108.09	123.45	132.00	152.30	17.90	23.28	25.62	29.27	30.86	36.28
54	73.47	92.34	110.07	125.41	133.78	155.84	18.32	23.70	26.09	29.73	31.18	37.19
55	75.31	94.45	113.01	128.55	136.79	160.94	18.88	24.36	26.81	30.53	31.86	38.59
56	77.92	97.08	116.35	132.22	140.42	166.89	19.57	25.10	27.68	31.44	32.72	40.23
57	80.71	99.69	119.39	135.69	143.89	172.71	20.24	25.75	28.43	32.32	33.59	41.93
58	83.02	101.89	120.95	138.05	146.97	177.35	20.70	26.29	28.95	33.05	34.55	43.43
59	86.15	105.06	123.66	141.71	151.24	183.74	21.20	26.88	29.62	33.95	35.68	45.32
60	90.20	109.19	127.49	146.68	156.78	192.07	21.80	27.54	30.46	35.05	37.07	47.65
61	95.22	114.36	132.46	152.96	163.65	201.63	22.50	28.34	31.53	36.39	38.73	50.25
62	101.27	120.49	138.50	160.51	171.91	211.22	23.39	29.29	32.78	37.99	40.70	52.79
63	109.98	132.29	151.94	176.25	188.21	231.44	25.02	31.71	35.75	41.46	44.46	57.90
64	119.05	144.64	166.22	192.92	205.44	251.77	26.82	34.41	38.94	45.21	48.47	62.99
65	128.60	157.71	181.53	210.72	223.87	271.39	28.91	37.52	42.49	49.31	52.87	67.90
66	146.25	180.91	208.70	242.28	257.03	307.85	33.05	43.33	48.90	56.75	60.82	76.99
67	160.15	199.83	231.08	268.32	284.49	336.24	36.61	48.55	54.34	63.11	67.60	84.06
68	178.01	218.94	253.78	294.75	316.64	370.65	41.19	54.87	60.00	70.26	75.85	92.64
69	196.59	240.63	279.56	324.75	350.55	407.24	46.41	62.06	66.68	78.28	84.66	101.79
70	215.24	263.89	307.23	356.99	385.23	444.64	52.10	69.94	74.10	86.83	93.78	111.12
71	234.38	289.09	337.36	392.04	421.73	483.92	58.36	78.64	82.36	96.16	103.47	120.95
72	254.43	316.67	370.45	430.51	454.56	526.00	65.28	88.34	91.57	106.43	112.36	131.51
73	275.87	351.86	413.10	480.96	495.50	574.39	73.09	99.58	103.25	119.11	123.01	143.59
74	305.89	392.13	462.24	539.34	539.16	629.76	83.63	112.28	116.58	133.77	134.25	157.43
75	340.07	437.46	519.04	601.20	593.61	693.91	95.69	126.44	131.82	149.30	148.05	173.47
76	382.51	489.39	589.38	672.47	659.45	774.90	110.44	142.51	150.39	167.23	164.55	193.72
77	420.18	546.99	663.59	752.73	735.61	862.58	123.99	160.22	169.74	187.53	183.45	215.64
78	452.73	597.57	725.60	824.80	805.97	972.11	136.00	175.81	185.68	205.94	200.71	243.03
79	488.42	651.12	792.63	902.76	884.77	1,067.28	148.76	192.18	202.57	225.96	219.85	266.80

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ

Annual Premium Rates

Per \$10 Daily Benefit

5% Step-Rated

Form:	LTC04I NH			LTC04I ALF			LTC04I HHC
Issue	Non Integrated - NH (3PL) Benefit Period			Non Integrated - ALF (3PL) Benefit Period			Non Integrated - HHC (3 PL) Benefit Period
Age	3 3 Yr	5 5 Yr	Lifetime Unlimited	2 2 Yr	3 3 Yr	4 4 Yr	2 2 Yr
18-35	86.32	96.23	107.75	3.21	3.80	4.42	16.76
36	87.37	97.55	108.61	3.26	3.85	4.46	17.21
37	88.42	98.87	109.46	3.30	3.89	4.51	17.65
38	88.60	100.01	109.64	3.32	3.92	4.53	18.33
39	89.26	101.17	110.16	3.35	3.94	4.55	18.88
40	89.78	101.82	110.35	3.37	3.96	4.57	19.17
41	91.25	103.22	111.55	3.44	4.05	4.64	19.49
42	93.09	104.83	113.09	3.48	4.12	4.71	19.54
43	95.26	106.62	114.99	3.40	4.21	4.80	18.84
44	97.11	108.04	116.54	3.34	4.30	4.88	18.09
45	97.60	110.40	119.15	3.31	4.33	4.91	17.53
46	97.01	113.10	122.10	3.31	4.33	4.90	17.03
47	96.01	114.67	124.68	3.31	4.30	4.85	16.54
48	97.23	116.40	128.44	3.41	4.40	4.94	16.63
49	97.49	117.20	131.17	3.49	4.49	4.99	16.67
50	98.12	118.65	134.60	3.57	4.57	5.06	16.89
51	97.98	119.34	137.18	3.64	4.62	5.10	17.05
52	98.40	120.92	140.70	3.74	4.69	5.19	17.40
53	100.04	123.45	144.68	3.85	4.80	5.30	17.90
54	101.27	125.41	148.04	3.95	4.92	5.41	18.32
55	103.57	128.55	152.91	4.09	5.06	5.54	18.88
56	106.41	132.22	158.54	4.30	5.25	5.72	19.57
57	109.24	135.69	164.08	4.51	5.41	5.89	20.24
58	111.60	138.05	168.48	4.70	5.56	6.02	20.70
59	115.06	141.71	174.55	4.95	5.74	6.21	21.20
60	119.57	146.68	182.45	5.25	6.02	6.46	21.80
61	125.17	152.96	191.54	5.63	6.33	6.77	22.50
62	131.84	160.51	200.66	6.08	6.72	7.13	23.39
63	144.66	176.25	219.86	6.72	7.47	7.88	25.02
64	158.07	192.92	239.16	7.40	8.27	8.68	26.82
65	172.26	210.70	257.83	8.10	9.12	9.56	28.91
66	197.46	242.28	292.44	9.36	10.58	11.06	33.05
67	217.96	268.32	319.42	10.37	11.83	12.33	36.61
68	238.51	296.51	352.11	11.60	13.29	13.77	41.19
69	261.94	327.18	386.85	12.90	14.79	15.32	46.41
70	287.10	359.21	422.42	14.21	16.38	16.91	52.10
71	314.40	393.39	459.71	15.60	18.06	18.59	58.36
72	344.29	430.51	499.71	17.10	19.86	20.42	65.28
73	382.59	477.67	545.65	18.82	22.04	22.61	73.09
74	426.41	532.50	598.27	21.26	24.55	25.15	83.63
75	475.66	590.98	659.22	24.11	27.40	28.11	95.69
76	532.03	659.38	736.15	27.68	30.76	31.83	110.44
77	594.45	737.67	819.42	31.06	34.58	35.81	123.99
78	649.13	809.35	923.52	34.18	38.09	39.24	136.00
79	706.89	888.46	1,013.91	37.62	41.90	43.02	148.76

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ, LTC04I-NTQ, LTC04I-AG-TQ, LTC04I-AG-NTQ

Premium Factors

Form:	LTC04I NFO1PL LTC04I NFO2PL LTC04I NFO3PL	Limited Pay Options			LTC04I ROPD	LTC04I ROPDC
Issue Age	Nonforfeiture Option	10 Pay	20 Pay	Pay to 65	Full Return Premium on Death	Return Premium on Death less Claims
18-35	1.21	3.83	2.40	1.74	1.77	1.60
36	1.21	3.81	2.39	1.78	1.79	1.61
37	1.21	3.79	2.37	1.82	1.81	1.63
38	1.21	3.78	2.36	1.83	1.82	1.63
39	1.21	3.76	2.35	1.85	1.84	1.65
40	1.20	3.74	2.33	1.89	1.86	1.66
41	1.20	3.71	2.31	1.95	1.88	1.67
42	1.20	3.68	2.29	2.01	1.90	1.69
43	1.20	3.64	2.27	2.08	1.93	1.72
44	1.20	3.60	2.24	2.16	1.97	1.74
45	1.19	3.55	2.21	2.21	2.01	1.77
46	1.19	3.50	2.19	2.30	2.05	1.81
47	1.19	3.45	2.16	2.37	2.10	1.85
48	1.19	3.39	2.13	2.38	2.16	1.90
49	1.19	3.34	2.10	2.39	2.23	1.95
50	1.18	3.28	2.08	2.41	2.29	2.00
51	1.18	3.22	2.06	2.45	2.36	2.06
52	1.18	3.16	2.04	2.51	2.43	2.11
53	1.18	3.10	2.02	2.61	2.49	2.16
54	1.18	3.05	2.00	2.75	2.56	2.22
55	1.17	2.99	1.98	2.99	2.65	2.29
56	1.17	2.94	1.96		2.75	2.37
57	1.17	2.88	1.93		2.87	2.47
58	1.17	2.84	1.88		3.01	2.59
59	1.16	2.79	1.83		3.19	2.73
60	1.16	2.73	1.78		3.39	2.89
61	1.15	2.67	1.72		3.63	3.09
62	1.15	2.60	1.65		3.90	3.32
63	1.15	2.51	1.59		4.22	3.58
64	1.15	2.42	1.54		4.59	3.89
65	1.14	2.33	1.48		5.01	4.23
66	1.14	2.23	1.43			
67	1.14	2.14	1.38			
68	1.14	2.06	1.32			
69	1.14	1.99	1.27			
70	1.14	1.91	1.22			
71	1.13	1.85	1.19			
72	1.13	1.79	1.16			
73	1.13	1.72	1.15			
74	1.12	1.66	1.15			
75	1.12	1.59	1.15			
76	1.11	1.53	1.15			
77	1.11	1.48	1.15			
78	1.11	1.43	1.15			
79	1.10	1.39	1.15			
80	1.10	1.36	1.15			
81	1.10	1.33	1.15			

Age 80+ is only for the Guaranteed Purchase Option.

Mutual of Omaha Insurance Company

Policy Form: LTC04I -TQ, LTC04I-NTQ, LTC04I-AG-TQ, LTC04I-AG-NTQ

Premium Factors to apply by benefit period selected.**Restoration of Benefits**

Form: LTC04I ROB1PL, LTC04I ROB2PL, LTC04I ROB3PL

Benefit Period	Factor
2 year	1.04
3 Year	1.03
4 Year	1.02
5 Year	1.01
6 Year	1.01
Unlimited	1.00

Premium Factors applicable to the entire calculated premium.**Monthly HHC**

Form: LTC04I MHHC

Factor	1.1
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Survivorship & Spouse Waiver

Form: LTC04I SBWP

Factor	1.14
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Indemnity Coverage

Description	Factor	Form
NH Only	1.05	LTC04I NHIND-TQ
NH & ALF	1.15	LTC04I NHIND-TQ, LTC04I ALFIND-TQ
NH, ALF, & HHC	1.25	LTC04I NHIND-TQ, LTC04I ALFIND-TQ, LTC04I HHCIND-TQ

Spouse Benefit

Form: LTC04I SB1PL-TQ, LTC04I SB2PL-TQ, LTC04I SB3PL-TQ

LTC04I SBDOMPART1PL-TQ, LTC04I SBDOMPART2PL-TQ, LTC04I SBDOMPART3PL-TQ

Factor	1.6
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A rate increase is necessary at this time due to higher anticipated future and lifetime loss ratios. This is the result of more policyholders retaining their policy from year to year than anticipated and higher than expected claim costs, which has a larger impact on policies with higher inflation options and longer benefit periods. Therefore, the premiums received no longer support the expected claims.